

Report on an unannounced inspection of

# **HMP Sudbury**

by HM Chief Inspector of Prisons

**21 October – 1 November 2013**

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# Introduction

HMP Sudbury is an open prison in Derbyshire that, at the time of this inspection, held 561 adult male category D prisoners. A third of the men were coming to the end of life sentences or indeterminate sentences for public protection. Most of the others were serving sentences of four years or more. The central task of the prison therefore was to prepare these men for release by addressing their practical resettlement needs and reducing the risk that they would reoffend. The prison was failing badly in this central task and this impacted on all areas of its work.

The prison had focused its resettlement efforts on providing work experience and opportunities for prisoners to re-familiarise themselves with life outside prison through release on temporary licence (ROTL). There had been 26,000 ROTL releases in the six months before the inspection, involving about 930 prisoners. However, there was very little attempt to link the experience that might be obtained through ROTL to the jobs that might be available to a prisoner in his home area. Furthermore, following a series of high profile ROTL failures in other prisons over the summer of 2013, procedures for granting ROTL had been rightly tightened up. Sudbury was simply unable to keep up with the extra work this involved and ROTL boards struggled to give proper attention to over 100 cases a week.

This reflected wider problems with offender management. Staff and managers gave the impression of being under siege from prisoners who were frustrated by their inability to get simple resettlement needs and queries addressed. The offender management unit had a low profile within the prison and some offender supervisors lacked adequate training. Offender supervisor caseloads were high and some told us they also felt overwhelmed and frustrated by their inability to have meaningful contact with the prisoners for whom they were responsible. Not surprisingly therefore, but of serious concern, public protection arrangements were not robust enough. Planning to meet prisoners' practical resettlement needs was also weak and relied heavily on the work of untrained prisoner orderlies without internet access.

In view of some prisoners' frustration, the prison did well to be a reasonably safe place. There were few violent incidents and little self-harm. Most discipline processes were conducted properly. However, more prisoners than in similar prisons told us they had not felt safe at some point during their stay and did not feel safe during the inspection, and more (particularly older prisoners) told us they had been victimised by other prisoners. In part, these concerns reflected feelings of insecurity created by the very low staffing levels. The well run security department was concerned about the availability of new psychoactive substances that were not detectable with current testing methods and the misuse of diverted medicines; these may have created some tensions.

More prisoners than in comparable prisons told us they had been victimised by staff and some told us they feared arbitrary return to closed conditions if, for instance, they made a complaint. These concerns were credible. The very poor segregation unit was mainly used as part of the process of re-categorisation and transfer. The justification to segregate and/or transfer in some of the cases we examined was inadequate and the explanation of 'security reasons' was flawed. The segregation unit itself was cold, dirty, poorly ventilated and with filthy toilets in the cells. The regime was poor and prisoners were denied even the most basic activities such as telephone calls or exercise. Stays, however, were short.

For most prisoners the environment was reasonable. The staff-prisoner interactions we observed were mixed but, aside from their frustrations about resettlement issues, most prisoners told us they had a member of staff they could go to for help if they could find them. Work on diversity issues was underdeveloped. There was little obvious evidence of unequal treatment but survey responses from Muslim and older prisoners were less favourable than those from the population as a whole and there was too little attempt to identify and address the needs of prisoners with protected characteristics. Health care had improved significantly since the last inspection but prisoners were

dissatisfied with health care overall. In part this reflected what was, in our view, a necessary tightening up of prescribing practice and restrictions on access to health care staff.

Prisoners had very good amounts of time out of their cells and there were enough activity places available inside and outside the prison to meet the needs of the population. The range of vocational training and the quality of education were good. However, there was a lack of an overall strategy to link these opportunities to resettlement objectives.

Open prisons have an important part to play in the prison estate as a whole and in delivering rehabilitation objectives. The weaknesses we identified at HMP Sudbury reflect the fact that its resources are very stretched and the demands and challenges in managing this population have been underestimated. Some of this requires reconsideration at a national level but this report identifies much that the prison can and should do itself.

**Nick Hardwick**  
HM Chief Inspector of Prisons

March 2014

# Fact page

**Task of the establishment**

HMP Sudbury is a category D male adult prison.

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

Public

**Region/Department**

East Midlands

**Number held**

561

**Certified normal accommodation**

581

**Operational capacity**

581

**Date of last full inspection**

12–16 April 2010

**Brief history**

Built as a hospital for the US Air Force for the D-Day landings, HMP Sudbury was converted to a prison in 1948. Most of the original single-storey accommodation is still in use but has been converted to double or single rooms. Newer single-storey buildings accommodate prisoners in either single or two-man rooms. A modular temporary unit, containing 40 single rooms on two floors, was installed in 2003.

**Short description of residential units**

The wings are a combination of 14 single-storey wartime dormitories (East and West 1–7), partitioned into single and double rooms; four newer single-storey buildings (PI–4); and the two-storey mobile temporary unit.

**Name of governor/director**

Paul Yates

**Escort contractor**

GeoAmey

**Health service provider**

Derbyshire Health United

Derbyshire Community Health Services – dental provider

**Learning and skills providers**

Milton Keynes College

**Independent Monitoring Board chair**

Nanda Savage





# About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

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

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- **outcomes for prisoners are good.**  
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**  
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**  
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**  
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

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

## This report

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

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<sup>1</sup> The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

# Summary

## Safety

**S1** *Reception and induction processes had improved but there was scope for further improvement. There were few violent incidents but more prisoners than in comparable establishments reported intimidation by other prisoners and staff. The management of prisoners at risk of self-harm was mostly good. A Listener scheme had been introduced and operated well. Security arrangements were proportionate and well implemented, with effective drug supply reduction measures. Adjudication procedures were good. The level of use of force was low but higher than at comparable prisons. Segregation was used indiscriminately, without proper oversight. Substance misuse services were good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

**S2** *At the last inspection in 2010 we found that outcomes for prisoners in Sudbury were reasonably good against this healthy prison test. We made 40 recommendations in the area of safety. At this follow-up inspection we found that 18 of the recommendations had been achieved, three had been partially achieved, 18 had not been achieved (including one main recommendation) and one was no longer relevant.*

**S3** Transfer arrangements were mostly satisfactory but few prisoners had received information about the establishment before their arrival. Reception closed at lunchtime, so prisoners arriving at this time had to wait in vans outside the prison for long periods.

**S4** Reception facilities had improved and, despite negative survey results, we saw good treatment of new arrivals. Prisoner orderlies were involved in the reception process but had inappropriate access to confidential information. There was no private interview with a staff member on the first night. Fewer prisoners than at comparator prisons felt safe on their first night. There were more induction orderlies than at the time of the previous inspection but their role was underdeveloped. Induction had improved and started on the day after prisoners arrived.

**S5** More prisoners than at comparator establishments said that they had felt unsafe at the establishment. The lack of staff visibility around the prison contributed to prisoners' feelings of a lack of safety.

**S6** The number of violent incidents was low but higher than at comparator prisons. Incidents were investigated appropriately and some prisoners had been monitored informally, with action taken to address conflicts between prisoners, but there was no formal process for managing bullies and supporting victims.

**S7** There had been one act of serious self-harm, involving a ligature, in the previous six months and it had been responded to appropriately; however, staff did not carry anti-ligature knives. More assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had been opened in the previous six months than at comparator prisons, and ACCT procedures were generally good. A Listener scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) had been introduced and worked effectively. The prison did not have a safeguarding policy or any links with the local safeguarding adults board.

- S8 The security committee was well attended by representatives from key areas in the prison. There were strong links with the local police and good sharing of relevant information, but there was insufficient joint working with resettlement and public protection. Overall, there was a healthy flow of security-related information into the department and procedural security was proportionate.
- S9 The number of absconds and failures to return from temporary release had increased. The recently published strategy document to reduce absconds and release on temporary licence (ROTL) failure was coherent and based on the risk posed by identified trends and patterns.
- S10 Although random mandatory drug testing positive rates were low, undetectable substances (new psychoactive substances) were a serious problem. The prescribing of tradable medication was reviewed regularly and medicine in-possession rates were reasonable. Supply-reduction initiatives were appropriate. All prisoners who had tested positive for prescribed medication were suspended from ROTL, even if the positive test was consistent with the medication prescribed to them.
- S11 The incentives and earned privileges scheme was well publicised, prisoners were clear about its criteria for promotion and it appeared to be managed fairly. Most prisoners were on the enhanced level.
- S12 The number of formal adjudications was comparatively high but charges appeared appropriate. Hearings were conducted fairly and standardisation processes were good but there was little analysis of the range of cases.
- S13 The number of incidents involving the use of force was low but higher than at comparators establishments. Governance arrangements through the security committee were reasonable but the analysis of information to help to identify trends and patterns was weak.
- S14 The environment in the segregation unit was stark, with cold, dirty cells and filthy toilets. The regime was poor, lacking even basic access to exercise and a telephone. The use of segregation was more than twice as high as at comparator prisons. Many of those segregated were recategorised and transferred to other prisons without appropriate investigation or exploration of options for reintegration. Governance of segregation was poor and some prisoners had been segregated without proper authorisation or justification.
- S15 The clinical treatment of those with substance misuse issues was appropriate. Psychosocial interventions were of a high quality but one-to-one work with problem drug users had been withdrawn. Effective one-to-one sessions were delivered in alcohol services.

## Respect

- S16** *Residential units were old and worn but mostly clean. Other facilities were adequate. There were some disrespectful and unhelpful officers but most prisoners told us there were some helpful staff and there were good consultation procedures. The management of diversity was underdeveloped. The complaints system was adequate but too many prisoners did not have confidence in it. Health services had improved but governance in some areas was weak. **Outcomes for prisoners were reasonably good against this healthy prison test.***

*S17 At the last inspection in 2010 we found that outcomes for prisoners in Sudbury were reasonably good against this healthy prison test. We made 71 recommendations in the area of respect.<sup>2</sup> At this follow-up inspection we found that 29 of the recommendations had been achieved, 14 had been partially achieved, 25 had not been achieved (including one main recommendation) and three were no longer relevant.*

- S18 Although residential units were old and worn, most were kept clean. Prisoners did not have the facility to lock items away securely. Some shower areas were dirty, damp and mouldy. External areas were mostly tidy but some had a considerable amount of debris lying around. Laundry facilities were adequate and clothing provided was of reasonable quality. Prisoners had opportunities to retrieve their property every week. There was good access to applications but there was not a full tracking system. Mail and telephone access was good.
- S19 Many prisoners complained of disrespectful staff and we observed mixed interactions. The poor access to staff caused considerable frustration. In our survey prisoners reported more negatively than other open prisons about intimidation by staff and told us that they felt vulnerable to being unfairly returned to closed conditions. The monthly consultation meeting (chaired by a prisoner) addressed a wide range of issues. The case notes we looked at were generally poor, not updated sufficiently regularly and some showed a lack of regular managerial oversight. Most prisoners said that there were officers they could go to for help even if they were not readily accessible.
- S20 The equality policy covered all the protected characteristics but was not based on a needs analysis. Quarterly equality action team meetings, chaired by the governor, were attended by prisoners but no external representatives. Issues raised in discrimination incident report forms were low level but in most cases there was no evidence of formal feedback to complainants and there was no external scrutiny of quality. The member of staff allocated to equality work often did not have sufficient time to carry out the role. There were no forums for any minority groups, except for older prisoners.
- S21 Systematic monitoring and analysing of race equality tool (SMART) data for race was carried out and any issues identified were investigated, but there was no similar monitoring across the other protected characteristics. Black and minority ethnic prisoners reported little discrimination but Muslim prisoners were less positive than their non-Muslim counterparts in the areas of respect and safety. The prison was unaware of these issues and could not provide a ready explanation.
- S22 There was a foreign national prisoners policy but there was little specific support for them. Little information was available in languages other than English and there was little use of professional interpreting services, although there was little need for these for the current population.
- S23 There was a weekly meeting for older prisoners but no specific activities were provided for them. Individual adaptations were provided for those with disabilities but there was no paid carer scheme for less able prisoners. There was no promotion or support for gay and bisexual prisoners.
- S24 There was good faith provision from a small chaplaincy, and prisoners' religious beliefs were respected. Washing facilities for Muslim prayers were inadequate.

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

- S25 Complaints were generally responded to appropriately but not all responses were legible. Quality checking and feedback to staff were good. Few complaints were made against staff; many prisoners expressed a fear of repercussions if they made a complaint but this perception had not been addressed.
- S26 Legal visits lacked privacy, and fewer prisoners than at similar prisons said that they could attend them. No formal support was provided for legal services but prisoners generally had a solicitor when necessary.
- S27 The new health care facility was impressive. Overall, the health services provided had improved, although fewer prisoners than at comparator prisons were satisfied with them; this negativity was linked to a change in prescribing guidelines and less open access to health services. Staffing shortages had had an adverse impact on service delivery and development, and clinical governance remained weak. Staff interactions with prisoners were good. Waiting times for the GP and nurse clinics were short, but dental waiting times were too long. Some prisoners repeatedly had their hospital appointments cancelled because of a lack of escorts or on security grounds. Prisoners received their medication quickly and safely, but the supporting governance was inadequate.
- S28 Primary mental health services were too limited, but this was being addressed. Secondary mental health services were good.
- S29 Prisoners in our survey were negative about the quality of the food provided but more positive during the inspection, and we found a suitably varied menu. Portion sizes were adequate but breakfast packs were poor. Queues for food were not adequately controlled and prisoners complained of 'queue jumping'. Some prisoners returning late from work could not get a hot meal.
- S30 Prisoners from minority backgrounds reported more negatively than others about the range of goods available to purchase in the prison shop and there was limited consultation about the shop list.

## Purposeful activity

**S31** *Time out of cell was good. Learning and skills provision was suitably focused on developing vocational training but there was no coherent strategy to support resettlement. There were sufficient activity places in the prison and in the community, and the quality of provision was mostly good. Insufficient use was made of education courses, and opportunities to record achievement or provide qualifications in work were not fully utilised. Library and gym provision were mostly good.*  
**Outcomes for prisoners were reasonably good against this healthy prison test.**

S32 *At the last inspection in 2010 we found that outcomes for prisoners in Sudbury were reasonably good against this healthy prison test. We made 14 recommendations in the area of purposeful activity. At this follow-up inspection we found that five of the recommendations had been achieved, five had been partially achieved (including one main recommendation), and four had not been achieved.*

S33 Prisoners were unlocked all day and had excellent access to the prison grounds. There was a good association room but there were no association areas on the residential units.

S34 Strategic planning for the Offender Learning and Skills Service (OLASS) provision focused well on increasing the range of vocational training at the prison. However, education

provision had decreased slightly since the previous inspection. Successful work with local communities and national businesses had led to good opportunities for new work in the prison and the community. The prison did not have an overall strategy for learning and skills and work provision to ensure that it adequately supported prisoners' development in preparation for resettlement. The provision was not quality assured or evaluated effectively.

- S35 There were enough activity places in the prison but low numbers attended education classes. The allocation process required prisoners to develop independence in finding work activities in the prison but they were not sufficiently supported to ensure that the process was equitable. Opportunities to gain qualifications in some work activities had been lost.
- S36 The range of vocational training had increased and was mostly good. Teaching in education classes was good in most subjects but English and mathematics were not set in meaningful contexts, such as prisoners' work activities or their plans for employment on release.
- S37 The achievement of qualifications in vocational training and many of the education programmes was good but take-up of English and mathematics courses was low in comparison to the level of need identified. Prisoners employed in the prison and in the community did not receive constructive feedback on their development of employability skills.
- S38 The library was good and there was sufficient access for all prisoners. The staff provided good customer service, including information on travel arrangements for prisoners making home visits or travelling to work on ROTL.
- S39 There was a reasonable range of recreational PE, which included sessions for older prisoners. Provision for prisoners who worked full time or outside the prison on ROTL was adequate. Staff were highly qualified and experienced but vocational PE courses were no longer offered. The promotion of healthy living during induction was good and there were links with the health care department for prisoners who required remedial PE.

## Resettlement

**S40** *The strategic management of resettlement was poor. There was inadequate offender management and the department struggled to provide risk assessments for temporary release. There were weaknesses in public protection procedures. Provision for indeterminate-sentenced prisoners was underdeveloped. Reintegration planning was inadequate and there was poor provision of support for accommodation and financial needs. Support for prisoners to progress to education, employment or training on release was not well planned. Continuity of health care on release was well organised and substance misuse arrangements on release were mostly good. Visits facilities met the needs of prisoners and families. The facility for prisoners to attend programmes in the community had been lost. **Outcomes for prisoners were poor against this healthy prison test.***

**S41** *At the last inspection in 2010 we found that outcomes for prisoners in Sudbury were good against this healthy prison test. We made 17 recommendations in the area of resettlement. At this follow-up inspection we found that six of the recommendations had been achieved, three had been partially achieved (including one main recommendation), seven had not been achieved and one was no longer relevant.*

**S42** The strategic management of resettlement was poor and until recently the reducing reoffending committee had not met for two years. The new reducing reoffending strategy was inadequate and was not informed by a needs analysis. The range of resettlement

pathway services was limited and there was insufficient joint working between resettlement, offender management unit (OMU) and security staff, which hindered effective risk management. Some OMU staff lacked training in important areas of work, such as risk of harm and the management of indeterminate-sentenced prisoners (ISPs).

- S43 Prisoners' perceptions of the OMU and their access to it were negative and few felt helped to achieve targets. Offender supervisors' contact with prisoners had deteriorated considerably and they struggled to provide a proactive service. Little direction or oversight was given to offender supervisors about prioritisation of workloads and their recording was poor. Offender assessment system (OASys) assessments and multi-agency public protection arrangements (MAPPA) levels were not routinely reviewed on arrival or before ROTL, even for high risk of harm and ISP cases.
- S44 Most prisoners on home detention curfew were released on time but there were some avoidable delays in gaining approval. The ROTL board struggled with the high number of applications, and communication with prisoners about their applications was poor.
- S45 Not all eligible prisoners were considered by the public protection board and there was insufficient evidence that agreed actions had been taken. The quality of recent ROTL risk assessments had improved but still lacked adequate analysis.
- S46 There was no specific provision to help ISPs develop independent living skills and no formal consultation forum for them.
- S47 There was no initial assessment of resettlement needs, sentence plan reviews or custody planning on arrival and no assessment of need pre-discharge. With the exception of community workplace connections, there were few coordinated links with external agencies.
- S48 Support for accommodation problems was sparse. Orderlies signposted prisoners to housing agencies but cited a lack of internet access as a major barrier to making effective applications and there was no provision for immediate needs such as maintaining tenancies.
- S49 The National Careers Service provided good information and advice to those who attended interviews but it was understaffed. Activities to support prisoners' progression to employment, training and education on release were not well coordinated. A reasonable number worked out of the prison each day on ROTL but the work-related activities they attended were not always planned effectively to maximise their chances of work on release. The 'job club' did not operate to its full potential because of a lack of internet and telephone access and of prompt access to temporary release for attending job interviews.
- S50 Pre-release health care arrangements were effective and included appropriate liaison with community services. Discharge planning for prisoners with complex mental health needs started early to ensure continuity of care.
- S51 Good-quality pre-release group-work sessions were delivered by the substance misuse service to prisoners nearing release. There were links with drug intervention programme teams for prisoners who lived in Derbyshire but for prisoners from outside the area there were fewer opportunities for pre-release contact with community agency workers.
- S52 Prisoner orderlies provided a useful avenue to debt advice helplines but there was no other agency support, with the exception of benefits advice offered pre-release by Jobcentre Plus. A small number had completed a money management course. There was no direct facility for prisoners wishing to open bank accounts.



- S53 Visits provision and facilities were good. The Storybook Dads programme (in which prisoners record stories for their children) was well used. Regular family visits were available throughout the year.
- S54 There was limited provision of offending behaviour programmes. The facility to access accredited programmes in the community had been lost and the only provision was an accredited programme module and assessments delivered on an individual basis by the on-site area psychology team.

## Main concerns and recommendations

- S55 Concern: Too many prisoners were segregated, in extremely poor conditions and without proper assessment and authorisation. Reasons for segregation were not fully investigated and options for returning to normal conditions were not adequately explored in most cases.

**Recommendation: Prisoners should only be segregated when there are compelling reasons to do so. Segregation should be properly recorded and authorised following an assessment of suitability. Conditions and the regime in segregation should meet reasonable standards and reintegration should be carefully planned.**

- S56 Concern: The good provision of work in the community and on-site often did not lead to qualifications; the skills gained were not recorded or fed back to prisoners; and there was insufficient alignment of provision with assessed need and opportunities on release.

**Recommendation: Work done by prisoners on-site and in the community should be allocated to match their prospects of employment on release, opportunities to gain qualifications in work should be increased and all achievements of skills should be recorded and fed back.**

- S57 Concern: Offender management staff were overwhelmed and not delivering an effective service. Staff were not adequately trained, assessments were not reviewed on arrival at the prison and contact with prisoners was negligible, causing serious frustration. Poor planning of risk assessment processes lessened their effectiveness and timeliness.

**Recommendation: Assessment and planning for prisoners should be reviewed on their arrival at the prison and kept up to date. Offender supervisors should be more accessible and maintain regular contact with prisoners to ensure good communication and progression of the sentence plan.**

- S58 Concern: The prison did not meet its primary purpose to provide basic resettlement support in important areas and there was no coherent strategy to achieve it. The provision to assess and coordinate resettlement services, especially accommodation, finance, benefit and debt and offending behaviour work was poor.

**Recommendation: There should be an appropriate focus on meeting the resettlement needs of all prisoners. The needs of the population and of individuals should be assessed regularly. Effective services should be developed and should engage with those identified as requiring them at the appropriate time.**



# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

- 1.1** *In our survey, fewer prisoners than at similar prisons said that they had been offered a toilet break on the journey to the prison, and that escort vans had been clean, although the vehicles we saw were clean. More prisoners had been told where they were transferring to but few had been given information about the prison and some had been transferred at short notice. Some prisoners were handcuffed for transfer to the establishment.*
- 1.2** In our survey, just under half of prisoners said that they had travelled more than two hours to the establishment. The vans we inspected were clean but had graffiti on the ceilings and etched into the windows, and in our survey only 59%, against the 70% comparator, said that the van they had travelled in was clean.
- 1.3** Reception closed over the lunch period and we saw a van waiting outside this area for over an hour.
- 1.4** Few new arrivals had been given information about the prison and some had only been told about their move on the morning of their transfer. Some prisoners were handcuffed during their journey, which was inappropriate, given their category D status.

