

Report on an announced inspection of

HMP Whatton

30 January – 3 February 2012

by HM Chief Inspector of Prisons

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Contents

Introduction	5
Fact page	7
Healthy prison summary	9
1 Safety	19
<hr/>	
2 Respect	29
<hr/>	
3 Purposeful activity	43
<hr/>	
4 Resettlement	49
<hr/>	
5 Recommendations, housekeeping points and good practice	57
<hr/>	
Appendices	
<hr/>	
I Inspection team	63
II Prison population profile	64
III Summary of prisoner questionnaires and interviews	70

Introduction

Whatton is a large category C training establishment with a specialist role working with a population made up exclusively of sex offenders. Its principle focus is managing and reducing the risks presented by this inherently high-risk group of individuals, and in ensuring that they are resettled in a way that is helpful to them and safer for the communities to which they return.

When we last inspected we found an establishment where outcomes were reasonably good and where progress and improvement was evident. At this inspection we found progress had continued and safety and respect outcomes at Whatton were good.

Whatton remained a safe prison. That prisoners reported feeling safe was helped, in part, by excellent arrangements to receive and induct new arrivals. There was very little violence, although there was some evidence of low level victimisation and bullying among individuals. Use of force was low and the segregation unit provided good support and meaningful reintegration planning for those who required it. A quite significant number of prisoners self-harmed but the one to one care offered was good and was a contrast to sometimes quite poor formal procedures.

A culture of respect was evident throughout the prison. Relationships between staff and prisoners were excellent. The prison's promotion of diversity was generally good but some structures and processes were limited or applied inconsistently. Prisoners had confidence in the way in which their applications or complaints were handled, despite our observations that complaints needed to be better managed. The prison was very clean and most accommodation was better than in other prisons. The exception was B wing which had what must be some of the smallest cells in the system. The quality of health care was generally very good and palliative services were particularly impressive.

Sufficient activity was provided for the whole population and most was of a reasonable quality. There remained, however, too little vocational training and limited opportunities for learning progression and access to higher qualifications. Allocation to activity was also surprisingly poor with the consequence that too many prisoners were needlessly unemployed. The regime was supported by a good library, access to high quality PE provision and a good amount of time out of cell.

Our findings on the prison's approach to resettlement were mixed, with clear weaknesses in strategy, ineffective needs analysis and a requirement for greater coordination of effort and provision. Offender management was good in parts with higher risk prisoners receiving reasonable attention, but lower risk prisoners were much more poorly served. It was concerning that allocation to offending behaviour work was not always informed by an individual's sentence plan. The identification of resettlement need was weak but provision across most pathways was satisfactory or better.

The prison's key purpose, the management of sex offenders, was linked directly to the quality and range of its offending behaviour work. Much of this was excellent. Programmes appeared to be well managed and it was clear that the prison was seeking to respond to need. The resources required and the huge demand, however, meant that there was still insufficient provision, particularly in programmes for sex offenders. We did not doubt the quality and commitment but it was clear that many prisoners waited months and, in many cases, years for a place on a programme. This left many well beyond their sentence tariff or unable to move to lower category prisons, which meant that places were not freed up for others. Most troubling of

all, there were a small number of prisoners being discharged without having completed a sex offender treatment programme at all.

Whatton is a prison with a clear purpose and function. Prisoners felt safe and respected, and nearly all had something to do. Despite this clarity of purpose and the risks being managed, it was surprising that offender management and resettlement services were not sharper and it was concerning that not all the sex offenders who required it were receiving the treatment they needed. In the interests of the individuals concerned, and the communities to which they were returning, this was a matter that needed to be addressed.

Nick Hardwick
HM Chief Inspector of Prisons

March 2012

Fact page

Task of the establishment

HMP Whatton is an adult male category C training prison that holds exclusively sex offenders.

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

Public

Region/Department

East Midlands

Number held

841

Certified normal accommodation

719

Operational capacity

841

Date of last full inspection

22-26 January 2007

Brief history

HMP Whatton was built in 1966 as a detention centre for boys. It became a young offender institution in 1989 and re-roled in 1990 to an adult male category C training prison. During the 1990s, its role was developed as a prison for male sex offenders. Its population more than doubled in early 2006. The prison remains exclusively for sex offenders. Approximately 70% of the population have child victims and the remainder adult victims.

Short description of residential units

A1-8	New residential wings with modern cells. The care and separation unit is attached to A3
B1 and B2	The original accommodation, mostly former dormitories with cubicles
B2-6	Landing with 35 cells
C1-3	Modular units; C2 is low security, C3 is doubled accommodation
Health care	Palliative care unit

Name of governor

Lynn Saunders

Escort contractor

GeoAmey

Health service commissioner and providers

Commissioner: NHS Nottinghamshire County
Providers: County Health Partnership
Nottinghamshire Health Care Trust
Dentist – Dr Dilip Chawla

Learning and skills providers
Lincoln College

IMB chair
Ed Pollock

Healthy prison summary

Introduction

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

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

HP3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

Safety prisoners, particularly the most vulnerable, are held safely

Respect prisoners are treated with respect for their human dignity

Purposeful activity prisoners are able, and expected, to engage in activity that is likely to benefit them

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

HP4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- outcomes for prisoners are good against this healthy prison test.

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

- outcomes for prisoners are reasonably good against this healthy prison test.

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

- outcomes for prisoners are not sufficiently good against this healthy prison test.

There is evidence that outcomes for prisoners are being adversely affected in many

areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- outcomes for prisoners are poor against this healthy prison test.

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

Safety

HP5 Reception, first night and induction arrangements were good. Prisoners were provided with suitable information, were well assessed and felt supported. Violence was generally well managed, levels of violence were low and prisoners consistently told us that they felt safe. The care of prisoners at risk of suicide and self-harm was generally good but the quality of assessment, care in custody and teamwork (ACCT) documentation was mixed. Security arrangements were generally proportionate and incentives and earned privileges arrangements effective. The use of segregation was appropriate, the regime was good and reintegration planning was excellent. Use of force was low. Illicit drug use was low but there was some evidence of diverted medication. Outcomes for prisoners against this healthy prison test were good.

HP6 Many prisoners had had long journeys to get to the establishment and most had not received a comfort break. However, the majority were generally positive about their escort experience, with most indicating that they had felt safe during transit and that escort staff had been respectful.

HP7 Reception was welcoming and well laid out, with good information available. All prisoners were subjected to a full search on arrival, despite their continued custody. Most prisoners were positive about their reception experience, describing respectful and helpful reception staff. The reception process was swift and Listeners were present to speak to new arrivals. All new prisoners received a confidential first night assessment in reception.

HP8 First night accommodation was clean, well equipped and prepared for new arrivals. Most prisoners felt well supported by staff and peer advisers on their first night. All prisoners received a comprehensive, high-quality induction, which started on the day after arrival.

HP9 In our survey and our groups, few prisoners reported feeling unsafe at the establishment.¹ The level of violent incidents was low; however, prisoners in our

¹ **Inspection methodology:** There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real

survey reported relatively high levels of victimisation by other prisoners. Violence reduction was generally well managed. There was a comprehensive violence reduction policy but it was not sufficiently tailored to the specific characteristics of the establishment.

- HP10 The multidisciplinary safer custody committee had good governance arrangements, with the analysis of a range of information on violence reduction to identify issues and inform the rolling action plan. Prisoner consultation was effective through an annual violence reduction survey and monthly meetings of Insiders. The new two-stage violence reduction management system had been revised to encourage challenge of bullying behaviour rather than solely monitoring. Staff had been provided with guidance but not fully trained in the system, and management booklets did not yet demonstrate the new approach.
- HP11 The suicide and self-harm policy was informative but did not sufficiently reflect the particular characteristics of the prison. The number of prisoners subject to assessment, care in custody and teamwork (ACCT) procedures during 2011 was relatively high and was a significant increase on the previous year. The quality of ACCT documentation was inconsistent and we found examples of inadequate targets and care mapping and poor representation on reviews. However, prisoners felt well supported and the level of care we observed for some vulnerable prisoners was good. Serious incidents of self-harm were investigated thoroughly, with recommendations to improve prisoner care. The large Listener group was easily accessible and had use of a well-appointed crisis suite.
- HP12 There was no formal safeguarding policy or set of procedures. Some prisoners with vulnerabilities who required extra support were identified and their needs met through safer custody, health and diversity arrangements but these were insufficiently coordinated under an adult safeguarding policy.
- HP13 Security arrangements were generally proportionate, although restrictions on prisoners wearing their own clothing were unnecessary. Security committee meetings were structured and well attended. The analysis of security information reports at the security committee was comprehensive and suitably focused on public protection issues, although the number of 'miscellaneous' reports required examination. Some elements of security, such as monthly objectives, were not sufficiently publicised to staff across the prison.
- HP14 Incentives and earned privileges arrangements were understood by prisoners and staff and good behaviour was sufficiently encouraged. Staff contributions were mostly appropriate and management reviews were effective.
- HP15 The segregation unit functioned as an effective care and separation unit and was clean, well maintained and well managed. It was well integrated with the rest of the prison and used effectively to manage prisoners requiring additional support. The regime was appropriate and attendance at offending behaviour programmes and education courses was maintained where possible. Reintegration and care planning

difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from Towel et al (eds), *Dictionary of Forensic Psychology*.)

arrangements were excellent and few prisoners were transferred out. Adjudication processes and governance were thorough.

- HP16 The level of use of force was low. Records were comprehensive, although report of injury forms lacked a health care input. Planned use of force was video-recorded but not reviewed and general governance was minimal, with opportunities for learning and improvement missed.
- HP17 Demand for opiate substitution treatment was low, with only six prisoners on the integrated drug treatment system (IDTS). The quality of clinical care was good but there was insufficient integration between the clinical and the psychosocial teams and joint meetings had been missed for several months. There was little availability or use of illegal drugs. The number of positive mandatory drug tests was low. However, there was a widely recognised problem with diverted medication. There were appropriate strategies to address the problem through the identification of known diverters and effective joint working between security and health care departments in searching for, and regularly reviewing, medication held by prisoners.

Respect

- HP18 The prison was clean, maintained to a high standard and litter free. The quality of accommodation on A and C wings was very high but most cells on B wing were extremely small and cramped. Staff-prisoner relationships were impressive and staff were supportive and responsive to prisoner needs. The diversity strategy was incomplete but outcomes were reasonable. Faith provision was good. Prisoners were satisfied with applications and complaints processes. Health provision was generally good. Palliative care arrangements were exceptional. The quality of food was good. Outcomes for prisoners against this healthy prison test were good.
- HP19 The overall environment was well maintained and most areas of the prison were clean and tidy. Accommodation on A and C wings was very good, with spacious and well-equipped cells. Most cells on B wing were extremely small and cramped, and the dormitories were not fit for purpose. Some cells had en-suite toilet and shower facilities but most had inadequate toilet screening and this was of particular concern for those in small cells and dormitories. Access to cell cleaning materials and allocated cell cleaning time was good and cells were clean, free from graffiti and contained no offensive displays. There was good access to daily showers and most communal shower areas were clean and well maintained, although the showers on B1 and B2 landings were basic and lacked adequate privacy. The quality of prison clothing and access to laundry facilities were adequate. Most prisoners had confidence in the applications system.
- HP20 Prisoners were positive about staff, with the majority saying that most staff treated them with respect. We observed friendly, responsive and respectful interaction between staff and prisoners, although low staffing levels meant that there was little opportunity for informal contact during association periods. The personal officer scheme was effective. Prisoners knew who their personal officers were and found them helpful, and personal officers made regular, detailed entries in case records. Consultation with prisoners dealt effectively with wing issues.

- HP21 The strategic management of diversity was inconsistent but outcomes for prisoners were generally good. The overarching diversity strategy had important gaps around religion, race and Gypsy/Travellers. The equality action plan was out of date. All strands of diversity were appropriately discussed at the Whatton equality action team but, other than Systematic Monitoring and Analysis of Race Equality Template (SMART) monitoring for race, there was no monitoring of equality of treatment under any of the other diversity strands. Consultation arrangements with prisoner equality representatives were good. There were regular forums for some prisoners from minority groups but they were too infrequent and ad hoc for black and minority ethnic prisoners and those with disabilities.
- HP22 In our survey, black and minority ethnic prisoners generally reported similarly to white prisoners. Investigations into inequality and discriminatory behaviour were good but there was no external scrutiny of completed reports. A small number of Gypsy/Traveller prisoners had been identified but there were no support arrangements for them.
- HP23 Provision for foreign national prisoners was reasonable and supported by a bimonthly UK Border Agency surgery and a focus group. The foreign national policy was out of date and not available for prisoners but all prisoners were seen by the foreign nationals coordinator on induction. Prisoners had access to a good selection of translated material but interpreting services were not well used.
- HP24 The large number of older prisoners and those with disabilities told us that they felt respected. Older prisoners could access the older prisoners activity and learning group. However, in our survey prisoners with disabilities were more negative than their able-bodied counterparts across a range of indicators, including safety, victimisation and access to some services. There were some valuable arrangements for prisoners with disabilities, including a paid carer scheme and wheelchair handlers. Reasonable adjustments were made when required but formal care plans were not shared with the disability liaison officer or wing staff. There were no evacuation plans for prisoners requiring assistance in the event of an emergency.
- HP25 Support for gay and bisexual prisoners was good and homophobic language and behaviour was challenged.
- HP26 Chaplaincy facilities, including multi-faith provision, were good and more prisoners than at comparator prisons said that their religious beliefs were respected. Prisoners were required to apply in advance to attend weekend religious service. The chaplaincy team was struggling to establish resettlement links with outside faith communities.
- HP27 The number of formal prisoner complaints was low. Most prisoners had confidence in the complaints procedures, and told us that staff usually dealt with issues informally. Some replies we viewed were curt and did not sufficiently address the issues raised, and the quality assurance procedures were ineffective.
- HP28 Health services were generally good. Staff were polite and responsive to prisoners' needs. Primary care was well organised and access to nurse-led, GP and dental services was good. There was a wide range of chronic disease clinics and enablement therapies to meet the needs of the population. Medication administration was compromised by the lack of appropriate supervision of some medication. Palliative care arrangements were particularly good. Mental health services were well

integrated within the prison but provision for primary mental health care was effected by staffing shortfalls. Secondary mental health provision was good.

- HP29 More prisoners than at comparator prisons said that the food was good or very good and our observations supported this. There was regular consultation through a kitchen user group, and the responses to prisoners' comments in food comments books were interested and helpful.

Purposeful activity

HP30 All prisoners had satisfactory time out of cell. There was sufficient activity for all prisoners to be purposefully employed but poor allocation processes and insufficient staff cover meant that too many prisoners were unemployed or not required for work. The range of learning and skills provision was generally satisfactory, although there were too few education and vocational training places and insufficient provision above level 2. The quality of teaching, learning and coaching was good. The standard of work and achievement rates were generally high across education and workshops. Library provision was good. Access to, and the quality of PE were good. Outcomes for prisoners against this healthy prison test were reasonably good.

HP31 Time out of cell was satisfactory, with most prisoners getting approximately nine hours out of cell. Those prisoners not engaged in activities during the day were unlocked for a short period of association both in the morning and afternoon. All prisoners received association and exercise during the evening and these were rarely cancelled. During our roll checks, approximately 61% of prisoners were engaged in off-wing activities, 22% of prisoners were wing-based workers or retired and 17% were not employed or not required for work.

HP32 Learning and skills provision was reasonably well managed. Provision was based on a needs analysis and national skills data in prisoners' release areas. Quality assurance arrangements were satisfactory but the use of data and targets to performance manage courses was not always effective. There were sufficient activity places for the population but a complex and slow allocation process meant that too many prisoners were unemployed. Staff cover was not always adequate, resulting in prisoners being turned away and not required for work. Waiting lists were poorly managed.

HP33 The induction to learning and skills was generally satisfactory but some prisoners waited too long for a careers information and advice service interview and these were not always adequately informed by information from the prisoner's previous establishment. In education classes, assessment of individual needs was identified and addressed effectively.

HP34 Teaching, learning and coaching were good in workshops and education. Individual learning plans were not always effective or used to drive learners' progress. There were satisfactory opportunities to combine education and work. Literacy and numeracy support was available in all workshops.

HP35 The range of education provision was satisfactory. However, across the prison there were too few courses above level 2. The range and places in vocational training remained limited.

- HP36 Attendance and behaviour were good in all areas. Success rates were generally high in workshops for those who completed their training. However, there were low numbers taking qualifications in some vocational areas, and opportunities to acquire accreditation in work were limited. There were high success rates on most education programmes. Many learners developed good confidence and self-esteem. The standard of work in workshops and education classes was generally good.
- HP37 The library was well maintained, with good access for all prisoners, and usage was high. There was a wide range of stock but limited material to support learning and skills provision and insufficient access to computer-based learning resources. Provision for visually impaired prisoners and those whose first language was not English was suitable.
- HP38 PE was well promoted and access good. However, only half of prisoners attended the gym and there had been no analysis of this relatively low usage. A range of courses, including accredited courses, met the needs of the prison population. Links with the health care department to provide remedial PE and PE for older and retired prisoners were good.

Resettlement

- HP39 The strategic management of resettlement was weak and not supported by an effective needs analysis. A whole-prison approach to offender management was lacking, although the many high and very high risk of harm prisoners were generally effectively managed. The sentence management of lower risk prisoners was inadequate. Public protection arrangements were thorough. Prisoners recategorised to category D waited too long for transfer to open conditions. Indeterminate-sentenced prisoners were generally well supported but most were beyond tariff. The identification of resettlement needs was weak and pathway provision was mixed. Accommodation provision generally met need. Drug and alcohol provision was good but there was no dedicated alcohol programme. Finance and debt advice was inadequate. Visits provision was good. The range and quality of offending behaviour provision was outstanding but there were insufficient places available to meet need. Outcomes for prisoners against this healthy prison test were reasonably good.
- HP40 Effective management and governance of resettlement was hindered by the lack of an up to date reducing reoffending strategy or action plan. The results of a recent needs analysis were not yet influencing the provision of services to meet the diverse range of prisoner need. The role of offender management was not fully understood across the prison and formal communication was weak.
- HP41 Most prisoners were identified as presenting a high or very high risk of harm and their management was suitably orientated towards risk. Offender supervisor contact in some of the complex and high risk of harm cases was regular and meaningful but in some other cases it was reactive rather than proactive. Medium and low risk of harm prisoners had an inadequate service; they had no contact with their offender supervisor beyond the completion of their offender assessment system (OASys) assessment. In our survey, too few prisoners said that they had been involved in the development of their sentence plan. Allocation to programmes was not always informed by the prisoner's sentence plan.

