

Report on an announced inspection of

HMP Wymott

20–24 October 2008

by HM Chief Inspector of Prisons

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Introduction

Wymott is a large category C training prison, holding over a thousand men. It has expanded by 25% since its last full inspection in 2003. Unlike many training prisons which have undergone similar expansion, Wymott has managed to sustain its performance and the quality and quantity of activity available to its prisoners.

This inspection found that the prison was performing at least reasonably well against all four of our tests and indeed, in relation to activity, was performing well. However, in some areas there are issues that need to be addressed to ensure that this performance can be maintained and improved.

Wymott was a relatively safe prison, with apparently low levels of drug use and bullying. New induction arrangements were bedding in to improve the support for prisoners in the early days of custody. However, strategies on violence reduction and safer custody were over-complex and procedures were not fully understood or implemented by staff.

Relationships between staff and prisoners were reasonable, and particularly good on the vulnerable prisoners' units, where we saw some of the best wing file entries we have ever seen. That very good practice could usefully be imported to the other wings. Black and minority ethnic prisoners were less positive than others, and other aspects of diversity, including support for the increasing number of older and disabled prisoners, needed development. Healthcare, and in particular mental healthcare, was in general good, but needed better links with the rest of the prison and better appointments and complaints procedures.

The organisation and management of the prison's important resettlement function was unfocused, without any analysis of the needs of the very varied population. Nevertheless, there were some effective interventions and services, which were particularly appreciated by the vulnerable prisoner population. Virtually all prisoners were managed in the prison under the offender management model but there was little involvement by external offender managers for the 60% formally in scope. The role of offender supervisors needed further development. The children and families pathway in general was underdeveloped, and in particular the arrangements for visits and treatment of visitors were poor. In addition, the prison needed to find ways of engaging with the significant number of sex offenders who were either not willing or not yet ready to engage in treatment programmes.

It was particularly commendable that, in spite of the prison's significant growth, there was activity available for all prisoners, and almost all prisoners participated in it. Recent changes to the core day had restricted prisoners' access to time out of cell, but the quality of education and training available was very good, and clearly linked to employability and sentence planning. Qualifications were available in all work areas, and the work met industry standards. PE provision was also good, with opportunities for older prisoners and those with disabilities.

Overall, this is a very positive report on a prison that has managed to progress despite a considerably increased, and very varied, population. Unlike many similar prisons, Wymott was in fact as well as in name a training prison, providing both sufficient quality and quantity of activity. In other areas, and particularly in resettlement, there were issues that need to be

tackled if the prison is to continue to improve and to provide a safe and effective environment for the thousand prisoners held there.

Anne Owers
HM Chief Inspector of Prisons

February 2009

Fact page

Task of establishment

HMP Wymott is a category C training prison.

Brief history

Wymott opened in 1979 as a short-term category C prison. There was extensive damage to the prison as a result of a disturbance in 1993, following which it was decided to rebuild part of the prison and re-designate some of the accommodation to hold vulnerable prisoners. The prison expanded in 2003/04 with the addition of two wings, which increased the prison population by 220. Its capacity is ever-expanding, and in September 2008 a further new house block was opened. Wymott continues to be a category C male training establishment, holding both vulnerable prisoners and medium- to long-term category C prisoners.

Area organisation

North-west

Number held

1,077

Certified normal accommodation

1,081

Operational capacity

1,144

Last inspection

Full inspection: 1 December 2003

Follow-up: 30 October 2006

Description of residential units

Unit/Wing	Use	CNA
A wing	Vulnerable prisoners	191
B wing	Vulnerable prisoners	191
C/D wing	Sentenced prisoners	190
E/F wing	Sentenced prisoners	159
G/H wing	Sentenced prisoners	178
I wing	Special unit	68
J wing	Vulnerable prisoners	40
K wing	Sentenced prisoners	64
	Total CNA	1,081

Healthy prison summary

Introduction

- HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:
- | | |
|----------------------------|---|
| Safety | prisoners, even the most vulnerable, are held safely |
| Respect | prisoners are treated with respect for their human dignity |
| Purposeful activity | prisoners are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |

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

... 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.

Safety

- HP3 Reception and first night procedures were good. Induction arrangements were new and appeared to be bedding in well. Most prisoners felt safe, but violence reduction and anti-bullying procedures needed improvement. Individual support for those at risk of self-harm was generally good, but some of the formal procedures were poor. There

was relatively little use of force or segregation, but the segregation records did not suggest positive engagement with prisoners. The mandatory drug testing (MDT) positive rate was relatively low. The prison was performing reasonably well against this healthy prison test.

- HP4 The reception area was clean and well organised, with a clear separation between vulnerable prisoners and the general prisoner population. Reception officers dealt with new arrivals respectfully, and a first night officer completed an immediate care and support questionnaire. Most prisoners did not spend long in reception, but there were delays when larger than usual numbers arrived. Insiders were not used to help speed up the process. All new arrivals went to F wing, which had separate landings for vulnerable prisoners and general prisoners. In our survey, fewer than the comparator said they had felt safe on their first night, but those on F wing at the time of the inspection told us they felt safe, and were well supported by Insiders and Listeners. First night cells were well prepared.
- HP5 Induction was a new rolling programme and had just been condensed from two weeks to one. There was a well-produced induction booklet, which contained most essential information. The programme was reasonably comprehensive and prisoners were mostly positive about it, but there was insufficient emphasis on promoting diversity and positive race relations. There was little induction material in languages other than English.
- HP6 The violence reduction strategy covered anti-bullying procedures comprehensively, but was long and complex. A tackling anti-social behaviour (TAB) process had been introduced, but there had been no staff training. Procedures were not consistently applied and the quality of entries in monitoring booklets was poor. Some sophisticated systems for collecting violence reduction information had just begun and there was some advanced work on gangs and sexual bullying, but there was insufficient attention to basic procedures. A recent internal anti-bullying survey showed some improvements from previously, but 20% of prisoners said that prison officers did not support the anti-bullying strategy. The level of assaults against prisoners was low, and prisoners in our survey and in groups mostly said they felt safe.
- HP7 Like the violence reduction strategy, the suicide and self-harm strategy was too long and detailed to be easily accessible to staff. A monthly joint violence reduction and safer custody meeting was reasonably well attended, but health services staff were rarely represented and there were gaps in communication with health services about safer custody matters. There were no prisoner representatives. The formal procedures for those regarded as being at risk of suicide and self-harm had been used more often than for the equivalent period in the previous year, although the actual number of incidents of self-harm was lower. Immediate action plans and observations for those at risk were mostly good but, although staff were caring and knowledgeable about individual prisoners, written care plans were often poor. There was only limited multidisciplinary input at case reviews and little continuity of case management. Prison and Probation Ombudsman recommendations resulting from death in custody investigations had been formulated into an action plan that was reviewed regularly, and one recent apparently self-inflicted death was being investigated. Listeners were well supported and facilitated in their role, but some were over-used.

- HP8 The prison was physically secure and there were no major security concerns. There was suitable vigilance about the supply of drugs and mobile telephones. There were many gates and no unescorted movements outside the main supervised movements to activities. Over 1,500 security incident reports (SIRs) had been received since January 2008. These were generally well managed but some of the reports lacked detail and the overall quality was inadequate. Prisoners were well informed about prison rules during their induction programme.
- HP9 The segregation unit was not over-used and was a clean and decent facility. Prisoners had the rules and routines explained to them. The regime was basic, with daily showers, exercise and access to telephones. Some education was possible but was rarely taken up. One cell with camera cover was inappropriately used when there was no concern about risk of self-harm. The average length of stay was approximately 10 days but some men who refused to return to the wings stayed much longer. Segregation unit files did not demonstrate good interaction between officers and prisoners there.
- HP10 Adjudications were mostly well conducted, with fair punishments in line with the tariff guidance. However, some adjudications involving fighting charges did not ensure that each party was able to hear and challenge the evidence, and some charges were not fully investigated. Quality checks were insufficiently rigorous.
- HP11 Levels of use of force were comparable with those in similar prisons. Records were mainly adequately completed but there were over 20 documents outstanding, some dating back several months. There was little evidence that de-escalation techniques were used and there were no quality checks of completed documents to provide feedback. Unfurnished cells were little used, only for short periods, and were properly authorised.
- HP12 At just under 5%, the random mandatory drug testing (MDT) positive rate did not indicate a major drugs problem at the prison. The MDT facilities were satisfactory but the selection of prisoners for MDT appeared to lead to an over-representation of vulnerable prisoners by approximately 5% each month.

Respect

- HP13 The prison was clean and generally well maintained, although older units were in a poor state of repair. There were few effective motivators in the incentives and earned privileges (IEP) scheme. Relationships between staff and prisoners were good, as was personal officer work. Food was of good quality. Diversity was not sufficiently well promoted. The needs of older prisoners and those with disabilities were not met. Race equality needed more active promotion, but work with foreign nationals was satisfactory. Prisoners were able to attend appropriate religious services. Health services were reasonable, but accessing them was difficult and complaints were poorly handled. The prison was performing reasonably well against this healthy prison test.
- HP14 The grounds were well maintained and communal areas were generally clean. Although a recent development, there was a good range of notices and information displayed around the wings. Showers on some units provided little privacy, and although efforts were made to keep shower areas clean, some were in a poor state of

repair. Over 50 single cells were used for double occupancy, but they were not suitable and toilets were inadequately screened. Toilets in single cells had no screening at all.

- HP15 There was little difference between standard and enhanced levels of the IEP scheme, and many prisoners told us that they had little incentive to achieve enhanced status. All prisoners were placed on the standard level on arrival, unless there was clear information that they had been enhanced at their previous prison. It could take some time to check this. Prisoners did not remain on the basic regime for long periods and they had appropriate reviews. Most targets were too general but in some cases there were appropriate referrals to specialist staff and individualised targets designed to improve behaviour.
- HP16 Prisoners' responses in our survey about relationships with staff were mixed but vulnerable prisoners were generally more positive. In our groups, prisoners said that there were some officers who were unwilling to help them, and that they generally found women officers to be more helpful. A high proportion in our survey said that they had a personal officer but fewer than the comparator said that they found them helpful. There were much poorer perceptions among the general population than the vulnerable prisoner population. The interactions we observed, including during association periods, were positive and friendly. Personal officer work was well established, with some particularly good personal officer entries in wing history files on the vulnerable prisoner wings. Entries on other wings were of a reasonable standard and many referred to sentence plan targets, but in some cases gaps between entries were too long.
- HP17 Prisoners were relatively positive about the food, and in our survey more than at comparator prisons said that they found the food good or very good. Some told us that they would have liked bigger portions but those we saw were adequate. Black and minority ethnic prisoners were less positive. The menus we saw were varied, with a reasonable range of options. Prisoners were well consulted and some of their suggestions had been incorporated in the menu. An adequate shop service was provided.
- HP18 Despite some good information collected about diversity issues, there was no overarching diversity policy. Many staff had not received diversity training, and little was done to celebrate diversity. A diversity incident report system was used but this did not lead to any changes in practice, as there was no strategic overview. The disability policy did not reflect current practice, and, although a high proportion of prisoners reported some form of disability, support was ad hoc, with no formal care plans and only limited adjustments, even on I wing, which was supposed to be a specialist unit. Staff on I wing were caring and supportive but there was insufficient specialist input and training to make it an effective unit for older prisoners and those with disabilities. Social care workers were due to be appointed. There were few links to health services and limited activities for those unable to leave the wing. Despite identified demand, there was no support group for gay prisoners or any policy covering sexuality.
- HP19 Approximately 11% of prisoners and fewer than 3% of staff in contact with prisoners were from black and minority ethnic backgrounds. Black and minority ethnic prisoners did not complain of overt racism but identified some lack of staff cultural awareness and stereotypical assumptions. Our survey indicated some significant differences of perception compared with white prisoners across a range of areas. The minutes of

the race equality action team (REAT) meetings, which included prisoner representatives, indicated that appropriate topics were discussed. Most, but not all, reported racist incidents were adequately investigated but feedback to prisoners was insufficiently detailed. Quality checks carried out by Preston and Western Lancashire Race Equality Council had identified some deficiencies. Ethnic monitoring had recently identified over-representation of black and minority ethnic prisoners in the use of force, adjudications and segregation but it was not clear what action had been taken.

- HP20 There were 57 foreign national prisoners, including four immigration detainees. The foreign nationals clerk had made some good links with the UK Border Agency (UKBA). Two useful UKBA surgeries had been held to help answer prisoners' questions about immigration matters, and more were needed. The foreign nationals policy focused mainly on the legal aspects of custody for foreign national prisoners, with little about local arrangements. Monthly foreign national forums had been held and had usefully identified some issues that needed to be addressed. There were some delays in issuing international telephone cards, and foreign national prisoners were unreasonably denied a free telephone call home if they had received a visit during the month. Some prison information had been translated into a small range of languages, and a telephone interpreting service was well used.
- HP21 The applications system operated inconsistently across the wings; some used triplicate carbon copies and others a single sheet. None kept a record of when responses were received, and many prisoners complained about delays. The complaints system appeared to operate more effectively, although not all complaints boxes on the wings had a stock of general complaint forms. Almost all complaints were responded to within the time targets, and replies were mostly suitable and respectful. Good efforts were made through feedback from quality checks to improve the overall standard. Legal service practice was poor.
- HP22 The chaplaincy team was actively involved in prison life and some chaplains were assessment, care in custody and teamwork (ACCT) assessors. The team ran a variety of courses in conjunction with community faith groups and provided good support to prisoners, including putting them in touch with local churches on release. Most faiths were appropriately provided for, although there were some ongoing problems with washing arrangements for Muslim prisoners attending Friday prayers.
- HP23 Clinical governance arrangements for health services were generally satisfactory, but complaints about health services were poorly handled and there were insufficient links with the rest of the prison. In our survey, significantly fewer than at comparator prisons rated the overall quality of healthcare as good, and several nurse vacancies, combined with staff sickness, impacted on the level of service that could be provided. The healthcare centre was being refurbished, and most areas in use were generally clean and appropriate, but wing-based treatment rooms were dirty and in need of maintenance. GP treatment was appropriate but it took too long to see one – an average of nine days. Vulnerable prisoners waited significantly longer because allocated sessions were not based on demand. Prisoners did not have timed healthcare appointments and spent too long in the cramped healthcare waiting area. A full range of dental treatments was provided. Waits to see a dentist for routine appointments were too long, with a waiting list of over 300 people going back to October 2007. Mental health provision was good and included a primary mental health service.

Purposeful activity

- HP24 Time out of cell was satisfactory, and mostly accurately recorded. There were sufficient activity places, with good training and education opportunities. The library was well used. Prisoners had good opportunities to access PE but there was insufficient promotion of the facilities, to encourage participation. The prison was performing well against this healthy prison test.
- HP25 The published core day allowed a maximum time out of cell of nine and a half hours on weekdays. The prison reported an average of eight and a half hours on Monday to Thursday, which appeared reasonably accurate, given some slippage we observed in unlock times. On a check during a main activity period, we found 85% of prisoners engaged in some form of purposeful activity, with the remaining 15% locked in their cells. On Fridays and weekends, time out of cell dropped to between six and seven hours. All prisoners were able to take exercise in the fresh air during association periods, which were rarely cancelled.
- HP26 Initial assessment for education was well managed, and results were used to inform allocations to activity and linked to sentence planning. Teachers and instructors effectively identified prisoners with additional needs, and specialist support was provided where necessary. There was a good range of relevant education and training. Over half the population was engaged in a formal course of study in education or a work-related qualification, and success rates were high. Teaching was good and prisoners were positive about their involvement in education. It was possible to gain a qualification in all work areas, and literacy and numeracy support was good for those at work.
- HP27 There were enough work places and most were of good quality. In our survey, a higher proportion than at other prisons said that they thought their job would help them on release. There was some over-allocation to work areas to ensure that there were sufficient workers to meet contract requirements, and this sometimes resulted in a proportion of prisoners not working, as we found on our check. The standard of work was good in most areas, meeting industry standards, and there was a good range of industry-recognised qualifications such as National Vocational Qualifications.
- HP28 The library was well stocked, with over 11,000 books and a good selection of talking books, CDs, magazines and DVDs. Although well used by about 140 prisoners each weekday, sessions for prisoners not attending education were only 20 minutes long, which was a particular problem for older prisoners and those with disabilities. The library was not open in the evening or at weekends. Prison Service Orders were kept in the library office and there were no clear arrangements for prisoners to consult them.
- HP29 PE facilities were good and included a sports hall, weights room, cardiovascular equipment and a football pitch. There was also a well-resourced dedicated remedial centre, with good facilities for older prisoners and those with restricted mobility or injury. Despite good access to the gym, which was open weekdays, five evenings and at weekends, only about 35% of prisoners used it, and there was insufficient promotion of the facilities, to encourage participation. Prisoners were able to take some courses in the gym and success rates were high.

Resettlement

- HP30 There was a lack of strategic focus on resettlement and the policy was not based on the assessed needs of specific groups. All prisoners were managed under the offender management model, and risk assessments and sentence plans were mostly up to date. A range of good interventions was run to reduce the risk of reoffending. There were some reasonable resettlement services but no pre-release courses and little active support to maintain family ties. Support for those with substance use problems was generally good, including through the therapeutic community (TC). The prison was performing reasonably well against this healthy prison test
- HP31 The reducing reoffending strategy did not reflect current practice and there had been no needs analysis to inform it. Its focus was on the resettlement pathways and it did not differentiate between the different groups of prisoners, such as lifers, recalled prisoners, vulnerable prisoners and older prisoners, or explain how their distinct needs would be met. There had been no strategic group to oversee the direction of resettlement work for some time, and frequent senior manager changes had resulted in poor continuity and consistency. The resettlement policy committee had only just restarted.
- HP32 Approximately 60% of prisoners were in formal scope for offender management, although all prisoners were managed under the offender management model. All new arrivals were seen at a recently introduced resettlement and interventions board during induction, when offender management staff checked offender assessment system (OASys) targets and resettlement needs. Only those serving four years or more had formal sentence planning boards. Almost all prisoners had an up-to-date OASys assessment. Scheduled reviews took place on time and were also held following significant events or changes in circumstances. Offender supervisors in the prison completed OASys assessments for all prisoners but did not see them regularly. Although assessments for those in scope should have been completed by offender managers in the community, few engaged with the process and the level of contact and involvement by external probation services was generally poor.
- HP33 A weekly public protection meeting had good multidisciplinary attendance and there were 26 prisoners assessed as posing the highest public protection risk. There were effective notification and monitoring systems across all departments, although the level of monitoring of telephone calls of those subject to public protection procedures was low. The strategy lacked detail and was out of date
- HP34 A range of interventions, including sex offender treatment programmes and enhanced thinking skills, were run, but without a full needs analysis it was difficult to determine whether the interventions available fully met the needs of prisoners, especially indeterminate-sentenced prisoners. The psychology department worked well with education and the offender management unit (OMU) to identify appropriate interventions to help prisoners prepare for offending behaviour programmes or, where appropriate, as an alternative to an accredited programme. Not all the sex offenders were willing or ready to engage in group work programmes, and there was a need to examine how best to motivate them and manage their risk.
- HP35 There was a good housing service, with two NACRO workers supported by trained prisoner supporters. Few prisoners were released without identified accommodation. Immediate help was given during induction to close down tenancies and deal with

rent arrears. Some debt problems were referred to staff from the Citizens Advice Bureau (CAB), who visited by appointment. A budgeting course was run and prisoners were helped to open bank accounts before release.

- HP36 There were good opportunities for prisoners to gain skills and qualifications to prepare them for work in the community, and links with employers had begun to be established. However, the lack of a pre-release course was a major omission, particularly for prisoners who had spent some years in prison.
- HP37 Family contact was not an effective part of resettlement work. There were insufficient telephones on some units, and limited association times were a constraint on men's ability to keep in contact with their families. Prisoners were able to exchange visiting orders and ordinary letters for telephone credit. The overall experience for visitors was unwelcoming and it was difficult to get through on the booking line. The visitors' centre shared with HMP Garth was not open on Tuesdays, although Wymott had visits that day. A separate visitors' centre for Wymott was planned but it was unclear why a suitably resourced shared service would not be better. Published information about visits was inaccurate and contradictory in various documents, and many visits were curtailed by the length of time it took to get into the visits room – up to 45 minutes in some cases. Other than for indeterminate-sentenced prisoners, there were no special family visits or children's days.
- HP38 The drug strategy was up to date and included alcohol but the needs analysis on which it was based was perfunctory and did not refer to levels of drug and alcohol use among the prison population or associated problems. The counselling, assessment, referral, advice and throughcare (CARAT) team provided an appropriate service, including some individual and group work. The team also conducted assessments and motivational programmes for prisoners wishing to join the TC. The TC provided a good opportunity for in-depth work but a shortage of staff impacted negatively on the quality and timeliness of reports. Community links to drug intervention programme teams were good. A high proportion of prisoners were signed up to voluntary drug testing (VDT) but this was inappropriately linked to the IEP scheme, and the issue of failure to supply samples was not routinely addressed with prisoners.

Main recommendations

- HP39 A succinct violence reduction strategy covering anti-bullying should be developed, in consultation with prisoners, which all staff understand and implement consistently.
- HP40 The quality of assessment, care in custody and teamwork (ACCT) procedures for those at risk of suicide and self-harm should improve, to ensure that care and support plans reflect assessed need and that reviews are consistently chaired by the same case manager and involve staff from a range of disciplines.
- HP41 A diversity policy should be developed and implemented, covering all distinct minority groups, including gay prisoners, those with disabilities and older prisoners, and based on an analysis of their needs.
- HP42 A new reducing reoffending strategy should be agreed, based on a comprehensive assessment of the needs of all categories of prisoner

represented at the prison, with action plans setting out how those needs will be met.

- HP43 There should be a comprehensive review of the policy, procedures and provision in relation to visits, in consultation with prisoners and their visitors and taking into account good practice at other prisons.
- HP44 A prison-wide strategy should be developed for increasing the proportion of sex offenders willing to engage in treatment programmes, and appropriately managing those who are not willing or ready to do so.

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 Relationships between the main escort contractor and reception staff were positive, and delays were kept to a minimum. Prisoners in our survey reported more negatively than the comparator about their experience of escorts but we received few complaints during the inspection. Prisoners were given adequate notice of moves, and hot meals and drinks were provided in reception. Double cuffing was used during prison-organised escorts, without a risk assessment.
- 1.2 Global Solutions Limited (GSL) was the main escort contractor, and staff described relationships with reception staff as good. Most new receptions were from local prisons within an hour's travelling distance from the establishment, and few had long journeys. There were few delays with prisoners getting on and off vans, but there could be a 10-minute delay when vans arrived at the same time as main prisoner movements.
- 1.3 The escort vans we saw were clean and free of graffiti. In our survey, prisoners were more negative than the comparators about their experience of escorts, but those we spoke to had few complaints. The negative perceptions were likely to have been accounted for by the higher than usual proportion of men in prison for the first time, older men and men with disabilities, with the latter group reporting a more negative experience than others.
- 1.4 With the exception of transfers for security reasons, prisoners were provided with a minimum of 24 hours' notice of an impending move. Hot meals were routinely provided to prisoners in reception at meal times and drinks were provided on request.
- 1.5 Handcuffs were used to escort prisoners between GSL vans and reception only if justified by a risk assessment. However, prisoners were routinely double cuffed between the sterile area and reception for prison escorts, without a risk assessment. This policy was under review at the time of the inspection.
- 1.6 Reception usually closed for lunch between 12.30pm and 1.30pm, but we saw staff allowing prisoners off vans during this period rather than leaving them waiting. We were told that this was usual. It was rare for prisoners to arrive at the prison any later than 4.30pm.

Recommendation

- 1.7 Prisoners should not be double cuffed for escorts unless justified by a risk assessment.

First days in custody

Expected outcomes:

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

1.8 The reception area was clean and bright and staff were supportive. There were few delays, except when larger numbers than usual arrived. There were no Insiders or Listeners on reception. Vulnerable prisoners were kept apart from others in reception and in the first night centre, but overall fewer than the comparator said they felt safe on their first night. New first night arrangements had been introduced. Induction was good, supported by a well-produced information booklet, but more active promotion of diversity was needed.

Reception

- 1.9 The prison had a vulnerable prisoners strategy, which outlined the action to be taken on arrival at the prison, and vulnerable prisoners were kept apart from others in the reception area.
- 1.10 On arrival, all prisoners were interviewed by the reception senior officer, who checked warrants and other information and established prisoners' next of kin. Prisoners were treated respectfully and routinely referred to by their first name. The reception area was bright, clean and fit for purpose. Holding rooms contained a television, a notice board containing prison information, and an induction booklet. Before being locked in a holding room, newly arrived prisoners were offered the use of a toilet. All newly arrived and departing prisoners were routinely strip searched.
- 1.11 While in reception, prisoners were able to buy a smokers' or food pack, for which £10 credit was available. They were also offered a free five-minute telephone call.
- 1.12 Prisoners were seen in private by a nurse and a first night officer from F wing, who completed a first night care and support questionnaire and asked a series of questions about disability and diversity issues. Prison regimes and routines were explained, including first night procedures, and information provided about rules and safer custody issues. This early input from first night and nursing staff was important, as prisoners in our survey reported arriving with significantly more problems in a range of areas than at comparator prisons. There were two reception orderlies with no formal support role, and no Insiders or Listeners in reception.
- 1.13 Most prisoners told us that they had waited for no longer than an hour in reception, but the process took longer when larger groups arrived. During the inspection, a group of 11 prisoners arrived at 11.40am and were not moved to the first night centre (F wing) until late afternoon, and some were moved before all procedures, including, in some cases, the cell sharing risk assessment, were completed. However, all prisoners moved to single first night cells and procedures were completed by the senior officer on F wing.