### Recommendations

- 1.5 Prisoners should not be kept on vehicles for long periods once the escort arrives at the prison.** (Repeated recommendation 1.6)
- 1.6 Prisoners should not be handcuffed on transfer to open conditions.** (Repeated recommendation 1.7)

### Housekeeping points

- 1.7** Escort vans should be clean and free from graffiti.
- 1.8** Written information should be provided to prisoners before transfer to Sudbury. (Repeated recommendation 1.8)

## Early days in custody

### Expected outcomes:

**Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made**

**aware of the prison routines, how to access available services and how to cope with imprisonment.**

**I.9** *The new reception building offered a much improved environment from the previous facility. Prisoners had mixed views about their treatment in reception. First night arrangements had been reviewed but were still underdeveloped. The induction process was satisfactory.*

**I.10** The new reception facility was an improvement on the previous reception area. In our survey, fewer prisoners than at comparator prisons said that staff had treated them well in reception. We saw reception staff being polite and friendly but some confidential matters were dealt with in the hearing of other prisoners. Cell sharing risk assessments were checked before allocation to accommodation.

**I.11** Strip-searching was not routine. The health care assessment took place in private.

**I.12** Prisoner orderlies, one of whom was a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners), took the lead in explaining compacts and completing various forms with new arrivals. One included a question about sexual orientation; it was inappropriate for this information to be available to another prisoner. There was no translated material readily available.

**I.13** The first night arrangements had been reviewed but still did not offer the range of support that some prisoners required. In our survey, fewer respondents than at comparator establishments said that they had felt safe on their first night (84% versus 92%). Some told us that they had been unsure about the rules of the prison and what was expected of them during their first few hours at the prison. There were more induction orderlies than at the time of the previous inspection; they were accessible to new arrivals but their role was underdeveloped. A useful first night briefing was delivered by the induction orderlies, in the presence of staff, but there was no routine first night interview with a member of staff unless a prisoner requested it. New arrivals told us that telephone calls had been facilitated and that they had been helped to put in early visits applications. Night staff were able to identify the new arrivals on the unit.

**I.14** Cells on the first night unit were reasonably clean and equipped. Showers were readily available but some prisoners we spoke to did not realise that this was the case. Most, but not all, prisoners arrived with their property. Reception smoker's packs were available but not offered routinely.

**I.15** Induction had improved; it started on the day after arrival and all prisoners completed it. The programme lasted a week and covered all relevant areas of the prison. Prisoners told us that it had been useful. Resettlement needs were not identified during induction. Prisoners were allocated to work as soon as induction was completed.

## Recommendations

**I.16** **All information should be provided in an appropriate range of languages.** (Repeated recommendation I.24)

**I.17** **Prisoners should be received by staff onto the induction wing, given appropriate information and interviewed privately to assess immediate needs, including reference to the cell sharing risk assessment.** (Repeated recommendation I.27)

## Housekeeping point

- I.18** Reception processes should ensure appropriate levels of confidentiality for prisoners.

## Bullying and violence reduction

### Expected outcomes:

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

**I.19** *In our survey, more prisoners than at comparator prisons reported feeling unsafe while at the establishment. The number of violent incidents was low but higher than elsewhere. Bullying incidents were investigated and actions taken to resolve conflicts but there was no formal monitoring of perpetrators or support for victims.*

- I.20** The violence reduction strategy was clear and known by staff. The number of violent incidents was low, at 11 fights and assaults in the previous six months, although higher than at comparator prisons. A monthly safer custody committee monitored the strategy. Meetings were generally well attended. There were appropriate links between safer custody and security staff to share information.
- I.21** All reported incidents of violence, intimidation or bullying were investigated by the custodial manager or violence reduction/safer custody lead member of staff. Investigations included interviews with the prisoners involved and the outcomes were logged.
- I.22** Bullying incidents were not considered separately to violent incidents at the safer custody meeting. There was no formal monitoring of suspected bullies or support for victims (see recommendation I.63); suspected perpetrators were highlighted by the violence reduction investigators as requiring more staff observation. Several cases of bullying or violence had resulted in changes of cell mate to resolve an issue, and one of the violence reduction investigators was also responsible for allocating prisoners to cells. In the previous six months, five prisoners had been transferred to other category D prisons to ensure their safety after being the victim of violence or bullying, and, when identified, some perpetrators had been returned to closed conditions.
- I.23** In our survey, more respondents than at comparator prisons said that they had felt unsafe at the establishment at some time (22% versus 15%). Prisoners told us that having fewer staff around than they had been used to in a closed prison contributed to their feeling unsafe. In our survey significantly more prisoners than in comparator establishments told us they had been threatened or intimidated by staff. Prisoners told us they could easily be unfairly returned to closed conditions as some staff had used the threat of such a transfer to intimidate them. Other than the prisoner council, there was no means of obtaining prisoners' views on safety.

## Recommendations

- I.24** **The prison should explore and address prisoner perceptions about safety.**

- I.25 The patterns and trends of bullying and intimidation in the establishment should be analysed and action taken to reduce its incidence.**

## Self-harm and suicide

### Expected outcomes:

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

**I.26** *There had been one serious self-harm incident in the previous six months and it had been responded to appropriately. The number of assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm documents opened was higher than at similar prisons, and the quality of these documents was good. An effective Listener scheme had been introduced.*

- I.27** There was clear, comprehensive guidance for staff on self-harm and suicide prevention. There had been no self-inflicted deaths since the previous inspection. The safer custody committee provided oversight of a continuous improvement action plan, as well as suicide and self-harm prevention procedures and data. Staff had been trained in safer custody procedures and attended refresher training every three years. Not all night staff had been trained in first-aid procedures.
- I.28** There had been just one act of self-harm in the previous six months, and staff had responded appropriately. The prisoner involved had been located in the segregation unit at the time and staff had maintained a constant watch, with his cell door open all night. However, although this incident had involved a ligature, staff did not carry anti-ligature knives.
- I.29** A total of 12 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had been opened in the previous six months. This was higher than the number at comparable establishments, with several opened because of staff concerns about prisoners' mood or behaviour rather than self-harm incidents or stated intention. There were no prisoners on open ACCTs during the inspection. The standard of ACCT documentation was mostly good and relevant to the prisoners' needs, with management checks taking place. Reviews and observations showed good interaction with prisoners, but some night observations were too predictable.
- I.30** An effective Listener scheme had been introduced since the previous inspection, and prisoners had 24-hour access to Listeners and to a Samaritans telephone. Both the Listener-coordinator prisoner and a Samaritans volunteer attended the monthly safer custody meetings.

### Recommendations

- I.31 Night staff should be appropriately trained in first-aid procedures.** (Repeated recommendation 3.23)
- I.32 All discipline staff should carry anti-ligature knives.**

## Housekeeping point

- I.33** Night observations for those under assessment, care in custody and teamwork (ACCT) procedures should not be predictable and repetitive.

## Safeguarding (protection of adults at risk)

### Expected outcomes:

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

- I.34** *There was no formal strategy for safeguarding adults.*

- I.35** The prison did not have a safeguarding policy covering adults in need of community care services by reason of mental or other disability or illness, and there was no training for unit staff in identifying and reporting safeguarding concerns. There were no formal links between the prison and the local authority safeguarding board to develop policy and identify the threshold at which formal adult protection protocols would be brought in. There were no protocols on action to be taken in the event of information indicating that an adult at risk may have been abused or injured while in prison custody.

## Recommendation

- I.36** **The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.**

## Security

### Expected outcomes:

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

- I.37** *The security committee was well constructed and monthly meetings were well attended. There were strong links with the local police and good sharing of relevant information about gang- and drug-related activity. There was a healthy flow of security-related information into the department and procedural security was proportionate. The recently published strategy document to reduce the number of absconds was coherent and based on the risk posed by identified trends and patterns.*

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

- I.38** Physical security was appropriate and there were no restrictions on prisoner movement during the day. Appropriate routine and intelligence led searches were carried out as required.
- I.39** Risk assessments and subsequent management systems were proportionate and included good use of information about the prisoner's behaviour.
- I.40** Many important elements of dynamic security were in place and procedural security was well managed. Relationships between prisoners and a broad range of staff were generally good and engagement was positive. This resulted in a healthy flow of security information reports (SIRs), at around 300 per month. Intelligence was effectively shared, information was analysed and action generated was monitored. However, links with the offender management unit were poor.
- I.41** The well-attended security committee met each month to consider security intelligence and set objectives for the month.
- I.42** There were strong links with the local police and good sharing of relevant information about gang- and drug-related activity. Police intelligence officers had been appointed to collate intelligence, and provided useful information about prisoners to help inform and develop strategies to manage risk.
- I.43** Since the previous inspection, the number of absconds had increased; there had been 24 in 2011/12, 29 in 2012/13 and 17 in the first six months of in 2013/14. Release on temporary licence (ROTL) failures were also increasing. A strategy had recently been introduced to deal with these issues. Information about previous absconds had been collated and analysed and was being used to identify trends and patterns in order to inform policy. An action plan was in place and progress was monitored every month by senior managers.
- I.44** There was a well-constructed strategic approach to drug supply reduction but it remained a significant problem. A total of 66 separate drug-related finds had been achieved in the six months to the end of September 2013. In our survey, more respondents than at comparator establishments said that it was easy to get drugs and alcohol at the prison and that they had developed a problem with diverted medication during their time there.
- I.45** The random MDT positive rate for the year to date was 2%. New psychoactive substances (mostly 'Black Mamba') were the most commonly found drugs and these were not detectable with current testing methods. Diverted medication was also cited as an area of concern but medicine in-possession rates were appropriate. The prescribing of tradable medications to individuals was regularly reviewed and overall prescribed quantities of some such drugs had been reduced.
- I.46** Prisoners who tested positive for prescribed drugs under MDT were routinely put on ROTL hold, even when the health care department confirmed that the positive test was consistent with the medication prescribed to them, and without an assessment of the individual's drug-using history or consequential risk to the public.

## Recommendation

- I.47** **Prisoners should not be put on release on temporary licence holds when positive drug test results are due to prescribed medication.**



## Incentives and earned privileges<sup>4</sup>

### Expected outcomes:

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

- I.48** *The incentives and earned privileges appeared to be managed fairly. Nearly all prisoners were on the enhanced level of the scheme and none was on basic. The scheme was well publicised, and prisoners were clear about its criteria for promotion.*
- I.49** The incentives and earned privileges (IEP) policy document described how the system worked, and prisoners were clear about the criteria for promotion. Most were on the enhanced level of the scheme (97%) and none was on basic.
- I.50** The written documentation we examined showed that the scheme was generally implemented consistently across the residential units but some behaviour warning notices were petty, which supported the view of some prisoners that staff used the scheme to threaten them.
- I.51** The differentials between the levels of the scheme seemed reasonable and prisoners were able to retain the level that they had been on at their previous establishment. Those transferred to closed conditions usually had their level reviewed before they left the prison.
- I.52** The policy allowed for prisoners to be automatically downgraded from enhanced to basic for serious offences, although we could not find any recent cases where this had happened.

## 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.**

- I.53** *The number of formal adjudications was comparatively high but charges appeared appropriate. Hearings were conducted fairly but monitoring arrangements were not fully developed. The number of incidents involving the use of force was low but higher than at comparator prisons. Governance of the use of force through the security committee was reasonable but the analysis of information to help to identify trends and patterns was weak. The environment on the segregation unit was poor. Cells were dirty and toilets were filthy. The average length of stay on the unit was short but there was no reintegration planning. Nearly all segregated prisoners were recategorised and transferred to other prisons. The regime on the unit was poor and lacked even basic access to exercise and a telephone. The completion of segregation paperwork was extremely poor and some prisoners had been segregated without proper authorisation.*

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

## Disciplinary procedures

- 1.54** There had been 311 formal adjudications in the previous six months, which was higher than at comparator establishments. The most common charges were unauthorised possession of articles (drugs, alcohol and mobile telephones) and disobeying a lawful order. The records of hearings that we examined reflected a high standard of enquiry and showed that proceedings were conducted fairly. Statistical data on the range of cases were presented to the senior management team but there was little evidence of subsequent actions.
- 1.55** The punishments given were fair and there were examples where adjudicating governors had appropriately dismissed cases. The appeals process was fully explained to all prisoners and there was no evidence that unofficial or collective punishments were used. Adjudication standardisation processes were regular and we found evidence of a good level of (senior) managerial oversight.

## Housekeeping point

- 1.56** The adjudication standardisation meeting should monitor trends and, where practicable, take appropriate action.

## The use of force

- 1.57** The number of incidents involving the use of force was low, at nine in the previous six months, but higher than at comparators establishments. All incidents during this period had been spontaneous, with only two involving the use of pain compliance techniques.
- 1.58** Monitoring arrangements were reasonably good, with strong links to the security committee and the senior management team. Incidents were discussed at the monthly security committee meetings. Information, including the nature of the incident, its location, and the ethnicity and age of the prisoner concerned, was collated each month.
- 1.59** Planned interventions were carried out appropriately and documentation was generally completed correctly and demonstrated proportionate and justified use of force. There was no evidence that force was used unnecessarily or as a first resort when dealing with difficult behaviour.

## Segregation

- 1.60** Conditions in the small segregation unit were poor. Cells were cold, dirty and poorly ventilated, and the toilets were filthy. Use of segregation was much higher than in comparable establishments, with 131 prisoners segregated in the previous six months. However, the length of stay in segregation was short, at an average of about two days.
- 1.61** The governance of segregation was poor and there was little evidence of any policy that set out the management arrangements and expected working practices of the unit or a description of its purpose. The completion of segregation paperwork was extremely poor, often not showing the outcome for the prisoner. Safety algorithms were not always undertaken and there was evidence of inappropriate segregation, with a lack of senior manager authorisation. We found many examples where the need to segregate individual prisoners had not been made clear to them. There was no reintegration planning or use of individual care plans, and no evidence of referrals to the safer custody team in cases where bullying was suspected.

- I.62** The regime on the unit was poor. Prisoners were not allowed even the most basic activities such as exercise or access to a telephone. It was clear that segregation was mainly a precursor to recategorisation and transfer. However, the justification to transfer was often inadequate and we saw many examples where decisions to transfer to more secure environments because of what was described as ‘security reasons’ had been flawed (see main recommendation S55).

## Recommendation

- I.63 Prisoners who could be the victims of bullying should be referred to the safer custody team for support and for an investigation to be carried out.** (Repeated recommendation 7.24)

## Substance misuse

### Expected outcomes:

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

**I.64** *There was no up-to-date substance misuse needs analysis. All aspects of clinical treatment were appropriate. Psychosocial interventions were of a high quality but the withdrawal of commissioned one-to-one work had adversely affected prisoner outcomes. Alcohol services were effective in their delivery of one-to-one sessions. The pay level for peer mentoring was lower than that for other prison jobs. Many prisoners had signed compacts under an incentive-based drug testing scheme.*

- I.65** There was an up-to-date drug and alcohol strategy, dated May 2013, but the needs analysis and action plan were outdated.
- I.66** At the time of the inspection, 11 prisoners were receiving opiate substitution treatment. Only one was on a maintenance dose and this was for appropriate clinical reasons. Prisoners who had developed a dependency during their time at the prison could start treatment.
- I.67** The layout of the medication administration area in the new health care department facilitated an acceptable level of confidentiality for prisoners receiving medication.
- I.68** The substance misuse service provided a wide range of group-work options, which were delivered by Phoenix Futures. There was also good access to drop-in services, peer support and Alcoholics Anonymous. Prisoners could attend Narcotics Anonymous groups in the community on ROTL.
- I.69** Individual sessions were no longer delivered because of changes in commissioning. This appeared to have had a negative impact on prisoners, as fewer respondents to our survey than at comparator prisons (53% versus 74%) said that they had received help for a drug problem while at the prison. Prisoners told us that they missed the individual sessions that they had received in previous establishments. The removal of these sessions also limited the scope of feedback that could be given to offender supervisors about a prisoner’s recovery progress, and had also resulted in the demise of drug review boards, although risk review boards included discussions about drug test results and courses attended.
- I.70** The Derby Alcohol Service attended the prison weekly to conduct one-to-one sessions for alcohol users, and at the time of the inspection had a caseload of 28. Prisoners were satisfied

with this service, and in our survey 89% of those with an alcohol problem said that they had received help with it at the prison.

- I.71** A total of 349 prisoners had signed compacts for incentive-based drug testing (IBDT), which was used specifically for those working in the community and for minibus drivers. These tests were conducted in a suite separate from that assigned to MDT. The testing suites were clean, tidy and appropriately equipped.

## **Recommendation**

- I.72** **A comprehensive needs-analysis should be conducted to ensure that the psychosocial services currently delivered meet the needs of the population.**

## Section 2. Respect

### Residential units

#### Expected outcomes:

**Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.**

- 2.1** *External areas were generally neat and tidy but some contained considerable amounts of debris. Residential units were old but in a reasonable condition. Laundry facilities were just adequate, although access to cleaning materials was problematic. There was no way to secure personal items or medication in rooms. Some of the showers were often damp and mouldy, with insufficient ventilation. Access to mail and telephones was good.*
- 2.2** Most of the external areas were well maintained but around the 'P' units there was a considerable amount of debris that had clearly been there for some time. Residential units, although old and shabby, were generally maintained to a reasonable standard and had been improved with new windows. However, some prisoners on the older units complained of cold and damp conditions in their rooms. There were good facilities for storing property in rooms but no effective way to secure them. Access to cleaning materials was poor on some units, and in our survey fewer respondents than at similar prisons said that they got cell cleaning materials every week. Staff and prisoners we spoke to were aware of the offensive display policy and it was generally adhered to. During our evening and night visit, the prison settled down quickly and was mostly quiet by around 10.30pm.
- 2.3** A good level of information was available on noticeboards in communal areas and also in the resource centre, which was staffed by paid peer support orderlies and was a valuable service for prisoners, especially those new to the establishment.
- 2.4** The small shower units on most units were in reasonable condition but a few were dirty, smelled of damp and had mould on the ceilings and walls. Prisoners tended to avoid using them, choosing to use the showers on the better units, creating a problem in terms of cleanliness and availability. Communal toilets were reasonably clean and in good order across the site.
- 2.5** Most prisoners chose to wear their own clothes. They had weekly access to the laundry and to stored property, which was just about adequate to meet the demands of the prison. Although our survey results suggested that fewer prisoners than at comparator establishments received clean sheets every week, at the time of the inspection prison clothing and bedding were reasonably accessible and in a decent condition.
- 2.6** In our survey, fewer prisoners than at comparator establishments said that applications were dealt with fairly and in a timely manner. Applications were freely available and were logged in the centre office but no record of responses was kept.
- 2.7** Access to mail and telephones was good. Telephones were switched on from around 8am until midnight each day. Incoming mail (including 'email a prisoner' letters) was distributed on the day of arrival.

## Recommendations

- 2.8 External areas should be maintained to an acceptable standard.**
- 2.9 Prisoners should be able to store valuables and medication securely.** (Repeated recommendation 2.21)
- 2.10 All showers should be cleaned to a good standard every day.**

## Housekeeping points

- 2.11** Prisoners should have sufficient access to cleaning materials to maintain the cleanliness of their cells.
- 2.12** The outcomes of applications should be recorded.

## Staff-prisoner relationships

### Expected outcomes:

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

**2.13** *Our survey results about staff–prisoner relationships were generally poor and many prisoners complained of disrespectful treatment by some staff. The relative lack of access to staff during the day was a major source of frustration. Consultation arrangements were good.*

- 2.14** There were few staff available during the day, which was a major cause of frustration for prisoners seeking assistance, especially for those wanting to speak to offender supervisors about release on temporary licence (ROTL) (see also section on offender management and planning). The personal officer scheme had been reintroduced since the previous inspection but was not operating effectively, and in our survey fewer respondents than at comparator establishments said that they found their personal officer helpful. However, prisoners told us that there were members of staff that they could approach if they needed help even if they were not always easily accessible.
- 2.15** The interactions we observed ranged from helpful and engaging to abrasive and dismissive, and this was confirmed by prisoners. Our survey results in relation to respectful treatment by staff were almost all considerably worse than at comparator prisons. The low staffing levels led to any poor staff behaviour having a disproportionate effect on the overall opinion of prisoners.
- 2.16** The electronic case notes we looked at were generally poor and failed to meet the regularity outlined in the personal officer policy. The quality of management checks varied and in some cases where entries had not been made for two months, no comment had been made by the manager.

- 2.17** Prisoner-led consultation meetings were held monthly to discuss and address prisoner issues, although we were unable to find any minutes displayed in communal areas.

## Recommendations

- 2.18** **Personal officers should introduce themselves to those on their caseload within the two days outlined in the local policy, and sooner where possible. This introduction should explain what the personal officer relationship will deliver.** (Repeated recommendation 2.48)
- 2.19** **The poor perceptions of prisoners about their treatment by staff should be investigated and action taken on the findings.**

## Housekeeping points

- 2.20** Electronic case notes should be updated regularly with qualitative reports.
- 2.21** The minutes of the prisoner consultative committee should be published in communal areas.
- 2.22** There should be regular, effective management checks of the personal officer scheme.

## Equality and diversity

### Expected outcomes:

**The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>5</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.**

- 2.23** *Not all core prison functions contributed to the equality action team (EAT). The equality officer had insufficient time for his work. Discrimination incident investigations were not externally quality assessed. Foreign national issues were not discussed by the EAT and Muslim and older prisoners reported less positively than their counterparts in areas of respect and safety. Personal emergency evacuation plans were poor and few age-appropriate activities were provided.*

## Strategic management

- 2.24** The equality policy included all protected characteristics and there were separate policies for most protected characteristics, but they were not based on needs analyses. Quarterly equality action team (EAT) meetings were chaired by the governor or deputy governor. Minutes showed active involvement from prisoner representatives but none from some core functions, such as education, the chaplaincy or health care. Attendance by an external representative had stopped owing to withdrawal of funding.

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

- 2.25** Systematic monitoring and analysing of race equality tool (SMART) data, which only covered ethnicity, was discussed by the EAT and discrepancies investigated. An equality action plan was updated after each meeting.
- 2.26** Many prisoners told us that they feared repercussions if they complained, and in our survey older and Muslim prisoners, in particular, reported victimisation. Thirteen discrimination incident report forms had been submitted between May and October 2013, which was low, and most were for relatively minor issues. Completed investigations did not include evidence of interviews or feedback to complainants, not all were completed within the expected timescale and they were not externally quality assessed.
- 2.27** The equality officer had received training for his role but told us that he had insufficient time to carry out his work. There was no equality training for other staff, although some had undertaken faith awareness training (see paragraph 2.37).
- 2.28** There was little evidence of equality and diversity promotion throughout the establishment, and no evidence from comments in wing files of staff awareness of the distinct needs of, for example, prisoners with disabilities or foreign national men.