- HP42 Public protection processes were managed thoroughly. Contributions to multi-agency public protection arrangements (MAPPA) meetings were of a high quality. Arrangements for the Violent and Sexual Offending Register (ViSOR) had not yet been fully implemented, resulting in missed opportunities in sharing information with partner agencies.
- HP43 Categorisation reviews were managed appropriately, although prisoners did not have the opportunity to contribute. With only a few open establishments taking sexual offenders, many prisoners waited too long, sometimes six months or more, to be transferred to an open prison.
- HP44 The management of indeterminate-sentenced prisoners (ISPs) was generally good. Parole processes were managed well and reports were up to date. Three-quarters of prisoners serving an indeterminate sentence for public protection (IPP) were beyond their tariff date, most by over two years, and this was exacerbated by the lack of opportunity to complete their offending behaviour programmes. Consultation through discussion forums for ISPs was good. Lifer family days were infrequent and did not include IPPs.
- HP45 The identification of resettlement needs at both induction and discharge were limited in scope and value. Two resettlement officers aimed to address some basic needs but gaps in provision persisted. There were few links with community-based agencies and there was little mentoring or through-the-gate support. There was a useful 'preparation for open conditions' course.
- HP46 The need for specialist accommodation advice was relatively low, as most prisoners went to approved premises on release. The trained resettlement officers provided advice or signposted prisoners to specialist help where necessary.
- HP47 A good quality accredited 'preparation for work' course was provided alongside a drop-in job club. There were limited links with employers and colleges and too few prisoners were released into education or employment.
- HP48 Prisoners were not seen routinely by health services staff before release. Take-home medication was provided as appropriate and prisoners with severe and enduring mental health problems were linked with the local community mental health team.
- HP49 In our survey, more prisoners than in comparator prisons reported problems with alcohol abuse. High-quality alcohol services, including an effective awareness package, were delivered by the Alcohol Problem Advisory Service (APAS). The counselling, assessment, referral, advice and throughcare (CARAT) and APAS practitioners worked closely together, providing a well-integrated drug and alcohol service, including one-to-one and group work. However, there was a large backlog of over 200 prisoners waiting for these interventions. There was no alcohol-related offending behaviour programme.
- HP50 Despite high demand, specialist debt advice and access to Jobcentre Plus were not available. Prisoners could open and use a bank account before release.
- HP51 Visitors were complimentary about visits arrangements. More prisoners than at comparator prisons said that staff had supported them in helping to maintain contact with family and friends. The visitors centre was pleasant and welcoming. Access to visits sessions was satisfactory for all prisoners but they were required to wear prison

clothing. Regular family days were available but the selection criteria were unsophisticated. Fortnightly surgeries were held between visitors and the governor/deputy governor to enable visitors to share their views and ask questions.

- HP52 The range and quality of offending behaviour programmes was high, with excellent attention paid to individual diversity issues. Existing resources were managed well and appropriate priority had been given to sex offender programmes. However, this had resulted in the number of overall programme places reducing despite continued high demand. There were insufficient programme places available, resulting in unacceptably long waiting times for some prisoners across most programmes. As a national resource for sex offenders, prisoners were sent to the establishment to complete courses. Some prisoners were sent too late to complete courses and some were found to be unsuitable for a sex offender treatment programme, resulting in some prisoners being released without completing their recommended programme and without their offending behaviour having been addressed.

Main concerns and recommendations

- HP53 **Concern:** The quality of the single cells, dormitories and showers on B1 and B2 wings was unacceptably poor. Cells were small and cramped, with an inadequately screened toilet adjacent to the bed. The dormitories were unfit for multiple occupancy, with poor ventilation and unsatisfactory toilet screening. The single shared shower on each wing was insufficiently private, with just a curtain screening it from a general thoroughfare.

Recommendation: The dormitories on B wing should not be used for multiple occupancy. The single cells should be enlarged and the toilet moved away from the bed and appropriately screened. The wing shower should be sufficiently screened and private.

- HP54 **Concern:** Medium and low risk of serious harm prisoners received a poor sentence management service. They had little involvement in the creation of their sentence plan and no ongoing contact with their offender supervisor.

Recommendation: Medium and low risk of serious harm prisoners should be involved in the creation of their sentence plan and ongoing reviews and should have regular and meaningful contact with their offender supervisor.

- HP55 **Concern:** There were insufficient offending behaviour programmes to meet need. Some prisoners sent to the establishment to complete sex offender treatment programmes had to wait too long, sometimes years, to get on a course. For IPPs, this impacted on the length of time they were serving beyond their tariff. Some fixed-term prisoners did not get on a course at all and were released before their offending behaviour had been adequately addressed.

Recommendation: Offending behaviour programme provision should be increased to meet demand.

Section 1: Safety

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Prisoners were generally positive about their escort experience, with most having felt safe. Some prisoners had had long journeys to the prison, with most having had no comfort break. Once at the establishment, disembarkation procedures were expeditious.
- 1.2 In our survey, 80% of respondents, against the comparator of 65%, said that they had been treated well by escort staff and 82% that they had felt safe during transit. Prisoners told us that the transport vehicles had been clean and fit for purpose.
- 1.3 Journey times for some prisoners had been in excess of two hours and many had not received a comfort break. Most prisoners arrived in the afternoon; however, there were suitable arrangements for those arriving over the lunchtime period.
- 1.4 Disembarkation into reception was swift and prisoners were not handcuffed between the vehicle and reception. In our survey, 92% of respondents, against the comparator of 88%, said that their property had arrived with them.
- 1.5 Most prisoners had been aware that they were transferring to the prison before the escort but in our survey, only 9% of respondents said that they had been given information about the establishment before they arrived.

Housekeeping point

- 1.6 Information about the destination prison should be available at the sending establishments for prisoners to read before they arrive.

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

- 1.7 Reception was welcoming and supportive and the process was carried out efficiently, although prisoners were always subject to a full search, despite being in continuous custody. First night procedures were sound but not all prisoners received a shower and none was offered a free telephone call. Induction was comprehensive and prisoners in general were content with the level of information given.

- 1.8 Reception staff were respectful and helpful. In our survey, 85% of respondents, against the comparator of 70%, said that they had been treated well in reception. The area was clean and welcoming, and information was readily available through noticeboards and a dedicated information television channel. For most prisoners, the reception process was expeditious. Listeners worked in reception and had access to new arrivals in the holding rooms. Health services staff saw all new prisoners in a private room.
- 1.9 All prisoners were subjected to a full search on arrival, despite their continued custody (see section on security). However, in our survey, 89% of respondents, against the comparator of 79%, said that searching had been carried out in a respectful manner.
- 1.10 In our survey, only 24% of respondents, against the comparator of 39%, said that they had been offered a shower on their first night. Some prisoners arrived late in the afternoon and we were not assured that they received a shower on their first night.
- 1.11 A first night risk assessment was started in reception and we were told that all new arrivals received this interview. The prison's rules and routines were explained to new arrivals during their first night interview. Canteen packs and telephone PIN credit were offered. Prisoners were able to transfer their registered telephone numbers from their previous establishment; however, no free telephone call was offered, so prisoners had to use their own money to make an initial telephone call.
- 1.12 Cells on the first night landing, A4, were well prepared. Listeners and Insiders resided on this wing and supported new arrivals. Staff interviewed all new arrivals before they were locked up. In our survey, 86% of respondents said that they had felt safe on their first night and all those we spoke to shared this feeling. Night handover arrangements were in place and worked well.
- 1.13 The one-week rolling induction programme started on the day after arrival. It consisted of group sessions facilitated by staff from all relevant departments. It also included a guided tour of the establishment. It was held in a dedicated induction area on A3 wing, which was suitable for purpose and free from distraction. A range of formats was used for the induction programme, and information was available in a number of different languages. Each first night cell contained an information book which accompanied the induction process and a prison information channel was available on all in-cell televisions. Weeks two to four were reserved for education assessments and further health care and gym evaluations. Prisoners spent long periods with little to occupy them during this time.
- 1.14 A comprehensive tracking sheet ensured that all new arrivals received all modules of the induction programme. In our survey, 94% of respondents said that they had been on an induction course and 85% that they had found the information useful. Feedback from prisoners who had completed the programme was collected and was, in general, positive, with one prisoner writing, 'this is my third prison and the first time everything has been explained to me'.

Housekeeping points

- 1.15 Prisoners should only be subject to a full reception search based on a risk assessment.
- 1.16 All new arrivals should be offered a shower and a free telephone call on the day they arrive.
- 1.17 Prisoners should be kept fully occupied during weeks two to four of the induction programme.

Bullying and violence reduction

Expected outcomes:

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

- 1.18 Prisoners in our survey and in our groups reported feeling safe but some experienced victimisation. The violence reduction strategy required improvement but governance was good. There was substantial consultation with prisoners about safety and Insiders provided a supportive service. Levels of violence and reported bullying were low. The anti-bullying process did not operate as intended but monitoring of identified bullies was detailed.
- 1.19 Our survey results about prisoners' feelings of safety in the prison were in line with comparator establishments, with 29% having felt unsafe at some time and 11% currently feeling unsafe, but those with disabilities were more negative than their able-bodied counterparts. Prisoners told us that they felt safe at the prison and that there was minimal violence. This was consistent with the evidence gathered by the safer custody team, which showed that there were relatively few adjudications for violent incidents, with just 22 in the previous six months.
- 1.20 More prisoners than in comparator establishments reported victimisation by other prisoners (26% compared with 18%). The types of reported victimisation which were considerably above average were: making insulting remarks, sexual abuse and victimisation because of race, disability, sexual orientation and nature of offence. Fewer than at comparator establishments reported having property taken or drug- or gang-related victimisation.
- 1.21 The violence reduction strategy was long and generic and did not sufficiently reflect the risks associated with the nature of the establishment with a relatively elderly, and exclusively, sex offender population with a high number of prisoners with disabilities. Governance was through a safer custody committee covering both violence reduction and suicide prevention. Membership was good and included prisoner representatives for part of the meeting. The committee worked to a rolling action plan, informed by monthly reports of violent incidents and consultation with prisoners. Information was analysed to identify areas of risk for prisoners and action taken. An annual violence reduction survey of prisoners was undertaken, with the findings incorporated into the safer custody committee action plan.
- 1.22 A network of Insiders on each wing supported the safer custody team and met them monthly to share information and concerns. An Insider had been recently appointed to the gym, which had been identified as an area of concern.
- 1.23 The anti-bullying process was initiated by investigations into complaints by prisoners or observations by staff. In the previous six months, 125 reported incidents had been investigated but the majority had not led to any further action. The process was designed to challenge and monitor the behaviour of prisoners found to have been bullying others, through a two-stage process. However, documents showed that the targets set did not address underlying issues and there was no evidence of effective challenging of behaviour, although they revealed some detailed and interactive monitoring. Staff had been provided with guidance but had not been fully trained in the system.

Recommendation

- 1.24 Anti-bullying measures should set targets to challenge the underlying causes of antisocial behaviour.

Housekeeping point

- 1.25 The violence reduction strategy should be revised to reflect the prison's characteristics.

Self-harm and suicide prevention

Expected outcomes:

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

- 1.26 The suicide and self-harm prevention policy did not sufficiently reflect the characteristics of the prison but governance was good. The level of self-harm incidents was high and serious incidents were thoroughly investigated. The number of assessment, care in custody and teamwork (ACCT) documents opened was high and the increase on the previous year had not been fully explained. Some vulnerable prisoners were receiving an excellent level of care but there were some serious deficiencies in the planning and delivery of care for others. There was good provision of Listeners, who were well supported and had access to some good facilities.
- 1.27 There was a comprehensive suicide and self-harm prevention policy but it did not sufficiently reflect the particular characteristics of the prison, which had a relatively elderly, and exclusively, sex offender population and a high number of prisoners with disabilities. Governance was good and took place through the multidisciplinary safer custody committee, which included prisoner and Samaritan representation and worked to a rolling action plan, informed by good quality information about prisoner self-harm.
- 1.28 The level of self-harm was fairly high, with 178 incidents recorded in 2011. The safer custody team investigated all self-harm incidents requiring hospitalisation and made recommendations concerning the care of the prisoner and amendments to practice. There had been five deaths by natural causes since the previous inspection and the only recommendations arising from independent investigations were for clinical practice.
- 1.29 A total of 241 assessment, care in custody and teamwork (ACCT) documents had been opened in 2011, involving just 99 prisoners; this was considerably more than the 194 opened in 2010. The safer custody team could not confidently explain the increase.
- 1.30 There was an ongoing programme of staff ACCT training but we were concerned about its effectiveness. The ACCT documents we examined had some serious flaws. In many, the targets in care plans were inadequate, cases had been closed before the targets had been met and in one case a prisoner had been used to interpret for another during a case review. There was no evidence of multidisciplinary attendance at planning or review meetings. This was in contrast to the care for the most needy, who received an excellent standard of care and for whom daily behavioural goals were set. There was also close working with mental health staff.

- 1.31 There was a large team of well-trained and supported Listeners. In our survey, 91% of respondents said that they were able to speak to a Listener at any time, which was considerably better than the comparator of 59%. There was a well-appointed crisis suite and a Listener meeting room but the latter was in a poor state of decoration.

Recommendations

- 1.32 The suicide and self-harm policy should be revised to reflect better the particular characteristics of the prison population.
- 1.33 Action should be taken to improve the quality of planning and care under assessment, care in custody and teamwork (ACCT) procedures.
- 1.34 The safer custody committee should explore and explain the reasons for the increase in the number of ACCT documents opened.

Housekeeping point

- 1.35 The Listeners room on B wing should be redecorated.

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.²

- 1.36 There was no formal safeguarding policy or set of procedures but prisoners at risk were identified. Staff were not aware of their responsibility to report safeguarding concerns. Support was provided to some prisoners at risk but was not routinely planned.
- 1.37 There was no formal safeguarding policy or set of procedures and staff we spoke to did not understand the requirements. The links with the local adult social services department to develop safeguarding procedures were underdeveloped.
- 1.38 There was no code of conduct, other than their normal job description, which informed staff of their duty to raise legitimate concerns about the care of an individual, and prisoners did not have access to advocates specialising in their vulnerability.
- 1.39 The suicide and self-harm policy provided useful guidance for staff in identifying prisoners who required higher levels of support and protection, and we met prisoners with problems of vulnerability who were being well cared for through safer custody, diversity and health arrangements. Plans for the care of such prisoners were developed under ACCT procedures but were not in place routinely for older prisoners or those with learning difficulties (see section on diversity).

² We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

- 1.40 Many of the most potentially at risk prisoners were located on A3 wing, where there were experienced staff and good working relationships with mental health staff. Planning for release involved local social services and mental health teams where appropriate.

Recommendation

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

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships.

Prisoners are safe from exposure to substance misuse while in prison.

- 1.42 Security arrangements were mostly proportionate. Dynamic security was good and drug testing arrangements were mostly sound. Illicit drug use was low, although the control of prescribed medication created some cause for concern.
- 1.43 Security arrangements were mostly proportionate and the good staff–prisoner relationships underpinned effective levels of dynamic security. The rules limiting prisoners to wearing prison clothing at certain times of the day were contrary to the general ethos of the prison. The strip-searching of all prisoners in reception (usually arriving from other prisons) without a risk assessment was excessive (see section on first night in custody). Staff supervision was sometimes limited during association.
- 1.44 The monthly security meeting was well attended and considered a wide range of statistical data and key themes from security information reports (SIRs), with clear security objectives set. However, beyond meeting attendees, knowledge about the monthly objectives was limited and they were not fully understood by some members of the security team.
- 1.45 Just under 4,000 SIRs had been submitted in 2011. These had been processed and analysed appropriately, and all of those we examined had been dealt with sufficiently quickly for staff to respond to any immediate issues. However, the number of SIRs logged as ‘miscellaneous’ required examination. Child protection, inappropriate behaviour and notification of self-harm regularly featured among the highest numbers of submitted SIRs, closely followed by drugs (mainly diverted medication), including tramadol, gabapentin and co-codamol. In response to this, the drug strategy meeting was regularly briefed with the details of individual prisoners who were known or suspected to be involved and specific actions were planned to address the issues. While this initiative was beginning to yield positive results, further work needed to be done to review levels of prescribing and in-possession medication. At the time of the inspection, a total of 166 prisoners were receiving medication that could be described as having a diversion value (see recommendation 2.93). Joint working between security and health care departments in searching for, and regularly reviewing, medication held by prisoners was effective.
- 1.46 There was limited intelligence to suggest the trafficking of illicit items through visits, and throughout 2011 there had been no prisoners or visitors subject to visiting restrictions.

- 1.47 The mandatory drug testing (MDT) suite was clean, tidy and appropriately equipped. The random positive MDT rate was minimal, at 0.79% between June 2011 and November 2011. Only eight suspicion tests had been conducted in this period, with a 33.3% positive rate. Some slippage of suspicion testing had occurred, although the extent of this was not properly monitored and it was not reported to the substance misuse committee. The security department was aware of the issues around drug testing and although there were few SIRs relating to illicit drugs, there was no recording system to show the outcomes against required suspicion tests.

Housekeeping points

- 1.48 The restrictions on the wearing of own clothes should be reviewed.
- 1.49 All staff should be made aware of the monthly security objectives.
- 1.50 A mechanism to monitor and report on suspicion testing should be developed to ensure that they are undertaken within the required timeframe.
- 1.51 The 'miscellaneous' security information reports should be further analysed to identify repeating themes and issues.

Incentives and earned privileges

Expected outcomes:

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

- 1.52 The incentives and earned privileges scheme was widely understood by staff and prisoners. A large proportion of prisoners were on the enhanced level and most felt that they were treated fairly in the scheme and that it encouraged good behaviour.
- 1.53 Prisoners had a good understanding of the incentives and earned privileges (IEP) scheme. Most thought it was worthwhile to be on the enhanced level, and over 70% were on this level, with the remainder (with the exception of one prisoner on basic) on the standard level.
- 1.54 In our survey, more prisoners (62%) than at comparator establishments (55%) said that they were treated fairly in the IEP scheme and almost half said that the scheme encouraged good behaviour.
- 1.55 Staff made at least two monthly qualitative entries on prisoners' case notes; these were quality checked by managers and feedback was provided. Prisoners transferring to the prison retained the IEP status they had acquired at their previous establishment and those on basic were reviewed weekly and were set objectives to achieve promotion.
- 1.56 Prisoners saw the main attractions of the enhanced IEP level as the opportunity to live on the best accommodation units, the additional spending allowance and the extra visits entitlements, although many found the restrictions on opportunities to use the extra visits over-restrictive (for example, midweek for most prisoners and Saturday mornings for those on A1 and C1/2 wings).

Housekeeping point

- 1.57 Opportunities for using extra enhanced visiting orders should be reviewed.

Disciplinary procedures

Expected outcomes:

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

- 1.58 The number of adjudications was low and use of force minimal. The care and separation unit was well run and used as an integrated element of the management of some complex prisoners.
- 1.59 The number of adjudications was low, at around 33 per calendar month (2011); those that we observed were conducted appropriately. Adjudicators ensured prisoners' understanding at every stage of the procedure and prisoners participated fully.
- 1.60 The deputy governor quality checked around 50% of all adjudications and provided written feedback as necessary. Additionally, a quarterly adjudication meeting reviewed an impressive range of data and any anomalies were investigated.
- 1.61 The independent adjudicator attended the prison to hear the most serious charges, although this was rare and had resulted in only one visit in 2011, to hear two cases.
- 1.62 Most adjudications over the 12 months before the inspection were for threatening or insulting behaviour and disobeying rules or regulations.

The use of force

- 1.63 The level of use of force was low, with 29 recorded incidents in 2011. Most were spontaneous and few resulted in the use of control and restraint techniques. Written records were generally of good quality, although many lacked a contribution from the health care department.
- 1.64 Planned interventions were video-recorded and we reviewed the four recorded incidents from 2011. Elements of de-escalation were evident in all cases but there were a number of deficiencies (for example, unprotected staff entered cells before three-officer teams and passive prisoners were escorted across the prison by staff equipped with personal protective equipment), and the recordings had not been reviewed to establish learning points.
- 1.65 The quarterly use of force committee meeting focused on training rather than scrutinising incidents and other available data to identify the reasons for the use of force.

