

Report on an announced full follow-up  
inspection of

## **HMP Wolds**

23–27 April 2012

by HM Chief Inspector of Prisons

Crown copyright 2012

Printed and published by:  
Her Majesty's Inspectorate of Prisons  
1st Floor, Ashley House  
Monck Street  
London SW1P 2BQ  
England

# Contents

Introduction	5
Fact page	7
Healthy prison summary and main recommendations	9
<b>1</b> Safety	19
<hr/>	
<b>2</b> Respect	31
<hr/>	
<b>3</b> Purposeful activity	45
<hr/>	
<b>4</b> Resettlement	51
<hr/>	
<b>5</b> Summary of recommendations and housekeeping points	61
<hr/>	
<b>6</b> Appendices	
<hr/>	
I Inspection team	70
II Progress on recommendations from the last report	71
III Prison population profile	84
IV Summary of prisoner questionnaires and interviews	87



# Introduction

Located in East Yorkshire, HMP Wolds is a small category C training establishment managed by the private provider G4S. When we last visited in 2010 we found that performance had deteriorated and we expressed concerns about a number of issues, including the availability of drugs, a lack of staff confidence in confronting poor behaviour, weaknesses in the promotion of diversity and limited work and training provision. At this follow-up inspection we found some improvements, but many of our previous concerns still needed to be addressed effectively.

An area where improvement was evident was safety. Few prisoners reported feeling unsafe and levels of violence were low. There had been some increase in the use of force but it too remained low and was reasonably well managed. Levels of self-harm were lower than in similar establishments and the evidence suggested that those in crisis were reasonably well cared for.

The prison had designated one wing as a safer custody unit (SCU), combining work to manage early days to custody and induction with a segregation function. While first night provision was largely adequate, induction needed improvement. Staff at the prison felt that there may be benefits in integrating segregation more fully on the unit, but there were clearly risks to such a strategy. It was disappointing that there had been no meaningful evaluation of the effectiveness of the initiative. There were slightly fewer illegal drugs in the prison than during our last inspection but levels still remained high. The improper use of diverted prescription medication added to this problem.

The general environment in the prison was reasonable but the third of single cells that had been doubled up to hold two prisoners were too cramped, lacked sufficient furniture and had poorly screened toilets. At the time of our inspection G4S was submitting a bid as part of a competitive tender process to continue to manage the prison.

Staff-prisoner relationships were generally respectful but, as we found during our last inspection, the poor behaviour of some prisoners was not always confronted or addressed. Work to promote diversity remained underdeveloped and, in many respects, the provision of health care had worsened.

The provision of meaningful employment and training opportunities is one of the principal purposes of a training prison like the Wolds. In this regard too little had either changed or improved. There were some good features with, for example, good time out of cell, sufficient activity for all and some impressive work opportunities in IT. There was, however, a lack of meaningful analysis of need and insufficient vocational training. Training and learning had too low a profile, characterised by frequent interruptions and inactivity. In a training prison it was very poor that 14% of prisoners were either unallocated to activity or unemployed. In our spot checks we found that up to 30% of prisoners were on the wings doing nothing during the working day. Few education, training and work places were of sufficient quality to engage prisoners and develop their skills.

Outcomes for resettlement were reasonably good but the resettlement strategy was one-dimensional and offender management and resettlement planning were not well integrated. Although needs analysis was not robust, the prison had introduced layered offender management which reached all prisoners and there was an appropriate focus on risk and harm reduction. Release on temporary licence was barely used to promote resettlement and it was concerning that many indeterminate sentence prisoners were over tariff or waiting for a

category D allocation to an open prison. Provision across the resettlement pathways was generally good and, in terms of work to support families, impressive.

This is a mixed report. Wolds finds itself on the cusp of potentially significant change, with competitive tenders for the management of the prison signalling uncertainty about its future. We noted at our last inspection that Wolds was not designed as a training prison, making the delivery of meaningful activity a challenge. Sufficient activity is available, but it needs increased prioritisation and organisation and greater attention to quality. Similarly some good provision in resettlement needs better coordination. The prison has many strengths, but managers must give their full attention to its very clear weaknesses.

**Nick Hardwick**  
HM Chief Inspector of Prisons

**June 2012**

# Fact page

## Task of the establishment

HMP Wolds is an adult male category C training prison

## Prison status

Privately managed by G4S

## Region/Department

Yorkshire and Humberside

## Number held

356

## Certified normal accommodation

320

## Operational capacity

360

## Date of last full inspection

December 2009

## Brief history

HMP Wolds was opened in 1992 as a category B remand prison. It was the first private prison in Europe. G4S has managed the contract since that time. It was given a 10-year contract extension in 2003 and at the time of this inspection was submitting a bid as part of a competitive tender process to continue to manage the prison.

## Short description of residential units

A unit	(College)	:	63 places
B unit	Safer custody unit	:	54 places
C unit	Lifer unit	:	54 places
D unit	Mainstream location	:	63 places
E unit	Mainstream location	:	63 places
F unit	Mainstream location (IDTS)	:	63 places

## Name of director

Cathy James

## Escort contractor

GeoAmey

## Health service commissioner and providers

Primary care commissioned by the Ministry of Justice and provided by G4S Integrated Services. Secondary care commissioned by NHS East Riding of Yorkshire and provided by G4S Integrated Services, with the exception of mental health services which are provided by Humber NHS Foundation Trust.

## Learning and skills providers

In house by G4S

**IMB chair**  
Claire Wood



# 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, courts and customs 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 include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:

**Safety** prisoners, 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 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.

- HP5 The Inspectorate conducts follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections may be announced or unannounced and are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and to conduct a new full inspection, including in-depth analysis of areas of serious concern identified in the previous inspection, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

## Safety

---

HP6 Staff in reception were welcoming and reception procedures good. Most prisoners felt safe on their first night but they were not all suitably located. Induction arrangements were unsatisfactory. Levels of bullying and violence were low and few prisoners reported feeling unsafe. Suicide and self-harm arrangements were good and prisoners were well supported. Security was generally proportionate. The impact of the integrated segregation unit required a full evaluation. Levels of use of force were low but had increased recently, as had the use of special accommodation. Illicit drug use was high and diverted medication was problematic. Drug treatment arrangements were reasonable. Outcomes for prisoners were reasonably good against this healthy prison test.

HP7 At the last inspection in 2009 we found that Wolds was not performing sufficiently well against this healthy prison test. We made 49 recommendations in the area of safety. At this follow-up inspection we found that 29 of the recommendations had been achieved, six had been partially achieved, 13 had not been achieved and one was no longer relevant.

HP8 Most prisoners experienced relatively short journeys to the establishment and were generally positive about their escort experience, including treatment by escort staff. Reception arrangements were good but sometimes took too long. Reception was clean and orderly and staff were welcoming. More prisoners than at comparator prisons and than at the time of the previous inspection said that they had been treated well or very well in reception.<sup>1</sup> Suitable information was available, and all

---

<sup>1</sup> **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

prisoners were interviewed in private and seen by a duty Listener<sup>2</sup>. First night arrangements were generally adequate, with one major exception being that not all prisoners were accommodated in the first night/induction cells on the safer custody unit (SCU), with some inappropriately located in designated segregation cells on the same unit. Most prisoners, and more than at comparator prisons, said that they had felt safe on their first night.

- HP9 Induction arrangements were not satisfactory. The programme was not structured and we were not assured that new prisoners had completed all the required elements. There was a good induction information booklet.
- HP10 Fewer prisoners than at comparator prisons said that they had ever felt unsafe at the establishment. Levels of violence were reasonably low. The numbers of assaults on prisoners and bullying incidents were below those at comparator prisons. The antisocial behaviour and bullying (ASB) policy was informative and understood by staff and prisoners. Prisoners told us that staff took bullying seriously but entries in the ASB booklets were generally perfunctory, with little evidence of support for victims or interventions for perpetrators. Arrangements for the identification and monitoring of bullying and violence-related incidents were reasonably good but trend analysis to inform action was weak.
- HP11 Levels of self-harm were lower than at similar establishments. Large amounts of suicide and self-harm data were collected but trend analysis to inform action was weak. Assessment, care in custody and teamwork (ACCT) documents showed that good care and support were provided, and there were comprehensive quality assurance arrangements. There was an effective Listener scheme.
- HP12 There was no specific safeguarding policy for adults at risk, no protocols were established with social services to implement safeguarding procedures and staff were not clear about their responsibilities.
- HP13 Security arrangements were generally sound and appropriate but closed visits were used inappropriately and excessively. Security staff were suitably sighted on the threat of illegal drugs and addressed this through a range of measures but insufficient attention was given to the risk posed by diverted medication. There was a high level of illegal drug use. The mandatory drug testing (MDT) positive rate had reduced but was still high, at almost 11%. MDT arrangements were too predictable and not sufficiently spread across the testing period and suspicion tests were not always completed.
- HP14 The incentives and earned privileges (IEP) scheme was well used to encourage good behaviour and provided good incentives to gain enhanced status but individual targets for prisoners on the basic level of the scheme were not sufficiently individualised or directive. Prisoner pay was inappropriately linked to IEP levels.

---

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 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*.)

<sup>2</sup> Prisoner selected and trained to support those at risk of self-harm.

- HP15 Adjudication governance was thorough and the number of adjudications had declined over the previous two years.
- HP16 Levels of use of force had recently increased but were still low. Adequate monitoring and analysis were undertaken and the video-recording of planned incidents was reasonable. The quality of use of force paperwork was good but completed injury report forms (F213s) were not included in dossiers and special accommodation records were incomplete. Special accommodation use was relatively high and had recently increased.
- HP17 Segregated prisoners were held in designated cells in the SCU. The function and purpose of the SCU, including segregation, had not been fully developed or effectively communicated to staff and prisoners. There had been no evaluation of the effectiveness of the approach, and this had undermined implementation. The management of segregated prisoners and associated incidents had a disproportionate effect on the rest of the SCU, resulting in delays to, and loss of, association and other regime activities.
- HP18 The segregation regime was generally adequate but exercise arrangements were poor, with the yard being too accessible and exposed to other prisoners. All prisoners we spoke to who were, or had been, segregated were positive about their treatment on the unit. Reintegration and care planning were limited to those who had been on the unit for 30 days or more and too many prisoners were transferred out to other prisons. However, we saw some evidence that the integrated segregation enabled more effective management and reintegration of some prisoners segregated for their own protection.
- HP19 Almost one in 10 prisoners had developed a problem with diverted medications, and a further one in 10 with illegal drugs while at the establishment. Substance misuse services provided good individual support for those with drug problems. Prescribing regimes were flexible and prisoners were actively involved in their care planning. Only a limited service was provided for those with primary alcohol issues, despite a high and increasing identified need. F unit provided a newly dedicated location for most prisoners on drug treatment but the regime had yet to be developed to meet all of their needs.

## Respect

---

- HP20 The prison was generally clean and well maintained. Too many prisoners were in small and overcrowded cells. Staff-prisoner relationships were generally good and staff were helpful but not sufficiently challenging. Equality and diversity provision was generally lacklustre and many prisoners with disabilities did not get the support and services they required. The negative perceptions of black and minority ethnic prisoners had not been addressed. Faith provision was sound. The quality assurance of complaints was weak. Health provision was poor and undermined by staff shortages. Food was satisfactory. Outcomes for prisoners were not sufficiently good against this healthy prison test.

HP21 At the last inspection in 2009 we found that Wolds was not performing sufficiently well against this healthy prison test. We made 106 recommendations in the area of respect.<sup>3</sup> At this follow-up inspection we found that 52 of the recommendations had been achieved, 22 had been partially achieved, 31 had not been achieved and one was no longer relevant.

HP22 The outside environment was pleasant and well maintained and communal areas were reasonably clean. Most cells were in a good state of repair, clean and free of graffiti but we found offensive materials displayed in some cells. Over a third of prisoners were doubled up in single cells designed for one, which were inadequately furnished. Some cells had inadequate privacy screening for the toilet. Two shower areas had been refurbished but the rest were in poor condition. Access to showers was good. We noted some prisoners shouting out of cell windows without challenge, particularly at night and on A unit and the SCU.

HP23 Prisoners had to ask for application forms. Only a small number of general applications had been logged and not all had received a response.

HP24 There were sufficient telephones for the population and all had privacy hoods, and prisoners had good access to them. Mail was dealt with promptly and appropriately.

HP25 All prisoners could wear their own clothes, and all units had adequate laundry facilities.

HP26 Relationships with staff were generally positive and most prisoners said that staff treated them with respect, and that they had an officer they could turn to for support. We observed relaxed and helpful staff interactions with prisoners, most of which was for transactional purposes, dealing with applications and requests. Some inappropriate behaviour was not challenged robustly and we observed some instances where staff backed away from confronting prisoners about poor behaviour. Electronic case notes and written records were generally just observational. The newly developed prisoner consultation process, supported by User Voice<sup>4</sup>, was promising but not yet effective.

HP27 The overall governance of equality and diversity was weak. There was a comprehensive diversity policy and an action plan with limited targets. There was little evidence of responsible managers being held to account for their delivery of diversity strands, and their attendance at the bimonthly equality meeting was poor. This was mitigated only by the effectiveness of the equality officer. Systematic monitoring and analysis of the race equality template (SMART) monitoring data on black and minority ethnic prisoners were analysed sufficiently but data collected about other protected characteristics, for example disability and religion, did not adequately measure equality of access or treatment. Prisoner equality representatives, with individual responsibilities for protected characteristics, had been appointed and provided advice and support for prisoners. There were consultation arrangements with prisoners but there was poor participation, which reduced their effectiveness. The number of diversity incident report forms (DIRFs) was low and they were investigated thoroughly.

---

<sup>3</sup> This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

<sup>4</sup> An ex-offender led organisation, which aims to foster dialogue between the Prison Service and offenders.

- HP28 As at the time of the previous inspection, black and minority ethnic prisoners were more negative than white prisoners in important aspects of their treatment. Attempts to consult prisoners to address these perceptions had not been successful. Prisoners with racially motivated offending backgrounds were identified but there was no work done to address their attitudes. There was a Gypsy/Traveller prisoner representative but no specific services for this group had been developed.
- HP29 There were few foreign national prisoners. Translated material and interpreting services were available if required. The UK Border Agency visited irregularly to provide information sessions, and contact details of some independent advice organisations could be provided.
- HP30 We were not assured that all prisoners with disabilities were identified and we observed a number with serious needs which had not been addressed. For those identified, care was reasonably good and they had comprehensive assessments and care plans in place, produced in cooperation with the health care department. Ad hoc reasonable adjustments were made but there were no specially adapted cells or facilities for prisoners with disabilities, and they had limited access to activities.
- HP31 Corporate worship was available to all prisoners without application and was timed to avoid clashes with other regime activities. A range of faith support activities and a victim awareness programme were provided. There was no community chaplaincy but links were made with churches for prisoners due for release.
- HP32 Analysis of complaints was poor. Quality assurance was not routinely undertaken. We found many responses that had not addressed the issues raised, and some prisoners had had to submit several complaints before getting a final response. A reasonable range of legal services was offered and prisoners had adequate access to legal visits, telephone calls and support for legal matters.
- HP33 The recent change in the health service provider had resulted in staff shortages and a considerable reduction in services, with limited external scrutiny of those provided. In our survey, less than a third of prisoners rated the overall quality of health care as good, and the number of formal health care complaints was high. Prisoners waited too long to see the doctor and dentist. No lifelong condition clinics were run, and there were no care plans for those with ongoing health needs.
- HP34 Pharmacy services were unsatisfactory as a supply-only service. There was a lack of policies, evidence of secondary dispensing and some evening medications were given too early. We saw opportunities for medication diversion at treatment times. There were few spot checks of those who had in-possession medications and discrepancies were not reported to the security department; risk assessments for in-possession medications were not revisited as a consequence.
- HP35 Primary mental health nurses had limited time to see patients and there were no counselling services available. There was a lack of proactive referral to the secondary mental health team and they did not seek out patients who had been receiving care in other prisons.
- HP36 Prisoners reported negatively about the food provided but we considered it to be reasonable, both in quality and quantity. The use of separate utensils for handling halal food was not always enforced.

## Purposeful activity

---

HP37 All prisoners had reasonable time out of cell. Learning and work was not given a sufficiently high priority. Too many were unemployed or not engaged in purposeful activity, despite sufficient activity places being available. Learning and skills provision was not informed by a needs analysis. There remained insufficient vocational and work places available. The quality and range of education provision were good and achievements were generally high. A satisfactory range of qualifications were provided in most work and vocational areas, although the number of achievements was generally low. Library access was reasonable. Access to recreational PE was good and usage high but daytime PE disrupted learning. Outcomes for prisoners were poor against this healthy prison test.

HP38 At the last inspection in 2009 we found that Wolds was not performing sufficiently well against this healthy prison test. We made 11 recommendations in the area of purposeful activity. At this follow-up inspection we found that four of the recommendations had been achieved, two had been partially achieved and five had not been achieved.

HP39 All prisoners had a reasonable time out of cell, at almost nine hours per day. There was good and reliable provision of evening association. Daily outside exercise was too short, at only 30 minutes.

HP40 The published strategy for the development of learning and skills was not informed by an effective needs analysis. Development of the strategy was tempered by the limited funding but some good partnerships provided access to additional resources. There were some effective quality assurance and improvement processes but these needed to be improved through the better use of data and the sharing of good practice. Although there were sufficient activity places for all prisoners, a large proportion, almost 40%, were in education. There were insufficient work and vocational courses available. Only 12% of the population were working towards nationally recognised vocational qualifications.

HP41 Learning was not always given a sufficiently high profile. Too many prisoners (approximately 14%) were either awaiting placement, unemployed or sacked. This situation was exacerbated by prisoners not attending work and not being challenged by staff. During our spot checks, up to 30% of prisoners were on the units and not involved in any purposeful work. Staff were sometimes unclear about the whereabouts of learners who had been moved from learning to attend other activities. Some key staff who were absent through long-term sickness had not been replaced, resulting in the closure of a key vocational work area and the loss of any formal information, advice and guidance service.

HP42 A wide range of education provision was offered. There were courses from entry level to level 4, with the opportunity to study with the Open University. Most teaching and learning were good, motivating and enthusing learners. Prisoners demonstrated good standards of work in Summit and Creative iMedia workshops but in some areas there was insufficient work to keep them fully occupied. No literacy, numeracy or English for speakers of other languages (ESOL) support was available for prisoners in work or on vocational training.

- HP43 The achievements for learners in education were good, with high pass rates in most courses. Learners' work in education classes was generally of a good standard and some was excellent. A satisfactory range of qualifications was offered in most work and vocational areas, although the number of achievements was generally low. Learners working in Summit and Creative iMedia generally had good employment prospects. The number of qualification outcomes for hospitality learners was satisfactory but the range and number of vocational qualifications available in PE and industrial cleaning were insufficient.
- HP44 The library was small and access reasonable but it could become crowded. Links with education and work were inadequate and there were few books to support the curriculum.
- HP45 There were no outdoor PE facilities. The indoor facilities were generally satisfactory but there were no showers or changing rooms and prisoners did not always have the opportunity to shower on their units before being locked up. Access and usage was good, with 80% of prisoners using the gym. However, daytime recreational PE caused disruption to other education and work activities.

## Resettlement

---

- HP46 The resettlement strategy was not informed by an adequate needs analysis and links between offender management and resettlement were weak. Offender management was reasonable, risk of harm was appropriately prioritised and prisoners were suitably involved in sentence planning. Too many indeterminate-sentenced prisoners were over tariff and waited too long for transfer to open conditions. Categorisation processes were sound. Public protection was well managed. The lack of release on temporary licence was a missed opportunity to support resettlement. Pathway provision was generally good, and excellent for children and families. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP47 At the last inspection in 2009 we found that Wolds was performing reasonably well against this healthy prison test. We made 31 recommendations in the area of resettlement. At this follow-up inspection we found that 12 of the recommendations had been achieved, five had been partially achieved, 12 had not been achieved and two were no longer relevant.
- HP48 Strategic links between resettlement and offender management were underdeveloped and the approach to reducing reoffending was disjointed. The resettlement strategy was not shaped by a robust needs analysis. Governance was hindered by the lack of a specific action plan and no tracking of specific milestones. There were some important gaps in resettlement provision, with no domestic violence programme, for example, and the involvement of outside agencies in resettlement work had declined considerably over recent years. Release on temporary licence was not proactively promoted or used to support reintegration.
- HP49 The preparation of offender assessment system (OASys) assessments was up to date. All prisoners were allocated an offender supervisor and contact was generally regular but not always purposeful. Most prisoners had a sentence plan, most were involved in its development and most said that they could achieve their targets at the prison. The cross-deployment of offender supervisors was high and adversely



impacted on prisoner contact time. The quality of OASys assessments was generally adequate and offender supervisors were well sighted on risk of harm, but risk management plans were generally of insufficient quality. Home detention curfew timeliness was not monitored.

- HP50 Public protection arrangements had improved and were well managed. Screening and assessment processes were timely, and appropriate restrictions were applied. Information on high-risk prisoners was appropriately shared.
- HP51 Categorisation reviews were undertaken within the required timescales and the process was adequately managed. A quarter of indeterminate-sentenced prisoners (ISPs) were category D but not recorded as such on P-Nomis and many waited for too long for a transfer to an open prison.
- HP52 Within the relatively large ISP population, half of those serving indeterminate sentences for public protection (IPP) were over tariff, some considerably so. The ISPs we spoke to were critical about the lack of progress made and their lack of contact with offender management unit (OMU) staff. ISPs did not have access to specific family days and consultation was limited to a monthly representatives forum. Not all offender supervisors had received managing indeterminate sentences and risk (MISAR) training.
- HP53 The small resettlement unit managed a large workload well and aimed to interview all prisoners on arrival and before release; however, too many prisoners failed to attend. Prisoner orderlies were fully involved in resettlement processes. Information exchange was hindered due to poor links with some departments, particularly the OMU.
- HP54 Support and advice for accommodation and finance were excellent. Few prisoners left the prison without an address to go to. Bank accounts could be opened before release and prisoners could access a money management course.
- HP55 Take-up on the recently introduced pre-release employability course was low and there were no links with employers through the resettlement service. However, over 50% of prisoners were released into employment or learning.
- HP56 There were no health care discharge clinics provided. If a prisoner was on medication, he was expected to make an appointment to see the doctor before he left; the doctor then wrote a letter which was posted to the prisoner's GP.
- HP57 There was an adequate range of drug interventions (although the lack of any alcohol programme was a serious gap). There were effective links between the substance misuse team and local drug intervention programme teams but links for those with alcohol issues were less evident.
- HP58 There was excellent provision of parenting courses and support for prisoners' contact with their children through family visits, relationship counselling and Storybook Dads facilities. The provision of social visits spaces was adequate, visits were timely and facilities were generally good. The atmosphere in visits was welcoming and respectful and prisoners were not required to wear identifying clothing. There was a wide range of information displayed in both the visitors centre and the visits hall for the benefit of families and to encourage the reporting of any concerns about prisoner safety.

HP59 With the exception of a domestic violence programme, there was an adequate range of offending behaviour programmes, with good quality delivery and a high level of attendance. However there were insufficient places on the thinking skills programme to manage demand, resulting in long delays for some.

## Main concerns and recommendations

---

HP60 Concern: The effectiveness of the SCU had not been evaluated. The unit held a potentially risky mix of vulnerable and disruptive prisoners. We saw evidence of some prisoners being disadvantaged and exposed to additional risk by being placed on the integrated segregation unit but also of the potential benefits of reintegration, particularly for prisoners segregated for their own protection.

**Recommendation: The use of the safer custody unit as an integrated unit should be fully evaluated as a matter of urgency to establish whether it provides a safe environment for both segregated and induction prisoners, reduces the use of segregation and improves and increases reintegration.**

HP61 Concern: The effectiveness of diversity provision was undermined by a lack of drive from senior managers and poor commitment from the leads for diversity strands. The negative perceptions of black and minority ethnic prisoners were still not understood or addressed and the needs of some prisoners with protected characteristics, particularly prisoners with disabilities, were not identified or met.

**Recommendation: Governance and management oversight of diversity should be prioritised to ensure that the needs of all prisoners with protected characteristics are identified, assessed and met, and any negative perceptions of particular groups are understood.**

HP62 Concern: Health provision was poor. Prisoners had to wait too long to see the doctor and dentist and there were no clinics or care planning for prisoners with lifelong conditions. Not all prisoners requiring primary and mental health care were being supported.

**Recommendation: As a matter of urgency, the health provider should harness sufficient resources to enable delivery of a full health service to prisoners, including sufficient and timely access to the doctor and dentist, appropriate clinics and effective care planning for the management of long-term conditions and sufficient mental health care to meet the identified need.**

HP63 Concern: Despite sufficient activity places, too many prisoners (up to 30%) were unemployed or failed to attend their place of work or learning. For those who did attend, there were still too few accredited work and vocational training opportunities and no progress had been made since the previous inspection. The working day was routinely disrupted by other activities, including PE. This was of particular concern for a training prison.