## Recommendations

- 2.29** **The equality policy should be based on a population needs analysis.**
- 2.30** **Senior managers should investigate and address the allegations of victimisation by some prisoner groups identified by our survey.**
- 2.31** **Discrimination incident report forms should be investigated within a reasonable timescale, prisoners should be informed of outcomes in writing, and external quality assurance procedures should be introduced.**
- 2.32** **A whole-prison approach should be adopted towards the promotion of diversity and all core functions should be represented at equality action team meetings.**

## Housekeeping point

- 2.33** Periodic monitoring should be carried out to ensure equality of outcomes for all minority groups.

## Protected characteristics

- 2.34** The policies for most protected characteristics were not supported by forums for any minority groups, except for older prisoners.
- 2.35** Approximately 40% of the population were from black and minority ethnic backgrounds. Individually and in our groups, these prisoners reported little discrimination but spoke less favourably about some areas of safety and respect.
- 2.36** A checklist of needs for foreign national men was completed during induction. This asked if prisoners 'would like to join a foreign national support group'. All 12 foreign nationals held at the time of the inspection spoke English. None of those we spoke to reported any unmet need but foreign national issues were not discussed by the EAT. There was no list of prisoner or staff translators or interpreters, and professional telephone interpreting had



rarely been used. The foreign nationals officer was unknown to prisoners, had undergone no training for the role and received no additional time for his work.

- 2.37** In our survey, Muslim prisoners reported less positively than non-Muslims in the areas of respect and safety. The prison was unaware of these issues and could not provide a ready explanation, and faith was rarely discussed by the EAT. Sixty-seven per cent of staff in prisoner contact roles had received faith awareness training.
- 2.38** Most men with disabilities were positive about their care and the provision of reasonable adjustments. Disability issues were regularly discussed by the EAT. There were no multidisciplinary care plans for this group or for older prisoners. Personal emergency evacuation plans (PEEPS) were in place for 14 prisoners but staff were unaware of where to find these, and the quality of these plans was poor, simply recording 'staff to monitor' as an evacuation plan. There was no evidence of any reviews.
- 2.39** Most areas of the prison were accessible, except for the offender management unit. Prisoners with disabilities were accommodated across all units but only W7 contained four adapted rooms, with sliding doors and low-level furniture and an adapted toilet and shower room. Prisoners with disabilities complained about sharing this facility with able-bodied prisoners, which led to low level intimidation. There was no paid carer scheme and prisoners relied on others for help. One prisoner described using payments of tobacco and shop goods in exchange for help from other prisoners.
- 2.40** At the time of the inspection, 80 prisoners (14%) were aged 50 or over and in our survey they responded considerably more negatively than younger prisoners in many areas of safety and respect; 41% (against the 19% comparator) had felt unsafe at some stage at the establishment, 35% (against the 17% comparator) had been victimised by other prisoners and 24% (against the 12% comparator) had felt intimidated by staff. Many complained of younger prisoners 'queue jumping' at mealtimes (see also section on catering), and some voiced concerns about the lack of alarm bells in rooms and units. The only dedicated quieter wing was W7 and many prisoners spoke of the disadvantages of mixed-age room sharing.
- 2.41** The 55+ prisoner group met weekly, occasionally with the involvement of a senior manager, but some prisoners felt that it was not effective. No support for older prisoners was provided by external agencies and no particular age-appropriate activities were provided, apart from gym sessions. All retirees we spoke to said that they were paid £7.50 a week and some found it hard to fund town visits on such a limited income.
- 2.42** In our survey, 4% of prisoners described themselves as gay or bisexual. The prison was unable to provide any statistics for this group and there was no promotion or support for them.

## Recommendations

- 2.43** Prisoners with protected characteristics should be given the opportunity to raise and discuss issues in dedicated forums.
- 2.44** Comprehensive personal emergency evacuation plans should be provided for those who need them, and a range of appropriate activities introduced for older prisoners and those with disabilities.
- 2.45** A formal and paid carers scheme should be introduced. (Repeated recommendation 4.52)

## Housekeeping point

- 2.46** Foreign national issues and faith should be considered and discussed by the equality action team.

## Faith and religious activity

### Expected outcomes:

**All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and resettlement.**

- 2.47** *The chaplaincy met the needs of all major faiths. Prisoners were generally positive about faith provision. Washing facilities in the multi-faith room were inadequate.*

- 2.48** The chaplaincy, managed by the Muslim chaplain, consisted of part-time chaplains for all major faiths. All prisoners were seen by a member of the team on arrival and advised of chaplaincy provision. Information about activities was advertised around the prison.
- 2.49** In our survey, fewer prisoners than at comparator establishments said that their religious beliefs were respected (50% versus 57%), although older, Muslim and black and minority ethnic prisoner were much more positive than their respective counterparts about this issue. In our groups and individually, prisoners were positive about faith provision.
- 2.50** Prisoners could attend weekly worship and a variety of other chaplaincy activities. The chapel and multi-faith room provided good environments and were open to prisoners from 8am to 8pm. Washing facilities in the multi-faith room were inadequate.
- 2.51** The chaplaincy provided pastoral care and appeared well integrated into the life of the prison, although was rarely represented at management meetings. Two celebratory meals were provided for each faith every year.

### Recommendation

- 2.52** **The washing facilities in the multi-faith room should meet the needs of prisoners preparing to worship.**

## Complaints

### Expected outcomes:

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

- 2.53** *Prisoners did not have confidence in the complaints system, and no trend analysis was undertaken by senior managers to identify causes and provide solutions.*

- 2.54** In our survey, fewer prisoners than at similar prisoners said that complaints were dealt with fairly (35% versus 45%) or promptly (37% versus 50%). Many prisoners told us that they would not complain for fear of being returned to closed conditions. Although managers were aware of this perception, no formal action had been taken to address it.
- 2.55** Most of the responses we saw were respectful, timely and addressed the issues raised, but not all were legible. Senior managers quality checked 10% of responses monthly, giving advice to respondents as necessary.
- 2.56** Few complaints were made about staff but we were not assured that they were managed with fairness and transparency. We saw two such complaints that inappropriately had been responded to by the officers concerned.
- 2.57** Complaints were analysed monthly by number and topic only. A total of 334 had been submitted between May and October 2013, the main subjects relating to property, incentives and earned privileges warnings and suspension of temporary release licences. There was no evidence of trend analysis by senior managers to identify causes and provide solutions.
- 2.58** Far fewer prisoners than at similar establishments (20% versus 40%) said that it was easy to contact the Independent Monitoring Board.

## Recommendations

- 2.59 Prisoner concerns about the complaints process (including access to the Independent Monitoring Board), especially about the risk of victimisation and complaints about staff, should be investigated and addressed.**
- 2.60 Senior managers should undertake complaint analysis and take remedial action in response to emerging trends.**

## Legal rights

### Expected outcomes:

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

**2.61** *Legal issues for most prisoners had been dealt with before arrival. Privacy in legal visits could not be guaranteed.*

- 2.62** For most prisoners, legal matters had been dealt with before their arrival at the prison or they already had legal representation. Informal support was available from an officer who had received legal service training approximately 20 years earlier; he had received no refresher training.

- 2.63** Legal visits took place in the visits room on Tuesday mornings. There were no private booths, which could have compromised privacy. In our survey, fewer prisoners than at similar prisons and than at the time of the previous inspection said that it was easy to attend legal visits (46% versus 52% and 65%, respectively).
- 2.64** Although post room staff recorded when legal letters were opened in error, 39% of prisoners said that staff had opened letters from their legal representative in their absence, which was higher than the comparator.

## Recommendation

- 2.65** Legal visits should take place in sufficient privacy.

## Housekeeping point

- 2.66** Prisoner dissatisfaction with access to legal visits and legal post should be investigated and addressed.

## Health services

### Expected outcomes:

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

- 2.67** *Overall, the health services provided had improved and were good, but clinical and medication governance remained weak and few prisoners were satisfied with the quality of the service. Waiting times for most clinics was short but prisoners waited too long for dental services. Too many hospital appointments were cancelled by the prison. Primary mental health provision was too limited but secondary mental health services were good.*

## Governance arrangements

- 2.68** Representation by the prison at the clinical governance meeting of the provider, Derbyshire Health United (DHU), was inadequate, although performance reports were submitted. At the time of the inspection, there had been no local clinical governance meetings for six months. A well-attended partnership board met quarterly and there were good working relationships with commissioners. The health needs assessment and health delivery plan were out of date but a new assessment was being commissioned.
- 2.69** Clinical incidents and complaints were recorded and reviewed on an electronic risk management system but there was no policy to ensure consistent reporting of incidents, which had resulted in over-reporting. Learning was shared with the team and informed service development.

- 2.70** The health care complaints system was well advertised but prisoners tended to use the general complaints process, which was not sufficiently confidential. Most of the 26 complaints received in 2013 related to behavioural warnings for non-attendance at scheduled appointments, and medication issues. The responses to the complaints we sampled were courteous and clearly written, but did not consistently address all the issues raised.
- 2.71** There was no dedicated health service user forum. Health issues were discussed at the GP consultation groups but health services staff did not consistently attend. A recent patient satisfaction survey informed service delivery.
- 2.72** Prisoners received good written information on health services on arrival and could access the health centre easily. The new health care unit offered much improved facilities that were fully compliant with infection control guidelines, although most rooms had no telephone.
- 2.73** A senior nurse manager provided strong leadership. The lack of continuity caused by staff turnover and sickness had adversely affected service development. Qualified nurses were available every day and there were five GP clinics a week.
- 2.74** Health services staff interacted well with patients. All nurses had appraisals and reported reasonable access to appropriate training but we were not provided with training records. A workforce development strategy was almost complete. There was not yet any clinical supervision available.
- 2.75** Electronic clinical records on SystemOne were mostly very good. Archived records were stored securely. The range of DHU policies available did not cover all areas and some from the previous provider were being used.
- 2.76** Many of the planned actions in the health promotion plan had not been achieved. Barrier protection was available and a limited range of health promotion literature was provided in the health care waiting area, but there was no calendar of events and literature was not available in the main prison. There was no lead nurse for older prisoners in post and older prisoners could not access national screening programmes. There was good access to occupational therapy services, mobility and health aids, smoking cessation, immunisation and blood-borne virus testing.
- 2.77** The emergency equipment in the health centre was appropriate and in good order. Most prison staff we spoke to were not aware of the emergency response protocol, which could have delayed responses. A core group of custodial staff, including night staff, were trained in first aid, including use of the automatic defibrillator in the centre office.

## Recommendations

- 2.78** **There should be an up-to-date health needs assessment to enable services, including mental health services, to be mapped against need.** (Repeated recommendation 5.13)
- 2.79** **The complaints system should preserve medical confidentiality and responses should address all the issues raised.**
- 2.80** **Staff should have access to a full range of current policies that are relevant to the environment and are regularly reviewed.**
- 2.81** **There should be systematic health promotion throughout the prison that meets the current health promotion plan.**

## Housekeeping points

- 2.82 There should be regular dedicated health care service user consultation.
- 2.83 All health services staff should have regular access to documented clinical supervision from appropriately trained staff.
- 2.84 There should be a designated health care lead for older prisoners. (Repeated recommendation 5.17)
- 2.85 All staff should be aware of and use the agreed emergency response protocol.

## Delivery of care (physical health)

- 2.86 Nurses saw all prisoners in reception for a brief assessment, and appropriate follow-up referrals were made. There were no secondary health screens. Consent to liaise with community and prison services was obtained on a case-by-case basis. The clinical facilities in reception were good but lacked privacy.
- 2.87 Fewer prisoners in our survey than at comparator prisons and than at the time of the previous inspection were satisfied with the overall quality of health services (51% versus 65% and 74%, respectively). Most prisoners we spoke to were positive but a change in prescribing policy, long dental waiting lists and reduced open access to health services were the main issues that they complained to us about. There was no clear, consistent system to allocate appointments. Prisoners could attend drop-in nurse assessment clinics and the assessments we observed were good, but the effectiveness of the clinics was reduced by the lack of patient group directions (to enable nurses to supply and administer prescription-only medicine) to resolve minor problems (see section on pharmacy and recommendation 2.105). Waiting times for GP and nurse practitioner appointments were short and emergency appointments were available daily.
- 2.88 There was a wide range of primary care clinics, for which most waiting times were good and the failure-to-attend rate was low. Community specialists attended as needed. There were regular lifelong condition clinics, run by well-trained nurses. Prison officers knew how to access out-of-hours health services but there was no out-of-hours policy to ensure consistent decision making (see recommendation 2.80).
- 2.89 Prisoners received prompt, appropriate referral to external hospital appointments; however, several prisoners had had hospital appointments cancelled repeatedly owing to a lack of escorts or on security grounds, which delayed their treatment.

## Recommendations

- 2.90 **All prisoners should receive a secondary health assessment within 72 hours of arrival.** (Repeated recommendation 5.55)
- 2.91 **Triage protocols should be used by trained nurses to appoint patients to clinics and ensure consistent and effective use of consultation time.** (Repeated recommendation 5.56)
- 2.92 **Prisoners should have timely access to external hospital appointments.**

## Housekeeping point

- 2.93** Reception health care rooms should provide adequate privacy.

## Pharmacy

- 2.94** Medication was supplied by Lloyds Pharmacy in a timely manner. A pharmacist visited monthly to complete stock checks and a pharmacy technician from another prison visited as required. Pharmacist clinics were well advertised.
- 2.95** Clinical governance procedures were inadequate. Medicines management committee meetings were infrequent and had not occurred for six months. The only standard operating policy available was for controlled drugs, and this was out of date. There was no in-possession or 'special sick' (immediate health treatment without an appointment) policy. Errors and near-misses were reported and drug alerts were managed effectively. A current prescribing formulary (a list of medications used to inform prescribing) was used. Medicines, including controlled drugs, were stored appropriately and good stock records were kept. Refrigerator temperatures were not consistently recorded. Prescribing appeared to be appropriate.
- 2.96** Prescriptions were faxed to the pharmacy; we came across one prescription that had been faxed and dispensed twice, and some instances where medication had been administered against an expired prescription. There were some gaps in administration records, and missed doses and failures to reorder medicines were not routinely investigated.
- 2.97** Prisoners reordered their medicines by application and nurses checked if it was due on the system before a new prescription was generated. Weekly in-possession medicines were supplied mainly in clear bags, which was not best practice.
- 2.98** The prescribing of medicines that were liable to misuse had recently changed to reflect national guidance. The prescription of 'high-risk' medication was reviewed and treatment options for these individuals were discussed at a multi-professional team meeting, and then agreed with the patient. This was good practice but had given rise to serious dissatisfaction from some prisoners.
- 2.99** Medication administration was safe and respectful but the location of the treatment hatch limited confidentiality. Most medication was given in-possession but some 'high-risk' medications were administered under supervision. There was no in-possession policy or formal risk assessment to ensure that decisions to allow medications to be given in-possession were transparent and consistent.
- 2.100** The only medicines that nurses could administer without a prescription were ibuprofen and paracetamol, for minor ailments, although a comprehensive range of patient group directions was in development. Prisoners had no access to pain relief out of hours.

## Recommendations

- 2.101** **A medicines management committee should meet monthly, attended by all relevant stakeholders, and discuss all key elements of medicines management, including adverse incidents and aggregated prescribing data.**
- 2.102** **A full suite of standard procedures and policies for pharmacy provision and medication management, which reflect regulatory and professional**

**requirements, should be agreed and regularly reviewed through the medicines management committee.**

- 2.103 Medication administration records should be complete and patients who fail to collect their medicines and/or do not comply with dosing regimes should be identified, monitored and supported.**
- 2.104 Risk assessments for in-possession medication should be carried out for all patients.** (Repeated recommendation 5.80)
- 2.105 Patient group directions should be introduced to enable the supply of more potent medication by the pharmacist and/or nurse to avoid unnecessary consultations with the doctor. A copy of the original signed patient group directions should be held in the pharmacy and read and signed by all relevant staff.**

### Housekeeping points

- 2.106** Maximum and minimum temperatures for the drug refrigerators should be recorded daily, to ensure that heat-sensitive items are stored within the 2–8°C range.
- 2.107** Faxed prescriptions sent to the pharmacy should be marked to avoid duplication.
- 2.108** Original packs or white cartons should be used for the supply of in-possession medication.

### Dentistry

- 2.109** The newly appointed dental provider faced the legacy of a substantial waiting list and there had been an upsurge in demand for services. There were two dental sessions a week but we were unable to observe any dental consultations as the dentist was on leave at the time of the inspection. There were 87 prisoners on the waiting list, and they faced an 11-week wait for treatment, which was too long. Prisoners could access community emergency dental services as needed, although the policy needed review (see recommendation 2.80). NHS-equivalent dental treatment was available and the records we sampled were adequate.
- 2.110** The new dental surgery met best practice guidelines and included resuscitation equipment. All dental equipment was appropriately maintained and dental waste received professional disposal. There were regular meetings between dental and health services staff.

### Recommendation

- 2.111 Dental waiting lists should be monitored and remedial action taken to ensure that prisoners have timely access to dental services.**



## Delivery of care (mental health)

- 2.112** There were effective working relationships between prison and mental health staff. Mental health awareness training was delivered to officers and about a third had been trained at the time of the inspection.
- 2.113** An agency mental health nurse (RMN) provided limited primary mental health services. There was an open referral system and prisoners were seen quickly and could be referred to a counsellor or the mental health in-reach team (MHIRT). The counsellor provided prompt initial assessments but there was a long wait for treatment. The range of services provided included mental health nurses, a psychiatrist clinic, a learning disability nurse and a clinical psychologist.
- 2.114** As the primary service was so limited, the MHIRT accepted referrals from health services staff for all mental health issues. The MHIRT operational policy was out of date but was being reviewed.
- 2.115** Two prisoners had been transferred to closed prisons on mental health grounds in the six months to September 2013; they had been held briefly in the segregation unit because of their risk to others, which appeared to be appropriate.
- 2.116** There was good joint working with the community and other prison departments. The lead GP attended the monthly MHIRT team meeting. One prisoner had been transferred to NHS mental health facilities in 2013. The transfer had been considerably delayed but the records demonstrated that the MHIRT had made considerable efforts to expedite the process.

## Recommendation

- 2.117 Primary mental services should include timely access to counselling and appropriate support, with regular reviews and evidence-based care from staff that are appropriately trained and supervised.**

## Catering

### Expected outcomes:

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

**2.118** *Prisoners in our survey were negative about the quality of the food provided but more positive during the inspection. Portion sizes, with the exception of breakfast, were reasonable and a range of diets were appropriately catered for. Dining queues were not adequately supervised.*

- 2.119** In our survey, only 31% of respondents said that the food provided was good, against the comparator of 40%. Prisoners we spoke to were generally positive about the food, although the lunchtime baguettes were not popular. Food surveys took place twice a year and the prisoner council progressed prisoners' food issues with managers. We found the food and portion sizes to be reasonable, except for breakfast, which was too small (and served on the previous day). Prisoners ate their hot meal in the communal dining hall and could choose where they ate the other meals.

- 2.120** There was no pre-select meal option at the time of the inspection. The dining queues were poorly supervised and some prisoners ‘queue jumped’ to ensure that they got the food they wanted. The choice of meals broadly met the needs of the population, and medical and other special diets were catered for appropriately. Unpaid outworkers could get their lunch from free vending machines before they left the prison in the morning. Outworkers sometimes arrived back at the prison after the dining hall had closed and were not able to have a hot meal.
- 2.121** The kitchen and servery area in the dining room were clean and tidy and food was stored properly. Prisoners working in the kitchens could gain a national vocational qualification at level 1. There was no self-catering facility to enable prisoners to practice cooking for themselves.

## Recommendations

- 2.122 Breakfast should be served on the day it is to be eaten and be of sufficient quantity.** (Repeated recommendation 8.8)
- 2.123 Staff should be supported to recognise bullying behaviour in the meal queues and challenge it.** (Repeated recommendation 8.11)
- 2.124 All prisoners should have access to a hot meal every day.**
- 2.125 Prisoners should be able to self-cater.**

## Purchases

### Expected outcomes:

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

**2.126** *The prison shop was reviewed regularly by the prison council but consultation with specific groups of prisoners had not been undertaken. It could take too long for a prisoner to receive their first order and there was no facility for the safe retention of orders for those out of the prison on temporary licence.*

- 2.127** The prison shop list was reviewed regularly. In our survey, a similar number of prisoners to that at comparator prisons, and considerably more than at the time of the previous inspection, were satisfied with the range of goods available. More older than younger prisoners (65% versus 49%) but fewer black and minority ethnic and Muslim prisoners than their white and non-Muslim counterparts (34% versus 63% and 39% versus 54%, respectively) were positive about the range available. The perceptions of black and minority ethnic and Muslim prisoners had not been specifically explored, and consultation about the shop was limited to the prison council.
- 2.128** Prisoners arriving after Monday had to wait for up to nine days for their first shop order but could obtain smoker’s packs (see section on early day in custody). There was no facility for goods to be stored for those out of the prison on temporary licence, and prisoners had to rely on other prisoners to collect them. This could lead to problems, and we were told that those collecting packs for others sometimes ‘charged’ the other prisoner.

## Recommendations

- 2.129** There should be establishment-wide consultation, including black and minority ethnic groups, about the prison shop. (Repeated recommendation 8.6)
- 2.130** Arrangements should be made for prisoners who arrive at the establishment after prison shop order sheets have been submitted. (Repeated recommendation 8.9)

## Housekeeping point

- 2.131** Appropriate arrangements should be made for the retention of goods for prisoners on temporary absence. (Repeated recommendation 8.8)



## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

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

**3.1** *Prisoners were unlocked all day and had excellent access to the prison grounds. Association areas were limited. Most prisoners associated in their rooms or the grounds.*

**3.2** Prisoners were not locked in their rooms and had excellent access to the prison grounds until about 8.30pm. They were able to access showers and telephones until midnight. Prisoners could attend the gym in the evening and during the lunch period. Association areas were limited to a single recreation room containing pool and snooker tables. Many prisoners associated in their rooms or in the prison grounds. Daily routines, including the times of scheduled activities, mealtimes and times for cooperate worship, were publicised on all residential units.