Housekeeping points

- 1.66 F213 injury to prisoners forms should be completed by health services staff and accompany all use of force records.

- 1.67 The use of force committee should analyse use of force records and other demographic data to identify trends or hotspots.

Segregation

- 1.68 The segregation unit functioned as an effective care and separation unit. It was clean and well maintained. The eight cells were well equipped; in-cell televisions were issued, subject to risk assessment and adjudication punishments.
- 1.69 The unit was appropriately used to provide support to prisoners who were unable to cope with living on the residential units, in addition to holding prisoners under punishment. Effective care and reintegration plans ensured that almost all of the prisoners were returned to residential units in the prison. A thorough unit-based induction was completed on all prisoners located there and records were maintained in observation files.
- 1.70 The regime was adequate, affording prisoners the opportunity to access showers, outside exercise, telephones and the unit library. In-cell education was also available and subject to a risk assessment; prisoners attended off-unit activities to complete education and offending behaviour courses. Daily records of staff-prisoner interactions were comprehensive and staff demonstrated an excellent level of care and control of prisoners.
- 1.71 All prisoners were seen by a member of the health services team, the duty governor and a member of the chaplaincy daily. The Independent Monitoring Board visited at least once a week. However, the recording of these contacts was deficient and many of the daily records remained unsigned by governors and health services staff.
- 1.72 Monitoring of the unit by the segregation monitoring and review group (SMARG) was thorough and a wide range of data was regularly analysed and acted on.
- 1.73 Staff were carefully selected and trained to work on the unit, although no formal mental health training was provided. Despite this, staff we spoke to had a good understanding of prisoners' issues and managed some challenging prisoners well.

Housekeeping points

- 1.74 Daily records should be signed by all key staff visiting the care and separation unit (CSU).
- 1.75 Staff on the CSU should receive mental health awareness training.

Good practice

- 1.76 *A thorough unit-based induction was completed on all prisoners located on the CSU and records were maintained in observation files.*

Substance misuse

Expected outcomes:

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

- 1.77 Although relatively few prisoners were receiving opiate substitution treatment, there remained an insufficient level of integration of service between the clinical and the psychosocial teams.
- 1.78 The integrated drug treatment system (IDTS) was in place and six prisoners were receiving methadone treatment at the time of the inspection, all of whom expressed satisfaction with the service.
- 1.79 A specialist substance misuse nurse and an IDTS/counselling, assessment, referral, advice and throughcare (CARAT) assistant practitioner were directly involved in the care of IDTS clients, although little information was shared with the rest of the psychosocial team. The assistant practitioner had been absorbed into the mental health team under the auspices of working with dual-diagnosis patients and this had minimised contact with the rest of the psychosocial team. Joint clinical/psychosocial meetings had also been missed for several months.

Recommendation

- 1.80 Steps should be taken to ensure a greater level of integration and joint working between the clinical and psychosocial teams involved with the integrated drug treatment system.

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 The standard of cleanliness throughout the residential units was excellent. Many cells had en-suite facilities and were well laid out. Cells on B1 and B2 were too small and cramped. Communal showers, with the exception of those on B1 and B2 wings, were private and adequately screened. Access to cell cleaning materials was good and prison bedding and clothing was fit for purpose. Information on services was available and the application system was fair.
- 2.2 The standard of cleanliness throughout the prison was impressive, and the outside environment was pleasant. Cells on A and C wings in general were of a good size and well laid out. The single cells on B1 and B2 wings were unacceptably small and cramped and with the toilet sited at the side of the bed. There were a few dormitories which were unfit for purpose, afforded little privacy and had minimal natural light and poor ventilation (see main recommendation HP53). Communal areas were bright, clean and appropriately furnished.
- 2.3 Many cells had en-suite shower and toilet facilities but for those without, toilet screening was inadequate. C2 wing had no in-cell toilets but access to the communal recess and shower area was unlimited. Most communal showers were clean and appropriately screened. However, the single communal showers on B1 and B2 wings were located on the main corridor and were basic, with damaged fabric and only a shower curtain for privacy. In our survey, 98% of respondents, against the comparator of 92%, said that they were able to shower daily.
- 2.4 In our survey, 90% of respondents, against the comparator of 74%, said that they normally received cell cleaning materials weekly, and cells were clean and free from graffiti and offensive displays.
- 2.5 Cell sharing risk assessments were in place for all prisoners. In our survey, 46% of respondents, against the comparator of 43%, said that cell call bells were answered within five minutes, and we observed this to be the case.
- 2.6 Bedding exchange facilities were adequate; prison-issue bedding was in good condition and many prisoners had their own duvets. Prisoners could only wear their own clothes during recreational periods and were required to wear prison clothing at all other times. The quality of prison clothing was good and laundry facilities were adequate.
- 2.7 Wing noticeboards were well laid out and contained up-to-date information, and there was a dedicated information television channel (see also section on early days in custody). Prisoners told us that staff were fair when implementing rules. Wings were quiet and calm at night.
- 2.8 In our survey, only 16% of respondents, against the comparator of 24%, said that they had problems accessing the telephone. The ratio of telephones to prisoners on each wing varied

but prisoners we spoke to were reasonably content with access. Mail procedures were satisfactory.

- 2.9 In our survey, respondents reported more positively than at comparator establishments about the speed and fairness of the applications process. Many prisoners said that staff would deal with issues informally. A suitable facilities list met the needs of the population. Property was issued to prisoners quickly, with no backlog of applications.

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.

- 2.10 Relationships between staff and prisoners were good. Interaction during association was limited to answering queries or dealing with questions. There was effective prisoner consultation and the personal officer scheme was well implemented and managed.
- 2.11 Prisoners were positive about staff–prisoner relationships, with 86% in our survey saying that most staff treated them with respect, which was better than the comparator (74%) and than at the time of the previous inspection (77%).
- 2.12 We observed respectful and helpful formal interactions between staff and prisoners. Staff mostly used prisoners’ first names or titles and they were conscious of the need to model good behaviour.
- 2.13 Although 24% of prisoners in our survey (higher than the 19% comparator) said that staff spoke to them during association, we saw little informal interaction when we observed evening association. This was because staff numbers were low and they were busy responding to prisoner requests or questions. Prisoners were not concerned about the situation and associated freely on the wings.
- 2.14 Prisoner wing representatives met the wing managers and residential governors regularly to discuss the conditions on residential units. Prisoners we spoke to were satisfied with the arrangement. There was extensive consultation on other aspects of the regime, including safety, diversity and services.
- 2.15 There was an effective personal officer scheme. In our survey, 89% of prisoners knew the identity of their personal officer, of whom 75% found them helpful, both figures being better than the comparators of 76% and 62%, respectively.
- 2.16 Personal officers made regular entries in prisoners’ files, usually twice a month. Those we saw were comprehensive, including comments on behaviour, sentence planning, progress at work or education, and family matters where appropriate. Regular management checks were driving up the quality of personal officer work.

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 characteristic³ 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.

2.17 The strategic management of equality and diversity was inconsistent and although the equality policy was incomplete and action planning and monitoring arrangements were not sufficiently robust, outcomes for prisoners across all the diversity strands were generally good. Consultation arrangements with prisoner representatives were good but some prisoners with disabilities expressed negative perceptions across a range of indicators in our survey and there was insufficient formal communication with black and minority ethnic prisoners. Good use was made of external links to promote equality and diversity and improve outcomes for prisoners.

Strategic management

- 2.18 The strategic management of equality and diversity was inconsistent. The equality policy detailed governance and monitoring arrangements but there were important gaps around race and religion (see below). With the exception of religion, the protected characteristics were discussed at bimonthly meetings of the Whatton equality action team (WEAT) meeting, which was well attended, included prisoner diversity representatives and was chaired by the governor or deputy. However, other than monitoring race using the Systematic Monitoring and Analysis of Race Equality Template (SMART) tool, there was no other monitoring of equality under the other diversity characteristics. The consolidated equality action plan was routinely discussed at the WEAT meeting but this contained few actions and was out of date.
- 2.19 Information and photographs relating to the equality team were displayed around the prison. A useful guide for staff on all aspects of equality and diversity had been developed and was available on the intranet.
- 2.20 Consultation arrangements with prisoner diversity representatives were good and there were regular forums for some prisoners from minority groups, but this was too infrequent and ad hoc for black and minority ethnic prisoners and those with disabilities.
- 2.21 Incident reporting arrangements were good and discrimination incident report forms (DIRFs) were accessible to prisoners and visitors. The number of DIRFs submitted was low, at 73 for 2011. The quality of investigations into claims of inequality was good, with most relating to name calling and the use of inappropriate language. Completed investigations were signed off by the governor but there was no independent scrutiny. In 2011, researchers from Nottingham Trent University had surveyed prisoners to gauge their understanding of the incident reporting system in the prison. The results were positive, with most prisoners understanding how the system worked and having confidence in the investigation process.

³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.22 Ongoing diversity training ('challenge it, change it') had been delivered to nearly all members of staff.
- 2.23 A range of cultural events was celebrated. Since the previous inspection there had been equality-themed art and creative writing competitions, with the Poet Laureate judging the latter; a prisoner well-being day, which promoted all the protected characteristics; and an equality drama workshop. During the inspection there was a Holocaust awareness event, with a talk by a survivor.

Recommendation

- 2.24 The equalities policy should cover all strands and clearly define how each element of diversity is monitored. All actions should be contained in an up-to-date equality action plan.

Housekeeping point

- 2.25 There should be regular consultation forums with prisoners with disabilities and with black and minority ethnic prisoners to ensure that their views contribute to the overall management of equality and diversity.

Protected characteristics

- 2.26 Race equality was overseen by the equality manager but managed daily by a diversity officer who had previously completed race equality training. Information sharing to identify all racist incidents and issues was good but no work had been undertaken to identify prisoners who had previous convictions for racially motivated or homophobic offences, and we identified 13 prisoners with racist alerts on P-Nomis.
- 2.27 Approximately 14% of the prison population were from black and minority ethnic backgrounds, and these prisoners reported similarly to white prisoners across most areas in our survey.
- 2.28 Information was available to staff working with Gypsy/Romany/Traveller prisoners via the Equality Support Network. Despite recent attempts to establish a focus group, there was little support for the six prisoners who identified as Gypsy/Romany/Traveller.
- 2.29 The prison held 47 foreign national prisoners at the time of the inspection, which accounted for just under 6% of the population. Support for them, provided by one of the two diversity officers, was reasonably good. All prisoners were seen by the foreign nationals coordinator on induction and they had access to routine UK Border Agency (UKBA) surgeries and a foreign national prisoner forum. The foreign national policy contained outdated information about international telephone cards and access to the immigration advisory service, which had ceased to operate some time previously.
- 2.30 The foreign nationals officer had a named contact at UKBA who dealt with all immigration matters for the establishment. At the time of the inspection, only one prisoner was being held on an IS91 warrant (authority to detain notification) and his deportation was imminent. Formal arrangements with UKBA had improved since the previous inspection and they now prioritised the prisoners they wished to see during their bimonthly visits. Prisoners were informed of dates of clinics through the in-cell television information channel (see section on early days in custody) and they could apply to attend. The clinics provided an opportunity for foreign national

prisoners to meet informally and raise issues with the foreign nationals officer, who also saw prisoners individually on request. Some foreign national prisoners were also equality representatives and met the foreign nationals officer monthly.

- 2.31 Foreign national prisoners had to apply for the cost of a five-minute telephone call to their home country in lieu of a visit in the previous month. They had access to a wide range of translated material but interpreting services were not frequently used.
- 2.32 For prisoners with disabilities, screening processes, other than those undertaken by health services staff, were unsophisticated and consisted of a disability questionnaire which was completed by induction staff and forwarded to the disability liaison officer (DLO), who was allocated only five hours a week from his safer custody officer role to fulfil these duties. This was insufficient to cater adequately for the needs of the large number of prisoners who disclosed a disability (39% of the population) and not all of these had been seen by a member of the diversity team.
- 2.33 Care planning was undertaken by health services staff but information was not routinely shared with the diversity team or wing staff, so the DLO held no accurate records of the extent of disability or specific non-medical needs of older prisoners or those with disabilities.
- 2.34 There was a database of the 71 prisoners who had been identified as requiring a personal emergency evacuation plan (PEEP) and, although residential staff generally knew which prisoners required assistance in the event of an emergency, there was no formal emergency planning.
- 2.35 Despite some gaps in administering arrangements for older prisoners and those with disabilities, the outcomes for these prisoners were good and they said that they felt respected. Reasonable adjustments had been made, including the introduction of handrails, personal alarms, wheelchairs, low-level call bells, lifts and adapted shower and toilet facilities on some units. Thirty-five prisoners had been trained as wheelchair handlers and there was a paid carers scheme. In our survey, however, prisoners with disabilities were more negative than their able-bodied counterparts across a range of indicators, including safety, victimisation and access to some activities/services. These perceptions were not supported in our observations or in conversations with a number of prisoners with disabilities. However, there was no formal focus group for such prisoners and no routine monitoring of treatment or access to the regime, and the disability management committee met infrequently.
- 2.36 Over a third of prisoners were aged over 50 and almost a fifth over 60. Older prisoners could access the older prisoners activity and learning group, which provided a wide range of activities on four afternoons a week. Older prisoner also had access to regular modified gym sessions, which included carpet bowls and an over-50s walking club. Those coming towards the end of their sentence were encouraged to attend the one-day 'training and information for prisoners in their senior years' (TIPSY) course. This useful initiative included important advice on the disclosure of offences. Prisoners who were past retirement age or medically retired were unlocked for large parts of the day and received £8 a week retirement pay.
- 2.37 There was a policy on access to religion which detailed faith services and activities. In our survey, more prisoners (61%) than at comparator establishments (55%) and than at the time of the previous inspection (48%) said that their religious beliefs were respected. A religious festival calendar, which covered all faiths, was published bimonthly and approximately 120 prisoners had attended a world faith event in May 2011.
- 2.38 The coordinating chaplain had delivered faith awareness training to 30% of staff.

- 2.39 Monitoring of access to religion was weak, with little evidence of analysis using SMART data, and chaplaincy reports were not a feature of the bimonthly WEAT meeting.
- 2.40 The establishment had a sexual orientation and gender identity policy, which explained the establishment's legal responsibilities and gave some brief information on the support group (Xpression) for lesbian, gay, bisexual and transgender (LGBT) prisoners. In our survey, 9% of respondents identified as gay or bisexual. There were no transgender prisoners at the time of the inspection.
- 2.41 There was an active focus group for LGBT prisoners, which met monthly and had 32 members, some of whom were equality representatives. Members told us that staff adopted a zero tolerance approach to discriminatory and homophobic behaviour and that they felt supported by staff and had support from 'Health Gay Nottingham'.

Recommendations

- 2.42 **Individual care plans which record the extent of need should be drawn up jointly with the disability liaison officer and health services staff and should be accessible to all staff.**
- 2.43 **Perceptions of inequality of treatment and access to some activities by prisoners with disabilities should be investigated and appropriate action taken.**

Housekeeping points

- 2.44 Prisoners with previous racially motivated or homophobic offences should be identified and information shared with the offender management unit for the appropriate management of risk.
- 2.45 Personal emergency evacuation plans should be available for all prisoners who require them.

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.

- 2.46 The chaplaincy team ensured that faith provision catered for the needs of the population. Areas dedicated to worship were good. Faith-based classes were available and prisoners were able to celebrate the major religious festivals. Bereavement support was good but the team struggled to reintegrate prisoners into faith communities on their release.
- 2.47 The chaplaincy team was led by a full-time coordinating Anglican chaplain, supported by part-time Ecumenical, Muslim and Roman Catholic chaplains. The team was well supported by a wide range of sessional chaplains, and prisoners reported no issues in accessing faith services.
- 2.48 All new prisoners were seen by a member of the chaplaincy team briefly on the first night centre and again during induction, when they were given an information booklet on the role of the chaplaincy and the services on offer. Approximately 200 prisoners visited the chapel each

week, either through attendance at Sunday services or for other faith-based activities; however, prisoners had to apply to attend Sunday services at least 48 hours in advance. We were told that this advance notification was needed to allow time for staff to write out movement slips.

- 2.49 Members of the chaplaincy team attended all the principal management meetings. There was a wide range of faith-based classes. Good pastoral care was provided, including one-to-one bereavement support. Thirty prisoners were involved in the Alpha course and 36 prisoners received visits through the prison visitors scheme.
- 2.50 Chaplaincy facilities were good. There was a large multi-faith room with appropriate screening, and ablutions for Muslim prisoners. The chapel was located above B wing, and a chairlift had been installed.
- 2.51 Chaplaincy resettlement services remained underdeveloped, with team members having limited success in trying to reintegrate prisoners due for release into faith-based organisations in their community.

Housekeeping point

- 2.52 Prisoners should not have to apply to attend Sunday 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 Most prisoners had confidence in the complaints system. Although quality assurance was in place, it was ineffective, as we found examples of responses that did not address issues. Some complaints took too long to be answered.
- 2.54 Most prisoners we spoke to said that they had confidence in the complaints system. On average, 90 complaints were received each month, with prisoners saying that staff dealt informally with many of their issues.
- 2.55 Quality assurance was carried out on all complaints but was perfunctory and ineffective, as it found that all responses met the required standard. We reviewed a number of responses to complaints and found many that did not adequately address the issues raised and some replies were curt. Complaints were answered at an appropriate level, although the complaint forms were collected by the night orderly officer, which compromised confidentiality.
- 2.56 In our survey, only 43% of respondents said that their complaint had been dealt with within seven days. We found some examples of complaints taking longer than seven days to be answered and the prison's data analysis found a small number that had not been answered. The data were analysed quarterly.

Recommendation

- 2.57 Quality assurance should ensure that responses to complaints are timely, and adequately and politely address the issues raised.

Housekeeping point

- 2.58 An independent member of staff should collect the complaint forms from the wings.

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.

- 2.59 Legal services provision was limited but access to legal advisers was not a major issue for prisoners. Legal visits were facilitated and prisoners had access to information to meet their legal needs.
- 2.60 Prisoners received information on legal services as part of their induction process. There was no designated time set aside for the two trained legal services officers; however, there was little demand for their time due to the nature of the prison population.
- 2.61 A legal services folder was available in the library. It contained useful information in a range of languages.
- 2.62 Access to and facilities for legal visits were satisfactory, with four comfortable rooms available. The legal adviser we spoke to was content with the arrangements. In our survey, more prisoners (66%) than at comparator establishments (48%) said that it was easy or very easy to communicate with their legal adviser.

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.

- 2.63 Health services were generally good. Staff were polite and responsive to prisoners' needs. Primary care was well organised and access to nurse-led, GP and dental services was good. There was a wide range of chronic disease clinics and enablement therapies to meet the needs of the population. Medication administration was compromised by the lack of appropriate supervision of some medication. Palliative care arrangements were particularly

good. Mental health services were of a high quality and well integrated within the prison but provision for primary mental health care was limited by staffing shortfalls.