First night

- 1.14 All prisoners moved from reception to the F wing first night centre. Vulnerable prisoners were located on a separate landing above the other prisoners. Although, in our survey, significantly fewer than the comparator said that they felt safe on their first night, and vulnerable prisoners particularly so, both groups of prisoners we spoke to on F wing told us that they felt safe. These arrangements had only been introduced the week before the inspection, so it was too soon to judge how appropriate they were.
- 1.15 First night officers operated in reception and on F wing, which provided good continuity. Staff on F wing were knowledgeable about those in their care and night staff knew the names and location of all newly arrived prisoners. First night accommodation comprised only single cells, and was clean and appropriately equipped. A Listener and Insider operated in the first night centre and reported free access to prisoners. All prisoners were issued with a first night bed pack of clothing and bedding.
- 1.16 Most prisoners were able to have a shower when they arrived on F wing, but not if they arrived later in the evening or on a Friday afternoon, when there was no evening association. In our survey, only 24% of respondents said that they were offered a shower on their first night, compared with 43% in similar prisons.

Induction

- 1.17 Induction was a rolling programme, which started the day after arrival or on Monday morning if arrival was on a Friday. The induction unit had just relocated to F wing following the opening of new accommodation on K wing and the programme had been condensed from two weeks to one. F wing staff doubled as induction officers, and adequate class and interview rooms were available. There were separate induction timetables for general and vulnerable prisoners.
- 1.18 The content of the induction programme was adequate, although in the area of race and diversity was insufficiently challenging of negative attitudes, and focused exclusively on prison systems and policies.
- 1.19 Sessions were run by a range of specialists at the prison, including information, advice and guidance and resettlement workers. Prisoners attended a work allocation board during the induction week. The induction booklet given out to prisoners was presented in a clear and creative way but it was not readily available in other languages. Most prisoners we met indicated that the induction programme had met their needs, which was in line with our survey results.

Recommendations

- 1.20 Sufficient staff should be allocated to reception to minimise waiting times and allow completion of all reception procedures when large groups of prisoners are received.
- 1.21 Reception orderlies should have a formal peer support role.
- 1.22 The new first night centre arrangements on F wing should be reviewed after six months to ensure that they are operating effectively and safely.

- 1.23 All prisoners should have the opportunity to shower on their first day at the prison.
- 1.24 The race and diversity sessions in the induction programme should actively promote diversity and good race relations, and challenge, in discussion with prisoners, any unacceptable attitudes and behaviour.
- 1.25 The induction booklet should be readily available in relevant foreign languages.

Good practice

- 1.26 *The imaginatively presented induction booklet provided newly arrived prisoners with basic information about the prison in an accessible format.*

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 The prison was clean and the grounds were well maintained. Over 50 single cells were used for double occupancy. Toilets in single cells were not screened, even though most prisoners ate in their cells. Cell call bells were rarely answered within five minutes. Clothing and laundry arrangements were satisfactory. Shower areas on the older wings were in a poor state of repair and did not provide privacy. There were some delays with prisoners' mail, and insufficient telephones on the wings.

Accommodation and facilities

- 2.2 The grounds were well maintained and kept clean, despite rubbish being persistently thrown out of windows, mainly at night. Prisoners were employed to clear the rubbish twice daily.
- 2.3 The residential wings varied in size, with up to 200 prisoners on the larger wings. Vulnerable and general prisoners were mostly kept entirely separate in the older original accommodation on A and B wings, and on J wing. The older wings held the general population, with I wing mainly for older prisoners and those with disabilities and K wing for the therapeutic community (TC).
- 2.4 Prisoners in the TC had moved into new accommodation four weeks before the inspection. There were teething problems with the computerised timer for hot water, which had yet to be resolved. Prisoners in shared cells had the same amount of time to access hot water as those in single cells, which was unreasonable. Demand on the system sometimes meant that there was no hot water.
- 2.5 I wing held up to 75 prisoners and was the only wing where prisoners could eat out of their cell. A stair lift allowed prisoners to access the association facilities on the upper landings. I wing also had a separate annexe in the nearby healthcare centre, with cells more suitable for use by prisoners with disabilities, but they were too isolated for such prisoners to be held there (see also section on diversity).
- 2.6 All the accommodation was certified by the area manager as suitable for double occupancy, including over 50 single cells, which we considered were too small to share. Prisoners who were willing to share were given a £2 telephone PIN credit and an additional visiting order each month and were not required to pay the £1 weekly charge for a television. Toilets in doubled cells were screened with a full-length curtain but those in the single cells had no screening, even though prisoners had to eat in their cells.
- 2.7 Communal areas of the wings were clean and tidy and cells were mostly clean. There was an offensive display policy, but this was not consistently enforced across the wings. Association areas were well equipped with pool tables and a full-size snooker table. A and B wings had a

small book collection, which the prisoners had developed and looked after. A good range of notices and information had recently been put on display in residential areas.

- 2.8 Cell call bells were not answered within five minutes. In our survey, only 25% of prisoners, compared with the 42% comparator, said that call bells were normally answered within this timescale. Records confirmed that cell call bells were rarely answered within five minutes and we saw officers switching the alarm off from the wing office without going to check on the prisoner.

Clothing and possessions

- 2.9 Prisoners could wear their own clothes in their cells and during association. Clothes could be laundered on the wings. There was a well-organised central store, which issued all prisoner kit and bedding. All prisoners had duvets. Kit change took place weekly and any problems with size of clothes or shoes could be rectified within 24 hours. The stores had a good quantity of kit, in a range of sizes, as well as bedding and shoes.
- 2.10 Prisoners were not permitted to have property handed in on visits or posted in. In our survey, 24% of prisoners, compared with the 31% comparator, said that they could normally obtain their stored property if they needed to, and this had been the source of many complaints. The complaints were justified, as there had been delays when the property storeroom had been closed to install a racking system. Staff also said that that designated evenings to distribute property on each wing were often cancelled. The previous backlog appeared to have been dealt with.

Hygiene

- 2.11 In our groups, prisoners said that they found it difficult to get cleaning materials, and in our survey 60% of prisoners said that they normally got cleaning materials every week, which was significantly worse than the 76% comparator. Prisoners were able to clean their cells during evening association, but this included the evening meal and the opportunity to use telephones and showers, so the chance to clean cells had to compete with other priorities.
- 2.12 Prisoners could shower daily, and hygiene products were distributed on request. Shower areas were clean, although the showers on the older wings were in a poor state of repair. All the wings, except A and B wings, had screened showers.

Mail

- 2.13 There were no restrictions on the number of letters that prisoners could send or receive. The post office could not guarantee a delivery time, so a member of prison staff collected all of the prison's mail early each morning. A team of operational support grade staff was located in the correspondence office, close to the security department. They aimed to ensure that all prisoners' mail was delivered to the residential units on the day it arrived, but they told us that delays could occur, usually if the volume of mail to be censored was high or if staff were redeployed to cover family visits on a Saturday. It was not always possible to process outgoing mail in time for the 4pm deadline, and this could result in some second class mail taking up to a week to reach its destination. In our survey, 42% of prisoners said that they had experienced problems sending or receiving mail, which was significantly worse than the 37% comparator.

- 2.14 As the majority of recorded delivery letters contained money, they were taken to the residential units after 5pm, when prisoner was asked to open the letter. Any money was taken back to the correspondence office to process. All legally privileged mail was X-rayed and, if there was any cause for suspicion, was taken to the wing for the prisoner to open in front of staff. In our survey, significantly more than the comparator said that staff had opened letters from legal representatives in their absence. We were unable to check, as legally privileged mail opened in error was recorded in the prisoner's individual record and there was no central record.

Telephones

- 2.15 Most wings had insufficient telephones, with a ratio of 1:24. On C and D wings, the situation was worse, with only three telephones for 104 prisoners, which was not sufficient. Not all telephones had privacy hoods and they were not placed in booths.
- 2.16 Prisoners could exchange ordinary letters (issued free each week) or visiting orders for telephone credits.

Recommendations

- 2.17 Toilets in both single and double occupancy cells should be appropriately screened.
- 2.18 Sufficient telephones should be provided on all wings, particularly C and D wings.
- 2.19 Telephones should be placed in booths for privacy.
- 2.20 Cell call bells should be answered within five minutes, and managers should regularly monitor response times.
- 2.21 Showers on A and B wings should be screened.
- 2.22 All shower areas on the older units should be refurbished and showers should be screened.
- 2.23 The management of legally privileged mail should be improved to reduce the actual or perceived number of occasions on which such mail is opened in error.

Housekeeping points

- 2.24 Prisoners in shared cells should have additional time to access hot water.
- 2.25 The offensive display policy should be consistently enforced on all wings.

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.

2.26 In our survey, prisoners' responses about relationships with staff were mixed, with vulnerable prisoners generally more positive than others. Prisoners told us that some officers were unwilling to help them, but they found women officers to be more willing to listen to them and to help. Efforts had been made to improve relationships through a decency strategy. Despite some negative perceptions from prisoners, interactions we observed were positive and friendly.

2.27 All the interactions we observed between staff and prisoners were positive and respectful. Prisoners and staff were relaxed with each other and many staff addressed prisoners by their first names. However, only 62% of respondents to our survey, against the 75% comparator, said that most staff treated them with respect, and more said that they had been victimised by staff. Vulnerable prisoners were more positive than other prisoners about being treated with respect, but still more negative than the comparator. These perceptions were not borne out by our observations, or by what we were told by individual prisoners. Seventy-four per cent of prisoners said that they had a member of staff they could turn to for help if they had a problem; vulnerable prisoners were more likely to say this than other prisoners.

2.28 In our groups, and in discussions with individual prisoners, some were positive about individual staff and acknowledged that most officers were fine, but they said that younger, inexperienced officers did not know enough to help them and did not always behave professionally. Prisoners were more positive about women officers, who they said were generally more willing to listen to them and to help. They said that staff were generally pleasant but they did not like to have things questioned. Prisoners were much more positive about their treatment by education staff and drug workers. Some of these views were also reflected in a measuring the quality of prison life survey carried out in 2007, in which one of the dimensions relating to relationships with staff scored relatively low. A number of prisoners in groups referred to Wymott as more like a category B than a category C prison, and this may have impacted negatively on their perceptions of staff.

2.29 Monthly decency strategy meetings were held, with a particular aim to monitor and improve the relationships between staff and prisoners. Focus groups, in which prisoners informed the strategy, had recently been held. Some good information had been obtained, which had been thoughtfully discussed and some important issues identified. However, there were not yet any clear action points to demonstrate to prisoners that work was being done to address their concerns. Wing consultation meetings, chaired by senior officers, mostly dealt with domestic issues. The format of the minutes of wing consultation meetings was different in each case, and there were no clear action points identified with a named person responsible for following them up. Too many simple matters were unresolved or ongoing.

Recommendations

2.30 The decency strategy group should develop an action plan to improve relationships, with regular feedback to prisoners about action taken.

2.31 Wing consultation meetings should be held to a consistent format, with action points for named individuals, with appropriate report back at subsequent meetings.

Personal officers

Expected outcomes:

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

2.32 A high proportion of prisoners in our survey said that they had a personal officer, but fewer than the comparator said that they found them helpful. This was mostly because of much poorer perceptions among the general population, compared with vulnerable prisoners. Despite an unclear policy document, personal officer work was well established, with some particularly good personal officer entries in wing files on the vulnerable prisoner wings. Entries on the other wings were of a reasonable standard and many referred to sentence plan targets, but in some cases gaps between entries were too long. There were no care plans for prisoners with special needs.

2.33 The formal personal officer scheme was described in a policy document, reviewed in June 2008 and signed by the Governor on 1 August. Confusingly, the document referred to a 'group officer' scheme; none of the officers we spoke to were familiar with the policy document or knew what was meant by the term 'group officer'. While there was reasonable guidance in the document, there was also some misleading and contradictory information, including whether personal officer entries in wing files were required weekly or monthly; the established practice was monthly. The written policy required senior officers to sample a random 5% of wing files, but senior officers' understanding was that they were expected to check them all. There were forms annexed to the policy document which were for introductory interviews, managers' checks and the personal officer's monthly interview with prisoners. These were not used, and had they been would probably have impeded some good work that was taking place, and led to less detailed entries in history sheets.

2.34 Personal officers were allocated by cells, and if a prisoner moved cell he changed personal officer – a practice we had previously criticised, as it provided insufficient continuity for prisoners. The policy document explained that 'this system was chosen so that officers can quickly identify where their designated prisoners are accommodated and not have to continually check locations, in order that a more efficient service may be delivered'. This suggested that the system was designed for the convenience of officers, rather than to meet the needs of prisoners, and was unnecessary in a training prison with a relatively stable population.

2.35 Despite the deficiencies of the written policy, some good personal officer work took place. In our survey, more prisoners than at comparators said that they had a personal officer. However, there were large discrepancies between vulnerable prisoners and others about their perceptions of personal officers. Ninety-two per cent of vulnerable prisoners said that they had a personal officer, compared with 59% of the general population, and 69% of vulnerable prisoners, compared with only 38% of the others, said that they found their personal officer helpful. This difference was also reflected in our groups, where vulnerable prisoners were much more positive about their relationship with their personal officer than the general population.

2.36 To some extent, this difference was also reflected in our observations on the wings. Although personal officer work was generally good on both sides of the prison, on the vulnerable prisoner wings, personal officer entries in wing history files were of a particularly high standard,

especially for initial entries. Many of these entries set out fully the prisoner's circumstances relating to his offence, his home and family circumstances and previous occupation. They outlined family contact issues, referred to sentence plan targets and made appropriate referrals. Such thorough initial entries provided a good basis for further personal officer work, even when the officers changed, and it was apparent that issues identified were followed up at subsequent interviews. Entries on the other side of the prison were not so thorough, but were still of a generally good standard and many referred to sentence plan targets and family issues.

- 2.37 It was clear on both sides of the prison that officers personally introduced themselves and usually spoke to prisoners before making their entries, rather than just recording observations. However, one or two files we sampled for the general population referred just to behavioural issues on the wing, and some files on that side had gaps in entries. With a requirement for a full personal officer entry only once a month, when this was not done the gaps between entries could be considerable, and perhaps partly explained the difference in perception between the two sides of the prison. Officers on the general side explained that they were more stretched than those working with vulnerable prisoners, and had a more challenging and difficult population to manage. However, with an average of seven prisoners each, it should have been possible for each personal officer to conduct interviews and complete a thorough wing history entry once a month.
- 2.38 Entries throughout the prison showed good knowledge of prisoners and their needs and there were regular management checks, which referred to quality as well as the frequency of entries. However, there were no care plans for those with special needs, such as older prisoners and those with disabilities.

Recommendations

- 2.39 The personal officer policy should be revised to reflect more accurately the actual operation of the scheme, and promoted to staff as a training guide.
- 2.40 Cell moves should not routinely result in a change of personal officer.
- 2.41 Detailed personal officer entries should be made at least once a month.

Good practice

- 2.42 *The comprehensive initial personal officer entries, outlining the offence, family background and sentence planning needs, were an excellent basis for further effective personal officer work.*

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 strategy was comprehensive but too long. A monthly committee covered all safer custody issues, but was chaired by a junior governor. A senior officer coordinated violence reduction and safer custody work, but was very stretched. There was a tackling anti-social behaviour (TAB) policy to deal with bullying, but staff had not been trained in its use and its application was poor. An internal survey showed that 20% of prisoners said that prison officers did not support the anti-bullying strategy. No central log of investigations into allegations of bullying was kept. Analysis of violence reduction data had recently started to take place but was underdeveloped. There was little problem behaviour or violence, and most prisoners reported feeling safe.
- 3.2 The prison had a long and detailed violence reduction strategy, which reflected current practice. However, its length meant that it was not an accessible document for many of the staff working with prisoners. There was no evidence that prisoners' views had been taken into account in the formulation of the strategy.
- 3.3 Violence reduction and safer custody issues were addressed through a well attended monthly meeting. However, this was chaired by a junior governor, which, given the importance of the issues and the size of the prison, did not indicate sufficient senior management priority.
- 3.4 Work to address anti-bullying and violence reduction was led by a senior officer, who had been appointed in the summer of 2008. The post holder also led on safer custody, including suicide and self-harm (see below). He was supposed to be supported in this work by officers based on G and H wings, but these resources were not always available and there was little continuity in who was profiled to do the work. In addition, a half-time administration officer supported violence reduction and safer custody work. It was generally recognised, both by those delivering the work and by senior managers, that the level of resources was inadequate.
- 3.5 The TAB process to manage bullying had recently been introduced. This was a three-stage anti-bullying process, with unobtrusive observation at stage 1; formal warnings and monitoring at stage 2; and use of the incentives and earned privileges (IEP) scheme, and, ultimately, transfers out of the prison at stage 3. In the year to date, anti-bullying 'booklets' had been opened on 161 prisoners. There were no comparative data to establish if this was up or down on previous years.
- 3.6 No record was kept of the numbers moving between the three stages, or of those who were repeatedly put on the TAB process. We were told that few prisoners had moved to stage two of this process, and that only one prisoner had moved to stage three. Staff appeared to use the TAB process as a warning for future behaviour for those against whom allegations of bullying had been made, rather than to monitor and manage poor behaviour. This was evident when

staff consistently told us that they informed prisoners on stage 1 of the TAB process that their behaviour would be monitored, although the stated policy was for unobtrusive monitoring.

- 3.7 No trigger behaviours were identified in the individual prisoner TAB documents, and there was no system to provide those on the TAB process with behavioural targets. The TAB process did not follow the prisoner off the wing, which meant that problem behaviour evident in work, education and other areas was not monitored. Entries in TAB documents showed little depth, with unhelpful statements, such as 'seen on association no problems'. Staff had not been trained in the use of the TAB process.
- 3.8 There was an equivalent TAB process for victims of bullying, and although three of these were open in the week of the inspection, no record had been kept of the total for the year. Support for victims of bullying consisted of an interview with a wing manager and low level monitoring and written comments by staff. There were no interventions for bullies or victims.
- 3.9 Allegations of bullying were investigated by wing managers, but no log or record was kept to enable management checks. Prisoners in our groups, and those we spoke to, mainly stated that they felt safe at the prison and could approach a member of staff about these matters if they needed to. The prison anti-bullying survey conducted before the inspection indicated that prisoners were more likely to report bullying to staff now than at the time of the 2006 survey, but also indicated that prisoners felt that 20% of prison officers did not support the anti-bullying strategy of the prison.
- 3.10 The violence reduction coordinator had recently introduced systems to improve the monitoring of trends in violence and poor prisoner behaviour. These systems provided information such as the number of assaults, fights, security finds and positive drug tests on each wing of the prison, and this was discussed at the monthly committee meeting. However, analysis of violence reduction data was underdeveloped. Some advanced work had been developed to analyse how gangs operated at the prison, and there was ongoing work to see if sexual bullying was taking place.
- 3.11 Our own analysis of the available data suggested relatively low levels of violence, although data had only recently started to be collected about unexplained injuries. In our survey, only 9% of prisoners said that they felt unsafe at the time of the survey, significantly fewer than the comparator, and only 4% of vulnerable prisoners said that they felt unsafe.

Recommendations

- 3.12 The monthly violence reduction and safer custody meetings should be chaired by a member of the senior management team.
- 3.13 Work to develop and oversee violence reduction, anti-bullying and safer custody should be adequately resourced.
- 3.14 Staff in prisoner contact roles should be trained in the tackling anti-social behaviour (TAB) process, including how to recognise problem behaviour and maintain appropriate records.
- 3.15 A comprehensive log should be kept of all investigations into alleged bullying and their outcomes, and TAB books opened and closed.

- 3.16 Interventions for bullies and victims should be developed, involving families where appropriate.

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.

- 3.17 The safer custody strategy was too long and inaccessible. Attendance at the safer custody meeting was generally good, but health services staff often did not attend and there were no prisoner representatives. The number of assessment, care in custody and teamwork (ACCT) documents opened had increased over the previous year, but the number of incidents of self-harm had decreased. Identification and analysis of safer custody data were underdeveloped. Some aspects of care were good, but many written care plans did not reflect assessments. There was limited multidisciplinary involvement or continuity in case management. Listeners were well supported and facilitated but some were overused. There was a lack of clarity about arrangements for constant watch. Recommendations from investigations into previous deaths were being addressed, and de-briefs held after deaths in custody or near deaths.
- 3.18 A recently produced safer custody strategy document was too long and detailed to be an accessible document for the majority of staff. The monthly meeting was combined with violence reduction (see above) and most key areas of the prison were represented, although health services staff were not regular attendees. Communication between the mental health primary care team and the safer custody team was therefore not well developed. No Listeners or other prisoner representatives were invited to the meeting. Resources to manage work in this area were not sufficient to oversee safer custody work adequately (see section on bullying and violence reduction).
- 3.19 There were usually between 10 and 15 ACCT documents open at one time. A total of 179 had been opened in the year to the inspection, which was higher than the previous year's total of 161. Managers believed this resulted from an increase in the prison population and a more robust approach to safer custody work. Despite an increase in the number of open ACCT documents, the actual number of incidents of self-harm was lower than in the equivalent period in the previous year, with 74 in the year to the inspection compared to 85 in the same period in 2007. While some safer custody data were collected and analysed at the monthly meeting, the analysis was not comprehensive. This change had not been identified or discussed before the inspection.
- 3.20 ACCT documents were opened appropriately, and there were some good quality and detailed immediate action plans, including references to involving families in support plans. Assessments and first case reviews appeared to take place within the 24-hour target, and many observations were detailed and relevant. There was a good system to ensure that post-closure reviews took place, and staff on wings were knowledgeable and showed a good level of individual care for those on open ACCT documents.

- 3.21 However, care and support planning was poor, and it was not unusual for care maps to contain only one vague entry, often not reflecting the assessed risk. They were rarely updated after reviews. Case managers at reviews regularly changed, so there was little continuity in care and support, and attendance by anyone other than wing-based or primary care health staff at reviews was extremely rare. Most staff had been trained, and 85% of all staff and 92% of staff in prisoner contact roles had received initial or refresher ACCT training in the previous three years.
- 3.22 There were 32 trained Listeners, who provided a 24-hour service for the whole prison. Listeners met monthly with the Samaritans and a senior psychologist, who represented their views at the safer custody meeting. There were Listener cells on most wings, with the exception of the newly opened K wing, where one had been identified but not put into use, and J wing, where it had been decided that they were not required. Listeners were deployed according to wing, which meant that the same Listener could be called upon on successive nights, while others were rarely, if ever, used. This placed too much pressure on the Listeners on wings where more vulnerable prisoners were located. Samaritan telephones were available on all wings, although the lack of a base station in the segregation unit meant that reception was poor there.
- 3.23 There were restrictions in staff observing and gaining access to prisoners on the spurs and A and B wings during patrol state because they were locked off to allow prisoners access to sanitation, and night staff could not go in alone. A second member of staff had to attend to carry out ACCT checks, which was time consuming. This meant that a prisoner who needed any more than three observations a night would be moved to another wing.
- 3.24 There was a lack of clarity about arrangements for constant watch. We were told that the lack of a gated cell meant that any prisoner requiring this level of care would be moved to HMP Preston. However, we found a prisoner in a camera cell on I wing who was subject to a 24-hour constant watch. The safer custody coordinator was not aware of this when we brought it to his attention.
- 3.25 There had been eight deaths in custody at the prison since April 2006, and four PPO reports were outstanding for the most recent of these. Only one out of the eight was suspected to be self-inflicted, and this was one of the deaths still subject to an ongoing PPO investigation. There was an action plan to address PPO recommendations when reports had been received, which was regularly reviewed, and a hot de-brief was held after all deaths and near-death incidents.

Recommendations

- 3.26 A briefer safer custody strategy should be developed and promoted to staff.
- 3.27 Health services staff should regularly attend the monthly safer custody meeting.
- 3.28 Prisoner representatives should be invited to attend the safer custody meeting.
- 3.29 A broad range of safer custody management information should be collected and discussed at the safer custody meeting.
- 3.30 Care plans should be updated and revised as appropriate after case reviews.

- 3.31 A Listener rota for the whole prison should be used to ensure that individual Listeners are not over-burdened.
- 3.32 A Samaritan telephone and base station should be available in the segregation unit.
- 3.33 There should be a clear policy on the management of constant watches for those at risk of suicide and self-harm.

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 There had been no senior management continuity in the oversight of diversity issues and there was no overarching policy and no diversity committee. The diversity manager had collected a lot of data on diversity matters but seemed to be working in isolation. Most interventions for prisoner with disabilities were reactive, with no formal care planning. There was little to meet the wider needs of a diverse population, such as gay prisoners. There had been no recent celebrations of diversity events. A separate unit had been established on I wing to cater for older prisoners and those with disabilities but there was little specialist input to make it effective. Social care workers were due to be appointed.
- 3.35 Senior management accountability for diversity issues rested with the deputy governor, a post that had been held by three different people in the previous year. This had resulted in a lack of direction and positive steer from senior managers on diversity issues. The diversity manager, who had received no specialist training for her role, also had responsibility for race relations and foreign national prisoners. There were nominated diversity liaison officers on every wing, but their role was not clear.
- 3.36 A large amount of information had been collated on diversity matters, but this had not led to the development of an overarching diversity policy and there was no diversity committee. Diversity matters were discussed at the race equality action team (REAT) meetings, which was inappropriate. The minutes of these meetings suggested that insufficient time had been dedicated to discussing diversity matters in general.
- 3.37 Sixty-two per cent of staff had attended general diversity training, which included race relations, compared with 75% at the previous inspection. Prisoners received some input on diversity during their induction, but this focused on avenues of complaint rather than active promotion of equality and diversity.
- 3.38 A diversity incident reporting system had been established to enable prisoners and staff to report matters for investigation. Investigations we examined were often carried out later than within the prescribed 28 days, and were lacking in depth. Some answers were inappropriate and inconsistent. In the absence of a diversity strategy and committee to discuss and monitor issues and trends identified, it was difficult to see what the incident reporting process added to outcomes for prisoners. Some monitoring of diversity and disabled and older prisoners took place, but nothing was done to address matters relating to sexuality. A number of diversity complaints regarding this lack of support had been submitted by gay prisoners and a prisoner

considering changing gender. One reply had encouraged a gay prisoner to set up a gay prisoner support group but the decision had then been rescinded on the basis of 'risk'.