#### Recommendation

**3.3** **There should be more association areas, equipped with association equipment.**  
(Repeated recommendation 6.43)

### Learning and skills and work activities

#### Expected outcomes:

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

**3.4** *There were sufficient activity places in the prison and in the community, but there was no coherent to strategy to link activities with resettlement. The Offender Learning and Skills Service (OLASS) provision was well managed and provided good vocational training and education, although too few prisoners took up the opportunities to improve their skills in English and mathematics. The prison had increased the range of work activities but prisoners were not able to gain accreditation in some internal work areas. The library was excellent and well used.*

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

<b>3.5</b>	<i>Ofsted<sup>7</sup> made the following assessments about the learning and skills and work provision:</i>	
	<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Requires improvement</i>
	<i>Quality of learning and skills and work provision:</i>	<i>Good</i>
	<i>Leadership and management of learning and skills and work:</i>	<i>Requires improvement</i>

## Management of learning and skills and work

- 3.6** The prison had not developed a cohesive strategy for learning and skills and work provision to ensure that it adequately supported prisoners' in preparation for resettlement. Prisoners' development needs were not effectively identified or recorded on arrival at the prison. There was no systematic process to ensure that they participated in relevant training opportunities to gain the skills they required to be fully prepared for work under release on temporary licence (ROTL) or final release (see main recommendation S56).
- 3.7** There was a suitable focus on increasing the range of vocational training in the prison. New opportunities for work in the prison and for prisoners to undertake ROTL had been introduced but the amount of education provision had decreased slightly since the previous inspection.
- 3.8** Learning and skills provision was well managed and quality assurance arrangements, including the monitoring of the quality of teaching and learning, were good. The self-assessment process was effective in identifying strengths and areas for improvement, which were dealt with effectively. The Offender Learning and Skills Service (OLASS) and National Careers Service staff were well qualified but had too few opportunities to share ideas and good practice with people carrying out similar roles in other prisons.
- 3.9** Managers did not have an overall understanding of the effectiveness of the range of provision. Little feedback was gathered from voluntary or paid work placements to ensure that the provision met the needs of all prisoners. Although information on prisoners' planned destinations on release was gathered, this was not sufficiently accurate to enable managers to evaluate how well the training and education provided could lead to sustainable employment or identify what needed to be done to improve the effectiveness of purposeful activities that the prison offered (see main recommendation S56).

## Recommendation

- 3.10 All staff involved in learning and skills and work activities should have opportunities to share ideas and good practice.**

<sup>7</sup> Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

## Provision of activities

- 3.11** There were 549 activity places, which was sufficient for all of the prison population. The pay policy adequately ensured that prisoners were not disadvantaged by attending education and training. The allocation process required prisoners to develop independence in finding work activities in the prison. However, prisoners were not sufficiently well guided to ensure that they applied for the most appropriate jobs to support any plans for resettlement, and that this process was fair and equitable (see main recommendation S56).
- 3.12** A wide range of work was available. Jobs in the prison included garment repair and pallet making for external companies, and internal work in industrial cleaning, gardening and recycling. However, the prison had withdrawn funding for accreditation in the internal work areas and, although prisoners often demonstrated good vocational skills in these work areas, they could not achieve national qualifications in them. New accredited vocational courses had been introduced, including plastering and tiling, rail track maintenance and French polishing. These courses were well attended and accreditation was offered at an appropriate level to help prisoners to gain employment, with the exception of plastering and tiling, which was available only at level 1.
- 3.13** The range of education courses offered was adequate, and included art, business skills, computing and domestic cooking, although the number of prisoners attending was low on some of these courses. Take-up of English and mathematics courses was particularly low in comparison with the high level of need identified during induction.

## Recommendations

- 3.14 Prisoners should have opportunities for gaining accredited vocational qualifications in all work activities.**
- 3.15 Prisoners with low levels of English and mathematics should attend courses to develop these skills.**

## Quality of provision

- 3.16** The quality of training and individual coaching was mostly good in the vocational areas. The better sessions provided learners with appropriate challenge, which they responded to well, producing work of a high standard. In these sessions, the training staff were skilled at motivating learners to achieve in their vocational area. Support for literacy and numeracy in most vocational training areas was insufficiently contextualised, although learners in painting and decorating developed good numeracy skills through practical activities requiring measurements and calculations. Vocational training resources and facilities were generally good.
- 3.17** The learning environment for education classes was good, and the classroom equipment was good. The teaching of skills on education courses was good in most subjects. In computing, learners made good progress in using software applications, and in art they increased their understanding of various drawing techniques. Although learners often improved their accuracy in writing activities and when making calculations, the learning tasks in English and mathematics were not set in sufficiently meaningful contexts such as learners' work activities or their plans for employment on release.

## Recommendation

- 3.18 English and mathematics should be set in meaningful contexts related to resettlement, including work-related or vocational settings.**

## Education and vocational achievements

- 3.19** Learners in education and training were generally well motivated and enjoyed their courses. Behaviour was good and there was good mutual respect between staff and learners. Attendance and punctuality were mostly good, although some of the sessions in education were disrupted because of appointments elsewhere in the prison.
- 3.20** Achievement rates were high on most vocational courses, although too few learners completed qualifications in French polishing and on book-keeping courses. Learners on vocational courses demonstrated high standards of practical skills in most areas, particularly in bricklaying, rail track maintenance and French polishing. In catering, learners had a good opportunity to prepare, cook and serve a wide variety of dishes for staff and the public and they also achieved well on the customer service course. Prisoners used safe working practices in their work and on vocational courses.
- 3.21** A high proportion of learners achieved qualifications in most education courses. However, achievement rates in English and mathematics were low; only 14 and 16 learners, respectively, had achieved a qualification at level 1 or 2 in the previous academic year.
- 3.22** Many prisoners who were employed in the prison and in the community demonstrated good employability skills, such as communication, working with others and meeting challenging work schedules. However, they did not receive sufficiently detailed feedback on the quality of their performance at work to provide useful references for future job applications or, where appropriate, to support their further development (see main recommendation S56).

## Recommendation

- 3.23 Achievement of qualifications in English and mathematics should be improved, especially at levels 1 and 2.**

## Library

- 3.24** The Library, provided by Derbyshire County Council, was a high-quality facility. It was well stocked, managed effectively and provided a welcoming environment. Prisoners had good access to the library during the day, the evening and on Saturday mornings. Membership was high, at 82%.
- 3.25** The excellent range of books and other resources, including the requisite legal materials, were displayed clearly. The staff were prompt in providing additional books on request, such as those in languages other than English and on specialist vocational areas. All the prisoners we spoke to said that they valued and respected the library. Book loss was low.
- 3.26** The library staff, including four orderlies, provided good customer service, such as information on travel arrangements for prisoners making home visits or travelling to work on ROTL. The orderlies were making good progress towards a customer service national vocational qualification.



- 3.27** Links with education and vocational training staff were good, and staff worked together to provide support for prisoners on Open University and distance learning courses. The library supported work with children and families (see paragraph 4.58) and Toe by Toe (a mentoring scheme to help prisoners learn to read), although the latter had a low number of participants.

## Physical education and healthy living

### Expected outcomes:

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

**3.28** *PE provision was mostly good. The staff were well qualified and provided a suitable variety of recreational PE, and the facilities were good. Access was good and prisoners used the facilities regularly. The sports hall roof had been repaired and the showers refurbished but parts of the provision were shabby. There was adequate provision for older prisoners. Promotion of healthy living was satisfactory and there was appropriate provision for those referred from the health care department. No vocational PE training courses were offered.*

- 3.29** PE provision was managed appropriately and access was good. An appropriate range of recreational PE was scheduled each week and included team sports and sessions for older prisoners. Provision for prisoners who worked inside or outside of the prison on ROTL was adequate. PE staff were qualified teachers and provided good remedial support for prisoners who were referred from the health care department.
- 3.30** The sports hall, cardiovascular suite and weights room were shabby, although the sports hall roof had been repaired since the previous inspection. The facilities were suitably equipped, with a reasonable variety of modular and free weight training equipment. The outdoor football pitch was used for team games and sports but the cricket pitch was no longer in use because of poor maintenance. Shower facilities had been refurbished since the previous inspection and were clean and tidy. Appropriate PE kit and trainers were available for prisoners who needed it.
- 3.31** At the time of the inspection, no vocational PE courses were offered, and opportunities to develop prisoners' leadership and team-building skills through outward-bound events had stopped. Although a few sporadic courses had been run in first aid and football coaching over the previous year, these provided only low-level qualifications.
- 3.32** All prisoners received a thorough introduction to PE and healthy living, and the importance of exercise was well promoted during induction. Appropriately trained prisoner orderlies provided good health and well-being support to other prisoners.

### Recommendation

- 3.33** **Prisoners should be offered vocational PE qualifications that would enhance their chances of employment or self-employment on release.**

### Housekeeping point

- 3.34** The prison should ensure that the cricket pitch is refurbished, kept maintained and used.



## Section 4. Resettlement

### Strategic management of resettlement

#### Expected outcomes:

**Planning for a prisoner's release or transfer starts on their arrival at the prison.**

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

**Good planning ensures a seamless transition into the community.**

**4.1** *The strategic management of resettlement was poor and the reducing reoffending strategy was weak. A needs analysis had not been undertaken. The role of the resettlement unit was limited and there was insufficient joint working. Not all offender supervisors were adequately trained.*

**4.2** Despite being a resettlement prison, there was a lack of strategic planning and oversight of reducing reoffending and resettlement. The new reducing reoffending strategy was weak, covering only the seven resettlement pathways, without including offender management or public protection. The action plan lacked detail and it was unclear how the actions it contained had been identified or if any progress had been made. The reducing reoffending committee met for the first time in two years during the inspection, and its focus was not well established.

**4.3** A resettlement needs analysis had not been undertaken and the range of resettlement services had deteriorated. The role of the resettlement unit was underdeveloped and focused only on gaining work in the community, neglecting other important resettlement support. There was no initial assessment of resettlement needs, sentence plan reviews or custody planning on arrival.

**4.4** The offender management unit (OMU) did not have a sufficiently high profile within the prison, and poor links with other departments hindered effective risk management (see paragraph 1.40). OMU staff expressed dissatisfaction with the lack of local policies to advise and drive their work. Not all offender supervisors had been adequately trained. The Probation Trust staff had a wide range of skills but others lacked training in assessing and managing risk of harm to others and in the management of indeterminate-sentenced prisoners (ISPs). Despite this, they managed some high risk of harm cases, regularly prepared parole reports and made representations to the parole board.

**4.5** As an open prison, the establishment focused on ROTL, to help prisoners settle back into living and working in the community. There had been over 26,000 ROTL events in the previous six months, involving about 930 prisoners. In our survey, more prisoners than at other open prisons said that they had had been granted ROTL.

#### Recommendations

**4.6** **The strategic management of resettlement should be improved, including the development of a more comprehensive reducing reoffending strategy and plan, overseen by a focused committee, and more coordinated working with appropriately trained staff.**

- 4.7 A needs analysis should be undertaken to assess the resettlement needs of all categories of prisoner represented in the prison population. (Repeated recommendation 9.6)**

## Offender management and planning

### Expected outcomes:

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

**4.8** *More prisoners than at similar prisons had an offender supervisor but there was a high level of complaints about access to them and the lack of contact and support received. The resettlement needs of those serving less than 12 months were not assessed or planned for. Offender assessment system (OASys) assessments were not reviewed on arrival at open conditions. Home detention curfew was well used but release was sometimes avoidably delayed. Release on temporary licence processes had been reviewed and tightened but needed further improvements, including adequate resourcing of the board, better consultation with offender managers and clarity about where prisoners went on day release. There was no formal categorisation policy and the needs of indeterminate-sentenced prisoners had not been analysed.*

- 4.9** In our survey, more prisoners than at other open prisons said that they had not had any contact with their offender manager (21% versus 16%). Offender supervisor caseloads were high and some felt overwhelmed by their workload and frustrated at the lack of time they had to meet prisoners. There was insufficient contact and little direction was given to offender supervisors about the prioritisation of workloads (see main recommendation S57).
- 4.10** Prisoners told us that communication with, and access to, the OMU was poor and that the recently introduced drop-in sessions were not effective (see main recommendation S57). Little information was recorded in P-Nomis (electronic case notes) or elsewhere by staff in the OMU.
- 4.11** The resettlement needs of those serving under 12 months were not assessed and no custody plan was developed for them. The backlog of offender assessment system (OASys) assessments had been halved since 2010 but not yet fully removed, with 29 overdue for a review at the time of the inspection. The workload had been increased by the arrival of 22 prisoners in the previous six months without an OASys assessment. Even though the move to open conditions was an important change for prisoners, their OASys assessment was not reviewed on arrival at the establishment. This meant that ROTL assessments were based on an out-of-date analysis of risk factors.
- 4.12** Around three-quarters of those responding to our survey said that they had a sentence plan, which was in line with the comparator. Even though formal sentence planning boards were not held, in our survey three-quarters of those with a plan said that they had been involved in its development. Too few sentence plans were outcome focused and some did not reflect the prisoner's move to open conditions.

- 4.13** Home detention curfew (HDC) was widely used and approved in almost all relevant cases. Most prisoners were released at the earliest HDC eligibility date but we found a few cases that had been delayed while waiting for a governor's approval.

## Recommendations

- 4.14** **P-Nomis should be used to record contact between offender supervisors and prisoners.**
- 4.15** **Prisoners serving less than 12 months should have a custody plan which addresses their resettlement needs.** (Repeated recommendation 9.44)

## Housekeeping points

- 4.16** Sentence plans should contain outcome-focused objectives.
- 4.17** Recommendations to release a prisoner on home detention curfew should be reviewed immediately by a governor, to avoid unnecessary delays.

## Public protection

- 4.18** Less than half of the cases we looked at (three out of seven) had a current risk management plan as the OASys assessments had not been reviewed on arrival at the prison (see paragraph 4.11). However, those that were current incorporated actions both in and out of custody.
- 4.19** Record keeping in relation to multi-agency public protection arrangements (MAPPA) levels was confusing in a number of cases, underpinned by a lack of understanding of MAPPA processes among some OMU staff. MAPPA levels were not always reviewed on arrival in open conditions, which was concerning as many of these would be going out on ROTL, either for the day or overnight. In cases where the MAPPA level had been reviewed and was level 2 or 3, the offender supervisor's contributions to meetings was adequate.
- 4.20** Public protection arrangements were not always robustly applied. All new receptions were screened for offences linked to risk of harm to others. However, we found one case (a high-risk life-sentenced prisoner) that had not been referred to the public protection board. The weekly board comprised the head (or deputy head) of the OMU, the offender supervisor, a case administrator and the police liaison officer. Information from the security department was requested but seldom submitted (see paragraph 1.40). Record keeping for those referred to the board was limited. Although a summary of the issues was recorded, this did not always include actions, and minutes were not produced. This information was not routinely shared with the offender manager. Furthermore, there was no evidence of monitoring of actions.
- 4.21** Access to the violent and sexual offenders register was adequate, and a policy adapted from HMP Whatton had been introduced to manage its use, but information on the system was not updated regularly enough.

- 4.22** The National Offender Management Service guidance about ROTL, issued in July 2013, had been implemented. ROTL boards now involved the offender supervisor and prepared the risk assessment. The quality of these risk assessments had improved but they still lacked a full analysis of risk factors relevant to temporary release. The workload of the ROTL board was too high (about 100 ROTL assessments a week). The managers chairing ROTL boards were overwhelmed and this adversely affected their other responsibilities. There was no strategy to manage the number of risk assessments waiting for consideration, and communication with prisoners about their applications was poor. There was little differentiation between high risk of harm and low risk of harm in terms of the membership of the board or the time taken to consider the assessment. The prisoner was not engaged in planning the management of his own risks while in the community.
- 4.23** We were not assured that the offender manager and, in relevant cases, MAPPA participants were fully consulted before a decision was made to award a prisoner day release. Day release was largely unstructured, although the prison had begun to limit the number of hours out of the prison for those being released on temporary licence for the first time. In one case, the prison had not known which one of the five cities specified in his case notes the prisoner was going to on his day release.

## Recommendations

- 4.24 Public protection arrangements should be reviewed and more robust processes developed to ensure that all necessary actions are identified and taken.**
- 4.25 The quality of analysis in release on temporary licence (ROTL) risk assessments should be improved and include the views of offender managers and multi-agency public protection arrangements (MAPPA) participants where relevant, about the risks associated with day release.**
- 4.26 The ROTL board should be adequately resourced to manage the high number of risk assessments. Prisoners should be kept informed about progress with their application.**

## Housekeeping points

- 4.27** Information on the violent and sexual offenders register should be kept up to date.
- 4.28** The prison should always know the where a prisoner intends to go on day release.

## Categorisation

- 4.29** All prisoners held at the establishment were category D. Paperwork completed before returning a prisoner to closed conditions was not always sufficiently detailed about the reasons for recategorisation. There was no recategorisation policy to promote robust and defensible decision making.

## Recommendation

- 4.30 A clear policy for recategorisation should be developed and consistently applied.**  
(Repeated recommendation 9.44)

## Housekeeping point

- 4.31** Recategorisation paperwork should be sufficiently detailed, setting out the specific reasons for a return to closed conditions.

## Indeterminate sentence prisoners

- 4.32** Since the previous inspection, there had been a slight increase in the number of ISPs held, mainly due to an increase in the number serving indeterminate sentences for public protection (IPP). The potentially distinct needs of IPP and life-sentenced prisoners had not been analysed and there were no bespoke arrangements, such as independent living skills training or lifer forums. Some lifers had been transferred to the establishment well in advance of their eligibility for ROTL, so faced a long and frustrating wait to begin their community reintegration.
- 4.33** Parole dossiers were prepared by the OMU and were up to date. Not all offender supervisors felt confident in attending parole board hearings.

## Recommendation

- 4.34** **The needs of indeterminate-sentenced prisoners should be analysed and specific provision developed accordingly.**

## Reintegration planning

### Expected outcomes:

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

- 4.35** *Reintegration planning was poor and lacked coordinated action. Some pathway provision had lapsed since the previous inspection and there was no pre-release course available.*

- 4.36** There was no assessment of resettlement needs on arrival or pre-discharge and no custody planning for the few relatively short-term prisoners that the prison received. The coordinated application of pathway provision was poorly understood. Some advice and signposting to support agencies was offered by (untrained) prisoner orderlies but they cited a lack of internet access as a major barrier to any effective engagement with accommodation, financial or employment services (see main recommendation S58).

## Accommodation

- 4.37** There were no accommodation services on-site, although prisoner orderlies provided a signposting service to housing agencies for prisoners to follow up on day release, and they were also able to telephone agencies on prisoners' behalf in order to set up appointments. There was no provision for immediate needs such as maintaining tenancies. Few prisoners were released without an address to go to.

## Recommendation

- 4.38** Links with housing agencies should be developed and resources made available to enable appropriate levels of access to them.

## Education, training and employment

- 4.39** The National Careers Service (NCS) provided realistic information and advice to prisoners attending job interviews. However, at the time of the inspection the service was understaffed and most of the individual interviews took place approximately two months after arrival at the prison, which was often too late for prisoners to be advised on the most relevant purposeful activities to support their plans for resettlement. Overall, the NCS provision was inadequate.
- 4.40** A large proportion of prisoners (on average, 175 per day) carried out voluntary or paid work on ROTL. The prison had developed effective links with employers, and there was some good anecdotal evidence of individuals' progression to sustained employment on release. However, the activities of the various agencies and internal staff involved in supporting prisoners to gain employment were not well coordinated. The work-related activities that prisoners attended on ROTL were not always planned effectively to ensure that they gained the experiences at work that would maximise their chances of employment on release. Procedures to capture accurate data on prisoners' progression to employment or training on release were inadequate.
- 4.41** The 'job club' did not operate to its full potential because of a lack of internet and telephone access or prompt access to temporary release for attending job interviews.

## Recommendations

- 4.42** The National Careers Service should be adequately staffed and its interventions timely so that they support prisoners in planning their learning and skills and work activities in preparation for release.
- 4.43** Work activities on release should be planned more effectively, and procedures for collecting accurate data on prisoners' progression to employment and training on release should be improved.
- 4.44** Prisoners should have up-to-date information on job vacancies local to their accommodation on release and have access to the facilities they need to apply for these jobs promptly and to attend interviews.

## Health care

- 4.45** Pre-release health care arrangements were effective and included appropriate liaison with community services. All prisoners on medication were discharged with at least seven days' supply and offered a health promotion pack.
- 4.46** Pre-release care planning for prisoners with severe mental illness met community standards and started early, including appropriate liaison with community teams.



- 4.47** The end-of-life pathway was out of date. One prisoner had required palliative care since the previous inspection.

### Recommendation

- 4.48** The end of life pathway should be updated so that prisoners receive appropriate palliative care.

### Drugs and alcohol

- 4.49** Good-quality pre-release group-work sessions were delivered by the substance misuse service to prisoners nearing release. However, the team was not commissioned to deliver any specifically care-planned one-to-one sessions (see section on substance misuse).
- 4.50** Derbyshire-based drug intervention programme teams were contracted to visit prisoners with substance use issues who were residents of the county, although these were in the minority. For prisoners from outside the area, there were fewer opportunities for pre-release contact with community agency workers.

### Finance, benefit and debt

- 4.51** Jobcentre Plus attended weekly to offer benefits advice to prisoners but there were no other financial services available. There was no support to open bank accounts; prisoners were expected to do so during town visits. A 'learning to be financially capable' course had been run by the education department but had only been available to 12 prisoners. Prisoner orderlies were able to signpost prisoners to debt advice helplines and had limited telephone access to support this process.

### Recommendations

- 4.52** Prisoners should be able to get advice and support with financial problems from specialist providers in the prison.
- 4.53** All prisoners should be able to open bank accounts.

### Housekeeping point

- 4.54** The money management course provided by the education department should be run often enough to meet demand.

### Children, families and contact with the outside world

- 4.55** Most prisoners took their social visits on ROTL. For others, and those ineligible for temporary release, visits took place on Wednesday, Saturday and Sunday afternoons in a comfortable and well-equipped visits hall. There were 26 tables available and sessions were rarely fully booked. A tea bar was run by a local charity for use during visiting periods and visitors also had access to the staff café, just outside the prison, where they could buy hot and cold refreshments.

- 4.56** A small (but adequate) waiting room was provided in the prison, where visitors could hand in property for prisoners and where a small percentage was searched before visits.
- 4.57** Family days were held to coincide with local half-term holidays and were appropriately targeted at prisoners not yet entitled to town visits.
- 4.58** The Library ran Storybook Dads and DVD Dads (in which prisoners record stories for their children onto a CD or DVD), which were very popular and helped to promote and maintain family ties, but no family relationship-orientated courses were run by the education provider.

### **Attitudes, thinking and behaviour**

- 4.59** There was no analysis of the offending behaviour needs of the population (see recommendation 4.7) but it was a widely held belief that most prisoners had completed their required offending behaviour courses before arrival at the prison or had been identified as being able to complete them in the community on release. There had been good links with the Derbyshire Probation Service to deliver some courses on ROTL but this facility had lapsed since the previous inspection. An accredited programme module and assessments were provided for a small number of prisoners by the on-site area psychology team.

## Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

### Main recommendations

To the governor

- 5.1** Prisoners should only be segregated when there are compelling reasons to do so. Segregation should be properly recorded and authorised following an assessment of suitability. Conditions and the regime in segregation should meet reasonable standards and reintegration should be carefully planned. (S55)
- 5.2** Work done by prisoners on-site and in the community should be allocated to match their prospects of employment on release, opportunities to gain qualifications in work should be increased and all achievements of skills should be recorded and fed back. (S56)
- 5.3** Assessment and planning for prisoners should be reviewed on their arrival at the prison and kept up to date. Offender supervisors should be more accessible and maintain regular contact with prisoners to ensure good communication and progression of the sentence plan. (S57)
- 5.4** There should be an appropriate focus on meeting the resettlement needs of all prisoners. The needs of the population and of individuals should be assessed regularly. Effective services should be developed and should engage with those identified as requiring them at the appropriate time. (S58)

### Recommendations

To the governor

#### Courts, escort and transfers

- 5.5** Prisoners should not be kept on vehicles for long periods once the escort arrives at the prison. (1.5, repeated recommendation 1.6)
- 5.6** Prisoners should not be handcuffed on transfer to open conditions. (1.6, repeated recommendation 1.7)

#### Early days in custody

- 5.7** All information should be provided in an appropriate range of languages. (1.16, repeated recommendation 1.24)
- 5.8** Prisoners should be received by staff onto the induction wing, given appropriate information and interviewed privately to assess immediate needs, including reference to the cell sharing risk assessment. (1.17, repeated recommendation 1.27)

### **Bullying and violence reduction**

- 5.9** The prison should explore and address prisoner perceptions about safety. (1.24)
- 5.10** The patterns and trends of bullying and intimidation in the establishment should be analysed and action taken to reduce its incidence. (1.25)

### **Self-harm and suicide**

- 5.11** Night staff should be appropriately trained in first-aid procedures. (1.31, repeated recommendation 3.23)
- 5.12** All discipline staff should carry anti-ligature knives. (1.32)

### **Safeguarding**

- 5.13** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.36)

### **Security**

- 5.14** Prisoners should not be put on release on temporary licence holds when positive drug test results are due to prescribed medication. (1.47)

### **Discipline**

- 5.15** Prisoners who could be the victims of bullying should be referred to the safer custody team for support and for an investigation to be carried out. (1.63, repeated recommendation 7.24)

### **Substance misuse**

- 5.16** A comprehensive needs-analysis should be conducted to ensure that the psychosocial services currently delivered meet the needs of the population. (1.72)

### **Residential units**

- 5.17** External areas should be maintained to an acceptable standard. (2.8)
- 5.18** Prisoners should be able to store valuables and medication securely. (2.9, repeated recommendation 2.21)
- 5.19** All showers should be cleaned to a good standard every day. (2.10)

### **Staff-prisoner relationships**

- 5.20** Personal officers should introduce themselves to those on their caseload within the two days outlined in the local policy, and sooner where possible. This introduction should explain what the personal officer relationship will deliver. (2.18, repeated recommendation 2.48)
- 5.21** The poor perceptions of prisoners about their treatment by staff should be investigated and action taken on the findings. (2.19)

## Equality and diversity

- 5.22** The equality policy should be based on a population needs analysis. (2.29)
- 5.23** Senior managers should investigate and address the allegations of victimisation by some prisoner groups identified by our survey. (2.30)
- 5.24** Discrimination incident report forms should be investigated within a reasonable timescale, prisoners should be informed of outcomes in writing, and external quality assurance procedures should be introduced. (2.31)
- 5.25** A whole-prison approach should be adopted towards the promotion of diversity and all core functions should be represented at equality action team meetings. (2.32)
- 5.26** Prisoners with protected characteristics should be given the opportunity to raise and discuss issues in dedicated forums. (2.43)
- 5.27** Comprehensive personal emergency evacuation plans should be provided for those who need them, and a range of appropriate activities introduced for older prisoners and those with disabilities. (2.44)
- 5.28** A formal and paid carers scheme should be introduced. (2.45, repeated recommendation 4.52)

## Faith and religious activity

- 5.29** The washing facilities in the multi-faith room should meet the needs of prisoners preparing to worship. (2.52)

## Complaints

- 5.30** Prisoner concerns about the complaints process (including access to the Independent Monitoring Board), especially about the risk of victimisation and complaints about staff, should be investigated and addressed. (2.59)
- 5.31** Senior managers should undertake complaint analysis and take remedial action in response to emerging trends. (2.60)

## Legal rights

- 5.32** Legal visits should take place in sufficient privacy. (2.65)

## Health services

- 5.33** There should be an up-to-date health needs assessment to enable services, including mental health services, to be mapped against need. (2.78, repeated recommendation 5.13)
- 5.34** The complaints system should preserve medical confidentiality and responses should address all the issues raised. (2.79)
- 5.35** Staff should have access to a full range of current policies that are relevant to the environment and are regularly reviewed. (2.80)

- 5.36** There should be systematic health promotion throughout the prison that meets the current health promotion plan. (2.81)
- 5.37** All prisoners should receive a secondary health assessment within 72 hours of arrival. (2.90, repeated recommendation 5.55)
- 5.38** Triage protocols should be used by trained nurses to appoint patients to clinics and ensure consistent and effective use of consultation time. (2.91, repeated recommendation 5.56)
- 5.39** Prisoners should have timely access to external hospital appointments. (2.92)
- 5.40** A medicines management committee should meet monthly, attended by all relevant stakeholders, and discuss all key elements of medicines management, including adverse incidents and aggregated prescribing data. (2.101)
- 5.41** A full suite of standard procedures and policies for pharmacy provision and medication management, which reflect regulatory and professional requirements, should be agreed and regularly reviewed through the medicines management committee. (2.102)
- 5.42** Medication administration records should be complete and patients who fail to collect their medicines and/or do not comply with dosing regimes should be identified, monitored and supported. (2.103)
- 5.43** Risk assessments for in-possession medication should be carried out for all patients. (2.104, repeated recommendation 5.80)
- 5.44** Patient group directions should be introduced to enable the supply of more potent medication by the pharmacist and/or nurse to avoid unnecessary consultations with the doctor. A copy of the original signed patient group directions should be held in the pharmacy and read and signed by all relevant staff. (2.105)
- 5.45** Dental waiting lists should be monitored and remedial action taken to ensure that prisoners have timely access to dental services. (2.111)
- 5.46** Primary mental services should include timely access to counselling and appropriate support, with regular reviews and evidence-based care from staff that are appropriately trained and supervised. (2.117)

### Catering

- 5.47** Breakfast should be served on the day it is to be eaten and be of sufficient quantity. (2.122, repeated recommendation 8.8)
- 5.48** Staff should be supported to recognise bullying behaviour in the meal queues and challenge it. (2.123, repeated recommendation 8.11)
- 5.49** All prisoners should have access to a hot meal every day. (2.124)
- 5.50** Prisoners should be able to self-cater. (2.125)

### Purchases

- 5.51** There should be establishment-wide consultation, including black and minority ethnic groups, about the prison shop. (2.129, repeated recommendation 8.6)

- 5.52** Arrangements should be made for prisoners who arrive at the establishment after prison shop order sheets have been submitted. (2.130, repeated recommendation 8.9)

#### Time out of cell

- 5.53** There should be more association areas, equipped with association equipment. (3.3, repeated recommendation 6.43)

#### Learning and skills and work activities

- 5.54** All staff involved in learning and skills and work activities should have opportunities to share ideas and good practice. (3.10)
- 5.55** Prisoners should have opportunities for gaining accredited vocational qualifications in all work activities. (3.14)
- 5.56** Prisoners with low levels of English and mathematics should attend courses to develop these skills. (3.15)
- 5.57** English and mathematics should be set in meaningful contexts related to resettlement, including work-related or vocational settings. (3.18)
- 5.58** Achievement of qualifications in English and mathematics should be improved, especially at levels 1 and 2. (3.23)

#### Physical education and healthy living

- 5.59** Prisoners should be offered vocational PE qualifications that would enhance their chances of employment or self-employment on release. (3.33)

#### Strategic management of resettlement

- 5.60** The strategic management of resettlement should be improved, including the development of a more comprehensive reducing reoffending strategy and plan, overseen by a focused committee, and more coordinated working with appropriately trained staff. (4.6)
- 5.61** A needs analysis should be undertaken to assess the resettlement needs of all categories of prisoner represented in the prison population. (4.7, repeated recommendation 9.6)

#### Offender management and planning

- 5.62** P-Nomis should be used to record contact between offender supervisors and prisoners. (4.14)
- 5.63** Prisoners serving less than 12 months should have a custody plan which addresses their resettlement needs. (4.15, repeated recommendation 9.44)
- 5.64** Public protection arrangements should be reviewed and more robust processes developed to ensure that all necessary actions are identified and taken. (4.24)
- 5.65** The quality of analysis in release on temporary licence (ROTL) risk assessments should be improved and include the views of offender managers and multi-agency public protection

arrangements (MAPPA) participants where relevant, about the risks associated with day release. (4.25)

- 5.66** The ROTL board should be adequately resourced to manage the high number of risk assessments. Prisoners should be kept informed about progress with their application. (4.26)
- 5.67** A clear policy for recategorisation should be developed and consistently applied. (4.30, repeated recommendation 9.44)
- 5.68** The needs of indeterminate-sentenced prisoners should be analysed and specific provision developed accordingly. (4.34)

### Reintegration planning

- 5.69** Links with housing agencies should be developed and resources made available to enable appropriate levels of access to them. (4.38)
- 5.70** The National Careers Service should be adequately staffed and its interventions timely so that they support prisoners in planning their learning and skills and work activities in preparation for release. (4.42)
- 5.71** Work activities on release should be planned more effectively, and procedures for collecting accurate data on prisoners' progression to employment and training on release should be improved. (4.43)
- 5.72** Prisoners should have up-to-date information on job vacancies local to their accommodation on release and have access to the facilities they need to apply for these jobs promptly and to attend interviews. (4.44)
- 5.73** The end of life pathway should be updated so that prisoners receive appropriate palliative care. (4.48)
- 5.74** Prisoners should be able to get advice and support with financial problems from specialist providers in the prison. (4.52)
- 5.75** All prisoners should be able to open bank accounts. (4.53)

## Housekeeping points

### Courts, escort and transfers

- 5.76** Escort vans should be clean and free from graffiti. (1.7)
- 5.77** Written information should be provided to prisoners before transfer to Sudbury. (1.8, repeated recommendation 1.8)

### Early days in custody

- 5.78** Reception processes should ensure appropriate levels of confidentiality for prisoners. (1.18)



### Self-harm and suicide

- 5.79** Night observations for those under assessment, care in custody and teamwork (ACCT) procedures should not be predictable and repetitive. (1.33)

### Discipline

- 5.80** The adjudication standardisation meeting should monitor trends and, where practicable, take appropriate action. (1.56)

### Residential units

- 5.81** Prisoners should have sufficient access to cleaning materials to maintain the cleanliness of their cells. (2.11)
- 5.82** The outcomes of applications should be recorded. (2.12)

### Staff-prisoner relationships

- 5.83** Electronic case notes should be updated regularly with qualitative reports. (2.20)
- 5.84** The minutes of the prisoner consultative committee should be published in communal areas. (2.21)
- 5.85** There should be regular, effective management checks of the personal officer scheme. (2.22)

### Equality and diversity

- 5.86** Periodic monitoring should be carried out to ensure equality of outcomes for all minority groups. (2.33)
- 5.87** Foreign national issues and faith should be considered and discussed by the equality action team. (2.46)

### Legal rights

- 5.88** Prisoner dissatisfaction with access to legal visits and legal post should be investigated and addressed. (2.66)

### Health services

- 5.89** There should be regular dedicated health care service user consultation. (2.82)
- 5.90** All health services staff should have regular access to documented clinical supervision from appropriately trained staff. (2.83)
- 5.91** There should be a designated health care lead for older prisoners. (2.84, repeated recommendation 5.17)
- 5.92** All staff should be aware of and use the agreed emergency response protocol. (2.85)
- 5.93** Reception health care rooms should provide adequate privacy. (2.93)

- 5.94** Maximum and minimum temperatures for the drug refrigerators should be recorded daily, to ensure that heat-sensitive items are stored within the 2–8°C range. (2.106)
- 5.95** Faxed prescriptions sent to the pharmacy should be marked to avoid duplication. (2.107)
- 5.96** Original packs or white cartons should be used for the supply of in-possession medication. (2.108)

#### **Purchases**

- 5.97** Appropriate arrangements should be made for the retention of goods for prisoners on temporary absence. (2.131, repeated recommendation 8.8)

#### **Physical education and healthy living**

- 5.98** The prison should ensure that the cricket pitch is refurbished, kept maintained and used. (3.34)

#### **Offender management and planning**

- 5.99** Sentence plans should contain outcome-focused objectives. (4.16)
- 5.100** Recommendations to release a prisoner on home detention curfew should be reviewed immediately by a governor, to avoid unnecessary delays. (4.17)
- 5.101** Information on the violent and sexual offenders register should be kept up to date. (4.27)
- 5.102** The prison should always know the where a prisoner intends to go on day release. (4.28)
- 5.103** Recategorisation paperwork should be sufficiently detailed, setting out the specific reasons for a return to closed conditions. (4.31)

#### **Reintegration planning**

- 5.104** The money management course provided by the education department should be run often enough to meet demand. (4.54)

## Section 6. Appendices

### Appendix I: Inspection team

Nick Hardwick  
 Andrew Rooke  
 Sandra Fieldhouse  
 Joss Crosbie  
 Angela Johnson  
 Gordon Riach  
 Paul Rowlands  
 Lucy Higgins  
 Helen Ranns  
 Samantha Booth

Chief inspector  
 Team leader  
 Inspector  
 Inspector  
 Inspector  
 Inspector  
 Inspector  
 Researcher  
 Researcher  
 Senior researcher

#### **Specialist inspectors**

Paul Roberts  
 Majella Pearce  
 Peter Gibbs  
 Dawn Wallace  
 Karen Adriaanse  
 Ian Smith  
 Bryan Davis

Substance misuse inspector  
 Health services inspector  
 Pharmacy inspector  
 Care Quality Commission inspector  
 Ofsted inspector  
 Ofsted inspector  
 Ofsted inspector



## Appendix II: Progress on recommendations from the last report

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

### Safety

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

*At the last inspection, in 2010, staff in reception were welcoming, despite negative survey perceptions. First night arrangements were not sufficiently supportive for all prisoners. Induction covered key issues but was not immediate. Self-harm and suicide prevention measures were of a high standard. There were few incidents of violence, but prisoners reported feeling unsafe on their first night. Security intelligence arrangements were good and absconds had been sharply reduced. Some prisoners were segregated too long without access to an appropriate regime. The number of prisoners testing positive under mandatory drug testing had increased. Outcomes for prisoners were reasonably good against this healthy prison test.*

#### **Main recommendations**

The first night arrangements should be amended to ensure that those needing structured support in their first days at the establishment are identified and enabled to make a smooth transition to open conditions. (HP50)

**Not achieved**

#### **Recommendations**

Prisoners should not be kept on vehicles for long periods once the escort arrives at the prison. (1.6)

**Not achieved** (recommendation repeated, 1.5)

Prisoners should not be handcuffed on transfer to open conditions. (1.7)

**Not achieved** (recommendation repeated, 1.6)

Written information should be provided to prisoners before transfer to Sudbury. (1.8)

**Not achieved** (recommendation repeated as a housekeeping point, 1.8)

All information should be provided in an appropriate range of languages. (1.24)

**Not achieved** (recommendation repeated, 1.16)

Cell-sharing risk assessments should be completed in private. (1.25)

**No longer relevant**

Prisoners should be offered a free telephone call on arrival. (1.26)

**Achieved**

Prisoners should be received by staff onto the induction wing, given appropriate information and interviewed privately to assess immediate needs, including reference to the cell sharing risk assessment. (1.27)

**Not achieved** (recommendation repeated, 1.17)

The number of induction orderlies should be increased and their role developed further, to assist new prisoners to settle into their new surroundings. (1.28)

**Partially achieved**

The locations of newly received prisoners should be easily identifiable to staff. (1.29)

**Achieved**

Induction should begin for all prisoners on the first working day after their arrival. (1.30)

**Achieved**

The induction programme should be reviewed to ensure that prisoners are kept fully occupied. (1.31)

**Achieved**

An assessment of all prisoners' resettlement needs should be undertaken during induction and should lead to referrals to supporting services. (1.32)

**Not achieved**

Prisoners should be provided with activities immediately after completion of their induction programme. (1.33)

**Achieved**

An anti-bullying strategy should be published. (3.6)

**Achieved**

Staff should be trained in anti-bullying and violence reduction. (3.7)

**Not achieved**

Self-harm and suicide meetings should be attended by all relevant staff/departments. (3.21)

**Achieved**

There should be regular reviews of performance against agreed action plans following a death in custody and the safer custody team should be involved and informed. (3.22)

**Achieved**

Night staff should be appropriately trained in first-aid procedures. (3.23)

**Not achieved** (recommendation repeated, 1.31)

A Listener scheme should be introduced as a matter of urgency. (3.24)

**Achieved**

All directly employed staff and, wherever possible, contracted staff should be trained in assessment, care in custody and teamwork (ACCT) procedures. (3.25)

**Achieved**

Access to the integrated drug treatment system (IDTS) administration area should be changed to ensure the confidentiality of IDTS patients. (3.58)

**Achieved**

The current drug strategy for reducing the supply of drugs should be updated in the light of intelligence regarding key routes and targeted action taken. (3.59)

**Achieved**

The toilet facility in the mandatory drug testing (MDT) suite should be screened to allow a greater degree of privacy for prisoners giving samples. (3.60)

**Not achieved**

Target searching should take place within a reasonable time after the receipt of security intelligence.

(7.9)

**Achieved**

Information relating to absconds should be analysed, trends identified and action taken where necessary further to reduce the number of absconds. (7.10)

**Partially achieved**

When prisoners seek protection because of bullying or debt, a formal investigation of the circumstances should take place. (7.11)

**Not achieved**

All charges should be fully investigated and a detailed record made on the adjudication documentation. This documentation should be routinely quality assured by senior managers. (7.23)

**Partially achieved**

Prisoners who could be the victims of bullying should be referred to the safer custody team for support and for an investigation to be carried out. (7.24)

**Not achieved** (recommendation repeated, 1.63)

Prisoners' access to release on temporary licence (ROTL) should not be suspended until a full review has taken place by the risk assessment board. (7.25)

**Achieved**

Prisoners whose adjudication is dismissed or not proceeded with should not have their access to ROTL restricted. (7.26)

**Achieved**

The procedures for managing prisoners who are subject to adjudications should be reviewed to prevent them from receiving more than one sanction for a single offence against discipline. (7.27)

**Achieved**

The use of collective punishments should cease. (7.28)

**Achieved**

Segregation unit cells should be cleaned and graffiti removed. (7.29)

**Not achieved**

The management and policy for the segregation unit should be reviewed and clarified to reflect the accommodation and procedures used at Sudbury. (7.30)

**Not achieved**

Documentation relating to the use of the segregation unit should be completed fully and in sufficient detail to show outcomes for prisoners located in the unit. (7.31)

**Not achieved**

Prisoners requiring transfer for medical reasons should not be held in the segregation unit unless there are overwhelming security reasons. (7.32)

**Achieved**

The regime on the segregation unit should be improved to include exercise, access to some form of activity and access to telephones for those who stay on the unit overnight. (7.33)

**Not achieved**

Prisoners being transferred for disciplinary or security reasons should have their IEP level reviewed before transfer. (7.42)

**Not achieved**

Management checks on IEP reviews should be reinstated and carried out monthly. (7.43)

**Not achieved**

## Respect

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

*At the last inspection, in 2010, the environment was mostly well maintained and pleasant. The quality of staff–prisoner relationships varied and the personal officer scheme was not effective. The incentives and earned privileges scheme was used well. Arrangements around race equality were good and developing for those with disabilities, older, and gay, bisexual and transgender prisoners. Services for foreign national prisoners were poor. Some aspects of health care had improved but governance arrangements were not sufficiently robust. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Main recommendations

The effectiveness of the personal officer scheme should be evaluated and lessons drawn to design and deliver a scheme which meets the particular circumstances at the establishment. (HP51)

**Achieved**

Arrangements should be made to ensure that the needs of all foreign national prisoners are adequately met. (HP52)

**Not achieved**

### Recommendations

Prisoners should be able to store valuables and medication securely. (2.21)

**Not achieved** (recommendation repeated, 2.9)

Long-term prisoners should be able to do their own laundry. (2.22)

**Not achieved**

The poor perceptions of prisoners about their treatment by staff should be explored and action taken on the findings. (2.37)

**Not achieved** (recommendation repeated, 2.19)

Senior managers should be more visible and engaged routinely in consultative events. (2.38)

**Achieved**

There should be greater formal use of prisoners as peer supporters. (2.39)

**Achieved**

The consultation committees should be more regular, better advertised and their outcomes publicised. They should ensure that the wider concerns of prisoners at the establishment are represented. (2.40)

**Partially achieved**



Personal officers should introduce themselves to those on their caseload within the two days outlined in the local policy, and sooner where possible. This introduction should explain what the personal officer relationship will deliver. (2.48)

**Not achieved** (recommendation repeated, 2.18)

There should be regular, effective management checks of the personal officer scheme which take action on both qualitative and quantitative weaknesses. (2.49)

**Not achieved**

Responses to complaints should be respectful, addressed directly to the complainant by the person or department responsible and not passed back to prisoners for resubmission. (3.32)

**Achieved**

Letters from solicitors and legal advisers should be delivered to prisoners unopened. (3.37)

**Partially achieved**

A whole-prison approach should be adopted towards the promotion of diversity. (4.10)

**Not achieved**

The purpose of the potential racist and extremist register should be clarified. It should contain accurate information which should determine decisions about the individual's time at the establishment. (4.20)

**No longer relevant**

Accommodation should be allocated in such a way as to allow prisoners from a Muslim background to share rooms with prisoners from their own faith. (4.28)

**Achieved**

Staff should receive training in religious diversity. (4.29)

**Partially achieved**

The foreign nationals coordinator should be given sufficient time to complete his responsibilities. (4.35)

**Not achieved**

Telephone interpreting services should be used to meet the needs of prisoners who do not speak English. (4.36)

**Not achieved**

The needs of all prisoners with a disability, including personal evacuation plans, should be identified and assessed accurately, and reasonable steps taken to address them. (4.44)