Governance arrangements

- 2.64 Health care was commissioned by NHS Nottinghamshire County Primary Care Trust (PCT) and provided by NHS Nottinghamshire Healthcare Foundation Trust. Relationships between health services and prison staff were effective.
- 2.65 A comprehensive health needs assessment had been completed in December 2010. A health improvement plan and service improvement plan identified priorities and actions, which were monitored well. The commissioning group provided a forum for the prison and health commissioners and providers, with representation from the governor and senior commissioning and provider managers. However, there was no forum where prisoners could raise general health care issues.
- 2.66 There was an appropriate range of registered nurses, assistant practitioner roles and health care support workers. Most staff had up-to-date mandatory training. Some had specialist skills, including formal training, and work was ongoing to match skills to service needs. Staff we spoke to had clear line management and clinical supervision arrangements. Health services staff were polite and caring in their approach to prisoners but not all staff wore name badges.
- 2.67 There was a range of corporate and clinical policies, including in-possession medication, blood-borne viruses and an information-sharing compact.
- 2.68 There was active reporting, monitoring and regular review of clinical incidents and serious untoward incidents, with 37 and four such incidents, respectively, reported in the previous year, and staff were encouraged to learn from errors and near misses.
- 2.69 The health care suite was clean and well maintained, with several consulting rooms, a patient waiting room, a dedicated pharmacy room and a dental suite. The Kings Fund's had provided for a specially adapted palliative care suite to enable men to receive care at the end of life.
- 2.70 A full resuscitation kit, including a defibrillator, was kept in one of the consulting rooms and a further kit in the reception health care room; the dental suite had emergency oxygen and a limited number of emergency drugs. We did not see a checklist for resuscitation kits.
- 2.71 A senior nurse led the care for older people and there was effective identification of care planning for and follow-up of needs, including dementia, mobility and other impairments. There were arrangements with the local primary care trust/local authority store for assessment for and provision of mobility and daily living equipment.
- 2.72 On arrival, prisoners were given a simply worded health services information leaflet with picture icons. The senior practice manager attended induction and explained how to use health services.
- 2.73 Health promotion was well coordinated, with a health promotion plan for 2012/13, and noticeboards in the health care department focused on relevant up-to-date health issues. We observed nurses giving individual health promotion advice.
- 2.74 Prisoners wishing to make a complaint could use either the prison complaints system or a dedicated NHS system, including the patient advice and liaison service (PALS). There had

been three written complaints in the previous year. They were dealt with by the health care manager and monitored through the governance framework.

Housekeeping point

- 2.75 Prisoners should have a forum to discuss general health care issues.

Delivery of care (physical health)

- 2.76 Prisoners completed a self-assessment health questionnaire before their screening, to improve the identification of issues. Prisoners with disabilities were referred to the occupational therapist or physiotherapist.
- 2.77 Primary care clinics included chronic disease management and vascular and bowel screening clinics, supported by an effective nurse triage system which enabled men to be seen on the same day. Prisoners who had specific mobility problems, were acutely unwell or had palliative care needs were seen in their cells.
- 2.78 Access to GPs was good, with average waits of approximately one week for a routine appointment and same-day appointments for urgent issues. Appointments were made either by application or by telephone through the wing officers.
- 2.79 Men with end-of-life needs were cared for either in the special palliative care suite (see paragraph 2.69) by a designated registered nurse and carer cover, or on one of the residential wings using agency carers, suitable pain control and an 'open door' policy. The Liverpool Care Pathway was being used. Four men had received palliative and end-of-life care in the previous 18 months. We spoke to one elderly man with an end-of-life diagnosis who said that he felt very well cared for and was confident that his care needs would be responded to.
- 2.80 Up to four external hospital appointments were escorted each day and there had been no cancellations because of a lack of escort staff during the previous six months. Clinically urgent appointments were kept.

Good practice

- 2.81 *Palliative care arrangements were excellent and enabled men to have dignified and clinically appropriate care.*

Pharmacy

- 2.82 Pharmacy supply was provided by a local community pharmacy. Nottinghamshire PCT had responsibility for the clinical pharmacist service but did not visit regularly. Two technicians were employed by the supplying pharmacy. Named-patient prescriptions and stock medications were checked by a pharmacy technician and supplied by the local pharmacy.
- 2.83 The pharmacy room was clean and suitably equipped with lockable metal cabinets. Medicines were left on open shelves after administration had finished.
- 2.84 Most medication was supplied or administered from the pharmacy hatches, with supervision by a discipline officer but little opportunity for prisoners to ask confidential questions. The door to

the pharmacy room was unlocked during the inspection, which compromised the safekeeping of medicines.

- 2.85 There were some policies and procedures in place but notable gaps in standard operating procedures for controlled drugs, supply and administration, and out-of-hours medication.
- 2.86 The medicines in-possession policy provided a basic assessment of the patient but with limited restrictions on the types of medicines supplied. There was one medication round each day. A number of prisoners deemed suitable only for supervised medications were given their morning dose supervised but were then given later doses in labelled monitored dosage containers; some of these prisoners did not have lockable cabinets for safe storage and there had been several incidents of prescribed medications being mislaid or diverted.
- 2.87 Prisoners had no access to a pharmacist but could ask the technicians for simple information and advice when they collected weekly in-possession medication. Patient information leaflets were provided to patients collecting in-possession medicines but not always for those on supervised medicines.
- 2.88 Prescribing was electronic but there was no prescription date; nurses relied on the review date, the ongoing supply by the pharmacy and a printed patient summary sheet. Administration was recorded on a separate sheet and the dates on this sheet did not always match the dates on the patient summary sheet. Gaps and omissions were not always recorded, and there was no indication that they were appropriately reported. A narrative record of supply was also recorded on SystmOne, the electronic clinical record system, but the narrative and electronic records for some patients did not always match.
- 2.89 Most in-possession medicines were supplied for either seven or 28 days, the reasons for which were not always made clear, and the period of supply was changed without a formal review. A limited agreed quantity of stock was kept, with no written procedure or audit completed.
- 2.90 The duplicate order book for controlled drugs was not always signed to show that they had been received. The signed order book was used by doctors as a prescription supply confirmation for named-patient controlled drugs, with no record made on SystmOne. We came across one patient on Oxycontin, a schedule 2 controlled drug, which had been supplied for 28 days starting in November 2011 but the medicine had continued to be administered beyond this period. In addition, the controlled drug register was being signed as if all doses for this patient were both checked and administered by two nurses; however, we observed that the first dose was supervised and the evening dose left in the patient's lockable cabinet.
- 2.91 A regular medicines and therapeutics committee monitored medication issues, including incidents and near misses.
- 2.92 The GP practice was working to ensure that the prescribing of tradable medication was limited and there had been a recent audit of tramadol (an opiate-based medication) prescribing.

Recommendations

- 2.93 **Prisoners should receive in-possession medication only following a robust risk assessment which clearly identifies patient- and medication-related risks and reflects changes in these risks.**

- 2.94 Records of medicines prescribing, supply and administration should be clear, unequivocal and conform to legal and professional requirements.
- 2.95 All controlled drugs should be stored, supplied, administered and recorded in compliance with legal and professional requirements.

Housekeeping points

- 2.96 The pharmacy room should be locked and medicines stored in locked cabinets at all times.
- 2.97 Stock medicines should be subject to written standard operating procedures and regular audit.

Dentistry

- 2.98 Dental services were subcontracted to an independent contractor. Men waiting for routine dental triage were seen within one week and waited up to six weeks to see the dentist. Urgent dental appointments took place within two weeks. Prisoners with emergency dental problems were seen by a primary care nurse for simple pain relief or the GP, or could be referred to Nottingham emergency medicine services (NEMS). Prisoners were able to access the full range of NHS dental treatments.
- 2.99 The dental suite was clean and well maintained. All equipment had been serviced within the previous year
- 2.100 The dentist and dental nurse recorded consultations on SystmOne and on a separate dental system. The dentist's records of X-rays, dental charting, soft tissue examination or specific dental review/treatment details were not available during the inspection.

Delivery of care (mental health)

- 2.101 An integrated mental health service, led by a senior community psychiatric nurse, incorporated registered nurses and assistant practitioners. Self- or staff referrals were accepted and filtered for allocation through a weekly referrals and allocations meeting. Prisoners were positive about the care provided.
- 2.102 Primary mental health services provided good-quality individual therapy alongside some useful group work on anxiety management, mental health and well-being, and sleep hygiene; this complemented the formal prison behavioural programmes (see section on attitudes, thinking and behaviour). There was an average caseload of 33; at the time of the inspection eight men were waiting for assessment, the longest wait being seven days. Staffing gaps had compromised this service and altered the thresholds for acceptance, which meant that not enough men with low-level needs could benefit.
- 2.103 Secondary mental health was good, although staffing levels were low for the population size and needs. There were 40 men on the caseload at the time of the inspection. We spoke to one man with particularly challenging issues who was highly complimentary about the care he had received. Joint working between mental health and offender treatment programme staff had enabled him to participate in an offending behaviour programme.
- 2.104 A forensic psychiatrist with a special interest in personality disorder provided regular clinical sessions and attended the referrals meeting.

- 2.105 We observed positive interactions between wing staff and prisoners with serious mental health needs but only a small proportion (31 discipline staff) had received training to enable them to deal with some complex and challenging behaviour.

Recommendation

- 2.106 All prisoners with low-level mental health problems, including anxiety and depression, should have early access to primary interventions, including talking therapies.

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.

- 2.107 Prisoners were positive about the quality of the food. Consultation procedures were good and the kitchen and other food areas were in good order. There was some facility for prisoners to cook for themselves.
- 2.108 In our survey, more prisoners than at comparator prisons said that the food was good or very good (51% against 29%), and the prisoners we spoke to were mostly appreciative of the catering arrangements; however, fewer black and minority ethnic prisoners (17%) than their white counterparts (55%) responded positively about this issue. The food we sampled was hot and tasty.
- 2.109 There was regular consultation through a 'kitchen user group' (which was attended by catering staff), an annual survey and the good-quality responses to food comments books.
- 2.110 Mealtimes were slightly early during the week and too early at weekends (when the evening meal was served at 4.15pm). Breakfast packs were issued on the day before consumption.
- 2.111 The four-week menu cycle provided a varied diet and catered to a wide range of tastes. The kitchen and serveries were well equipped and clean.
- 2.112 Storage areas were tidy and well ordered and halal food was appropriately managed. The temperature of the food was taken at the time it was loaded onto hot trolleys and also at the point of service.
- 2.113 Microwave ovens and toasters were provided on residential units to enable prisoners to cater for themselves and some dining in association was available (mainly on B wing).
- 2.114 National Vocational Qualifications were available to six prisoner kitchen workers at a time, who invariably went on to work either in the kitchen or the staff mess.

Housekeeping points

- 2.115 The negative perceptions of black and minority ethnic prisoners about the food should be investigated and appropriate action taken.

- 2.116 Breakfast packs should be issued on the day of consumption and lunch should not be served before noon or the evening meal before 5pm.

Purchases

Expected outcomes:

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

- 2.117 Prisoners were generally satisfied with the prison shop and the range of goods available. There was access to wide range of catalogues.
- 2.118 Prisoners arriving from other prisons were provided with pre-packed canteen bags to carry them over to their next shop purchase day. There was no restriction to how many bags could be purchased.
- 2.119 There were 20 catalogues (including five hobby catalogues) on the prison's list. There was no administration charge at the time of the inspection but in line with a newly issued Prison Service Instruction, prisoners were to be charged £1 per order from 1 April 2012.
- 2.120 Newspapers could be ordered weekly or purchased via a third party by families or friends.
- 2.121 A quarterly prisoner representative meeting evaluated shop provision and made requests to change items on the list. The shop provider (DHL) also conducted an annual survey. Prisoners were generally satisfied with the prison shop and the range of goods available.

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.⁴

- 3.1 Access to time out of cell during the core day was reasonable. Association and exercise were rarely cancelled.
- 3.2 A fully engaged prisoner could access at least nine hours and an unemployed prisoner six hours out of cell a day. During our random roll checks, approximately 61% of prisoners were engaged in off-wing activities, 22% were wing-based workers or retired and 17% were on the wing not engaged in activity.
- 3.3 Prisoners not engaged in activities were locked up from 8.45am until 10.30am and from after lunch until 3.30pm each day. After these times, they were allowed to associate on the landings. Association took place for all prisoners in the evening and was rarely cancelled. Prisoners could access the exercise yards during evening association.
- 3.4 Association areas were well equipped; exercise yards had benches and raised flower beds.

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.

- 3.5 Sufficient activity places were provided but allocation processes was slow and too many prisoners were unemployed. The learning and skills strategy was appropriate and leadership and management of the area were satisfactory. Operational management in education was reasonable. Quality assurance arrangements were generally satisfactory. The range of learning and skills provision was generally appropriate but too few courses were available beyond level 2. The range and level of accredited qualifications in vocational training and work remained limited. The quality of teaching, coaching and learning was good in education and vocational training workshops, and satisfactory in the work areas. Internal partnership links between education and other departments in the prison were good. The use of individual learning plans was not consistently effective. Success and retention rates on accredited courses were high in the vocational training and work areas outside of the wings. Success rates on most education course were high. Library provision was good but the selection of

⁴ 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.

material to support learning and skills provision was limited and there was insufficient access to computer-based learning resources.

3.6 Ofsted made the following assessments about the learning and skills and work provision:

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

Management of learning and skills and work

3.7 There was an appropriate learning and skills strategy for the development of provision; this was monitored effectively and suitably informed by an annual needs analysis and national skills demand data in prisoners' release areas.

3.8 Internal inter-agency working was good. Links with voluntary groups were well used to support prisoners' development. Staff were appropriately qualified and experienced, with education tutors accessing a wide range of development opportunities. Management and staffing resources were appropriately deployed. However, staff cover for absence was not always adequate in workshops and the careers information and advice service (CIAS), resulting in prisoners being turned away and not required for work.

3.9 Quality assurance arrangements were satisfactory. However, some processes, including the assessment of teaching and learning quality through direct observation, had not been implemented in all areas. While data were used well in education for quality monitoring purposes, the use of data and targets for performance management of all provision was inadequate. Self-assessment was comprehensive and led to demonstrable improvement. However, production of the most recent report had been delayed.

Recommendation

3.10 Comprehensive quality assurance arrangements should be implemented.

Housekeeping points

3.11 Effective staff cover in workshops and the careers information and advice service should be provided.

3.12 The use of data and targets to aid performance management should be improved.

Provision of activities

3.13 There were enough activity places to occupy the prison population. The allocation process was equitable and transparent but over-complex and often slow, resulting in too many unemployed prisoners. There were waiting lists for many courses. Not all data relating to prisoners' preferred activity were current. Pay rates had been reviewed and did not act as a disincentive to participation in purposeful activity. Accurate activity records were kept and appropriately monitored.

- 3.14 The range of learning and skills provision was generally appropriate. However, too few courses were available beyond level 2. The variety of courses specifically targeting personal and social development, such as music, art and cookery, were good. Prisoners in the work areas had satisfactory opportunities to combine work with part-time education classes.
- 3.15 Vocational training included cleaning, bricklaying, painting and decorating, forklift truck driving, laundry, woodwork, catering, food hygiene and manual handling. There were 48 full-time-equivalent places available in the vocational workshops, accounting for around 6% of the total prison population. Despite some expansion over the previous two years, the range and level of accredited qualifications offered in vocational training and work remained limited, as at the last two inspections.
- 3.16 There were 525 full-time-equivalent work places. The number of prisoners accessing relevant accredited qualifications while working was low, particularly for those who worked on the accommodation wings or as orderlies, which accounted for about 25% of prison activities.
- 3.17 Lincoln College provided 90 full-time-equivalent education places that included information and communications technology, book-keeping, employability, preparation for work, numeracy, literacy, access to education, budgeting and money management, music, cookery, art and personal development. Courses were available on a part- or full-time basis. Around 37% of the prison population accessed education at some period during the week. In addition to sessions delivered in a classroom setting, 108 learners were receiving education through an outreach service. In addition, 10 prisoners were following Open University courses and four were participating in other higher education programmes.

Recommendations

- 3.18 **An effective activities allocation process should be introduced.**
- 3.19 **The range and number of places providing accredited learning should be increased.**

Quality of provision

- 3.20 Prisoners' literacy and numeracy needs, as well as barriers to learning, were appropriately and accurately assessed at induction. Assessment of prisoners' wider learning needs was good, with a comprehensive assessment and evaluation. Prisoners who required more specialist support were invited to join the 'access to education' course, which provided intensive support for learners with a wide variety of needs. Prisoners' needs were accurately recorded and communicated, to ensure the provision of relevant and timely support. However, some individual interview sessions were delayed or not adequately supported by information on prisoners' prior achievements and skills gained at previous establishments.
- 3.21 The quality of teaching, coaching and learning was good in education and vocational training workshops, and satisfactory in the work areas. Education sessions were well planned, and tutors in the workshops supported prisoners in exceeding their expectations and achieving high standards of finished work. However, the prison made insufficient use of some work activities to extend prisoners' knowledge and skills beyond their specific production role. For example, in the textiles workshops, prisoners were not given opportunities to extend their understanding of the practice and theory behind the creation of a complete garment. Accommodation for vocational training and education was good. There was good adherence to health and safety across the learning and skills provision, particularly in the vocational training and work areas.

- 3.22 The use of individual learning plans was not consistently effective, although usually incorporated the recording of personal development. In the best examples, the achievement of personal development targets was well recorded but targets for progression were not always completed and some were insufficiently specific or meaningful to learners.
- 3.23 The education provider gave good support to Open University learners outside their contracted hours. The personal and social development courses linked effectively to wider prison programmes, including offender behaviour programmes. Most prisoners were involved in work or education that enhanced their development of self-esteem, well-being and a sound work ethic. Internal partnership links between education and other departments in the prison, such as the chaplaincy and psychology department, were good.
- 3.24 The wider support needs of learners to overcome the barriers to learning were addressed well. There was specialist support for dyslexia, and staff had been trained to support such learners. English for speakers of other languages (ESOL) was provided on an individual basis. Appropriate literacy and numeracy support was provided in all workshops.

Recommendation

- 3.25 The use of individual learning plans to drive learners' progress should be improved.

Housekeeping point

- 3.26 Work activities should be used to extend prisoners' knowledge and skills beyond their specific production role.

Education and vocational achievements

- 3.27 Learners developed effective personal skills, with improvements in self-confidence and self-esteem, as well as teamwork skills, and played an active part in discussions. There were high levels of respect between learners and tutors. Attendance and behaviour in all areas were good.
- 3.28 Success and retention rates on accredited courses were high in the vocational training and work areas outside of the wings. The standard of practical work in the workshops was good and prisoners took pride in the quality of their work. The standard was particularly high in bricklaying, painting and decorating, woodwork and catering. The quality of finished pieces in the wood workshop for external commissions was impressive. Prisoners in all vocational training and work areas developed good employability skills, such as punctuality, a sense of responsibility and team working. Those in the busy and efficient retail-packing workshop demonstrated a strong work ethic and sound organisational skills.
- 3.29 Most education course success rates were high. Learners produced a good standard of work, particularly in art. Learners had good recall of learning achieved and talked about their work with confidence and enthusiasm.

Library

- 3.30 The library was provided by Nottingham County Council. It was managed by two part-time librarians, supported by library assistants and prisoner orderlies. It was large, welcoming and

well-maintained, and access for prisoners was good. Approximately 97% of prisoners were library members and usage rates were high.