- 3.39 Although there was a calendar of diversity events, little had been done in recent months to celebrate diversity. Nothing was in place to recognise diversity week or Black History month, although good arrangements had been made for Ramadan.
- 3.40 Prisoners were asked to complete a disability and diversity questionnaire on reception and these were returned to the diversity manager. There were 307 prisoners (29%) recorded as having some form of self-reported disability. These included learning disabilities and physical and mental health problems. The disability policy was being revised, as the existing policy was outdated and did not reflect what was happening in practice. The diversity manager reported that links with the healthcare department were underdeveloped, despite the high proportion of older and disabled prisoners. Some good work had been done to assist some prisoners with disabilities but not all of them had been seen individually to discuss their specific needs. A disability liaison officer had recently been appointed to take on this work and two social care workers were in the process of being security cleared to work with older prisoners on I wing.
- 3.41 A policy for the management of older prisoners had just been developed but had not been fully implemented. An accompanying action plan was based on this Inspectorate's thematic review but did not refer directly to any local issues identified. Over 10% of the population were regarded as older prisoners (over 55) and a separate unit had been established on I wing to cater for some of them, as well as those with disabilities, but the criteria for the wing were unclear. This included an annexe in the healthcare centre of six cells more appropriate for use by prisoners with physical disabilities (see section on residential units). None of these prisoners had care plans and little had been done to make reasonable adjustments to living conditions; for example, prisoners using a wheelchair were accommodated in ordinary cells. However, prisoners on this unit were generally unlocked all day, limited low-level work was available on the unit, and a communal dining and television facility had been provided. Interactions between staff and prisoners on this wing were positive. Regular staff on the wing knew which prisoners in their care needed assistance in the event of an emergency but they did not have personal evacuation plans.

Recommendations

- 3.42 A diversity committee should be formed to manage and monitor all aspects of diversity and promote diversity across the prison.
- 3.43 The diversity complaints system should be reviewed as to its effectiveness in improving outcomes for prisoners.
- 3.44 Individual care plans should be developed for older prisoners with special needs and those with disabilities. They should be held on wing files and regularly monitored.
- 3.45 Activities for older prisoners and those with limited mobility should be improved to provide more stimulating and purposeful occupation.
- 3.46 Cells for prisoners with a disability or limited mobility should be adapted to meet their needs.
- 3.47 All prisoners requiring assistance in an emergency should be easily identifiable to all staff and have individual evacuation plans.

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.

3.48 Black and minority ethnic prisoners believed that a number of staff were culturally unaware and held stereotypical assumptions, but reported little direct racism. Race equality was reasonably well managed at a strategic level, and areas for improvement through a comprehensive action plan had been identified. Less than two-thirds of staff had received diversity training and there was no promotion of race equality to prisoners. Black and minority ethnic prisoners were less positive than white prisoners about a range of issues, and over half of all racist incident report forms (RIRFs) related to the use of derogatory language by staff and prisoners. Racist incidents and complaints were satisfactorily investigated, and external scrutiny had identified some key areas for improvement. Ethnic monitoring showed over-representation of black and minority ethnic prisoners in discipline areas but it was not apparent that any action had been taken.

Race equality

- 3.49 The lack of continuity in the deputy governor post had also impacted on the strategic management of race equality (see paragraph 3.35). The REAT, which met bi-monthly, managed race equality adequately. A separate task meeting was held in the intervening months to follow up actions from the main meeting. The REAT meeting was well attended and was chaired by the deputy governor, and the minutes showed that some relevant issues and management information were discussed. However, it was not clear from the minutes that issues and trends from analysis of RIRFs were identified, discussed and acted on. The race equality action plan (REAP) was comprehensive and covered issues identified both locally and nationally, although some actions were not time bound.
- 3.50 Eleven per cent of the prisoner population but only 3% of staff in prisoner contact roles were from black and minority ethnic backgrounds.
- 3.51 A trained, full-time REO and part-time deputy were in post. They were managed by the diversity manager. The REO had worked hard to ensure that he was known to staff and prisoners, and together with the deputy governor had identified some key areas in which they could take race equality work forward. He provided a monthly written report to the senior management team. The deputy REO was only provided with facility time when the REO was absent, so was not able to contribute consistently to the management of race equality. There was no administrative support.
- 3.52 In our survey, black and minority ethnic prisoners were significantly more negative than white prisoners about a range of issues, notably feeling victimised, relationships with staff, feeling safe and family ties. A black and minority ethnic support group had recently been set up and had identified as issues the lack of awareness of culturally acceptable language among staff and that some staff treated all black prisoners as gang members. The REO had identified that a number of staff were nervous about not knowing what they could or could not say.
- 3.53 There were nine prisoner race representatives in the general prisoner population and eight in the vulnerable prisoner population; they were identified by yellow cell cards on their cell doors.

They met the REO every month and sent representatives to the monthly REAT meetings. Prisoners were encouraged to speak to the prisoner representatives first about racist incidents before submitting formal complaints. In most areas, there were race equality notices, which included pictures of key staff involved.

Managing racist incidents

- 3.54 RIRFs were submitted through the general complaints boxes, and forms were readily available in prisoner and staff areas. The boxes were emptied by the night orderly officer, and some prisoners had little confidence in this, as envelopes were not always available to help to maintain confidentiality. Seventy-two RIRFs had been submitted since October 2007, compared with 51 in a similar period in the previous year. Over half of the incidents related to the use of inappropriate language by staff and prisoners. Some prisoners had been subject to adjudications and IEP warnings following investigations, but no complaints against staff had been upheld. No work had been done to try to identify why there had been a rise in the number of complaints or the high number relating to the use of derogatory language.
- 3.55 Racist incidents were adequately investigated but feedback to prisoners was insufficiently detailed. Many statements were hand written, making them difficult to read, and documentation was not complete in all cases. Preston and Western Lancashire Race Equality Council had carried out quality assurance checks on a sample of RIRFs and had made recommendations to type witness statements, offer assistance to prisoners in completing forms (especially when English was not their first language) and ensure that documents were completed fully. Further feedback had been given about the quality of investigations and the appropriateness of actions taken. These comments had been accepted and discussed at the REAT meeting, and there had been improvements in more recent investigations.
- 3.56 Mediation had been used to resolve a number of racist incidents about the use of derogatory language, including some in which staff had been involved.

Race equality duty

- 3.57 Race equality impact assessments had been completed for the Prison Service's mandatory areas and some assessments were with area office for checking. An action plan had been developed to take this work forward and this work had been included in the REAP.
- 3.58 The REO identified any prisoners with racially motivated offending behaviour, or who had demonstrated racist behaviour while in, or before coming into, custody. This information was collated in a 'racist and discriminatory prisoner' log. However, links with the offender management team were not effective and the team was unaware of at least one prisoner identified on the log. The log did not indicate when identified actions had been completed.
- 3.59 Ethnic monitoring had recently identified over-representation of black and minority ethnic prisoners in the use of force, adjudications and segregation, but it was not clear what, if any, action had been taken following investigation by the REO.

Recommendations

- 3.60 **All staff should be trained in diversity, with particular attention paid to race issues.**

- 3.61 The race relations management team should investigate with black and minority ethnic prisoners the reasons for the poorer perceptions, particularly about victimisation, relationships with staff, safety and maintaining family ties.
- 3.62 Separate boxes for submitting racist incident report forms (RIRFs) should be provided and they should be emptied daily by the REO or his deputy.
- 3.63 All RIRFs should be investigated fully, and accompanying documentation completed in full, preferably typed, and prisoners should receive detailed feedback.
- 3.64 The racist and discriminatory prisoner log should include confirmation of when actions have been completed.
- 3.65 Effective links should be established between the REO and the offender management team with respect to managing prisoners identified as racist or discriminatory.
- 3.66 The race equality action team should ensure that issues and trends from RIRFs and ethnic monitoring are identified, discussed and acted on.

Housekeeping point

- 3.67 All actions in the race equality action plan should be clearly time bound.

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.

3.68 Just over 5% of the prisoner population were foreign national prisoners, representing nearly 20 nationalities. The foreign nationals policy focused on legal aspects, with little about local arrangements. Prisoners were able to make free monthly calls abroad but not if they had had a visit. Support and services were reasonably well developed. The UK Border Agency (UKBA) had attended to hold some surgeries, and prisoner foreign national representatives met regularly with the REO to discuss issues affecting the foreign national population. In addition, monthly foreign national forums were held. Some translated material was available and translating facilities were well used.

3.69 There was an up-to-date foreign nationals policy, although it focused mainly on the legal aspects of custody for foreign national prisoners. It contained little information about the support and services available at the prison. Issues relevant to foreign nationals were dealt with at the REAT meeting, which was usually attended by the prisoner foreign national orderly, although this post was vacant at the time of the inspection. There were officer diversity representatives on every wing, who also had nominal responsibility for issues relating to foreign national prisoners, but their role was unclear. The foreign nationals coordinator was the diversity manager, and she was supported by a foreign nationals clerk.

- 3.70 At the time of the inspection, there were 57 foreign national prisoners (just over 5%), representing nearly 20 nationalities. All but four of these were located on the vulnerable prisoner side of the prison.
- 3.71 The foreign nationals clerk identified newly arrived foreign national prisoners and liaised with immigration services. Relationships with UKBA were reasonable, but only two immigration surgeries had been run and there was demand for more. During these surgeries, prisoners were seen in a group, although prisoners could also request to see specialist immigration staff in private. There were no links with community-based independent immigration advice services.
- 3.72 At the time of the inspection, three detainees were being held under administrative powers, and one had been held over five months beyond the end of his sentence. The prison had assisted UKBA by providing information to clarify the positions of these three prisoners, and the foreign nationals clerk was in regular correspondence with UKBA about these prisoners.
- 3.73 There were limited translated materials available or displayed around the prison, although translated information for induction and other matters was provided on request. The Big Word interpreting service was well used.
- 3.74 There were monthly consultation groups with the foreign national prisoners. Groups had identified issues relating to the time taken to translate mail for foreign national prisoners, and access to telephone cards. Some foreign national prisoners were subject to mail monitoring for child protection reasons, and until recently it had taken up to five months to translate incoming and outgoing mail. A new system had just been introduced, which had significantly reduced these delays.
- 3.75 A new 'blue' telephone card system had recently been implemented which provided cheaper telephone calls. However, prisoners experienced lengthy delays in getting these cards. Foreign national prisoners who received visits were not entitled to receive a free telephone call home, which resulted in some having to choose between visits from family and friends in the UK and telephone contact with family abroad.

Recommendations

- 3.76 The foreign national policy should include more information relating to support available at the prison.
- 3.77 The role of wing foreign national liaison officers should be clarified, with a comprehensive job description.
- 3.78 Foreign national prisoners should be able to receive 'blue' telephone cards without undue delay.
- 3.79 Links should be made with community-based immigration advice services.
- 3.80 More immigration surgeries should be held, to meet demand.
- 3.81 Foreign national prisoners should receive a free telephone call home each month, whether or not they receive any visits.

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.

3.82 The procedures for making applications and complaints were explained during induction. Efforts were made to use informal means to resolve some problems. Systems for making applications were inconsistent and not all kept records of receipt or responses. On some wings, there were no complaint forms. The timeliness and quality of responses to complaints were generally good, with appropriate quality checks. Information about the type and location of complaints was monitored.

3.83 Procedures for making applications and complaints were explained during the induction programme, including the appeals process and how to contact the Independent Monitoring Board and the Prisons and Probation Ombudsman. We saw wing officers trying to resolve issues without recourse to any formal systems.

3.84 The applications system varied from wing to wing, with some having applications boxes, while others required applications to be passed directly to wing staff. On some wings, application forms were carbonated, which allowed the prisoner to retain a copy, but on others they comprised a single sheet. On wings without carbonated application forms, no records were kept of receipt or responses, and prisoners complained about delays, and of applications not being responded to at all. In our survey, significantly fewer than the comparator said that applications were dealt with promptly.

3.85 There was an appropriately sited locked complaints box on each wing, which was opened by the night orderly officer, who passed them to the complaints clerk for logging. She then passed them to the relevant manager, with a target date for completion, which she monitored. Prison records indicated a 98% response rate within prescribed timescales, and prisoners were informed of how to appeal if they were dissatisfied with the response they received. We received no reports from prisoners about them being encouraged to withdraw complaints, and in our survey significantly fewer than the comparator said that they had been encouraged to do so. On some wings, we found that there were no general complaint forms available.

3.86 A random 10% check of completed complaint forms was analysed by a manager, and there were cases where staff had been told to revise a response which was deemed inadequate. We found the timeliness and quality of responses to complaints to be generally good and respectful. Most responses answered the original complaint, but we found some that did not, and some in which the quality of the written response was poor.

3.87 The location and type of complaints were recorded and monitored. Most complaints were about property, followed by security issues and categorisation.

Recommendations

3.88 There should be a single application system for the prison which allows applications to be tracked.

3.89 Complaint forms should be readily available on all wings.

Legal rights

Expected outcomes:

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

- 3.90 There was confusion about the provision of legal services and how prisoners could access legal services officers. The legal services office was no longer on the induction unit, and the induction booklet contained no relevant information. Legal visits were not held in private.
- 3.91 The arrangements for prisoners to see a legal services officer had become unclear following a change in staff profile earlier in the year. Notices on residential units advertised the availability of three trained legal services officers, but one told us that he had not been required to cover this area of work since June 2008. Managers said that the staff group on D wing was responsible for providing a legal services officer each day, but no record was kept of this so there was no evidence that it happened routinely. Minutes of the senior management team meeting (September 2008) indicated that details of how to contact the legal services officer were included in the prisoner induction booklet, but this was not the case. We asked several members of residential staff on different units about legal services; none of them could tell us whom to contact and some gave us incorrect information.
- 3.92 Previously, the legal services office had been located on the induction wing, to allow new arrivals prompt and easy access to the legal services officers. However, when the induction unit had been moved, the legal services office had remained on G wing. There was no legal services input to the new induction programme. Logbooks kept in the legal services office recorded contact with prisoners who had sought legal services advice, but it was unclear how accurate these records were. In 2008 to date, 47 prisoners had lodged appeals against conviction or sentence. Assistance for foreign national prisoners was limited to providing details of immigration solicitors.
- 3.93 Legal visits were held on Tuesday and Thursday mornings and took place in the two main visits halls. This arrangement meant that there were more than enough places to meet demand, but it did not provide adequate privacy or suitable facilities for using laptops or viewing video recordings.

Recommendations

- 3.94 **A suitably trained officer should be allocated to legal services work each day and be provided with sufficient time to deal with the demands of the workload.**
- 3.95 **Prisoners should be provided with clear and accurate information about the work of the legal services officer and how to access the service.**
- 3.96 **Suitable facilities should be provided for private legal visits and the use of laptops.**

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 There were no detoxification, maintenance or dual diagnosis services. Mandatory drug testing (MDT) positive rates were low at the time of the inspection but drug dog cover was inadequate.

3.98 There were no inpatient facilities and no opiate or alcohol detoxification facilities. All prisoners arriving at the prison were screened for drug or alcohol problems as part of their initial healthcare assessment. Those requiring detoxification were given symptomatic relief until they could be transferred to the drug dependency unit at HMP Preston. There was a written protocol for such eventualities, and the specialist substance misuse doctor based at HMP Preston often attended Wymott to facilitate assessments.

3.99 There were no specialist dual diagnosis nurses at the prison, but specialists from the mental health in-reach team attended the prison as necessary.

3.100 The MDT facilities were clean and tidy. Drugs information was available for prisoners to read while they were waiting for tests, and there were posters advertising the counselling, assessment, referral, advice and throughcare (CARAT) service.

3.101 Drug use appeared to be relatively low. In our survey, 31% of prisoners said that it was easy or very easy to get drugs in the prison, which was the same as the comparator. The MDT positive rate, including diluted samples and test refusals, for the six months before the inspection was 4.98%, against a target of 8%.

3.102 The vulnerable prisoner population was disproportionately more likely to be randomly tested than the general population. This appeared to be an anomaly in the computer random selection process, which meant that vulnerable prisoners were over-represented by 5%, and was not due to any irregularity in the testing procedures. In the six months before the inspection, there had been 36 drugs finds, 13 hooch finds and 23 mobile telephones finds. Recent funding cuts had resulted in only one drug sniffer dog being available from the North-West Area Dog Section for use at the prison. Considering the relatively large area covered by the prison, this appeared an inadequate level of cover.

Recommendations

3.103 The North-West Area Dog Section should ensure adequate drug dog cover for the prison to support the existing security measures that are in place to reduce the supply of drugs.

3.104 Vulnerable prisoners should not be disproportionately represented in random drug testing samples.

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 The delivery of health services was reasonable but routine waiting times were too long, particularly for vulnerable prisoners. The quality of dental services was good but prisoners waited too long for appointments. Clinical governance was satisfactory but the healthcare complaints system was poor. Mental health provision was good. Overall, significantly fewer than at comparator prisons rated the quality of healthcare as good. Some staff shortages impacted on service delivery.

General

- 4.2 Health services were commissioned and provided by Central Lancashire Primary Care Trust (PCT), which also commissioned health services for HMPs Garth and Preston. A health needs assessment and health delivery plan had been completed. A partnership board, which met bi-monthly, was held jointly for the three prisons.
- 4.3 The healthcare centre was centrally located. The department was on the first floor, with access by stairs or lift. The waiting area consisted of fixed seating along both sides of a corridor and was unwelcoming. At the time of the inspection, refurbishment of the healthcare centre was being carried out, so some rooms and a second waiting area were not in use. Despite the work in progress, the areas still in use were clean and tidy. The consulting room used by the general practitioner (GP) did not have a telephone, which made it difficult for the doctor to confer with external health professionals or use telephone translation services. Each of the house blocks had a dedicated health services room, all of which were dirty, and some fixtures were in poor repair. A number of waste bins had missing lids. The treatment room on I wing did not have a wash basin, and there was damaged plaster around the door frame. The healthcare room on K wing was not in use at the time of the inspection, as the wing had only recently been opened and the fixtures and fittings for the healthcare room were not in place. There was also a healthcare room in reception.
- 4.4 The dental surgery was spacious, clean and well ventilated. The X-ray machine was modern but the exposure switch was wall mounted outside the controlled area. There was no radiation warning notice on the outside of the surgery door. Radiographic fluids were stored in plastic containers on the surgery floor. Cross-infection control procedures were satisfactory.
- 4.5 Medicines were stored in the pharmacy rooms within the healthcare rooms in the house blocks, in lockable metal cupboards. Refrigerators were used in all of the rooms used for medicine storage. All of the refrigerators had maximum/minimum thermometers, and daily temperatures were recorded. However, the thermometers were not routinely reset after recording, and most displayed temperature readings outside the acceptable range, so it was not clear that heat-sensitive medicines were stored appropriately.
- 4.6 In our survey, only 34% of respondents considered the overall quality of healthcare at the prison to be good or very good, which was significantly worse than the 49% comparator.

Clinical governance

- 4.7 Clinical governance arrangements included the management and accountability of staff. All the staff had job descriptions. Some roles, such as reception and discharge, and clinic organisation, were undertaken by specific staff, and when these nurses were on leave there appeared to be a negative impact on these areas. The head of health services was a registered general nurse (RGN). There was a nurse-qualified healthcare officer, who was a nurse practitioner, two band six nurses, 12 band five nurses (11 RGNs and one registered mental health nurse (RMN)). There were also two band three healthcare assistants and one band two housekeeper. At the time of the inspection, the primary care team had three band five nursing vacancies, which, combined with staff on sick leave, was impacting on the care delivered. On one day during the inspection, only one nurse was on duty for the evening shift, whereas the staffing profile for this duty was at least three nurses. Administrative support was provided by a practice manager, who was also responsible for two other prisons, and two administrators. A discipline officer was detailed each day to support the primary healthcare clinics.
- 4.8 Staff had good training opportunities. They had undertaken basic life support and anaphylaxis training in the previous 12 months, and all staff who provided emergency cover for incidents had either completed or were booked to attend intermediate life support training. Training was linked to departmental need and personal development, and all staff had individual training plans. There were no formal arrangements for clinical supervision. The PCT ensured that staff professional registrations were checked monthly and did not lapse.
- 4.9 There was also a primary care mental health team, which included four RMNs and a team leader, who was shared with HMP Garth, and a mental health in-reach team, comprising two in-reach nurses and a team leader, who was also shared with Garth. There were also two part-time mental health graduate workers (one whole-time equivalent).
- 4.10 Other allied health professionals, such as an optician and podiatrist, also visited the prison. PCT policies were in use, with additional policies for practice specific to the prison environment, such as reception and discharge.
- 4.11 GP services were provided by a private company, and clinics were run every weekday morning and two afternoons each week. Out-of-hours medical cover was provided by the same provider. Although there was no inpatient facility at the prison, there was nursing cover 24 hours a day.
- 4.12 Pharmacy services were provided by HMP Garth, and the pharmacist responsible for the service normally spent one day a week at Wymott. A pharmacy technician and a pharmacy assistant were also employed on a flexible arrangement to work between the two prisons. Both visited Wymott every day. A medicines and therapeutics committee met quarterly. The pharmacist and nurses participated and the PCT was represented, but the GPs did not normally attend. There was a formulary, but the pharmacist accepted that it was likely to be out of date.
- 4.13 The dentist was contracted by the PCT for four sessions each week, with a dental surgery assistant for the same four sessions. There were plans to increase the hours of the dental surgery assistant. There was no holiday or sick leave cover for the dentist.
- 4.14 There was extensive emergency equipment, including six automated external defibrillators at strategic points around the site, with one in the healthcare centre. Each one also had a bag of

emergency equipment with it. The equipment was checked daily, and records of this maintained.

- 4.15 Clinical records were held in the administrative office in filing cupboards. Records that we looked at had good entries in them, including records made by health services administrative staff to indicate appointment changes or other relevant information, so that the clinical record was contemporaneous. There was no electronic clinical records system, although we were told that planning was under way for this; staff had received training and some computers were in place. Cabling and installation of computers had not yet occurred in the treatment rooms on the house blocks. Dental records were maintained to an appropriate standard and appropriately stored.
- 4.16 Healthcare complaints were dealt with under the PCT's complaints process. We reviewed a number of healthcare complaints and found some responses to be inappropriate and dismissive. Responses were mostly completed by the band five nurses on night duty, with no apparent management oversight.
- 4.17 There were systems for the prevention of communicable diseases, and at the time of the inspection staff were carrying out the annual 'flu vaccination programme.

Primary care

- 4.18 Prisoners were seen on arrival by a member of the health services team, who carried out a first night health assessment including completion of a mental health questionnaire. At the time of the inspection, newly arrived prisoners were not given any written information about healthcare services, as this was being revised. A labour questionnaire was completed. Prisoners with a life-long condition had their details recorded and were referred to the relevant clinic. Prisoners were offered relevant immunisations. Those requiring a medicine on their first night in the prison were seen by the nurse practitioner or the out-of-hours service. Prisoners were able to obtain condoms from health services staff on the wings, on request.
- 4.19 Appointments were requested by application using a dedicated healthcare box on the wing. The boxes were emptied daily, and allocated by one of the nurses, with appointments made by one of the healthcare assistants. Triage algorithms were not used. Routine waiting times to see the GP were too long, at nine days for the general population and 15 days for vulnerable prisoners. Vulnerable prisoners waited longer, as they had the same number of sessions but greater demand. Confirmation slips at the bottom of the application forms were supposed to be returned to prisoners on receipt but none of the prisoners attending the healthcare centre that we spoke to had received one. Appointment slips were sent the day before. Prisoners told us that, because of the long waiting time and not knowing if their application had been received, they submitted multiple applications for one appointment.
- 4.20 There were no specific appointment times, and all prisoners for morning or afternoon clinics attended the department on labour movements. Discipline staff were supposed to escort prisoners back to the wings after their appointment but prisoners spent long periods in the healthcare centre. On one morning, the shortest time spent in the healthcare department was two hours. There were not always enough seats for everyone in the waiting area.
- 4.21 Some appropriately trained primary care nurses took responsibility for specific life-long conditions. One of the band six nurses had just taken the lead for the care of older people. There were plans to offer all older prisoners health assessments but these had not been implemented. The nurse practitioner ran four clinics a week.