**Not achieved**

Older prisoners should be consulted and measures taken to address their particular needs. (4.51)

**Partially achieved**

A formal and paid carers scheme should be introduced. (4.52)

**Not achieved** (recommendation repeated, 2.45)

There should be an up-to-date health needs assessment to enable services, including mental health services, to be mapped against need. (5.13)

**Not achieved** (recommendation repeated, 2.78)

A prison health development plan should be developed that includes objectives, timescales and progress. (5.14)

**Partially achieved**

There should be more space available for consultations and clinics. (5.15)

**Achieved**

Care plans should be used for prisoners with specific and complex health needs. (5.16)

**Achieved**

There should be a designated health care lead for older prisoners. (5.17)

**Not achieved**

There should be a lead clinician for clinical governance, with a remit for developing and maintaining robust and safe systems and processes. (5.31)

**Partially achieved**

Reporting and learning from events and serious untoward incidents should be strengthened, with reporting of near-miss incidents and proper trend analysis. (5.32)

**Achieved**

There should be senior clinical representation at the policy/governance meeting. (5.33)

**Achieved**

All clinical reviews of deaths in custody should have a clear action plan with objectives, a timescale and progress charted. (5.34)

**Achieved**

Complaints responses should be written in plain language and acknowledge the prisoner's perspective appropriately. (5.35)

**Partially achieved**

Written and verbal complaints should be logged, analysed and used for team learning. (5.36)

**Achieved**

SystemOne recording should be adhered to by all health professionals and include dental consultations and messages between health professionals. (5.37)

**Achieved**

Health services staff should have access to specialist advice and evidence about specialist issues such as wound management. (5.38)

**Achieved**

A training needs analysis should be completed against service needs. (5.39)

**Achieved**

Specialist mental health clinical supervision should be available to the registered mental health nurses. (5.40)

**Not achieved**

The available space for health care processes in reception should be increased and privacy for prisoners improved. (5.53)

**Partially achieved**

Reception screening should enable significant health needs to be identified early and appropriate action taken. (5.54)

**Achieved**

All prisoners should receive a secondary health assessment within 72 hours of arrival. (5.55)

**Not achieved** (recommendation repeated, 2.90)

Triage protocols should be used by trained nurses to appoint patients to clinics and ensure consistent and effective use of consultation time. (5.56)

**Not achieved** (recommendation repeated, 2.91)

An out-of-hours policy for medical emergencies should be introduced. (5.57)

**Not achieved**

Regular designated chronic disease management clinics should be held. (5.58)

**Achieved**

Nursing staff taking the lead in chronic disease management should be appropriately trained. (5.59)

**Achieved**

A health promotion plan should be developed. (5.60)

**Partially achieved**

All pharmacy policies and procedures in operation should be reviewed by the medicines and therapeutics committee, be up to date and reflect regulatory and professional requirements. (5.77)

**Not achieved**

An out-of-hours medication policy should be introduced. (5.78)

**Achieved**

Prisoners' identification should always be checked before administration of any medication. (5.79)

**Achieved**

Risk assessments for in-possession medication should be carried out for all patients. (5.80)

**Not achieved** (recommendation repeated, 2.104)

The system for recording the administration and supply of medication should ensure clear, reliable and tamper-evident records that comply with regulations and the requirements of the professional bodies. (5.81)

**Achieved**

There should be no dispensing of medicines by nurses without the professional control of either a pharmacist or doctor. (5.82)

**Partially achieved**

All medicines supplied to patients from a prescription or a PGD should be labelled according to regulations. (5.83)

**Achieved**

An X-ray developer and viewer should be provided. (5.98)

**Achieved**

Review of the failure-to-attend rates and reasons should be carried out and remedial action taken to maximise use of the dental sessions. (5.99)

**Achieved**

A protocol should be developed for dental out-of-hours cover and arrangements to cover annual leave should be put in place. (5.100)

**Partially achieved**

A full surgery inspection should be carried out by/on behalf of the Primary Care Trust (PCT). (5.101)

**No longer relevant**

The dentistry team should know where the resuscitation equipment is stored and have annual resuscitation training. (5.102)

**Achieved**

The procedures for the keeping of clinical records and for the taking of X-rays should be reviewed with reference to the guidelines published by the Faculty of General Dental Practice (UK). (5.103)

**Achieved**

Regular meetings should be held between both dentists and health services staff. (5.104)

**Achieved**

The 'joint hierarchy' for cancellation of escorts protocol should be reviewed and amended to enable decisions to be made on a case-by-case basis, always informed by a clinician in the health care department in conjunction with a clinician from the provider. (5.110)

**Partially achieved**

Day care services should be provided for vulnerable prisoners. (5.119)

**No longer relevant**

Regular multidisciplinary team meetings should be held, with representation from primary and secondary mental health nurses, the GP and the consultant psychiatrist. (5.120)

**Achieved**

The prison and the PCT should ensure that there is adequate consultant psychiatrist cover out of hours to enable urgent assessment before transfer. (5.121)

**Achieved**

All prison staff having direct contact with prisoners should receive mental health Awareness training. (5.122)

**Partially achieved**

Breakfast should be served on the day it is to be eaten and be of sufficient quantity. (8.8)

**Not achieved** (recommendation repeated, 2.122)

A hot option should be provided for the lunchtime meal, including an alternative to noodle lunches for charity outworkers. (8.9)

**Not achieved**

A pre-select system for meal choices should be introduced. (8.10)

**Achieved**

Staff should be supported to recognise bullying behaviour in the meal queues and challenge it. (8.11)

**Not achieved** (recommendation repeated, 2.133)

There should be establishment-wide consultation, including black and minority ethnic groups, about the prison shop. (8.6)

**Not achieved** (recommendation repeated, 2.129)

The price list should reflect the actual cost of goods and should be advertised widely, along with any promotional items, around the residential units. (8.7)

**Achieved**

Appropriate arrangements should be made for the retention of goods for prisoners on temporary absence. (8.8)

**Not achieved**

Arrangements should be made for prisoners who arrive at the establishment after prison shop order sheets have been submitted. (8.9)

**Partially achieved** (recommendation repeated, 2.130)

## Purposeful activity

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

*At the last inspection, in 2010, all prisoners were in work, training or education and a large percentage worked out on voluntary or paid employment. Work opportunities in the prison were basic and did not fully engage those employed. Vocational training was limited. The learning and skills provision was satisfactory. The library was well managed and used, and the gym offered good access to a wide range of activities. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Main recommendations

The quality of jobs available in the prison should be improved and opportunities for gaining accredited vocational qualifications increased. (HP53)

**Partially achieved**

### Recommendations

The data collected and other management information should be better used to inform programme development and quality improvement. (6.18)

**Partially achieved**

The wages of prisoners employed in prison jobs should be increased in the light of rising prison shop prices. (6.19)

**Not achieved**

Individual learning plans should be improved, to set realistic and meaningful targets and review prisoners' progress. (6.20)

**Partially achieved**

The employment and training board should be better informed by information from all departments and its work better communicated to staff and prisoners. (6.21)

**Achieved**

Clear targets should be set and reviewed for prisoners doing external voluntary and paid work. (6.22)

**Not achieved**

More prisoners should be encouraged to participate in education and vocational training. (6.23)

**Partially achieved**

The range of education classes should be increased. (6.24)

**Partially achieved**

The quality of teaching and learning should be improved on literacy, numeracy and language courses. (6.25)

**Achieved**

Clear and regular information should be given to library staff on the range and number of foreign national prisoners in the prison. (6.26)

**Achieved**

The sports hall roof should be repaired, to ensure better usage of the facility in poor weather. (6.35)

**Achieved**

The shower facilities in the PE department should be refurbished. (6.36)

**Achieved**

The range of PE courses should be improved to include better opportunities for the development of leadership and team-building skills. (6.37)

**Not achieved**

There should be more association areas, equipped with association equipment. (6.43)

**Not achieved** (recommendation repeated, 3.3)

## Resettlement

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

*At the last inspection, in 2010, there was a new reducing reoffending strategy and governance arrangements were good. The offender management unit worked well and case files were of a reasonable standard, although increasing workloads had led to delays in offender assessment system (OASys) reviews. There was also a backlog of public protection assessments. The management of indeterminate-sentenced prisoners was excellent. Good use was made of work placements in charities or in paid work in the community. Most resettlement pathway provision was good, with the exception of support in finding employment. Outcomes for prisoners were good against this healthy prison test.*

### Main recommendations

Resourcing of the offender management unit should be amended to meet the demands of the changing prison population profile and to eradicate the offender assessment system (OASys) backlog. (HP54)

**Partially achieved**

### Recommendations

A needs analysis should be undertaken to assess the resettlement needs of all categories of prisoner represented in the prison population. (9.6)

**Not achieved** (recommendation repeated, 4.7)

The monitoring of outcomes of resettlement services should be reviewed and include prisoner consultation. (9.7)

**Not achieved**

Prisoners should be fully consulted about their sentence plan and the targets should be explained to them. (9.37)

**Achieved**

Prisoners serving less than 12 months should have a custody plan which addresses their resettlement needs. (9.38)

**Not achieved** (recommendation repeated, 4.15)

Offender management file monitoring should identify deficits in assessment and target setting, so that corrective action can be taken. (9.39)

**Achieved**

Personal officers should contribute in person or in writing to all sentence planning boards. (9.40)

**Partially achieved**

The prison should provide video-conferencing facilities. (9.41)

**Not achieved**

Home detention curfew decisions should only be made when all risk information is available. (9.42)

**Achieved**

Prisoners should be provided with assistance in finding paid employment. (9.43)

**Achieved**

A clear policy for recategorisation should be developed and consistently applied. (9.44)

**Not achieved** (recommendation repeated, 4.30)

Resources allocated to public protection should be increased to ensure that the backlog of assessments is cleared. (9.45)

**Achieved**

The pre-discharge interview should be held at least four weeks before discharge, to allow time for any preparations for release to be arranged. (9.62)

**Not achieved**

Links with employers should be improved. (9.63)

**Achieved**

A job club should be introduced, supported by secured internet access to enable completion of online job applications. (9.64)

**Not achieved**

The drug strategy document should be updated to reflect current needs, include alcohol services, and contain detailed action plans and performance measures. (9.76)

**Partially achieved**

The establishment should ensure that all drug review board reports are made available to risk review boards. (9.77)

**No longer relevant**





## Appendix III: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced		570	99.13
Recall		5	0.87
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees			
<b>Total</b>		<b>575</b>	<b>100</b>

Sentence	18–20-year-olds	21 and over	%
Unsentenced		1	0.16
Less than six months		1	0.16
six months to less than 12 months		2	0.32
12 months to less than 2 years		6	0.96
2 years to less than 4 years		77	12.38
4 years to less than 10 years		291	46.78
10 years and over (not life)		47	7.56
ISPP (indeterminate sentence for public protection)		47	7.56
Life		150	24.12
<b>Total</b>		<b>575</b>	<b>99.46</b>

Age	Number of prisoners	%
Please state minimum age here:	23	
Under 21 years	0	0.0
21 years to 29 years	171	29.7
30 years to 39 years	206	35.8
40 years to 49 years	118	20.5
50 years to 59 years	55	9.6
60 years to 69 years	19	3.3
70 plus years	6	1.0
Please state maximum age here:	88	
<b>Total</b>	<b>575</b>	<b>100</b>

Nationality	18–20-year-olds	21 and over	%
British		563	97.9
Foreign nationals		12	2.1
<b>Total</b>		<b>575</b>	<b>100</b>

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced			
Category A			
Category B			
Category C		24	4.2
Category D		549	95.5

Other		2	0.3
<b>Total</b>		<b>575</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
White			
British		332	57.7
Irish		1	0.2
Gypsy/Irish Traveller		2	0.3
Other white		8	1.4
Mixed			
White and black Caribbean		17	3.0
White and black African		1	0.2
White and Asian		3	0.5
Other mixed		9	1.6
Asian or Asian British			
Indian		29	5.0
Pakistani		46	8.0
Bangladeshi		3	0.5
Chinese		1	0.2
Other Asian		13	2.3
Black or black British			
Caribbean		70	12.2
African		14	2.4
Other black		14	2.4
Other ethnic group			
Arab		0	0.0
Other ethnic group		2	0.3
Not stated		10	1.7
<b>Total</b>		<b>575</b>	<b>100</b>

<b>Religion</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
Baptist		0	0
Church of England		129	22.4
Roman Catholic		64	11.1
Other Christian denominations		57	9.9
Muslim		111	19.3
Sikh		16	2.8
Hindu		6	1.0
Buddhist		12	2.1
Jewish		2	0.3
Other		5	0.9
No religion		173	31.1
<b>Total</b>		<b>575</b>	<b>100</b>

<b>Other demographics</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
Veteran (ex-armed services)		1	100
<b>Total</b>		<b>1</b>	<b>100</b>

**Sentenced prisoners only**

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			75	13.0
1 month to 3 months			116	20.2
3 months to six months			131	22.8
six months to 1 year			154	26.8
1 year to 2 years			91	15.8
2 years to 4 years			6	1.0
4 years or more			1	0.2
<b>Total</b>			<b>574</b>	<b>100</b>

**Sentenced prisoners only**

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry			
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).		2	0.34
<b>Total</b>		<b>2</b>	<b>0.34</b>

**Unsentenced prisoners only**

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month				
1 month to 3 months				
3 months to 6 months				
6 months to 1 year			1	100
1 year to 2 years				
2 years to 4 years				
4 years or more				
<b>Total</b>			<b>1</b>	<b>100</b>

Main offence	18–20-year-olds	21 and over	%
Violence against the person		190	33
Sexual offences		0	0
Burglary		38	7
Robbery		55	10
Theft and handling		13	2
Fraud and forgery		34	6
Drugs offences		190	33
Other offences		51	9
Civil offences		2	0
Offence not recorded /holding warrant		2	0
<b>Total</b>		<b>575</b>	<b>100</b>



## Appendix IV: Summary of prisoner questionnaires and interviews

### Prisoner survey methodology

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

### Sampling

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

### Distributing and collecting questionnaires

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

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

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

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

### Survey response

At the time of the survey on 21 October 2013 the prisoner population at HMP Sudbury was 571. Using the method described above, questionnaires were distributed to a sample of 214 prisoners.

We received a total of 154 completed questionnaires, a response rate of 72%. This included two questionnaires completed via interview. Sixteen respondents refused to complete a questionnaire, 15 questionnaires were not returned and 29 were returned blank.

<b>Wing/unit</b>	<b>Number of completed survey returns</b>
East wing	66
West wing	52
P wing	35
Segregation unit	1

## Presentation of survey results and analyses

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

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

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

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Sudbury in 2013 compared with responses from prisoners surveyed in all other open prisons. This comparator is based on all responses from prisoner surveys carried out in 15 open prisons since April 2008.
- The current survey responses from HMP Sudbury in 2013 compared with the responses of prisoners surveyed at HMP Sudbury in 2010.
- A comparison within the 2013 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2013 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2013 survey between those who are aged 50 and over and those under 50.

## Survey summary

### Section I: About You

<b>Q1.2</b>	<b>How old are you?</b>		
	<i>Under 21</i>		0 (0%)
	<i>21 - 29</i>		50 (32%)
	<i>30 - 39</i>		52 (34%)
	<i>40 - 49</i>		35 (23%)
	<i>50 - 59</i>		10 (6%)
	<i>60 - 69</i>		6 (4%)
	<i>70 and over</i>		1 (1%)
<b>Q1.3</b>	<b>Are you on recall?</b>		
	Yes		6 (4%)
	No		146 (96%)
<b>Q1.4</b>	<b>How long is your sentence?</b>		
	<i>Less than 6 months</i>		0 (0%)
	<i>6 months to less than 1 year</i>		3 (2%)
	<i>1 year to less than 2 years</i>		5 (3%)
	<i>2 years to less than 4 years</i>		22 (14%)
	<i>4 years to less than 10 years</i>		76 (50%)
	<i>10 years or more</i>		10 (7%)
	<i>IPP (indeterminate sentence for public protection)</i>		16 (10%)
	<i>Life</i>		21 (14%)
<b>Q1.5</b>	<b>Are you a foreign national? (i.e. do not have UK citizenship)</b>		
	Yes		3 (2%)
	No		150 (98%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>		
	Yes		152 (100%)
	No		0 (0%)
<b>Q1.7</b>	<b>Do you understand written English?</b>		
	Yes		154 (100%)
	No		0 (0%)
<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	83 (56%)	<i>Asian or Asian British - Chinese</i> 1 (1%)
	<i>White - Irish</i>	3 (2%)	<i>Asian or Asian British - other</i> 2 (1%)
	<i>White - other</i>	4 (3%)	<i>Mixed race - white and black Caribbean</i> 5 (3%)
	<i>Black or black British - Caribbean</i>	20 (13%)	<i>Mixed race - white and black African</i> 1 (1%)
	<i>Black or black British - African</i>	4 (3%)	<i>Mixed race - white and Asian</i> 3 (2%)
	<i>Black or black British - other</i>	3 (2%)	<i>Mixed race - other</i> 1 (1%)
	<i>Asian or Asian British - Indian</i>	5 (3%)	<i>Arab</i> 0 (0%)
	<i>Asian or Asian British - Pakistani</i>	13 (9%)	<i>Other ethnic group</i> 1 (1%)
	<i>Asian or Asian British - Bangladeshi</i>	0 (0%)	

<b>Q1.9</b>	<b>Do you consider yourself to be Gypsy/ Romany/ Traveller?</b>		
	Yes		6 (4%)
	No		142 (96%)
<b>Q1.10</b>	<b>What is your religion?</b>		
	None	43 (29%)	Hindu 1 (1%)
	Church of England	50 (33%)	Jewish 0 (0%)
	Catholic	18 (12%)	Muslim 23 (15%)
	Protestant	4 (3%)	Sikh 2 (1%)
	Other Christian denomination	4 (3%)	Other 4 (3%)
	Buddhist	1 (1%)	
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>		
	Heterosexual/ Straight		147 (96%)
	Homosexual/Gay		3 (2%)
	Bisexual		3 (2%)
<b>Q1.12</b>	<b>Do you consider yourself to have a disability? (i.e do you need help with any long term physical, mental or learning needs)</b>		
	Yes		11 (7%)
	No		142 (93%)
<b>Q1.13</b>	<b>Are you a veteran (ex- armed services)?</b>		
	Yes		12 (8%)
	No		141 (92%)
<b>Q1.14</b>	<b>Is this your first time in prison?</b>		
	Yes		73 (48%)
	No		80 (52%)
<b>Q1.15</b>	<b>Do you have children under the age of 18?</b>		
	Yes		89 (58%)
	No		64 (42%)

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>On your most recent journey here, how long did you spend in the van?</b>		
	Less than 2 hours		72 (47%)
	2 hours or longer		71 (47%)
	Don't remember		9 (6%)
<b>Q2.2</b>	<b>On your most recent journey here, were you offered anything to eat or drink?</b>		
	My journey was less than two hours		72 (48%)
	Yes		64 (42%)
	No		14 (9%)
	Don't remember		1 (1%)
<b>Q2.3</b>	<b>On your most recent journey here, were you offered a toilet break?</b>		
	My journey was less than two hours		72 (48%)
	Yes		5 (3%)
	No		71 (47%)
	Don't remember		2 (1%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>		
	Yes		90 (59%)
	No		48 (32%)



	<i>Don't remember</i>	14 (9%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes	122 (80%)
	No	27 (18%)
	<i>Don't remember</i>	3 (2%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	<i>Very well</i>	41 (27%)
	<i>Well</i>	72 (47%)
	<i>Neither</i>	35 (23%)
	<i>Badly</i>	1 (1%)
	<i>Very badly</i>	1 (1%)
	<i>Don't remember</i>	2 (1%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)</b>	
	<i>Yes, someone told me</i>	127 (84%)
	<i>Yes, I received written information</i>	18 (12%)
	<i>No, I was not told anything</i>	9 (6%)
	<i>Don't remember</i>	3 (2%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes	136 (89%)
	No	16 (11%)
	<i>Don't remember</i>	0 (0%)

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

<b>Q3.1</b>	<b>How long were you in reception?</b>			
	<i>Less than 2 hours</i>	111 (73%)		
	<i>2 hours or longer</i>	36 (24%)		
	<i>Don't remember</i>	6 (4%)		
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>			
	Yes	120 (79%)		
	No	19 (13%)		
	<i>Don't remember</i>	13 (9%)		
<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>			
	<i>Very well</i>	39 (25%)		
	<i>Well</i>	66 (43%)		
	<i>Neither</i>	31 (20%)		
	<i>Badly</i>	10 (7%)		
	<i>Very badly</i>	5 (3%)		
	<i>Don't remember</i>	2 (1%)		
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>			
	<i>Loss of property</i>	15 (10%)	<i>Physical health</i>	16 (11%)
	<i>Housing problems</i>	16 (11%)	<i>Mental health</i>	6 (4%)
	<i>Contacting employers</i>	5 (3%)	<i>Needing protection from other prisoners</i>	0 (0%)
	<i>Contacting family</i>	31 (21%)	<i>Getting phone numbers</i>	34 (23%)
	<i>Childcare</i>	1 (1%)	<i>Other</i>	9 (6%)
	<i>Money worries</i>	21 (14%)	<i>Did not have any problems</i>	68 (46%)

*Feeling depressed or suicidal* 10 (7%)

- Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?**
- |                           |          |
|---------------------------|----------|
| Yes                       | 31 (21%) |
| No                        | 49 (33%) |
| Did not have any problems | 68 (46%) |
- Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)**
- |                                 |          |
|---------------------------------|----------|
| Tobacco                         | 41 (28%) |
| A shower                        | 36 (25%) |
| A free telephone call           | 63 (44%) |
| Something to eat                | 45 (31%) |
| PIN phone credit                | 41 (28%) |
| Toiletries/ basic items         | 30 (21%) |
| <b>Did not receive anything</b> | 40 (28%) |
- Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)**
- |                                     |           |
|-------------------------------------|-----------|
| Chaplain                            | 72 (48%)  |
| Someone from health services        | 100 (67%) |
| A Listener/Samaritans               | 42 (28%)  |
| Prison shop/ canteen                | 27 (18%)  |
| Did not have access to any of these | 31 (21%)  |
- Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)**
- |                                                                     |          |
|---------------------------------------------------------------------|----------|
| What was going to happen to you                                     | 85 (60%) |
| What support was available for people feeling depressed or suicidal | 56 (40%) |
| How to make routine requests (applications)                         | 73 (52%) |
| Your entitlement to visits                                          | 78 (55%) |
| Health services                                                     | 90 (64%) |
| Chaplaincy                                                          | 74 (52%) |
| Not offered any information                                         | 27 (19%) |
- Q3.9 Did you feel safe on your first night here?**
- |                |           |
|----------------|-----------|
| Yes            | 127 (84%) |
| No             | 16 (11%)  |
| Don't remember | 9 (6%)    |
- Q3.10 How soon after you arrived here did you go on an induction course?**
- |                                      |           |
|--------------------------------------|-----------|
| Have not been on an induction course | 0 (0%)    |
| Within the first week                | 140 (93%) |
| More than a week                     | 6 (4%)    |
| Don't remember                       | 4 (3%)    |
- Q3.11 Did the induction course cover everything you needed to know about the prison?**
- |                                      |           |
|--------------------------------------|-----------|
| Have not been on an induction course | 0 (0%)    |
| Yes                                  | 104 (70%) |
| No                                   | 37 (25%)  |
| Don't remember                       | 7 (5%)    |
- Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?**
- |                               |          |
|-------------------------------|----------|
| Did not receive an assessment | 33 (22%) |
| Within the first week         | 76 (51%) |