**Recommendation: The quantity of accredited work and vocational training and the number of prisoners gaining vocational qualifications should be increased. The number of unemployed and sacked prisoners should be reduced and staff should monitor and challenge non-attendance. Other activities, including recreational PE, should be timetabled not to disrupt the working day.**

# Section 1: Safety

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

## Courts, escorts and transfers

---

**Expected outcomes:**

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

- 1.1 Most prisoners had short journeys to the establishment. Fewer prisoners than at comparator prisons said that the escort vans were clean but more said that they had been treated well by escort staff. Reception was permanently staffed and prisoners did not have to wait on vans to gain access.
- 1.2 Most prisoners were received from within the region and had had relatively short journeys to the establishment, and most prisoners had known that they were being transferred to the prison.
- 1.3 In our survey, fewer prisoners than at similar prisons (60% versus 71%) said that the escort van was clean. More prisoners than at comparator prisons said that escort staff had treated them with respect.
- 1.4 The reception area (admissions) was permanently staffed until 5pm, so prisoners did not have to wait on vans to gain access, and few prisoners arrived later than 3pm.

## 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.**

- 1.5 Reception arrangements were good but sometimes took too long. Prisoners were treated well by reception staff. Prisoners were interviewed in private but some waited up to three hours to be processed. First night cells were clean but lacked adequate toilet screening. All new arrivals were able to use showers and telephones. Not all prisoners were suitably located in the first night/induction cells on the safer custody unit. Most prisoners said that they had felt safe on their first night. Induction arrangements were not satisfactory. The programme was not structured and monitoring was poor but most prisoners were positive about the amount of information received. The induction booklet was available in a range of languages.
- 1.6 On arrival, prisoners received a rubdown search and were required to sit on the body orifice security scanner (BOSS) chair before being located in a waiting room. More prisoners than at comparator prisons and than at the time of the previous inspection said that they had been

treated well or very well in reception (88% versus 70% and 79%) and we observed positive and helpful interactions.

- 1.7 The waiting room contained comfortable but well-worn furniture. Prisoners had access to some information in English only. An emergency call bell had been installed; however, prisoners who were not being seen by staff remained unsupervised and out of sight of staff.
- 1.8 The reception area was clean but stark, and adequate for the few movements in and out every week. Suitable meals and drinks were provided and prisoners were given a free three-minute telephone call.
- 1.9 The duty Listener met all new arrivals, offering support when required. Prisoners were seen individually, in private, to complete the reception process before being escorted to the safer custody unit (SCU) but some prisoners spent too long (up to three hours) in reception.
- 1.10 Since the previous inspection, managers had opted to close the first night/induction unit and care and separation unit. As a result, these separate and distinct functions had been located on B unit, renaming it the SCU; this consisted of a number of designated segregation cells, induction/first night cells and normal accommodation. All new arrivals were located on the SCU unless they required integrated drug treatment system care, in which case they went to F wing. The SCU's effectiveness and suitability as a first night and induction unit had not been evaluated. The unit was often noisy and staff had to manage the competing demands of segregated, new and induction prisoners (see main recommendation HP60). Some new arrivals were inappropriately located in designated segregation cells. However, most prisoners (93%), and more than at comparator prisons (83%), said that they had felt safe on their first night and this was similar to the percentage at the time of the previous inspection.
- 1.11 On arrival on the SCU, prisoners were met by staff and the induction orderly, who was also a trained Listener. They were given basic information about rules and routines and a comprehensive information booklet, which was available in a number of different languages. Unit staff routinely completed a first night risk assessment and ensured completion of the cell sharing risk assessments before location. New prisoners occupied double cells designed for one and, although they were clean and well prepared, none had adequate toilet screening (see also section on residential units and recommendation 2.10).
- 1.12 New arrivals, along with all other prisoners, were unlocked for evening association and had good access to telephones and showers.
- 1.13 Night staff could not quickly tell us where new arrivals were located.
- 1.14 Induction started on the day after arrival but arrangements were not satisfactory. In our survey, only 82% of prisoners, against the 93% comparator, said that they had been on an induction course. Prisoners were visited by staff from various departments and all were given the opportunity to visit the gym and education department. Prisoners were reasonably positive about the suitability of the information they were given. However, the process was not structured and the induction register was poorly maintained, with some large gaps from contributors, and we were not assured that all prisoners completed the required elements. A comprehensive induction booklet, in a range of languages, was provided.

## Recommendations

---

- 1.15 Prisoners should not be held in reception for long periods. (Repeated recommendation 1.23)
- 1.16 New prisoners should not be accommodated in designated segregation cells.
- 1.17 All prisoners should attend the induction programme, and completion should be monitored to ensure that all prisoners receive the required elements.

## Housekeeping point

---

- 1.18 Night staff should know the location of all new arrivals.

## Bullying and violence reduction

---

### Expected outcomes:

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

- 1.19 Fewer prisoners than at comparator prisons said that they had ever felt unsafe at the establishment. Levels of violence were low and assaults on prisoners and bullying incidents were below the average for comparator prisons. The violence reduction strategy was comprehensive and antisocial behaviour and bullying (ASB) procedures were well established, but entries in ASB booklets were generally perfunctory. Attendance at monthly safer custody meetings by key personnel was poor. Identification and monitoring of violence-related incidents was reasonably good but trend analysis was weak. Unexplained injuries were identified and routinely investigated.
- 1.20 The violence reduction strategy was comprehensive and complemented by an antisocial behaviour and bullying (ASB) policy, which was well publicised and known to prisoners. However, the results of the most recent anti-bullying survey (August 2011) had not been incorporated into the strategy. ASB procedures were explained to prisoners during induction and outlined in the induction booklet. In our groups, prisoners told us that the establishment took a proactive approach in tackling antisocial behaviour and bullying.
- 1.21 A weekly safer custody meeting considered those prisoners subject to ASB procedures and effectively reviewed violent and other safer custody-related incidents that had arisen during the previous week. A monthly meeting was more strategically focused and was regularly attended by Listeners and Samaritans but poorly attended by health services, security and SCU staff. Arrangements for the identification and monitoring of bullying and violence-related incidents were reasonably good but trend analysis was weak. The safer custody manager provided a monthly summary but there was little evidence (within the minutes or action plans) of identified action taken to address concerns.

- 1.22 Fewer prisoners than at comparator prisons said that they had ever felt unsafe at the establishment (25% versus 31%). Levels of violence were reasonably low, with 30 bullying incidents and 23 assaults on prisoners in the preceding six months. Both sets of figures were below the average at comparator prisons. Unexplained injuries were routinely and thoroughly investigated.
- 1.23 There was a four-stage procedure for dealing with perpetrators of bullying, depending on the severity of the incident. The first stage involved the opening of an ASB monitoring booklet, a property search and referral to an antisocial or bullying programme but there were no such programmes available and there was no evidence that searches were carried out.
- 1.24 There had been 47 booklets opened during 2011 and 20 in the year to date. Three were open at the time of the inspection. A sample of current and closed booklets showed generally perfunctory entries, with little evidence of perpetrators being challenged about their behaviour or constructive targets being set. There were no formal support procedures for victims.

## Recommendations

---

- 1.25 Information on violence-related incidents should be analysed for trends and should inform a time-bounded violence reduction action plan.
- 1.26 Interventions should be introduced for both the perpetrators and victims of bullying and these should be fully recorded. (Repeated recommendation 3.13 and 3.14)
- 1.27 Entries in antisocial behaviour and bullying booklets should evidence constructive interactions with prisoners and set meaningful targets for improved behaviour.

## Housekeeping point

---

- 1.28 The violence reduction strategy should be reviewed to include the most recent results from the anti-bullying survey and be consistently and fully applied.

## Self-harm and suicide

---

### Expected outcomes:

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

1.29 Self-harm and suicide arrangements were reasonably good. Levels of self-harm were lower than in similar prisons. There was a comprehensive policy document. A large amount of self-harm data was collected but there was little trend analysis. The quality of assessment, care in custody and teamwork (ACCT) documentation was reasonably good and quality assurance arrangements were thorough. The Listener scheme was effective.

- 1.30 There was a comprehensive and up-to-date policy document. Large amounts of self-harm data were collected and the safer custody manager provided a summary of incidents and data at the monthly safer custody meeting, although there was little trend analysis to inform action. For

example, there had been no investigation of why levels of self-harm on the SCU were disproportionately higher than in the rest of the prison.

- 1.31 There had been no self-inflicted deaths since the previous inspection but one death by natural causes in custody in March 2011. The resulting action plan had not been fully completed, with two action points well overdue and no reports on progress.
- 1.32 Self-harm incidents requiring treatment at an outside hospital were investigated thoroughly as 'near misses' and, where appropriate, action was taken as a result. There had been 14 such incidents since September 2010.
- 1.33 The number of incidents of self-harm in the six months before the inspection (29) was lower than at comparator prisons. At the time of the inspection there were three open ACCT documents and there had been 27 in the year to date, which was likely to extrapolate to an increase on the 47 documents opened in 2011.
- 1.34 The quality of ACCT documents was generally good. Attendance at reviews was reasonable and care planning evidenced meaningful targets, which were achieved. Night-time and early morning observations were no longer predictable, and the safer custody manager carried out a comprehensive quality audit of each closed ACCT document, copying unit managers and night managers into his findings.
- 1.35 There were 13 trained Listeners, who were based on different units across the prison, and access to them was good. The Listener suite was clean and comfortably furnished. There was a safer cell in the prison but it had not been used since the previous inspection and was located on the old induction unit, which was currently not in use. We, and staff we spoke to, were unsure about what would happen if a prisoner required the support of a safer cell.
- 1.36 A therapeutic pat dog, Hugo, had recently been introduced. Hugo belonged to a member of staff, who brought it into the prison on her days on duty. He spent time on the SCU and a prisoner was paid to look after him. We observed prisoners interacting with him and staff gave us examples of the positive effect he had on some prisoners, particularly those who had previously frequently self-harmed. The benefits of the scheme had yet to be evaluated but the signs were promising.

## Recommendation

---

- 1.37 Information relating to self-harm should be analysed for trends and action identified and taken.

## Housekeeping point

---

- 1.38 Procedures for the use of the safer cell should be published.

## Safeguarding (protection of adults at risk)

---

### Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.<sup>5</sup>

1.39 There was no safeguarding policy, safeguarding arrangements were not established and identification arrangements of adults at risk were not effective.

1.40 There was no specific safeguarding policy, no protocols established with social services to implement safeguarding procedures, and staff were not clear about their responsibilities.

1.41 There was a nurse lead for older people but the overall identification of prisoners with a physical or mental disability was not effective (see sections on equality and diversity, and health services).

### Recommendation

---

1.42 The director 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.

1.43 Security arrangements were generally proportionate. Closed visits were inappropriately applied in many cases. Dynamic security was reasonable. Insufficient attention was paid to the threat posed by traded prescription medication.

1.44 Security arrangements were generally proportionate and prisoners had good access around the site. The monthly security meeting was well structured but lacked attendance from some key areas of the prison, such as the health care and activities departments and offender management unit, as well as from senior residential managers. Analysis of the monthly average of around 300 security information reports (SIRs) was effective and used to structure the activity of the department, leading to a number of successful security operations and some good combined work with the police and nearby HMP Everthorpe. There was an appropriate focus on the ingress of illegal drugs and mobile telephones but, although some prescribed drugs issues were evident in SIRs, there was insufficient liaison between the security and health care departments to monitor and control the threat posed by prescribed medication (see

---

<sup>5</sup> We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).



section on pharmacy and recommendation 2.94). Most prisoners generally wore their own clothes and there was no requirement for additional identification 'bibs' to be worn on visits.

- 1.45 Illegal drug use was high. In our survey, 31% prisoners (in line with the comparator) said that it was easy or very easy to get drugs in the prison. The random mandatory drug testing (MDT) positive rate had reduced since the previous inspection but remained high, at almost 11%, and the completion rate of suspicion drug tests was poor, at only 25%. MDT arrangements were unsatisfactory, with testing being predictable and usually focused toward the end of the month.
- 1.46 Strip-searching was rare and generally carried out only when there was supporting security intelligence.
- 1.47 There were no banned visitors but 15 prisoners were subject to closed visits. In all but one case, the sanction had been inappropriately applied for non-visits-related activity. Closed visits were usually imposed for an initial 28-day period, although we saw some evidence of earlier removals of restrictions when the risk was deemed to have reduced.
- 1.48 Dynamic security was generally effective but tempered by a reluctance from some staff to challenge inappropriate behaviour (see section on staff-prisoner relationships).

## Recommendations

---

- 1.49 Attendance at the security committee should be reviewed, to include staff from key areas of the prison, and they should attend regularly.
- 1.50 All authorised suspicion tests should be completed.
- 1.51 Prisoners should not be placed on closed visits unless there is evidence or intelligence to suggest that they are involved in the trafficking of unauthorised items through visits. (Repeated recommendation 7.18)

## Incentives and earned privileges<sup>6</sup>

---

### Expected outcomes:

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

1.52 The incentives and earned privileges scheme was understood by staff and prisoners and promoted good behaviour. Around 70% of prisoners were on the enhanced or premium level but individual target setting for prisoners on the basic level was inadequate.

1.53 The incentives and earned privileges (IEP) system had been reviewed in October of 2011 and, with the removal of a fourth layer ('premium'), had been brought into line with the rest of the Prison Service. Prisoners who had been on the premium level at this point had retained their additional privileges on a mark-time basis.

---

<sup>6</sup> In the 2010 report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

- 1.54 In our groups, prisoners were clear about the advantages of the IEP system, and a high number of prisoners (around 70%) were on at least the enhanced level. The low levels of adjudications and violent incidents supported this high number, although we were not convinced that the use of IEP was always the first consideration in dealing with poor behaviour (see section on disciplinary procedures).
- 1.55 A blanket pay bonus was granted to all enhanced prisoners, regardless of their effort/achievement. This resulted in differing pay rates for prisoners undertaking the same job.
- 1.56 At the time of the inspection, there were seven prisoners on the basic level of the scheme and they could expect to remain there for at least 28 days. Weekly reviews were undertaken to assess behaviour but individual targets were generic and not sufficiently focused on individual behaviour.
- 1.57 Reviews and appeals were managed effectively and prisoners were informed in writing of the outcome.
- 1.58 Quality assurance was effective. Unit managers monitored the system and checked a sample of officer entries. Senior managers also carried out some observational data monitoring.

## Recommendation

---

- 1.59 **Prisoners should not receive different levels of pay for the same job.** (Repeated recommendation 7.65)

## Housekeeping point

---

- 1.60 Targets for prisoners on the basic level of the IEP scheme should be introduced, to improve behaviour.

## Discipline

---

### Expected outcomes:

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

- 1.61 The use of force and number of adjudications were low. There was no discrete segregation unit and too many prisoners were transferred to other prisons. Monitoring arrangements were underdeveloped.

## Disciplinary procedures

---

- 1.62 The number of adjudications had reduced over the previous two years and was low, at around 60 per month; the most frequent offences were unauthorised possession, disobeying lawful orders and threatening and abusive behaviour. The independent adjudicator attended monthly to hear the most serious charges. Hearings that we observed were conducted appropriately but prisoners were not given materials with which to make notes during hearings.

- 1.63 We considered that the IEP process could have been used for some behaviours before submitting a formal adjudication charge.
- 1.64 Governance was effective, with the director reviewing adjudications, and a regular quarterly standardisation meeting taking place, although the monitoring of patterns and trends was underdeveloped.

## Recommendation

---

- 1.65 **The adjudication review meeting should monitor any patterns or trends.** (Repeated recommendation 7.43)

## Housekeeping points

---

- 1.66 Prisoners should be given materials with which to make notes during hearings.
- 1.67 Use of the IEP system should be considered before the submission of governor's reports.

## The use of force

---

- 1.68 Although the use of force had recently increased, it remained low. Monitoring took place through several different forums but was not centrally reported, even through the use of force committee. As a consequence, it was difficult to gain an overall picture of use of force. Planned incidents were video-recorded and there was also the facility for the orderly officer to record spontaneous incidents using a 'bodycam' worn across the chest.
- 1.69 The quality of use of force paperwork was good but completed injury report forms (F213s) were not included in dossiers. Special accommodation use was relatively high, at five for the year to date, and had recently increased. Records of special accommodation use were incomplete and we were not convinced of the appropriateness of at least one usage, which appeared to have occurred as a preventative measure due the lack of a discrete segregation unit rather than as a last resort.

## Recommendation

---

- 1.70 **Special accommodation should only be used as a last resort, and records should be fully completed.**

## Housekeeping point

---

- 1.71 Fully completed injury to prisoner (F213) reports should accompany every use of force dossier.

## Segregation

---

- 1.72 The discrete segregation unit had closed in mid-2011 (see section on early days in custody). Since then, 12 cells had been designated as segregation cells on one side of the SCU. The only barrier between segregation and the rest of the wing was yellow tape on the floor, and we observed prisoners from the rest of the unit gaining access, and passing items, to prisoners who were deemed to be segregated (see main recommendation HP60).

- 1.73 Prisoners in our groups and those segregated during the inspection reported positively on their treatment on the unit. The segregation regime was minimal, although met statutory requirements. For most, there was no period of association, although the location on B unit enabled the prison to promote reintegration of prisoners segregated for their own protection; however, take-up was minimal. Most prisoners were located in segregation for their own interest; reintegration management plans for these prisoners were not initiated until they had been on the unit for 30 days and many were subsequently transferred to other prisons. There had, however, been some limited (eight prisoners) success in reintegrating prisoners onto B wing, although we could find no evidence of wider reintegration.
- 1.74 A total of 30 minutes' solo exercise a day was offered but many declined because of the open nature of the 'yard', where prisoners remained in full view of some cells on B and C units, the main exercise yard and the health care building. Many prisoners declined exercise due to the fear of threats and we also observed prisoners passing items to those on exercise through the fence and through cell windows (see main recommendation HP60). There were also recorded incidents of trafficking attempts during exercise, resulting in use of force. Access to reading material was poor; prisoners had to submit a request identifying the type of book they would like but there was no stock on the unit for them to choose from.
- 1.75 Segregated prisoners collected their meals individually from the servery and ate them in-cell. We did not see any evidence of prisoners (there for their own interest) electing to eat with other non-segregated prisoners.
- 1.76 Prisoners and staff told us that some segregation incidents had had a major effect on the rest of the unit, with delays and lock-ups prevalent whenever anyone caused a disturbance. There had been some protracted incidents which had resulted in long periods of lock-up on the unit. During the inspection we saw staff dealing with one incident but on this occasion, this did not lead to the locking down of the unit.
- 1.77 During our night visit, we heard and observed shouting and banging from the segregation cells that could be heard on both A and B units but staff failed to challenge the perpetrators. Prisoners we spoke to said that this was normal but that it did not usually go on all night (see also sections on residential units and staff-prisoner relationships).
- 1.78 Monitoring arrangements via the segregation monitoring and review group (SMARG) were limited and the establishment was unable to evidence the impact of the new segregation unit on the level or, reasons for segregation.
- 1.79 Not all staff identified to work on the unit had undergone assessment, care in custody and teamwork (ACCT), adjudication liaison or mental health awareness training.

## Recommendations

---

- 1.80 Prisoners held on the segregation unit for more than 72 hours should have a care and management plan and the reintegration planning for these prisoners should be developed to encourage a return to normal location.
- 1.81 The exercise facility for segregated prisoners should be reviewed to ensure an appropriate level of control and that prisoners feel safe while exercising.
- 1.82 Segregation staff should be up to date with (ACCT) training and receive additional training in order to fulfil this specialist role. (Repeated recommendation 7.49)

- 1.83 The segregation monitoring and review group (SMARG) monitoring should be developed to incorporate and analyse a wider range of data.

## Housekeeping point

---

- 1.84 Segregated prisoners should have direct access to a range of reading material.

## 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.**

- 1.85 Substance misuse services provided good support for those with drug problems; services for those with primary alcohol issues were less well developed, despite a considerable and increasing identified need.
- 1.86 The drug strategy was comprehensive and included a short section on alcohol. However, the drug strategy action plan was short and lacked detail.
- 1.87 Prisoners identified as receiving treatment for drug or alcohol addictions were provided with first night treatment following screening and testing. At the time of the inspection there were 64 prisoners receiving methadone. The integrated drug treatment system (IDTS) was well established, although there were too few nursing staff in post (see section on health services). Prescribing regimes were flexible, and reviewed regularly. Prisoners were involved in their care planning.
- 1.88 All prisoners with drug problems could access the substance misuse team one-to-one work, although in the case of those with alcohol-only problems the service was limited to lifers and indeterminate-sentenced prisoners only, despite considerable and increasing need across the whole population.
- 1.89 The substance misuse services were in the process of redevelopment and there were plans to introduce a programme of treatment for substance misuse, to include group work and the use of peer mentors, and to create a therapeutic community with step-down services. The redesign proposal had been well thought out, and most of the prisoners on the IDTS programme had recently been moved to F unit in readiness for the change. All the discipline staff on F unit had undertaken the Royal College of General Practitioners Part 1 certificate in the Management of Drug Misuse, which ensured that they had some understanding of the needs of prisoners in their care. However, at the time of the inspection the service was in transition and this had led to some prisoners finding that services were not fully meeting their needs.
- 1.90 Gym staff provided some activities for those with substance misuse issues, such as peer support gym sessions and a drug awareness through sport programme.
- 1.91 In our survey, one in 10 prisoners said that they had developed a problem with diverted medications while at the establishment but there was insufficient liaison between security and health services. Medication issues were not well managed (see section on pharmacy). A further one in 10 said that they had developed a problem with illegal drugs while at the establishment, yet secondary detoxification was not offered.

## Recommendation

---

- 1.92 There should be adequate services for all prisoners with alcohol issues.

## Housekeeping point

---

- 1.93 Prisoners who develop a drug addiction while at the establishment should be offered a detoxification regime.

## Good practice

---

- 1.94 *All the discipline staff on F unit had undertaken the Royal College of General Practitioners Part 1 certificate in the Management of Drug Misuse, which ensured that they had some understanding of the needs of prisoners in their care.*

## Section 2: Respect

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

### Residential units

---

#### Expected outcomes:

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

- 2.1 Communal areas and cells were generally clean. Toilets in some cells had insufficient screening. Access to showers was good and there was a refurbishment programme under way. Prisoners could wear their own clothes and there were sufficient laundry facilities.
- 2.2 The outside environment was pleasant and well maintained and communal areas were generally clean. Most cells were in a good state of repair. Over a third of prisoners were doubled up in single cells designed for one. All of these cells were inadequately furnished and cramped. Most double cells did not have lockable cabinets. The large designated double cells had separate toilet facilities, whereas some induction double cells on B unit had inadequate privacy screening for the toilet.
- 2.3 In our survey, 85% of respondents, against the comparator of 73%, said that they received cell cleaning materials every week and prisoners we spoke to on the units told us that they had no problem with keeping their cells clean. Most cells were clean and free from graffiti. There was no published offensive displays policy and staff we spoke to had different opinions of what was acceptable. We found offensive materials displayed in some cells.
- 2.4 A refurbishment programme for showers was under way. Two shower areas on A and B units were clean, private and suitable but the rest were in poor condition and inadequately screened. In our survey, 99% of respondents said that they could shower daily.
- 2.5 We noted some prisoners shouting out of cell windows without challenge, particularly at night and on A and B units, which was a concern as B unit housed the segregation and induction units. B unit was sometimes particularly noisy during the day and prisoners in our groups complained about the disruption caused by having the segregation unit there (see sections on early days in custody and staff–prisoner relationships, and recommendation 2.18).
- 2.6 Application forms were not readily available on the units and prisoners had to ask for them. Staff and prisoners understood the system but only a few general applications had been logged. The logs on all units showed that some dating back three or four months had not received a response.
- 2.7 There were sufficient telephones for the population and all had privacy hoods. In our survey, only 16% of respondents said that they had problems getting access to the telephones, which was better than the comparator (26%). There had been some price reductions in call costs since the previous inspection and costs were now closer to those charged in the community.

Mail was dealt with promptly and appropriately and few prisoners had problems with sending or receiving mail.

- 2.8 All prisoners could wear their own clothes, and all units had adequate laundry facilities. Prisoners could access the laundry through a rota system. There were adequate stocks of clothing and bedding for those who had insufficient of their own, although we saw few prisoners wearing prison clothing.

## Recommendations

---

- 2.9 Prisoners should not be required to live in cramped and overcrowded cells. Single cells should have single occupancy.
- 2.10 Toilet areas in double cells should be fully screened.
- 2.11 Lockable cupboards should be provided in all double cells, so that prisoners can secure their personal possessions.
- 2.12 An offensive display policy should be published and staff supported in implementing it. (Repeated recommendation 2.19)

## Housekeeping point

---

- 2.13 Prisoners should have free access to application forms and all should be logged. Responses should be recorded and followed up if not received within seven days.

## 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.

2.14 Staff interacted positively with prisoners and addressed them by their preferred names. However, relationships were mainly transactional, with little recorded in-depth knowledge of individual prisoners. Inappropriate behaviour was not always challenged. Prisoner council meetings had recently been introduced but prisoner representatives told us that progress was slow against identified issues.