Pharmacy

- 4.22 Prescription and administration charts were appropriately used to authorise and record medicine supplies. A random sample inspected was properly written by the doctor. Electronic patient medication records were stored on the computer at HMP Garth for all prescribed medicines. Special sick supplies were recorded on the front of the prescription charts. A controlled drug register was in use as a matter of good practice, although not technically required for those used at the time of the inspection. The register was not compliant with revised regulations.
- 4.23 Prisoners were risk assessed at reception for in-possession medication. The policy document was brief and vague. The policy dictated approved time parameters for in-possession supply as either one month or one week at a time, with little individual flexibility.
- 4.24 Medicines were delivered within a day. Pre-packed inhalers and antibiotics were labelled at HMP Garth and then, at the time of supply, patient names and instructions were hand written on the label by a nurse. The pre-pack was sometimes checked by the doctor before being supplied but often the nurse took sole responsibility. In the absence of a separate check, the nurse would effectively be dispensing the medicine, contrary to Nursing and Midwifery Council guidance.
- 4.25 There was an out-of-hours policy, with emergency cupboards in the pharmacy room which could be accessed by the on-call doctor. Most medicines were supplied in conventional containers, although some patients were given Venalink cassettes, either at their own request or where need was identified. Patient information leaflets were provided with in-possession medicines when available.
- 4.26 There was no 'special sick' policy and supplies were limited to paracetamol tablets, ibuprofen tablets, Gaviscon and kaolin mixture. Paracetamol tablets were normally supplied in-possession in packs of 16, unless a risk assessment indicated otherwise.
- 4.27 Prisoners were able to request a consultation with the pharmacist, and the pharmacist reported that she typically received about two requests a week. The pharmacist also provided medication review clinics, and had so far targeted older patients for these. The pharmacist also conducted a regular anticoagulant clinic.
- 4.28 Medicines were supplied during one treatment time each day, the timing of which varied on different wings. Virtually all prisoners had their medicines supplied in-possession. A few prisoners had medicines delivered to their cells or to house block treatment rooms at appropriate times. Prescriptions filed for these men were in plastic document wallets with medicines for administration. In several cases, only an unlabelled blister strip was present, and in one case a loose capsule was present, placed inside a small plastic measure. Medicines had originally been supplied in properly labelled containers, and presumably removed for ease of use.

Dentistry

- 4.29 Prisoners could request urgent or routine dental treatment. The dental surgery assistant had recently compiled an electronic spreadsheet of applications. The list was not yet fully representative, as some prisoners on the list had been discharged and some had been allocated an appointment. An estimated 300 prisoners were still waiting for an appointment, going back to October 2007. There were five routine and five emergency appointments

available for each clinic. A second dentist, who would provide one additional session each week, was in the process of being appointed. Once treatment had been commenced, patients were allocated appointments until treatment had been completed. The failure-to-attend rate was low, with little clinical time lost.

- 4.30 The dental surgery assistant had recently received some training and was beginning to triage applicants on the wings. She was planning to increase this facility when working full time in the dental department, and devote more time to management of the waiting list.
- 4.31 There were arrangements for the management of dental emergencies. A full range of NHS treatments was offered. Minimal oral health education was given by the dentist individually. There was no oral health education literature. Prisoners could buy toothbrushes and toothpaste in the prison shop.

Secondary care

- 4.32 An administrator collated all external appointments, including those pre-booked before a prisoner arrived in custody. Four routine appointments could be scheduled each weekday. Once external appointments were made, prisoners were placed on medical hold. If a prisoner was released before his appointment, he was given the appointment information on his release and the hospital was informed that he was no longer at the prison. All relevant information about appointments was entered in the prisoner's clinical record, as well as on the administrator's database, and entered in the diary.

Mental health

- 4.33 Mental health services included primary, secondary and tertiary services. There was one session of psychiatry each week for primary care and one session for in-reach patients. There was a single point of referral, with weekly referral meetings, and anyone could refer to the team. The primary care team reviewed screened referrals daily, in order to assess urgent referrals promptly, but most were allocated at the weekly meeting between the primary mental health team and the in-reach team.
- 4.34 The primary mental health team worked every day. Each worker carried a caseload of around 16 patients, in addition to carrying out assessments. The waiting time for routine assessment was around eight weeks.
- 4.35 The mental health in-reach team received referrals from the primary mental health team and also made referrals back to the primary team. They continued or commenced the care programme approach, as appropriate. They were able to access the past history of local patients through the mental health trust electronic records; if patients were from other areas, records often had to be started from scratch. The team also made notes and included care plans in the patient's prison clinical records. The in-reach team carried a caseload of around 25 patients. There were few transfers to hospital mental health beds. When the need for this arose, the process was managed by the primary or secondary team.

Recommendations

- 4.36 **Appropriate cover should be provided to ensure that staff leave or sickness does not have a negative impact on the delivery of patient care.**

- 4.37 Complaints about health services should be answered properly, with appropriate management quality checks.
- 4.38 The healthcare centre and all rooms used for delivery of healthcare should be in a good state of repair, clean and fit for purpose.
- 4.39 All staff should have access to clinical supervision, and records of this maintained.
- 4.40 A system of timed appointments should be introduced.
- 4.41 Waiting times for general practitioner (GP) appointments should be reduced significantly, and vulnerable prisoners should not have to wait longer than others.
- 4.42 Prisoners should be returned to house blocks, education or work promptly following healthcare appointments.
- 4.43 Medicines should be administered directly from the original dispensed container.
- 4.44 The in-possession policy should be reviewed to ensure that there is robust, documented risk assessment underpinning all in-possession supplies, including special sick. The policy should give clear guidance on how to determine the appropriate term of in-possession supply, and decisions should take into account the nature of the individual patient, as well as the nature of the medication.
- 4.45 The medicines and therapeutics committee should introduce a special sick policy, with an agreed formulary of medicines available for supply by nurses. This should be reviewed regularly to ensure that all appropriate medicines can be supplied.
- 4.46 GPs should attend the medicines and therapeutics committee.
- 4.47 Health services staff should adhere to Nursing and Midwifery Council guidelines for the safe administration of medications.
- 4.48 A dual-labelling system should be introduced for pre-packs to allow the pharmacist to check that the prescription is appropriate and that the correct item has been supplied.
- 4.49 The length of the waiting list and waiting time for dental appointments should be reduced and reviewed frequently until satisfactory.
- 4.50 Cover for dentists' annual leave and sick leave should be provided.
- 4.51 The dental triaging facility should be expanded.

Housekeeping points

- 4.52 Prisoners should be provided with written information about health services at the prison on their arrival.
- 4.53 All medicine refrigerators should be kept between 2 and 8 degrees Celsius, and maximum and minimum temperatures should be recorded daily for all refrigerators used to store medicines. When they exceed acceptable limits, remedial action should be taken and documented

appropriately. Medicines should not be used if there is any doubt about the suitability of the storage conditions to which they have been exposed.

- 4.54 A suitable secure means of storing and transporting the medicines for administration should be introduced, to replace the lever arch file.

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 Learning and skills had a high priority, and over half of prisoners took part in some form of formal study or training. There were sufficient activity places, with good training and education opportunities. Teaching and learning were good, with high achievements, and workshops ran mostly to industry standards. The library was an effective learning centre and well used but some sessions were too short.
- 5.2 Education, and information, advice and guidance were provided by Lancaster and Morecambe College. Education classes ran from 8.45am to 11.45am Monday to Friday, and 1.45pm to 4.45pm Monday to Thursday. There were no evening classes. Each week, approximately 350 prisoners participated in education. A wide range of courses was run, including literacy, numeracy, humanities, art, computer skills, social and life skills, industrial cleaning, book keeping and bricklaying.
- 5.3 Prisoners were able to achieve accredited qualifications in the workshops, including engineering, paint spraying, fork lift driving, printing, waste management, textiles, laundry, horticulture, catering and in the gym. There were effective systems to identify prisoners who had additional needs and specialist support was provided.
- 5.4 Access to education and skills was good. For those with restricted mobility there was a lift in the education department, allowing access to all classrooms and the library. There was also a good range of outreach education across the prison, enabling those in work, the healthcare centre and the segregation unit to undertake study.
- 5.5 Accommodation, resources and equipment to support teaching and learning were good. The main education block provided a good setting, with suitable and well-equipped classrooms, and computer resources were good. Prisoners trained on a wide range of industry-standard equipment in the prison workshops. The conditions in the engineering, print, laundry and tailoring workshops were to the standard found in employment in the community.
- 5.6 There were strong links between learning and skills and sentence planning. All prisoners on entry to the prison were set a sentence plan target to improve their literacy and numeracy skills by at least one level. The prison had recently appointed an officer with responsibility for sequencing interventions with offenders, and this work was developing well.
- 5.7 Teaching and learning were good. Sessions were well planned and made good use of a range of active learning strategies. In English for speakers of other languages and literacy classes, there was good development of speaking, listening, reading and writing skills. Tutors encouraged discussion and debate among prisoners, to reinforce ideas and concepts, and

made good use of computer-based learning resources to demonstrate aspects of theory. They had strong classroom management skills, and there was mutual respect between prisoners and tutors.

- 5.8 Achievements and standards were outstanding in vocational and personal development programmes. Success rates in qualifications were high. In the industrial workshops and training areas, prisoners produced a high standard of work, which met industry standards.
- 5.9 Individual learning plans were insufficiently detailed to plan and fully support learning activities. Prisoners' progress was not reviewed with sufficient frequency. There was no system to monitor when reviews were due or carried out. Reviews did not adequately reinforce prisoners' understanding of equality and diversity, and health and safety.
- 5.10 There was sufficient purposeful employment, training and education provision to meet prisoners' needs. Accreditation was available in all work and training areas, and just over 20% of prisoners in the workshops were working towards a formal qualification. There were 1,066 identified places available for the 1,078 prisoners. One prisoner was unemployed owing to his refusal to work, 14 were retired, 13 were unfit to work and seven were waiting to be allocated to a work activity. However, there was some over-allocation to work areas, in order to ensure sufficient workers to meet contract requirements. There were too many prisoners working in the aluminium window workshop for the work available, resulting in a relatively poor work ethic in this area.
- 5.11 The prison was effective at identifying where it needed to improve and acting on this information. The three-year learning and skills action plan was based on an accurate assessment of the provision and set clear, challenging and achievable targets. This was regularly reviewed and the prison was on target with the agreed actions. Although challenging and effective, plans did not give sufficient attention to maintaining existing strengths.

Library

- 5.12 The library service was run by Lancashire County Council. The library was in the education department and managed by a qualified librarian, supported by four part-time assistants and three prison orderlies.
- 5.13 The library was a vibrant learning centre in the main education area, and classrooms radiated from it. It was well stocked, with over 11,000 books. A stock-take had not been conducted for over a year, when the book losses had been 4%.
- 5.14 The library was open for six hours each weekday, with access for vulnerable prisoners in the morning and other prisoners in the afternoon. Although well used by approximately 140 prisoners each day, it was not open in the evenings or at weekends. Prisoners attending education had good access, but other prisoners had only a single 20-minute session each week. This was insufficient, particularly for older prisoners and those with a disability. Access was limited to 25 prisoners at a time, and not all those who wished to attend from some areas of the prison could do so. A trolley service had just been introduced for those on the older and disabled prisoners wing.
- 5.15 There was a good selection of talking books, easy-to-read books for adults, CDs, newspapers, magazines and DVDs, some in foreign languages. The book stock included a small selection in foreign languages, but the county library service could easily provide a good range of languages on request. There was a good range of books, both fiction and non-fiction, including

those supporting the vocational training in the prison. However, the selection of legal textbooks was small, and Prison Service Orders were kept in the office. There were no clear arrangements for prisoners to consult them.

Recommendations

- 5.16 Individual learning plans should be improved and prisoners' progress reviewed at a frequency appropriate to the course of study and level, and individual needs.
- 5.17 Prisoners' understanding of equality and diversity should be checked and reinforced at progress reviews.
- 5.18 Access to the library for prisoners not involved in education should be improved, so that they all have the opportunity to attend for a half-hour session at least once a week.
- 5.19 Access to the library for older prisoners and those with a disability should be improved, taking due account of their needs.
- 5.20 Access to legal textbooks and Prison Service Orders in the library should be improved.

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.

- 5.21 There was good access to the gym for all prisoners, including prisoners with medical referrals, older prisoners and those with a disability, drug referrals and those requiring treatment for injuries. However, only about 35% of prisoners used the gym. A good range of equipment was available. PE courses for gym instructors were available and success rates were high. The gym facilities provided work for 18 orderlies. PE facilities in the therapeutic community (TC) were incomplete.
- 5.22 All prisoners had the opportunity to attend the gym for at least three sessions each week. There were approximately 82 places at each session and the average attendance at each session was 87%. The good range of PE facilities included a sports hall, weights room, cardiovascular room, two classrooms, a full-sized football pitch, a bowling green and an obstacle course. The well-advanced installation of a small gym next to the sports hall would provide good opportunities to develop the skills of prisoners on vocational courses.
- 5.23 A well-resourced remedial centre provided excellent facilities to support prisoners with mobility or injury problems back to fitness. There were further cardiovascular and weights facilities based in the TC. However, the facilities were incomplete and temporary arrangements had been made to provide PE to the TC prisoners in the gym.
- 5.24 PE staff consisted of a senior officer, six instructors and a principal officer, and three of the instructors were absent due to sickness at the time of the inspection. Gym staff were coping well with the shortage of instructors and offered a good range of recreational and vocational

programmes. Four instructors had received teacher training, and one was working towards a teaching qualification. Two staff were trained as assessors.

- 5.25 The gym was open on weekdays, five evenings and at weekends. Prisoners working full time were able to attend during evenings and weekends. The gym facilities provided work for 18 orderlies, three of whom provided support for prisoners on vocational courses, with the remainder on cleaning and tidying duties. Those prisoners with medical referrals, older prisoners and those with a disability, drug referrals and those requiring treatment for injuries were all able to use the gym facilities. Although opportunities to use the gym were good, only about 35% of the prison population accessed the gym, and there was little promotion of the facilities, to encourage participation.
- 5.26 PE courses for gym instructors were run from level one to level three. Success rates on these courses were high. Over the previous year, on average, 90% of prisoners at all levels had successfully completed a qualification.
- 5.27 Promotional materials were displayed in the gym and information was included on wing notice boards. Before visiting the gym, prisoners were assessed by health services staff and also completed an individual activity readiness questionnaire during their induction to the gym facilities. Wing officers and the health services staff were informed of those prisoners declared unfit for gym activities.
- 5.28 Prisoners could wear their own gym kit, but kit was supplied and there were laundry and drying facilities in the gym area. Staff supervised shower facilities effectively. Records of accidents were recorded in the daily diary held in the instructor's office, and control of substances hazardous to health (COSHH) arrangements were in place.

Recommendations

- 5.29 Opportunities in the gym should be promoted more actively to increase participation rates.
- 5.30 The installation of gym equipment in the therapeutic community facility should be completed.
- 5.31 All PE staff should receive teacher training.

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.

- 5.32 There was a committed chaplaincy team, which provided comprehensive and widely publicised faith services. The chaplaincy ran a range of courses. Chaplains were actively involved in the day-to-day running of the prison, including contributing to prisoner reviews. Facilities were good, although some Muslim prisoners had difficulties in accessing washing facilities before Friday prayers. Good community links had been established.

- 5.33 The facilities for faith were good and included a large chapel and a smaller multi-faith room, with an additional multi-faith room on A wing. The chaplaincy provided a comprehensive programme of services and both faith-related and other activities. Prisoners were able to attend services without having to make an application, and services did not clash with other aspects of the regime. Prisoners were able to see a chaplain at other times and in private.
- 5.34 In our survey, only 31% of prisoners, compared with 52% in similar prisons, said that they saw a chaplain in their first 24 hours at the prison. However, we observed that chaplains recorded visits to all new receptions within that timescale. Additionally, all new arrivals were seen in the chapel on a Thursday afternoon.
- 5.35 The chaplaincy team was representative of the denominations within the prisoner population, although some appointments had been slow owing to delays in security clearance, leaving some religions temporarily unprovided for. Separate services were provided for vulnerable prisoners and for the general population at different times. Some Muslim prisoners experienced difficulty in accessing showers before prayers.
- 5.36 The chaplaincy was involved in the day-to-day running of the prison, including active involvement in various committees and contributing to sentence planning and assessment, care in custody and teamwork (ACCT) reviews. They had also assisted prisoners in finding local churches on release. The team had worked with public protection staff in developing compacts for sex offenders returning to the community on licence, to assist the prisoners in adhering to the conditions of their licences. The chaplaincy team ran a range of faith-based classes and a music group. Links with community-based faith organisations were strong, and, with assistance from these groups, the chaplaincy was able to provide an accredited victim awareness course, bereavement courses, traveller resettlement courses and a resettlement course on the TC. The team was active in supporting services and activities marking various religious festivals.

Recommendation

- 5.37 Prisoners should be able to access suitable washing facilities before attending Muslim prayers on a Friday.
- 5.38 Processes to security-clear chaplains should be expedited to ensure continuity of provision to prisoners.

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.

- 5.39 The core day allowed a maximum of nine and a half hours out of cell, but some slippage and the number of prisoner locked up meant that an average of eight and a half hours was achieved on Monday to Thursday, which was accurately recorded. On one day during the inspection, around 15% of prisoners were locked in cells during the core working day. Time out of cell was less on Fridays and weekends, when there was no evening association. Association was rarely cancelled, and during this time prisoners usually had access to outside exercise.

- 5.40 The published core day provided approximately nine and a half hours out of cell on Monday to Thursday, but this reduced to between six and seven hours on Friday, Saturday and Sunday, when there was no evening association. On one day during the inspection, around 15% of prisoners were locked in their cells during the working day. This slippage in the core day meant that an average of eight and a half hours out of cell was accurately recorded for Monday to Thursday.
- 5.41 Evening association was rarely, if ever, cancelled, and prisoners were usually able to access outside exercise during these periods. Weatherproof clothing was provided.
- 5.42 During association periods we found good engagement between staff and prisoners, and wings had appropriate association areas, and a range of suitable recreational equipment.

Recommendations

- 5.43 The times stated for unlock in the published core day should be adhered to.
- 5.44 Prisoners should spend at least 10 hours out of cell on weekdays.

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 Physical security was generally appropriate but there were too many gates to allow an effective free-flow system outside main movement times. The security committee meeting was well attended and analysed security information reports (SIRs), about which there had been some concerns about quality. Security objectives were agreed following appropriate consideration of intelligence, and progress was monitored and recorded, with particular vigilance about drugs and mobile telephones. Prisoners were aware of the rules, which were applied consistently but not displayed on many of the residential wings. Appropriate categorisation reviews were held.

Security

- 6.2 The security committee meeting was attended by representatives from appropriate internal departments, including the police liaison officer, prison managers and staff from various areas in the prison. Until recently, the monthly meetings had not been consistently chaired by a single manager, which had impacted on the depth and quality of discussions. There were no apparent weaknesses in physical security.
- 6.3 At the meetings, an analysis of SIRs was presented by the security manager and it had been noted that the quality needed to be improved. Security objectives were agreed following appropriate consideration of intelligence, and progress was monitored and recorded. The safer custody coordinator attended the meetings and presented detailed reports, and the security department was represented at the safer custody meeting.
- 6.4 There had been 1,532 SIRs processed and categorised in the year to date by nominated security collators based in the security department. Communication was reasonably effective; regular security briefings were distributed and staff were aware of the prison's security priorities. The prison was particularly vigilant about the supply of drugs and mobile telephones and had used information from SIRs on these subjects to inform its response to these matters. Routine cell searches were conducted by staff on the wings.
- 6.5 There was a controlled free-flow system to supervise prisoner movement at the start and completion of activities. Staff were positioned at strategic points on the route, and prisoners were clearly aware of the staff presence. Outside these times, prisoners were escorted everywhere by staff. These restraints on movements impeded prisoners' access to the regime, particularly visits and healthcare, for which prisoners were required to wait for an escort. There were a large number of gates inside the prison, and with so many it was difficult to see how a free-flow system could operate effectively other than at main movements.

- 6.6 Individual records were held on each prisoner, recording all his contacts with other people through mail or visits. Prisoners subject to child or public protection measures (mostly vulnerable prisoners) had all of their correspondence monitored. Otherwise, the level of censorship was reasonable, with only those targeted for security reasons, and a random 5% of the population, having their mail read.

Rules

- 6.7 As part of the induction programme, prisoners received a comprehensive session about prison rules. Formal decisions that were made at the prison, with the exception of categorisation (see section on categorisation), were explained to prisoners verbally and in writing and they were made aware of the appeals process. Wing history files indicated that attempts were made to apply the rules consistently, although they were not displayed on many of the residential wings.

Categorisation

- 6.8 Categorisation reviews were held according to the published timescales and when there was a perceived change in risk. There had been over 400 recategorisation boards convened in the previous six months. A proportion of these boards were 'paper boards', where the prisoner had not yet completed the sentence plan targets required before he could be considered for recategorisation. At boards where only documentation was considered, and no personal representations were made, information from the offender supervisor and personal officer was reviewed by a senior governor. After such a board, prisoners could be referred to a formal recategorisation board if deemed appropriate. We reviewed the decisions made at some of these boards and found them to be fair. Prisoners were given a letter advising them of the reason for the decision and what they needed to do to improve their prospects, as well as their next review date.
- 6.9 Prisoners attended the formal recategorisation boards, and written contributions were obtained from offender supervisors, security staff and personal officers. In the previous six months, 45 prisoners had been recategorised to category D and two to category B. The letter sent to prisoners advising them of the decision did not outline how they could appeal; prisoners had to speak to residential staff, who were expected to advise prisoners to complete a request complaint form, which would go to the Governor. This was not a satisfactory arrangement.
- 6.10 There were good systems to ensure that a list of prisoners approaching their review date was generated in advance, so that contributions could be gathered from appropriate departments.
- 6.11 Allocations were coordinated by staff in the operations department. Prisoners could request a move closer to home before their discharge, and there were 10 prisoners who had made such a request for resettlement purposes. Prisoners were notified in writing when the referral had been made. Population pressures meant that there were some delays, but prisoners were kept informed.
- 6.12 There were four category D prisoners who had been placed on hold. One was waiting for a hospital appointment, and we were told that the prison he was allocated to would not accept prisoners with outstanding medical appointments. Another was undertaking an offending behaviour programme, one was mid-way through his parole process and the fourth had agreed to stay at the prison to work in the farms and gardens.

Recommendations

- 6.13 Rules should be displayed on all the residential wings.
- 6.14 Prisoners should be notified in writing how to appeal against categorisation decisions.
- 6.15 Prisoners should not be prevented from moving to an open prison because of outstanding medical appointments.

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.

- 6.16 The adjudications room was small but provided a reasonable environment. Adjudications were mostly well conducted and punishments were fair, in line with the tariff guidance. Evidence in fighting charges was not always properly heard and some charges were insufficiently investigated. Quality checks were insufficiently rigorous. Use of force levels were comparable to those in similar prisons, but over 20 use of force documents had not been fully completed. The special accommodation had been used only twice in the previous six months and properly authorised and recorded. The segregation regime was basic but decent, but the quality of wing file entries did not demonstrate meaningful interactions with prisoners.

Adjudications

- 6.17 There had been 685 adjudications in the six months before the inspection, and monitoring records indicated that refusing an order and providing a positive mandatory drug test (MDT) were the most frequent reasons for prisoners being placed on report.
- 6.18 The adjudications room was small, but provided a reasonable environment. The adjudications we observed were appropriately conducted, with frequent checks to ensure that the prisoner understood what was happening. Prisoners had adequate opportunity to present their case.
- 6.19 The records of adjudications we examined showed that prisoners were given appropriate notice of charges and hearings. However, not all enquiries were as thorough as in the adjudications we saw. Several adjudications involving fighting charges did not ensure that each party was made aware of all the evidence before a verdict was reached, and adjudicators reached verdicts before hearing the evidence from both sides.
- 6.20 There were some cases in which bullying was a potential factor and could have been a mitigating factor, but insufficient enquiries had been made and there had been no reference to violence reduction procedures. In one case, a prisoner had made a serious allegation against a member of staff in his defence against a charge of using threatening and abusive words, but there had been no adjournment for an investigation, or any impartial enquiry at the adjudication.
- 6.21 Punishments given following a finding of guilt were not overly severe, took account of mitigation and followed the published tariff guidelines.

- 6.22 A quarterly adjudication standardisation meeting, chaired by the Governor, had started in June 2008. Although we were told that quality checks of adjudications took place, there was no evidence that the deficiencies we identified had been picked up or discussed with the relevant adjudicators.

Use of force

- 6.23 Use of force levels were comparable to those in similar prisons, with 21 uses in the previous six months. There were over 20 use of force documents which had not been fully completed, some dating back to June 2008. There had been one incident of the use of the body belt, and we were not clear about the reason for its use, as the statements conflicted; one statement reported that it was to transport the prisoner safely to hospital and another said that it was used to manage the prisoner's refractory behaviour.
- 6.24 Before August 2008, the use of force had not been monitored at the security meetings but this was now done. Information about the location where force was used was presented at the security meetings, and control and restraint (C&R) training was discussed, but there was no analysis of emerging patterns or ethnicity. There were no quality checks of the completed documents, and in the records we reviewed there was little evidence that de-escalation techniques were used.
- 6.25 The special accommodation had been used only twice in the previous six months (four times in the year to date). The paperwork was adequately completed, and prisoners were not routinely deprived of their clothing and did not remain in the accommodation for long periods.