More than a week	15 (10%)
Don't remember	24 (16%)

#### Section 4: Legal rights and respectful custody

<b>Q4.1</b>	<b>How easy is it to.....</b>						
		Very easy	Easy	Neither	Difficult	Very difficult	N/A
	Communicate with your solicitor or legal representative?	38 (26%)	51 (35%)	28 (19%)	12 (8%)	4 (3%)	14 (10%)
	Attend legal visits?	24 (19%)	34 (27%)	19 (15%)	7 (6%)	5 (4%)	37 (29%)
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>						
	Not had any letters						44 (29%)
	Yes						59 (39%)
	No						47 (31%)
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>						
	Yes						72 (49%)
	No						8 (5%)
	Don't know						68 (46%)
<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>						
		Yes	No	Don't know			
	Are you normally able to have a shower every day?	146 (97%)	2 (1%)	2 (1%)			
	Do you normally receive clean sheets every week?	98 (65%)	37 (25%)	15 (10%)			
	Do you normally get cell cleaning materials every week?	64 (43%)	79 (53%)	7 (5%)			
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	106 (71%)	39 (26%)	4 (3%)			
	If you need to, can you normally get your stored property?	66 (47%)	34 (24%)	40 (29%)			
<b>Q4.5</b>	<b>What is the food like here?</b>						
	Very good						8 (5%)
	Good						38 (25%)
	Neither						51 (34%)
	Bad						33 (22%)
	Very bad						20 (13%)
<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>						
	Have not bought anything yet/ don't know						2 (1%)
	Yes						77 (51%)
	No						73 (48%)
<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>						
	Yes						74 (49%)
	No						13 (9%)
	Don't know						64 (42%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>						
	Yes						74 (50%)
	No						20 (13%)
	Don't know/ N/A						55 (37%)

<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>	
	Yes	101 (66%)
	No	6 (4%)
	Don't know/ N/A	45 (30%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	<i>I don't want to attend</i>	40 (27%)
	Very easy	50 (34%)
	Easy	28 (19%)
	Neither	5 (3%)
	Difficult	1 (1%)
	Very difficult	3 (2%)
	Don't know	22 (15%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>	
	Yes	129 (86%)
	No	14 (9%)
	Don't know	7 (5%)
<b>Q5.2</b>	<b>Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option)</b>	
		Not made one    Yes    No
	Are applications dealt with fairly?	14 (10%)    91 (62%)    42 (29%)
	Are applications dealt with quickly (within seven days)?	14 (10%)    80 (56%)    49 (34%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>	
	Yes	68 (47%)
	No	27 (19%)
	Don't know	50 (34%)
<b>Q5.4</b>	<b>Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option)</b>	
		Not made one    Yes    No
	Are complaints dealt with fairly?	79 (56%)    22 (15%)    41 (29%)
	Are complaints dealt with quickly (within seven days)?	79 (56%)    23 (16%)    39 (28%)
<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>	
	Yes	30 (22%)
	No	109 (78%)
<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	
	<i>Don't know who they are</i>	57 (40%)
	Very easy	7 (5%)
	Easy	21 (15%)
	Neither	32 (23%)
	Difficult	11 (8%)
	Very difficult	14 (10%)

### Section 6: Relationships with staff

<b>Q6.1</b>	<b>Do most staff treat you with respect?</b>	
	Yes	91 (61%)
	No	58 (39%)

<b>Q6.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	Yes	98 (67%)
	No	49 (33%)
<b>Q6.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	Yes	27 (18%)
	No	122 (82%)
<b>Q6.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i>	21 (14%)
	<i>Never</i>	50 (34%)
	<i>Rarely</i>	38 (26%)
	<i>Some of the time</i>	22 (15%)
	<i>Most of the time</i>	9 (6%)
	<i>All of the time</i>	7 (5%)
<b>Q6.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i>	33 (22%)
	<i>In the first week</i>	53 (35%)
	<i>More than a week</i>	51 (34%)
	<i>Don't remember</i>	13 (9%)
<b>Q6.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<i>Do not have a personal officer/ I have not met him/ her</i>	33 (22%)
	<i>Very helpful</i>	42 (29%)
	<i>Helpful</i>	32 (22%)
	<i>Neither</i>	20 (14%)
	<i>Not very helpful</i>	12 (8%)
	<i>Not at all helpful</i>	8 (5%)

### Section 7: Safety

<b>Q7.1</b>	<b>Have you ever felt unsafe here?</b>	
	Yes	32 (21%)
	No	117 (79%)
<b>Q7.2</b>	<b>Do you feel unsafe now?</b>	
	Yes	15 (10%)
	No	135 (90%)
<b>Q7.3</b>	<b>In which areas have you felt unsafe? (Please tick all that apply to you.)</b>	
	<i>Never felt unsafe</i>	117 (79%)
	<i>Everywhere</i>	8 (5%)
	<i>Association areas</i>	1 (1%)
	<i>Reception area</i>	2 (1%)
	<i>At the gym</i>	2 (1%)
	<i>In an exercise yard</i>	6 (4%)
	<i>At work</i>	3 (2%)
	<i>During movement</i>	4 (3%)
	<i>At education</i>	0 (0%)
	<i>At meal times</i>	10 (7%)
	<i>At health services</i>	5 (3%)
	<i>Visits area</i>	1 (1%)
	<i>In wing showers</i>	4 (3%)
	<i>In gym showers</i>	0 (0%)
	<i>In corridors/stairwells</i>	7 (5%)
	<i>On your landing/wing</i>	1 (1%)
	<i>In your cell</i>	4 (3%)
	<i>At religious services</i>	0 (0%)
<b>Q7.4</b>	<b>Have you been victimised by other prisoners here?</b>	
	Yes	29 (19%)
	No	120 (81%)

<b>Q7.5</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends)</i>	9 (6%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	0 (0%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	12 (8%)
	<i>Having your canteen/property taken</i>	3 (2%)
	<i>Medication</i>	2 (1%)
	<i>Debt</i>	1 (1%)
	<i>Drugs</i>	1 (1%)
	<i>Your race or ethnic origin</i>	2 (1%)
	<i>Your religion/religious beliefs</i>	3 (2%)
	<i>Your nationality</i>	1 (1%)
	<i>You are from a different part of the country than others</i>	4 (3%)
	<i>You are from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	3 (2%)
	<i>You have a disability</i>	1 (1%)
	<i>You were new here</i>	1 (1%)
	<i>Your offence/ crime</i>	1 (1%)
	<i>Gang related issues</i>	2 (1%)
<b>Q7.6</b>	<b>Have you been victimised by staff here?</b>	
	Yes	41 (28%)
	No	107 (72%)
<b>Q7.7</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends)</i>	12 (8%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	1 (1%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	19 (13%)
	<i>Medication</i>	5 (3%)
	<i>Debt</i>	0 (0%)
	<i>Drugs</i>	1 (1%)
	<i>Your race or ethnic origin</i>	1 (1%)
	<i>Your religion/religious beliefs</i>	2 (1%)
	<i>Your nationality</i>	2 (1%)
	<i>You are from a different part of the country than others</i>	2 (1%)
	<i>You are from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	0 (0%)
	<i>You were new here</i>	7 (5%)
	<i>Your offence/ crime</i>	0 (0%)
	<i>Gang related issues</i>	0 (0%)
<b>Q7.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	Not been victimised	96 (69%)
	Yes	7 (5%)
	No	37 (26%)

### Section 8: Health services

<b>Q8.1</b>	<b>How easy or difficult is it to see the following people?:</b>						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	27 (18%)	9 (6%)	47 (32%)	27 (18%)	23 (15%)	16 (11%)
	The nurse	25 (17%)	23 (16%)	62 (42%)	17 (12%)	12 (8%)	8 (5%)

The dentist	37 (25%)	7 (5%)	24 (16%)	21 (14%)	22 (15%)	35 (24%)
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**Q8.2 What do you think of the quality of the health service from the following people?:**

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	35 (24%)	10 (7%)	43 (29%)	24 (16%)	16 (11%)	19 (13%)
The nurse	29 (20%)	22 (15%)	54 (37%)	15 (10%)	9 (6%)	16 (11%)
The dentist	59 (42%)	10 (7%)	28 (20%)	17 (12%)	11 (8%)	17 (12%)

**Q8.3 What do you think of the overall quality of the health services here?**

<i>Not been</i>	25 (17%)
<i>Very good</i>	10 (7%)
<i>Good</i>	50 (35%)
<i>Neither</i>	19 (13%)
<i>Bad</i>	21 (15%)
<i>Very bad</i>	18 (13%)

**Q8.4 Are you currently taking medication?**

Yes	56 (38%)
No	93 (62%)

**Q8.5 If you are taking medication, are you allowed to keep some/ all of it in your own cell?**

<i>Not taking medication</i>	93 (62%)
<i>Yes, all my meds</i>	43 (29%)
<i>Yes, some of my meds</i>	10 (7%)
<i>No</i>	3 (2%)

**Q8.6 Do you have any emotional or mental health problems?**

Yes	19 (13%)
No	128 (87%)

**Q8.7 Are you being helped/ supported by anyone in this prison? (e.g. psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)**

<i>Do not have any emotional or mental health problems</i>	128 (88%)
Yes	8 (5%)
No	10 (7%)

### Section 9: Drugs and alcohol

**Q9.1 Did you have a problem with drugs when you came into this prison?**

Yes	16 (11%)
No	134 (89%)

**Q9.2 Did you have a problem with alcohol when you came into this prison?**

Yes	12 (8%)
No	138 (92%)

**Q9.3 Is it easy or difficult to get illegal drugs in this prison?**

<i>Very easy</i>	48 (33%)
<i>Easy</i>	18 (12%)
<i>Neither</i>	13 (9%)
<i>Difficult</i>	3 (2%)
<i>Very difficult</i>	1 (1%)
<i>Don't know</i>	64 (44%)

**Q9.4 Is it easy or difficult to get alcohol in this prison?**

<i>Very easy</i>	31 (21%)
------------------	----------

Easy	20 (13%)
Neither	17 (11%)
Difficult	9 (6%)
Very difficult	3 (2%)
Don't know	70 (47%)

**Q9.5 Have you developed a problem with illegal drugs since you have been in this prison?**

Yes	4 (3%)
No	145 (97%)

**Q9.6 Have you developed a problem with diverted medication since you have been in this prison?**

Yes	5 (3%)
No	143 (97%)

**Q9.7 Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?**

Did not / do not have a drug problem	125 (87%)
Yes	10 (7%)
No	9 (6%)

**Q9.8 Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?**

Did not / do not have an alcohol problem	138 (93%)
Yes	9 (6%)
No	1 (1%)

**Q9.9 Was the support or help you received, whilst in this prison, helpful?**

Did not have a problem/ did not receive help	129 (90%)
Yes	13 (9%)
No	2 (1%)

### Section 10: Activities

**Q10.1 How easy or difficult is it to get into the following activities, in this prison?**

	Don't know	Very Easy	Easy	Neither	Difficult	Very difficult
Prison job	4 (3%)	49 (32%)	65 (42%)	13 (8%)	8 (5%)	15 (10%)
Vocational or skills training	22 (15%)	20 (13%)	68 (46%)	10 (7%)	11 (7%)	18 (12%)
Education (including basic skills)	21 (15%)	31 (22%)	61 (42%)	13 (9%)	6 (4%)	12 (8%)
Offending behaviour programmes	58 (42%)	14 (10%)	29 (21%)	16 (12%)	9 (7%)	12 (9%)

**Q10.2 Are you currently involved in the following? (Please tick all that apply to you.)**

Not involved in any of these	29 (21%)
Prison job	96 (69%)
Vocational or skills training	24 (17%)
Education (including basic skills)	26 (19%)
Offending behaviour programmes	8 (6%)

**Q10.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?**

	Not been involved	Yes	No	Don't know
Prison job	11 (9%)	60 (47%)	50 (39%)	8 (6%)
Vocational or skills training	26 (24%)	57 (53%)	12 (11%)	12 (11%)
Education (including basic skills)	21 (20%)	59 (56%)	14 (13%)	11 (10%)
Offending behaviour programmes	35 (37%)	32 (34%)	16 (17%)	11 (12%)



<b>Q10.4</b>	<b>How often do you usually go to the library?</b>	
	<i>Don't want to go</i>	18 (12%)
	<i>Never</i>	9 (6%)
	<i>Less than once a week</i>	27 (18%)
	<i>About once a week</i>	48 (33%)
	<i>More than once a week</i>	45 (31%)
<b>Q10.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>	
	<i>Don't use it</i>	27 (18%)
	<i>Yes</i>	105 (71%)
	<i>No</i>	16 (11%)
<b>Q10.6</b>	<b>How many times do you usually go to the gym each week?</b>	
	<i>Don't want to go</i>	21 (14%)
	<i>0</i>	22 (15%)
	<i>1 to 2</i>	31 (21%)
	<i>3 to 5</i>	62 (42%)
	<i>More than 5</i>	11 (7%)
<b>Q10.7</b>	<b>How many times do you usually go outside for exercise each week?</b>	
	<i>Don't want to go</i>	4 (3%)
	<i>0</i>	9 (6%)
	<i>1 to 2</i>	16 (11%)
	<i>3 to 5</i>	36 (24%)
	<i>More than 5</i>	83 (56%)
<b>Q10.8</b>	<b>How many times do you usually have association each week?</b>	
	<i>Don't want to go</i>	3 (2%)
	<i>0</i>	10 (7%)
	<i>1 to 2</i>	5 (4%)
	<i>3 to 5</i>	11 (8%)
	<i>More than 5</i>	113 (80%)
<b>Q10.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)</b>	
	<i>Less than 2 hours</i>	0 (0%)
	<i>2 to less than 4 hours</i>	8 (5%)
	<i>4 to less than 6 hours</i>	10 (7%)
	<i>6 to less than 8 hours</i>	14 (10%)
	<i>8 to less than 10 hours</i>	21 (14%)
	<i>10 hours or more</i>	81 (55%)
	<i>Don't know</i>	12 (8%)

### Section 11: Contact with family and friends

<b>Q11.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	<i>Yes</i>	64 (44%)
	<i>No</i>	83 (56%)
<b>Q11.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	<i>Yes</i>	35 (23%)
	<i>No</i>	114 (77%)
<b>Q11.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	<i>Yes</i>	27 (18%)

No	120 (82%)
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**Q11.4 How easy or difficult is it for your family and friends to get here?**

<i>I don't get visits</i>	22 (15%)
<i>Very easy</i>	19 (13%)
<i>Easy</i>	38 (26%)
<i>Neither</i>	13 (9%)
<i>Difficult</i>	29 (19%)
<i>Very difficult</i>	26 (17%)
<i>Don't know</i>	2 (1%)

**Section 12: Preparation for release****Q12.1 Do you have a named offender manager (home probation officer) in the probation service?**

Yes	141 (95%)
No	8 (5%)

**Q12.2 What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)**

<i>Do not have an offender manager/ NA</i>	8 (5%)
<i>No contact</i>	30 (20%)
<i>Letter</i>	53 (36%)
<i>Phone</i>	79 (53%)
<i>Visit</i>	57 (39%)

**Q12.3 Do you have a named offender supervisor in this prison?**

Yes	134 (91%)
No	14 (9%)

**Q12.4 Do you have a sentence plan?**

Yes	114 (77%)
No	35 (23%)

**Q12.5 How involved were you in the development of your sentence plan?**

<i>Do not have a sentence plan</i>	35 (24%)
<i>Very involved</i>	44 (30%)
<i>Involved</i>	40 (27%)
<i>Neither</i>	10 (7%)
<i>Not very involved</i>	6 (4%)
<i>Not at all involved</i>	12 (8%)

**Q12.6 Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)**

<i>Do not have a sentence plan</i>	35 (24%)
<i>Nobody</i>	44 (31%)
<i>Offender supervisor</i>	43 (30%)
<i>Offender manager</i>	32 (22%)
<i>Named/ personal officer</i>	18 (13%)
<i>Staff from other departments</i>	22 (15%)

**Q12.7 Can you achieve any of your sentence plan targets in this prison?**

<i>Do not have a sentence plan</i>	35 (24%)
Yes	82 (57%)
No	16 (11%)
<i>Don't know</i>	10 (7%)

<b>Q12.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>			
	<i>Do not have a sentence plan</i>			35 (24%)
	Yes			19 (13%)
	No			79 (55%)
	<i>Don't know</i>			10 (7%)
<b>Q12.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>			
	<i>Do not have a sentence plan</i>			35 (24%)
	Yes			59 (41%)
	No			31 (22%)
	<i>Don't know</i>			18 (13%)
<b>Q12.10</b>	<b>Do you have a needs based custody plan?</b>			
	Yes			14 (10%)
	No			80 (55%)
	<i>Don't know</i>			52 (36%)
<b>Q12.11</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>			
	Yes			49 (33%)
	No			99 (67%)
<b>Q12.12</b>	<b>Do you know of anyone in this prison who can help you with the following on release?: (please tick all that apply to you.)</b>			
		<i>Do not need help</i>	Yes	No
	Employment	35 (24%)	67 (46%)	43 (30%)
	Accommodation	42 (31%)	57 (42%)	38 (28%)
	Benefits	38 (27%)	60 (43%)	42 (30%)
	Finances	37 (28%)	48 (36%)	48 (36%)
	Education	44 (34%)	46 (35%)	41 (31%)
	Drugs and alcohol	53 (41%)	42 (33%)	34 (26%)
<b>Q12.13</b>	<b>Have you been provided with information on the following?: (please tick all that apply to you.)</b>		Yes	No
	Resettlement day release		132 (89%)	16 (11%)
	Resettlement overnight release		127 (88%)	17 (12%)
<b>Q12.14</b>	<b>Have you had access to the following?: (please tick all that apply to you.)</b>		Yes	No
	Resettlement day release		105 (73%)	38 (27%)
	Resettlement overnight release		97 (68%)	46 (32%)
	Special purpose leave		51 (42%)	70 (58%)
<b>Q12.15</b>	<b>Please answer the following questions on your preparation for release?:</b>		Yes	No
	Were you given up to date information about this prison before you came here		37 (25%)	110 (75%)
	Were you helped to prepare for open conditions before you came here (increased responsibility, freedom etc.)		40 (28%)	103 (72%)
	Do you feel you have been given a greater responsibility here than when you were in closed conditions		111 (77%)	34 (23%)
	Have you been on a preparation for release course		31 (22%)	113 (78%)
	Is this prison near your home area or intended release address		80 (57%)	61 (43%)
	Have you done anything, or has anything happened to you here that will make you less likely to offend in the future		91 (63%)	53 (37%)

## Main comparator and comparator to last time



### Prisoner survey responses HMP Sudbury 2013

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

#### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>154</b>	<b>1,677</b>	<b>154</b>	<b>155</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	0%	1%	0%	1%
1.3	Are you on recall?	4%	3%	4%	0%
1.4	Is your sentence less than 12 months?	2%	8%	2%	2%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	10%	7%	10%	9%
1.5	Are you a foreign national?	2%	4%	2%	1%
1.6	Do you understand spoken English?	100%	100%	100%	
1.7	Do you understand written English?	100%	99%	100%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	40%	25%	40%	29%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	3%	4%	1%
1.1	Are you Muslim?	15%	11%	15%	10%
1.11	Are you homosexual/gay or bisexual?	4%	2%	4%	1%
1.12	Do you consider yourself to have a disability?	7%	11%	7%	9%
1.13	Are you a veteran (ex-armed services)?	8%	7%	8%	
1.14	Is this your first time in prison?	48%	53%	48%	42%
1.15	Do you have any children under the age of 18?	58%	52%	58%	61%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	47%	44%	47%	47%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	81%	80%	81%	
2.3	Were you offered a toilet break?	7%	12%	7%	
2.4	Was the van clean?	59%	70%	59%	
2.5	Did you feel safe?	80%	83%	80%	
2.6	Were you treated well/very well by the escort staff?	74%	74%	74%	65%
2.7	Before you arrived here were you told that you were coming here?	84%	77%	84%	
2.7	Before you arrived here did you receive any written information about coming here?	12%	16%	12%	
2.8	When you first arrived here did your property arrive at the same time as you?	90%	94%	90%	94%

## Main comparator and comparator to last time

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<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	73%	70%	73%	
3.2	When you were searched in reception, was this carried out in a respectful way?	79%	88%	79%	78%
3.3	Were you treated well/very well in reception?	69%	79%	69%	70%
	When you first arrived:				
3.4	Did you have any problems?	54%	42%	54%	40%
3.4	Did you have any problems with loss of property?	10%	8%	10%	8%
3.4	Did you have any housing problems?	11%	10%	11%	9%
3.4	Did you have any problems contacting employers?	3%	3%	3%	5%
3.4	Did you have any problems contacting family?	21%	11%	21%	12%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	2%	1%	5%
3.4	Did you have any money worries?	14%	11%	14%	9%
3.4	Did you have any problems with feeling depressed or suicidal?	7%	5%	7%	7%
3.4	Did you have any physical health problems?	11%	8%	11%	
3.4	Did you have any mental health problems?	4%	5%	4%	
3.4	Did you have any problems with needing protection from other prisoners?	0%	2%	0%	2%
3.4	Did you have problems accessing phone numbers?	23%	8%	23%	12%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	39%	43%	39%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	29%	69%	29%	85%
3.6	A shower?	25%	49%	25%	56%
3.6	A free telephone call?	44%	46%	44%	30%
3.6	Something to eat?	31%	64%	31%	60%
3.6	PIN phone credit?	29%	57%	29%	
3.6	Toiletries/ basic items?	21%	43%	21%	
<b>SECTION 3: Reception, first night and induction continued</b>					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	48%	55%	48%	
3.7	Someone from health services?	67%	75%	67%	
3.7	A Listener/Samaritans?	28%	34%	28%	
3.7	Prison shop/ canteen?	18%	24%	18%	6%