2.15 Prisoners said that relationships with staff were generally positive and that they felt safe and treated with respect. Most said that they had an officer they could always turn to for support. In our survey, 84% of respondents said that most staff treated them with respect, which was better than the comparator of 75%.

2.16 We witnessed polite and respectful relationships in all areas of the prison, and staff addressed prisoners by their preferred names. During association, staff interacted with prisoners but mainly for transactional purposes, such as dealing with applications and requests. Inappropriate behaviour was not always challenged robustly (see section on residential units) and we observed some instances where staff backed away from confronting prisoners about poor behaviour. Recorded observations in P-Nomis and written records were generally



observational, with only a few examples demonstrating a good knowledge of prisoners' personal circumstances. Management checks were sporadic and did not address these issues.

- 2.17 There was a new prisoner consultation process (prisoner council meetings), supported by an external agency, User Voice. The development was promising but had yet to be effective. Prisoner attendance was good from a variety of different prisoner groups, and important and relevant issues were raised. Many prisoners however, said that they found it difficult to establish the outcomes to their concerns and felt that their issues were not addressed. Minutes were poor recording only dialogue, and not targets, proposals or completed actions. Other consultation took place with lifers and food representatives.

## Recommendations

---

- 2.18 Staff should challenge poor behaviour from prisoners.
- 2.19 There should be regular and thorough management checks of the personal officer scheme and of the regularity and quality of entries in the wing history sheets. (Repeated recommendation 2.40)

## Housekeeping point

---

- 2.20 The minutes of prisoner council meetings should clearly identify required actions and when they have been completed.

## Equality and diversity

---

### Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>7</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.21 There was a comprehensive diversity policy but governance was poor and the effectiveness of diversity provision was undermined by lack of management attention. Monitoring was underdeveloped but improving. There were few diversity complaints and investigation was generally sound. There was inadequate staff training in diversity. The perceptions of black and minority ethnic prisoners remained considerably worse than those of white prisoners across many areas. The identification of prisoners with disabilities was ineffective and many did not have assessments of their needs. There was no adapted accommodation but some reasonable adjustments had been made.

---

<sup>7</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

## Strategic management

---

- 2.22 There was a comprehensive equality policy which covered all protected characteristics. It incorporated both strategic and practical guidance for staff, managers and prisoners in each strand. Management structures were well designed, with residential managers given responsibility for each diversity strand and a full-time equality officer to support the operation of the policy.
- 2.23 Despite promising strategic structures, the management and leadership of diversity and equality was poor. Attendance at the bimonthly diversity committee was inadequate, there was no consistency of leadership and the managers responsible for each diversity strand did not attend or send representatives (see main recommendation HP61). An equality action plan addressed some aspects of implementation of the policy but there was little evidence of this being driven by the diversity committee. The full-time equality officer provided a good service within the limitations of the weak overall governance.
- 2.24 The monitoring of protected characteristics was being developed. Systematic monitoring and analysis of the race equality template (SMART) monitoring covered race and was reported monthly to the senior management team meeting, where it was analysed and action identified. The equality officer and responsible senior manager collected data about the representation of known prisoners by age, ethnicity, religion, marital status, disability and sexuality in important aspects of the regime, including violence reduction, drug use and discipline. This information was limited in its usefulness because of the poor identification of some characteristics (see section on protected characteristics) and lack of comparative data to show the expected range of representation.
- 2.25 There was an effective system for making complaints about unequal treatment through diversity incident report forms (DIRFs), and 14 had been received in the six months before the inspection, which was comparatively low. On some units, prisoners had to request forms from officers, which undermined their assurance in the confidentiality of the process.
- 2.26 Racist complaints were investigated thoroughly by the equality officer and quality checked by senior managers. We were told that an external equality organisation reviewed a sample of DIRFs when they visited the establishment but we did not see evidence of their comments or any report provided. There were no structured interventions for prisoners identified as perpetrators of discriminatory behaviour or those convicted of racially motivated offences.
- 2.27 There were nine prisoner diversity representatives, each with responsibility for a specific diversity strand, who attended the diversity committee. They were well known to prisoners and staff and on each unit they maintained a comprehensive information noticeboard. Representatives we spoke to told us that they felt well supported by the equality officer but that the diversity committee was ineffective.
- 2.28 The prison had marked some events which celebrated diversity, such as Black History Month, but there were no positive displays around the prison to portray the diversity of the population.
- 2.29 Efforts had been made to engage with prisoner groups with different protected characteristics but the prisoner forums offered had been poorly attended. As a result, a general diversity forum had been established but this was not sufficiently focused and remained poorly attended.

- 2.30 Diversity training for staff, consisting of a one-day programme covering cultural awareness, had been introduced but only half the staff group had attended.

## Recommendations

---

- 2.31 **Equality of treatment and access should be monitored for all diversity strands and appropriate action taken to rectify any inequalities.** (Repeated recommendation 4.7)
- 2.32 **The focus of prisoner diversity consultative forums should be improved and attendance encouraged.**
- 2.33 **All staff should receive diversity training that covers all strands of diversity.** (Repeated recommendation 4.29)

## Housekeeping points

---

- 2.34 External scrutiny of diversity incident report forms should be recorded and reported to the diversity committee.
- 2.35 There should be displays around the prison which positively reflect the diversity of the population.

## Protected characteristics

---

- 2.36 There were 57 prisoners identified as being from a black and minority ethnic background, representing 16% of the population. In our survey, black and minority ethnic prisoners reported more negatively than their white counterparts on important aspects of their treatment, including respect from staff and access to the regime (see main recommendation HP61). These perceptions had persisted since the previous inspection. There were good processes for identifying prisoners with a history of racist behaviour, and the equality officer ensured that this information was shared appropriately.
- 2.37 There were six prisoners from a Gypsy/Traveller background known to the equality officer and there was a prisoner representative with responsibility for their needs. The chaplaincy had offered to meet them as a group but a regular forum had not been established.
- 2.38 At the time of the inspection, there were nine foreign national prisoners, none of whom had difficulties in understanding or reading English. None was being held beyond the end of their sentence awaiting deportation. The prison held translated information for when it was required and had access to professional interpreting services but there was no list of staff and prisoners who could assist with informal interpreting.
- 2.39 There was a prisoner equality representative with responsibility for foreign national prisoners but there was no system of interviewing foreign national prisoners on arrival to assess their needs and inform them of services available. The prisoner representative had information about legal services and independent advice organisations.
- 2.40 Immigration matters were well managed by a foreign nationals clerk, who liaised with the UK Border Agency (UKBA). UKBA visited the prison irregularly to offer prisoners the opportunity to discuss their immigration status. There was good support for maintaining contact with families and friends abroad through telephone and mail contact.

- 2.41 There were 222 prisoners who had declared a religion, of whom 170 were Christian, 36 Muslim and 12 Buddhist. The monitoring of representation in the regime by religion was being developed (see section on strategic management) but the training of staff in awareness of different faiths was minimal.
- 2.42 The identification of prisoners with disabilities was dependent on the health care interview in reception and was not effective. The prison listed just six such prisoners requiring support but in our survey 11% of respondents perceived themselves to have a disability, equivalent to 35 prisoners. When prisoners with disabilities were identified, detailed support plans and evacuation procedures were prepared by health services staff, the equality officer and the health and safety officer. However, during the inspection we met a prisoner who required a walking frame, another who was almost totally deaf and depended on lip reading, and another with severe arthritis who had been registered as disabled in the community. None of these appeared on the prison's register so there were no support plans or emergency evacuation plans prepared for them.
- 2.43 There were no dedicated cells adapted for use by prisoners with disabilities but we saw adjustments made to accommodation and showers for prisoners with mobility difficulties. In common with other prisoners, those with disabilities were unlocked during the day but activities available for them were limited.
- 2.44 There were no prisoners over retirement age and only 17 over the age of 50.
- 2.45 Although in our survey 2% of respondents identified as gay or bisexual, they were not known to the equality officer. A gay prisoner representative had recently left the prison and he had made links with community gay support organisations, which remained available. There were no transgender prisoners at the time of the inspection but the prison had protocols for providing support for such prisoners.

## Recommendations

---

- 2.46 A regular meeting for Gypsy/Traveller prisoners should be established.
- 2.47 The circumstances and needs of foreign national prisoners should be assessed on arrival and the services available should be explained to them.
- 2.48 Faith awareness training should be delivered to staff. (Repeated recommendation 4.39)
- 2.49 Prisoners with a disability should be reliably identified at any point in their stay at the establishment and a formal plan devised for their care which should be shared with staff. (Repeated recommendation 4.61)
- 2.50 In-cell and location-based activities should be organised for prisoners who cannot access work because of their disability and for those who are retired. (Repeated recommendation 4.62)

## 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.

- 2.51 Corporate worship and individual meetings were provided for all prisoners and there was good access to the chaplaincy. Facilities were good and there was a full programme of faith development, personal counselling and a victim awareness programme available. Links had been developed with community Christian groups but not other faith groups.
- 2.52 There was a chaplaincy team, supported by visiting chaplains, which covered all faiths represented in the prison population. Corporate worship for all faiths was available without the need for application and was timed to avoid clashes with other activities. Segregated prisoners could attend corporate worship; if they declined, a faith leader visited them.
- 2.53 In our survey, more prisoners than at comparator prisons said that they had met a chaplain on arrival (67% versus 50%) and that they had access to a faith leader in private when required (70% versus 59%).
- 2.54 Facilities for worship were good, with a large room which accommodated both Christian and Muslim worship. Other rooms were available for small groups and individual prayer.
- 2.55 Chaplains were fully involved in the life of the prison. Activities were held across the prison to celebrate religious festivals. A wide range of faith development classes and a victim awareness programme were delivered. Personal and bereavement counselling were provided.
- 2.56 There was no community chaplaincy but Christian groups came into the prison to lead worship on alternate Sundays and links had been made with community churches for prisoners being released. Similar links with other faith communities had not been developed.

## Recommendation

---

- 2.57 Links should be established with community groups for faiths other than Christianity.

## 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.

- 2.58 Complaint forms were readily available. They were logged and monitored for timeliness. There was no further monitoring or analysis and no quality assurance routinely undertaken.
- 2.59 Complaint forms were readily available, and complaints were logged. In our survey, 38% of prisoners said that complaints were dealt with fairly, which was similar to the comparator, and 53% that they were dealt with quickly, which was better than the 39% comparator. In our groups, prisoners reported limited confidence in the system and difficulties in getting a response.
- 2.60 The responses to complaints that we sampled were generally legible and polite. However, we found too many complaints for which insufficient enquiry had been made into the matters

raised and responses had not answered the questions posed. Some prisoners had to submit numerous complaints before a final response was received, leading to delays.

- 2.61 Monitoring of complaints by the prison was limited to timeliness against the key performance target. Just before the inspection, some quality assurance had been done by the National Offender Management Service (NOMS) controller, who had produced a detailed report on all complaints for the previous six months. This had yet to be discussed or action taken on issues raised.

## Recommendation

---

- 2.62 An effective quality assurance should be developed and complaints should be analysed for trends and patterns and appropriate action taken.

## 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.

- 2.63 There was a trained legal services officer. Legal visits were available each weekday. Prisoners had good access to legal information in the library.

- 2.64 A trained legal services officer was available. The main reason for requests for assistance was from appellants.

- 2.65 Legal visits were available every weekday, with two private rooms available. Prisoners could make an application to contact their solicitor by telephone during the day.

- 2.66 Prisoners had access to information about solicitors and could use the internet to search for legal representatives in the library. Basic legal information and books, and Prison Service Orders and Instructions were also available

## Health services

---

### Expected outcomes:

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

- 2.67 The recent change in the health service provider had resulted in staff shortages and a considerable reduction in services. The number of formal complaints about health care was high. Prisoners waited too long to see the doctor and dentist. No lifelong condition clinics were run, and there were no care plans for those with ongoing health needs. Pharmacy services were unsatisfactory with a supply-only service. There was a lack of policies, evidence of secondary dispensing and some evening medications were given too early, especially at

weekends. Primary mental health nurses had limited time to see patients and there were no counselling services available. There was a lack of proactive referral to the secondary mental health team and they did not seek out patients who had been under their care in other prisons.

## Governance arrangements

---

- 2.68 Primary health services were commissioned as part of the overall contract for the prison, which meant that there was little external scrutiny of the services. They were provided by G4S Integrated Services (G4SIS), which had taken over the service from the previous provider at the beginning of 2012. Several nursing staff had left and, although there was active recruitment at the time of the inspection, following a staffing and skill mix review, there were considerable staff shortages and high use of agency staff. G4SIS managers had undertaken a health needs assessment in 2010 and had reviewed it in 2012 to identify priorities. However, at the time of the inspection there was little evidence of the priorities being addressed.
- 2.69 There was a partnership board that met quarterly, attended by representatives from NHS East Riding of Yorkshire but not from Humber NHS Foundation Trust, which provided secondary mental health services.
- 2.70 G4SIS had a clinical governance structure that included performance monitoring. Serious incidents were investigated by senior managers. There had been minimal continuing professional development and training during recent months due to staff shortages, although all staff were up to date with resuscitation training. Appraisals had not occurred and clinical supervision was ad hoc and informal.
- 2.71 There were consent forms for the sharing of patients' clinical information with prison staff but there was no formal information-sharing protocol between G4SIS and Humber NHS Foundation Trust. Mental health staff were unaware of their responsibilities to provide performance management information to G4SIS.
- 2.72 Resuscitation equipment was available in the health care department. This was sealed, and checked only after it had been used; there were also 'grab bags' on the units. The defibrillator in the department was checked daily but we found the pads to be eight months out of date. The defibrillators on the units, which were the responsibility of prison managers, were not checked.
- 2.73 The health care department environment was stark and drab; clinical rooms were reasonable, but the waiting room was poor. There were attractive health promotion displays in the corridors but not the waiting room or the prison units.
- 2.74 The senior nurse took the lead for older people but there were no specific services for them. Health services staff liaised with the health and safety officer, who could obtain aids to daily living if required, but we found several prisoners who had not had their specific needs identified or met (see section on equality and diversity).
- 2.75 In our survey, less than a third of prisoners rated the overall quality of health care as good, which was worse than at comparator prisons and than at the time of the previous inspection. Prisoners told us of their frustration at the time it took to have their individual issues identified, although once they were known to health services staff they spoke of reasonable care and treatment. The number of formal complaints about health care was high and responses took too long (see main recommendation HP62).

## Recommendation

---

- 2.76 There should be information-sharing protocols between G4S Integrated Services and Humber NHS Foundation Trust, as well as a clear agreement about what performance-monitoring information is required.

## Housekeeping point

---

- 2.77 The expiry dates of all equipment should be noted during regular checks and action taken to replace expired items.

## Delivery of care (physical health)

---

- 2.78 On arrival at the establishment, prisoners had a full health screening. However, we noted that not all issues that were identified were then referred on appropriately or followed up.
- 2.79 Prisoners could apply to see the doctor directly; however, they had to wait two weeks for a non-urgent appointment (see main recommendation HP62). All other requests were triaged by a nurse. Various allied health professionals, such as a chiropodist and an optician, attended the establishment regularly and cleared their respective waiting lists on each visit.
- 2.80 There were no lifelong condition nurse-led clinics and no care plans for patients with ongoing health needs such as leg ulcers (see main recommendation HP62), although those with the latter were seen regularly.
- 2.81 There was a good service for prisoners with blood-borne viruses. A genitourinary medicine service was also offered and a separate service for Chlamydia screening was carried out quarterly. Prisoners could obtain barrier protection.
- 2.82 Smoking cessation services were provided by the local primary care trust. All patients were seen individually and there was a waiting list of 34 patients, with the longest wait being nearly four months.

## Recommendation

---

- 2.83 All health care issues identified on reception should be rigorously followed up.

## Pharmacy

---

- 2.84 The pharmacy service, provided from HMP Everthorpe, was a supply-only service and prisoners could not see a pharmacist. The legal authority for the supply of medicines from HMP Everthorpe was not clear.
- 2.85 In our survey, 42% of prisoners said that they were on prescribed medication, of whom 88% had it in possession. There was an in-possession policy. Risk assessments were carried out by nursing staff and apparently reviewed by the doctor. However, the assessment was only carried out on the first occasion that prisoners were prescribed medications and was not reviewed, even if the mode of administration of medications was subsequently changed. We also found some patients who were receiving medications but had not had a risk assessment.



- 2.86 In our survey, almost 10% of respondents said that they had developed a problem with diverted medications while at the establishment, which was worse than in comparator prisons. There was an increasing number of patients on tramadol, gabapentin and pregabalin, all of which were liable to abuse. Some patients were on pregabalin and methadone, despite this being against G4S guidance. We were told that such patients were reviewed by the doctor but found little documentary evidence to support this.
- 2.87 There was a policy and system for undertaking 'spot checks' of prisoners who held their medications in possession but such checks were rarely undertaken. We noted that, in the previous four months, four of the six checks had revealed discrepancies in medication stocks held by the individual, including medications liable to abuse. None had been reported to the security department and some medications had been stopped abruptly but then reinstated, in possession, several weeks later.
- 2.88 Apart from the morning methadone supply, medicines were supplied three times daily from the health care block. Prisoners signed the prescription chart to confirm that they had received their medication but many did not have anywhere to store their medications securely.
- 2.89 We saw many opportunities for prisoners to divert medications at treatment times, due to poor observation by discipline staff. During one afternoon session, we spoke to prisoners in the medication queue who blatantly told us that they did not have any medications to collect but had come *'to see my mates'*.
- 2.90 Medications were dispensed for individual patients. Most medications were in boxes but daily in-possession medications were in Henley bags and we found some medications which had been put into bags from stock by nursing staff, which constituted secondary dispensing. There were few other stock medicines; however, there were no agreed stock levels, and there was no agreed stock. No audits of stock were undertaken.
- 2.91 Prescriptions were faxed to the pharmacy and medicines were generally received the following day, although prisoners told us of long waits for repeat medications. There was no audit of the faxed prescriptions. There was no formulary or 'special sick' policy, and there were no patient group directions.
- 2.92 A medicines and therapeutics committee had met for the first time in April 2012. There had been no formal agenda. There were no reviews of medicines and there was no monitoring of prescribing trends.

## Recommendations

---

- 2.93 Risk assessments for medications should be robust and contemporaneous.
- 2.94 Health services staff should liaise closely with security staff to ensure the safe management of medications liable to abuse.
- 2.95 There should be a medicines and therapeutics committee and clear policies for all aspects of medicines management.

## Housekeeping point

---

- 2.96 Prisoners should be able to store medications securely.

## Dentistry

---

- 2.97 A dentist provided one session a week, with support from a hygienist for one session a week and a dental nurse session to triage applications. The dental suite met essential guidance for infection control but there was no separate area for the disinfection of instruments. The X-ray machine had been condemned; this meant that the dentist had a growing waiting list of patients who required an X-ray before treatment could be planned.
- 2.98 Prisoners told us that there were long waits to see the dentist. The wait for a routine appointment was approximately three months, although urgent cases could be seen within a week (see main recommendation HP62).

## Recommendation

---

- 2.99 **The X-ray machine should be repaired or replaced immediately, to ensure that patient treatments are not delayed.**

## Delivery of care (mental health)

---

- 2.100 Prisoners with primary mental health issues were not well served at the time of the inspection. Although there were registered mental health nurses within the G4SIS team, they had little time to see patients on their caseload. There were no group sessions on offer and counselling was not available, except via the chaplaincy team (see section on faith and religious activity).
- 2.101 Secondary mental health services were provided by Humber NHS Foundation Trust, which also provided services to HMPs Hull and Everthorpe. Their staff were present at the establishment for two half-days each week; the consultant psychiatrist visited once a month. The service was described as community-style mental health services, and prisoners were referred by G4SIS staff. Staff did not have criteria for accepting prisoners onto the caseload. At the time of the inspection, the team were caring for nine patients; however, we found several prisoners who had been known to the team in their previous establishment but who had not been referred or actively sought out by the team for continuing care.
- 2.102 The staff appeared to visit all prisoners in pairs; the rationale for this practice was not clear to us and it potentially reduced the time available for patient contact.
- 2.103 The team completed a comprehensive assessment of prisoners with severe and enduring mental health problems. However, they did not share their information effectively and patient records were incomplete because of this. Prisoners were given appropriate input to address identified needs, which were coordinated under the care programme approach.
- 2.104 At the time of the inspection, one prisoner was waiting for an assessment for transfer to a secure NHS mental health bed. He had experienced an unacceptable delay because the in-reach staff were experiencing difficulties in identifying his original place of residency. The lack of effective communication between their team, the primary health services team and the prison had contributed to these difficulties.
- 2.105 The in-reach team had delivered a training package for custody staff on various occasions over the years but too few custody staff remained that had received awareness training.

## Recommendations

---

- 2.106 Primary mental health services should include appropriate therapies and guided self-help for people with mild-to-moderate mental health problems.
- 2.107 All prisoners with severe and enduring mental health needs should be referred to the secondary mental health team for ongoing care and monitoring.
- 2.108 Prisoners who require secure NHS mental health care should be assessed and transferred expeditiously.

## 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.

- 2.109 The quality and quantity of food were reasonable. Catering areas were in good order. The use of separate utensils for handling halal food was not always enforced.
- 2.110 Prisoners in our groups were negative about the quality and quantity of food. In our survey, only 27% of respondents said that the food was good or very good, which was a considerable deterioration from the 38% at the time of the previous inspection.
- 2.111 The food we saw was of sufficient quality and quantity, and the four-week menu provided a good choice of diet. Most prisoners dined in association and prisoners also had limited opportunity to cater for themselves, with grills and microwaves being available in most serveries. Meals were served at appropriate times, although breakfast packs continued to be issued on the day before consumption.
- 2.112 Food preparation and serving areas were in good order and usually cleaned but the limited evening association period meant that self-catering areas were left untidy overnight and were not cleaned until the following morning. We observed prisoners inappropriately dressed to serve meals, and the use of separate utensils for handling halal food was not always enforced.
- 2.113 A wide range of qualifications were available to prisoners working in the kitchen and some had progressed to become National Vocational Qualification assessors.

## Recommendations

---

- 2.114 Breakfast packs should be issued on the day of consumption.
- 2.115 Prisoners working on the serveries should be equipped with suitable clothing.  
(Repeated recommendation 8.12)
- 2.116 The use of separate utensils for halal food should be enforced.

# 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 There was an on-site shop provider but newly arrived prisoners could still wait up to 10 days to receive a full shop order. Prisoners could purchase items from a range of catalogues. Consultation arrangements with prisoners on shop issues had only recently started.

2.118 Prisoners we spoke to were dissatisfied with the price of goods in the prison shop.

2.119 Despite having the shop provider on-site, newly arrived prisoners could wait up to 10 days to place a full shop order. Access to catalogues for specialist items was good. There was no specific shop consultation group or prisoner survey but the shop had recently been added as an agenda item to the bimonthly catering committee meeting, which was attended by the shop manager (from Aramark).

## Recommendation

---

2.120 Prisoners should be able to place a shop order on the day after reception.

## Housekeeping point

---

2.121 Prisoners should be routinely consulted about the shop and the items available to them. (Repeated recommendation 8.26)

## Section 3: Purposeful activity

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

### Time out of cell

---

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.<sup>8</sup>

- 3.1 Prisoners experienced a reasonable amount of time unlocked but too many were not usefully employed. Association was rarely cancelled and was appropriately supervised. Outdoor exercise sessions were too short.
- 3.2 In our survey, more prisoners than at comparator prisoners said that they spent more than 10 hours of their cells per day (21% versus 14%). The core day provided for eight hours and 50 minutes unlocked per day, which was the amount that all prisoners, except those few on restricted regimes, experienced.
- 3.3 During our roll checks, all prisoners were unlocked but up to 30% of prisoners were not involved in any purposeful work (see section on learning and skills and work activities). This included those who were not allocated to an activity, those not required at work and those kept back for an appointment. During the day, prisoners could not use recreational facilities but could take a shower or make a telephone call.
- 3.4 Association was provided reliably every evening, although it finished early, at 6.50pm. The sessions we observed were well supervised and staff interacted appropriately with prisoners.
- 3.5 Outdoor exercise was limited to 30 minutes in the mornings on weekdays but in our survey 56% of prisoners said that they went on exercise three or more times a week, which was better than the 50% comparator. The exercise area was large and reasonably clean, and seating was provided. The exercise area for segregated prisoners was overlooked, which discouraged some from participating (see section on segregation).

### Recommendation

---

- 3.6 Prisoners should be offered at least one hour of outdoor exercise daily.

---

<sup>8</sup> Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

# Learning and skills and work activities

---

## Expected outcomes:

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

3.7 The leadership and management of learning and skills were generally satisfactory but learning and work was not given a sufficiently high priority across the prison. The prison had sufficient activity places for all prisoners but too few prisoners attended and there were insufficient vocational and work places provided. Few education, training and work places were of a sufficiently high quality to engage prisoners and develop their skills. Only 12% of the population were working towards nationally recognised vocational qualifications. Teaching and learning in the education department were generally good and training in vocational areas was satisfactory. There were some good work activities for a few prisoners in technology-related workshops. The prison did not provide literacy and numeracy support in the workshops. Sessions during the core day were regularly interrupted by prisoners undertaking other activities, including PE. The small library provided a good service, although it included few resources to support the curriculum.