Segregation unit

- 6.26 The prison had a purpose-built segregation unit, known as the care and separation unit, which was located on the ground floor of F wing. The communal areas were clean and well decorated and the environment was bright, despite limited natural light. There were 31 cells, which included two safer cells, two special cells and a Listener suite. Four of the cells had cameras. However, the policy document for the unit did not explain the use of these cells. Some information about the general use of cells with cameras was in the safer custody policy but prisoners not at risk of self-harm were held in these cells.
- 6.27 Two orderlies maintained the cleanliness of the unit and provided the cells with tea packs and clean bedding. A copy of the rules and regime on the unit was placed in each of the cells. Most cells were adequate in size, with sufficient natural light and integral sanitation. Electricity was provided in all the cells, and prisoners could be issued with a television after 72 hours if their behaviour was appropriate. There were several notice boards in the unit, containing detailed and up-to-date information.
- 6.28 Prisoners located on the unit were routinely strip searched, without a risk assessment. At the time of the inspection, there were five prisoners serving punishments of cellular confinement. Segregation was not used excessively. Although there had been a number of prisoners located there under Rule 45 (own protection) for long periods, the average length of stay was 10 days. Segregation was appropriately authorised and reviewed. Although efforts were made to encourage prisoners back to normal location, the quality of wing history file entries was poor and did not demonstrate that meaningful interactions took place with prisoners.
- 6.29 Staff volunteered to work on the unit, and had to have received C&R training and undergo an interview. However, they did not receive any additional training, such as mental health

awareness training or diversity training. During the inspection, there were a number of new staff on the unit who were not completely familiar with the operational procedures.

- 6.30 There was a basic regime, with daily access to exercise on two small exercise yards, showers and a telephone. Staff recorded whether prisoners participated in the daily regime. The unit was visited by staff from the education department, and prisoners could undertake in-cell activity, although they rarely took this opportunity. There were no association facilities.

Recommendations

- 6.31 Thorough quality checks of adjudications should take place and be discussed with adjudicators to encourage good practice and identify training needs.
- 6.32 Use of force should be monitored and analysed at the security meetings, records should be quality checked, and emerging patterns or issues of quality should be communicated to staff.
- 6.33 Prisoners located on the segregation unit should not be strip searched on entry without an individual risk assessment.
- 6.34 The segregation unit policy document should clearly outline the use of the cells with a camera.
- 6.35 Staff on the segregation unit should receive mental health training and diversity training.
- 6.36 There should be meaningful interaction with prisoners on the segregation unit, and this should be reflected in wing history files.

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.

- 6.37 There was little difference between the privileges for the standard and enhanced regimes. Forty per cent of the population were on the enhanced level and only eight prisoners were on basic. It took too long for some new prisoners to have their incentives and earned privileges (IEP) status confirmed, and responsibility for this was unclear. The enhanced compact required prisoners to sign up to the voluntary drug testing (VDT) programme. Prisoners did not remain long on basic. Although some of the behaviour targets were clearly designed to improve behaviour, many were too general. Senior managers did not monitor the IEP scheme or analyse trends.

- 6.38 The IEP scheme policy document clearly outlined the criteria for promotion and demotion and the key earnable privileges for prisoners. There was little difference between privileges for standard and enhanced regimes, aside from extra visits and access to more private cash. The prison had also recently allowed enhanced prisoners to buy a games console. In our groups, prisoners said that there was little incentive to encourage them to achieve enhanced status.

- 6.39 At the time of the inspection, 40% of the population were on enhanced status and only eight prisoners were on the basic level. Prisoners who were on the enhanced level at their previous prison were able to maintain their status, although we saw cases where it had taken several weeks for this to be confirmed and it was unclear who was responsible for obtaining this information.
- 6.40 Prisoners maintaining their innocence (but not legally challenging it) were unable to apply for enhanced status. We saw the records of a number of cases where prisoners maintaining their innocence were willing to be assessed for offending behaviour programmes but were not allowed to do so, as they would have been required to explore their offending. Insufficient thought had been given to the general application of this rule, particularly as the prison did not attempt to motivate prisoners to accept their offending (see section on attitudes, thinking and behaviour). The IEP system appeared to have little effect on those denying their offence.
- 6.41 Records we examined showed that prisoners were not generally demoted for a single act of anti-social behaviour; a pattern of behaviour determined status changes. The enhanced compact required prisoners to sign up to the VDT programme, although we did not see any evidence of incidents of non-compliance with the VDT programme resulting in demotion to standard.
- 6.42 Prisoners did not remain on the basic regime for long periods, and it was reviewed every seven days. IEP boards were held on the residential wings and were chaired by a principal or senior officer. Wing staff and prisoners were required to attend and prisoners were given the opportunity to participate either verbally or in writing. Although the majority of behaviour targets set were rudimentary, some were of good quality and clearly designed to improve behaviour, and referrals were made to specialist staff to facilitate this. Prisoners were given written information about the decision made and how to appeal.
- 6.43 Senior managers did not monitor the IEP scheme or analyse trends.

Recommendations

- 6.44 Induction staff should be responsible for confirming prisoners' incentives and earned privileges (IEP) status.
- 6.45 Voluntary drug testing should not be linked to the IEP scheme.
- 6.46 The IEP scheme should be monitored, and trends analysed.

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 In our survey, more prisoners than the comparator said that the food was good or very good, although black and minority ethnic prisoners were less positive. Up to 20 prisoners were employed in the kitchen, and six were undertaking a National Vocational Qualification (NVQ). All prisoners employed in the kitchen and on the serveries on the wings had completed a basic certificate in food and hygiene. Much of the food was freshly prepared and there was a range of meals to meet the diverse needs of the population, including healthy options, as well as religious and medical diets. The catering staff consulted prisoners and incorporated some suggestions into the menu.
- 7.2 The kitchen was large and well equipped, with a butchery area and a preparation area for vegetables, and a separate storage, preparation and cooking area and equipment for halal meals. The catering team was managed by a catering manager and two deputies. Much of the food was freshly prepared by the kitchen, so they did not rely on bought-in processed products and used some of the produce from the farms and gardens, where some of the prisoners worked.
- 7.3 A maximum of 20 prisoners were employed in the kitchen, and at the time of the inspection six were undertaking an NVQ in catering. They were supported by catering staff who were NVQ assessors and verifiers. Prisoners employed in the kitchen and on the serveries on the wings had completed a basic certificate in food and hygiene, and demonstrated that they had a good understanding of the handling and serving of food. They wore appropriate clothing, and the temperatures of meals were routinely recorded; separate temperature probes were used for halal meals.
- 7.4 The menu operated on a five-week cycle and provided an adequate quantity of fruit and vegetables each day. In our survey, 39% of prisoners, against the 32% comparator, said that the food was good or very good, although black and minority ethnic prisoners were less positive. There was a healthy option available and medical diets, many for diabetic prisoners, were catered for, after approval from medical staff.
- 7.5 Lunch and dinner were served at appropriate times, but breakfast packs were distributed to prisoners at the same time as the evening meal, for consumption the following morning. Prisoners had the choice of a hot meal at both lunch and dinner times. Some said that food portions were too small, but we observed decent portions being served, and staff monitored the serving of meals to ensure that everyone received an adequate meal. The food we tasted was good and well prepared. There were no facilities for prisoners to eat communally (except on I wing) and they had to eat in their cells.
- 7.6 A member of the catering team was assigned to each of the residential wings and routinely checked the cleanliness of the serving areas, the temperature charts and the food comments books, at least weekly.

- 7.7 The catering manager, or a member of the team, attended prisoners' consultation meetings and race equality meetings and liaised with the chaplaincy team. They had prepared menus for Ramadan, the feast of Eid and other religious festivals. Although black and minority ethnic prisoners' perceptions of the food were more negative than those of white prisoners, the range of meal choices appeared diverse.
- 7.8 The last food survey undertaken was in June 2008, and although only 28% of the prisoners completed and returned the questionnaire, some of their ideas had been incorporated into the menus, including more salads.

Recommendations

- 7.9 Prisoners should be able to eat together communally.
- 7.10 Breakfast should be served on the day it is eaten.

Prison shop

Expected outcomes:

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

- 7.11 The contract for the shop was about to be handed over to a new supplier. Over 400 products were available on the shop list, and the majority of prisoners said that the shop sold a wide enough range of goods to meet their needs. The shop list was updated three times a year, but was produced only in English. Prisoners could not buy items from the shop within their first 24 hours at the prison.
- 7.12 The shop was managed and run by Aramark. At the time of the inspection, over 400 products were available on the shop list. Owing to the contract for the delivery of prison shop services being handed over to another provider in November 2008, some products were no longer available, particularly specialist items which were ordinarily bought in bulk.
- 7.13 In our survey, 63% of prisoners said that the shop sold a wide enough range of goods to meet their needs, which was significantly better than the 48% comparator. The shop sold a range of products and food items that largely reflected the diversity of the population.
- 7.14 Prisoners could not order items from the shop within their first 24 hours at the prison and had to rely on the reception packs they received when they arrived. Orders were made once a week. The first delivery of the week was made on Mondays, to G and H wings. The remainder of the wings received deliveries throughout the week. Deliveries were made directly to prisoners; if a prisoner was unavailable to receive an order, it was returned to Aramark and the prisoner's account was refunded. Prisoners were made aware of the times when shop orders were distributed and given the responsibility to attend to collect their goods.
- 7.15 The shop list was updated three times a year, but was produced only in English. Products which catered for specific dietary requirements were clearly marked on the list. We were told that staff used surveys to consult prisoners about the product range; however, we did not have access to these surveys or to subsequent findings. Prisoner representative meetings were held across the wings, and the manager of Aramark had attended these.

- 7.16 There was a good range of catalogues that prisoners could order from. Although some prisoners complained about delays in obtaining the goods ordered, the system for placing orders was well organised, and checks were made to ensure that products were available before sending out the orders. There appeared to be some delays in distributing goods once they had arrived at the prison; this was due to the need for orders to be checked by security staff before issue. The cashier tracked all orders once they arrived at the prison and was able to advise prisoners of the status of their order.

Recommendation

- 7.17 Prisoners should have the opportunity to buy items from the prison shop within 24 hours of arrival.

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 strategic management of resettlement was weak, with a history of inconsistent leadership and a lack of clear direction. There was no strategic committee, and the policy was out of date and did not address the specific needs of particular prisoner groups. Resettlement pathway work was underdeveloped but had recently been re-launched. Coordination between the various resettlement departments relied more on informal networks than on formal systems. Despite some gaps in provision, the range of interventions and services was adequate and there was little evidence of negative outcomes for prisoners.

8.2 Frequent changes at senior management level over the previous two years had resulted in a lack of consistency and continuity in the strategic management of resettlement. At the time of the inspection, both the head of interventions and activities and the head of offender management had been in post for only two months; they shared responsibility for resettlement with the head of psychology, who had been in post for two years. There had been no strategic committee or similar forum for over a year.

8.3 There were nominated lead managers for each of the resettlement pathways, and pathway champions had recently been identified from among prison and agency staff at practitioner level. The resettlement policy committee had been restarted in August 2008 to bring together these key people, but as it had met only twice at the time of the inspection, it was too early to assess its effectiveness. We met representatives of the voluntary and community agencies working in the prison, who described strong support from prison managers and generally positive relationships with prison staff. Information sharing and coordination of work between the various agencies and departments involved in resettlement was regarded as effective, but relied heavily on informal networks and personal contacts, rather than on robust systems and procedures. Voluntary agencies were unaware of any strategic priorities or targets set by the prison.

8.4 The reducing reoffending strategy, written in October 2007, was out of date and did not reflect current practice. It covered each of the resettlement pathways but lacked detail. There had been no comprehensive needs analysis to inform this strategy, and it did not differentiate between the needs of the various populations held at the prison. A new policy, with an associated action plan, was in draft form, but did not yet address these deficiencies.

8.5 A directory of interventions detailed the range of resettlement services provided by various departments and agencies. Appropriately for a training prison, there was a strong emphasis on improving educational attainment and employability (see section on learning and skills and work activities). The education department, chaplaincy and offending behaviour programme (OBP) teams provided a variety of courses aimed at challenging attitudes, thinking and behaviour, and these were managed sensibly to ensure that suitable prisoners were able to complete their course at the most appropriate time (see section on resettlement pathways). Despite some gaps in provision (see section on resettlement pathways), there was adequate

support and advice for the 50 or so prisoners released into the community each month. Overall, there was little evidence that the weak strategic management adversely affected outcomes for prisoners, but without a full needs analysis this was difficult to assess. In our survey, 36% of prisoners felt that a member of staff had helped them address their offending behaviour while at the prison, and 62% felt that they had done something or had something happen to them at the prison that would make them less likely to offend in future; both of these figures were significantly higher than the comparators.

Recommendation

- 8.6 There should be a clear management structure to provide effective overview and direction to implement, monitor and review the reducing reoffending strategy.

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.

- 8.7 The offender management model was applied to almost all prisoners while in the prison. Most were subject to formal sentence planning procedures and most had up-to-date assessments. There was little engagement by external offender managers. The offender management unit (OMU) was not yet fully functional and not all prisoners had regular contact with a named offender supervisor. Indeterminate-sentenced prisoners made up 10% of the population and were generally well managed. Public protection arrangements were multidisciplinary and generally effective, although there were some unnecessary delays and inconsistencies.

Sentence planning and offender management

- 8.8 At the time of the inspection, fewer than 1% of prisoners were serving sentences of less than 12 months and therefore not subject to formal sentence planning procedures. These prisoners had a review of any current assessment of needs and risks during induction at a recently introduced resettlement and interventions board and were referred to relevant agencies, if necessary, with a view to preparing for release.
- 8.9 All indeterminate-sentenced prisoners and those serving determinate sentences of 12 months or more were managed by the dedicated OMU, which comprised six senior and middle managers, 18 offender supervisors (all prison officers) and a range of administrative staff who dealt with various tasks related to the overall management of a prisoner's sentence. The unit had not evolved as quickly as had been expected. It was still not operating at full strength and had not yet moved to integrated work teams including offender supervisors and administrators. Determinate-sentenced prisoners were allocated to offender supervisors within their first week at the prison, but due to regular changes as new supervisors joined the unit, there was no guarantee that prisoners would remain with the offender supervisor to whom they had initially been allocated. The caseload of each supervisor varied between 50 and 100, depending on their experience, but allocation was mainly on an alphabetical basis and the system lacked sophistication.

- 8.10 No job description or specification had been produced for the offender supervisors, and managers had no clear expectations about the frequency of contact with prisoners. Supervisors we spoke to said that they would aim to meet indeterminate-sentenced prisoners at least once a month; these were the only contacts that were recorded, so it was not possible to measure each supervisor's workload fully or assess the quality of their work with prisoners. Generally, contact was reactive, with the prisoner having to make an application or request to see his offender supervisor. A duty assessor dealt with enquiries daily.
- 8.11 Offender supervisors were responsible for ensuring that prisoners had an up-to-date assessment of needs and risks, using the joint prison-probation offender assessment system (OASys). They also completed OASys assessments for prisoners that should have been completed by offender managers. Since the previous inspection, there had been a significant reduction in the number of prisoners arriving at the prison without an assessment, but this was still an additional demand on the unit's resources; initial assessments accounted for 20% of all the 528 assessments due and completed in the six months to September 2008. During the same period, an extra 86 OASys reviews were undertaken to reflect changes in prisoners' circumstances, such as acts of self-harm, being placed on anti-bullying measures or following adjudication. At the time of the inspection, 98 prisoners had either no assessment or one that was out of date.
- 8.12 Offender supervisors discussed the OASys assessment and sentence plan targets with prisoners serving less than four years and sought agreement for those targets. Once agreed, the plans were checked by the OMU senior officer. Sentence planning boards were held only for the 57% of prisoners serving four years or more; during 2008, there had been an average of 27 boards each month. Against the comparator of 59%, 69% of prisoners in our survey said that they had a sentence plan, but significantly fewer said that they had felt involved in the development of the plan. Seventy per cent of vulnerable prisoners thought they could achieve all or some of their targets at the prison, compared with 49% of prisoners in the general population.
- 8.13 The decision had been made to manage all prisoners under the offender management model while in the prison. Information provided to prisoners said that they would all have a nominated offender manager in the community, which was not correct for approximately 40% of the population who were not formally in scope. The OMU held a database with a named probation contact person for each prisoner, but the level of contact and involvement by external probation services was generally poor. Of the 225 sentence planning boards held by the OMU from January to September 2008, representatives of external probation services attended or contributed to just 79 (35%). Sentence planning boards for prisoners in scope for offender management, for which the offender manager should have been responsible, achieved only 38% attendance and a 44% non-response rate to the invitation to attend.

Public protection

- 8.14 At the time of the inspection, the prison held 53 prolific or other priority offenders; 471 prisoners were registered as presenting a risk to children and 434 were subject to multi-agency public protection arrangements (MAPPA). The public protection strategy lacked sufficient detail and did not reflect actual practice. Managers had been told that there was to be a new area policy document but no date had been given for this. The security and operations department was responsible for the management of public protection measures in the prison, while the senior probation officer co-chaired the public protection meeting and acted as a liaison point with external probation and other agencies. He was also the main link with the OMU. One of

the 4.5 probation officer posts and two of the three police intelligence officers concentrated mainly on public protection matters.

- 8.15 There were thorough screening systems to check the status of prisoners and identify those subject to child or public protection measures. Police intelligence officers informed prisoners subject to registration or restriction orders, and probation officers explained additional licence conditions. Residential staff were notified of all risks presented by prisoners, including those with a history of racially motivated offending, and work had recently begun on identifying sexual predators. Notes of the weekly public protection meeting showed good multidisciplinary attendance and a strong emphasis on continuous information gathering. The highest risk MAPPA cases (26 at the time of the inspection) were routinely reviewed over a three-month period, along with any cases due for external MAPPA reviews.
- 8.16 Some prisoners complained that they were denied child contact for substantial periods of time, even though contact had been authorised at a previous prison. Public protection staff told us that, following a prisoner's arrival, child contact was withheld until all the paperwork from the sending prison had been received and it was possible to confirm that the necessary enquiries had been made. While this was appropriate, information should be transferred with the prisoner, and long delays are not acceptable and are detrimental to the maintenance of family relationships. There appeared to be an imbalance in the level of censorship applied to public protection cases; all mail was censored, but only the telephone calls of the high-risk MAPPA cases were routinely monitored. Other prisoners subject to public protection measures were subject only to random monitoring.

Indeterminate-sentenced prisoners

- 8.17 The prison could hold a maximum of 60 life-sentenced prisoners; at the time of the inspection, there were 56, and four on temporary transfer to other prisons for medical reasons or to complete an OBP. Life-sentenced prisoners were managed by the OMU, with a nominated lifer manager and a full-time lifer clerk. There were efficient systems to monitor the requirement for reports and the progress of reviews to eliminate unnecessary delays. All life-sentenced prisoners were allocated to two offender supervisors, who were lifer trained. The OMU organised and staffed at least two family days each year, each with places for up to 36 life-sentenced prisoners. Eligible lifers received town visits and were accompanied on the first visit by both their personal officer and offender supervisor. There was an even split in the number of lifers in the vulnerable prisoner and the general populations. Quarterly meetings were held for different sections of the population, and sometimes on different residential units, such as K wing.
- 8.18 There were 31 vulnerable and 23 general population prisoners serving indeterminate sentences for public protection (IPP). They each had an offender supervisor, but several of the 13 IPP prisoners on the therapeutic unit complained to us that they had little contact with them. Managers had agreed to a request from IPP prisoners to attend the lifer meetings, and IPP prisoners were offered any vacant places at the lifer family days. A dedicated IPP clerk shared an office with the lifer clerk and used similar systems for managing and monitoring the report and review processes. Two IPP prisoners were beyond their tariff.

Recommendations

- 8.19 **The system for allocating prisoners to offender supervisors should ensure an equal distribution of workload for the offender supervisors and continuity for prisoners.**

- 8.20 Offender supervisors should have regular contact with all prisoners, prioritised according to need, and this should be recorded and monitored.
- 8.21 Offender managers should have a better level of engagement with in-scope prisoners, including attending sentence planning boards.
- 8.22 Information regarding approval for child visits should accompany prisoners on transfer or be quickly available to receiving prisons, to reduce any delay in maintaining appropriate family contact.
- 8.23 Prisoners subject to public protection measures should have their telephone calls monitored regularly.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 8.24 A good housing advice service was provided by NACRO workers and a team of trained prisoner advisers. Almost all prisoners were discharged to a known address. There were strong links between learning and skills and sentence planning, and good partnership arrangements between internal departments and external agencies. Some prisoners were making outstanding progress in attaining vocational and personal skills. Primary care staff prepared discharge letters for prisoners to take to their general practitioners (GPs) in the community, but prisoners who had not been registered with a GP in the community before coming to prison were not given help to do this. The Citizens Advice Bureau (CAB) offered specialist finance and debt advice; there was a budgeting course, and since April 2008, 60 prisoners had opened bank accounts before release.

Accommodation

- 8.25 There was a good housing advice service provided by two full-time NACRO workers; one focused on the general population and the other on vulnerable and black and minority ethnic prisoners. On reception, over 60% of prisoners had given a home address within 50 miles of the prison, and the accommodation workers confirmed that a large proportion of prisoners returned to the Lancashire area, and to Liverpool and Manchester. In the previous six months, 317 prisoners had been released, of whom only four had no accommodation.
- 8.26 The accommodation service was well advertised on residential units and was based in the main library, making it visible and easily accessible to prisoners. The accommodation workers saw all new prisoners on induction and dealt with any immediate issues, such as closing down tenancies. Thereafter, prisoners were seen on application or by referral from the OMU or other departments, and were prioritised according to their release date. Any prisoner with no release address was contacted directly. A database detailed all contact with a prisoner and showed the

current status of any enquiries undertaken on his behalf; this was on the prison's shared drive and could be checked by all staff.

- 8.27 The NACRO workers trained and supported a group of prisoner wing advisers, who were able to give other prisoners information about housing and deal with any queries. There were only five advisers at the time of the inspection, although there had been as many as 20; a number of new applicants had been security cleared and were about to start the training course. Two advisers acted as coordinators for the scheme, and the group met the NACRO workers monthly for support and additional training.
- 8.28 Earlier in the year, NACRO staff from Wymott and Garth prisons had run a housing day for local councils, accommodation providers and other advice agencies, and this had highlighted the potential for more proactive work in the community. There were several proposals for developing and enhancing the accommodation services at Wymott.

Education, training and employment

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

- 8.29 There were strong links between learning and skills and sentence planning, and all prisoners were set targets to improve their numeracy and literacy levels while in custody. An officer had been appointed to implement a system to sequence interventions with offenders, and this work was developing well.
- 8.30 Some prisoners were making outstanding progress in attaining vocational and personal skills, with detailed development programmes in place. Prisoners produced a high standard of work, meeting industry standards, in the workshops and training areas. There were also good success rates on PE courses providing vocational qualifications.
- 8.31 There were good partnership arrangements between internal departments and external agencies, including Jobcentre Plus, NACRO and the CAB, and links with employers were being developed.

Mental and physical health

- 8.32 Primary care staff prepared discharge letters for prisoners to take to their GPs in the community. However, there were no discharge clinics. Prisoners with complex health needs were seen by health services staff before their release but this appeared to be an ad hoc arrangement rather than a formal process. Prisoners who were taking prescribed drugs were given medication to take home by the nurse in reception on their departure. Prisoners who had not been registered with a GP in the community before coming to prison were not given help to do so.
- 8.33 Links had been developed with the local hospice, and a specialist nurse met the designated nurse for older people. An information resource was being developed, ready to use if palliative care packages needed to be planned.
- 8.34 The mental health in-reach team arranged care programme approach reviews for patients before their release. Community care providers were invited to attend.

Finance, benefit and debt

- 8.35 The CAB offered help and advice on a range of debt problems. Appointments were made for prisoners to see a CAB worker, and these meetings took place in the visits hall, along with legal visits. During induction, NACRO staff asked all prisoners if they had served in the armed forces, as referrals could be made to the Royal British Legion, which provided financial, social and emotional support for such prisoners.
- 8.36 The education department ran a budgeting course. Jobcentre Plus workers set up benefits and initial appointments for prisoners before release. Officers in the 'custody to work' team offered prisoners approaching their release date the opportunity to apply for a bank account, and 60 accounts had been opened since April 2008.
- 8.37 Our survey showed prisoner awareness of these and other pathway services to be much lower than at similar prisons: only 19% knew whom to contact for help with money and finances and 29% knew about opening a bank account (compared with 39% and 35%, respectively, at other training prisons). However, the responses from the vulnerable prisoner population were consistently more positive than from the general population.

Recommendations

- 8.38 Links with external employers should be further developed to increase the chances of prisoners finding work on release.
- 8.39 Prisoners who are not registered with a GP in the community should be given information advising them how to do this.
- 8.40 There should be formal systems for discharge planning in relation to healthcare needs, particularly for those with complex needs.

Drugs and alcohol

- 8.41 The drug strategy was up to date but was not informed by an adequate needs analysis, and there was no time-bound action plan. The counselling, assessment, referral, advice and throughcare (CARAT) service provided a range of drug interventions and worked closely with the 69-bed therapeutic community (TC). The TC provided in-depth work but there were delays with reports. The voluntary drug testing (VDT) compact inappropriately linked positive test results to a loss of privileges. Although VDT positive rates were low, an unusually high number of prisoners failed to supply samples for testing.
- 8.42 The drug strategy documentation was up to date and included a section on alcohol. However, the annual substance use needs analysis did not examine prisoners' levels of drug and alcohol use and did not seek information about prisoners' treatment requirements. The drug strategy's action plan did not include any specifically timed performance measures.
- 8.43 A VDT programme ran, with 430 compacts in place. The compact document stated that a positive test would result in a loss of privileges under the incentives and earned privileges (IEP) scheme (see section on incentives and earned privileges), which was inappropriate. The VDT positive rate over the nine months before the inspection was 0.8%. In the same period,

4.2% of prisoners failed to supply a sample, which when added to the positive rate brought the overall rate up to 5.0%. The issue of failure to supply was not routinely addressed with prisoners.