- 3.31 The library stock was based on an annual survey of the prison population and included easy-read and large print formats, audio books, music DVDs and illustrated novels. English and some foreign national newspapers were available. Provision for visually impaired prisoners and those whose first language was not English was adequate. All prisoners had ready access to current Prison Service Instructions and legal practitioner texts. The library promoted the development of literacy appropriately, with specific events to engage all learners.
- 3.32 A Toe-by-Toe programme, located in the library, was managed by the head of activities. Forty mentors supported 38 learners. However, the selection of material to support learning and skills provision was limited, and there was insufficient access to computer-based learning resources.

Recommendations

- 3.33 The range and variety of material to support learning and skills provision should be improved.
- 3.34 More computer-based learning resources should be provided.

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.

- 3.35 PE was well promoted and access was good. Participation was low and the reasons for non-attendance had yet to be effectively explored. Programmes and courses delivered in the gym were appropriate to meet the needs of the prison population. Remedial PE was in place and links with the health care department were good. Relevant accredited courses were available and achievement rates good. A wide range of equipment was available. Indoor facilities were well managed and good use was made of a large outdoor facility.
- 3.36 Access to the gym was good, with additional sessions available for orderlies and prisoners attending work. Gym opening times included weekends and Monday and Tuesday evenings. Programmes and courses delivered in the gym were appropriate to meet the needs of the prison population, with sufficient opportunities for the less active to access the gym. Relevant accredited courses were available that focused appropriately on improving the understanding of personal fitness and healthy living. Achievement of accredited courses was good. Remedial PE was in place and links with the health care department were good. The induction process was clear and prisoners were referred to the health care department for additional assessments where necessary.
- 3.37 Accommodation was good. A well-managed sports hall was used for indoor sports such as badminton, football volleyball and bowls. In addition, there was a large sports field which was used for cricket, rugby, football, cycling and walking. The gym included a range of cardiovascular and free weights equipment and a resistance area located on B wing. There were no shower facilities in the gym on B wing.

- 3.38 Staffing levels were appropriate, with six PE instructor staff and seven orderlies, and staff had opportunities to develop their knowledge of the fitness industry; recent training had focused on fitness for the less able and fragile.
- 3.39 Only about 51% of the population used the gym regularly. Data were collected on its usage but further analysis had yet to be carried out to identify the reasons for non-attendance. The gym was well promoted throughout the prison and partnership work with the health care department, such as well-being days, outlined its benefits. Accidents were appropriately recorded and investigated.

Housekeeping point

- 3.40 The reasons for low gym use should be examined and remedial action taken if required.

Section 4: Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival to 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 not sufficiently robust and the needs of the population had not yet been fully identified. Offender management did not have a high enough profile across the prison, resulting in insufficient information exchange. Links with external resettlement agencies were underdeveloped.
- 4.2 Resettlement and offender management work was not supported by an up-to-date reducing reoffending strategy, action plan or a full needs analysis.
- 4.3 A whole-prison approach had not been established and too few staff fully understood the role of the offender management unit. The profile of offender management as the focal point for the delivery of the sentence plan was underdeveloped, which resulted in limited information exchange. For example, offender supervisors did not always know if a prisoner had started an offending behaviour programme. Some prisoners were placed on an accredited programme without it being part of their sentence plan. Too many case-recording systems were in use – for example, P-Nomis, offending behaviour programme logs and public protection records.
- 4.4 There were insufficient links with external agencies (see section on resettlement pathways) and there was a lack of through-the-gate support from voluntary and statutory agencies. Outcomes from resettlement services were not monitored or routinely evaluated beyond the measurement of key performance targets.
- 4.5 Staff delivering resettlement services had received housing advice training but had not been trained to provide debt advice. Some of the uniformed offender supervisors had received little training to assess and manage high risk of serious harm prisoners and were given little formal supervision on their individual cases.

Recommendations

- 4.6 Reducing reoffending work should be supported by a detailed strategy, action plan and a robust needs analysis, and a better focus on offender management.
- 4.7 The effectiveness of resettlement services should be monitored and evaluated.

Housekeeping point

- 4.8 P-Nomis should be used as the central recording system.

Offender management and planning

Expected outcomes:

All prisoners have a sentence 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.

4.9 The offender management model had not been fully implemented, with some lower risk prisoners receiving an inadequate service. Risk of harm was correctly classified in most cases. Multi-agency public protection arrangements (MAPPA) processes were managed effectively but the violent and sexual offenders register (ViSOR) was not fully used. Public protection arrangements were thorough and robustly applied. Categorisation was appropriately reviewed. Parole reports were up to date but too many prisoners serving an indeterminate sentence for public protection (IPP) were beyond their sentence tariff date. Management of indeterminate-sentenced prisoners was generally good.

4.10 All prisoners came under the offender management model, as they were serving more than 12 months. Most prisoners were identified as presenting a high or very high risk of harm and their management was suitably orientated towards risk. Eighty-four per cent of respondents had had their offender assessment system (OASys) assessment and sentence plan prepared by a community-based offender manager. However, at the time of the inspection 55 OASys assessments and plans were out of date (although the OMU spreadsheet was out of date and showed considerably more) and we found one case that had not been reviewed for over three years. The quality of OASys assessments completed by offender managers was good.

4.11 The prison-based offender supervisor completed OASys assessments, and should have managed the sentence, for the 16% of cases that were not handled by the community-based offender manager (see above). However, these prisoners did not receive regular support beyond the completion of OASys assessments and the sentence plan. Sixteen per cent of prisoners replying to our survey said that they did not know who their offender supervisor was. Prison officer offender supervisors were often redeployed to operational duties, making it difficult to undertake their role as offender supervisor (see main recommendation HP54).

4.12 Prison-based offender supervisors did not convene a sentence planning board for the cases for which they had prepared an OASys assessment. This was left to wing staff and we found that the process was not always undertaken well. In our survey, more prisoners than at comparator establishments and than at the time of the previous inspection said that they had a sentence plan (80% versus to 70% and 55%, respectively. However, only 51%, against the 56% comparator and 64% at the time of the previous inspection, said that they felt involved in its development (see main recommendation HP54).

4.13 Risk of harm to others had been classified correctly by the offender manager in all but one case out of the 20 we inspected. A sufficient full risk of serious harm analysis had been completed in 19 cases. However, a sufficient risk management plan had been completed by the offender manager in only 14 out of the 20 cases.

Housekeeping point

- 4.14 Appropriate action should be taken to ensure that all offender assessment system (OASys) assessments carried out by offender managers are up to date and that the risk management plan is of sufficiently high quality.

Public protection

- 4.15 Most prisoners were managed at multi-agency public protection arrangements (MAPPA) level 1, with 270 being managed at either of the higher risk levels 2 or 3. Contributions to MAPPA meetings were appropriate and we saw some good quality written reports. Arrangements for the violent and sexual offenders register (ViSOR) had not yet been fully implemented due to the lack of licences and training places, resulting in missed opportunities in sharing information with partner agencies.
- 4.16 Public protection procedures were thorough and robustly applied. None of the prisoners entering the establishment were allowed contact with children and they all had their mail and telephone calls monitored until the interdepartmental risk management team meeting (IRMT) had assessed the situation and made a decision about future monitoring and contact. Most assessments were completed in a timely manner but some children's services failed to submit their report for up to three months, which meant that some prisoners waited an unnecessarily long time to receive a decision about contact.
- 4.17 The IRMT was held fortnightly, membership was appropriate and each prisoner was discussed in detail. In all but one of the cases we inspected, sufficient measures were in place to protect children from harm caused by the prisoner.

Housekeeping points

- 4.18 Arrangements for the violent and sexual offenders register (ViSOR) should be fully implemented.
- 4.19 Appropriate action should be taken to ensure the timely receipt of reports from children's services departments.

Categorisation

- 4.20 The review of categorisation was up to date and managed effectively. However, prisoners were not allowed to submit a written report in support of their progress. There was an appeals process and prisoners were clearly informed about it.
- 4.21 The number of category D prisoners being held at the time of the inspection was unclear, as they were not all registered as category D on P-Nomis. With only a few open establishments taking sexual offenders, some category D prisoners waited too long, sometimes six months or more, to be transferred to an open prison.

Recommendation

- 4.22 Category D prisoners should not experience delays in being transferred to open conditions.

Housekeeping point

- 4.23 The correct category of all prisoners should be recorded on P-Nomis.

Indeterminate sentence prisoners

- 4.24 The number of prisoners serving an indeterminate sentence for public protection (IPP) had increased considerably over the previous three years, with 279 at the time of the inspection plus 89 life-sentenced prisoners.
- 4.25 The management of indeterminate-sentenced prisoners (ISPs) was generally good. The preparation of parole dossiers was well managed and up to date. However, over 70% of the IPP prisoners held at the time of the inspection were beyond their sentence tariff date and 130 were over two years beyond tariff. The backlog of prisoners waiting to do an offending behaviour programme (see section on attitudes, thinking and behaviour) was having a negative impact on the progression of ISPs, many being refused parole because they had not completed the prescribed offending behaviour programme.
- 4.26 Support forums for ISPs were held regularly but family days for life-sentenced prisoners were too infrequent. IPP prisoners could not attend family days.

Recommendation

- 4.27 Family days for indeterminate-sentenced prisoners should be held more frequently and include prisoners serving an indeterminate sentence for public protection.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are met 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.

- 4.28 Formal needs assessments on arrival and discharge and links to offender supervisors were weak. Pathway provision was mixed. Few prisoners were released without accommodation. Some useful pre-release courses were provided. Alcohol and drug provision was generally good but an alcohol-related offender behavioural programme was lacking. Basic money management advice was provided but specialist debt advice was not available. Visit arrangements were good and the visitors centre was an excellent facility. Too few prisoners were eligible for the family days due to over-restrictive criteria. The quality of offending behaviour provision was excellent but too many prisoners were released without accessing a sex offender treatment programme.

- 4.29 Identification of resettlement needs, at both induction and discharge, was limited in scope and value. Links with offender supervisors were underdeveloped, leading to some duplication of work and lack of information exchange.
- 4.30 The resettlement officers aimed to address some basic needs but gaps in provision persisted (see below). A few useful courses aimed at reintegration, including a 'preparation for open conditions' course and another aimed at older prisoners, had been developed.

Recommendation

- 4.31 **The assessment of immediate resettlement needs on arrival and before discharge should be improved and better links with offender supervisors established.**

Accommodation

- 4.32 The need for specialist accommodation advice was relatively low, as most prisoners went to approved premises on release. Few prisoners had been released in 2011 without accommodation. However, a housing needs analysis had not been undertaken to inform provision. The resettlement officers had been adequately trained by Nacro and Shelter and provided advice or signposted prisoners to specialist help and provision where necessary.

Housekeeping point

- 4.33 A housing needs analysis should be undertaken and used to inform provision.

Education, training and employment

- 4.34 The education department provided a high-quality 'preparation for work' course. In addition, the resettlement department provided adequate support for prisoners to gain entry to education, training or employment on release. A number of non-mandatory courses were offered which provided useful information, including a course on disclosing previous convictions. A wing-based job club was available twice a week. Too few released prisoners entered employment or education and there were few external links with employers and education/training providers.

Recommendation

- 4.35 **Links with employers and education providers should be developed and the number of prisoners entering employment or education on release should be increased.**

Health care

- 4.36 Prisoners were not seen routinely before release. Take-home medication was provided as appropriate and condoms on request.
- 4.37 Prisoners with severe and enduring mental health problems were linked with the local community mental health team (CMHT) at least four weeks before discharge, and where feasible CMHT members were invited to attend a pre-release review meeting.

Recommendation

- 4.38 **Men due for release should be reviewed by health services staff to ensure that any health needs are met and that they receive suitable advice.**

Drugs and alcohol

- 4.39 In our survey, more prisoners than in comparator prisons reported problems with alcohol abuse. The drug and alcohol strategy had integral action points but was in need of review. The substance use needs analysis had highlighted a considerable need for alcohol services and these were provided by the Alcohol Problem Advisory Service (APAS). The alcohol worker had developed a range of high-quality alcohol interventions, with an excellent awareness package. However, there was no alcohol-related offending behaviour programme.
- 4.40 A counselling, assessment, referral, advice and throughcare (CARAT) worker had been in post since December 2011 to clear a backlog of casework caused by staff sickness, including a list of 220 prisoners waiting for group-work sessions.
- 4.41 This CARAT officer and the APAS practitioner provided a well-integrated service, including one-to-one, group-work and special CARAT gym sessions. Joint working with the clinical side of the integrated drug treatment system (IDTS), including the half-time CARAT/IDTS assistant practitioner, was less evident, with joint meetings having been missed for several months (see also section on substance misuse).
- 4.42 CARAT peer mentoring schemes had been started but abandoned, although Listener supporters were in place (see section on self-harm and suicide prevention). Alcoholics Anonymous and Narcotics Anonymous fellowships were not available, although the possibility of introducing them was being explored.
- 4.43 Some good work had been achieved in planning releases for prisoners with ongoing drug and alcohol needs, including the continuation of opiate substitution and community-based prescribing to prevent alcohol-related relapses. Compact-based drug testing had been discontinued.

Recommendations

- 4.44 **An alcohol-related offending behaviour programme and Alcoholics Anonymous and Narcotics Anonymous groups should be introduced.**
- 4.45 **Counselling, assessment, referral, advice and throughcare (CARAT) peer mentoring schemes should be recommenced along the lines of the Listener programme.**

Finance, benefit and debt

- 4.46 There had been no access to a Jobcentre Plus worker in the prison for over two years, which was a serious gap in provision as, according to a recent prison survey, three-quarters of prisoners would require help in making new benefits claims on release. The resettlement officers set up benefit interviews on release in an attempt to bridge this gap. Basic money management advice was included in some of the pre-release courses but specialist debt advice was not available.

- 4.47 Prisoners could open and use a basic bank account before release and many prisoners had taken up this opportunity in the previous year.

Recommendation

- 4.48 Specialist debt advice and access to a Jobcentre Plus worker should be available.

Children, families and contact with the outside world

- 4.49 In our survey, more respondents than at comparator prisons said that staff had supported them in helping to maintain contact with family and friends.
- 4.50 Prisoners' entitlement to visits ranged from a minimum of two up to a maximum of five over a 28-day period, depending on their level on the incentives and earned privileges scheme. Visits availability met demand, and we tested the visits booking line number and did not experience any difficulty in booking a visit for the remainder of that week.
- 4.51 The visitors centre was an excellent facility, providing a friendly, pleasant and welcoming environment. Centre staff had been awarded the 'Best Prison to Visit Award for 2010' by the New Bridge voluntary organisation. Results from the most recent visitors' survey were extremely positive. There was some material available in languages other than English but many of the published prison policies on display were out of date.
- 4.52 Entry procedures and searching were carried out respectfully. Visitors we spoke to were complimentary about the treatment they received.
- 4.53 The visits hall was pleasant and could accommodate up to 32 visits, which included two tables kept as a contingency for recently arrived prisoners. Children were located on identified tables because of child protection issues. There was no play support worker in attendance but a range of table-top toys and games were available. A refreshment kiosk serving hot and cold food was provided. Prisoners were required to wear prison clothing on visits.
- 4.54 Family days had been provided four times during the school holidays in 2011, involving a total of 44 prisoners. While all life-sentenced prisoners could apply, those with convictions, current or previous, against children (under 18) were automatically excluded.
- 4.55 Fortnightly surgeries were held between visitors and the governor/deputy governor to enable visitors to share their views and ask questions.

Recommendation

- 4.56 Individual risk assessments should determine whether prisoners are excluded from family days.

Housekeeping points

- 4.57 Prisoners should be allowed to wear their own personal clothing on visits.
- 4.58 The decision to exclude life sentence prisoners with previous or current sexual offences against children from family days, should be based on a risk assessment.

Good practice

- 4.59 *Fortnightly surgeries were held between visitors and the governor/deputy governor to enable visitors to share their views and ask questions.*

Attitudes, thinking and behaviour

- 4.60 The establishment was a national resource for sex offender work and 70% of the population had committed sexual offences against children. There was a full range of accredited sex offender treatment programmes (SOTPs), in addition to a range of living skills programmes. Programmes were delivered to a high standard, with excellent attention to the removal of barriers to participation. Dropout rates were low. The staff group was highly skilled in the delivery of some of the most complex SOTPs.
- 4.61 Existing resources were managed well and appropriate priority had been given to providing more sex offender programme places. However, as they were relatively resource intensive, the total number of places across all programmes had reduced by 50 over the previous two years. The shortage of programme places not only resulted in long waits, but also in some offenders being unable to complete the programme before their release. A total of 46 prisoners had been released in 2011 without accessing an SOTP. A survey undertaken by the prison had shown that 26% of prisoners waiting for a programme had experienced delays of over a year and another 26% more than two years.
- 4.62 The issue of prisoners not taking an SOTP was further exacerbated by some prisoners being sent to the establishment who were subsequently found to be unsuitable for an SOTP or without sufficient time left to serve to undergo the programme; for example, 16 of the 46 prisoners released in the previous year without accessing an SOTP had had less than eight months left to serve, making it almost impossible to complete an SOTP. Without a considerable increase in national resources, it was difficult to see how supply and demand would be addressed (see main recommendation HP55).