## Management of learning and skills and work

---

- 3.8 The leadership and management of learning and skills were satisfactory. At the time of the inspection the prison was facing considerable change and uncertainties in funding. A number of developments depended on the partnerships that the prison had established, many of which effectively provided additional resources. Formal communications within the education department and between the department and other areas of the prison were not always clearly structured or well established. As a consequence, some activities for prisoners were repeated and teachers did not always know which learners to expect in their classes. Learning and skills interventions were included in sentence plans but the management of their sequencing with other interventions was largely informal.
- 3.9 Managers in education had implemented a wide range of quality assurance and improvement arrangements, including an effective system for the observation of teaching and learning. The self-assessment report for learning and skills described the positive features of individual programme areas but the strengths identified in learners' outcomes were not supported by sufficiently complete data. The report did not identify some key areas for improvement.
- 3.10 The learning and skills strategy was not informed by a comprehensive needs analysis. It was supported by an operational plan but this plan included few numerical or quantifiable targets against which to measure progress and it made no mention of the impact of resource constraints. An additional and more easily monitored plan was attached to the self-assessment report. However, at the time of the inspection the prison had made insufficient or no progress against some actions – for example, the establishment of a comprehensive information advice and guidance service for prisoners.
- 3.11 Relationships between prisoners and staff in learning and skills were respectful and supportive.

## Recommendations

---

- 3.12 Formal systems of communication that impact on learning and skills should be reviewed and improved.
- 3.13 The quality improvement system should be further developed to make better use of data and to share good practice.

## Provision of activities

---

- 3.14 The prison provided 360 full-time-equivalent activity places. There were 136 places in education and approximately 50 wing cleaners. Other work opportunities included the kitchens, gardens, recycling, electrical assembly work and high quality market research and computer based work in Summit and Creative iMedia. However, there remained insufficient work or vocational activities for the population and what was available was not always sufficient to fill the working day (see main recommendation HP63).
- 3.15 Prisoners were appropriately allocated to work using information from sentence planning, prisoners' preferences and security clearance. Skills for life needs were assessed and taken into account when allocating activities. Waiting lists were reasonable but longer for areas where pay was higher, such as the kitchens and the shop. However, too many (approximately 50) prisoners were awaiting placement, unemployed or sacked and this situation was exacerbated by prisoners not attending work and not being challenged by staff. We observed prisoners on the wings who claimed that they were not required for work, and prisoners waiting for appointments, not returning to work following appointments and those who had just decided not to attend work. Too often, other activities (including recreational PE) and appointments were permitted to clash with learning and work and take priority (see main recommendation HP63).
- 3.16 There were only 42 prisoners (12% of the population) working towards a nationally recognised vocational training qualification as part of their work or vocational training. In addition, approximately 25 prisoners were on vocationally related distance learning programmes. Level 1 literacy and numeracy was a prerequisite for allocation to workshops and vocational training, but no further literacy, numeracy or English for speakers of other languages (ESOL) support was available in work areas.
- 3.17 The education department offered a wide range of courses from entry level to level 4, with opportunities in some areas to progress to a degree. Staff placed an appropriate emphasis on employment and self-employment in subjects such as ceramics. A range of distance learning courses, including Open University, was offered and a number of prisoners had completed a degree while in prison. However, some education programmes were insufficiently challenging.

## Recommendation

---

- 3.18 Outreach skills-for-life support for prisoners at work or on training courses should be provided.

## Quality of provision

---

- 3.19 Learning and skills induction was generally satisfactory and prisoners were involved in organising and delivering the programme. However, as the administrator had no access to

records of prisoners' achievements, many had to retake their initial assessment. The prison did not provide individual advice and guidance interviews during induction.

- 3.20 Teaching and learning were generally good, matching the prison's own observation grades. In most lessons, enthusiastic teachers ensured that learners worked well and made progress. Tutors planned individual learning effectively. Many prisoners were encouraged to improve their literacy and numeracy skills in order to complete their project. However, in a minority of sessions a few learners were not sufficiently challenged to work hard or make progress.
- 3.21 To improve the planning, monitoring and recording of individualised learning, the prison had introduced an electronic individual learning plan (ILP). This was used well in some areas to help learners to manage their accredited work. However, the ILP did not record the improvements that prisoners made in their personal and employment-related skills.
- 3.22 Tutors provided good support, and arrangements were effective for the large number of learners on Open University and distance learning programmes.
- 3.23 Work and vocational training were delivered satisfactorily by G4S officers, enabling prisoners to develop good work skills and improve their knowledge and understanding. Most prisoners enjoyed their work, much of which was purposeful and met their needs, although some, such as wing cleaning, did not occupy them for the full working day.
- 3.24 A private company, Summit, provided good work and training for up to 25 prisoners in a real working environment. Prisoners carried out detailed marketing-related research for high-profile companies using closely monitored internet and telephone access. Although the prison had few links with employers (see also section on resettlement pathways), prisoners working for Summit could apply to work there on release and several had been successful. The education department had set up a business, Creative iMedia, which trained and employed up to eight prisoners in creating computer-based products such as websites, animated programmes and video productions for business customers. This work was about to be expanded into new and larger premises.
- 3.25 Some vocational training areas were not in use at the time of the inspection. An electrical installation course that had provided training and useful electrical qualifications was not operating due to long-term staff sickness. The prison was in the process of appointing a replacement tutor.

## Recommendations

---

- 3.26 Prisoners should have access to information, advice and guidance at appropriate points in their sentence.
- 3.27 The use of systems to plan, monitor and record individualised learning should be further improved.
- 3.28 The electrical installations course should be reinstated.

## Education and vocational achievements

---

- 3.29 In education classes, most learners who were entered for a qualification achieved it and pass rates were generally above 90%. Exceptionally, pass rates for level 2 literacy and numeracy



were lower, at 79%. However, the prison did not have sufficiently robust data to analyse success rates and did not account for learners who failed to complete their course.

- 3.30 Learners enjoyed their lessons, and much of their work was good, and some very good. The standards in ceramics were particularly high and some learners working in Creative iMedia classes produced work of a commercial standard.
- 3.31 In vocational training the achievement of qualifications was satisfactory in catering, horticulture, manufacturing, customer service, business administration and warehousing. Prisoners enjoyed their work and training courses. The number of vocational qualifications achieved in PE and industrial cleaning was low.
- 3.32 For those who did attend learning and work, punctuality and attendance were satisfactory.

## Recommendation

---

- 3.33 **The reasons for lower pass rates in level 2 numeracy and literacy should be identified and addressed.**

## Library

---

- 3.34 The library was small but contained a wide choice of fiction and non-fiction books. The stock included a satisfactory variety of newspapers and periodicals, audio books and easy readers. The librarian had established a useful external loan system and could provide on-demand specialist materials, including books in foreign languages. However, formal links with education and training staff were not well established and the library had few books to support the taught curriculum. The two computers there were dated and could only run a limited range of software.
- 3.35 The library was open six days a week, including three evenings and Sunday mornings, and access for most prisoners was good. However, as prisoners were required to stay for 30 minutes, the library could sometimes become overcrowded and potentially difficult to manage.
- 3.36 The library contained a number of engaging displays to encourage reading and research. It hosted reading-related activities, which had included a writer in residence. The library staff had carried out a user survey and had acted on the feedback to improve the service, responding, where appropriate, to individual requests.

## Recommendation

---

- 3.37 **Formal links between library and education and training staff should be improved, to ensure that the stock better reflects the needs of the curriculum.**

## Housekeeping point

---

- 3.38 The management of the flow of prisoners through the library should be improved, to ensure the best use of the facility.

# 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.

- 3.39 The promotion and understanding of healthy living and personal fitness was satisfactory. All prisoners had regular access to recreational PE. However, this took place during the core day and interrupted other work, training and education activities. There were no changing or showering facilities available in the PE area. There were insufficient accredited vocational courses offered.
- 3.40 Health, well-being and personal fitness formed part of prisoners' induction to the gym. Prisoners were referred by health services staff or the drugs treatment service to complete programmes to meet their specific health needs.
- 3.41 The gym offered four sessions for prisoners aged over 40 which provided lighter exercise opportunities for this age group. Prisoners had good access to PE facilities during the day and 80% of prisoners accessed the gym facilities. However, attendance during the core working day disrupted work, training and education sessions, running counter to normal work expectations (see main recommendation HP63).
- 3.42 Staff provided a variety of indoor activities in the large gym. However, there remained no outdoor sports facilities. The gym contained a small room with a range of cardiovascular resistance training equipment and free weights that were popular with prisoners. The gym had no changing room or showering facilities and prisoners did not always have the opportunity to shower on their wings before being locked up.
- 3.43 PE staff were suitably qualified and experienced. The number of prisoners taking accredited vocational qualifications had not increased and was too low but the prison had recently secured the necessary funding to provide further courses, and staff were in the process of gaining the relevant qualifications to assess the planned courses.

## Recommendations

---

- 3.44 More suitable arrangements for prisoners to change and to shower following a PE session should be provided.
- 3.45 More vocational PE qualifications should be offered to prisoners wanting to work in the leisure and fitness industry.

## Section 4: Resettlement

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

### Strategic management of resettlement

---

Expected outcomes:

**Planning for a prisoner's release or transfer starts on their arrival at the prison. Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need. Good planning ensures a seamless transition into the community.**

- 4.1 The reducing reoffending work was disjointed and not backed up by a comprehensive strategy. A resettlement strategy mapped out the seven pathways but was not supported by a clear, specific action plan or informed by a robust needs analysis. Layered offender management had produced a more seamless service. However, gaps in resettlement provision persisted and had been heightened by a reduction in involvement by community-based resettlement agencies. There was no formalised strategy to develop release on temporary licence. The prisoner orderlies in the resettlement team provided high-quality support and advice but did not have access to formal training. Evaluation of outcomes was underdeveloped.
- 4.2 There was no comprehensive reducing reoffending strategy, leading to a disjointed approach to resettlement. The resettlement strategy had been updated earlier in 2012 and continued to cover the seven pathways, identifying lead managers and objectives for the year. However, it was not well enough informed by a needs analysis. A needs analysis had been undertaken but it was not robust, over-relying on small-scale surveys of a proportion of the population and neglecting diversity issues and the specific characteristics of different groups of prisoners. Little attention had been given to evaluating the outcomes of resettlement services to inform future developments.
- 4.3 Governance of the resettlement pathways was in place but limited due to the lack of specific action plans to monitor and track milestones and hold individuals to account. Links between resettlement and offender management were underdeveloped. We were told that the quarterly resettlement meeting was not effective enough and led to frustrations due to a lack of action to make improvements.
- 4.4 Some gaps in reducing reoffending had persisted since the previous inspection. There continued to be a lack of offending behaviour programmes to tackle alcohol misuse and domestic violence (see also section on attitudes, thinking and behaviour). In addition, there had been a considerable reduction over the previous couple of years in the number and type of community and voluntary agencies providing resettlement services, limiting the amount of support and guidance provided.
- 4.5 There was no formalised strategy to develop release on temporary licence (ROTL). At the time of the inspection only one prisoner was accessing ROTL to work in the prison gardens. The two community work placements available at the time of the previous inspection had since been lost and not replaced. There was no monitoring of applications for ROTL to demonstrate demand.

- 4.6 Offender supervisors had not attended the national training but had developed an adequate understanding of risk of serious harm. The introduction of layered offender management over the previous two years had promoted a more seamless service, with offender supervisors managing all aspects of a prisoner's sentence. The two prisoner orderlies worked as assistants in the resettlement team and provided high-quality support and advice to a large number of prisoners. However, they did not receive formal training and could not gain a recognised qualification from their work.

## Recommendations

---

- 4.7 A robust needs analysis, using data from a variety of sources, should be undertaken and used to inform a comprehensive reducing reoffending strategy.
- 4.8 The resettlement strategy should be supported by a clear action plan which details each work stream, identifies responsible staff and sets timescales for completion. (Repeated recommendation 9.11)
- 4.9 Release on temporary licence should be used to promote resettlement and reintegration, and applications should be monitored.

## Housekeeping point

---

- 4.10 Prisoner orderlies working in the resettlement team should be formally trained to provide specialist support and guidance and be able to obtain a recognised qualification.

# Offender management and planning

---

### Expected outcomes:

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

4.11 The offender management unit (OMU) was well established and operated the layered offender management model. Cross-deployment of offender supervisors was having a negative impact on their work. Offender assessment system (OASys) assessments were completed to an adequate standard but the quality of the plans was less well developed. Offender supervisors were well sighted on the need to prioritise risk of harm. Prisoners were fully involved in the development of their sentence plan but other staff rarely attended planning boards. In our survey, most prisoners were positive about the work of the OMU but too many indeterminate-sentenced prisoners we spoke to were negative about their experiences and too many of them experienced unacceptably long delays in getting transferred to an open prison. Public protection and categorisation processes were generally sound but the timeliness of home detention curfews was not monitored.

- 4.12 The offender management unit (OMU) was adequately staffed but considerable cross-deployment of uniformed offender supervisors affected their ability to have meaningful contact with all their prisoners. The introduction of layered offender management had been managed well. The work of the OMU was spread across 9.5 offender supervisors, supported by three case administrators, managing all aspects of the prisoner's sentence. The completion of

offender assessment system (OASys) assessments was up to date and all prisoners, regardless of sentence length, were allocated an offender supervisor. Contact between the offender supervisor and a prisoner was generally regular but not always structured or meaningful. However, OMU staff were well sighted on the need to address risk of harm and therefore prioritised some prisoners, providing good support and contact.

- 4.13 In our survey, more prisoners than at comparator prisons said that they had a named offender manager in the community (94% versus 86%), more had an offender supervisor (91% versus 69%) and more said that their offender supervisor was working with them to achieve their sentence plan targets (49% versus 39%). Most prisoners said that they could achieve their targets at the establishment. However, the view of the indeterminate-sentenced prisoners (ISPs) we spoke to was far less positive and many reported a lack of contact with their offender supervisor and a feeling of isolation, with little opportunity to progress. This was particularly the case for those who were category D and waiting to be transferred to an open prison.
- 4.14 In the 10 cases we inspected, risk of harm assessments had been completed when required. A full analysis had been done in each case but most plans were not sufficiently comprehensive, missing some important aspects, particularly steps taken during the custodial period – for example, public protection restrictions or multi-agency public protection arrangements (MAPPA) actions. The assessment of the likelihood of reoffending was adequate in the cases we examined but too often failed fully to explore diversity issues. Unit staff did not always understand the purpose of OASys assessments and did not routinely access them. However, information about risk of harm was issued each week to other departments as a spreadsheet, so they could see the types of risk presented by prisoners.
- 4.15 Sentence planning was weak in some of the cases we looked at, with old objectives remaining in the new plan and a lack of focus on outcomes. Sentence plans were reviewed following a post-offending behaviour programme meeting (to which family members were invited), and this also encouraged the involvement of family members in the sentence planning process. In our survey, more prisoners than at comparator prisons (84% versus 71%) said that they had a sentence plan, and 75% (against the 56% comparator and 59% at the time of the previous inspection) that they had been involved in its development. The involvement of offender managers in the community was, at times, limited and in some cases they failed to attend planning boards or submit a written report. This and the lack of attendance by prison-based staff, such as personal officers, meant that sometimes the board involved only the prisoner and his offender supervisor. The planning board we observed was one such example, although the offender supervisor was well prepared for the meeting and worked hard with the prisoner to review progress and set new objectives.
- 4.16 P-Nomis had been introduced five weeks before the inspection, providing a central case record. However, not all departments had direct access to this, or to OASys, due to the lack of computer terminals. This limited information exchange had led to some duplication of information gathering. Some OMU staff were still waiting for their P-Nomis log-on details.
- 4.17 Prisoners could apply for home detention curfew, and the assessment process was sound and started well in advance of the first possible release date, with defensible decisions being made. Collection of information to support the assessment was good. However, it was impossible to tell if prisoners were released at their earliest eligibility date, as this information was not collected.

## Recommendations

---

- 4.18 Contact between prisoners and offender supervisors should be regular and meaningful.
- 4.19 The risk management plan should be comprehensive, including all the necessary steps to manage and reduce risk of harm to others.
- 4.20 Sentence plans should contain outcome-focused objectives and include diversity factors where relevant. (Repeated recommendation 9.47)

## Housekeeping points

---

- 4.21 Sentence plans should be fully updated when reviewed and boards should involve all relevant staff.
- 4.22 All relevant staff should have direct access to P-Nomis and offender assessment system (OASys) assessments.
- 4.23 The timeliness of home detention curfews should be monitored, to ensure that there are no delays.

## Public protection

---

- 4.24 Public protection processes were well established and managed. New prisoners were initially assessed and placed on restrictions pending a full review by the offender supervisor. The public protection meeting was convened fortnightly and reviewed all new cases to assign them to the most appropriate level of restrictions. At the time of the inspection, 30 prisoners were on some level of public protection restrictions. These were clearly communicated to other departments. The unit manager informed the prisoner about the level of restrictions he was placed on.
- 4.25 MAPPA was used effectively, with either a written report submitted to level 2 meetings or attendance by the offender supervisor at level 3 meetings. The cases were clearly recorded and referrals before release were made as required. Information on the violent and sexual offenders register (ViSOR) was up to date and there was evidence that the system was used to monitor new information.

## Categorisation

---

- 4.26 Review of the prisoner's category was undertaken within the required timescales. The processes were, on the whole, well managed but the prisoner was not provided with the opportunity to attend the board and, although they could submit a written report, few did so. The completed paperwork we reviewed was of mixed quality, with some containing little information. There was no appeal process, other than the normal prisoner complaints system.
- 4.27 Far too many prisoners, particularly ISPs, waited too long to move to an open prison (see also section on indeterminate-sentenced prisoners).

- 4.28 Recording on P-Nomis was incorrect, showing ISPs granted category D status as category C prisoners. This resulted in incorrect information being given to us (and perhaps others) about the prison population. We were told that there were only 10 category D prisoners waiting for a transfer to an open prison but when we checked, this number was actually nearer 40.

## Housekeeping point

---

- 4.29 The correct category for all prisoners should be recorded on P-Nomis.

## Indeterminate sentence prisoners

---

- 4.30 At the time of the inspection over a third of the population were indeterminate-sentenced prisoners, with 90 life-sentenced prisoners and 40 prisoners serving indeterminate sentences for public protection (IPP). Both types of prisoner were managed generically by offender supervisors. Not all offender supervisors had been trained in the management of ISPs through managing indeterminate sentences and risk (MISAR) training. However, a trained lifer manager was in post.
- 4.31 The ISPs we spoke to were frustrated by what they perceived as the lack of provision for them. For example, the previous drop-in surgeries had ended, as had ISP family days. A monthly representatives forum continued and was the main source of consultation. Escorted town visits were available and used.
- 4.32 Parole dossiers were up to date, with none being submitted late to the parole board in the previous four months. Delays were sometimes experienced due to late notifications from the parole board or late reports from the probation offender manager.
- 4.33 The transfer of ISPs was managed by the National Offender Management Service (NOMS) and post-tariff prisoners were prioritised for moves to open prisons. However, over a quarter of ISPs had been awarded category D status but not been transferred to an open prison. We spoke to one pre-tariff prisoner who had been waiting almost a year to get a place in an open prison. ROTL was not permitted for ISPs until they were in an open prison, so this was another avenue of resettlement opportunity denied to them. Half of the IPP prisoners were over tariff, and some by years, with one man being five years over his original tariff.

## Recommendations

---

- 4.34 The negative views of indeterminate-sentenced prisoners (ISPs) should be explored and addressed.
- 4.35 ISPs should not experience long delays in being transferred to an open prison.

## Housekeeping point

---

- 4.36 All offender supervisors should receive training in the management of ISPs.

## Good practice

---

- 4.37 *Sentence plans were reviewed following a post-programme meeting, and this promoted the involvement of family members.*

## Reintegration planning

---

### Expected outcomes:

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

4.38 The small resettlement team included two prisoners as assistants and their work was excellent. Resettlement interviews were carried out on arrival and before release but there was a high rate of non-attendance. Links between resettlement and the offender management unit and other departments were weak. Help with accommodation, finance and debt was excellent but no specialist agencies were available in the prison to support this. Outcomes of the work of the housing adviser and assistant were not monitored beyond the key performance target. Children and family provision was comprehensive and well developed. Accredited offender behaviour programmes were delivered well, with good attention to diversity, but demand continued to exceed supply, resulting in some prisoners waiting far too long to start on a programme. The lack of a replacement for the cognitive skills booster programme was a concern, as was the lack of domestic violence and alcohol programmes. Other skills-based programmes were provided through the education department.

- 4.39 The resettlement team comprised one full-time resettlement officer, one part-time housing adviser and two prisoner resettlement assistants. The role of the two assistants was clear and well developed, although they did not receive formal training and could not obtain a recognised qualification for their work (see housekeeping point 4.10). Their role was slightly limited through the lack of access to external email. One assistant interviewed all prisoners within 7–10 days of arrival and then six weeks before release. The initial assessment aimed to identify, and then signpost prisoners to, the help needed. Other work included obtaining forms of identification (for example, National Insurance numbers). On average, 13 prisoners a month had been helped to obtain a form of identification that would help them on release. The pre-release assessment identified any further help needed, focusing on finance, benefit, debt, accommodation and employment. A six-week employability course was also available.
- 4.40 Links between the resettlement team, the OMU and other departments were underdeveloped, resulting in duplication of information gathering and some weaknesses in information exchange. The resettlement team worked with a large number of prisoners but the high levels of non-attendance at resettlement appointments caused them frustration and wasted their time. The number of missed appointments was not routinely monitored.

## Housekeeping points

---

- 4.41 Links between the offender management unit and other departments should be strengthened to promote the gathering and exchange of information.



- 4.42 The number of resettlement appointments missed should be monitored and action taken to maximise attendance.

## Accommodation

---

- 4.43 Accommodation advice and support were excellent and proactive. A part-time housing adviser was supported by a resettlement assistant. The work was varied and extensive, including managing housing arrears, closing down or preserving tenancies, dealing with housing benefits and liaising with external housing agencies before release. The team worked with a large number of prisoners each year. There was no backlog of work and few prisoners left without an address to go to. The key performance target was achieved each year but the number of prisoners helped to find accommodation was not routinely monitored.

## Housekeeping point

---

- 4.44 The number of prisoners helped to find accommodation on release should be monitored, to evidence the effectiveness of the services.

## Education, training and employment

---

- 4.45 An education tutor had recently started to deliver a pre-release employability course, which offered prisoners opportunities to improve their CV, develop presentation skills and financial awareness, and help them to prepare for job interviews. Prisoners were encouraged to complete the course towards the end of their sentence but take-up was low. Staff had started to use sentence plans to refer prisoners who were reaching the end of their sentence to the employability course but this had not yet impacted on the course attendance.
- 4.46 Due to long-term sickness, no qualified information, advice and guidance worker was available to provide professional support (see recommendation 3.26).
- 4.47 Although the resettlement service had few links with employers, 50% of prisoners were released into employment or training.

## Recommendation

---

- 4.48 **More links should be formed with employers, for resettlement purposes.**

## Health care

---

- 4.49 At the time of the inspection there were no discharge clinics held for prisoners being released. If a prisoner was on medication, he was expected to make an appointment to see the doctor before he left; the doctor then wrote a letter which was posted to the prisoner's GP. No attempts were made to assist prisoners to register with any community health services (see main recommendation HP62).
- 4.50 Prisoners known to the mental health inreach team were referred to appropriate community services.

- 4.51 There was a comprehensive palliative care policy. We were told of prisoners with life-limiting diseases who had required 24-hour care and had been cared for and supported at the establishment.

## Drugs and alcohol

---

- 4.52 Prisoners were told about drug and alcohol services on arrival and throughout their time in custody and were encouraged by all staff to seek help. Notices about these services were located throughout the prison (see section on substance misuse). Alcoholics Anonymous and Narcotics Anonymous services were available regularly but there was no accredited alcohol programme available (see recommendation 4.73).
- 4.53 The substance misuse service had links with the local drug intervention programme, to ensure treatment continuation and post-release support, but links for those with alcohol issues were less evident.

## Finance, benefit and debt

---

- 4.54 A money management course was available through the education department. The resettlement assistant worked hard to access appropriate advice about finance and debt but no agencies came into the prison to support this work. Jobcentre Plus came into the prison each week but focused primarily on closing down benefit claims for prisoners on arrival and setting up benefit appointments on release.
- 4.55 Bank accounts could be opened before release through the Halifax Bank or local credit unions and prisoners could also open savings and premium bonds.

## Recommendation

---

- 4.56 Agencies should be available in the prison to provide prisoners with specialist advice in finance and debts.