- 8.44 The CARAT service workers saw new prisoners individually within five days of arrival for a full assessment of their drug-related needs. One-to-one key-work and group-work sessions covering drugs awareness, maintaining motivation and relapse prevention were available to prisoners, as were additional in-cell work packs covering alcohol, crack cocaine and cannabis awareness, as well as further issues of relapse prevention.
- 8.45 Prisoners' appointments with their CARAT workers were often delayed or postponed owing to operational pressures to keep prisoners in their workplace during the working day.
- 8.46 The prison ran a 69-bed TC wing for prisoners wishing to address long-term drug and alcohol problems. The CARAT team conducted assessments for prisoners wishing to join the TC, and took them through a preparatory and motivational programme of four one-hour sessions.
- 8.47 The TC unit, run by Phoenix Futures, had moved from its original location in older accommodation to a newly built wing. The move had been completed three weeks before the inspection and, despite a few teething problems with the building, the community had settled into its routine. The new wing did not include a room large enough to hold all the residents and staff for community meetings, so these were held in a long and narrow spur corridor, which was not ideal. TC residents were, however, generally pleased with the new unit, and the majority of those that we spoke to said that the 12-month programme, while being challenging, was having a positive effect on their lives.
- 8.48 At the time of the inspection, the TC staff team comprised a treatment manager and six therapeutic staff members, which was two members of staff less than the full complement. This staff shortage impacted negatively on the quality and timeliness of reports.
- 8.49 Psychometric assessments were conducted at the beginning and end of each TC resident's programme, and the results were sent to the interventions unit. As with other accredited programmes, there was no interpretation feedback given to the prison by the interventions unit, to measure either group or individual outcomes.
- 8.50 Review meetings involving the prisoner, TC staff, CARAT workers and offender management officers were held at the end of each of the three phases of the TC programme. When the final review also coincided with the prisoner's release from prison, the local community drug intervention programme workers attended, to facilitate the resettlement process.

Recommendations

- 8.51 The substance use strategy should be informed by regular population needs assessments and contain detailed action plans and performance measures.
- 8.52 The prison should ensure that prisoners are able to attend their appointments with the counselling, assessment, referral, advice and throughcare (CARAT) team during the working day.
- 8.53 A suitable facility to accommodate the therapeutic community (TC) communal meetings should be provided.

- 8.54 The TC should be appropriately staffed to ensure that all aspects of the programme delivery, including end of therapy reports, are carried out appropriately.
- 8.55 Psychometric test results taken pre- and post-TC programme should be annotated to individual prisoners as a measure of progress.
- 8.56 Prisoners who consistently fail to supply a sample for voluntary drug testing (VDT) should be referred to CARAT services.

Children and families of offenders

- 8.57 There was limited provision under the children and families pathway to help prisoners maintain contact with their families and no qualified family support worker. It was not easy for prisoners to receive visits in their first week, but most were, in general, satisfied with their opportunity for visits. Overall, the provision for visitors only met basic requirements: it was difficult to book visits; visitors were not given correct information and did not have full access to a visitors' centre; and procedures meant there were delays. The visits halls did not provide good quality play or canteen facilities. Other than for indeterminate-sentenced prisoners, there were no special family days.
- 8.58 The overall experience for visitors was unwelcoming. The security and operations department was responsible for visits, and although a number of the staff we spoke to said that they often covered visits, there was no dedicated visits staff group. Staff had received no specific training in dealing with families or children. The managers and staff involved with visits had no responsibility for, or involvement in, work under the children and families resettlement pathway. There was no qualified family support worker to help men maintain or regain contact with their families.
- 8.59 Family visits were offered only to life-sentenced and indeterminate-sentenced prisoners, although a new parenting course, run by the education department, included a family day for the participants. Family members were invited to attend post-programme reviews but were not included in sentence plan reviews. In our survey, 38% of prisoners felt that they had been helped to maintain contact with family and friends, which was significantly poorer than the 45% comparator. Overall, family contact was not an effective part of resettlement work.
- 8.60 Domestic visits were provided on six afternoons a week (excluding Friday), and our survey and prisoner groups indicated that prisoners were generally satisfied with their opportunity to have visits. Fewer than the comparator received a visit during their first week. Newly arrived prisoners had to obtain and send out a visiting order, and all visitors, including those with a valid visiting order from another prison, had to telephone the prison to make a booking at least 48 hours in advance.
- 8.61 The visits booking line was open from 8.45am to 11.45am and 1.30pm to 4pm each weekday and from 1.30pm to 4pm on Saturday. It was engaged on the four occasions we rang it during the inspection, and prisoners and their visitors complained that it was often difficult to get through.
- 8.62 The information for prisoners, their visitors and staff about the visits process was inaccurate and often contradictory. In particular, there were inconsistent messages about the start and finish times for visit sessions and about the age at which children would be classed as adults

for the purposes of seating allocation. The visits policy document, dated June 2008, contained several errors and did not reflect current practice.

- 8.63 We were told of plans to open a dedicated visitors' centre in January 2009 but were not provided with details. We questioned the need for such a centre, given that there was a well established centre in the main visitors' car park; this was run by the Partners of Prisoners and families Support group (POPS) for visitors to HMP Garth and Wymott. The centre provided toilets, refreshments, a children's play area and a quiet 'rest' room, as well as information and support from POPS staff and volunteers. There were no visits at Garth on a Tuesday, and the centre was closed then, but centre staff told us that they had recently agreed funding with Wymott that would allow them to open on Tuesdays from the end of November 2008.
- 8.64 The order of entry to the visits hall was on a 'first come, first served' basis; visitors were allowed to book in at the main gate from noon, and many arrived in advance of this time to secure their place. There was a large waiting room with toilets. Between noon and 2pm, when visits started, prisoners' visitors, prison staff and official visitors all used the main gate entry area; this was not satisfactory. Visitors were searched in a large area outside the main visits halls, in full view of staff and other visitors; some told us that they found this embarrassing. Sensitive searches were conducted in a corner, screened only by a curtain. On the day we observed visits, it took 30 minutes for all visitors to reach the visits hall, and staff confirmed that at weekends it could take up to 45 minutes. All visitors had left the prison by 4.10pm, despite the visits policy stating that visits ended at 4.15pm.
- 8.65 There were two visits halls; the one for vulnerable prisoners could accommodate 29 visits and the one for the general population could hold 36 visits, with the five closed visits booths in the vulnerable prisoner visits hall. Closed visits for each population were held on separate days, but visitors to a non-vulnerable prisoner had to walk through the vulnerable prisoner visits hall, and some vulnerable prisoners told us that they objected to this.
- 8.66 The visits halls were in good condition, with comfortable, non-fixed seating. On the day we observed visits, both halls were around half full. In the vulnerable prisoner visits hall, staff had scattered the seating around the room, providing more privacy, but in the main visits hall only the two rows of tables directly in front of the staff observation platform had been used. Each room contained a small, unsupervised children's play area, with a limited supply of toys, mainly for pre-school children. Refreshments were available only from vending machines; the canteen had been closed in March 2008 for refurbishment and there had been delays in the new canteen provider taking over.

Recommendations

- 8.67 Managers and staff involved in visits should be involved in the development of the children and families pathway.
- 8.68 A qualified family support worker should be appointed.
- 8.69 Family members should be invited to participate in key aspects of the sentence plan, where appropriate.
- 8.70 Prisoners with an identified need should have access to interventions aimed at improving parenting skills and relationships.
- 8.71 Children and family days should be run for all prisoners.

- 8.72 Children under 18 should not be treated as adults for the purposes of visits.
- 8.73 Visitors should be able to contact the booking line without undue delays.
- 8.74 Prisoners should be able to receive their first visit within one week of arriving at the prison.
- 8.75 All documents containing information about visits should be checked and cross-referenced to ensure that information provided to prisoners and visitors is accurate.
- 8.76 Visits should start on time and last for the published time.

Attitudes, thinking and behaviour

- 8.77 A range of accredited and non-accredited interventions was provided but there had not been a needs analysis to determine whether they were appropriate to manage prisoners' risk factors. Allocation of prisoners to interventions was managed creatively, as it was recognised that not all would be suitable or ready for offending behaviour programmes (OBPs). There was no strategy for managing the large number of sex offenders who did not engage with treatment.
- 8.78 A range of accredited and non-accredited interventions was provided, but without a full needs analysis (see section on strategic management of resettlement) it was difficult to determine whether the interventions available met prisoners' needs, especially for the increasing number of indeterminate-sentenced prisoners. Some prisoners were transferred to Wymott with sentence plan targets to complete a programme that the prison did not offer.
- 8.79 While the managers and staff involved in resettlement promoted the importance of OBPs, there was also recognition that, for a variety of reasons, many prisoners were not suitable or ready to participate in such programmes. The psychology team, education department and OMU worked closely together to identify the most appropriate interventions for each prisoner, to help him prepare for programmes. This approach was understood by prisoners, many of whom had a clear appreciation of how the programmes fitted into their sentence plan, and also of what else they could do to make good use of their time in custody and reduce their risk of reoffending on release. Our survey showed that 76% of prisoners had been involved in an OBP while in prison; 23% were currently involved and 58% thought that the programme would help them on release. All these figures were significantly better than the training prison comparators.
- 8.80 The large psychology and programmes team delivered the enhanced thinking skills (ETS) and cognitive skills booster (CSB) programmes to both populations, in addition to sex offender treatment programmes (SOTP); these included the adapted programme (for prisoners with learning difficulties, low IQ or poor literacy) and the 'better lives booster'. During 2007/08, 153 prisoners completed ETS or CSB and 43 the SOTP, exceeding the targets set. Some tutors had been trained to deliver more than one programme, which increased the team's flexibility. At the time of the inspection, around 100 prisoners were waiting for assessment for the ETS programme. This list was managed effectively to ensure that eligible prisoners were offered programme places at suitable times and were able to complete the programme and any reviews before release.
- 8.81 Psychology staff estimated that, at any one time, around two-thirds of the sex offender population was unwilling or not ready to engage in the SOTP. At the time of the inspection,

only a small number of prisoners were appealing against conviction, but many continued to protest their innocence. It was difficult to start work with the high proportion of recalled prisoners, as there was no certainty about how long they would stay in prison. Many prisoners had previously completed at least one treatment programme, and it was not always appropriate for them simply to repeat it. There was no prison-wide strategy for managing these complex issues; there was no guidance for staff on how to challenge and encourage prisoners appropriately, and some processes, such as the application of the IEP scheme, acted to demotivate and entrench the negative views of these prisoners.

Recommendation

- 8.82 Prisoners should be transferred to prisons able to deliver the interventions identified in their sentence plans.

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendations

To the Governor

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- 9.1 A succinct violence reduction strategy covering anti-bullying should be developed, in consultation with prisoners, which all staff understand and implement consistently. (HP39)
 - 9.2 The quality of assessment, care in custody and teamwork (ACCT) procedures for those at risk of suicide and self-harm should improve, to ensure that care and support plans reflect assessed need and that reviews are consistently chaired by the same case manager and involve staff from a range of disciplines. (HP40)
 - 9.3 A diversity policy should be developed and implemented, covering all distinct minority groups, including gay prisoners, those with disabilities and older prisoners, and based on an analysis of their needs. (HP41)
 - 9.4 A new reducing reoffending strategy should be agreed, based on a comprehensive assessment of the needs of all categories of prisoner represented at the prison, with action plans setting out how those needs will be met. (HP42)
 - 9.5 There should be a comprehensive review of the policy, procedures and provision in relation to visits, in consultation with prisoners and their visitors and taking into account good practice at other prisons. (HP43)
 - 9.6 A prison-wide strategy should be developed for increasing the proportion of sex offenders willing to engage in treatment programmes, and appropriately managing those who are not willing or ready to do so. (HP44)

Recommendations

To NOMS

-
- 9.7 Information regarding approval for child visits should accompany prisoners on transfer or be quickly available to receiving prisons, to reduce any delay in maintaining appropriate family contact. (8.22)
 - 9.8 Prisoners should be transferred to prisons able to deliver the interventions identified in their sentence plans. (8.82)

Recommendation

To the area manager

-
- 9.9 The North-West Area Dog Section should ensure adequate drug dog cover for the prison to support the existing security measures that are in place to reduce the supply of drugs. (3.103)

Recommendation **To the regional offender manager**

- 9.10 Offender managers should have a better level of engagement with in-scope prisoners, including attending sentence planning boards. (8.21)

Recommendation **To the interventions group**

- 9.11 Psychometric test results taken pre- and post-TC programme should be annotated to individual prisoners as a measure of progress. (8.55)

Recommendations **To the Governor**

Courts, escorts and transfers

- 9.12 Prisoners should not be double cuffed for escorts unless justified by a risk assessment. (1.7)

First days in custody

- 9.13 Sufficient staff should be allocated to reception to minimise waiting times and allow completion of all reception procedures when large groups of prisoners are received. (1.20)
- 9.14 Reception orderlies should have a formal peer support role. (1.21)
- 9.15 The new first night centre arrangements on F wing should be reviewed after six months to ensure that they are operating effectively and safely. (1.22)
- 9.16 All prisoners should have the opportunity to shower on their first day at the prison. (1.23)
- 9.17 The race and diversity sessions in the induction programme should actively promote diversity and good race relations, and challenge, in discussion with prisoners, any unacceptable attitudes and behaviour. (1.24)
- 9.18 The induction booklet should be readily available in relevant foreign languages. (1.25)

Residential units

- 9.19 Toilets in both single and double occupancy cells should be appropriately screened. (2.17)
- 9.20 Sufficient telephones should be provided on all wings, particularly C and D wings. (2.18)
- 9.21 Telephones should be placed in booths for privacy. (2.19)
- 9.22 Cell call bells should be answered within five minutes, and managers should regularly monitor response times. (2.20)
- 9.23 Showers on A and B wings should be screened. (2.21)

- 9.24 All shower areas on the older units should be refurbished and showers should be screened. (2.22)
- 9.25 The management of legally privileged mail should be improved to reduce the actual or perceived number of occasions on which such mail is opened in error. (2.23)

Staff–prisoner relationships

- 9.26 The decency strategy group should develop an action plan to improve relationships, with regular feedback to prisoners about action taken. (2.30)
- 9.27 Wing consultation meetings should be held to a consistent format, with action points for named individuals, with appropriate report back at subsequent meetings. (2.31)

Personal officers

- 9.28 The personal officer policy should be revised to reflect more accurately the actual operation of the scheme, and promoted to staff as a training guide. (2.39)
- 9.29 Cell moves should not routinely result in a change of personal officer. (2.40)
- 9.30 Detailed personal officer entries should be made at least once a month. (2.41)

Bullying and violence reduction

- 9.31 The monthly violence reduction and safer custody meetings should be chaired by a member of the senior management team. (3.12)
- 9.32 Work to develop and oversee violence reduction, anti-bullying and safer custody should be adequately resourced. (3.13)
- 9.33 Staff in prisoner contact roles should be trained in the tackling anti-social behaviour (TAB) process, including how to recognise problem behaviour and maintain appropriate records. (3.14)
- 9.34 A comprehensive log should be kept of all investigations into alleged bullying and their outcomes, and TAB books opened and closed. (3.15)
- 9.35 Interventions for bullies and victims should be developed, involving families where appropriate. (3.16)

Self-harm and suicide

- 9.36 A briefer safer custody strategy should be developed and promoted to staff. (3.26)
- 9.37 Health services staff should regularly attend the monthly safer custody meeting. (3.27)
- 9.38 Prisoner representatives should be invited to attend the safer custody meeting. (3.28)
- 9.39 A broad range of safer custody management information should be collected and discussed at the safer custody meeting. (3.29)

- 9.40 Care plans should be updated and revised as appropriate after case reviews. (3.30)
- 9.41 A Listener rota for the whole prison should be used to ensure that individual Listeners are not over-burdened. (3.31)
- 9.42 A Samaritan telephone and base station should be available in the segregation unit. (3.32)
- 9.43 There should be a clear policy on the management of constant watches for those at risk of suicide and self-harm. (3.33)

Diversity

- 9.44 A diversity committee should be formed to manage and monitor all aspects of diversity and promote diversity across the prison. (3.42)
- 9.45 The diversity complaints system should be reviewed as to its effectiveness in improving outcomes for prisoners. (3.43)
- 9.46 Individual care plans should be developed for older prisoners with special needs and those with disabilities. They should be held on wing files and regularly monitored. (3.44)
- 9.47 Activities for older prisoners and those with limited mobility should be improved to provide more stimulating and purposeful occupation. (3.45)
- 9.48 Cells for prisoners with a disability or limited mobility should be adapted to meet their needs. (3.46)
- 9.49 All prisoners requiring assistance in an emergency should be easily identifiable to all staff and have individual evacuation plans. (3.47)

Race equality

- 9.50 All staff should be trained in diversity, with particular attention paid to race issues. (3.60)
- 9.51 The race relations management team should investigate with black and minority ethnic prisoners the reasons for the poorer perceptions, particularly about victimisation, relationships with staff, safety and maintaining family ties. (3.61)
- 9.52 Separate boxes for submitting racist incident report forms (RIRFs) should be provided and they should be emptied daily by the REO or his deputy. (3.62)
- 9.53 All RIRFs should be investigated fully, and accompanying documentation completed in full, preferably typed, and prisoners should receive detailed feedback. (3.63)
- 9.54 The racist and discriminatory prisoner log should include confirmation of when actions have been completed. (3.64)
- 9.55 Effective links should be established between the REO and the offender management team with respect to managing prisoners identified as racist or discriminatory. (3.65)
- 9.56 The race equality action team should ensure that issues and trends from RIRFs and ethnic monitoring are identified, discussed and acted on. (3.66)

Foreign national prisoners

- 9.57 The foreign national policy should include more information relating to support available at the prison. (3.76)
- 9.58 The role of wing foreign national liaison officers should be clarified, with a comprehensive job description. (3.77)
- 9.59 Foreign national prisoners should be able to receive 'blue' telephone cards without undue delay. (3.78)
- 9.60 Links should be made with community-based immigration advice services. (3.79)
- 9.61 More immigration surgeries should be held, to meet demand. (3.80)
- 9.62 Foreign national prisoners should receive a free telephone call home each month, whether or not they receive any visits. (3.81)

Applications and complaints

- 9.63 There should be a single application system for the prison which allows applications to be tracked. (3.88)
- 9.64 Complaint forms should be readily available on all wings. (3.89)

Legal rights

- 9.65 A suitably trained officer should be allocated to legal services work each day and be provided with sufficient time to deal with the demands of the workload. (3.94)
- 9.66 Prisoners should be provided with clear and accurate information about the work of the legal services officer and how to access the service. (3.95)
- 9.67 Suitable facilities should be provided for private legal visits and the use of laptops. (3.96)

Substance use

- 9.68 Vulnerable prisoners should not be disproportionately represented in random drug testing samples. (3.104)

Health services

- 9.69 Appropriate cover should be provided to ensure that staff leave or sickness does not have a negative impact on the delivery of patient care. (4.36)
- 9.70 Complaints about health services should be answered properly, with appropriate management quality checks. (4.37)
- 9.71 The healthcare centre and all rooms used for delivery of healthcare should be in a good state of repair, clean and fit for purpose. (4.38)

- 9.72 All staff should have access to clinical supervision, and records of this maintained. (4.39)
- 9.73 A system of timed appointments should be introduced. (4.40)
- 9.74 Waiting times for general practitioner (GP) appointments should be reduced significantly, and vulnerable prisoners should not have to wait longer than others. (4.41)
- 9.75 Prisoners should be returned to house blocks, education or work promptly following healthcare appointments. (4.42)
- 9.76 Medicines should be administered directly from the original dispensed container. (4.43)
- 9.77 The in-possession policy should be reviewed to ensure that there is robust, documented risk assessment underpinning all in-possession supplies, including special sick. The policy should give clear guidance on how to determine the appropriate term of in-possession supply, and decisions should take into account the nature of the individual patient, as well as the nature of the medication. (4.44)
- 9.78 The medicines and therapeutics committee should introduce a special sick policy, with an agreed formulary of medicines available for supply by nurses. This should be reviewed regularly to ensure that all appropriate medicines can be supplied. (4.45)
- 9.79 GPs should attend the medicines and therapeutics committee. (4.46)
- 9.80 Health services staff should adhere to Nursing and Midwifery Council guidelines for the safe administration of medications. (4.47)
- 9.81 A dual-labelling system should be introduced for pre-packs to allow the pharmacist to check that the prescription is appropriate and that the correct item has been supplied. (4.48)
- 9.82 The length of the waiting list and waiting time for dental appointments should be reduced and reviewed frequently until satisfactory. (4.49)
- 9.83 Cover for dentists' annual leave and sick leave should be provided. (4.50)
- 9.84 The dental triaging facility should be expanded. (4.51)

Learning and skills and work activities

- 9.85 Individual learning plans should be improved and prisoners' progress reviewed at a frequency appropriate to the course of study and level, and individual needs. (5.16)
- 9.86 Prisoners' understanding of equality and diversity should be checked and reinforced at progress reviews. (5.17)
- 9.87 Access to the library for prisoners not involved in education should be improved, so that they all have the opportunity to attend for a half-hour session at least once a week. (5.18)
- 9.88 Access to the library for older prisoners and those with a disability should be improved, taking due account of their needs. (5.19)
- 9.89 Access to legal textbooks and Prison Service Orders in the library should be improved. (5.20)

Physical education and health promotion

- 9.90 Opportunities in the gym should be promoted more actively to increase participation rates. (5.29)
- 9.91 The installation of gym equipment in the therapeutic community facility should be completed. (5.30)
- 9.92 All PE staff should receive teacher training. (5.31)

Faith and religious activity

- 9.93 Prisoners should be able to access suitable washing facilities before attending Muslim prayers on a Friday. (5.37)
- 9.94 Processes to security-clear chaplains should be expedited to ensure continuity of provision to prisoners. (5.38)

Time out of cell

- 9.95 The times stated for unlock in the published core day should be adhered to. (5.43)
- 9.96 Prisoners should spend at least 10 hours out of cell on weekdays. (5.44)

Security and rules

- 9.97 Rules should be displayed on all the residential wings. (6.13)
- 9.98 Prisoners should be notified in writing how to appeal against categorisation decisions. (6.14)
- 9.99 Prisoners should not be prevented from moving to an open prison because of outstanding medical appointments. (6.15)

Discipline

- 9.100 Thorough quality checks of adjudications should take place and be discussed with adjudicators to encourage good practice and identify training needs. (6.31)
- 9.101 Use of force should be monitored and analysed at the security meetings, records should be quality checked, and emerging patterns or issues of quality should be communicated to staff. (6.32)
- 9.102 Prisoners located on the segregation unit should not be strip searched on entry without an individual risk assessment. (6.33)
- 9.103 The segregation unit policy document should clearly outline the use of the cells with a camera. (6.34)
- 9.104 Staff on the segregation unit should receive mental health training and diversity training. (6.35)

- 9.105 There should be meaningful interaction with prisoners on the segregation unit, and this should be reflected in wing history files. (6.36)

Incentives and earned privileges

- 9.106 Induction staff should be responsible for confirming prisoners' incentives and earned privileges (IEP) status. (6.44)
- 9.107 Voluntary drug testing should not be linked to the IEP scheme. (6.45)
- 9.108 The IEP scheme should be monitored, and trends analysed. (6.46)

Catering

- 9.109 Prisoners should be able to eat together communally. (7.9)
- 9.110 Breakfast should be served on the day it is eaten. (7.10)

Prison shop

- 9.111 Prisoners should have the opportunity to buy items from the prison shop within 24 hours of arrival. (7.17)

Strategic management of resettlement

- 9.112 There should be a clear management structure to provide effective overview and direction to implement, monitor and review the reducing reoffending strategy. (8.6)

Offender management and planning

- 9.113 The system for allocating prisoners to offender supervisors should ensure an equal distribution of workload for the offender supervisors and continuity for prisoners. (8.19)
- 9.114 Offender supervisors should have regular contact with all prisoners, prioritised according to need, and this should be recorded and monitored. (8.20)
- 9.115 Prisoners subject to public protection measures should have their telephone calls monitored regularly. (8.23)

Resettlement pathways

- 9.116 Links with external employers should be further developed to increase the chances of prisoners finding work on release. (8.38)
- 9.117 Prisoners who are not registered with a GP in the community should be given information advising them how to do this. (8.39)
- 9.118 There should be formal systems for discharge planning in relation to healthcare needs, particularly for those with complex needs. (8.40)

- 9.119 The substance use strategy should be informed by regular population needs assessments and contain detailed action plans and performance measures. (8.51)
- 9.120 The prison should ensure that prisoners are able to attend their appointments with the counselling, assessment, referral, advice and throughcare (CARAT) team during the working day. (8.52)
- 9.121 A suitable facility to accommodate the therapeutic community (TC) communal meetings should be provided. (8.53)
- 9.122 The TC should be appropriately staffed to ensure that all aspects of the programme delivery, including end of therapy reports, are carried out appropriately. (8.54)
- 9.123 Prisoners who consistently fail to supply a sample for voluntary drug testing (VDT) should be referred to CARAT services. (8.56)
- 9.124 Managers and staff involved in visits should be involved in the development of the children and families pathway. (8.67)
- 9.125 A qualified family support worker should be appointed. (8.68)
- 9.126 Family members should be invited to participate in key aspects of the sentence plan, where appropriate. (8.69)
- 9.127 Prisoners with an identified need should have access to interventions aimed at improving parenting skills and relationships. (8.70)
- 9.128 Children and family days should be run for all prisoners. (8.71)
- 9.129 Children under 18 should not be treated as adults for the purposes of visits. (8.72)
- 9.130 Visitors should be able to contact the booking line without undue delays. (8.73)
- 9.131 Prisoners should be able to receive their first visit within one week of arriving at the prison. (8.74)
- 9.132 All documents containing information about visits should be checked and cross-referenced to ensure that information provided to prisoners and visitors is accurate. (8.75)
- 9.133 Visits should start on time and last for the published time. (8.76)