Section 5: Recommendations, housekeeping points and good practice

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

Main recommendations

To the governor

-
- 5.1 The dormitories on B wing should not be used for multiple occupancy. The single cells should be enlarged and the toilet moved away from the bed and appropriately screened. The wing shower should be sufficiently screened and private. (HP53)
 - 5.2 Medium and low risk of serious harm prisoners should be involved in the creation of their sentence plan and ongoing reviews and should have regular and meaningful contact with their offender supervisor. (HP54)
 - 5.3 Offending behaviour programme provision should be increased to meet demand. (HP55)

Recommendations

To the governor

Bullying and violence reduction

- 5.4 Anti-bullying measures should set targets to challenge the underlying causes of antisocial behaviour. (1.24)

Self-harm and suicide prevention

- 5.5 The suicide and self-harm policy should be revised to reflect better the particular characteristics of the prison population. (1.32)
- 5.6 Action should be taken to improve the quality of planning and care under assessment, care in custody and teamwork (ACCT) procedures. (1.33)
- 5.7 The safer custody committee should explore and explain the reasons for the increase in the number of ACCT documents opened. (1.34)

Safeguarding (protection of adults at risk)

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

Substance misuse

- 5.9 Steps should be taken to ensure a greater level of integration and joint working between the clinical and psychosocial teams involved with the integrated drug treatment system. (1.80)

Equality and diversity

- 5.10 The equalities policy should cover all strands and clearly define how each element of diversity is monitored. All actions should be contained in an up-to-date equality action plan. (2.24)
- 5.11 Individual care plans which record the extent of need should be drawn up jointly with the disability liaison officer and health services staff and should be accessible to all staff. (2.42)
- 5.12 Perceptions of inequality of treatment and access to some activities by prisoners with disabilities should be investigated and appropriate action taken. (2.43)

Complaints

- 5.13 Quality assurance should ensure that responses to complaints are timely, and adequately and politely address the issues raised. (2.57)

Health services

- 5.14 Prisoners should receive in-possession medication only following a robust risk assessment which clearly identifies patient- and medication-related risks and reflects changes in these risks. (2.93)
- 5.15 Records of medicines prescribing, supply and administration should be clear, unequivocal and conform to legal and professional requirements. (2.94)
- 5.16 All controlled drugs should be stored, supplied, administered and recorded in compliance with legal and professional requirements. (2.95)
- 5.17 All prisoners with low-level mental health problems, including anxiety and depression, should have early access to primary interventions, including talking therapies. (2.106)

Learning and skills and work activities

- 5.18 Comprehensive quality assurance arrangements should be implemented. (3.10)
- 5.19 An effective activities allocation process should be introduced. (3.18)
- 5.20 The range and number of places providing accredited learning should be increased. (3.19)
- 5.21 The use of individual learning plans to drive learners' progress should be improved. (3.25)
- 5.22 The range and variety of material to support learning and skills provision should be improved. (3.33)
- 5.23 More computer-based learning resources should be provided. (3.34)

Strategic management of resettlement

- 5.24 Reducing reoffending work should be supported by a detailed strategy, action plan and a robust needs analysis, and a better focus on offender management. (4.6)

- 5.25 The effectiveness of resettlement services should be monitored and evaluated. (4.7)

Offender management and planning

- 5.26 Category D prisoners should not experience delays in being transferred to open conditions. (4.22)
- 5.27 Family days for indeterminate-sentenced prisoners should be held more frequently and include prisoners serving an indeterminate sentence for public protection. (4.27)

Reintegration planning

- 5.28 The assessment of immediate resettlement needs on arrival and before discharge should be improved and better links with offender supervisors established. (4.31)
- 5.29 Links with employers and education providers should be developed and the number of prisoners entering employment or education on release should be increased. (4.35)
- 5.30 Men due for release should be reviewed by health services staff to ensure that any health needs are met and that they receive suitable advice. (4.38)
- 5.31 An alcohol-related offending behaviour programme and Alcoholics Anonymous and Narcotics Anonymous groups should be introduced. (4.44)
- 5.32 Counselling, assessment, referral, advice and throughcare (CARAT) peer mentoring schemes should be recommenced along the lines of the Listener programme. (4.45)
- 5.33 Specialist debt advice and access to a Jobcentre Plus worker should be available. (4.48)
- 5.34 Individual risk assessments should determine whether prisoners are excluded from family days. (4.56)

Housekeeping points

Courts, escorts and transfers

- 5.35 Information about the destination prison should be available at the sending establishments for prisoners to read before they arrive. (1.6)

Early days in custody

- 5.36 Prisoners should only be subject to a full reception search based on a risk assessment. (1.15)
- 5.37 All new arrivals should be offered a shower and a free telephone call on the day they arrive. (1.16)
- 5.38 Prisoners should be kept fully occupied during weeks two to four of the induction programme. (1.17)

Bullying and violence reduction

- 5.39 The violence reduction strategy should be revised to reflect the prison's characteristics. (1.25)

Self-harm and suicide prevention

- 5.40 The Listeners room on B wing should be redecorated. (1.35)

Security

- 5.41 The restrictions on the wearing of own clothes should be reviewed. (1..48)
- 5.42 All staff should be made aware of the monthly security objectives. (1.49)
- 5.43 A mechanism to monitor and report on suspicion testing should be developed to ensure that they are undertaken within the required timeframe. (1.50)
- 5.44 The 'miscellaneous' security information reports should be further analysed to identify repeating themes and issues. (1.51)

Incentives and earned privileges

- 5.45 Opportunities for using extra enhanced visiting orders should be reviewed. (1.57)

The use of force

- 5.46 F213 injury to prisoners forms should be completed by health services staff and accompany all use of force records. (1.66)
- 5.47 The use of force committee should analyse use of force records and other demographic data to identify trends or hotspots. (1.67)

Segregation

- 5.48 Daily records should be signed by all key staff visiting the care and separation unit (CSU). (1.74)
- 5.49 Staff on the CSU should receive mental health awareness training. (1.75)

Equality and diversity

- 5.50 There should be regular consultation forums with prisoners with disabilities and with black and minority ethnic prisoners to ensure that their views contribute to the overall management of equality and diversity. (2.25)
- 5.51 Prisoners with previous racially motivated or homophobic offences should be identified and information shared with the offender management unit for the appropriate management of risk. (2.44)

- 5.52 Personal emergency evacuation plans should be available for all prisoners who require them. (2.45)

Faith and religious activity

- 5.53 Prisoners should not have to apply to attend Sunday worship. (2.52)

Complaints

- 5.54 An independent member of staff should collect the complaint forms from the wings. (2.58)

Health services

- 5.55 Prisoners should have a forum to discuss general health care issues. (2.75)
- 5.56 The pharmacy room should be locked and medicines stored in locked cabinets at all times. (2.96)
- 5.57 Stock medicines should be subject to written standard operating procedures and regular audit. (2.97)

Catering

- 5.58 The negative perceptions of black and minority ethnic prisoners about the food should be investigated and appropriate action taken. (2.115)
- 5.59 Breakfast packs should be issued on the day of consumption and lunch should not be served before noon or the evening meal before 5pm. (2.116)

Learning and skills and work activities

- 5.60 Effective staff cover in workshops and the careers information and advice service should be provided. (3.11)
- 5.61 The use of data and targets to aid performance management should be improved. (3.12)
- 5.62 Work activities should be used to extend prisoners' knowledge and skills beyond their specific production role. (3.26)

Physical education and healthy living

- 5.63 The reasons for low gym use should be examined and remedial action taken if required. (3.40)

Strategic management of resettlement

- 5.64 P-Nomis should be used as the central recording system. (4.8)

Offender management and planning

- 5.65 Appropriate action should be taken to ensure that all offender assessment system (OASys) assessments carried out by offender managers are up to date and that the risk management plan is of sufficiently high quality. (4.14)
- 5.66 Arrangements for the violent and sexual offenders register (VISOR) should be fully implemented. (4.18)
- 5.67 Appropriate action should be taken to ensure the timely receipt of reports from children's services departments. (4.19)
- 5.68 The correct category of all prisoners should be recorded on P-Nomis. (4.23)

Reintegration planning

- 5.69 A housing needs analysis should be undertaken and used to inform provision. (4.33)
- 5.70 Prisoners should be allowed to wear their own personal clothing on visits. (4.57)
- 5.71 The decision to exclude life sentence prisoners with previous or current sexual offences against children from family days, should be based on a risk assessment. (4.58)

Examples of good practice

Segregation

- 5.72 A thorough unit-based induction was completed on all prisoners located on the CSU and records were maintained in observation files. (1.76)

Health services

- 5.73 Palliative care arrangements were excellent and enabled men to have dignified and clinically appropriate care. (2.81)

Reintegration planning

- 5.74 Fortnightly surgeries were held between visitors and the governor/deputy governor to enable visitors to share their views and ask questions. (4.59)

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Alison Perry	Team leader
Sandra Fieldhouse	Inspector
Paul Rowlands	Inspector
Andrew Rooke	Inspector
Michael Calvert	Inspector
Kevin Parkinson	Inspector
Amy Summerfield	Researcher
Chloe Flint	Researcher
Nalini Sharma	Researcher

Specialist inspectors

Paul Roberts	Drugs inspector
Nicola Rabjohns	Health services inspector
Richard Chapman	Pharmacist
Nigel Bragg	Ofsted inspector
Stephen Miller	Ofsted inspector
Nic Crombie	Ofsted inspector
Paddy Doyle	HMI Probation
Richard Pearce	HMI Probation
Ian Simpkins	HMI Probation
Matthew Tedstone	CQC inspector

Appendix II: 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		439	52.4
Recall		53	6.3
Convicted unsentenced		0	0
Remand		0	0
Civil prisoners		0	0
Detainees		0	0
Other		346	41.3
Total		838	100

Sentence	18-20-year-olds	21 and over	%
Unsentenced		0	0
Less than 6 months		0	0
6 months to less than 12 months		1	0.1
12 months to less than 2 years		13	1.6
2 years to less than 4 years		87	10.3
4 years to less than 10 years		262	31.3
10 years and over (not life)		88	10.5
ISPP		279	33.3
Life		108	12.9
Total		838	100

Age	Number of prisoners	%
Please state minimum age		
Under 21 years	0	0
21 years to 29 years	135	16.1
30 years to 39 years	153	18.3
40 years to 49 years	240	28.6
50 years to 59 years	164	19.6
60 years to 69 years	93	11.1
70 plus years	53	6.3
Please state maximum age	82	
Total	838	100

Nationality	18-20-year-olds	21 and over	%
British		786	93.8
Foreign nationals		47	5.6
Not stated		5	0.6
Total		838	100

Security category	18-20-year-olds	21 and over	%
Uncategorised unsentenced		0	
Uncategorised sentenced		0	
Category A		0	
Category B		0	

Category C		820	97.9
Category D		12	1.4
Other		6	0.6
Total		838	100

Ethnicity	18-20-year-olds	21 and over	%
White			
British		705	84.1
Irish		7	0.8
Other white		26	3.1
Mixed			
White and black Caribbean		5	0.6
White and black African		1	0.1
White and Asian		1	0.1
Other mixed		3	0.4
Asian or Asian British			
Indian		10	1.2
Pakistani		12	1.4
Bangladeshi		0	0
Other Asian		11	1.3
Black or black British			
Caribbean		21	2.5
African		9	1.1
Other black		9	1.1
Chinese or other ethnic group			
Chinese		1	0.1
Other ethnic group		4	0.5
Not stated		13	1.6
Total		838	100

Religion	18-20-year-olds	21 and over	%
Baptist		6	0.7
Church of England		311	37.1
Roman Catholic		94	11.2
Other Christian denominations		80	9.5
Muslim		54	6.4
Sikh		6	0.7
Hindu		2	0.2
Buddhist		40	4.8
Jewish		0	0
Other		24	2.9
No religion		218	26.0
Total		838	100

Sentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			4	5.3
1 month to 3 months			81	9.7
3 months to 6 months			87	10.4
6 months to 1 year			147	17.5
1 year to 2 years			196	23.4
2 years to 4 years			274	32.7
4 years or more			9	1.1
Total			838	100

Unsentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			0	0
1 month to 3 months			0	0
3 months to 6 months			0	0
6 months to 1 year			0	0
1 year to 2 years			0	0
2 years to 4 years			0	0
4 years or more			0	0
Total			0	0

Main offence	18-20-year-olds	21 and over	%
Violence against the person		94	11.2
Sexual offences		754	90.0
Burglary		3	0.4
Robbery		8	0.9
Theft and handling		0	0
Fraud and forgery		0	0
Drugs offences		2	0.2
Other offences		10	1.2
Civil offences		4	0.5
Offence not recorded/holding warrant		3	0.4
Total		838	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 4 January 2012, the prisoner population at HMP Whatton was 830. The sample size was 208. Overall, this represented 25% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties.

Methodology

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

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

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

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

Response rates

In total, 191 respondents completed and returned their questionnaires. This represented 23% of the main prison population. The response rate was 92%. In addition to the five respondents who refused to complete a questionnaire, 10 questionnaires were not returned and two were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2012 against comparator figures for all prisoners surveyed in category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 36 category C trainer prisons since February 2007.
- The current survey responses in 2012 against the responses of prisoners surveyed at HMP Whatton in 2006.
- A comparison within the 2012 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2012 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2012 survey between the responses of veterans (ex-armed services) and those of non-veterans.

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

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

Summary

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

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

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

Summary of prisoner survey results

Section 1: About you

Q1.2	How old are you?		
	<i>Under 21</i>	1	(1%)
	<i>21 - 29</i>	33	(17%)
	<i>30 - 39</i>	38	(20%)
	<i>40 - 49</i>	46	(24%)
	<i>50 - 59</i>	34	(18%)
	<i>60 - 69</i>	27	(14%)
	<i>70 and over</i>	12	(6%)
Q1.3	Are you sentenced?		
	Yes.....	177	(93%)
	Yes - on recall.....	14	(7%)
	No - awaiting trial.....	0	(0%)
	No - awaiting sentence.....	0	(0%)
	No - awaiting deportation.....	0	(0%)
Q1.4	How long is your sentence?		
	Not sentenced	0	(0%)
	<i>Less than 6 months</i>	0	(0%)
	<i>6 months to less than 1 year</i>	0	(0%)
	<i>1 year to less than 2 years</i>	7	(4%)
	<i>2 years to less than 4 years</i>	35	(19%)
	<i>4 years to less than 10 years</i>	46	(24%)
	<i>10 years or more</i>	15	(8%)
	<i>IPP (indeterminate sentence for public protection)</i>	66	(35%)
	<i>Life</i>	19	(10%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	Yes.....	8	(4%)
	No.....	181	(96%)
Q1.6	Do you understand spoken English?		
	Yes.....	188	(99%)
	No.....	1	(1%)
Q1.7	Do you understand written English?		
	Yes.....	186	(98%)
	No.....	3	(2%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/Welsh/</i>	160	
	<i>Scottish/Northern Irish)</i>	(85%)	
	<i>White - Irish</i>	5	(3%)
	<i>White - other</i>	3	(2%)
	<i>Asian or Asian British - Chinese</i>	0	(0%)
	<i>Asian or Asian British - other</i>	2	(1%)
	<i>Mixed race - white and black</i>	2	(1%)
	<i>Caribbean</i>		
	<i>Black or black British - Caribbean</i>	7	(4%)
	<i>Black or black British - African</i>	4	(2%)
	<i>Black or black British - other</i>	0	(0%)
	<i>Asian or Asian British - Indian</i>	0	(0%)
	<i>Mixed race - white and black African</i>	0	(0%)
	<i>Mixed race - white and Asian</i>	0	(0%)
	<i>Mixed race - other</i>	1	(1%)
	<i>Arab</i>	0	(0%)

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

- Q1.9 Do you consider yourself to be Gypsy/Romany/Traveller?**
 Yes 3 (2%)
 No 178 (98%)
- Q1.10 What is your religion?**
 None 50 (27%) Hindu..... 0 (0%)
 Church of England..... 82 (44%) Jewish..... 0 (0%)
 Catholic..... 18 (10%) Muslim 10 (5%)
 Protestant..... 1 (1%) Sikh 0 (0%)
 Other Christian denomination..... 12 (6%) Other..... 7 (4%)
 Buddhist 7 (4%)
- Q1.11 How would you describe your sexual orientation?**
 Heterosexual/straight..... 167 (91%)
 Homosexual/gay..... 3 (2%)
 Bisexual 13 (7%)
- Q1.12 Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs)**
 Yes 53 (28%)
 No..... 135 (72%)
- Q1.13 Are you a veteran (ex-armed services)?**
 Yes 30 (16%)
 No..... 158 (84%)
- Q1.14 Is this your first time in prison?**
 Yes 109 (57%)
 No..... 81 (43%)
- Q1.15 Do you have children under the age of 18?**
 Yes 68 (36%)
 No..... 121 (64%)

Section 2: Courts, transfers and escorts

- Q2.1 On your most recent journey here, were you offered anything to eat or drink?**
My journey was less than two hours..... 87 (46%)
 Yes 66 (35%)
 No..... 28 (15%)
 Don't remember 8 (4%)
- Q2.2 On your most recent journey here, how long did you spend in the van?**
 Less than 2 hours 87 (46%)
 2 hours or longer..... 91 (48%)
 Don't remember 10 (5%)
- Q2.3 On your most recent journey here, was the van clean?**
 Yes 160 (85%)
 No..... 21 (11%)
 Don't remember 8 (4%)

Q2.4	On your most recent journey here, did you feel safe?	
	Yes.....	155 (82%)
	No.....	28 (15%)
	Don't remember	5 (3%)
Q2.5	On your most recent journey here, were you offered a toilet break?	
	My journey was less than two hours.....	87 (47%)
	Yes.....	10 (5%)
	No.....	82 (44%)
	Don't remember	6 (3%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well.....	67 (35%)
	Well.....	84 (44%)
	Neither.....	26 (14%)
	Badly.....	5 (3%)
	Very badly	2 (1%)
	Don't remember	5 (3%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	Yes, someone told me	142 (75%)
	Yes, I received written information.....	17 (9%)
	No, I was not told anything.....	32 (17%)
	Don't remember	2 (1%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes.....	175 (92%)
	No.....	14 (7%)
	Don't remember	1 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	97 (51%)
	2 hours or longer.....	71 (37%)
	Don't remember	22 (12%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes.....	169 (89%)
	No	15 (8%)
	Don't remember.....	5 (3%)
Q3.3	Overall, how were you treated in reception?	
	Very well.....	85 (45%)
	Well.....	78 (41%)
	Neither.....	19 (10%)
	Badly.....	6 (3%)
	Very badly.....	2 (1%)
	Don't remember	1 (1%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Loss of property 22 (12%)	Physical health 27 (14%)

<i>Housing problems</i>	13 (7%)	<i>Mental health</i>	16 (9%)
<i>Contacting employers</i>	3 (2%)	<i>Needing protection from other prisoners</i>	0 (0%)
<i>Contacting family</i>	42 (22%)	<i>Getting phone numbers</i>	26 (14%)
<i>Childcare</i>	1 (1%)	<i>Other</i>	4 (2%)
<i>Money worries</i>	24 (13%)	Did not have any problems	77 (41%)
<i>Feeling depressed or suicidal</i>	27 (14%)		

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

<i>Yes</i>	57 (30%)
<i>No</i>	53 (28%)
Did not have any problems	77 (41%)

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

<i>Tobacco</i>	85 (45%)
<i>A shower</i>	45 (24%)
<i>A free telephone call</i>	22 (12%)
<i>Something to eat</i>	102 (54%)
<i>PIN phone credit</i>	54 (28%)
<i>Toiletries/basic items</i>	71 (37%)
Did not receive anything	31 (16%)

Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)

<i>Chaplain</i>	85 (45%)
<i>Someone from health services</i>	146 (77%)
<i>A Listener/Samaritans</i>	101 (53%)
<i>Prison shop/canteen</i>	38 (20%)
Did not have access to any of these	24 (13%)

Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)

<i>What was going to happen to you</i>	108 (58%)
<i>What support was available for people feeling depressed or suicidal</i>	99 (53%)
<i>How to make routine requests (applications)</i>	88 (47%)
<i>Your entitlement to visits</i>	79 (42%)
<i>Health services</i>	119 (64%)
<i>Chaplaincy</i>	91 (49%)
Not offered any information	29 (16%)

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

<i>Yes</i>	165 (86%)
<i>No</i>	22 (12%)
<i>Don't remember</i>	4 (2%)

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

Have not been on an induction course	11 (6%)
<i>Within the first week</i>	152 (80%)
<i>More than a week</i>	23 (12%)
<i>Don't remember</i>	4 (2%)

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

Have not been on an induction course	11 (6%)
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Yes	152 (80%)
No.....	22 (12%)
Don't remember	5 (3%)

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

Did not receive an assessment	16 (9%)
<i>Within the first week</i>	33 (18%)
<i>More than a week</i>	112 (61%)
<i>Don't remember</i>	24 (13%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is it to:

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
<i>Communicate with your solicitor or legal representative?</i>	54 (30%)	65 (36%)	15 (8%)	15 (8%)	8 (4%)	24 (13%)
<i>Attend legal visits?</i>	60 (35%)	46 (27%)	17 (10%)	6 (4%)	5 (3%)	36 (21%)
<i>Get bail information?</i>	2 (1%)	5 (4%)	11 (8%)	5 (4%)	3 (2%)	116 (82%)

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

Not had any letters	29 (16%)
Yes.....	56 (30%)
No.....	100 (54%)

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

Yes.....	97 (52%)
No.....	5 (3%)
Don't know	85 (45%)

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

	Yes	No	Don't know
<i>Do you normally have enough clean, suitable clothes for the week?</i>	160 (85%)	28 (15%)	1 (1%)
<i>Are you normally able to have a shower every day?</i>	184 (98%)	3 (2%)	0 (0%)
<i>Do you normally receive clean sheets every week?</i>	171 (92%)	14 (8%)	1 (1%)
<i>Do you normally get cell cleaning materials every week?</i>	168 (90%)	17 (9%)	1 (1%)
<i>Is your cell call bell normally answered within five minutes?</i>	84 (46%)	20 (11%)	77 (43%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	158 (84%)	30 (16%)	0 (0%)
<i>If you need to, can you normally get your stored property?</i>	54 (29%)	59 (32%)	73 (39%)

Q4.5 What is the food like here?

