

Report on an unannounced inspection of

# **HMP Bure**

by HM Chief Inspector of Prisons

**29 April–10 May 2013**

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# Introduction

This is the second inspection of Bure, which opened in late 2009. Specialising in the detention and treatment of sex offenders and located in rural Norfolk, it is a category C training prison holding just over 500 prisoners. When we last visited we praised what had been a very smooth and effective opening phase. This inspection again found an institution where outcomes were reasonably good or better in three of our healthy prison tests, but had deteriorated in purposeful activity.

Bure is unquestionably a safe prison. All indicators point to this fact and in our survey the perceptions of prisoners were reassuring. Prisoners were received well into the prison, and levels of violence were low. There was some evidence of low level victimisation, and security arrangements lacked some proportionality, but use of force was rarely needed and segregation used sparingly. Levels of self-harm were similarly low, and care for those who did experience a self-harm crisis was good.

Living conditions were generally good, although individual accommodation was small. The prison was clean and prisoners were able to maintain decent levels of hygiene. Relationships were generally respectful and most prisoners had someone on the staff they could approach for help if needed. Work to promote diversity was generally effective, but despite this the significant black and minority ethnic population expressed more negative perceptions in our survey across a range of issues. The prison had already done some good work to investigate these concerns but needed to redouble efforts to understand these negative views.

Outcomes in health care were reasonable, but the arrangements for ordering and collection of medications were a concern. Some prisoners waited for days before getting their medications, often being turned away without treatment for what were sometimes serious conditions.

Purposeful activity was the weakest area overall and in need of improvement. Time out of cell was reasonable, and association and outside exercise were rarely cancelled or curtailed. However, the leadership and management of learning and skills needed to be improved. Standards were not being improved, and too much teaching and learning was just adequate. This affected, in particular, the less able or less motivated prisoners. There were insufficient activity places for the population and too many prisoners had not enough to do with their time. Nevertheless, there was good use of the places that were available and some positive outcomes were achieved. There was an appropriate focus on prisoners' future employability, but limited life skills support for a population that needed it.

Resettlement work continued to be strong, although the strategy required an update in line with a recently completed needs analysis. Offender management and resettlement work was properly integrated and case management seemed reasonable, but there was a large backlog of offender assessments that, importantly, addressed risk. Much better oversight and case supervision was also needed for the offender supervisors (officers) who were managing many high risk-of-harm sex offender cases. Public protection arrangements, reassuringly, were very good. Most support for resettlement was also good, aided by an excellent resettlement drop-in centre. The limited number of offending behaviour programmes meant delays for some prisoners in addressing sentence planning targets, but there had been some good early work with prisoners in denial of their offending behaviour.

Bure benefits from having a clear purpose, holding and treating sex offenders. As a group these prisoners are generally cooperative and easier to manage in a custodial context. The main challenge the prison faces is in ensuring its treatment of these men helps reduce risk as many prepare for release. Much of what has been achieved at Bure in its early years of operation is very good.

However, prisoners need to be occupied more fully, and incremental improvements are required to ensure offender management is operating to the highest standards.

**Nick Hardwick**  
HM Chief Inspector of Prisons

June 2013

# Fact page

**Task of the establishment**

HMP Bure is a category C prison. It is a sex offender treatment centre, which prioritises offenders from the East of England. The prison delivers a suite of nationally accredited offending behaviour programmes designed specifically to meet the needs of the establishment's sex offender population.

**Prison status**

Public

**Region**

East of England

**Number held**

520

**Certified normal accommodation**

503

**Operational capacity**

523

**Date of last full inspection**

September 2010

**Brief history**

HMP Bure is built on part of the former RAF Coltishall site, seven miles north of Norwich. Constructed in 2009, the prison is a mix of new buildings and converted RAF accommodation and service buildings.

**Short description of residential units**

There are six residential units comprising mostly single cells. The seventh residential unit is currently under construction with a planned completion date of September 2013. This unit will house a further 101 single cells. Five units each have four double cells totalling 20 across the prison. All cells have a personal safe and integral sanitation. Each unit has communal showers.

**Name of governor**

Sue Doolan

**Escort contractor**

Serco Wincanton

**Health service commissioner and providers**

Commissioner: NHS England

Providers: Serco

Addenbrookes Hospital

Cromer and District Hospital

Norfolk and Norwich University Hospital

James Paget Hospital

Horizon Health

**Learning and skills provider**

A4e

**Independent Monitoring Board chair**  
Brian Blake



# About this inspection and report

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

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.

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

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

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

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

Our assessments might result in one of the following:

- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
- **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.

Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Since April 2013, the majority of our inspections have been full follow-ups of previous inspections, with most unannounced. Previously, inspections were either full (a new inspection of the establishment), full follow-ups (a new inspection of the establishment with an assessment of whether recommendations at the previous inspection had been achieved and investigation of any areas of serious concern previously identified) or short follow-ups (where there were comparatively fewer concerns and establishments were assessed as making either sufficient or insufficient progress against the previous recommendations).

## This report

This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only quote statistically significant<sup>1</sup> comparisons between establishments and their comparators in the main body of the report.

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

# Summary

## Safety

- S1 *Some journeys to the prison were long but most prisoners were positive about the way escort staff treated them. Reception, first night and induction procedures were good. Most prisoners felt safe and the number of incidents was low but too many reported feeling victimised by staff and prisoners. Levels of self-harm were low and support for prisoners considered to be vulnerable was good. Security was mostly well managed but some arrangements were disproportionate. Prisoners were negative about the incentives and earned privileges (IEP) scheme. Few were segregated and the environment and relationships were good. Use of force was very low. Substance misuse services were in transition but prisoners were positive about the support provided. **Outcomes for prisoners were good against this healthy prison test.***
- S2 *At the last inspection in 2010 we found that outcomes for prisoners in Bure were good against this healthy prison test. We made 11 recommendations about safety. At this follow-up inspection we found that five of the recommendations had been achieved, one had been partially achieved and five had not been achieved.*
- S3 Some journeys to the prison were long but prisoners were generally positive about the way escort staff treated them. Reception was good, staff were polite and welcoming and processes were efficient. A good first night interview and appropriate checks were undertaken. Most prisoners reported that they felt safe on the first night. Induction commenced on the day after arrival; the induction process was thorough, involved staff representing different functions of the prison and covered relevant areas. However, some prisoners were less positive about it covering everything they needed to know.
- S4 The population was largely well behaved and most prisoners felt safe. There were few violent incidents, most of which were not serious. Our survey indicated that prisoners felt more victimised by both staff and other prisoners than those in comparator prisons. The last prison survey of prisoners' perceptions of safety had taken place in 2010. The number of incidents of bullying was small but investigations were often cursory. Too often the prison's solution was just to move prisoners around the units. The safer prison peer representatives helped to provide staff with a prisoner's perspective on the issues.
- S5 There had not been any self-inflicted deaths in the prison since it opened and only one serious incident of self-harm during the last year. Staff adopted a proactive approach to providing care: most self-harm monitoring documents were open for only a short time, reviews were held regularly and mental health nurses and the chaplaincy were involved when appropriate. Daily entries were often comprised of simple observations and did not always demonstrate any active engagement. The team of Listeners (prisoners trained by the Samaritans to support those at risk of self-harm) felt supported by safer custody staff and the Samaritans but not always by the wider staff group. Listeners were not involved in the reception process and were rarely used at night. There were no suites to support the scheme. The prison had no formal safeguarding policy or links with the local adult safeguarding board.
- S6 Security focused on maintaining a safe environment, but we identified some disproportionate restrictions, for example an overuse of strip-searching without completing adequate risk assessments. The flow of information into the security department was good and the supply

of tradable prescribed medication and illegal drugs was controlled well. The positive mandatory drug testing rate was very low.

- S7 Some prisoners felt demotivated because they thought the incentives and earned privileges (IEP) scheme was unfair, particularly where decisions related to sentence planning targets and progression to the enhanced level were concerned. The way that staff applied the scheme was not consistent with the IEP policy.
- S8 The number of dismissed adjudications was relatively high, mostly related to lack of evidence. The use of force was very low but monitoring of the relatively few incidents needed to improve. Use of force reports we looked at were of a good standard and in most instances indicated an appropriate response. The segregation unit was a good, clean facility, but the exercise yards were cage-like. Prisoners were routinely strip-searched on arrival. Staff-prisoner relationships in the unit were good and care plans were in place where appropriate. Individual regimes had been developed for long-stay residents. Special accommodation was rarely used.
- S9 Although the number of prisoners involved in the integrated drug treatment system was small, the service was resourced and delivered well. Prisoners were very satisfied with the support provided for drug and alcohol problems. Accredited drug and alcohol programmes were on hold pending the full introduction of the Rehabilitation for Addicted Prisoners Trust psychosocial service, and the Alcoholics Anonymous support group was not currently available.