## Children, families and contact with the outside world

---

- 4.57 The prison provided a wide range of activities to help prisoners to develop parenting skills and opportunities to spend time with their partners and children. These included a six-week parenting course which culminated in a family day, completed by approximately 40 prisoners in the six months before the inspection, and a shorter teenage parenting course, which also led to a family day. The family learning course was open to prisoners with children under five years of age, and a family cookery course had been introduced which taught cookery skills to prisoners, who prepared a meal in a family visit. A weekly relationships programme was provided by the education department, in association with the Time for Families and Relate organisations, which included the partners of prisoners. A nationally accredited four-week course, 'Fathers Inside', had been run in 2011 and was planned for later in 2012.
- 4.58 The prison also prepared audio and visual recordings for prisoners' children as part of the Storybook Dads project and had a facility for prisoners to make toys for their children.
- 4.59 Social visits were available five days a week, including weekends, and newly arrived prisoners could access a visit within seven days. The number of visits sessions was sufficient for the

population. Prisoners and visitors we spoke to were generally satisfied with the ease with which visits could be booked.

- 4.60 The visitors centre was modern and clean, and contained a wide range of information for families, including about reporting concerns about prisoners. A snack bar provided food and drinks during weekend visiting sessions.
- 4.61 The visits hall was brightly decorated and contained informative notices covering prisoner safety, family support and security reminders, and also a spacious children's play area, which was staffed by qualified play assistants at weekends. The visiting session we observed was well run and staff were polite and helpful. Visitors told us that they had arrived at the visits hall at their allotted time and had had the full time allowance of 90 minutes with the prisoner. A range of food and drink was available from the café facility, managed by the Family Learning organisation with the assistance of prisoners.
- 4.62 Seating in the visits hall was on fixed plastic chairs either around a low table or in a row on each side of a higher table. Neither of these arrangements was comfortable or conducive to a relaxed visit.
- 4.63 There were four closed visits booths and we found the number of closed visits imposed to be high (see section on security).
- 4.64 Prisoners were not called from their units until their visitors were seated but arrived at the visits hall within a reasonable time and were not strip-searched. They were allowed to wear their own clothes, without further identifying items, and could use the toilets without forfeiting their visit.
- 4.65 The views of visitors were collected in an annual survey and in a comments book in the visitors centre. The information collected about the service provided was positive.

## Housekeeping point

---

- 4.66 The seating arrangements in the visits hall should be more comfortable for visitors and prisoners.

## Good practice

---

- 4.67 *The range and quality of support for parenting and relationships was a creative response to assessed need.*

## Attitudes, thinking and behaviour

---

- 4.68 The range of offending behaviour programmes was adequate, with the exception of an accredited alcohol and domestic violence programme. The establishment continued to deliver three accredited programmes, the thinking skills programme (TSP), controlling anger and learning to manage it (CALM) and the cognitive skills booster. The latter programme was about to end nationally and the introduction of a replacement had been delayed by NOMS due to lack of funding.
- 4.69 The number of TSP programme places was to be increased and the number of CALM places decreased over the coming year. However, demand continued to exceed the number of places

provided. There were not many prisoners waiting for a place on CALM but there were 67 waiting to start on TSP, 10 of whom had waited longer than a year, and only 50 places would be provided in 2012. ISPs were appropriately prioritised for programme places.

- 4.70 The completion target for offender behaviour programmes had been met in the previous year. Drop-out rates were low and good attention was given to managing individual diversity. The involvement of a programme graduate in the first session for a new group was a useful way of providing motivation and reducing anxieties. Programme representatives were also available on the units to support participants and promote the awareness of others.
- 4.71 Most facilitators were trained to deliver more than one programme, providing increased flexibility. The quality of delivery was good, demonstrated by positive results in a recent audit.
- 4.72 Some other programmes were provided through the education department, including victim awareness, decision making and stress management. The chaplaincy also continued to provide the Sycamore Tree victim awareness programme.

## Recommendation

---

- 4.73 The number of places on accredited offender behaviour programmes should be increased to meet demand and reduce the waiting time for prisoners. The cognitive skills booster programme should be replaced and an alcohol and domestic violence programme introduced.

# Section 5: Summary of recommendations and housekeeping points

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

## Main recommendations

To the director

- 
- 5.1 The use of the safer custody unit as an integrated unit should be fully evaluated as a matter of urgency to establish whether it provides a safe environment for both segregated and induction prisoners, reduces the use of segregation and improves and increases reintegration. (HP60)
  - 5.2 Governance and management oversight of diversity should be prioritised to ensure that the needs of all prisoners with protected characteristics are identified, assessed and met, and any negative perceptions of particular groups are understood. (HP61)
  - 5.3 As a matter of urgency, the health provider should harness sufficient resources to enable delivery of a full health service to prisoners, including sufficient and timely access to the doctor and dentist, appropriate clinics and effective care planning for the management of long-term conditions and sufficient mental health care to meet the identified need. (HP62)
  - 5.4 The quantity of accredited work and vocational training and the number of prisoners gaining vocational qualifications should be increased. The number of unemployed and sacked prisoners should be reduced and staff should monitor and challenge non-attendance. Other activities, including recreational PE, should be timetabled not to disrupt the working day. (HP63)

## Recommendations

To NOMS

- 
- 5.5 ISPs should not experience long delays in being transferred to an open prison. (4.35)
  - 5.6 The number of places on accredited offender behaviour programmes should be increased to meet demand and reduce the waiting time for prisoners. The cognitive skills booster programme should be replaced and an alcohol and domestic violence programme introduced. (4.73)

## Recommendations

To the director

### Early days in custody

- 
- 5.7 Prisoners should not be held in reception for long periods. (1.15, repeated recommendation 1.23)
  - 5.8 New prisoners should not be accommodated in designated segregation cells. (1.16)

- 5.9 All prisoners should attend the induction programme, and completion should be monitored to ensure that all prisoners receive the required elements. (1.17)

### **Bullying and violence reduction**

---

- 5.10 Information on violence-related incidents should be analysed for trends and should inform a time-bounded violence reduction action plan. (1.25)
- 5.11 Interventions should be introduced for both the perpetrators and victims of bullying and these should be fully recorded. (1.26, repeated recommendation 3.13 and 3.14)
- 5.12 Entries in antisocial behaviour and bullying booklets should evidence constructive interactions with prisoners and set meaningful targets for improved behaviour. (1.27)

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

---

- 5.13 Information relating to self-harm should be analysed for trends and action identified and taken. (1.37)

### **Safeguarding**

---

- 5.14 The director should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.42)

### **Security**

---

- 5.15 Attendance at the security committee should be reviewed, to include staff from key areas of the prison, and they should attend regularly. (1.49)
- 5.16 All authorised suspicion tests should be completed. (1.50)
- 5.17 Prisoners should not be placed on closed visits unless there is evidence or intelligence to suggest that they are involved in the trafficking of unauthorised items through visits. (1.51, repeated recommendation 7.18)

### **Incentives and earned privileges**

---

- 5.18 Prisoners should not receive different levels of pay for the same job. (1.59, repeated recommendation 7.65)

### **Discipline**

---

- 5.19 The adjudication review meeting should monitor any patterns or trends. (1.65, repeated recommendation 7.43)
- 5.20 Special accommodation should only be used as a last resort, and records should be fully completed. (1.70)

- 5.21 Prisoners held on the segregation unit for more than 72 hours should have a care and management plan and the reintegration planning for these prisoners should be developed to encourage a return to normal location. (1.80)
- 5.22 The exercise facility for segregated prisoners should be reviewed to ensure an appropriate level of control and that prisoners feel safe while exercising. (1.81)
- 5.23 Segregation staff should be up to date with (ACCT) training and receive additional training in order to fulfil this specialist role. (1.82, repeated recommendation 7.49)
- 5.24 The segregation monitoring and review group (SMARG) monitoring should be developed to incorporate and analyse a wider range of data. (1.83)

### **Substance use**

---

- 5.25 There should be adequate services for all prisoners with alcohol issues. (1.92)

### **Residential units**

---

- 5.26 Prisoners should not be required to live in cramped and overcrowded cells. Single cells should have single occupancy. (2.9)
- 5.27 Toilet areas in double cells should be fully screened. (2.10)
- 5.28 Lockable cupboards should be provided in all double cells, so that prisoners can secure their personal possessions. (2.11)
- 5.29 An offensive display policy should be published and staff supported in implementing it. (2.12, repeated recommendation 2.19)

### **Staff–prisoner relationships**

---

- 5.30 Staff should challenge poor behaviour from prisoners. (2.18)
- 5.31 There should be regular and thorough management checks of the personal officer scheme and of the regularity and quality of entries in the wing history sheets. (2.19, repeated recommendation 2.40)

### **Equality and diversity**

---

- 5.32 Equality of treatment and access should be monitored for all diversity strands and appropriate action taken to rectify any inequalities. (2.31, repeated recommendation 4.7)
- 5.33 The focus of prisoner diversity consultative forums should be improved and attendance encouraged. (2.32)
- 5.34 All staff should receive diversity training that covers all strands of diversity. (2.33, repeated recommendation 4.29)
- 5.35 A regular meeting for Gypsy/Traveller prisoners should be established. (2.46)

- 5.36 The circumstances and needs of foreign national prisoners should be assessed on arrival and the services available should be explained to them. (2.47)
- 5.37 Faith awareness training should be delivered to staff. (2.48, repeated recommendation 4.39)
- 5.38 Prisoners with a disability should be reliably identified at any point in their stay at the establishment and a formal plan devised for their care which should be shared with staff. (2.49, repeated recommendation 4.61)
- 5.39 In-cell and location-based activities should be organised for prisoners who cannot access work because of their disability and for those who are retired. (2.50, repeated recommendation 4.62)

### **Faith and religious activity**

---

- 5.40 Links should be established with community groups for faiths other than Christianity. (2.57)

### **Complaints**

---

- 5.41 An effective quality assurance should be developed and complaints should be analysed for trends and patterns and appropriate action taken. (2.62)

### **Health services**

---

- 5.42 There should be information-sharing protocols between G4S Integrated Services and Humber NHS Foundation Trust, as well as a clear agreement about what performance-monitoring information is required. (2.76)
- 5.43 All health care issues identified on reception should be rigorously followed up. (2.83)
- 5.44 Risk assessments for medications should be robust and contemporaneous. (2.93)
- 5.45 Health services staff should liaise closely with security staff to ensure the safe management of medications liable to abuse. (2.94)
- 5.46 There should be a medicines and therapeutics committee and clear policies for all aspects of medicines management. (2.95)
- 5.47 The X-ray machine should be repaired or replaced immediately, to ensure that patient treatments are not delayed. (2.99)
- 5.48 Primary mental health services should include appropriate therapies and guided self-help for people with mild-to-moderate mental health problems. (2.106)
- 5.49 All prisoners with severe and enduring mental health needs should be referred to the secondary mental health team for ongoing care and monitoring. (2.107)
- 5.50 Prisoners who require secure NHS mental health care should be assessed and transferred expeditiously. (2.108)



## **Catering**

---

- 5.51 Breakfast packs should be issued on the day of consumption. (2.114)
- 5.52 Prisoners working on the serveries should be equipped with suitable clothing. (2.115, repeated recommendation 8.12)
- 5.53 The use of separate utensils for halal food should be enforced. (2.116)

## **Purchases**

---

- 5.54 Prisoners should be able to place a shop order on the day after reception. (2.120)

## **Time out of cell**

---

- 5.55 Prisoners should be offered at least one hour of outdoor exercise daily. (3.6)

## **Learning and skills and work activities**

---

- 5.56 Formal systems of communication that impact on learning and skills should be reviewed and improved. (3.12)
- 5.57 The quality improvement system should be further developed to make better use of data and to share good practice. (3.13)
- 5.58 Outreach skills-for-life support for prisoners at work or on training courses should be provided. (3.18)
- 5.59 Prisoners should have access to information, advice and guidance at appropriate points in their sentence. (3.26)
- 5.60 The use of systems to plan, monitor and record individualised learning should be further improved. (3.27)
- 5.61 The electrical installations course should be reinstated. (3.28)
- 5.62 The reasons for lower pass rates in level 2 numeracy and literacy should be identified and addressed. (3.33)
- 5.63 Formal links between library and education and training staff should be improved, to ensure that the stock better reflects the needs of the curriculum. (3.37)

## **Physical education and healthy living**

---

- 5.64 More suitable arrangements for prisoners to change and to shower following a PE session should be provided. (3.44)
- 5.65 More vocational PE qualifications should be offered to prisoners wanting to work in the leisure and fitness industry. (3.45)

### **Strategic management of resettlement**

---

- 5.66 A robust needs analysis, using data from a variety of sources, should be undertaken and used to inform a comprehensive reducing reoffending strategy. (4.7)
- 5.67 The resettlement strategy should be supported by a clear action plan which details each work stream, identifies responsible staff and sets timescales for completion. (4.8, repeated recommendation 9.11)
- 5.68 Release on temporary licence should be used to promote resettlement and reintegration, and applications should be monitored. (4.9)

### **Offender management and planning**

---

- 5.69 Contact between prisoners and offender supervisors should be regular and meaningful. (4.18)
- 5.70 The risk management plan should be comprehensive, including all the necessary steps to manage and reduce risk of harm to others.(4.19)
- 5.71 Sentence plans should contain outcome-focused objectives and include diversity factors where relevant. (4.20, repeated recommendation 9.47)
- 5.72 The negative views of indeterminate-sentenced prisoners (ISPs) should be explored and addressed. (4.34)

### **Reintegration planning**

---

- 5.73 More links should be formed with employers, for resettlement purposes. (4.48)
- 5.74 Agencies should be available in the prison to provide prisoners with specialist advice in finance and debts. (4.56)

## **Housekeeping points**

---

### **Early days in custody**

---

- 5.75 Night staff should know the location of all new arrivals. (1.18)

### **Bullying and violence reduction**

---

- 5.76 The violence reduction strategy should be reviewed to include the most recent results from the anti-bullying survey and be consistently and fully applied. (1.28)

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

---

- 5.77 Procedures for the use of the safer cell should be published. (1.38)

## **Incentives and earned privileges**

---

- 5.78 Targets for prisoners on the basic level of the IEP scheme should be introduced, to improve behaviour. (1.60)

## **Discipline**

---

- 5.79 Prisoners should be given materials with which to make notes during hearings. (1.66)
- 5.80 Use of the IEP system should be considered before the submission of governor's reports. (1.67)
- 5.81 Fully completed injury to prisoner (F213) reports should accompany every use of force dossier. (1.71)
- 5.82 Segregated prisoners should have direct access to a range of reading material. (1.84)

## **Substance use**

---

- 5.83 Prisoners who develop a drug addiction while at the establishment should be offered a detoxification regime. (1.93)

## **Residential units**

---

- 5.84 Prisoners should have free access to application forms and all should be logged. Responses should be recorded and followed up if not received within seven days. (2.13)

## **Staff-prisoner relationships**

---

- 5.85 The minutes of prisoner council meetings should clearly identify required actions and when they have been completed. (2.20)

## **Equality and diversity**

---

- 5.86 External scrutiny of diversity incident report forms should be recorded and reported to the diversity committee. (2.34)
- 5.87 There should be displays around the prison which positively reflect the diversity of the population. (2.35)

## **Health services**

---

- 5.88 The expiry dates of all equipment should be noted during regular checks and action taken to replace expired items. (2.77)
- 5.89 Prisoners should be able to store medications securely. (2.96)

## **Purchases**

---

- 5.90 Prisoners should be routinely consulted about the shop and the items available to them. (2.121, repeated recommendation 8.26)

## **Learning and skills and work activities**

---

- 5.91 The management of the flow of prisoners through the library should be improved, to ensure the best use of the facility. (3.38)

## **Strategic management of resettlement**

---

- 5.92 Prisoner orderlies working in the resettlement team should be formally trained to provide specialist support and guidance and be able to obtain a recognised qualification. (4.10)

## **Offender management and planning**

---

- 5.93 Sentence plans should be fully updated when reviewed and boards should involve all relevant staff. (4.21)
- 5.94 All relevant staff should have direct access to P-Nomis and offender assessment system (OASys) assessments. (4.22)
- 5.95 The timeliness of home detention curfews should be monitored, to ensure that there are no delays. (4.23)
- 5.96 The correct category for all prisoners should be recorded on P-Nomis. (4.29)
- 5.97 All offender supervisors should receive training in the management of ISPs. (4.36)

## **Reintegration planning**

---

- 5.98 Links between the offender management unit and other departments should be strengthened to promote the gathering and exchange of information. (4.41)
- 5.99 The number of resettlement appointments missed should be monitored and action taken to maximise attendance. (4.42)
- 5.100 The number of prisoners helped to find accommodation on release should be monitored, to evidence the effectiveness of the services. (4.44)
- 5.101 The seating arrangements in the visits hall should be more comfortable for visitors and prisoners. (4.66)

# Examples of good practice

---

## **Substance use**

---

- 5.102 All the discipline staff on F unit had undertaken the Royal College of General Practitioners Part 1 certificate in the Management of Drug Misuse, which ensured that they had some understanding of the needs of prisoners in their care. (1.94)

## **Offender management and planning**

---

- 5.103 Sentence plans were reviewed following a post-programme meeting, and this promoted the involvement of family members. (4.37)

## **Reintegration planning**

---

- 5.104 The range and quality of support for parenting and relationships was a creative response to assessed need. (4.67)

## Appendix I: Inspection team

---

Martin Lomas	Deputy Chief Inspector
Alison Perry	Team leader
Michael Calvert	Inspector
Karen Dillon	Inspector
Sandra Fieldhouse	Inspector
Andrew Rooke	Inspector
Paul Rowlands	Inspector
Rachel Murray	Researcher
Nalini Sharma	Researcher

### **Specialist inspectors**

Elizabeth Tysoe	Health services and drugs inspector
Richard Chapman	Pharmacist
Katie Tucker	CQC
Sandra Summers	Ofsted lead inspector
John Grimmer	Ofsted inspector
Ian Handscombe	Ofsted inspector

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

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The recommendations are further organised by whether they have now been achieved, partially achieved, not achieved or are no longer relevant. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report.

<b>Safety</b>	
<b>Prisoners, particularly the most vulnerable, are held safely.</b>	
<p>At the last inspection in 2009, reception and first night procedures offered a good first experience of the prison. Induction covered key areas but the unit was used for prisoners who were not on induction. The quality of self-harm and suicide prevention measures and assessment, care in custody and teamwork (ACCT) documents was mixed. Most prisoners felt safe but violence reduction procedures were poor. There had been a significant increase in substance misuse; measures to reduce the supply of drugs were patchy, drugs were freely available and the MDT rate was high. There was little use of force and incidents were quickly de-escalated. There was no care planning for prisoners held in the segregation unit. Adjudication procedures were poor. The integrated drug treatment system (IDTS) was well established but the arrangements for dispensing of methadone were unsafe. The prison was not performing sufficiently well against this healthy prison test.</p>	
<b>Main recommendations</b>	
All staff should be trained in assessment, care in custody and teamwork (ACCT) procedures. (HP47)	<b>Achieved</b>
Managers should ensure that effective security measures are in place to reduce the supply of drugs. (HP48)	<b>Achieved</b>
<b>Recommendations</b>	
Reception should be staffed before prisoners arrive, to prevent prisoners having to wait on vans. (1.7)	<b>Achieved</b>
The vulnerable prisoner policy should be withdrawn and a new policy developed that ensures staff understand their responsibilities while not resorting to stereotyping. (1.20)	<b>Achieved</b>
Prisoners should be supervised in the reception waiting area and a call bell installed for emergencies. (1.21)	<b>Partially achieved</b>
Reception and induction should be staffed by trained staff from the dedicated staff group. (1.22)	<b>Partially achieved</b>
Prisoners should not be held in reception for long periods (1.23)	<b>Not achieved</b> (Recommendation repeated, 1.15)
Prisoners on the induction programme should be fully occupied during this time. (1.24)	<b>Not achieved</b>
Cell sharing risk assessments should be completed before prisoners are located to cells. (1.25)	<b>Achieved</b>
Prisoners on the induction unit should receive the same association time as prisoners on other units. (1.26)	<b>Achieved</b>

Vulnerable prisoners and those with disabilities should not be located permanently on the induction unit. (1.27)	<b>No longer relevant</b>
All induction staff should be trained to deliver the induction modules. (1.28)	<b>Not achieved</b>
The induction programme and booklet should be reviewed and updated. (1.29)	<b>Achieved</b>
The violence reduction strategy should be reviewed to include the most recent survey results and current programme provision, and be consistently and fully applied. (3.9)	<b>Partially achieved</b>
A further survey of prisoners' perceptions and experiences of violence and bullying should be conducted and ways found to encourage prisoners to complete this. (3.10)	<b>Achieved</b>
Information survey of prisoners' perceptions and experiences of violence and bullying should be conducted and ways found to encourage prisoners to complete this. (3.10)	<b>Achieved</b>
Cell sharing risk assessment reviews should take place on time. (3.12)	<b>Achieved</b>
Victim support should be offered and recorded fully. (3.13)	<b>Not achieved</b> (Recommendation repeated, 1.26)
Interventions should be introduced for victims and bullies. (3.14)	<b>Not achieved</b> (Recommendation repeated, 1.26)
Information relating to self-harm and suicide should be analysed to identify and monitor trends and actions required (3.25)	<b>Not achieved</b>
Death in custody action plans should be monitored to ensure full compliance. (3.26)	<b>Partially achieved</b>
Near death incidents should be investigated and action plans developed where necessary (3.27)	<b>Achieved</b>
Regular management checks should identify weaknesses in the implementation of ACCT procedures and staff should be supported to make the necessary improvements. (3.28)	<b>Achieved</b>
Night-time and early morning observations of prisoners subject to ACCT procedures should not be predictable. (3.29)	<b>Achieved</b>
The new Listener suite should not be located on the induction unit. (3.30)	<b>Achieved</b>
The integrated drug treatment system (IDTS) 28-day psychosocial group work programme should be made available to all prisoners presenting for treatment under the system for the first time. (3.72)	<b>Achieved</b>
The management of the health care and IDTS waiting area should be reviewed to ensure suitable levels of patient confidentiality. (3.73)	<b>Achieved</b>
A discipline officer who has undertaken substance misuse awareness training should be posted in the vicinity of the medication hatch, on the same side as prisoners, during daily methadone administration. (3.74)	<b>Achieved</b>
The layout of the treatment room should be reviewed to improve nurses' sightlines during methadone administration. (3.75)	<b>Partially achieved</b>
The ban on cups in the methadone hatch area should be consistently enforced. (3.76)	<b>Achieved</b>
Mandatory drug testing should be appropriately staffed to ensure that all testing is carried out appropriately, within identified timescales and without gaps in provision. (3.77)	<b>Not achieved</b>
A mechanism to manage target testing more effectively should be developed to ensure that tests are undertaken within the required timeframe. (3.78)	<b>Not achieved</b>
Passive drug dogs should be used more regularly to support the delivery of the drug strategy. (3.79)	<b>Achieved</b>



The prison should review the work of the security department and allocate sufficient resources to enable it to complete its work effectively. (7.13)	<b>Achieved</b>
Searching forms issued to searching staff should indicate whether there is a need to squat-search and record if the prisoner has been requested to squat. (7.14)	<b>Achieved</b>
The security department should keep a log of target searches, including when the need for the search was identified, when it was completed and the outcome, and evaluate effectiveness and timeliness. (7.15)	<b>Not achieved</b>
Prisoners should not be routinely strip-searched in reception or after using the toilets during visits. (7.16)	<b>Achieved</b>
The prison should ensure that a drugs dog is available to check visitors. (7.17)	<b>Achieved</b>
Prisoners should not be placed on closed visits unless there is evidence or intelligence to suggest they are involved in the trafficking of unauthorised items through visits. (7.18)	<b>Not achieved</b> (Recommendation repeated, 1.51)
A senior manager should conduct a quality check of a sample of adjudications each month and record the findings and any action taken. Any issues should be discussed at the adjudication review meeting. (7.42)	<b>Achieved</b>
The adjudication review meeting should monitor any patterns or trends. (7.43)	<b>Not achieved</b> (Recommendation repeated, 1.65)
The quality of use of force paperwork should be improved. (7.44)	<b>Achieved</b>
All planned uses of force should be video-recorded. (7.45)	<b>Achieved</b>
The segregation exercise yards should be equipped with seating. (7.46)	<b>Achieved</b>
Prisoners should only be strip-searched on admission to the segregation unit if justified by a risk assessment. (7.47)	<b>Achieved</b>
Prisoners held in segregation should retain their level of privileges under the incentives and earned privileges (IEP) scheme unless they have lost them as a result of an adjudication punishment or have been demoted as the result of an IEP review. (7.48)	<b>Achieved</b>
Segregation staff should be up to date with assessment, care in custody and teamwork (ACCT) training and receive additional training in order to fulfil this specialist role. (7.49)	<b>Not achieved</b> (Recommendation repeated, 1.82)
Prisoners held on the segregation unit for more than 72 hours should have a care and management plan. (7.50)	<b>Not achieved</b>
A multidisciplinary staff group should monitor the use of segregation at least quarterly. (7.51)	<b>Partially achieved</b>

## Respect

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

At the last inspection, in 2009, external and internal areas were well maintained and pleasant. Prisoners shared cells designed for single occupancy. Staff-prisoner relationships were respectful but some staff lacked confidence in challenging inappropriate behaviour. The personal officer scheme was suffering through staff shortages. The incentives and earned privileges scheme offered good incentives for positive behaviour but the pay scheme was inequitable. Diversity provision was poor and some minority groups felt disadvantaged. Provision for foreign national prisoners was not widely understood. The chaplaincy was well integrated. Primary health services were under-resourced but mental health provision was good. The prison was not performing sufficiently well against this healthy prison test.