Housekeeping points

Residential units

- 9.134 Prisoners in shared cells should have additional time to access hot water. (2.24)
- 9.135 The offensive display policy should be consistently enforced on all wings. (2.25)

Race equality

- 9.136 All actions in the race equality action plan should be clearly time bound. (3.67)

Health services

- 9.137 Prisoners should be provided with written information about health services at the prison on their arrival. (4.52)
- 9.138 All medicine refrigerators should be kept between 2 and 8 degrees Celsius, and maximum and minimum temperatures should be recorded daily for all refrigerators used to store medicines. When they exceed acceptable limits, remedial action should be taken and documented appropriately. Medicines should not be used if there is any doubt about the suitability of the storage conditions to which they have been exposed. (4.53)
- 9.139 A suitable secure means of storing and transporting the medicines for administration should be introduced, to replace the lever arch file. (4.54)

Examples of good practice

First days in custody

- 9.140 The imaginatively presented induction booklet provided newly arrived prisoners with basic information about the prison in an accessible format. (1.26)

Personal officers

- 9.141 The comprehensive initial personal officer entries, outlining the offence, family background and sentence planning needs, were an excellent basis for further effective personal officer work. (2.42)

Appendix I: Inspection team

Anne Owers	Chief Inspector
Michael Loughlin	Team leader
Karen Dillon	Inspector
Sean Sullivan	Inspector
Gail Hunt	Inspector
Vinnett Percy	Inspector
Mandy Whittingham	Healthcare inspector
Paul Roberts	Substance use inspector
Steve Gascoigne	Pharmacy inspector
Jen Davis	Dental inspector
Michael Skidmore	Researcher
Catherine Nichols	Researcher
Phillip Romain	Ofsted lead inspector
Alan Hatcher	Ofsted inspector
Susan Metcalfe	Ofsted inspector
Jane Robinson	Ofsted inspector

Appendix II: Prison population profile

(i) Status	Number of prisoners	%
Sentenced	1047	98.6
Civil prisoners	0	0
Detainees (single power status)	3	0.3
Detainees (dual power status)	12	1.1
Total	1062	100

(ii) Sentence	Number of prisoners	%
Less than 6 months	0	0
6 months to less than 12 months	3	0.3
12 months to less than 2 years	43	4.1
2 years to less than 4 years	303	28.5
4 years to less than 10 years	567	53.4
10 years and over (not life)	36	3.4
Life	110	10.4
Total	1062	100

(iii) Length of stay	Number of prisoners	%
Less than 1 month		
1 month to 3 months		
3 months to 6 months		
6 months to 1 year		
1 year to 2 years		
2 years to 4 years		
4 years or more		
Total		

(iv) Main offence	Number of prisoners	%
Violence against the person	163	15.4
Sexual offences	548	51.6
Burglary	77	7.3
Robbery	112	10.6
Theft and handling	4	0.4
Fraud and forgery	11	1.0
Drugs offences	99	9.3
Other offences	48	4.5
Civil offences	0	0
Offence not recorded/ Holding warrant	0	0
Total	1062	100

(v) Age	Number of prisoners	%
21 years to 29 years	329	31.0
30 years to 39 years	273	25.7
40 years to 49 years	219	20.6
50 years to 59 years	137	12.9
60 years to 69 years	82	7.7
70 plus years	22	2.1
Please state maximum age	Age 79	
Total	1062	100

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	656	61.8
Between 50 and 100 miles of the prison	105	9.9
Over 100 miles from the prison	188	17.7
Overseas	56	5.3
NFA	57	5.4
Total	1062	100

(vii) Nationality	Number of prisoners	%
British	1005	94.6
Foreign nationals	57	5.4
Total	1062	100

(viii) Ethnicity	Number of prisoners	%
<i>White</i>		
British	923	86.9
Irish	6	0.6
Other White	15	1.4
<i>Mixed</i>		
White and Black Caribbean	10	0.9
White and Black African	1	0.1
White and Asian	0	0
Other Mixed	5	0.5
<i>Asian or Asian British:</i>		
Indian	9	0.9
Pakistani	15	1.4
Bangladeshi	1	0.1
Other Asian	20	1.9
<i>Black or Black British</i>		
Caribbean	27	2.5
African	10	0.9
Other Black	16	1.5
<i>Chinese or other ethnic group</i>		
Chinese	3	0.3
Other ethnic group	1	0.1
Total	1062	100

(ix) Religion	Number of prisoners	%
Baptist	0	0
Church of England	379	35.7
Roman Catholic	241	22.7
Other Christian denominations	33	3.1
Muslim	64	6.0
Sikh	3	0.3
Hindu	0	0
Buddhist	29	0.9
Jewish	3	0.3
Other	12	1.1
No religion	298	28.1
Total	1062	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 15 September 2008, the prisoner population at HMP Wymott was 1070. The baseline sample size was 122. Overall, this represented 11% of the prisoner population.

Selecting the sample

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

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

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

Methodology

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

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

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

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

Response rates

In total, 104 respondents completed and returned their questionnaires. This represented 10% of the prison population. The response rate was 85%. In addition to the five respondents who refused to complete a questionnaire, three questionnaires were not returned and 10 were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2008 against comparator figures for all prisoners surveyed in category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 38 trainer prisons since April 2003.
- A comparison within the 2008 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2008 survey between those who considered themselves to have a disability and those who did not.

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

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

Summary

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

No questions have been filtered within the summary, so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up, as the data are cleaned to be consistent.

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

Section 1: About You

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

- Q1.1** **What wing or houseblock are you currently living on?**
-
- Q1.2** **How old are you?**
- | | |
|------------------|-----|
| Under 21..... | 1% |
| 21 - 29..... | 22% |
| 30 - 39..... | 33% |
| 40 - 49..... | 19% |
| 50 - 59..... | 15% |
| 60 - 69..... | 8% |
| 70 and over..... | 2% |
-
- Q1.3** **Are you sentenced?**
- | | |
|--------------------------------|-----|
| Yes..... | 88% |
| Yes - on recall..... | 12% |
| No - awaiting trial..... | 0% |
| No - awaiting sentence..... | 0% |
| No - awaiting deportation..... | 0% |
-
- Q1.4** **How long is your sentence?**
- | | |
|---|-----|
| Not sentenced | 0% |
| Less than 6 months..... | 0% |
| 6 months to less than 1 year..... | 1% |
| 1 year to less than 2 years..... | 6% |
| 2 years to less than 4 years..... | 27% |
| 4 years to less than 10 years..... | 51% |
| 10 years or more..... | 4% |
| IPP (Indeterminate Sentence for Public Protection)..... | 7% |
| Life..... | 4% |
-
- Q1.5** **Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?**
- | | |
|----------------------------|-----|
| Not sentenced | 0% |
| 6 months or less..... | 30% |
| More than 6 months..... | 70% |
-
- Q1.6** **How long have you been in this prison?**
- | | |
|-------------------------------|-----|
| Less than 1 month..... | 6% |
| 1 to less than 3 months..... | 12% |
| 3 to less than 6 months..... | 13% |
| 6 to less than 12 months..... | 24% |

	12 months to less than 2 years.....	21%		
	2 to less than 4 years.....	23%		
	4 years or more.....	1%		
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)			
	Yes.....	6%		
	No.....	94%		
Q1.8	Is English your first language?			
	Yes.....	95%		
	No.....	5%		
Q1.9	What is your ethnic origin?			
	White - British..... 86%	Asian or Asian British - Bangladeshi..... 0%		
	White - Irish..... 3%	Asian or Asian British - Other..... 0%		
	White - Other..... 1%	Mixed Race - White and Black Caribbean..... 1%		
	Black or Black British - Caribbean... 2%	Mixed Race - White and Black African..... 0%		
	Black or Black British - African..... 3%	Mixed Race - White and Asian..... 0%		
	Black or Black British - Other..... 0%	Mixed Race - Other..... 0%		
	Asian or Asian British - Indian..... 1%	Chinese..... 0%		
	Asian or Asian British - Pakistani..... 2%	Other ethnic group..... 2%		
Q1.10	What is your religion?			
	None..... 19%	Hindu..... 0%		
	Church of England..... 38%	Jewish..... 0%		
	Catholic..... 22%	Muslim..... 6%		
	Protestant..... 2%	Sikh..... 0%		
	Other Christian denomination..... 10%	Other..... 0%		
	Buddhist..... 4%			
Q1.11	How would you describe your sexual orientation?			
	Heterosexual/ Straight.....	92%		
	Homosexual/Gay.....	5%		
	Bisexual.....	3%		
	Other.....	0%		
	<i>If other, please specify</i>			
Q1.12	Do you consider yourself to have a disability?			
	Yes.....	19%		
	No.....	81%		
Q1.13	How many times have you been in prison before?			
	0	1	2 to 5	More than 5
	42%	12%	25%	21%

Q1.14 Including this prison, how many prisons have you been in during this sentence/remand time?

1	2 to 5	More than 5
11%	78%	11%

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

Yes.....	45%
No.....	55%

Section 2: Courts, transfers and escorts

Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons? How was ...

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van	8%	43%	15%	17%	8%	4%	6%
Your personal safety during the journey	8%	47%	19%	17%	5%	1%	2%
The comfort of the van	2%	10%	13%	38%	32%	1%	3%
The attention paid to your health needs	2%	25%	23%	19%	16%	3%	13%
The frequency of toilet breaks	1%	9%	17%	12%	38%	3%	19%

Q2.2 How long did you spend in the van?

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
34%	31%	24%	8%	3%

Q2.3 How did you feel you were treated by the escort staff?

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
10%	45%	30%	9%	3%	3%

Q2.4 Please answer the following questions about when you first arrived here:

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	75%	25%	0%
Before you arrived here did you receive any written information about what would happen to you?	10%	88%	2%
When you first arrived here did your property arrive at the same time as you?	93%	7%	0%

Section 3: Reception, first night and induction

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

<i>Didn't ask about any of these</i>	23%	<i>Money worries</i>	16%
<i>Loss of property</i>	11%	<i>Feeling depressed or suicidal</i>	52%
<i>Housing problems</i>	14%	<i>Health problems</i>	54%

Contacting employers.....	13%	Needing protection from other prisoners.....	26%
Contacting family.....	44%	Accessing phone numbers.....	33%
Ensuring dependants were being looked after.....	14%	Other.....	3%

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

Didn't have any problems	29%	Money worries	20%
Loss of property.....	15%	Feeling depressed or suicidal.....	18%
Housing problems.....	23%	Health problems.....	28%
Contacting employers.....	6%	Needing protection from other prisoners.....	10%
Contacting family.....	26%	Accessing phone numbers.....	26%
Ensuring dependants were looked after	8%	Other.....	3%

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	90%	9%	1%
When you were searched, was this carried out in a respectful way?	78%	18%	4%

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

Very well	Well	Neither	Badly	Very badly	Don't remember
17%	53%	19%	8%	2%	0%

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

Information about what was going to happen to you	47%
Information about what support was available for people feeling depressed or suicidal.....	45%
Information about how to make routine requests.....	36%
Information about your entitlement to visits	37%
Information about health services	47%
Information about the chaplaincy.....	43%
Not offered anything	31%

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

A smokers/non-smokers pack.....	87%
The opportunity to have a shower.....	24%
The opportunity to make a free telephone call.....	64%
Something to eat.....	68%
Did not receive anything	7%

Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply)

Chaplain or religious leader.....	31%
Someone from health services	67%

	<i>A listener/Samaritans</i>	9%
	Did not meet any of these people	25%
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	Yes.....	18%
	No.....	82%
Q3.9	Did you feel safe on your first night here?	
	Yes.....	72%
	No.....	23%
	<i>Don't remember</i>	5%
Q3.10	How soon after your arrival did you go on an induction course?	
	Have not been on an induction course	12%
	<i>Within the first week</i>	58%
	<i>More than a week</i>	29%
	<i>Don't remember</i>	1%
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	12%
	Yes.....	55%
	No.....	25%
	<i>Don't remember</i>	8%

Section 4: Legal rights and respectful custody

Q4.1	How easy is to?							
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>	
	Communicate with your solicitor or legal representative?	11%	37%	14%	16%	6%	16%	
	Attend legal visits?	10%	47%	15%	4%	0%	24%	
	Obtain bail information?	4%	10%	18%	8%	3%	58%	
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?							
	Not had any letters						17%	
	Yes.....						44%	
	No.....						39%	
Q4.3	Please answer the following questions about the wing/unit you are currently living on:							
					Yes	No	<i>Don't know</i>	N/A
	Are you normally offered enough clean, suitable clothes for the week?	61%	39%	0%	0%			
	Are you normally able to have a shower every day?	97%	3%	0%	0%			

Do you normally receive clean sheets every week?	91%	8%	0%	1%
Do you normally get cell cleaning materials every week?	60%	38%	2%	0%
Is your cell call bell normally answered within five minutes?	25%	34%	27%	14%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	74%	26%	0%	0%
Can you normally get your stored property, if you need to?	24%	44%	26%	7%

Q4.4 What is the food like here?

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
0%	39%	25%	28%	8%

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

Have not bought anything yet	0%
Yes.....	63%
No.....	37%

Q4.6 Is it easy or difficult to get either

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form	34%	42%	6%	11%	3%	5%
An application form	38%	48%	6%	5%	1%	1%

Q4.7 Have you made an application?

Yes.....	93%
No.....	7%

Q4.8 Please answer the following questions concerning applications (If you have not made an application please tick the 'not made one' option)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	7%	53%	40%
Do you feel <i>applications</i> are dealt with promptly? (within seven days)	7%	42%	51%

Q4.9 Have you made a complaint?

Yes.....	40%
No.....	60%

Q4.10 Please answer the following questions concerning complaints (If you have not made a complaint please tick the 'not made one' option)

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	61%	14%	25%
Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	61%	14%	25%
Were you given information about how to make an appeal?	53%	21%	26%

- Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?**
Not made a complaint..... 60%
 Yes..... 5%
 No..... 35%
- Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?**
Don't know who they are *Very easy* *Easy* *Neither* *Difficult* *Very difficult*
 25% 7% 26% 27% 9% 5%
- Q4.13 Please answer the following questions about your religious beliefs?**
- | | Yes | No | <i>Don't know/ N/A</i> |
|--|-----|----|------------------------|
| Do you feel your religious beliefs are respected? | 64% | 9% | 27% |
| Are you able to speak to a religious leader of your faith in private if you want to? | 61% | 5% | 33% |
- Q4.14 Can you speak to a listener at any time, if you want to?**
 Yes No *Don't know*
 69% 8% 23%
- Q4.15 Please answer the following questions about staff in this prison?**
- | | Yes | No |
|--|-----|-----|
| Is there a member of staff you can turn to for help if you have a problem? | 74% | 26% |
| Do most staff treat you with respect? | 62% | 38% |

Section 5: Safety

- Q5.1 Have you ever felt unsafe in this prison?**
 Yes..... 36%
 No..... 64%
- Q5.2 Do you feel unsafe in this prison at the moment?**
 Yes..... 9%
 No..... 91%
- Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply)**
- | | | | |
|----------------------------------|-----|--------------------------------------|-----|
| <i>Never felt unsafe</i> | 66% | <i>At meal times</i> | 4% |
| <i>Everywhere</i> | 4% | <i>At health services</i> | 6% |
| <i>Segregation unit</i> | 3% | <i>Visit's area</i> | 2% |
| <i>Association areas</i> | 8% | <i>In wing showers</i> | 7% |
| <i>Reception area</i> | 3% | <i>In gym showers</i> | 5% |
| <i>At the gym</i> | 10% | <i>In corridors/stairwells</i> | 4% |
| <i>In an exercise yard</i> | 6% | <i>On your landing/wing</i> | 12% |
| <i>At work</i> | 9% | <i>In your cell</i> | 7% |
| <i>During Movement</i> | 7% | <i>At religious services</i> | 1% |
| <i>At education</i> | 6% | | |

- Q5.4 Have you been victimised by another prisoner or group of prisoners here?**
 Yes..... 28%
 No..... 72%
- Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)**
- | | | | |
|---|-----|--|----|
| <i>Insulting remarks (about you or your family or friends).....</i> | 18% | <i>Because you were new here.....</i> | 5% |
| <i>Physical abuse (being hit, kicked or assaulted).....</i> | 7% | <i>Because of your sexuality.....</i> | 1% |
| <i>Sexual abuse.....</i> | 1% | <i>Because you have a disability.....</i> | 3% |
| <i>Because of your race or ethnic origin.....</i> | 2% | <i>Because of your religion/religious beliefs.....</i> | 1% |
| <i>Because of drugs.....</i> | 3% | <i>Being from a different part of the country than others.....</i> | 8% |
| <i>Having your canteen/property taken.....</i> | 5% | <i>Because of your offence/ crime.....</i> | 7% |
- Q5.6 Have you been victimised by a member of staff or group of staff here?**
 Yes..... 30%
 No..... 70%
- Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)**
- | | | | |
|---|-----|--|-----|
| <i>Insulting remarks (about you or your family or friends).....</i> | 15% | <i>Because of your sexuality.....</i> | 1% |
| <i>Physical abuse (being hit, kicked or assaulted).....</i> | 4% | <i>Because you have a disability.....</i> | 2% |
| <i>Sexual abuse.....</i> | 1% | <i>Because of your religion/religious beliefs.....</i> | 3% |
| <i>Because of your race or ethnic origin.....</i> | 3% | <i>Being from a different part of the country than others.....</i> | 2% |
| <i>Because of drugs.....</i> | 5% | <i>Because of your offence/ crime.....</i> | 11% |
| <i>Because you were new here.....</i> | 8% | | |
- Q5.8 If you have been victimised by prisoners or staff, did you report it?**
Not been victimised..... 54%
 Yes..... 17%
 No..... 29%
- Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**
 Yes..... 32%
 No..... 68%
- Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**
 Yes..... 28%
 No..... 72%

Q5.11 Is it easy or difficult to get illegal drugs in this prison?

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
13%	18%	2%	3%	4%	60%

Section 6: Health services

Q6.1 How easy or difficult is it to see the following people:

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	12%	2%	20%	20%	35%	12%
The nurse	13%	9%	47%	13%	16%	3%
The dentist	12%	0%	8%	3%	27%	50%
The optician	24%	1%	24%	11%	24%	16%

Q6.2 Are you able to see a pharmacist?

Yes.....	50%
No.....	50%

Q6.3 What do you think of the quality of the health service from the following people:

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	18%	2%	27%	18%	20%	16%
The nurse	18%	10%	41%	14%	9%	9%
The dentist	37%	5%	9%	19%	12%	18%
The optician	35%	7%	25%	14%	10%	8%

Q6.4 What do you think of the overall quality of the health services here?

<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
12%	3%	27%	17%	24%	18%

Q6.5 Are you currently taking medication?

Yes.....	51%
No.....	49%

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

<i>Not taking medication</i>	50%
Yes.....	47%
No.....	4%

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

Yes.....	26%
No.....	74%

Q6.8 Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply)

<i>Do not have any issues / Not receiving any help</i>	87%
<i>Doctor</i>	3%
<i>Nurse</i>	3%
<i>Psychiatrist</i>	4%
<i>Mental Health In Reach team</i>	9%

Counsellor..... 2%
 Other..... 4%

Q6.9 Did you have a problem with either of the following when you came into this prison?

	Yes	No
Drugs	26%	74%
Alcohol	22%	78%

Q6.10 Have you developed a problem with either of the following since you have been in this prison?

	Yes	No
Drugs	9%	91%
Alcohol	1%	99%

Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?

Yes..... 29%
 No..... 7%
Did not / do not have a drug or alcohol problem 64%

Q6.12 Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?

Yes..... 27%
 No..... 9%
Did not / do not have a drug or alcohol problem 64%

Q6.13 Was the intervention or help you received, whilst in this prison, helpful?

Yes..... 20%
 No..... 10%
Did not have a problem/Have not received help..... 71%

Q6.14 Do you think you will have a problem with either of the following when you leave this prison?

	Yes	No	Don't know
Drugs	10%	81%	9%
Alcohol	9%	83%	8%

Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?

Yes..... 13%
 No..... 12%
 N/A..... 75%

Section 7: Purposeful Activity

Q7.1 Are you currently involved in any of the following activities? (Please tick all that apply)

Prison job 75%
 Vocational or skills training 20%

Education (including basic skills).....	37%
Offending behaviour programmes	23%
Not involved in any of these	10%

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

	Not been involved	Yes	No	Don't know
Prison job	15%	40%	42%	3%
Vocational or skills training	24%	48%	21%	6%
Education (including basic skills)	17%	57%	17%	9%
Offending behaviour programmes	24%	44%	24%	8%

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

Don't want to go	8%
Never.....	15%
Less than once a week.....	16%
About once a week.....	54%
More than once a week.....	4%
Don't know.....	4%

Q7.4 On average how many times do you go to the gym each week?

Don't want to go	0	1	2	3 to 5	More than 5	Don't know
26%	28%	7%	15%	22%	0%	2%

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

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
17%	8%	24%	22%	29%	0%

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

Less than 2 hours.....	13%
2 to less than 4 hours.....	9%
4 to less than 6 hours.....	19%
6 to less than 8 hours.....	26%
8 to less than 10 hours.....	17%
10 hours or more.....	14%
Don't know.....	3%

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

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
5%	1%	1%	9%	83%	2%

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

Do not go on association	5%
Never.....	22%
Rarely.....	36%
Some of the time.....	19%
Most of the time.....	15%
All of the time.....	3%

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?					
	<i>Still have not met him/her</i>					25%
	<i>In the first week</i>					26%
	<i>More than a week</i>					36%
	<i>Don't remember</i>					13%
Q8.2	How helpful do you think your personal officer is?					
	<i>Do not have a personal officer</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	25%	17%	26%	12%	12%	9%
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>					0%
	<i>Yes</i>					69%
	<i>No</i>					31%
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>					30%
	<i>Very involved</i>					13%
	<i>Involved</i>					20%
	<i>Neither</i>					5%
	<i>Not very involved</i>					10%
	<i>Not at all involved</i>					23%
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?					
	<i>Do not have a sentence plan/OASys</i>					31%
	<i>Yes</i>					41%
	<i>No</i>					28%
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?					
	<i>Do not have a sentence plan/OASys</i>					32%
	<i>Yes</i>					29%
	<i>No</i>					40%
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?					
	<i>Not sentenced</i>					0%
	<i>Yes</i>					36%
	<i>No</i>					64%
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	<i>Yes</i>					18%
	<i>No</i>					82%
Q8.9	Have you had any problems with sending or receiving mail?					
	<i>Yes</i>					42%
	<i>No</i>					53%
	<i>Don't know</i>					5%

- Q8.10 Have you had any problems getting access to the telephones?**
 Yes..... 19%
 No..... 80%
 Don't know..... 1%
- Q8.11 Did you have a visit in the first week that you were here?**
Not been here a week yet..... 3%
 Yes..... 20%
 No..... 70%
 Don't remember..... 7%
- Q8.12 Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)**
Don't know what my entitlement is..... 16%
 Yes..... 71%
 No..... 13%
- Q8.13 How many visits did you receive in the last week?**
- | <i>Not been in a week</i> | <i>0</i> | <i>1 to 2</i> | <i>3 to 4</i> | <i>5 or more</i> |
|---------------------------|----------|---------------|---------------|------------------|
| 3% | 71% | 23% | 2% | 0% |
- Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?**
 Yes..... 38%
 No..... 62%
- Q8.15 Do you know who to contact to get help with the following within this prison: (please tick all that apply)**
- | | |
|---|---|
| <i>Don't know who to contact</i> 34% | <i>Help with your finances in preparation for release</i> 19% |
| <i>Maintaining good relationships</i> 14% | <i>Claiming benefits on release</i> 43% |
| <i>Avoiding bad relationships</i> 11% | <i>Arranging a place at college/continuing education on release</i> 17% |
| <i>Finding a job on release</i> 30% | <i>Continuity of health services on release</i> 19% |
| <i>Finding accommodation on release</i> 45% | <i>Opening a bank account</i> 29% |
- Q8.16 Do you think you will have a problem with any of the following on release from prison? (please tick all that apply)**
- | | |
|---|---|
| <i>No problems</i> 36% | <i>Help with your finances in preparation for release</i> 26% |
| <i>Maintaining good relationships</i> 15% | <i>Claiming benefits on release</i> 37% |
| <i>Avoiding bad relationships</i> 13% | <i>Arranging a place at college/continuing education on release</i> 19% |

<i>Finding a job on release</i>	43%	<i>Continuity of health services on release</i>	24%
<i>Finding accommodation on release</i>	40%	<i>Opening a bank account</i>	28%

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

<i>Not sentenced</i>	0%
Yes	62%
No	38%

Thank you for completing this survey



Prisoner Survey Responses HMP Wymott 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

		HMP Wymott	prisons comparator
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		104	3776
SECTION 1: General Information			
2	Are you under 21 years of age?	1%	1%
3a	Are you sentenced?	100%	100%
3b	Are you on recall?	12%	8%
4a	Is your sentence less than 12 months?	1%	8%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	7%	1%
5	Do you have six months or less to serve?	30%	37%
6	Have you been in this prison less than a month?	6%	7%
7	Are you a foreign national?	6%	15%
8	Is English your first language?	95%	88%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	11%	28%
10	Are you Muslim?	6%	12%
11	Are you homosexual/gay or bisexual?	8%	5%
12	Do you consider yourself to have a disability?	19%	14%
13	Is this your first time in prison?	42%	34%
14	Have you been in more than 5 prisons this time?	11%	14%
15	Do you have any children under the age of 18?	45%	55%
SECTION 2: Transfers and Escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	51%	51%
1b	Was your personal safety during the journey good/very good?	56%	61%
1c	Was the comfort of the van good/very good?	12%	19%
1d	Was the attention paid to your health needs good/very good?	27%	33%
1e	Was the frequency of toilet breaks good/very good?	10%	14%
2	Did you spend more than four hours in the van?	8%	9%
3	Were you treated well/very well by the escort staff?	55%	69%
4a	Did you know where you were going when you left court or when transferred from another prison?	75%	82%
4b	Before you arrived here did you receive any written information about what would happen to you?	10%	17%
4c	When you first arrived here did your property arrive at the same time as you?	93%	87%