## Respect

S10 *Living conditions and outside areas were good. Relationships were generally respectful and most prisoners knew a member of staff who would help them. Equality and diversity support was good for most, including the large number of older and disabled prisoners, but black and minority ethnic prisoners were negative about a range of important outcomes. Faith services were good. Complaints were well managed. Legal services support was limited. Health services were reasonable and many prisoners were positive about them. Mental health provision needed better integration and arrangements for supplying and collecting medications needed urgent attention. Despite efforts to provide a healthy diet many prisoners did not like the food and some were negative about the range of goods available from the canteen. **Outcomes for prisoners overall were good against this healthy prison test.***

S11 *At the last inspection in 2010 we found that outcomes for prisoners in Bure were good against this healthy prison test. We made 40 recommendations about respect.<sup>2</sup> At this follow-up inspection we found that 18 of the recommendations had been achieved, six had been partially achieved, 15 had not been achieved and one was no longer relevant.*

S12 The prison grounds were pleasant, clean and well kept. Residential units too were clean and mostly well maintained. Action was being taken to address heating and flooring defects. Cells were decent but small, which meant that storage space was limited. Toilets had lids but the privacy signs for observation panels in single cell doors were inadequate. Cells had intercoms and prisoners were positive about staff responding to them. Access to showers was good and had improved for those with poor mobility. Toiletries were provided, prison clothing was reasonable and the laundry provision was adequate, as was prisoners' access to clean

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

bedding. The rule restricting prisoners from having property sent in was unnecessary. There was a reasonable applications system, although applications were not tracked; however, prisoners made good use of the 'drop-in' centre to resolve issues.

- S13 In our survey, three quarters of prisoners said most staff treated them with respect, although black and minority ethnic prisoners were more negative. Most prisoners said they had a member of staff they could turn to for help with a problem. We observed generally positive and respectful interactions. Despite this over a third of prisoners reported being victimised by staff, although we did not observe this during the inspection. Prisoners had a personal officer whom they saw regularly, but there was little evidence of positive work to support and motivate prisoners to address their offending behaviour.
- S14 There was a well attended equalities action team meeting involving senior management; however, the prison was not analysing data across all protected characteristics. The equalities action plan was weak. Responses to discrimination incident reporting forms were reasonable and we saw evidence of good quality assurance and external independent scrutiny.
- S15 In our survey, black and minority ethnic prisoners reported more negatively across a range of areas. The prison had made some positive efforts to investigate the negative perceptions, but more work was needed. Foreign national prisoners were well catered for, although there was no specialist advisory support available. Provision for the sizeable group of older and disabled prisoners was reasonably well developed. Some staff refused to push wheelchairs if needed. Gay and transgender prisoners felt well cared for.
- S16 A good range of paid and voluntary chaplains catered for the faith needs of most prisoners. Chaplains were well integrated into the daily regime of the prison and provided a good range of pastoral support.
- S17 Prisoners had limited confidence in the complaints system but responses we looked at were generally polite, answered the issues raised and were usually timely. We saw examples of complaints being upheld and action taken as a result. Legal visits took place in the main visiting area, which lacked privacy.
- S18 Prisoners were very positive about the care and treatment they received from the health care department, particularly nursing provision. The nurse practitioner service was excellent and there were good working relationships with the primary care team. The availability of nurse-led clinics was reasonable.
- S19 The medicine queues were unacceptably long and prisoners were regularly turned away without receiving their medication. There was a long waiting list for initial and ongoing appointments to see the dentist. Mental health services were reasonable, however they were not adequately integrated with the primary health care team and there was insufficient access to counselling services.
- S20 Despite efforts to provide a balanced and healthy diet many prisoners did not like the food. Black and minority ethnic prisoners were particularly negative. Consultation was reasonable but more needed to be done to explore black and minority ethnic prisoners' dissatisfaction with the food.
- S21 Prisoner canteen representatives had regular meetings with relevant staff and could change items on the list every quarter. The prison had not undertaken a survey of prisoners' views about canteen provision; many were negative about the range of items available.

## Purposeful activity

S22 *Most prisoners had good time out of cell, and association and exercise were rarely cancelled. The leadership and management of learning and skills needed to improve. There was a significant shortfall in the number of activity places available. Reasonable use was made of the opportunities available and some achievements were good. There was an appropriate focus on employability but limited life skills support. Too much teaching was just satisfactory and opportunities were limited by the facilities available. The library and gym were good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S23 *At the last inspection in 2010 we found that outcomes for prisoners in Bure were reasonably good against this healthy prison test. We made 13 recommendations about purposeful activity. At this follow-up inspection we found that five of the recommendations had been achieved, three had been partially achieved, three had not been achieved and two were no longer relevant.*

S24 Time out of cell was reasonably good and almost all prisoners were out of their cells for the activity periods during the core day. Exercise and association were rarely cancelled.

S25 Overall the management of learning and skills required improvement. The curriculum was based on a clear analysis of prisoners' needs and well informed by the work of the National Careers Service, but inhibited by the limited space available for activities. The curriculum did not focus sufficiently on independent living skills for the large number of prisoners who were elderly or who had been in prison for a significant period. Quality assurance and performance management had not led to sufficiently rapid improvements in teaching and learning. There were plans to improve the quality of teaching, which was no better than satisfactory. Prisoners' views contributed to the design of the curriculum and were included when identifying areas for improvement.