<b>Main recommendations</b>	
A comprehensive diversity policy outlining how the establishment will meet the needs of all minority groups should be developed and implemented. (HP49)	<b>Achieved</b>
The poor perceptions of black and minority ethnic and Muslim prisoners should be investigated, the outcome communicated to prisoners and action taken to improve perceptions. (HP50)	<b>Partially achieved</b>
Senior managers should be visible in residential areas and actively support staff in challenging poor behaviour and encouraging engagement of prisoners in sentence planning targets. (HP51)	<b>Not achieved</b>
<b>Recommendations</b>	
Two prisoners should not share cells meant for one. (2.16)	<b>Not achieved</b>
Toilet areas should be fully screened and all toilets fitted with seats and lids. (2.17)	<b>Partially achieved</b>
Lockable cupboards should be provided in double cells, so that prisoners can secure their personal possessions. (2.18)	<b>Not achieved</b>
An offensive display policy should be published and staff supported in implementing it. (2.19)	<b>Not achieved</b> (Recommendation repeated, 2.12)
Sufficient prison-issue clothing should be provided. (2.20)	<b>Achieved</b>
The communal showers should be redesigned to allow privacy both within the shower area between those showering and from outside. (2.21)	<b>Partially achieved</b>
Sufficient clean bedding should be available. (2.22)	<b>Achieved</b>
Charges for telephone calls should be brought into line with those in the community. (2.23)	<b>Achieved</b>
All staff should actively engage with and supervise prisoners during association on the residential units. (2.32)	<b>Achieved</b>
Wider consultation, involving different groups represented at the establishment, should take place regularly, both to test out policies and to gain an understanding of prisoners' experience of the prison. (2.33)	<b>Achieved</b>
The guidance for personal officers should outline their responsibilities with regard to introducing themselves to prisoners on their caseload, meeting with them weekly to discuss progress, and the type and level of entries required in prisoner history sheets. (2.39)	<b>Partially achieved</b>
There should be regular and thorough management checks of the personal officer scheme which evaluates the amount of time spent by personal officers with those on their caseload, as well as the regularity and quality of entries in	<b>Not achieved</b> (Recommendation repeated, 2.19)

the wing history sheets. (2.40)	
Interim replies to complaints should be logged separately and a record kept of the date when the prisoner is given a full reply to their complaint. (3.39)	<b>Achieved</b>
There should be a system of quality assurance of replies to complaints, with monthly checks of samples by senior managers. Records of the quality checks and any action taken should be retained. (3.40)	<b>Not achieved</b>
Prisoners who require access to a laptop computer should have this facilitated, subject to a risk assessment. (3.46)	<b>Achieved</b>
Regime activities should be scheduled to enable prisoners to attend corporate worship. (3.56)	<b>Achieved</b>
The diversity management meeting should monitor and coordinate activities for prisoners under each diversity strand. (4.6)	<b>Not achieved</b>
Equality of treatment and access should be monitored for all diversity strands and appropriate action taken to rectify any inequalities. (4.7)	<b>Partially achieved</b> (Recommendation repeated, 2.31)
All prisoner representatives should have job descriptions and be fully supported, to ensure that they are able to fulfil their role, represent the views of prisoners and share information from the meetings they attend. (4.8)	<b>Achieved</b>
The diversity complaint forms should be publicised to staff and prisoners and should be available on all the residential units. (4.9)	<b>Achieved</b>
The terms of reference for the race and diversity committee and the race equality action team (REAT) meetings should be clearly defined to ensure that they do not replicate issues and operate effectively to manage diversity issues. (4.26)	<b>Achieved</b>
Trends should be analysed at the REAT meeting and a range of ethnic monitoring data should be reviewed to ensure that any areas of inequality are acted on and eliminated. (4.27)	<b>Achieved</b>
The work of the REAT should be regularly communicated to prisoners in an accessible format. (4.28)	<b>Achieved</b>
All staff should receive diversity training that covers all the strands of diversity and is relevant to the issues at the establishment, including the use of inappropriate language. (4.29)	<b>Partially achieved</b> (Recommendation repeated, 2.33)
Responses to racist incident report forms (RIRFs) should be improved and there should be a quality assurance system to monitor this. The quality of RIRFs should be discussed at the REAT meeting. (4.30)	<b>Achieved</b>
The diversity officer should be given sufficient time to undertake the role. (4.31)	<b>Achieved</b>

There should be frequent involvement of black and minority ethnic prisoners in consultation events, and communication of the results of these. (4.32)	<b>Partially achieved</b>
There should be a process to identify any prisoners convicted of a current or previous racially aggravated offence or of an incident of racist bullying, and to draw the attention of staff to these individuals. (4.33)	<b>Achieved</b>
Equality of access and treatment according to prisoners' religious faiths should be monitored. (4.38)	<b>Partially achieved</b>
Religious diversity training should be delivered to staff. (4.39)	<b>Not achieved</b> (Recommendation repeated, 2.48)
The foreign nationals policy should clearly outline the needs and support arrangements for foreign national prisoners. (4.46)	<b>Achieved</b>
Staff should be fully briefed about the entitlements of foreign national prisoners and these should be publicised on the units. (4.47)	<b>Achieved</b>
Foreign national should be invited to the foreign national prisoner meeting and the terms of reference and membership of the meeting should be clearly outlined and include unit staff and managers. (4.48)	<b>Partially achieved</b>
The foreign nationals coordinator should meet all foreign national prisoners to outline his role and responsibilities. (4.49)	<b>Not achieved</b>
The delay in issuing immigration warrants should be addressed with the UK Border Agency and appropriate systems developed to ensure that any deportation notices are served at the earliest opportunity. (4.50)	<b>Achieved</b>
Immigration support and advice services should be available to foreign national prisoners. (4.51)	<b>Partially achieved</b>
An assessment should be completed for all prisoners who have declared a disability. Where appropriate, care plans should be devised for all prisoners needing extra support and these should be monitored and reviewed regularly. (4.61)	<b>Not achieved</b> (Recommendation repeated, 2.49)
In-cell and location-based activities should be organised for prisoners who cannot access work because of their disability and for those who are retired. (4.62)	<b>Not achieved</b> (Recommendation repeated, 2.50)
Staff should be made aware of the arrangements in place for older prisoners and those with disabilities located on their unit, including the purpose of prisoner emergency evacuation plans and those prisoners who have them. (4.63)	<b>Partially achieved</b>
Carers should be recruited for prisoners with disabilities. (4.64)	<b>Not achieved</b>
Retired prisoners should not be required to pay for their television. (4.70)	<b>Achieved</b>

Staff should receive sufficient training to be able to offer gay and transgender prisoners support, and identify and respond to any discrimination they might experience. (4.74)	<b>Partially achieved</b>
There should be separate waiting areas for prisoners receiving methadone treatment. (5.60)	<b>Achieved</b>
A full inspection of the dental surgery should be carried out. (5.61)	<b>Partially achieved</b>
A registered nurse or health care assistant should be identified as the lead for older prisoners. (5.62)	<b>Achieved</b>
Discipline support should be provided in the healthcare department whenever prisoners are attending clinics (5.63)	<b>Achieved</b>
A full staffing and skill mix review should be undertaken to ensure that sufficient appropriately qualified nursing staff are available to provide a range of services to meet the health care needs of prisoners. (5.64)	<b>Achieved</b>
The nurses' shift system should be reviewed to ensure that it provides appropriate care for prisoners and value for money. (5.65)	<b>Achieved</b>
The role of the administrator should be reviewed and additional staff employed to ensure that there is sufficient administrative support to the health services team. (5.66)	<b>Achieved</b>
Nurses should receive appropriate training to undertake regular clinics. (5.67)	<b>Achieved</b>
All staff, including visiting allied health professionals, should have annual resuscitation training, including the use of an automated external defibrillator. (5.68)	<b>Not achieved</b>
Resuscitation equipment should be reviewed to ensure that nurses responding to emergency calls are able to transport the equipment speedily to patients. (5.69)	<b>Achieved</b>
Managers should satisfy themselves that emergencies are responded to swiftly and effectively. (5.70)	<b>Achieved</b>
Emergency equipment should be checked at least weekly. (5.71)	<b>Partially achieved</b>
Orders for additional emergency equipment should be rigorously followed up. (5.72)	<b>Not achieved</b>
A dedicated prisoner forum should be initiated to allow prisoner representatives to bring matters of general concern directly to the attention of senior health care managers. (5.73)	<b>Partially achieved</b>
Complaints should be dealt with by health services staff and should not be part of the prison complaints system. Appropriate records should be maintained to inform prison authorities if required. (5.74)	<b>Achieved</b>
Prisoners should receive secondary health	<b>Achieved</b>

screenings. (5.75)	
Health care assistants should not complete admission screening unless they are supervised. (5.76)	<b>Achieved</b>
The health care application system should be reviewed to provide better options for prisoners, confidentiality and secure dedicated health care boxes on all units, and appointment slips should be separate from application forms. (5.77)	<b>Achieved</b>
Patients should not have to see a doctor before referral to the optician or chiropodist; nurse triage should identify the need to be seen by such professionals. (5.78)	<b>Achieved</b>
Nurse triage should only be carried out by trained staff. (5.79)	<b>Achieved</b>
More than one member of staff should be trained to deliver the smoking cessation course. (5.80)	<b>Achieved</b>
The non-attendance rate for all health care appointments should be investigated regularly and policies put in place to reduce this. (5.81)	<b>Achieved</b>
In-reach services for specialities such as physiotherapy should be used. (5.82)	<b>Partially achieved</b>
Health services staff should not be used as couriers to deliver or collect pharmacy or specimens. The pharmacy should deliver all items, and arrangements for the collection of specimens should be negotiated with local NHS sources. (5.83)	<b>Achieved</b>
Full and complete records should be made of the administration of medicines. This should include records of all occasions when the patient has refused medication or failed to attend, and issues relating to drug compliance should be followed up where appropriate. (5.84)	<b>Not achieved</b>
All prescriptions should be legally written, include the quantity and date prescribed, and be signed by the prescriber. (5.85)	<b>Achieved</b>
A pharmacist and/or pharmacy technicians should be involved in the provision of the pharmacy service. (5.86)	<b>Not achieved</b>
Patient group directions (PGDs) should be used and up to date, and have been signed off by the relevant people. Signed copies of the PGDs should be kept in the pharmacy room, and records should be kept to demonstrate that staff working with them have had appropriate training. (5.87)	<b>Not achieved</b>
The health care manager should ensure that all medications removed from the pharmacy out of hours are recorded in a register, which should be checked daily. (5.88)	<b>Not achieved</b>
Requests for repeat prescriptions should be paper based, and it should not be necessary for prisoners to have to see a member of staff to	<b>Achieved</b>

make such requests. (5.89)	
There should be a formal system of documented risk assessment for all patients, to ensure consistency when determining suitability for in-possession medication. (5.90)	<b>Partially achieved</b>
The routine administration of medicines subject to abuse as in-possession on Friday, Saturday and Sunday nights should be reviewed. (5.91)	<b>Not achieved</b>
Medication times should be reviewed to ensure that patients get the best treatment possible. (5.92)	<b>Not achieved</b>
The dispensing of medicines at the hatches should be supervised by officers at all times. (5.93)	<b>Partially achieved</b>
A special sick policy should be implemented and reviewed regularly by the medicines and therapeutics committee to ensure that all appropriate medicines can be supplied. (5.94)	<b>Not achieved</b>
A step-wise approach to pain management, such as the World Health Organization analgesic ladder, modified for the prison environment, to reduce opiate usage, should be used. (5.95)	<b>Partially achieved</b>
The medicines and therapeutics committee should meet regularly, at least four times a year, and all stakeholders should attend. (5.96)	<b>Not achieved</b>
Oral health sessions should be provided by oral health educators. (5.97)	<b>Partially achieved</b>
The dental contract should be monitored. (5.98)	<b>Achieved</b>
The dental policy should be clarified so that the full range of treatments available on the NHS is provided and based on clinical need. (5.99)	<b>Achieved</b>
A protocol should be developed for dental out-of-hours cover. (5.100)	<b>Not achieved</b>
The dentists should have access to SystemOne. (5.101)	<b>Achieved</b>
A written, signed and dated medical history questionnaire should be completed for all patients. (5.102)	<b>Achieved</b>
The director should review the number of prisoners allowed out to attend NHS appointments, with a view to increasing the number. (5.103)	<b>Achieved</b>
Administrative staff should maintain a log of all outpatient appointments and bring to the attention of senior managers any appointments which have been rearranged more than once. (5.104)	<b>Achieved</b>
The RMN should be given protected time to undertake mental health duties. (5.105)	<b>Partially achieved</b>
Counselling services should be available to prisoners. (5.106)	<b>Not achieved</b>
There should be regular documented, multidisciplinary meetings between primary and	<b>Not achieved</b>

secondary mental health teams. (5.107)	
Mental health awareness training for staff should be ongoing. (5.108)	<b>Not achieved</b>
Day care support should be available. (5.109)	<b>No longer relevant</b>
Prisoners should not receive different levels of pay for the same job. (7.65)	<b>Not achieved</b> (Recommendation repeated, 1.59)
Prisoners who are reviewed for the purposes of demotion in the IEP scheme should be advised beforehand and invited to contribute to the review in person, or in writing if they prefer. (7.66)	<b>Achieved</b>
Warnings based on unsubstantiated security information should not count as IEP warnings. (7.67)	<b>Achieved</b>
The kitchen should be left in a clean and tidy state at the end of each day, with all food waste appropriately disposed of. (8.11)	<b>Achieved</b>
Prisoners working on the serveries should be equipped with suitable clothing. (8.12)	<b>Not achieved</b> (Recommendation repeated, 2.115)
Fruit should be provided freely to all prisoners, irrespective of whether or not they have a dessert. (8.13)	<b>Not achieved</b>
A survey should be conducted about the quality and quantity of the food served. (8.14)	<b>Achieved</b>
Prisoner consultative committees should be held monthly and attended by the catering manager. (8.15)	<b>Partially achieved</b>
The space available for the prison shop should be increased. (8.25)	<b>Not achieved</b>
Prisoners should be routinely consulted about the shop and the items available to them. (8.26)	<b>Not achieved</b> (Housekeeping point repeated, 2.121)
Access to catalogue goods should not affect family contact. (8.27)	<b>Achieved</b>

## Purposeful activity

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

At the last inspection, in 2009, time out of cell was good. There were sufficient activity places for all prisoners but too much of the available work was mundane and did not fully occupy those engaged. The learning and skills provision was satisfactory. The library offered a range of activities and access was excellent. Access to PE was good and a wide range of programmes offered. The prison was not performing sufficiently well against this healthy prison test.

### Main recommendations

The range and balance of purposeful work and accredited vocational training opportunities should be increased to enable the prison to meet its training function fully. (HP52)	<b>Not achieved</b>
--	---------------------

### Recommendations

Information, advice and guidance resources	<b>Not achieved</b>
--	---------------------



should be increased. (6.21)	
The promotion of, and participation in, accredited courses in the kitchen should be increased. (6.22)	<b>Achieved</b>
Relevant vocational qualifications should be reintroduced in industrial cleaning. (6.23)	<b>Achieved</b>
The process to plan, monitor and record individualised learning should be improved to include better target setting and coherent recording of progress and achievement. (6.24)	<b>Partially achieved</b>
Education, training and employment information and targets should be incorporated into sentence planning, and prioritisation of prisoners for these should be sequenced. (6.25)	<b>Partially achieved</b>
Prisoners who are not native speakers of English should have their own bilingual dictionary for constant reference. (6.26)	<b>Achieved</b>
Outdoor sports facilities should be provided. (6.34)	<b>Not achieved</b>
The number of prisoners taking accredited vocational qualifications should be increased. (6.35)	<b>Not achieved</b>
Staffing arrangements should ensure that prisoners are always supervised by appropriately qualified staff. (6.36)	<b>Achieved</b>
Waterproof clothing should be provided. (6.43)	<b>Not achieved</b>

## Resettlement

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

At the last inspection, in 2009, the resettlement strategy was based on a needs analysis and showed good integration into regional arrangements. Offender management arrangements for in scope prisoners were reasonable but the work of the team was not well understood and lacked support from other parts of the prison. There were limited arrangements for those out of scope. Indeterminate- and life-sentenced prisoners had good access to programmes but were frustrated about delays in parole board reviews. Pathway provision was generally good but offending behaviour courses were over-subscribed. The prison was performing reasonably well against this healthy prison test.

### Recommendations

The prison's reducing reoffending strategy should be updated to reflect the most recent version of the regional reducing reoffending plan. (9.9)	<b>Not achieved</b>
The needs of specific groups of prisoners should be identified in the resettlement needs analysis to ensure that the diverse interests of prisoners are recognised. (9.10)	<b>Partially achieved</b>
The resettlement strategy should be supported by a clear action plan which details each work stream, identifies responsible staff and sets timescales for completion. (9.11)	<b>Not achieved</b> (Recommendation repeated, 4.8)
The use of release on temporary licence should be broadened to provide more opportunities for resettlement support. (9.12)	<b>Not achieved</b>
All prison staff should have clear roles and responsibilities in delivering	<b>Achieved</b>

offender management for prisoners according to their sentence lengths and risk levels (9.41)	
Case recording and information exchange between prison departments and the offender management unit (OMU) should be improved. (9.42)	<b>Achieved</b>
Details of all contact and communication relating to a case should be logged in a single record. (9.43)	<b>Achieved</b>
Prisoner resettlement assistants should have access to accredited training leading to a qualification. (9.44)	<b>Not achieved</b>
Prisoners' resettlement needs should be assessed at least four weeks before discharge. (9.45)	<b>Achieved</b>
Contact between the offender supervisor and the prisoner should include discussion and support to achieve sentence plan objectives. (9.46)	<b>Partially achieved</b>
Sentence plans should contain outcome-focused objectives and include diversity factors where relevant. (9.47)	<b>Not achieved</b> (Recommendation repeated, 4.20)
Accurate data on the number of prisoners within multi-agency public protection arrangements (MAPPAs) and their level of management should be made available through the offender management unit (OMU) for use by relevant departments and meetings. (9.48)	<b>Achieved</b>
An assessment should be made of the public protection measures required for each prisoner within a week of their arrival. (9.49)	<b>Achieved</b>
Risk of harm should be thoroughly analysed, and a comprehensive plan put in place and communicated to all those involved in the management of the prisoner. (9.50)	<b>Partially achieved</b>
The categorisation of foreign national prisoners should proceed regardless of outstanding UK Border Agency decisions on deportation. (9.51)	<b>Not achieved</b>
There should be a consistent staff group on C unit who are experienced in working with life-sentenced prisoners. (9.52)	<b>Not achieved</b>
Long-term prisoners should not be required to share cells with short-term prisoners. (9.53)	<b>Not achieved</b>
Special facilities should be developed for prisoners serving an indeterminate sentence for public protection, where possible, to mirror those available for lifers, such as consultative groups, advice centres, family days and temporary release. (9.54)	<b>Achieved</b>
The NOMS should liaise with the parole board in order to reduce delays in reviews. (9.55)	<b>Partially achieved</b>
The links between resettlement and learning and skills should be clarified, to reduce potential duplication and maximise pre-release learning opportunities. (9.68)	<b>Not achieved</b>
Prisoners should be made aware of the range and content of information, advice and guidance available throughout their sentence that the support is adequately resourced and that prisoners are encouraged to access it. (9.69)	<b>Not achieved</b>
New employer links should be developed and maintained, to promote post-release employment opportunities. (9.70)	<b>Not achieved</b>
The collection and use of data for monitoring resettlement activities should be reviewed and improved to provide accurate and useful data sets. (9.71)	<b>Not achieved</b>
Prisoners should be provided with the opportunity to open a bank account before release. (9.72)	<b>Achieved</b>
The drug strategy document should be updated, include alcohol services, and contain detailed action plans and performance measures. (9.84)	<b>Partially achieved</b>
The establishment should repeat its substance use needs analysis annually to ensure that service provision matches the current need of the prisoner	<b>Achieved</b>

population. (9.85)	
The CARAT team should be adequately resourced to deliver the integrated drug treatment system group work programme. (9.86)	<b>Not achieved</b>
Voluntary drug testing (VDT) should be suitably staffed to ensure the integrity of the testing process. (9.87)	<b>No longer relevant</b>
Refusals to provide a sample for VDT should not lead to a security information report being submitted or a target mandatory drug test being requested or conducted. (9.88)	<b>No longer relevant</b>
The number of places on accredited courses should be increased to meet the need of the population. (9.110)	<b>Achieved</b>
There should be a range of programmes and individual work for prisoners who do not get a place on accredited programmes. (9.111)	<b>Achieved</b>

## Appendix III: Prison population profile

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

Status	18-20-year-olds	21 and over	%
Sentenced	0	341	95.8
Recall	0	15	4.2
Convicted unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Detainees	0	0	0
<b>Total</b>	<b>0</b>	<b>356</b>	<b>100</b>

Sentence	18-20-year-olds	21 and over	%
Unsentenced	0	1	0.3
Less than 6 months	0	2	0.6
6 months to less than 12 months	0	5	1.4
12 months to less than 2 years	0	26	7.3
2 years to less than 4 years	0	64	18
4 years to less than 10 years	0	115	32.3
10 years and over (not life)	0	22	6.2
Life	0	121	33.9
<b>Total</b>	<b>0</b>	<b>356</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age		
Under 21 years	0	0
21 years to 29 years	137	38.5
30 years to 39 years	139	39
40 years to 49 years	63	17.7
50 years to 59 years	16	4.5
60 years to 69 years	1	0.3
70 plus years	0	0
Please state maximum age	62	
<b>Total</b>	<b>356</b>	<b>100</b>

Nationality	18-20-year-olds	21 and over	%
British	0	347	97.5
Foreign nationals	0	9	2.5
<b>Total</b>	<b>0</b>	<b>356</b>	<b>100</b>

Security category	18-20-year-olds	21 and over	%
Uncategorised unsentenced	0	0	0
Uncategorised sentenced	0	1	0.3
Category A	0	0	0
Category B	0	2	0.6
Category C	0	343	96.3
Category D	0	10	2.8
Other	0	0	0
<b>Total</b>	<b>0</b>	<b>356</b>	<b>100</b>

Ethnicity	18-20-year-olds	21 and over	%
White			
British	0	289	81.2
Irish	0	10	2.8
Other white	0	0	0
Mixed			
White and black Caribbean	0	6	1.7
White and black African	0	0	0
White and Asian	0	0	0
Other mixed	0	0	0
Asian or Asian British	0	4	1.1
Indian	0	4	1.1
Pakistani	0	13	3.6
Bangladeshi	0	0	0
Other Asian	0	0	0
Black or black British			
Caribbean	0	17	4.8
African	0	1	0.3
Other Black	0	10	2.8
Chinese or other ethnic group			
Chinese		1	0.3
Other ethnic group		0	0
Not stated		1	0.3
<b>Total</b>	<b>0</b>	<b>356</b>	<b>100</b>

Religion	18-20-year-olds	21 and over	%
Baptist	0	0	0
Church of England	0	98	27.5
Roman Catholic	0	57	16
Other Christian denominations	0	16	4.5
Muslim	0	36	10.1
Sikh	0	1	0.3
Hindu	0	1	0.3
Buddhist	0	12	3.4
Jewish	0	0	0
Other	0	2	0.6
No religion	0	133	37.3
<b>Total</b>	<b>0</b>	<b>356</b>	<b>100</b>

#### Sentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0		35	9.8
1 month to 3 months	0		62	17.4
3 months to 6 months	0		58	16.3
6 months to 1 year	0		85	23.9

1 year to 2 years	0		75	21.1
2 years to 4 years	0		28	7.9
4 years or more	0		12	3.3
<b>Total</b>	<b>0</b>		<b>355</b>	<b>99.7</b>

**Unsentenced prisoners only**

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0		0	0
1 month to 3 months	0		0	0
3 months to 6 months	0		0	0
6 months to 1 year	0		0	0
1 year to 2 years	0		1	0.3
2 years to 4 years	0		0	0
4 years or more	0		0	0
<b>Total</b>	<b>0</b>		<b>1</b>	<b>0.3</b>

Main offence (not available)	18-20-year-olds	21 and over	%
Violence against the person			
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded/holding warrant			
<b>Total</b>			

# Appendix IV: Summary of prisoner questionnaires and interviews

---

## Prisoner survey methodology

---

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

### 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 27 March 2012, the prisoner population at HMP Wolds was 358. The sample size was 165. Overall, this represented 46% 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. Seven respondents refused to complete a questionnaire.

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

## Methodology

---

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

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

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- 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, 148 respondents completed and returned their questionnaires. This represented 41% of the prison population. The response rate was 90%. In addition to the seven respondents who refused to complete a questionnaire, three questionnaires were not returned and seven 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 training prisons. This comparator is based on all responses from prisoner surveys carried out in 37 category C training prisons since April 2007.
- The current survey responses in 2012 against the responses of prisoners surveyed at HMP Wolds in 2009.
- 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 Muslim prisoners and non-Muslim prisoners.
- 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.