Key to tables

	Any percent highlighted in green is significantly better	HMP Wymott	prisons comparator
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	11%	11%
1c	Housing problems?	14%	25%
1d	Problems contacting employers?	13%	8%
1e	Problems contacting family?	44%	54%
1f	Problems ensuring dependants were looked after?	14%	9%
1g	Money problems?	16%	15%
1h	Problems of feeling depressed/suicidal?	52%	51%
1i	Health problems?	54%	74%
1j	Problems in needing protection from other prisoners?	26%	18%
1k	Problems accessing phone numbers?	33%	48%
2	When you first arrived:		
2a	Did you have any problems?	71%	57%
2b	Did you have any problems with loss of property?	15%	13%
2c	Did you have any housing problems?	23%	14%
2d	Did you have any problems contacting employers?	6%	3%
2e	Did you have any problems contacting family?	27%	19%
2f	Did you have any problems ensuring dependants were being looked after?	8%	5%
2g	Did you have any money worries?	20%	17%
2h	Did you have any problems with feeling depressed or suicidal?	18%	13%
2i	Did you have any health problems?	28%	16%
2j	Did you have any problems with needing protection from other prisoners?	10%	4%
2k	Did you have problems accessing phone numbers?	27%	20%
3a	Were you seen by a member of health services in reception?	90%	89%
3b	When you were searched in reception, was this carried out in a respectful way?	78%	73%
4	Were you treated well/very well in reception?	71%	71%
5	On your day of arrival, were offered any of the following information:		
5a	Information about what was going to happen to you?	47%	51%
5b	Information about what support was available for people feeling depressed or suicidal?	45%	44%
5c	Information about how to make routine requests?	36%	38%
5d	Information about your entitlement to visits?	37%	45%
5e	Information about health services?	47%	62%
5f	Information about the chaplaincy?	43%	54%

Key to tables

	Any percent highlighted in green is significantly better	HMP Wymott	prisons comparator
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	87%	79%
6b	The opportunity to have a shower?	24%	43%
6c	The opportunity to make a free telephone call?	64%	48%
6d	Something to eat?	68%	77%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	31%	52%
7b	Someone from health services?	67%	73%
7c	A listener/Samaritans?	9%	34%
8	Did you have access to the prison shop/canteen within the first 24 hours?	18%	27%
9	Did you feel safe on your first night here?	72%	85%
10	Have you been on an induction course?	88%	93%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	63%	63%
SECTION 4: Legal Rights and Respectful Custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	48%	49%
1b	Attend legal visits?	57%	55%
1c	Obtain bail information?	14%	20%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	44%	41%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	61%	62%
3b	Are you normally able to have a shower every day?	97%	92%
3c	Do you normally receive clean sheets every week?	91%	83%
3d	Do you normally get cell cleaning materials every week?	60%	76%
3e	Is your cell call bell normally answered within five minutes?	25%	42%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	74%	70%
3g	Can you normally get your stored property, if you need to?	24%	31%
4	Is the food in this prison good/very good?	39%	32%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	63%	48%
6a	Is it easy/very easy to get a complaints form?	76%	86%
6b	Is it easy/very easy to get an application form?	86%	90%
7	Have you made an application?	93%	83%

Key to tables

	Any percent highlighted in green is significantly better	HMP Wymott	prisons comparator
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	Percentages which are not highlighted show there is no significant difference		
SECTION 4: Legal Rights and Respectful Custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	57%	58%
8b	Do you feel applications are dealt with promptly? (within 7 days)	45%	54%
9	Have you made a complaint?	40%	58%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	35%	36%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	36%	39%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	12%	24%
10c	Were you given information about how to make an appeal?	21%	33%
12	Is it easy/very easy to see the Independent Monitoring Board?	33%	41%
13a	Do you feel your religious beliefs are respected?	64%	55%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	61%	59%
14	Are you able to speak to a Listener at any time, if you want to?	69%	65%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	74%	72%
15b	Do most staff, in this prison, treat you with respect?	62%	75%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	36%	28%
2	Do you feel unsafe in this prison at the moment?	9%	16%
4	Have you been victimised by another prisoner?	28%	19%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	17%	10%
5b	Hit, kicked or assaulted you?	7%	5%
5c	Sexually abused you?	1%	1%
5d	Victimised you because of your race or ethnic origin?	2%	4%
5e	Victimised you because of drugs?	3%	2%
5f	Taken your canteen/property?	4%	3%
5g	Victimised you because you were new here?	5%	4%
5h	Victimised you because of your sexuality?	1%	1%
5i	Victimised you because you have a disability?	3%	1%
5j	Victimised you because of your religion/religious beliefs?	1%	3%
5k	Victimised you because you were from a different part of the country?	8%	4%
5l	Victimised you because of your offence/crime?	7%	0%

Key to tables

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	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	30%	20%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	16%	10%
7b	Hit, kicked or assaulted you?	4%	2%
7c	Sexually abused you?	1%	1%
7d	Victimised you because of your race or ethnic origin?	3%	4%
7e	Victimised you because of drugs?	5%	3%
7f	Victimised you because you were new here?	8%	4%
7g	Victimised you because of your sexuality?	1%	1%
7h	Victimised you because you have a disability?	2%	2%
7i	Victimised you because of your religion/religious beliefs?	3%	3%
7j	Victimised you because you were from a different part of the country?	2%	4%
7k	Victimised you because of your offence/crime?	11%	3%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	38%	38%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	32%	22%
10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	17%
11	Is it easy/very easy to get illegal drugs in this prison?	31%	31%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	22%	42%
1b	Is it easy/very easy to see the nurse?	55%	66%
1c	Is it easy/very easy to see the dentist?	8%	19%
1d	Is it easy/very easy to see the optician?	25%	18%
2	Are you able to see a pharmacist?	50%	52%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	35%	53%
3b	The nurse?	62%	67%
3c	The dentist?	23%	46%
3d	The optician?	50%	50%
4	The overall quality of health services?	34%	49%

Key to tables

	Any percent highlighted in green is significantly better	HMP Wymott	prisons comparator
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	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Healthcare continued			
5	Are you currently taking medication?	51%	41%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	92%	91%
7	Do you feel you have any emotional well being/mental health issues?	27%	25%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	46%	0%
8b	A doctor?	13%	46%
8c	A nurse?	13%	33%
8d	A psychiatrist?	17%	22%
8e	The Mental Health In-Reach Team?	38%	38%
8f	A counsellor?	9%	15%
9a	Did you have a drug problem when you came into this prison?	26%	13%
9b	Did you have an alcohol problem when you came into this prison?	22%	5%
10a	Have you developed a drug problem since you have been in this prison?	9%	12%
10b	Have you developed an alcohol problem since you have been in this prison?	1%	2%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	81%	82%
12	Have you received any help or intervention whilst in this prison?	76%	70%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	67%	67%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	19%	23%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	17%	17%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	52%	52%
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	75%	49%
1b	Vocational or skills training?	20%	25%
1c	Education (including basic skills)?	37%	53%
1d	Offending Behaviour Programmes?	23%	14%

Key to tables

	Any percent highlighted in green is significantly better	HMP Wymott	prisons comparator
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Purposeful Activity continued			
2ai	Have you had a job whilst in prison?	85%	85%
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	47%	43%
2bi	Have you been involved in vocational or skills training whilst in prison?	76%	72%
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	64%	55%
2ci	Have you been involved in education whilst in prison?	83%	80%
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	69%	62%
2di	Have you been involved in offending behaviour programmes whilst in prison?	76%	69%
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	58%	52%
3	Do you go to the library at least once a week?	58%	47%
4	On average, do you go to the gym at least twice a week?	36%	56%
5	On average, do you go outside for exercise three or more times a week?	51%	49%
6	On average, do you spend ten or more hours out of your cell on a weekday?	14%	18%
7	On average, do you go on association more than five times each week?	83%	74%
8	Do staff normally speak to you most of the time/all of the time during association?	18%	19%
SECTION 8: Resettlement			
1	Do you have a personal officer?	76%	71%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	57%	65%
For those who are sentenced:			
3	Do you have a sentence plan?	69%	59%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	47%	65%
5	Can you achieve some/all of you sentence plan targets in this prison?	59%	68%
6	Are there plans for you to achieve some/all your targets in another prison?	42%	35%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	36%	29%
8	Do you feel that any member of staff has helped you to prepare for release?	18%	16%
9	Have you had any problems with sending or receiving mail?	42%	37%
10	Have you had any problems getting access to the telephones?	19%	21%
11	Did you have a visit in the first week that you were here?	20%	25%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	71%	69%

Key to tables

	Any percent highlighted in green is significantly better	HMP Wymott	prisons comparator
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	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Resettlement continued			
13	Did you receive one or more visits in the last week?	26%	30%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	38%	45%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	14%	20%
15c	Avoiding bad relationships?	11%	14%
15d	Finding a job on release?	30%	52%
15e	Finding accommodation on release?	45%	51%
15f	With money/finances on release?	19%	39%
15g	Claiming benefits on release?	43%	50%
15h	Arranging a place at college/continuing education on release?	17%	40%
15i	Accessing health services on release?	19%	44%
15j	Opening a bank account on release?	29%	35%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	15%	21%
16c	Avoiding bad relationships?	13%	16%
16d	Finding a job?	43%	45%
16e	Finding accommodation?	40%	43%
16f	Money/finances?	26%	49%
16g	Claiming benefits?	37%	32%
16h	Arranging a place at college/continuing education?	19%	30%
16i	Accessing health services?	24%	22%
16j	Opening a bank account?	28%	40%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	62%	57%



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

		BME prisoners	White prisoners
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		11	93
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	33%	3%
1.8	Is English your first language?	50%	100%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.		
1.10	Are you Muslim?	36%	2%
1.13	Is this your first time in prison?	64%	40%
2.3	Were you treated well/very well by the escort staff?	55%	55%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	73%	75%
3.2a	Did you have any problems when you first arrived?	100%	68%
3.3a	Were you seen by a member of healthcare staff in reception?	91%	90%
3.3b	When you were searched in reception, was this carried out in a respectful way?	55%	80%
3.4	Were you treated well/very well in reception?	73%	71%
3.9	Did you feel safe on your first night here?	55%	73%
3.10	Have you been on an induction course?	82%	89%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	55%	47%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	55%	62%

Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3b	Are you normally able to have a shower every day?	100%	97%

Key to tables

Diversity Analysis

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3e	Is your cell call bell normally answered within five minutes?	40%	23%
4.4	Is the food in this prison good/very good?	27%	40%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	55%	64%
4.6a	Is it easy/very easy to get a complaints form?	55%	79%
4.6b	Is it easy/very easy to get an application form?	80%	87%
4.9	Have you made a complaint?	55%	38%
4.13a	Do you feel your religious beliefs are respected?	45%	66%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	60%	62%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	50%	77%
4.15b	Do most staff, in this prison, treat you with respect?	80%	60%
5.1	Have you ever felt unsafe in this prison?	55%	34%
5.2	Do you feel unsafe in this prison at the moment?	0%	10%
5.4	Have you been victimised by another prisoner?	18%	29%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
5.6	Have you been victimised by a member of staff?	36%	29%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	27%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	18%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	18%	34%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	36%	27%

Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.11	Is it easy/very easy to get illegal drugs in this prison?	10%	33%
6.1a	Is it easy/very easy to see the doctor?	18%	22%
6.1b	Is it easy/ very easy to see the nurse?	55%	55%
6.7	Do you feel you have any emotional well being/mental health issues?	10%	28%
7.1a	Are you currently working in the prison?	73%	75%
7.1b	Are you currently undertaking vocational or skills training?	27%	19%
7.1c	Are you currently in education (including basic skills)?	55%	35%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	9%	24%
7.3	Do you go to the library at least once a week?	55%	59%
7.4	On average, do you go to the gym at least twice a week?	70%	33%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	9%	14%
7.7	On average, do you go on association more than five times each week?	82%	83%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	0%	20%
8.1	Do you have a personal officer?	82%	75%
8.9	Have you had any problems sending or receiving mail?	64%	39%
8.10	Have you had any problems getting access to the telephones?	27%	18%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	55%	73%



Key questions (Disability Analysis) HMP Wymott 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	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		20	84
1.9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	10%	11%
2.1d	On the most recent journey you have made either to or from court or between prisons, how was the attention paid to your health needs? (good/very good)	17%	30%
2.3	Were you treated well/very well by the escort staff?	47%	57%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	40%	83%
3.1d	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	45%	44%
3.1g	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	45%	53%
3.1h	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	40%	57%
3.2a	Did you have any problems when you first arrived?	90%	66%
3.4	Were you treated well/very well in reception?	75%	70%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	58%	70%
3.9	Did you feel safe on your first night here?	53%	76%
3.10	Have you been on an induction course?	84%	89%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	74%	59%
4.3b	Are you normally able to have a shower every day?	100%	96%
4.3e	Is your cell call bell normally answered within five minutes?	11%	28%
3.6a	Is it easy/very easy to get a complaints form?	80%	75%
3.6b	Is it easy/very easy to get an application form?	89%	86%

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.9	Have you made a complaint?	50%	37%
3.14	Are you able to speak to a Listener at any time, if you want to?	70%	69%
3.15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	50%	80%
3.15b	Do most staff, in this prison, treat you with respect?	45%	66%
5.1	Have you ever felt unsafe in this prison?	50%	33%
5.2	Do you feel unsafe in this prison at the moment?	25%	5%
5.4	Have you been victimised by another prisoner?	37%	26%
5.6	Have you been victimised by a member of staff?	35%	29%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	34%	32%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	34%	27%
6.1a	Is it easy/very easy to see the doctor?	15%	24%
6.1b	Is it easy/very easy to see the nurse?	59%	55%
6.2	Are you able to see a pharmacist?	47%	51%
6.5	Are you currently taking medication?	85%	43%
6.7	Do you feel you have any emotional well being/mental health problems?	50%	21%
7.1a	Are you currently working in the prison?	58%	78%
7.1b	Are you currently undertaking vocational or skills training?	0%	24%
7.1c	Are you currently in education (including basic skills)?	32%	39%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	5%	27%
7.3	Do you go to the library at least once a week?	35%	64%

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
7.4	On average, do you go to the gym at least twice a week?	15%	42%
7.5	On average, do you go outside for exercise three or more times a week?	25%	58%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	5%	16%
7.7	On average, do you go on association more than five times each week?	65%	87%
7.8	Do staff normally speak to you most of the time/all of the time during association time?	20%	17%
8.1	Do you have a personal officer?	70%	77%
8.9	Have you had any problems with sending or receiving mail?	45%	41%
8.10	Have you had any problems getting access to the telephones?	20%	19%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	70%	72%



HMP Wymott 2008: VP vs Non-VP wings

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

		VP wings	Non-VP wings
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		53	51
SECTION 1: General Information			
2	Are you under 21 years of age?	2%	0%
3a	Are you sentenced?	100%	100%
3b	Are you on recall?	13%	10%
4a	Is your sentence less than 12 months?	0%	2%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	10%	4%
5	Do you have six months or less to serve?	24%	35%
6	Have you been in this prison less than a month?	0%	12%
7	Are you a foreign national?	10%	2%
8	Is English your first language?	92%	98%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	9%	12%
10	Are you Muslim?	8%	4%
11	Are you homosexual/gay or bisexual?	6%	10%
12	Do you consider yourself to have a disability?	21%	18%
13	Is this your first time in prison?	50%	33%
14	Have you been in more than 5 prisons this time?	6%	16%
15	Do you have any children under the age of 18?	32%	59%
SECTION 2: Transfers and Escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	47%	55%
1b	Was your personal safety during the journey good/very good?	52%	60%
1c	Was the comfort of the van good/very good?	13%	12%
1d	Was the attention paid to your health needs good/very good?	27%	28%
1e	Was the frequency of toilet breaks good/very good?	8%	12%
2	Did you spend more than four hours in the van?	8%	8%
3	Were you treated well/very well by the escort staff?	53%	57%
4a	Did you know where you were going when you left court or when transferred from another prison?	73%	77%
4b	Before you arrived here did you receive any written information about what would happen to you?	8%	12%
4c	When you first arrived here did your property arrive at the same time as you?	92%	94%

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SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	10%	11%
1c	Housing problems?	10%	17%
1d	Problems contacting employers?	17%	9%
1e	Problems contacting family?	42%	47%
1f	Problems ensuring dependants were looked after?	13%	15%
1g	Money problems?	17%	15%
1h	Problems of feeling depressed/suicidal?	48%	55%
1i	Health problems?	48%	60%
1j	Problems in needing protection from other prisoners?	25%	28%
1k	Problems accessing phone numbers?	23%	43%
2	When you first arrived:		
2a	Did you have any problems?	63%	82%
2b	Did you have any problems with loss of property?	13%	18%
2c	Did you have any housing problems?	10%	38%
2d	Did you have any problems contacting employers?	6%	5%
2e	Did you have any problems contacting family?	29%	23%
2f	Did you have any problems ensuring dependants were being looked after?	10%	5%
2g	Did you have any money worries?	17%	23%
2h	Did you have any problems with feeling depressed or suicidal?	19%	18%
2i	Did you have any health problems?	23%	33%
2j	Did you have any problems with needing protection from other prisoners?	10%	10%
2k	Did you have problems accessing phone numbers?	29%	23%
3a	Were you seen by a member of health services in reception?	88%	92%
3b	When you were searched in reception, was this carried out in a respectful way?	79%	77%
4	Were you treated well/very well in reception?	77%	65%
5	On your day of arrival, were offered any of the following information:		
5a	Information about what was going to happen to you?	48%	46%
5b	Information about what support was available for people feeling depressed or suicidal?	50%	40%
5c	Information about how to make routine requests?	42%	29%
5d	Information about your entitlement to visits?	39%	35%
5e	Information about health services?	46%	48%
5f	Information about the chaplaincy?	42%	44%

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SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	88%	86%
6b	The opportunity to have a shower?	20%	28%
6c	The opportunity to make a free telephone call?	61%	68%
6d	Something to eat?	67%	70%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	22%	40%
7b	Someone from health services?	67%	68%
7c	A listener/Samaritans?	12%	6%
8	Did you have access to the prison shop/canteen within the first 24 hours?	18%	18%
9	Did you feel safe on your first night here?	65%	79%
10	Have you been on an induction course?	96%	80%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	61%	65%
SECTION 4: Legal Rights and Respectful Custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	49%	47%
1b	Attend legal visits?	60%	52%
1c	Obtain bail information?	15%	13%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	45%	43%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	67%	56%
3b	Are you normally able to have a shower every day?	98%	96%
3c	Do you normally receive clean sheets every week?	96%	86%
3d	Do you normally get cell cleaning materials every week?	69%	52%
3e	Is your cell call bell normally answered within five minutes?	30%	20%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	80%	67%
3g	Can you normally get your stored property, if you need to?	33%	14%
4	Is the food in this prison good/very good?	42%	36%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	59%	67%
6a	Is it easy/very easy to get a complaints form?	74%	79%
6b	Is it easy/very easy to get an application form?	89%	83%
7	Have you made an application?	96%	90%

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SECTION 4: Legal Rights and Respectful Custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	60%	53%
8b	Do you feel applications are dealt with promptly? (within 7 days)	49%	41%
9	Have you made a complaint?	35%	45%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	47%	26%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	53%	23%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	11%	13%
10c	Were you given information about how to make an appeal?	22%	20%
12	Is it easy/very easy to see the Independent Monitoring Board?	36%	31%
13a	Do you feel your religious beliefs are respected?	69%	59%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	62%	61%
14	Are you able to speak to a Listener at any time, if you want to?	77%	61%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	82%	66%
15b	Do most staff, in this prison, treat you with respect?	65%	58%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	39%	33%
2	Do you feel unsafe in this prison at the moment?	4%	14%
4	Have you been victimised by another prisoner?	30%	26%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	20%	14%
5b	Hit, kicked or assaulted you?	12%	2%
5c	Sexually abused you?	0%	2%
5d	Victimised you because of your race or ethnic origin?	2%	2%
5e	Victimised you because of drugs?	0%	6%
5f	Taken your canteen/property?	2%	6%
5g	Victimised you because you were new here?	4%	6%
5h	Victimised you because of your sexuality?	2%	0%
5i	Victimised you because you have a disability?	0%	6%
5j	Victimised you because of your religion/religious beliefs?	2%	0%
5k	Victimised you because you were from a different part of the country?	6%	10%
5l	Victimised you because of your offence/crime?	12%	2%

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SECTION 5: Safety continued

6	Have you been victimised by a member of staff?	31%	29%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	21%	10%
7b	Hit, kicked or assaulted you?	2%	6%
7c	Sexually abused you?	0%	2%
7d	Victimised you because of your race or ethnic origin?	2%	4%
7e	Victimised you because of drugs?	2%	8%
7f	Victimised you because you were new here?	8%	8%
7g	Victimised you because of your sexuality?	2%	0%
7h	Victimised you because you have a disability?	2%	2%
7i	Victimised you because of your religion/religious beliefs?	2%	4%
7j	Victimised you because you were from a different part of the country?	0%	4%
7k	Victimised you because of your offence/crime?	17%	4%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	25%	52%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	29%	35%
10	Have you ever felt threatened or intimidated by a member of staff in here?	27%	29%
11	Is it easy/very easy to get illegal drugs in this prison?	16%	45%

SECTION 6: Healthcare

1a	Is it easy/very easy to see the doctor?	22%	22%
1b	Is it easy/very easy to see the nurse?	55%	55%
1c	Is it easy/very easy to see the dentist?	10%	6%
1d	Is it easy/very easy to see the optician?	30%	19%
2	Are you able to see a pharmacist?	47%	54%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	43%	26%
3b	The nurse?	67%	55%
3c	The dentist?	34%	10%
3d	The optician?	63%	34%
4	The overall quality of health services?	35%	32%

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Healthcare continued			
5	Are you currently taking medication?	48%	55%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	96%	89%
7	Do you feel you have any emotional well being/mental health issues?	17%	36%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	38%	50%
8b	A doctor?	25%	6%
8c	A nurse?	12%	13%
8d	A psychiatrist?	12%	19%
8e	The Mental Health In-Reach Team?	50%	31%
8f	A counsellor?	12%	6%
9a	Did you have a drug problem when you came into this prison?	14%	37%
9b	Did you have an alcohol problem when you came into this prison?	21%	23%
10a	Have you developed a drug problem since you have been in this prison?	4%	14%
10b	Have you developed an alcohol problem since you have been in this prison?	2%	0%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	79%	83%
12	Have you received any help or intervention whilst in this prison?	54%	87%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	60%	70%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	10%	28%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	10%	25%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	57%	50%
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	91%	58%
1b	Vocational or skills training?	27%	12%
1c	Education (including basic skills)?	50%	24%
1d	Offending Behaviour Programmes?	17%	28%

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Purposeful Activity continued			
2ai	Have you had a job whilst in prison?	96%	71%
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	46%	48%
2bi	Have you been involved in vocational or skills training whilst in prison?	81%	71%
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	65%	62%
2ci	Have you been involved in education whilst in prison?	88%	78%
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	70%	69%
2di	Have you been involved in offending behaviour programmes whilst in prison?	81%	71%
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	56%	60%
3	Do you go to the library at least once a week?	69%	47%
4	On average, do you go to the gym at least twice a week?	33%	39%
5	On average, do you go outside for exercise three or more times a week?	60%	43%
6	On average, do you spend ten or more hours out of your cell on a weekday?	19%	8%
7	On average, do you go on association more than five times each week?	81%	84%
8	Do staff normally speak to you most of the time/all of the time during association?	25%	10%
SECTION 8: Resettlement			
1	Do you have a personal officer?	92%	59%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	69%	38%
For those who are sentenced:			
3	Do you have a sentence plan?	72%	67%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	47%	45%
5	Can you achieve some/all of you sentence plan targets in this prison?	70%	49%
6	Are there plans for you to achieve some/all your targets in another prison?	41%	42%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	46%	26%
8	Do you feel that any member of staff has helped you to prepare for release?	20%	16%
9	Have you had any problems with sending or receiving mail?	42%	41%
10	Have you had any problems getting access to the telephones?	20%	18%
11	Did you have a visit in the first week that you were here?	24%	16%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	80%	63%

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Resettlement continued			
13	Did you receive one or more visits in the last week?	27%	24%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	40%	37%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	12%	18%
15c	Avoiding bad relationships?	14%	8%
15d	Finding a job on release?	35%	25%
15e	Finding accommodation on release?	49%	40%
15f	With money/finances on release?	26%	12%
15g	Claiming benefits on release?	47%	40%
15h	Arranging a place at college/continuing education on release?	19%	15%
15i	Accessing health services on release?	23%	15%
15j	Opening a bank account on release?	40%	18%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	12%	18%
16c	Avoiding bad relationships?	10%	16%
16d	Finding a job?	39%	48%
16e	Finding accommodation?	37%	43%
16f	Money/finances?	18%	36%
16g	Claiming benefits?	31%	43%
16h	Arranging a place at college/continuing education?	16%	23%
16i	Accessing health services?	26%	23%
16j	Opening a bank account?	24%	34%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	69%	54%