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When you first arrived here were you offered information about any of the following:					
3.8	What was going to happen to you?	60%	64%	60%	44%
3.8	Support was available for people feeling depressed or suicidal?	40%	46%	40%	35%
3.8	How to make routine requests?	52%	57%	52%	30%
3.8	Your entitlement to visits?	55%	60%	55%	37%
3.8	Health services?	64%	67%	64%	46%
3.8	The chaplaincy?	53%	56%	53%	37%
3.9	Did you feel safe on your first night here?	84%	92%	84%	87%
3.10	Have you been on an induction course?	100%	94%	100%	99%
For those who have been on an induction course:					
3.11	Did the course cover everything you needed to know about the prison?	70%	73%	70%	68%
3.12	Did you receive an education (skills for life) assessment?	78%	83%	78%	
<b>SECTION 4: Legal rights and respectful custody</b>					
In terms of your legal rights, is it easy/very easy to:					
4.1	Communicate with your solicitor or legal representative?	61%	64%	61%	66%
4.1	Attend legal visits?	46%	52%	46%	65%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	39%	24%	39%	35%
4.3	Can you get legal books in the library?	49%	45%	49%	
For the wing/unit you are currently on:					
4.4	Are you normally able to have a shower every day?	97%	98%	97%	97%
4.4	Do you normally receive clean sheets every week?	65%	84%	65%	85%
4.4	Do you normally get cell cleaning materials every week?	43%	76%	43%	54%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	71%	80%	71%	69%
4.4	Can you normally get your stored property, if you need to?	47%	52%	47%	52%
4.5	Is the food in this prison good/very good?	31%	40%	31%	29%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	51%	47%	51%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	49%	61%	49%	32%
4.8	Are your religious beliefs are respected?	50%	57%	50%	55%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	67%	64%	67%	62%
4.10	Is it easy/very easy to attend religious services?	52%	50%	52%	
<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	86%	89%	86%	
For those who have made an application:					
5.2	Do you feel applications are dealt with fairly?	68%	79%	68%	73%

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5.2	Do you feel applications are dealt with quickly (within seven days)?	62%	70%	62%	76%
5.3	Is it easy to make a complaint?	47%	55%	47%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	35%	45%	35%	43%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	37%	50%	37%	47%
5.5	Have you ever been prevented from making a complaint when you wanted to?	22%	14%	22%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	20%	40%	20%	28%
<b>SECTION 6: Relationships with staff</b>					
6.1	Do most staff, in this prison, treat you with respect?	61%	80%	61%	47%
6.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	67%	79%	67%	60%
6.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	18%	28%	18%	
6.4	Do staff normally speak to you most of the time/all of the time during association?	11%	19%	11%	9%
6.5	Do you have a personal officer?	78%	70%	78%	61%
	For those with a personal officer:				
6.6	Do you think your personal officer is helpful/very helpful?	65%	74%	65%	64%
<b>SECTION 7: Safety</b>					
7.1	Have you ever felt unsafe here?	22%	15%	22%	23%
7.2	Do you feel unsafe now?	10%	6%	10%	3%
7.3	Have you been victimised by other prisoners here?	20%	11%	20%	6%
	Since you have been here, have other prisoners:				
7.5	Made insulting remarks about you, your family or friends?	6%	5%	6%	5%
7.5	Hit, kicked or assaulted you?	0%	1%	0%	0%
7.5	Sexually abused you?	0%	1%	0%	0%
7.5	Threatened or intimidated you?	8%	9%	8%	
7.5	Taken your canteen/property?	2%	1%	2%	0%
7.5	Victimised you because of medication?	1%	1%	1%	
7.5	Victimised you because of debt?	1%	1%	1%	
7.5	Victimised you because of drugs?	1%	1%	1%	0%
7.5	Victimised you because of your race or ethnic origin?	1%	1%	1%	1%
7.5	Victimised you because of your religion/religious beliefs?	2%	1%	2%	0%
7.5	Victimised you because of your nationality?	1%	1%	1%	
7.5	Victimised you because you were from a different part of the country?	3%	2%	3%	0%

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7.5	Victimised you because you are from a traveller community?	0%	0%	0%	
7.5	Victimised you because of your sexual orientation?	1%	1%	1%	0%
7.5	Victimised you because of your age?	2%	1%	2%	0%
7.5	Victimised you because you have a disability?	1%	1%	1%	1%
7.5	Victimised you because you were new here?	1%	2%	1%	1%
7.5	Victimised you because of your offence/crime?	1%	2%	1%	1%
7.5	Victimised you because of gang related issues?	1%	1%	1%	1%
<b>SECTION 7: Safety continued</b>					
7.6	Have you been victimised by staff here?	28%	16%	28%	25%
	Since you have been here, have staff:				
7.7	Made insulting remarks about you, your family or friends?	8%	6%	8%	11%
7.7	Hit, kicked or assaulted you?	1%	1%	1%	1%
7.7	Sexually abused you?	1%	1%	1%	1%
7.7	Threatened or intimidated you?	13%	9%	13%	
7.7	Victimised you because of medication?	4%	1%	4%	
7.7	Victimised you because of debt?	0%	0%	0%	
7.7	Victimised you because of drugs?	1%	1%	1%	2%
7.7	Victimised you because of your race or ethnic origin?	1%	2%	1%	5%
7.7	Victimised you because of your religion/religious beliefs?	1%	2%	1%	1%
7.7	Victimised you because of your nationality?	1%	2%	1%	
7.7	Victimised you because you were from a different part of the country?	1%	2%	1%	6%
7.7	Victimised you because you are from a traveller community?	0%	1%	0%	
7.7	Victimised you because of your sexual orientation?	1%	0%	1%	1%
7.7	Victimised you because of your age?	1%	1%	1%	2%
7.7	Victimised you because you have a disability?	0%	1%	0%	1%
7.7	Victimised you because you were new here?	5%	3%	5%	10%
7.7	Victimised you because of your offence/crime?	0%	3%	0%	1%
7.7	Victimised you because of gang related issues?	0%	1%	0%	2%
	For those who have been victimised by staff or other prisoners:				
7.8	Did you report any victimisation that you have experienced?	16%	27%	16%	26%
<b>SECTION 8: Health services</b>					
8.1	Is it easy/very easy to see the doctor?	38%	54%	38%	66%
8.1	Is it easy/very easy to see the nurse?	58%	75%	58%	85%
8.1	Is it easy/very easy to see the dentist?	21%	26%	21%	43%



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	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:				
8.2	The doctor?	47%	70%	47%	76%
8.2	The nurse?	66%	76%	66%	84%
8.2	The dentist?	46%	54%	46%	59%
8.3	The overall quality of health services?	51%	65%	51%	74%
8.4	Are you currently taking medication?	38%	43%	38%	39%
	For those currently taking medication:				
8.5	Are you allowed to keep possession of some or all of your medication in your own cell?	95%	98%	95%	
8.6	Do you have any emotional well being or mental health problems?	13%	13%	13%	9%
	For those who have problems:				
8.7	Are you being helped or supported by anyone in this prison?	45%	54%	45%	
<b>SECTION 9: Drugs and alcohol</b>					
9.1	Did you have a problem with drugs when you came into this prison?	11%	10%	11%	8%
9.2	Did you have a problem with alcohol when you came into this prison?	8%	9%	8%	8%
9.3	Is it easy/very easy to get illegal drugs in this prison?	45%	31%	45%	44%
9.4	Is it easy/very easy to get alcohol in this prison?	34%	21%	34%	
9.5	Have you developed a problem with drugs since you have been in this prison?	3%	2%	3%	6%
9.6	Have you developed a problem with diverted medication since you have been in this prison?	4%	2%	4%	
	For those with drug or alcohol problems:				
9.7	Have you received any support or help with your drug problem while in this prison?	53%	74%	53%	
9.8	Have you received any support or help with your alcohol problem while in this prison?	89%	79%	89%	
	For those who have received help or support with their drug or alcohol problem:				
9.9	Was the support helpful?	87%	89%	87%	73%
<b>SECTION 10: Activities</b>					
	Is it very easy/ easy to get into the following activities:				
10.1	A prison job?	74%	76%	74%	
10.1	Vocational or skills training?	59%	54%	59%	
10.1	Education (including basic skills)?	64%	69%	64%	
10.1	Offending Behaviour Programmes?	31%	31%	31%	
	Are you currently involved in any of the following activities:				
10.2	A prison job?	69%	73%	69%	73%
10.2	Vocational or skills training?	17%	21%	17%	22%
10.2	Education (including basic skills)?	19%	28%	19%	20%
10.2	Offending Behaviour Programmes?	6%	7%	6%	8%
10.3	Have you had a job while in this prison?	91%	91%	91%	97%

## Main comparator and comparator to last time

### Key to tables

		HMP Sudbury 2013	Open prisons comparator	HMP Sudbury 2013	HMP Sudbury 2010
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
	For those who have had a prison job while in this prison:				
10.3	Do you feel the job will help you on release?	51%	44%	51%	45%
10.3	Have you been involved in vocational or skills training while in this prison?	76%	80%	76%	82%
	For those who have had vocational or skills training while in this prison:				
10.3	Do you feel the vocational or skills training will help you on release?	70%	64%	70%	75%
10.3	Have you been involved in education while in this prison?	80%	84%	80%	83%
	For those who have been involved in education while in this prison:				
10.3	Do you feel the education will help you on release?	70%	64%	70%	74%
11.3	Have you been involved in offending behaviour programmes while in this prison?	63%	68%	63%	77%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	54%	46%	54%	56%
10.4	Do you go to the library at least once a week?	63%	53%	63%	77%
10.5	Does the library have a wide enough range of materials to meet your needs?	71%	59%	71%	
10.6	Do you go to the gym three or more times a week?	50%	54%	50%	56%
10.7	Do you go outside for exercise three or more times a week?	80%	75%	80%	83%
10.8	Do you go on association more than five times each week?	80%	82%	80%	90%
10.9	Do you spend ten or more hours out of your cell on a weekday?	56%	50%	56%	53%
<b>SECTION 11: Friends and family</b>					
11.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	44%	56%	44%	
11.2	Have you had any problems with sending or receiving mail?	24%	23%	24%	21%
11.3	Have you had any problems getting access to the telephones?	18%	13%	18%	13%
11.4	Is it easy/ very easy for your friends and family to get here?	38%	39%	38%	
<b>SECTION 12: Preparation for release</b>					
12.1	Do you have a named offender manager (home probation officer) in the probation service?	95%	91%	95%	
	For those who have an offender manager what type of contact have you had:				
12.2	No contact?	21%	16%	21%	
12.2	Contact by letter?	38%	43%	38%	
12.2	Contact by phone?	57%	58%	57%	
12.2	Contact by visit?	41%	38%	41%	
12.3	Do you have a named offender supervisor in this prison?	91%	69%	91%	
12.4	Do you have a sentence plan?	77%	73%	77%	81%
	For those with a sentence plan:				
12.5	Were you involved/very involved in the development of your plan?	75%	71%	75%	70%

## Main comparator and comparator to last time

### Key to tables

		HMP Sudbury 2013	Open prisons comparator	HMP Sudbury 2013	HMP Sudbury 2010
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Who is working with you to achieve your sentence plan targets:					
12.6	Nobody?	41%	34%	41%	
12.6	Offender supervisor?	40%	48%	40%	
12.6	Offender manager?	30%	38%	30%	
12.6	Named/ personal officer?	17%	21%	17%	
12.6	Staff from other departments?	20%	22%	20%	
For those with a sentence plan:					
12.7	Can you achieve any of your sentence plan targets in this prison?	76%	78%	76%	84%
12.8	Are there plans for you to achieve any of your targets in another prison?	18%	11%	18%	
12.9	Are there plans for you to achieve any of your targets in the community?	55%	49%	55%	
12.10	Do you have a needs based custody plan?	10%	6%	10%	
12.11	Do you feel that any member of staff has helped you to prepare for release?	33%	32%	33%	23%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
12.12	Employment?	61%	49%	61%	
12.12	Accommodation?	60%	47%	60%	
12.12	Benefits?	59%	46%	59%	
12.12	Finances?	50%	39%	50%	
12.12	Education?	53%	50%	53%	
12.12	Drugs and alcohol?	55%	56%	55%	
Have you been provided with information on the following:					
12.13	Resettlement day release?	89%	74%	89%	
12.13	Resettlement overnight release?	88%	73%	88%	
Have you had access to the following:					
12.14	Resettlement day release?	73%	64%	73%	
12.14	Resettlement overnight release?	68%	57%	68%	
12.14	Special purpose leave?	42%	34%	42%	
Please answer the following about your preparation for release:					
12.15	Were you given up to date information about this prison before you came here?	25%	24%	25%	16%
12.15	Were you helped to prepare for open conditions before you came here (increased responsibility etc)?	28%	27%	28%	28%
12.15	Do you feel you have been given greater responsibility here than when you were in closed conditions?	77%	82%	77%	83%
12.15	Have you been on a preparation for release course?	22%	18%	22%	22%
12.15	Is this prison near your home area or your intended release address?	57%	43%	57%	45%
12.15	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	63%	59%	63%	59%

## Diversity analysis



### Key Question Responses (ethnicity and religion) HMP Sudbury 2013

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

#### Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>59</b>	<b>90</b>	<b>23</b>	<b>127</b>
1.5	Are you a foreign national?	0%	2%	0%	2%
1.6	Do you understand spoken English?	100%	100%	100%	100%
1.7	Do you understand written English?	100%	100%	100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			95%	30%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	7%	0%	5%
1.1	Are you Muslim?	37%	1%		
1.12	Do you consider yourself to have a disability?	9%	7%	8%	7%
1.13	Are you a veteran (ex-armed services)?	2%	10%	0%	10%
1.14	Is this your first time in prison?	44%	49%	48%	47%
2.6	Were you treated well/very well by the escort staff?	71%	78%	55%	78%
2.7	Before you arrived here were you told that you were coming here?	85%	83%	91%	83%
3.2	When you were searched in reception, was this carried out in a respectful way?	71%	83%	69%	80%
3.3	Were you treated well/very well in reception?	59%	75%	48%	73%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
3.4	Did you have any problems when you first arrived?	64%	47%	57%	53%
3.7	Did you have access to someone from health care when you first arrived here?	70%	65%	73%	66%
3.9	Did you feel safe on your first night here?	83%	84%	87%	82%
3.10	Have you been on an induction course?	100%	100%	100%	100%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	57%	64%	50%	64%
4.4	Are you normally able to have a shower every day?	97%	98%	91%	99%
4.5	Is the food in this prison good/very good?	28%	33%	27%	32%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	34%	63%	39%	54%
4.7	Are you able to speak to a Listener at any time, if you want to?	43%	50%	27%	51%
4.8	Do you feel your religious beliefs are respected?	57%	45%	61%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	81%	56%	87%	63%
5.1	Is it easy to make an application?	83%	88%	87%	85%
5.3	Is it easy to make a complaint?	51%	43%	52%	46%
6.1	Do <b>most</b> staff, in this prison, treat you with respect?	59%	61%	48%	62%
6.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	62%	68%	61%	67%
6.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	7%	13%	5%	13%
6.4	Do you have a personal officer?	85%	73%	78%	77%
7.1	Have you ever felt unsafe here?	19%	23%	31%	20%
7.2	Do you feel unsafe now?	10%	10%	18%	8%
7.3	Have you been victimised by other prisoners?	16%	23%	31%	18%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
7.5	Have you ever felt threatened or intimidated by other prisoners here?	7%	9%	13%	7%
7.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	1%	5%	1%
7.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	3%	0%	2%
7.5	Have you been victimised because of your nationality? (By prisoners)	0%	1%	0%	1%
7.5	Have you been victimised because you have a disability? (By prisoners)	2%	0%	5%	0%
7.6	Have you been victimised by a member of staff?	33%	24%	44%	25%
7.7	Have you ever felt threatened or intimidated by staff here?	12%	14%	18%	13%
7.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	2%	0%	0%	1%
7.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	1%	0%	2%
7.7	Have you been victimised because of your nationality? (By staff)	2%	1%	0%	2%
7.7	Have you been victimised because you have a disability? (By staff)	0%	0%	0%	0%
8.1	Is it easy/very easy to see the doctor?	35%	41%	26%	41%
8.1	Is it easy/ very easy to see the nurse?	52%	62%	41%	60%
9.4	Are you currently taking medication?	39%	35%	52%	34%
8.6	Do you feel you have any emotional well being/mental health issues?	13%	13%	13%	13%
9.3	Is it easy/very easy to get illegal drugs in this prison?	36%	50%	45%	44%
10.2	Are you currently working in the prison?	69%	68%	58%	71%
10.2	Are you currently undertaking vocational or skills training?	11%	19%	5%	19%
10.2	Are you currently in education (including basic skills)?	19%	16%	19%	17%
10.2	Are you currently taking part in an offending behaviour programme?	4%	6%	5%	6%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
10.4	Do you go to the library at least once a week?	59%	67%	55%	64%
10.6	Do you go to the gym three or more times a week?	55%	46%	50%	50%
10.7	Do you go outside for exercise three or more times a week?	78%	82%	77%	81%
10.8	On average, do you go on association more than five times each week?	75%	82%	76%	80%
10.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	45%	63%	48%	58%
11.2	Have you had any problems sending or receiving mail?	27%	19%	13%	25%
11.3	Have you had any problems getting access to the telephones?	24%	14%	27%	16%
Have you been provided with information on the following:					
12.12	Resettlement day release?	93%	88%	87%	91%
12.12	Resettlement overnight release?	91%	87%	82%	91%
Have you had access to the following:					
12.13	Resettlement day release?	82%	68%	78%	72%
12.13	Resettlement overnight release?	79%	61%	74%	67%
12.13	Special purpose leave?	43%	42%	39%	42%
Please answer the following about your preparation for release:					
12.14	Were you given up to date information about this prison before you came here?	27%	25%	8%	29%
12.14	Were you helped to prepare for open conditions before you came here (increased responsibility etc)?	26%	30%	5%	33%
12.14	Do you feel you have been given greater responsibility here than when you were in closed conditions?	78%	78%	73%	78%
12.14	Have you been on a preparation for release course?	26%	18%	5%	24%
12.14	Is this prison near your home area or your intended release address?	58%	54%	63%	55%

## Diversity analysis



### Key Question Responses (over 50) HMP Sudbury 2013

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

#### Key to tables

		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>17</b>	<b>137</b>
1.5	Are you a foreign national?	6%	1%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	25%	41%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	4%
1.1	Are you Muslim?	11%	16%
1.12	Do you consider yourself to have a disability?	18%	6%
1.13	Are you a veteran (ex-armed services)?	18%	7%
1.14	Is this your first time in prison?	30%	50%
2.6	Were you treated well/very well by the escort staff?	63%	76%
2.7	Before you arrived here were you told that you were coming here?	88%	83%
3.2	When you were searched in reception, was this carried out in a respectful way?	88%	78%
3.3	Were you treated well/very well in reception?	75%	68%
3.4	Did you have any problems when you first arrived?	56%	54%
3.7	Did you have access to someone from health care when you first arrived here?	73%	66%



## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.9	Did you feel safe on your first night here?	88%	83%
3.10	Have you been on an induction course?	100%	100%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	75%	59%
4.4	Are you normally able to have a shower every day?	100%	97%
4.5	Is the food in this prison good/very good?	41%	29%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	65%	49%
4.7	Are you able to speak to a Listener at any time, if you want to?	59%	48%
4.8	Do you feel your religious beliefs are respected?	68%	47%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	70%	66%
5.1	Is it easy to make an application?	94%	85%
5.3	Is it easy to make a complaint?	41%	48%
6.1	Do <b>most</b> staff, in this prison, treat you with respect?	76%	59%
6.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	70%	66%
6.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	18%	10%
6.4	Do you have a personal officer?	70%	79%
7.1	Have you ever felt unsafe here?	41%	19%
7.2	Do you feel unsafe now?	11%	10%
7.3	Have you been victimised by other prisoners?	35%	17%
7.5	Have you ever felt threatened or intimidated by other prisoners here?	24%	6%
7.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	1%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Prisoners aged 50 and over</b>	<b>Prisoners under the age of 50</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
7.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%
7.5	Have you been victimised because of your nationality? (By prisoners)	6%	0%
7.5	Have you been victimised because of your age? (By prisoners)	11%	1%
7.5	Have you been victimised because you have a disability? (By prisoners)	6%	0%
7.6	Have you been victimised by a member of staff?	24%	28%
7.7	Have you ever felt threatened or intimidated by staff here?	24%	12%
7.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	1%
7.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%
7.7	Have you been victimised because of your nationality? (By staff)	6%	1%
7.7	Have you been victimised because of your age? (By staff)	6%	1%
7.7	Have you been victimised because you have a disability? (By staff)	0%	0%
8.1	Is it easy/very easy to see the doctor?	48%	36%
8.1	Is it easy/ very easy to see the nurse?	63%	57%
9.4	Are you currently taking medication?	41%	37%
8.6	Do you feel you have any emotional well being/mental health issues?	24%	12%
9.3	Is it easy/very easy to get illegal drugs in this prison?	30%	47%
10.2	Are you currently working in the prison?	65%	70%
10.2	Are you currently undertaking vocational or skills training?	11%	18%
10.2	Are you currently in education (including basic skills)?	18%	19%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Prisoners aged 50 and over</b>	<b>Prisoners under the age of 50</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
10.2	Are you currently taking part in an offending behaviour programme?	11%	5%
10.4	Do you go to the library at least once a week?	70%	62%
10.6	Do you go to the gym three or more times a week?	37%	51%
10.7	Do you go outside for exercise three or more times a week?	88%	80%
10.8	On average, do you go on association more than five times each week?	63%	82%
10.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	65%	54%
11.2	Have you had any problems sending or receiving mail?	24%	24%
11.3	Have you had any problems getting access to the telephones?	24%	18%
	Have you been provided with information on the following:		
12.12	Resettlement day release?	94%	89%
12.12	Resettlement overnight release?	93%	88%
	Have you had access to the following:		
12.13	Resettlement day release?	70%	74%
12.13	Resettlement overnight release?	70%	68%
12.13	Special purpose leave?	25%	44%
	Please answer the following about your preparation for release:		
12.14	Were you given up to date information about this prison before you came here?	19%	26%
12.14	Were you helped to prepare for open conditions before you came here (increased responsibility etc)?	27%	28%
12.14	Do you feel you have been given greater responsibility here than when you were in closed conditions?	66%	78%
12.14	Have you been on a preparation for release course?	19%	22%
12.14	Is this prison near your home area or your intended release address?	50%	58%