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

<b>Q1.2</b>	<b>How old are you?</b>		
	<i>Under 21</i> .....	0	(0%)
	<i>21 - 29</i> .....	57	(39%)
	<i>30 - 39</i> .....	55	(37%)
	<i>40 - 49</i> .....	25	(17%)
	<i>50 - 59</i> .....	10	(7%)
	<i>60 - 69</i> .....	1	(1%)
	<i>70 and over</i> .....	0	(0%)
<b>Q1.3</b>	<b>Are you sentenced?</b>		
	<i>Yes</i> .....	137	(93%)
	<i>Yes - on recall</i> .....	10	(7%)
	<i>No - awaiting trial</i> .....	0	(0%)
	<i>No - awaiting sentence</i> .....	0	(0%)
	<i>No - awaiting deportation</i> .....	0	(0%)
<b>Q1.4</b>	<b>How long is your sentence?</b>		
	<b>Not sentenced</b> .....	0	(0%)
	<i>Less than 6 months</i> .....	1	(1%)
	<i>6 months to less than 1 year</i> .....	9	(6%)
	<i>1 year to less than 2 years</i> .....	8	(6%)
	<i>2 years to less than 4 years</i> .....	28	(19%)
	<i>4 years to less than 10 years</i> .....	40	(28%)
	<i>10 years or more</i> .....	9	(6%)
	<i>IPP (indeterminate sentence for public protection)</i> .....	18	(12%)
	<i>Life</i> .....	32	(22%)
<b>Q1.5</b>	<b>Are you a foreign national? (i.e. do not have UK citizenship)</b>		
	<i>Yes</i> .....	3	(2%)
	<i>No</i> .....	141	(98%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>		
	<i>Yes</i> .....	145	(100%)
	<i>No</i> .....	0	(0%)
<b>Q1.7</b>	<b>Do you understand written English?</b>		
	<i>Yes</i> .....	146	(99%)
	<i>No</i> .....	1	(1%)
<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	<i>White - British (English/Welsh/Scottish/Northern Irish)</i> .....	111	(76%)
	<i>White - Irish</i> .....	2	(1%)
	<i>White - other</i> .....	5	(3%)
	<i>Asian or Asian British - Chinese</i> .....	1	(1%)
	<i>Asian or Asian British - other</i> .....	1	(1%)
	<i>Mixed race - white and black Caribbean</i> .....	7	(5%)
	<i>Black or black British - Caribbean</i> .....	7	(5%)
	<i>Black or black British - African</i> .....	2	(1%)
	<i>Black or black British - other</i> .....	1	(1%)
	<i>Asian or Asian British - Indian</i> .....	1	(1%)
	<i>Mixed race - white and black African</i> .....	0	(0%)
	<i>Mixed race - white and Asian</i> .....	2	(1%)
	<i>Mixed race - other</i> .....	0	(0%)
	<i>Arab</i> .....	1	(1%)

Asian or Asian British - Pakistani ..... 5 (3%) Other ethnic group..... 0 (0%)  
 Asian or Asian British - Bangladeshi. 1 (1%)

- Q1.9 Do you consider yourself to be Gypsy/Romany/Traveller?**  
 Yes ..... 2 (1%)  
 No ..... 142 (99%)
- Q1.10 What is your religion?**  
 None ..... 45 (31%) Hindu..... 1 (1%)  
 Church of England..... 44 (30%) Jewish..... 0 (0%)  
 Catholic..... 27 (19%) Muslim ..... 15 (10%)  
 Protestant..... 2 (1%) Sikh ..... 0 (0%)  
 Other Christian denomination..... 5 (3%) Other..... 1 (1%)  
 Buddhist ..... 5 (3%)
- Q1.11 How would you describe your sexual orientation?**  
 Heterosexual/straight ..... 145 (98%)  
 Homosexual/gay ..... 2 (1%)  
 Bisexual..... 1 (1%)
- 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 ..... 16 (11%)  
 No..... 131 (89%)
- Q1.13 Are you a veteran (ex-armed services)?**  
 Yes ..... 7 (5%)  
 No..... 139 (95%)
- Q1.14 Is this your first time in prison?**  
 Yes ..... 34 (23%)  
 No..... 111 (77%)
- Q1.15 Do you have children under the age of 18?**  
 Yes ..... 87 (59%)  
 No..... 60 (41%)

## Section 2: Courts, transfers and escorts

- Q2.1 On your most recent journey here, how long did you spend in the van?**  
 Less than 2 hours ..... 100 (68%)  
 2 hours or longer..... 46 (31%)  
 Don't remember ..... 2 (1%)
- Q2.2 On your most recent journey here, were you offered anything to eat or drink?**  
 My journey was less than two hours..... 100 (68%)  
 Yes ..... 35 (24%)  
 No..... 11 (7%)  
 Don't remember ..... 1 (1%)
- Q2.3 On your most recent journey here, were you offered a toilet break?**  
 My journey was less than two hours..... 100 (68%)  
 Yes ..... 5 (3%)  
 No..... 41 (28%)

	<i>Don't remember</i> .....	0 (0%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>	
	Yes .....	88 (60%)
	No.....	45 (31%)
	<i>Don't remember</i> .....	14 (10%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes .....	126 (86%)
	No.....	20 (14%)
	<i>Don't remember</i> .....	1 (1%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	<i>Very well</i> .....	34 (23%)
	<i>Well</i> .....	74 (50%)
	<i>Neither</i> .....	31 (21%)
	<i>Badly</i> .....	4 (3%)
	<i>Very badly</i> .....	1 (1%)
	<i>Don't remember</i> .....	4 (3%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)</b>	
	<i>Yes, someone told me</i> .....	110 (74%)
	<i>Yes, I received written information</i> .....	9 (6%)
	<i>No, I was not told anything</i> .....	29 (20%)
	<i>Don't remember</i> .....	1 (1%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes .....	135 (91%)
	No.....	13 (9%)
	<i>Don't remember</i> .....	0 (0%)

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

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	<i>Less than 2 hours</i> .....	60 (41%)
	<i>2 hours or longer</i> .....	81 (55%)
	<i>Don't remember</i> .....	7 (5%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	Yes .....	132 (90%)
	No .....	8 (5%)
	<i>Don't remember</i> .....	7 (5%)
<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>	
	<i>Very well</i> .....	74 (50%)
	<i>Well</i> .....	55 (37%)
	<i>Neither</i> .....	12 (8%)
	<i>Badly</i> .....	3 (2%)
	<i>Very badly</i> .....	0 (0%)
	<i>Don't remember</i> .....	3 (2%)

<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>		
	<i>Loss of property</i> .....	14 (10%)	<i>Physical health</i> .....
	<i>Housing problems</i> .....	21 (15%)	<i>Mental health</i> .....
	<i>Contacting employers</i> .....	2 (1%)	<i>Needing protection from other prisoners</i> .....
	<i>Contacting family</i> .....	15 (10%)	<i>Getting phone numbers</i> .....
	<i>Childcare</i> .....	2 (1%)	<i>Other</i> .....
	<i>Money worries</i> .....	15 (10%)	<b>Did not have any problems</b> .....
	<i>Feeling depressed or suicidal</i> .....	11 (8%)	76 (53%)
<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>		
	Yes .....	29 (20%)	
	No.....	39 (27%)	
	<b>Did not have any problems</b> .....	76 (53%)	
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>		
	<i>Tobacco</i> .....	121 (82%)	
	<i>A shower</i> .....	57 (39%)	
	<i>A free telephone call</i> .....	63 (43%)	
	<i>Something to eat</i> .....	104 (71%)	
	<i>PIN phone credit</i> .....	116 (79%)	
	<i>Toiletries/basic items</i> .....	50 (34%)	
	<b>Did not receive anything</b> .....	4 (3%)	
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)</b>		
	<i>Chaplain</i> .....	97 (67%)	
	<i>Someone from health services</i> .....	119 (82%)	
	<i>A Listener/Samaritans</i> .....	59 (41%)	
	<i>Prison shop/canteen</i> .....	49 (34%)	
	<b>Did not have access to any of these</b> .....	13 (9%)	
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)</b>		
	<i>What was going to happen to you</i> .....	87 (62%)	
	<i>What support was available for people feeling depressed or suicidal</i> .....	64 (46%)	
	<i>How to make routine requests (applications)</i> .....	64 (46%)	
	<i>Your entitlement to visits</i> .....	69 (49%)	
	<i>Health services</i> .....	86 (61%)	
	<i>Chaplaincy</i> .....	77 (55%)	
	<b>Not offered any information</b> .....	28 (20%)	
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>		
	Yes .....	135 (93%)	
	No.....	8 (6%)	
	<i>Don't remember</i> .....	2 (1%)	
<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>		
	<b>Have not been on an induction course</b> .....	27 (19%)	
	<i>Within the first week</i> .....	86 (59%)	
	<i>More than a week</i> .....	24 (17%)	
	<i>Don't remember</i> .....	8 (6%)	

**Q3.11 Did the induction course cover everything you needed to know about the prison?**  
*Have not been on an induction course*..... 27 (18%)  
 Yes ..... 74 (51%)  
 No..... 31 (21%)  
 Don't remember ..... 14 (10%)

**Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?**  
*Did not receive an assessment*..... 17 (12%)  
 Within the first week ..... 59 (42%)  
 More than a week ..... 47 (33%)  
 Don't remember ..... 19 (13%)

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

**Q4.1 How easy is it to:**

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	43 (30%)	57 (40%)	13 (9%)	12 (8%)	4 (3%)	13 (9%)
Attend legal visits?	40 (31%)	55 (42%)	14 (11%)	3 (2%)	0 (0%)	19 (15%)
Get bail information?	11 (10%)	19 (18%)	15 (14%)	3 (3%)	4 (4%)	55 (51%)

**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* ..... 12 (8%)  
 Yes ..... 44 (30%)  
 No..... 89 (61%)

**Q4.3 Can you get legal books in the library?**  
 Yes ..... 83 (57%)  
 No..... 6 (4%)  
 Don't know ..... 56 (39%)

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

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	121 (84%)	23 (16%)	0 (0%)
Are you normally able to have a shower every day?	144 (99%)	0 (0%)	1 (1%)
Do you normally receive clean sheets every week?	78 (56%)	58 (41%)	4 (3%)
Do you normally get cell cleaning materials every week?	121 (85%)	20 (14%)	2 (1%)
Is your cell call bell normally answered within five minutes?	62 (44%)	54 (38%)	25 (18%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	107 (75%)	35 (24%)	1 (1%)
If you need to, can you normally get your stored property?	68 (48%)	38 (27%)	37 (26%)

<b>Q4.5</b>	<b>What is the food like here?</b>		
	Very good.....	3	(2%)
	Good.....	36	(25%)
	Neither.....	37	(26%)
	Bad.....	34	(23%)
	Very bad.....	35	(24%)
<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>		
	<i>Have not bought anything yet/don't know</i> .....	3	(2%)
	Yes.....	59	(41%)
	No.....	81	(57%)
<b>Q4.7</b>	<b>Can you speak to a Listener at any time if you want to?</b>		
	Yes.....	91	(63%)
	No.....	6	(4%)
	Don't know.....	48	(33%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>		
	Yes.....	83	(57%)
	No.....	15	(10%)
	Don't know/N/A.....	47	(32%)
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>		
	Yes.....	101	(70%)
	No.....	5	(3%)
	Don't know/ N/A.....	38	(26%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>		
	<i>I don't want to attend</i> .....	41	(28%)
	Very easy.....	51	(35%)
	Easy.....	31	(21%)
	Neither.....	0	(0%)
	Difficult.....	4	(3%)
	Very difficult.....	1	(1%)
	Don't know.....	17	(12%)

## Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>			
	Yes.....	127	(89%)	
	No.....	10	(7%)	
	Don't know.....	5	(4%)	
<b>Q5.2</b>	<b>Please answer the following questions about applications:</b>			
	<i>(If you have not made an application please tick the 'not made one' option.)</i>			
		<b>Not made one</b>	<b>Yes</b>	<b>No</b>
	Are applications dealt with fairly?	16 (11%)	73 (52%)	51 (36%)
	Are applications dealt with quickly (within seven days)?	16 (13%)	53 (43%)	54 (44%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>			
	Yes.....	105	(76%)	
	No.....	10	(7%)	
	Don't know.....	24	(17%)	

<b>Q5.4</b>	<b>Please answer the following questions about complaints:</b> (If you have not made a complaint please tick the 'not made one' option.)	<b>Not made one</b>	<b>Yes</b>	<b>No</b>
	Are complaints dealt with fairly?	42 (30%)	36 (26%)	60 (43%)
	Are complaints dealt with quickly (within seven days)?	42 (32%)	48 (36%)	43 (32%)
<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>			
	Yes .....		21 (16%)	
	No .....		114 (84%)	
<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>			
	<i>Don't know who they are</i> .....	45 (32%)		
	Very easy .....	17 (12%)		
	Easy .....	33 (23%)		
	Neither .....	29 (21%)		
	Difficult .....	13 (9%)		
	Very difficult .....	4 (3%)		

### Section 6: Incentive and earned privileges scheme

<b>Q6.1</b>	<b>Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)</b>			
	<i>Don't know what the IEP scheme is</i> .....	3 (2%)		
	Yes .....	85 (59%)		
	No .....	42 (29%)		
	Don't know .....	13 (9%)		
<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)</b>			
	<i>Don't know what the IEP scheme is</i> .....	3 (2%)		
	Yes .....	67 (47%)		
	No .....	58 (41%)		
	Don't know .....	15 (10%)		
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>			
	Yes .....	9 (6%)		
	No .....	134 (94%)		
<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>			
	<i>I have not been to segregation in the last 6 months</i> .....	113 (80%)		
	Very well .....	4 (3%)		
	Well .....	5 (4%)		
	Neither .....	10 (7%)		
	Badly .....	7 (5%)		
	Very badly .....	3 (2%)		

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>		
	Yes .....	121 (84%)	
	No .....	23 (16%)	



<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	Yes.....	111 (78%)
	No.....	31 (22%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	Yes.....	48 (33%)
	No.....	96 (67%)
<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<b>Do not go on association</b> .....	8 (6%)
	Never.....	31 (22%)
	Rarely.....	27 (19%)
	Some of the time.....	47 (33%)
	Most of the time.....	19 (13%)
	All of the time.....	12 (8%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<b>I have not met him/her</b> .....	31 (22%)
	In the first week.....	55 (39%)
	More than a week.....	36 (26%)
	Don't remember .....	19 (13%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<b>Do not have a personal officer/I have not met him/her</b> .....	31 (22%)
	Very helpful.....	36 (25%)
	Helpful.....	36 (25%)
	Neither.....	17 (12%)
	Not very helpful.....	12 (8%)
	Not at all helpful .....	10 (7%)

## Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>	
	Yes.....	35 (25%)
	No.....	107 (75%)
<b>Q8.2</b>	<b>Do you feel unsafe now?</b>	
	Yes.....	19 (13%)
	No.....	122 (87%)
<b>Q8.3</b>	<b>In which areas have you felt unsafe? (Please tick all that apply to you.)</b>	
	<b>Never felt unsafe</b> .....	107 (79%)
	Everywhere.....	9 (7%)
	Segregation unit.....	5 (4%)
	Association areas .....	8 (6%)
	Reception area.....	0 (0%)
	At the gym.....	4 (3%)
	In an exercise yard.....	11 (8%)
	At work.....	3 (2%)
	During movement .....	4 (3%)
	At education.....	4 (3%)
	At mealtimes.....	5 (4%)
	At health services .....	7 (5%)
	Visits area .....	4 (3%)
	In wing showers .....	9 (7%)
	In gym showers.....	1 (1%)
	In corridors/stairwells .....	3 (2%)
	On your landing/wing .....	6 (4%)
	In your cell.....	3 (2%)
	At religious services .....	3 (2%)

**Q8.4 Have you been victimised by other prisoners here?**  
 Yes ..... 17 (12%)  
 No..... 125 (88%)

**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> .....	7 (5%)
<i>Physical abuse (being hit, kicked or assaulted)</i> .....	6 (4%)
<i>Sexual abuse</i> .....	2 (1%)
<i>Feeling threatened or intimidated</i> .....	8 (6%)
<i>Having your canteen/property taken</i> .....	3 (2%)
<i>Medication</i> .....	2 (1%)
<i>Debt</i> .....	3 (2%)
<i>Drugs</i> .....	3 (2%)
<i>Your race or ethnic origin</i> .....	3 (2%)
<i>Your religion/religious beliefs</i> .....	4 (3%)
<i>Your nationality</i> .....	1 (1%)
<i>You are from a different part of the country than others</i> .....	1 (1%)
<i>You are from a traveller community</i> .....	1 (1%)
<i>Your sexual orientation</i> .....	1 (1%)
<i>Your age</i> .....	3 (2%)
<i>You have a disability</i> .....	4 (3%)
<i>You were new here</i> .....	3 (2%)
<i>Your offence/crime</i> .....	1 (1%)
<i>Gang related issues</i> .....	3 (2%)

**Q8.6 Have you been victimised by staff here?**  
 Yes ..... 36 (26%)  
 No..... 104 (74%)

**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> .....	12 (9%)
<i>Physical abuse (being hit, kicked or assaulted)</i> .....	1 (1%)
<i>Sexual abuse</i> .....	1 (1%)
<i>Feeling threatened or intimidated</i> .....	12 (9%)
<i>Medication</i> .....	4 (3%)
<i>Debt</i> .....	2 (1%)
<i>Drugs</i> .....	6 (4%)
<i>Your race or ethnic origin</i> .....	4 (3%)
<i>Your religion/religious beliefs</i> .....	5 (4%)
<i>Your nationality</i> .....	1 (1%)
<i>You are from a different part of the country than others</i> .....	2 (1%)
<i>You are from a traveller community</i> .....	1 (1%)
<i>Your sexual orientation</i> .....	0 (0%)
<i>Your age</i> .....	4 (3%)
<i>You have a disability</i> .....	4 (3%)
<i>You were new here</i> .....	4 (3%)
<i>Your offence/crime</i> .....	3 (2%)
<i>Gang related issues</i> .....	3 (2%)

**Q8.8 If you have been victimised by prisoners or staff did you report it?**  
**Not been victimised** ..... 98 (74%)  
 Yes ..... 17 (13%)  
 No..... 17 (13%)

## Section 9: Health services

<b>Q9.1</b>	<b>How easy or difficult is it to see the following people?</b>						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	13 (9%)	9 (6%)	35 (25%)	15 (11%)	39 (28%)	29 (21%)
	The nurse	13 (10%)	26 (19%)	56 (41%)	9 (7%)	19 (14%)	12 (9%)
	The dentist	22 (16%)	2 (1%)	13 (10%)	6 (4%)	31 (23%)	61 (45%)
<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people?</b>						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	17 (12%)	10 (7%)	30 (21%)	19 (14%)	36 (26%)	28 (20%)
	The nurse	16 (12%)	19 (14%)	40 (29%)	23 (17%)	24 (18%)	15 (11%)
	The dentist	35 (25%)	18 (13%)	27 (20%)	21 (15%)	14 (10%)	23 (17%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<i>Not been</i> .....						13 (9%)
	<i>Very good</i> .....						12 (8%)
	<i>Good</i> .....						27 (19%)
	<i>Neither</i> .....						22 (15%)
	<i>Bad</i> .....						36 (25%)
	<i>Very bad</i> .....						32 (23%)
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes.....						60 (42%)
	No.....						82 (58%)
<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/all of it in your own cell?</b>						
	<i>Not taking medication</i> .....						82 (58%)
	<i>Yes, all my meds</i> .....						37 (26%)
	<i>Yes, some of my meds</i> .....						15 (11%)
	<i>No</i> .....						7 (5%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>						
	Yes.....						31 (22%)
	No.....						110 (78%)
<b>Q9.7</b>	<b>Are you being helped/supported by anyone in this prison? (E.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)</b>						
	<i>Do not have any emotional or mental health problems</i> .....						110 (79%)
	Yes.....						12 (9%)
	No.....						17 (12%)

## Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	Yes.....	32 (22%)
	No.....	112 (78%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	Yes.....	28 (20%)
	No.....	115 (80%)

<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	<i>Very easy</i> .....	31 (22%)
	<i>Easy</i> .....	13 (9%)
	<i>Neither</i> .....	12 (8%)
	<i>Difficult</i> .....	10 (7%)
	<i>Very difficult</i> .....	10 (7%)
	<i>Don't know</i> .....	68 (47%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	<i>Very easy</i> .....	15 (10%)
	<i>Easy</i> .....	11 (8%)
	<i>Neither</i> .....	12 (8%)
	<i>Difficult</i> .....	9 (6%)
	<i>Very difficult</i> .....	20 (14%)
	<i>Don't know</i> .....	77 (53%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	<i>Yes</i> .....	14 (10%)
	<i>No</i> .....	129 (90%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	<i>Yes</i> .....	12 (9%)
	<i>No</i> .....	129 (91%)
<b>Q10.7</b>	<b>Have you received any support or help (e.g. substance misuse teams) for your drug problem, while in this prison?</b>	
	<i>Did not/do not have a drug problem</i> .....	106 (76%)
	<i>Yes</i> .....	23 (17%)
	<i>No</i> .....	10 (7%)
<b>Q10.8</b>	<b>Have you received any support or help (e.g. substance misuse teams) for your alcohol problem, while in this prison?</b>	
	<i>Did not/do not have an alcohol problem</i> .....	115 (81%)
	<i>Yes</i> .....	17 (12%)
	<i>No</i> .....	10 (7%)
<b>Q10.9</b>	<b>Was the support or help you received while in this prison helpful?</b>	
	<i>Did not have a problem/did not receive help</i> .....	108 (77%)
	<i>Yes</i> .....	24 (17%)
	<i>No</i> .....	9 (6%)

## Section 11: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	
						<i>Very difficult</i>	
	Prison job	11 (8%)	3 (2%)	20 (14%)	8 (6%)	49 (34%)	52 (36%)
	Vocational or skills training	19 (14%)	8 (6%)	24 (17%)	16 (12%)	36 (26%)	36 (26%)
	Education (including basic skills)	11 (8%)	39 (28%)	49 (36%)	16 (12%)	13 (9%)	10 (7%)
	Offending behaviour programmes	27 (20%)	6 (4%)	11 (8%)	11 (8%)	38 (28%)	44 (32%)

- Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)**
- |   |          |
|---|----------|
| <b>Not involved in any of these</b> ..... | 26 (19%) |
| Prison job .....                          | 70 (51%) |
| Vocational or skills training.....        | 18 (13%) |
| Education (including basic skills).....   | 52 (38%) |
| Offending behaviour programmes.....       | 17 (12%) |
- 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?**
- |                                    | <b>Not been involved</b> | Yes      | No       | Don't know |
|------------------------------------|--------------------------|----------|----------|------------|
| Prison job                         | 24 (19%)                 | 48 (39%) | 49 (40%) | 3 (2%)     |
| Vocational or skills training      | 28 (26%)                 | 47 (43%) | 32 (29%) | 2 (2%)     |
| Education (including basic skills) | 16 (14%)                 | 58 (52%) | 37 (33%) | 1 (1%)     |
| Offending behaviour programmes     | 24 (22%)                 | 52 (47%) | 31 (28%) | 3 (3%)     |
- Q11.4 How often do you usually go to the library?**
- |                               |          |
|-------------------------------|----------|
| <b>Don't want to go</b> ..... | 13 (9%)  |
| Never.....                    | 15 (11%) |
| Less than once a week.....    | 45 (32%) |
| About once a week.....        | 31 (22%) |
| More than once a week.....    | 36 (26%) |
- Q11.5 Does the library have a wide enough range of materials to meet your needs?**
- |                           |          |
|---------------------------|----------|
| <b>Don't use it</b> ..... | 23 (16%) |
| Yes.....                  | 81 (57%) |
| No.....                   | 37 (26%) |
- Q11.6 How many times do you usually go to the gym each week?**
- |                               |          |
|-------------------------------|----------|
| <b>Don't want to go</b> ..... | 26 (19%) |
| 0.....                        | 16 (11%) |
| 1 to 2.....                   | 18 (13%) |
| 3 to 5.....                   | 77 (55%) |
| More than 5.....              | 3 (2%)   |
- Q11.7 How many times do you usually go outside for exercise each week?**
- |                               |          |
|-------------------------------|----------|
| <b>Don't want to go</b> ..... | 12 (8%)  |
| 0.....                        | 10 (7%)  |
| 1 to 2.....                   | 40 (28%) |
| 3 to 5.....                   | 40 (28%) |
| More than 5.....              | 40 (28%) |
- Q11.8 How many times do you usually have association each week?**
- |                               |           |
|-------------------------------|-----------|
| <b>Don't want to go</b> ..... | 4 (3%)    |
| 0.....                        | 3 (2%)    |
| 1 to 2.....                   | 5 (4%)    |
| 3 to 5.....                   | 10 (7%)   |
| More than 5.....              | 120 (85%) |
- 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 (6%)  |
| 2 to less than 4 hours..... | 7 (5%)  |
| 4 to less than 6 hours..... | 12 (9%) |