<i>Very good</i>	17 (9%)
<i>Good</i>	78 (42%)
<i>Neither</i>	45 (24%)

	<i>Bad</i>	31 (17%)
	<i>Very bad</i>	15 (8%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/ don't know</i>	4 (2%)
	<i>Yes</i>	94 (50%)
	<i>No</i>	90 (48%)
Q4.7	Are your religious beliefs respected?	
	<i>Yes</i>	114 (61%)
	<i>No</i>	15 (8%)
	<i>Don't know/N/A</i>	58 (31%)
Q4.8	Are you able to speak to a chaplain of your faith in private if you want to?	
	<i>Yes</i>	121 (64%)
	<i>No</i>	8 (4%)
	<i>Don't know/N/A</i>	59 (31%)
Q4.9	Can you speak to a Listener at any time if you want to?	
	<i>Yes</i>	172 (91%)
	<i>No</i>	1 (1%)
	<i>Don't know</i>	16 (8%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	53 (28%)
	<i>Very easy</i>	69 (37%)
	<i>Easy</i>	39 (21%)
	<i>Neither</i>	0 (0%)
	<i>Difficult</i>	4 (2%)
	<i>Very difficult</i>	1 (1%)
	<i>Don't know</i>	21 (11%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	<i>Yes</i>	180 (96%)		
	<i>No</i>	5 (3%)		
	<i>Don't know</i>	3 (2%)		
Q5.2	Please answer the following questions about applications:			
	<i>(If you have not made an application please tick the 'not made one' option.)</i>			
		Not made one	Yes	No
	Are <i>applications</i> dealt with fairly?	6 (3%)	140 (77%)	36 (20%)
	Are <i>applications</i> dealt with quickly (within seven days)?	6 (4%)	91 (54%)	71 (42%)
Q5.3	Is it easy to make a complaint?			
	<i>Yes</i>	127 (70%)		
	<i>No</i>	16 (9%)		
	<i>Don't know</i>	39 (21%)		

Q5.4	Please answer the following questions about complaints: (If you have not made a complaint please tick the 'not made one' option.)	Not made one	Yes	No
	Are complaints dealt with fairly?	84 (47%)	53 (29%)	43 (24%)
	Are complaints dealt with quickly (within seven days)?	84 (47%)	41 (23%)	55 (31%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?			
	Yes.....		22 (13%)	
	No.....		151 (87%)	
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?			
	<i>Don't know who they are</i>		25 (14%)	
	Very easy.....		35 (19%)	
	Easy.....		60 (33%)	
	Neither.....		41 (22%)	
	Difficult.....		18 (10%)	
	Very difficult.....		4 (2%)	

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)			
	<i>Don't know what the IEP scheme is</i>		4 (2%)	
	Yes.....		117 (62%)	
	No.....		53 (28%)	
	Don't know.....		14 (7%)	
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)			
	<i>Don't know what the IEP scheme is</i>		4 (2%)	
	Yes.....		90 (48%)	
	No.....		78 (41%)	
	Don't know.....		16 (9%)	
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?			
	Yes.....		1 (1%)	
	No.....		185 (99%)	
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?			
	<i>I have not been to segregation in the last 6 months</i>		155 (88%)	
	Very well.....		4 (2%)	
	Well.....		9 (5%)	
	Neither.....		5 (3%)	
	Badly.....		2 (1%)	
	Very badly.....		1 (1%)	

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?		
	Yes.....		163 (86%)
	No.....		27 (14%)

Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes.....	159 (88%)
	No.....	22 (12%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes.....	86 (46%)
	No.....	102 (54%)
Q7.4	How often do staff normally speak to you during association?	
	Do not go on association	5 (3%)
	Never.....	26 (14%)
	Rarely.....	53 (28%)
	Some of the time.....	60 (32%)
	Most of the time.....	24 (13%)
	All of the time.....	21 (11%)
Q7.5	When did you first meet your personal (named) officer?	
	I have not met him/her	21 (11%)
	In the first week.....	97 (51%)
	More than a week.....	53 (28%)
	Don't remember	19 (10%)
Q7.6	How helpful is your personal (named) officer?	
	Do not have a personal officer/I have not met him/ her	21 (12%)
	Very helpful.....	62 (34%)
	Helpful.....	58 (32%)
	Neither.....	21 (12%)
	Not very helpful.....	13 (7%)
	Not at all helpful	7 (4%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes.....	54 (29%)
	No.....	134 (71%)
Q8.2	Do you feel unsafe now?	
	Yes.....	21 (11%)
	No.....	166 (89%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	Never felt unsafe	134 (77%)
	Everywhere.....	8 (5%)
	Segregation unit.....	2 (1%)
	Association areas	16 (9%)
	Reception area.....	2 (1%)
	At the gym.....	6 (3%)
	In an exercise yard	14 (8%)
	At work.....	7 (4%)
	During movement	16 (9%)
	At education.....	2 (1%)
	At mealtimes.....	9 (5%)
	At health services	8 (5%)
	Visits area	1 (1%)
	In wing showers	8 (5%)
	In gym showers.....	5 (3%)
	In corridors/stairwells	20 (11%)
	On your landing/wing	11 (6%)
	In your cell.....	11 (6%)
	At religious services	2 (1%)

Q8.4	Have you been victimised by other prisoners here?	
	Yes	48 (26%)
	No.....	139 (74%)
Q8.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends).....</i>	25 (13%)
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	10 (5%)
	<i>Sexual abuse.....</i>	7 (4%)
	<i>Feeling threatened or intimidated.....</i>	33 (18%)
	<i>Having your canteen/property taken.....</i>	2 (1%)
	<i>Medication.....</i>	9 (5%)
	<i>Debt.....</i>	1 (1%)
	<i>Drugs</i>	2 (1%)
	<i>Your race or ethnic origin</i>	9 (5%)
	<i>Your religion/religious beliefs.....</i>	3 (2%)
	<i>Your nationality</i>	7 (4%)
	<i>Your from a different part of the country than others</i>	9 (5%)
	<i>You are from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	8 (4%)
	<i>Your age.....</i>	5 (3%)
	<i>You have a disability</i>	8 (4%)
	<i>You were new here.....</i>	5 (3%)
	<i>Your offence/crime</i>	13 (7%)
	<i>Gang related issues</i>	3 (2%)
Q8.6	Have you been victimised by staff here?	
	Yes	44 (23%)
	No.....	145 (77%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends).....</i>	18 (10%)
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	3 (2%)
	<i>Sexual abuse.....</i>	0 (0%)
	<i>Feeling threatened or intimidated.....</i>	28 (15%)
	<i>Medication.....</i>	3 (2%)
	<i>Debt.....</i>	0 (0%)
	<i>Drugs</i>	1 (1%)
	<i>Your race or ethnic origin</i>	5 (3%)
	<i>Your religion/religious beliefs.....</i>	3 (2%)
	<i>Your nationality</i>	4 (2%)
	<i>Your from a different part of the country than others</i>	4 (2%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	2 (1%)
	<i>Your age.....</i>	3 (2%)
	<i>You have a disability</i>	6 (3%)
	<i>You were new here.....</i>	3 (2%)
	<i>Your offence/crime</i>	12 (6%)
	<i>Gang related issues</i>	1 (1%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	123 (69%)
	Yes	22 (12%)
	No.....	34 (19%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	22 (12%)	21 (11%)	60 (32%)	22 (12%)	56 (30%)	8 (4%)
	The nurse	12 (6%)	60 (32%)	87 (47%)	13 (7%)	11 (6%)	3 (2%)
	The dentist	31 (17%)	5 (3%)	22 (12%)	12 (6%)	52 (28%)	65 (35%)
Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	26 (14%)	70 (37%)	57 (30%)	19 (10%)	11 (6%)	4 (2%)
	The nurse	13 (7%)	90 (49%)	58 (32%)	10 (5%)	9 (5%)	4 (2%)
	The dentist	62 (34%)	41 (22%)	30 (16%)	12 (7%)	19 (10%)	19 (10%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						9 (5%)
	<i>Very good</i>						58 (31%)
	<i>Good</i>						85 (45%)
	<i>Neither</i>						20 (11%)
	<i>Bad</i>						15 (8%)
	<i>Very bad</i>						3 (2%)
Q9.4	Are you currently taking medication?						
	Yes.....						126 (67%)
	No.....						63 (33%)
Q9.5	If you are taking medication, are you allowed to keep some/all of it in your own cell?						
	<i>Not taking medication</i>						63 (33%)
	<i>Yes, all my meds</i>						116 (61%)
	<i>Yes, some of my meds</i>						6 (3%)
	<i>No</i>						4 (2%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes.....						54 (28%)
	No.....						136 (72%)
Q9.7	Are you being helped/supported by anyone in this prison? (E.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)						
	<i>Do not have any emotional or mental health problems</i>						136 (72%)
	Yes.....						34 (18%)
	No.....						18 (10%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes.....	18 (10%)
	Yes.....	166 (90%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes.....	35 (19%)
	No.....	153 (81%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	9 (5%)

Easy.....	13 (7%)
Neither.....	7 (4%)
Difficult.....	5 (3%)
Very difficult.....	3 (2%)
Don't know.....	149 (80%)

Q10.4 Is it easy or difficult to get alcohol in this prison?

Very easy.....	2 (1%)
Easy.....	6 (3%)
Neither.....	6 (3%)
Difficult.....	7 (4%)
Very difficult.....	14 (7%)
Don't know.....	153 (81%)

Q10.5 Have you developed a problem with illegal drugs since you have been in this prison?

Yes.....	2 (1%)
No.....	187 (99%)

Q10.6 Have you developed a problem with diverted medication since you have been in this prison?

Yes.....	2 (1%)
No.....	186 (99%)

Q10.7 Have you received any support or help (for example substance misuse teams) for your drug problem while in this prison?

<i>Did not/do not have a drug problem</i>	165 (89%)
Yes.....	15 (8%)
No.....	5 (3%)

Q10.8 Have you received any support or help (e.g. substance misuse teams) for your alcohol problem while in this prison?

<i>Did not/do not have an alcohol problem</i>	153 (82%)
Yes.....	29 (16%)
No.....	4 (2%)

Q10.9 Was the support or help you received while in this prison, helpful?

<i>Did not have a problem/did not receive help</i>	151 (81%)
Yes.....	34 (18%)
No.....	1 (1%)

Section 11: Activities

Q11.1 How easy or difficult is it to get into the following activities, in this prison?

	<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
Prison job	20 (11%)	25 (14%)	63 (35%)	18 (10%)	41 (23%)	12 (7%)
Vocational or skills training	40 (23%)	14 (8%)	48 (27%)	20 (11%)	39 (22%)	14 (8%)
Education (including basic skills)	32 (18%)	20 (11%)	63 (35%)	24 (13%)	31 (17%)	10 (6%)
Offending behaviour programmes	23 (13%)	11 (6%)	16 (9%)	10 (6%)	37 (21%)	83 (46%)

Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)				
	<i>Not involved in any of these</i>				45 (24%)
	Prison job				112 (60%)
	Vocational or skills training.....				21 (11%)
	Education (including basic skills).....				31 (17%)
	Offending behaviour programmes.....				37 (20%)
Q11.3	If you have been involved in any of the following while in this prison do you think they will help you on release?				
		Not been involved	Yes	No	Don't know
	Prison job	30 (19%)	73 (45%)	41 (25%)	18 (11%)
	Vocational or skills training	43 (31%)	69 (49%)	17 (12%)	11 (8%)
	Education (including basic skills)	43 (28%)	82 (54%)	16 (10%)	12 (8%)
	Offending behaviour programmes	43 (26%)	89 (54%)	18 (11%)	15 (9%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				8 (4%)
	Never.....				11 (6%)
	Less than once a week.....				63 (34%)
	About once a week.....				80 (43%)
	More than once a week.....				26 (14%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				19 (10%)
	Yes.....				104 (57%)
	No.....				60 (33%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				48 (26%)
	0.....				47 (25%)
	1 to 2.....				39 (21%)
	3 to 5.....				38 (21%)
	More than 5.....				13 (7%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				15 (8%)
	0.....				18 (10%)
	1 to 2.....				56 (30%)
	3 to 5.....				36 (19%)
	More than 5.....				61 (33%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				4 (2%)
	0.....				3 (2%)
	1 to 2.....				6 (3%)
	3 to 5.....				19 (10%)
	More than 5.....				153 (83%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)				
	Less than 2 hours.....				8 (4%)
	2 to less than 4 hours.....				18 (10%)
	4 to less than 6 hours.....				20 (11%)
	6 to less than 8 hours.....				34 (18%)

8 to less than 10 hours.....	48 (26%)
10 hours or more.....	48 (26%)
Don't know	8 (4%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes.....	80 (45%)
	No.....	98 (55%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes.....	67 (36%)
	No.....	119 (64%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes.....	29 (16%)
	No.....	156 (84%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	35 (19%)
	<i>Very easy</i>	18 (10%)
	<i>Easy</i>	41 (22%)
	<i>Neither</i>	10 (5%)
	<i>Difficult</i>	28 (15%)
	<i>Very difficult</i>	49 (26%)
	<i>Don't know</i>	5 (3%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	Not sentenced	0 (0%)
	Yes.....	177 (95%)
	No.....	9 (5%)
Q13.2	What type of contact have you had with your offender manager since being in prison?	
	Not sentenced/N/A	9 (5%)
	<i>No contact</i>	29 (16%)
	<i>Letter</i>	93 (50%)
	<i>Phone</i>	62 (34%)
	<i>Visit</i>	94 (51%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes.....	153 (84%)
	No.....	30 (16%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	0 (0%)
	Yes.....	152 (80%)
	No.....	37 (20%)
Q13.5	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/not sentenced	37 (20%)
	<i>Very involved</i>	33 (18%)

<i>Involved</i>	42 (23%)
<i>Neither</i>	14 (8%)
<i>Not very involved</i>	35 (19%)
<i>Not at all involved</i>	23 (13%)

Q13.6 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/not sentenced</i>	37 (20%)
<i>Nobody</i>	58 (32%)
<i>Offender supervisor</i>	64 (35%)
<i>Offender manager</i>	60 (33%)
<i>Named/personal officer</i>	33 (18%)
<i>Staff from other departments</i>	37 (20%)

Q13.7 Can you achieve any of your sentence plan targets in this prison?

<i>Do not have a sentence plan/not sentenced</i>	37 (20%)
<i>Yes</i>	101 (55%)
<i>No</i>	24 (13%)
<i>Don't know</i>	22 (12%)

Q13.9 Do you have a needs based custody plan?

<i>Yes</i>	13 (7%)
<i>No</i>	58 (32%)
<i>Don't know</i>	110 (61%)

Q13.10 Do you feel that any member of staff has helped you to prepare for your release?

<i>Yes</i>	39 (22%)
<i>No</i>	140 (78%)

Q13.11 Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)

	<i>Do not need help</i>	Yes	No
Employment	41 (24%)	59 (35%)	70 (41%)
Accommodation	26 (15%)	68 (40%)	76 (45%)
Benefits	25 (15%)	73 (43%)	73 (43%)
Finances	41 (25%)	55 (33%)	70 (42%)
Education	46 (28%)	65 (39%)	56 (34%)
Drugs and alcohol	70 (43%)	58 (35%)	36 (22%)

Q13.12 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	0 (0%)
<i>Yes</i>	145 (82%)
<i>No</i>	32 (18%)

Main comparator and comparator to last time



Prisoner survey responses HMP Whatton 2012

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

Key to tables

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	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		191	5108	191	115
SECTION 1: General information					
1.2	Are you under 21 years of age?	1%	2%	1%	0%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	7%	10%	7%	17%
1.4	Is your sentence less than 12 months?	0%	5%	0%	4%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	35%	8%	35%	
1.5	Are you a foreign national?	4%	12%	4%	15%
1.6	Do you understand spoken English?	100%		100%	
1.7	Do you understand written English?	98%		98%	
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	11%	26%	11%	21%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	4%	2%	
1.1	Are you Muslim?	5%	11%	5%	9%
1.11	Are you homosexual/gay or bisexual?	9%	3%	9%	16%
1.12	Do you consider yourself to have a disability?	28%	15%	28%	25%
1.13	Are you a veteran (ex-armed services)?	16%		16%	
1.14	Is this your first time in prison?	57%	34%	57%	52%
1.15	Do you have any children under the age of 18?	36%	52%	36%	45%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.3	Was the van clean?	85%		85%	
2.4	Did you feel safe?	82%		82%	
2.2	Did you spend more than 2 hours in the van?	48%	43%	48%	43%
For those who spent two or more hours in the escort van:					
2.1	Were you offered anything to eat or drink?	65%		65%	
2.5	Were you offered a toilet break?	10%		10%	
2.6	Were you treated well/very well by the escort staff?	80%	65%	80%	77%
2.7	Before you arrived here were you told that you were coming here?	75%		75%	
2.7	Before you arrived here did you receive any written information about coming here?	9%		9%	
2.8	When you first arrived here did your property arrive at the same time as you?	92%	88%	92%	84%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	51%		51%	
3.2	When you were searched in reception, was this carried out in a respectful way?	89%	79%	89%	71%
3.3	Were you treated well/very well in reception?	85%	70%	85%	75%
	When you first arrived:				
3.4	Did you have any problems?	59%	61%	59%	56%
3.4	Did you have any problems with loss of property?	12%	16%	12%	11%
3.4	Did you have any housing problems?	7%	17%	7%	13%
3.4	Did you have any problems contacting employers?	2%	4%	2%	6%
3.4	Did you have any problems contacting family?	23%	23%	23%	21%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	5%	1%	10%
3.4	Did you have any money worries?	13%	15%	13%	17%
3.4	Did you have any problems with feeling depressed or suicidal?	14%	13%	14%	22%
3.4	Did you have any physical health problems?	14%		14%	
3.4	Did you have any mental health problems?	9%		9%	
3.4	Did you have any problems with needing protection from other prisoners?	0%	5%	0%	8%
3.4	Did you have problems accessing phone numbers?	14%	22%	14%	
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	52%		52%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	45%	85%	45%	53%
3.6	A shower?	24%	39%	24%	48%
3.6	A free telephone call?	12%	47%	12%	49%
3.6	Something to eat?	54%	76%	54%	76%
3.6	PIN phone credit?	28%		28%	
3.6	Toiletries/basic items?	37%		37%	

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction continued					
When you first arrived here did you have access to the following people:					
3.7	The chaplain or a religious leader?	45%		45%	
3.7	Someone from health services?	77%		77%	
3.7	A Listener/Samaritans?	53%		53%	
3.7	Prison shop/canteen?	20%	17%	20%	28%
When you first arrived here were you offered information about any of the following:					
3.8	What was going to happen to you?	58%	53%	58%	36%
3.8	Support was available for people feeling depressed or suicidal?	53%	47%	53%	39%
3.8	How to make routine requests?	47%	43%	47%	35%
3.8	Your entitlement to visits?	42%	47%	42%	36%
3.8	Health services?	64%	59%	64%	
3.8	The chaplaincy?	49%	52%	49%	
3.9	Did you feel safe on your first night here?	86%	83%	86%	84%
3.10	Have you been on an induction course?	94%	93%	94%	96%
For those who have been on an induction course:					
3.11	Did the course cover everything you needed to know about the prison?	85%	66%	85%	61%
3.12	Did you receive an education (skills for life) assessment?	91%		91%	
SECTION 4: Legal rights and respectful custody					
In terms of your legal rights, is it easy/very easy to:					
4.1	Communicate with your solicitor or legal representative?	66%	48%	66%	43%
4.1	Attend legal visits?	62%	54%	62%	42%
4.1	Get bail information?	5%	17%	5%	10%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	30%	42%	30%	48%
4.3	Can you get legal books in the library?	52%		52%	
For the wing/unit you are currently on:					
4.4	Are you normally offered enough clean, suitable clothes for the week?	85%	61%	85%	88%
4.4	Are you normally able to have a shower every day?	98%	92%	98%	100%
4.4	Do you normally receive clean sheets every week?	92%	82%	92%	97%
4.4	Do you normally get cell cleaning materials every week?	90%	74%	90%	74%
4.4	Is your cell call bell normally answered within five minutes?	46%	43%	46%	56%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	84%	70%	84%	76%
4.4	Can you normally get your stored property, if you need to?	29%	32%	29%	20%
4.5	Is the food in this prison good/very good?	51%	29%	51%	51%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	47%	50%	61%
4.7	Are your religious beliefs are respected?	61%	55%	61%	48%
4.8	Are you able to speak to a religious leader of your faith in private if you want to?	64%	59%	64%	53%
4.9	Are you able to speak to a Listener at any time if you want to?	91%	59%	91%	86%
4.10	Is it easy/very easy to attend religious services?	58%		58%	

Main comparator and comparator to last time

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SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	96%		96%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	80%	61%	80%	55%
5.2	Do you feel applications are dealt with quickly (within seven days)?	56%	52%	56%	46%
5.3	Is it easy to make a complaint?	70%		70%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	55%	33%	55%	33%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	43%	39%	43%	29%
5.5	Have you ever been prevented from making a complaint when you wanted to?	13%		13%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	52%	33%	52%	42%
SECTION 6: Incentive and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	62%	55%	62%	63%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	48%	48%	
6.3	In the last six months have any members of staff physically restrained you (C&R)?	1%	5%	1%	6%
	For those who have spent a night in the segregation/care and separation unit:				
6.4	Were you treated very well/well by staff?	62%		62%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	86%	74%	86%	77%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	88%	73%	88%	83%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	46%		46%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	24%	19%	24%	29%
7.5	Do you have a personal officer?	89%	76%	89%	86%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	75%	62%	75%	68%

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SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	29%	31%	29%	29%
8.2	Do you feel unsafe now?	11%	13%	11%	19%
8.4	Have you been victimised by other prisoners here?	26%	18%	26%	21%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	13%	9%	13%	11%
8.5	Hit, kicked or assaulted you?	5%	5%	5%	6%
8.5	Sexually abused you?	4%	1%	4%	3%
8.5	Threatened or intimidated you?	18%		18%	
8.5	Taken your canteen/property?	1%	4%	1%	4%
8.5	Victimised you because of medication?	5%		5%	
8.5	Victimised you because of debt?	1%		1%	
8.5	Victimised you because of drugs?	1%	3%	1%	1%
8.5	Victimised you because of your race or ethnic origin?	5%	3%	5%	9%
8.5	Victimised you because of your religion/religious beliefs?	2%	2%	2%	7%
8.5	Victimised you because of your nationality?	4%		4%	
8.5	Victimised you because you were from a different part of the country?	5%	5%	5%	7%
8.5	Victimised you because you are from a traveller community?	0%		0%	
8.5	Victimised you because of your sexual orientation?	4%	1%	4%	4%
8.5	Victimised you because of your age?	3%	2%	3%	
8.5	Victimised you because you have a disability?	4%	2%	4%	2%
8.5	Victimised you because you were new here?	3%	4%	3%	3%
8.5	Victimised you because of your offence/crime?	7%	4%	7%	
8.5	Victimised you because of gang related issues?	2%	3%	2%	

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	23%	22%	23%	22%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	10%	10%	10%	13%
8.7	Hit, kicked or assaulted you?	2%	2%	2%	7%
8.7	Sexually abused you?	0%	1%	0%	2%
8.7	Threatened or intimidated you?	15%		15%	
8.7	Victimised you because of medication?	2%		2%	
8.7	Victimised you because of debt?	0%		0%	
8.7	Victimised you because of drugs?	1%	3%	1%	3%
8.7	Victimised you because of your race or ethnic origin?	3%	5%	3%	5%
8.7	Victimised you because of your religion/religious beliefs?	2%	3%	2%	6%
8.7	Victimised you because of your nationality?	2%		2%	
8.7	Victimised you because you were from a different part of the country?	2%	4%	2%	4%
8.7	Victimised you because you are from a traveller community?	1%		1%	
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	2%
8.7	Victimised you because of your age?	2%	2%	2%	
8.7	Victimised you because you have a disability?	3%	2%	3%	2%
8.7	Victimised you because you were new here?	2%	4%	2%	4%
8.7	Victimised you because of your offence/crime?	6%	4%	6%	
8.7	Victimised you because of gang related issues?	1%	2%	1%	
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	39%	39%	39%	65%

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	43%	39%	43%	
9.1	Is it easy/very easy to see the nurse?	79%	61%	79%	
9.1	Is it easy/very easy to see the dentist?	14%	15%	14%	
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	79%	51%	79%	64%
9.2	The nurse?	87%	65%	87%	62%
9.2	The dentist?	59%	47%	59%	42%
9.3	The overall quality of health services?	79%	46%	79%	41%
9.4	Are you currently taking medication?	67%	44%	67%	60%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	97%		97%	
9.6	Do you have any emotional well being or mental health problems?	28%	26%	28%	
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	66%		66%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	10%	22%	10%	4%
10.2	Did you have a problem with alcohol when you came into this prison?	19%	15%	19%	6%
10.3	Is it easy/very easy to get illegal drugs in this prison?	12%	32%	12%	9%
10.4	Is it easy/very easy to get alcohol in this prison?	4%		4%	
10.5	Have you developed a problem with drugs since you have been in this prison?	1%	8%	1%	
10.6	Have you developed a problem with diverted medication since you have been in this prison?	1%		1%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	75%		75%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	88%		88%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	97%	80%	97%	

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SECTION 11: Activities				
Is it very easy/ easy to get into the following activities:				
11.1 A prison job?	49%		49%	
11.1 Vocational or skills training?	35%		35%	
11.1 Education (including basic skills)?	46%		46%	
11.1 Offending Behaviour Programmes?	15%		15%	
Are you currently involved in any of the following activities:				
11.2 A prison job?	60%	63%	60%	
11.2 Vocational or skills training?	11%	19%	11%	
11.2 Education (including basic skills)?	17%	30%	17%	
11.2 Offending Behaviour Programmes?	20%	17%	20%	
11.3 Have you had a job while in this prison?	81%	87%	81%	
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	55%	47%	55%	
11.3 Have you been involved in vocational or skills training while in this prison?	69%	78%	69%	
For those who have had vocational or skills training while in this prison:				
11.3 Do you feel the vocational or skills training will help you on release?	71%	66%	71%	
11.3 Have you been involved in education while in this prison?	72%	83%	72%	
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	75%	68%	75%	
11.3 Have you been involved in offending behaviour programmes while in this prison?	74%	77%	74%	
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?	73%	60%	73%	
11.4 Do you go to the library at least once a week?	56%	49%	56%	60%
11.5 Does the library have a wide enough range of materials to meet your needs?	57%		57%	
11.6 Do you go to the gym three or more times a week?	28%	36%	28%	40%
11.7 Do you go outside for exercise three or more times a week?	52%	52%	52%	61%
11.8 Do you go on association more than five times each week?	83%	79%	83%	78%
11.9 Do you spend ten or more hours out of your cell on a weekday?	26%	14%	26%	19%
SECTION 12: Friends and family				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	45%	38%	45%	
12.2 Have you had any problems with sending or receiving mail?	36%	43%	36%	56%
12.3 Have you had any problems getting access to the telephones?	16%	24%	16%	29%
12.4 Is it easy/ very easy for your friends and family to get here?	32%		32%	

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better		HMP Whatton 2012	Cat C trainer prisons comparator	HMP Whatton 2012	HMP Whatton 2006
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	95%		95%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	17%		17%	
13.2	Contact by letter?	53%		53%	
13.2	Contact by phone?	35%		35%	
13.2	Contact by visit?	53%		53%	
13.3	Do you have a named offender supervisor in this prison?	84%		84%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	80%	70%	80%	55%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	51%	56%	51%	64%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	40%		40%	
13.6	Offender supervisor?	44%		44%	
13.6	Offender manager?	41%		41%	
13.6	Named/personal officer?	23%		23%	
13.6	Staff from other departments?	25%		25%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	69%	70%	69%	68%
14	Are there plans for you to achieve any of your targets in another prison?				
14	Are there plans for you to achieve any of your targets in the community?				
13.9	Do you have a needs based custody plan?	7%		7%	
13.10	Do you feel that any member of staff has helped you to prepare for release?	22%	18%	22%	
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.11	Employment?	46%		46%	
13.11	Accommodation?	47%		47%	
13.11	Benefits?	50%		50%	
13.12	Finances?	44%		44%	
13.13	Education?	54%		54%	
13.14	Drugs and alcohol?	62%		62%	
For those who are sentenced:					
13.12	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	82%	55%	82%	67%

Diversity Analysis



Key question responses (ethnicity) HMP Whatton 2012

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

Key to tables

		Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		21	168
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	25%	2%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	98%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?		
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	1%
1.1	Are you Muslim?	43%	1%
1.12	Do you consider yourself to have a disability?	14%	30%
1.13	Are you a veteran (ex-armed services)?	5%	17%
1.14	Is this your first time in prison?	67%	57%
2.6	Were you treated well/very well by the escort staff?	90%	78%
2.7	Before you arrived here were you told that you were coming here?	67%	76%
3.2	When you were searched in reception, was this carried out in a respectful way?	95%	89%
3.3	Were you treated well/very well in reception?	81%	86%
3.4	Did you have any problems when you first arrived?	62%	59%
3.7	Did you have access to someone from healthcare when you first arrived here?	81%	76%
3.9	Did you feel safe on your first night here?	86%	86%
3.10	Have you been on an induction course?	96%	94%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	65%	66%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	84%	85%
4.4	Are you normally able to have a shower every day?	100%	99%
4.4	Is your cell call bell normally answered within five minutes?	58%	45%
4.5	Is the food in this prison good/very good?	17%	55%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	45%	50%
4.7	Do you feel your religious beliefs are respected?	66%	61%
4.8	Are you able to speak to a religious leader of your faith in private if you want to?	69%	64%
4.9	Are you able to speak to a Listener at any time if you want to?	85%	92%
5.1	Is it easy to make an application?	85%	97%
5.3	Is it easy to make a complaint?	66%	71%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	45%	64%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	1%
7.1	Do most staff, in this prison, treat you with respect?	90%	85%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	89%	88%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	35%	23%
7.4	Do you have a personal officer?	90%	89%
8.1	Have you ever felt unsafe here?	21%	29%
8.2	Do you feel unsafe now?	11%	12%
8.3	Have you been victimised by other prisoners?	30%	25%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	20%	18%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	15%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	10%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	5%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	37%	22%
8.7	Have you ever felt threatened or intimidated by staff here?	21%	14%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	1%
8.7	Have you been victimised because of your nationality? (By staff)	11%	1%
8.7	Have you been victimised because you have a disability? (By staff)	0%	4%
9.1	Is it easy/very easy to see the doctor?	30%	44%
9.1	Is it easy/ very easy to see the nurse?	74%	80%
9.4	Are you currently taking medication?	30%	71%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	30%	28%
10.3	Is it easy/very easy to get illegal drugs in this prison?	5%	13%
11.2	Are you currently working in the prison?	56%	61%
11.2	Are you currently undertaking vocational or skills training?	22%	10%
11.2	Are you currently in education (including basic skills)?	22%	16%
11.2	Are you currently taking part in an offending behaviour programme?	28%	19%
11.4	Do you go to the library at least once a week?	58%	57%
11.6	do you go to the gym three or more times a week?	45%	26%
11.7	Do you go outside for exercise three or more times a week?	40%	53%
11.8	On average, do you go on association more than five times each week?	90%	82%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	25%	26%
12.2	Have you had any problems sending or receiving mail?	30%	37%
12.3	Have you had any problems getting access to the telephones?	21%	15%

Diversity Analysis



Key question responses (disability) HMP Whatton 2012

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		53	135
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	2%	5%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	96%	99%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	6%	13%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	1%
1.1	Are you Muslim?	0%	8%
1.12	Do you consider yourself to have a disability?		
1.13	Are you a veteran (ex-armed services)?	27%	11%
1.14	Is this your first time in prison?	52%	60%
2.6	Were you treated well/very well by the escort staff?	85%	79%
2.7	Before you arrived here were you told that you were coming here?	77%	74%
3.2	When you were searched in reception, was this carried out in a respectful way?	87%	90%
3.3	Were you treated well/very well in reception?	91%	83%
3.4	Did you have any problems when you first arrived?	87%	48%
3.7	Did you have access to someone from healthcare when you first arrived here?	79%	76%
3.9	Did you feel safe on your first night here?	74%	91%
3.10	Have you been on an induction course?	87%	97%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	60%	67%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	81%	86%
4.4	Are you normally able to have a shower every day?	96%	99%
4.4	Is your cell call bell normally answered within five minutes?	54%	44%
4.5	Is the food in this prison good/very good?	35%	57%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	47%	51%
4.7	Do you feel your religious beliefs are respected?	66%	60%
4.8	Are you able to speak to a religious leader of your faith in private if you want to?	62%	65%
4.9	Are you able to speak to a Listener at any time if you want to?	94%	90%
5.1	Is it easy to make an application?	94%	97%
5.3	Is it easy to make a complaint?	80%	65%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	66%	60%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	53%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	1%
7.1	Do most staff in this prison treat you with respect?	85%	87%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	92%	86%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	23%	24%
7.4	Do you have a personal officer?	87%	90%
8.1	Have you ever felt unsafe here?	37%	26%
8.2	Do you feel unsafe now?	18%	9%
8.3	Have you been victimised by other prisoners?	42%	20%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	27%	14%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	4%
8.5	Have you been victimised because of your age? (By prisoners)	2%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	13%	1%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	32%	20%
8.7	Have you ever felt threatened or intimidated by staff here?	21%	13%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	2%
8.7	Have you been victimised because of your nationality? (By staff)	0%	3%
8.7	Have you been victimised because of your age? (By staff)	0%	2%
8.7	Have you been victimised because you have a disability? (By staff)	10%	1%
9.1	Is it easy/very easy to see the doctor?	47%	41%
9.1	Is it easy/ very easy to see the nurse?	79%	78%
9.4	Are you currently taking medication?	85%	60%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	45%	23%
10.3	Is it easy/very easy to get illegal drugs in this prison?	18%	10%
11.2	Are you currently working in the prison?	46%	65%
11.2	Are you currently undertaking vocational or skills training?	10%	12%
11.2	Are you currently in education (including basic skills)?	17%	16%
11.2	Are you currently taking part in an offending behaviour programme?	17%	20%
11.4	Do you go to the library at least once a week?	49%	59%
11.6	do you go to the gym three or more times a week?	21%	31%
11.7	Do you go outside for exercise three or more times a week?	39%	57%
11.8	On average, do you go on association more than five times each week?	76%	86%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	20%	28%
12.2	Have you had any problems sending or receiving mail?	39%	35%
12.3	Have you had any problems getting access to the telephones?	14%	17%

Diversity Analysis



Key question responses (veteran) HMP Whatton 2012

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

Key to tables

		Veterans (ex-armed services prisoners)	Non-veterans
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		30	158
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	3%	4%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	98%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	3%	12%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	1%
1.1	Are you Muslim?	3%	6%
1.12	Do you consider yourself to have a disability?	48%	24%
1.13	Are you a veteran (ex-armed services)?		
1.14	Is this your first time in prison?	60%	57%
2.6	Were you treated well/very well by the escort staff?	77%	81%
2.7	Before you arrived here were you told that you were coming here?	83%	73%
3.2	When you were searched in reception, was this carried out in a respectful way?	90%	90%
3.3	Were you treated well/very well in reception?	93%	84%
3.4	Did you have any problems when you first arrived?	60%	58%
3.7	Did you have access to someone from healthcare when you first arrived here?	83%	75%
3.9	Did you feel safe on your first night here?	97%	85%
3.10	Have you been on an induction course?	93%	95%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	65%	66%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Veterans (ex-armed services prisoners)	Non-veterans
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	87%	85%
4.4	Are you normally able to have a shower every day?	100%	98%
4.4	Is your cell call bell normally answered within five minutes?	52%	45%
4.5	Is the food in this prison good/very good?	44%	53%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	47%	51%
4.7	Do you feel your religious beliefs are respected?	80%	58%
4.8	Are you able to speak to a religious leader of your faith in private if you want to?	87%	61%
4.9	Are you able to speak to a Listener at any time if you want to?	100%	89%
5.1	Is it easy to make an application?	100%	96%
5.3	Is it easy to make a complaint?	79%	68%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	77%	60%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	60%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	1%
7.1	Do most staff in this prison treat you with respect?	90%	85%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	92%	87%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	30%	22%
7.4	Do you have a personal officer?	80%	91%
8.1	Have you ever felt unsafe here?	17%	31%
8.2	Do you feel unsafe now?	10%	12%
8.3	Have you been victimised by other prisoners?	20%	26%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	13%	19%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	4%
8.5	Have you been victimised because of your age? (By prisoners)	7%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	7%	4%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Veterans (ex-armed services prisoners)	Non-veterans
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	30%	22%
8.7	Have you ever felt threatened or intimidated by staff here?	20%	14%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	1%
8.7	Have you been victimised because of your nationality? (By staff)	0%	3%
8.7	Have you been victimised because of your age? (By staff)	3%	1%
8.7	Have you been victimised because you have a disability? (By staff)	7%	3%
9.1	Is it easy/very easy to see the doctor?	50%	41%
9.1	Is it easy/ very easy to see the nurse?	87%	77%
9.4	Are you currently taking medication?	76%	65%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	23%	30%
10.3	Is it easy/very easy to get illegal drugs in this prison?	7%	13%
11.2	Are you currently working in the prison?	37%	65%
11.2	Are you currently undertaking vocational or skills training?	10%	11%
11.2	Are you currently in education (including basic skills)?	10%	18%
11.2	Are you currently taking part in an offending behaviour programme?	13%	21%
11.4	Do you go to the library at least once a week?	57%	56%
11.6	do you go to the gym three or more times a week?	25%	28%
11.7	Do you go outside for exercise three or more times a week?	53%	52%
11.8	On average, do you go on association more than five times each week?	74%	84%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	14%	29%
12.2	Have you had any problems sending or receiving mail?	28%	37%
12.3	Have you had any problems getting access to the telephones?	18%	16%