6 to less than 8 hours.....	36 (26%)
8 to less than 10 hours.....	33 (24%)
10 hours or more.....	29 (21%)
Don't know .....	13 (9%)

## Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	Yes .....	53 (38%)
	No.....	88 (62%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes.....	44 (31%)
	No.....	97 (69%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes.....	22 (16%)
	No.....	119 (84%)
<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i> .....	20 (14%)
	Very easy .....	12 (9%)
	Easy.....	25 (18%)
	Neither.....	15 (11%)
	Difficult.....	34 (24%)
	Very difficult .....	30 (21%)
	Don't know .....	4 (3%)

## Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<b>Not sentenced</b> .....	0 (0%)
	Yes.....	131 (94%)
	No.....	9 (6%)
<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)</b>	
	<b>Not sentenced/NA</b> .....	9 (6%)
	No contact.....	28 (20%)
	Letter.....	61 (44%)
	Phone .....	44 (32%)
	Visit .....	55 (40%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes.....	127 (91%)
	No.....	12 (9%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<b>Not sentenced</b> .....	0 (0%)
	Yes.....	119 (84%)
	No.....	23 (16%)

<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>		
	<i>Do not have a sentence plan/not sentenced</i> .....	23	(17%)
	<i>Very involved</i> .....	33	(24%)
	<i>Involved</i> .....	54	(39%)
	<i>Neither</i> .....	12	(9%)
	<i>Not very involved</i> .....	9	(6%)
	<i>Not at all involved</i> .....	8	(6%)
<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)</b>		
	<i>Do not have a sentence plan/not sentenced</i> .....	23	(17%)
	<i>Nobody</i> .....	39	(29%)
	<i>Offender supervisor</i> .....	56	(41%)
	<i>Offender manager</i> .....	43	(32%)
	<i>Named/personal officer</i> .....	13	(10%)
	<i>Staff from other departments</i> .....	22	(16%)
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>		
	<i>Do not have a sentence plan/not sentenced</i> .....	23	(17%)
	<i>Yes</i> .....	80	(59%)
	<i>No</i> .....	25	(18%)
	<i>Don't know</i> .....	8	(6%)
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>		
	<i>Do not have a sentence plan/not sentenced</i> .....	23	(17%)
	<i>Yes</i> .....	32	(24%)
	<i>No</i> .....	67	(50%)
	<i>Don't know</i> .....	13	(10%)
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>		
	<i>Do not have a sentence plan/not sentenced</i> .....	23	(17%)
	<i>Yes</i> .....	41	(30%)
	<i>No</i> .....	52	(39%)
	<i>Don't know</i> .....	19	(14%)
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>		
	<i>Yes</i> .....	11	(8%)
	<i>No</i> .....	73	(53%)
	<i>Don't know</i> .....	53	(39%)
<b>Q13.11</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>		
	<i>Yes</i> .....	25	(18%)
	<i>No</i> .....	115	(82%)
<b>Q13.12</b>	<b>Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)</b>		
		<b><i>Do not need help</i></b>	<b>Yes</b>
		<b>No</b>	
	Employment	18 (13%)	42 (31%)
	Accommodation	22 (17%)	53 (40%)
	Benefits	19 (14%)	60 (45%)
	Finances	21 (17%)	41 (32%)
	Education	21 (16%)	40 (31%)
	Drugs and alcohol	29 (23%)	46 (36%)
			74 (55%)
			58 (44%)
			54 (41%)
			65 (51%)
			68 (53%)
			53 (41%)

**Q13.13** Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

<i>Not sentenced</i> .....	0 (0%)
Yes .....	71 (51%)
No.....	67 (49%)



## Main comparator and comparator to last time



### Prisoner survey responses HMP Wolds 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

		HMP Wolds 2012	Category C training prisons comparator	HMP Wolds 2012	HMP Wolds 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>148</b>	<b>5495</b>	<b>148</b>	<b>105</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	0%	3%	0%	0%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	7%	10%	7%	8%
1.4	Is your sentence less than 12 months?	7%	5%	7%	5%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	13%	10%	13%	13%
1.5	Are you a foreign national?	2%	11%	2%	6%
1.6	Do you understand spoken English?	100%	99%	100%	
1.7	Do you understand written English?	99%	99%	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)?	20%	25%	20%	21%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	1%	4%	1%	5%
1.1	Are you Muslim?	10%	11%	10%	11%
1.11	Are you homosexual/gay or bisexual?	2%	3%	2%	3%
1.12	Do you consider yourself to have a disability?	11%	16%	11%	12%
1.13	Are you a veteran (ex-armed services)?	5%	7%	5%	
1.14	Is this your first time in prison?	23%	35%	23%	26%
1.15	Do you have any children under the age of 18?	59%	52%	59%	51%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	31%	43%	31%	34%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	75%	61%	75%	
2.3	Were you offered a toilet break?	11%	8%	11%	
2.4	Was the van clean?	60%	71%	60%	
2.5	Did you feel safe?	86%	84%	86%	
2.6	Were you treated well/very well by the escort staff?	73%	66%	73%	79%
2.7	Before you arrived here were you told that you were coming here?	74%	67%	74%	
2.7	Before you arrived here did you receive any written information about coming here?	6%	7%	6%	
2.8	When you first arrived here did your property arrive at the same time as you?	91%	88%	91%	92%

## Main comparator and comparator to last time

### Key to tables

		HMP Wolds 2012	Category C training prisons comparator	HMP Wolds 2012	HMP Wolds 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	41%	44%	41%	
3.2	When you were searched in reception, was this carried out in a respectful way?	90%	81%	90%	84%
3.3	Were you treated well/very well in reception?	88%	70%	88%	79%
	When you first arrived:				
3.4	Did you have any problems?	47%	62%	47%	48%
3.4	Did you have any problems with loss of property?	10%	16%	10%	13%
3.4	Did you have any housing problems?	15%	16%	15%	11%
3.4	Did you have any problems contacting employers?	1%	4%	1%	5%
3.4	Did you have any problems contacting family?	10%	23%	10%	12%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	4%	1%	1%
3.4	Did you have any money worries?	10%	15%	10%	8%
3.4	Did you have any problems with feeling depressed or suicidal?	8%	14%	8%	11%
3.4	Did you have any physical health problems?	10%	11%	10%	
3.4	Did you have any mental health problems?	8%	11%	8%	
3.4	Did you have any problems with needing protection from other prisoners?	2%	5%	2%	2%
3.4	Did you have problems accessing phone numbers?	13%	21%	13%	14%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	43%	41%	43%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	82%	83%	82%	91%
3.6	A shower?	39%	36%	39%	74%
3.6	A free telephone call?	43%	46%	43%	73%
3.6	Something to eat?	71%	73%	71%	91%
3.6	PIN phone credit?	79%	50%	79%	
3.6	Toiletries/ basic items?	34%	31%	34%	

## Key to tables

## Main comparator and comparator to last time

	Any percentage highlighted in green is significantly better	HMP Wolds 2012	Category C training prisons comparator	HMP Wolds 2012	HMP Wolds 2009
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction continued</b>					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	67%	50%	67%	
3.7	Someone from health services?	82%	75%	82%	
3.7	A Listener/Samaritans?	41%	34%	41%	
3.7	Prison shop/ canteen?	34%	17%	34%	21%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	62%	52%	62%	63%
3.8	Support was available for people feeling depressed or suicidal?	46%	46%	46%	63%
3.8	How to make routine requests?	46%	43%	46%	56%
3.8	Your entitlement to visits?	49%	46%	49%	64%
3.8	Health services?	61%	58%	61%	72%
3.8	The chaplaincy?	55%	50%	55%	73%
3.9	Did you feel safe on your first night here?	93%	83%	93%	94%
3.10	Have you been on an induction course?	82%	93%	82%	82%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	62%	66%	62%	67%
3.12	Did you receive an education (skills for life) assessment?	88%	87%	88%	
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	70%	48%	70%	65%
4.1	Attend legal visits?	73%	54%	73%	75%
4.1	Get bail information?	28%	16%	28%	24%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	30%	42%	30%	25%
4.3	Can you get legal books in the library?	57%	42%	57%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	84%	62%	84%	49%
4.4	Are you normally able to have a shower every day?	99%	91%	99%	99%
4.4	Do you normally receive clean sheets every week?	56%	82%	56%	59%
4.4	Do you normally get cell cleaning materials every week?	85%	73%	85%	89%
4.4	Is your cell call bell normally answered within five minutes?	44%	42%	44%	53%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	70%	75%	84%
4.4	Can you normally get your stored property, if you need to?	48%	30%	48%	45%
4.5	Is the food in this prison good/very good?	27%	29%	27%	38%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	41%	46%	41%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	63%	59%	63%	66%
4.8	Are your religious beliefs are respected?	57%	55%	57%	42%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	70%	59%	70%	57%
4.10	Is it easy/very easy to attend religious services?	57%	55%	57%	

## Main comparator and comparator to last time

### Key to tables

	Any percentage highlighted in green is significantly better	HMP Wolds 2012	Category C training prisons comparator	HMP Wolds 2012	HMP Wolds 2009
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	90%	87%	90%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	59%	62%	59%	51%
5.2	Do you feel applications are dealt with quickly (within seven days)?	49%	52%	49%	49%
5.3	Is it easy to make a complaint?	76%	66%	76%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	38%	34%	38%	28%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	53%	39%	53%	47%
5.5	Have you ever been prevented from making a complaint when you wanted to?	16%	15%	16%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	36%	33%	36%	29%
<b>SECTION 6: Incentive and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	60%	55%	60%	63%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	48%	47%	56%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	5%	6%	4%
6.4	In the last six months, if you have spent a night in the segregation/care and separation unit, were you treated very well/well by staff?	31%	44%	31%	
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	84%	75%	84%	80%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	78%	75%	78%	79%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	33%	33%	33%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	22%	20%	22%	21%
7.5	Do you have a personal officer?	78%	76%	78%	77%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	65%	63%	65%	64%

## Main comparator and comparator to last time

### Key to tables

		HMP Wolds 2012	Category C training prisons comparator	HMP Wolds 2012	HMP Wolds 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	25%	31%	25%	23%
8.2	Do you feel unsafe now?	14%	13%	14%	12%
8.4	Have you been victimised by other prisoners here?	13%	19%	13%	17%
Since you have been here, have other prisoners:					
8.5	Made insulting remarks about you, your family or friends?	5%	9%	5%	9%
8.5	Hit, kicked or assaulted you?	4%	5%	4%	2%
8.5	Sexually abused you?	2%	1%	2%	0%
8.5	Threatened or intimidated you?	6%	12%	6%	
8.5	Taken your canteen/property?	2%	4%	2%	2%
8.5	Victimised you because of medication?	2%	3%	2%	
8.5	Victimised you because of debt?	2%	2%	2%	
8.5	Victimised you because of drugs?	2%	2%	2%	3%
8.5	Victimised you because of your race or ethnic origin?	2%	3%	2%	2%
8.5	Victimised you because of your religion/religious beliefs?	3%	2%	3%	1%
8.5	Victimised you because of your nationality?	1%	3%	1%	
8.5	Victimised you because you were from a different part of the country?	1%	4%	1%	3%
8.5	Victimised you because you are from a traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.5	Victimised you because of your age?	2%	2%	2%	1%
8.5	Victimised you because you have a disability?	3%	2%	3%	0%
8.5	Victimised you because you were new here?	2%	4%	2%	4%
8.5	Victimised you because of your offence/crime?	1%	4%	1%	0%
8.5	Victimised you because of gang related issues?	2%	3%	2%	5%

## Main comparator and comparator to last time

### Key to tables

		HMP Wolds 2012	Category C training prisons comparator	HMP Wolds 2012	HMP Wolds 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	27%	23%	27%	19%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	9%	10%	9%	8%
8.7	Hit, kicked or assaulted you?	1%	2%	1%	0%
8.7	Sexually abused you?	1%	1%	1%	0%
8.7	Threatened or intimidated you?	9%	11%	9%	
8.7	Victimised you because of medication?	3%	3%	3%	
8.7	Victimised you because of debt?	2%	1%	2%	
8.7	Victimised you because of drugs?	5%	3%	5%	5%
8.7	Victimised you because of your race or ethnic origin?	3%	5%	3%	6%
8.7	Victimised you because of your religion/religious beliefs?	4%	3%	4%	5%
8.7	Victimised you because of your nationality?	1%	3%	1%	
8.7	Victimised you because you were from a different part of the country?	2%	4%	2%	5%
8.7	Victimised you because you are from a traveller community?	1%	1%	1%	
8.7	Victimised you because of your sexual orientation?	0%	1%	0%	1%
8.7	Victimised you because of your age?	3%	2%	3%	1%
8.7	Victimised you because you have a disability?	3%	2%	3%	0%
8.7	Victimised you because you were new here?	3%	4%	3%	1%
8.7	Victimised you because of your offence/crime?	2%	4%	2%	2%
8.7	Victimised you because of gang related issues?	2%	2%	2%	3%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	50%	40%	50%	48%

## Main comparator and comparator to last time

### Key to tables

	Any percentage highlighted in green is significantly better	HMP Wolds 2012	Category C training prisons comparator	HMP Wolds 2012	HMP Wolds 2009
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	31%	37%	31%	45%
9.1	Is it easy/very easy to see the nurse?	61%	60%	61%	75%
9.1	Is it easy/very easy to see the dentist?	11%	15%	11%	9%
	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?	33%	51%	33%	55%
9.2	The nurse?	49%	65%	49%	73%
9.2	The dentist?	44%	45%	44%	44%
9.3	The overall quality of health services?	30%	46%	30%	52%
9.4	Are you currently taking medication?	42%	46%	42%	40%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	88%	89%	88%	
9.6	Do you have any emotional well being or mental health problems?	22%	26%	22%	20%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	41%	53%	41%	
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	22%	22%	22%	20%
10.2	Did you have a problem with alcohol when you came into this prison?	20%	16%	20%	12%
10.3	Is it easy/very easy to get illegal drugs in this prison?	31%	31%	31%	48%
10.4	Is it easy/very easy to get alcohol in this prison?	18%	15%	18%	
10.5	Have you developed a problem with drugs since you have been in this prison?	10%	8%	10%	12%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	9%	5%	9%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	70%	66%	70%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	63%	75%	63%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	73%	80%	73%	81%

## Main comparator and comparator to last time

### Key to tables

		HMP Wolds 2012	Category C training prisons comparator	HMP Wolds 2012	HMP Wolds 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 11: Activities</b>					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	16%	49%	16%	
11.1	Vocational or skills training?	23%	40%	23%	
11.1	Education (including basic skills)?	64%	49%	64%	
11.1	Offending Behaviour Programmes?	12%	18%	12%	
Are you currently involved in any of the following activities:					
11.2	A prison job?	51%	63%	51%	59%
11.2	Vocational or skills training?	13%	19%	13%	20%
11.2	Education (including basic skills)?	38%	29%	38%	40%
11.2	Offending Behaviour Programmes?	12%	16%	12%	26%
11.3	Have you had a job while in this prison?	81%	87%	81%	74%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	48%	46%	48%	61%
11.3	Have you been involved in vocational or skills training while in this prison?	74%	78%	74%	46%
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?	58%	66%	58%	84%
11.3	Have you been involved in education while in this prison?	86%	83%	86%	67%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	60%	67%	60%	79%
11.3	Have you been involved in offending behaviour programmes while in this prison?	78%	76%	78%	57%
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?	61%	59%	61%	89%
11.4	Do you go to the library at least once a week?	48%	49%	48%	48%
11.5	Does the library have a wide enough range of materials to meet your needs?	58%	51%	58%	
11.6	Do you go to the gym three or more times a week?	57%	35%	57%	66%
11.7	Do you go outside for exercise three or more times a week?	56%	50%	56%	67%
11.8	Do you go on association more than five times each week?	85%	78%	85%	85%
11.9	Do you spend ten or more hours out of your cell on a weekday?	21%	14%	21%	20%
<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	38%	37%	38%	47%
12.2	Have you had any problems with sending or receiving mail?	31%	43%	31%	33%
12.3	Have you had any problems getting access to the telephones?	16%	26%	16%	6%
12.4	Is it easy/ very easy for your friends and family to get here?	27%	30%	27%	



## Main comparator and comparator to last time

### Key to tables

		HMP Wolds 2012	Category C training prisons comparator	HMP Wolds 2012	HMP Wolds 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 13: Preparation for release</b>					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	94%	86%	94%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	23%	30%	23%	
13.2	Contact by letter?	47%	41%	47%	
13.2	Contact by phone?	34%	26%	34%	
13.2	Contact by visit?	41%	39%	41%	
13.3	Do you have a named offender supervisor in this prison?	91%	69%	91%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	84%	71%	84%	83%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	75%	56%	75%	59%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	35%	40%	35%	
13.6	Offender supervisor?	49%	39%	49%	
13.6	Offender manager?	38%	32%	38%	
13.6	Named/ personal officer?	11%	16%	11%	
13.6	Staff from other departments?	19%	22%	19%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	71%	70%	71%	84%
13.8	Are there plans for you to achieve any of your targets in another prison?	28%	22%	28%	
13.9	Are there plans for you to achieve any of your targets in the community?	37%	30%	37%	
13.10	Do you have a needs based custody plan?	8%	7%	8%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	18%	19%	18%	21%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	36%	42%	36%	
13.12	Accommodation?	48%	46%	48%	
13.12	Benefits?	53%	43%	53%	
13.12	Finances?	39%	37%	39%	
13.12	Education?	37%	46%	37%	
13.12	Drugs and alcohol?	46%	54%	46%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	52%	56%	52%	55%

## Diversity Analysis



### Key question responses (ethnicity and religion) HMP Wolds 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	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>29</b>	<b>118</b>	<b>15</b>	<b>130</b>
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	3%	2%	7%	2%
1.6	Do you understand spoken English?	100%	100%	100%	100%
1.7	Do you understand written English?	100%	99%	100%	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)?			94%	12%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	2%	0%	2%
1.1	Are you Muslim?	49%	1%		
1.12	Do you consider yourself to have a disability?	7%	12%	6%	12%
1.13	Are you a veteran (ex-armed services)?	0%	6%	0%	5%
1.14	Is this your first time in prison?	38%	20%	27%	24%
2.6	Were you treated well/very well by the escort staff?	59%	76%	53%	76%
2.7	Before you arrived here were you told that you were coming here?	62%	77%	73%	74%
3.2	When you were searched in reception, was this carried out in a respectful way?	79%	92%	81%	91%
3.3	Were you treated well/very well in reception?	75%	91%	86%	88%
3.4	Did you have any problems when you first arrived?	56%	45%	41%	48%
3.7	Did you have access to someone from health care when you first arrived here?	79%	83%	86%	82%
3.9	Did you feel safe on your first night here?	97%	92%	94%	93%
3.10	Have you been on an induction course?	85%	80%	85%	81%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	59%	73%	65%	71%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	78%	85%	94%	83%
4.4	Are you normally able to have a shower every day?	97%	100%	100%	99%
4.4	Is your cell call bell normally answered within five minutes?	33%	47%	44%	44%
4.5	Is the food in this prison good/very good?	22%	28%	29%	26%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	11%	47%	15%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	60%	63%	56%	63%
4.8	Do you feel your religious beliefs are respected?	65%	55%	71%	56%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	65%	71%	65%	70%
5.1	Is it easy to make an application?	75%	93%	71%	91%
5.3	Is it easy to make a complaint?	70%	77%	77%	75%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	46%	62%	65%	58%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	54%	46%	65%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	3%	7%	0%	7%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	75%	86%	56%	87%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	57%	83%	65%	79%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	25%	20%	15%	22%
7.4	Do you have a personal officer?	68%	80%	56%	80%
8.1	Have you ever felt unsafe here?	29%	24%	29%	25%
8.2	Do you feel unsafe now?	15%	13%	21%	13%
8.3	Have you been victimised by other prisoners?	11%	13%	15%	13%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	3%	6%	6%	6%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	2%	6%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	3%	6%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	1%	0%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	4%	0%	3%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	35%	25%	31%	27%
8.7	Have you ever felt threatened or intimidated by staff here?	3%	10%	0%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	1%	7%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	8%	3%	7%	4%
8.7	Have you been victimised because of your nationality? (By staff)	0%	1%	0%	1%
8.7	Have you been victimised because you have a disability? (By staff)	0%	4%	0%	4%
9.1	Is it easy/very easy to see the doctor?	16%	35%	21%	33%
9.1	Is it easy/ very easy to see the nurse?	48%	64%	44%	64%
9.4	Are you currently taking medication?	29%	46%	35%	44%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	11%	25%	6%	24%
10.3	Is it easy/very easy to get illegal drugs in this prison?	25%	32%	29%	31%
11.2	Are you currently working in the prison?	50%	52%	50%	52%
11.2	Are you currently undertaking vocational or skills training?	19%	12%	15%	13%
11.2	Are you currently in education (including basic skills)?	35%	38%	44%	36%
11.2	Are you currently taking part in an offending behaviour programme?	8%	14%	15%	12%
11.4	Do you go to the library at least once a week?	62%	45%	47%	48%
11.6	do you go to the gym three or more times a week?	76%	52%	85%	53%
11.7	Do you go outside for exercise three or more times a week?	57%	56%	50%	57%
11.8	On average, do you go on association more than five times each week?	76%	86%	85%	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.)	8%	23%	6%	22%
12.2	Have you had any problems sending or receiving mail?	41%	29%	50%	29%
12.3	Have you had any problems getting access to the telephones?	26%	12%	21%	15%

## Diversity Analysis



### Key question responses (disability) HMP Wolds 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	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>16</b>	<b>131</b>
1.3	Are you sentenced?	<b>100%</b>	<b>100%</b>
1.5	Are you a foreign national?	<b>0%</b>	<b>2%</b>
1.6	Do you understand spoken English?	<b>100%</b>	<b>100%</b>
1.7	Do you understand written English?	<b>100%</b>	<b>99%</b>
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	<b>13%</b>	<b>21%</b>
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	<b>0%</b>	<b>2%</b>
1.1	Are you Muslim?	<b>5%</b>	<b>11%</b>
1.12	Do you consider yourself to have a disability?		
1.13	Are you a veteran (ex-armed services)?	<b>5%</b>	<b>5%</b>
1.14	Is this your first time in prison?	<b>13%</b>	<b>25%</b>
2.6	Were you treated well/very well by the escort staff?	<b>62%</b>	<b>74%</b>
2.7	Before you arrived here were you told that you were coming here?	<b>74%</b>	<b>74%</b>
3.2	When you were searched in reception, was this carried out in a respectful way?	<b>82%</b>	<b>91%</b>
3.3	Were you treated well/very well in reception?	<b>87%</b>	<b>88%</b>
3.4	Did you have any problems when you first arrived?	<b>62%</b>	<b>45%</b>
3.7	Did you have access to someone from health care when you first arrived here?	<b>95%</b>	<b>80%</b>
3.9	Did you feel safe on your first night here?	<b>74%</b>	<b>95%</b>
3.10	Have you been on an induction course?	<b>69%</b>	<b>83%</b>
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	<b>82%</b>	<b>69%</b>

## 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?	87%	83%
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?	44%	44%
4.5	Is the food in this prison good/very good?	39%	25%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	40%
4.7	Are you able to speak to a Listener at any time, if you want to?	56%	63%
4.8	Do you feel your religious beliefs are respected?	69%	56%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	81%	69%
5.1	Is it easy to make an application?	95%	89%
5.3	Is it easy to make a complaint?	73%	76%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	56%	60%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	44%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	7%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	87%	83%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	87%	77%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	39%	19%
7.4	Do you have a personal officer?	86%	77%
8.1	Have you ever felt unsafe here?	31%	24%
8.2	Do you feel unsafe now?	14%	14%
8.3	Have you been victimised by other prisoners?	39%	10%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	0%	6%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	1%
8.5	Have you been victimised because of your age? (By prisoners)	5%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	13%	2%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	44%	25%
8.7	Have you ever felt threatened or intimidated by staff here?	13%	9%
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)	5%	4%
8.7	Have you been victimised because of your nationality? (By staff)	0%	1%
8.7	Have you been victimised because of your age? (By staff)	5%	3%
8.7	Have you been victimised because you have a disability? (By staff)	5%	3%
9.1	Is it easy/very easy to see the doctor?	50%	29%
9.1	Is it easy/ very easy to see the nurse?	86%	58%
9.4	Are you currently taking medication?	74%	38%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	39%	20%
10.3	Is it easy/very easy to get illegal drugs in this prison?	44%	29%
11.2	Are you currently working in the prison?	44%	52%
11.2	Are you currently undertaking vocational or skills training?	13%	13%
11.2	Are you currently in education (including basic skills)?	26%	39%
11.2	Are you currently taking part in an offending behaviour programme?	13%	12%
11.4	Do you go to the library at least once a week?	53%	48%
11.6	Do you go to the gym three or more times a week?	39%	59%
11.7	Do you go outside for exercise three or more times a week?	44%	58%
11.8	On average, do you go on association more than five times each week?	82%	85%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	26%	20%
12.2	Have you had any problems sending or receiving mail?	19%	33%
12.3	Have you had any problems getting access to the telephones?	19%	15%