S26 There were too few activity places for the population. The majority of work, education and vocational training was part time. During a full-time week, on average, 61% of the population were in activities in the morning and 54% in the afternoon. This included wing workers. Staff worked hard to use the limited activities; about 80% of places were filled. Most prisoners had something to do but the spread of work was uneven: about 37% were fully engaged, but 45% had five or fewer sessions of work, and a few only one or two sessions per week. Scheduling took good account of individual educational needs and employment aspirations; however, the limited range of activities meant the prison could not implement a fully sequenced approach to improving prisoners' skills.

S27 Teaching and learning required improvement. The majority of teaching and learning was no more than satisfactory, although it was better in vocational areas. Few teachers made effective use of the information technology (IT) systems available to them. Prisoners' English and mathematics skills were appropriately developed through a range of education classes and some good embedding within vocational teaching. The assessment of prisoners' literacy and numeracy skills was used well to ensure they were on the appropriate course level.

S28 Overall success rates for qualifications were high; however, achievements in functional skills required improvement. There was no significant variation in outcome by different groups of prisoners. Standards of work in IT, multi-skills and art were good. Barbering training was good and provided prisoners with useful qualifications and skills for employment as the work was to industry standards. There was a clear focus on developing employability skills and most prisoners demonstrated positive team working ability, improved confidence and an appropriate work ethic. The development of skills in some vocational areas was inhibited by the poor resources.

- S29 The small library provided a good service, including activities to promote reading. However, access was limited with no opening at weekends or evenings. It stocked a good range of material, including an appropriate range in foreign languages.
- S30 The gym was popular and effective. It had good links with the health care department and promoted healthy living. However, it had withdrawn from contributing to the smoking cessation programme. Access was satisfactory. It provided a good range of activities for older prisoners and an effective Toe by Toe mentoring scheme to help prisoners learn to read.

## Resettlement

- S31 *Strategic management of resettlement was reasonable and developing. Resettlement and offender management unit (OMU) workers were well integrated and the drop-in facility was an excellent initiative. All prisoners were seen on arrival and at the pre-release stage. Not all prisoners had a regular sentence planning board, some reviews were not up to date and supervision of high risk cases needed to improve. Public protection arrangements were robust. Reintegration work was generally well developed, with a good range of resettlement provision available, although support to help prisoners maintain contact with family and friends needed to improve. Prisoners complained about delays in accessing offending behaviour programmes but the limited number available were allocated according to a sensible set of criteria. There was some promising early work to address issues around denial. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S32 *At the last inspection in 2010 we found that outcomes for prisoners in Bure were reasonably good against this healthy prison test. We made 24 recommendations about resettlement. At this follow-up inspection we found that 11 of the recommendations had been achieved, four had been partially achieved and nine had not been achieved.*
- S33 A new needs analysis had been prepared, but had not yet been used to inform a review of the existing resettlement strategy. The existing strategic document needed to be updated, but was otherwise sound. Coordination between the resettlement team and the OMU was good, but personal officers were not involved in resettlement activities.
- S34 Contact with prisoners across the resettlement unit and the OMU varied, but all were seen shortly after arrival and at other key points. Prisoners could also receive OMU support by attending the drop-in centre, which made it easy for them to contact a variety of service providers. About 78 offender assessment system (OASys) reviews were overdue, some by many months. There was no professional supervision for officer offender supervisors managing high risk cases and management oversight of a number of OMU processes was insufficient.
- S35 Public protection arrangements were good and information accurately disseminated around the prison. However, prisoners needed to be informed that all correspondence and telephone calls would be monitored for a period after their arrival. Categorisation work was good. Parole work for indeterminate sentence prisoners was up to date, but there was limited specific support for them.
- S36 All prisoners were seen during induction by the resettlement coordinator and signposted to relevant resettlement services. A meeting with the offender supervisor followed within 72 hours. Pre-release work started six months before release, with a series of further resettlement appointments to reassess needs.

- S37 Accommodation services were good, with very few prisoners released without an address. A realistic range of vocational training and education focused on providing prisoners with the skills and knowledge required for self-employment. Prisoners due for release were given support to produce a CV and to identify potential employment and training opportunities. Support around health and substance misuse on release was appropriate. Prisoners could obtain good advice about finance, benefits and debt and could open bank accounts, but there were no money management courses.
- S38 The visitors' centre was welcoming, but both here and in the visits hall, the refreshments available were inadequate. The visiting room was unwelcoming, with fixed, crowded furniture and no supervised play area. Prisoners had to wear coloured bibs and prison uniform and visits regularly started late. There was confusion about the rules for prisoners having family photographs. The overall visitor experience needed improvement. A more strategic approach to children and families work was needed.
- S39 There was a good variety of well managed accredited offending behaviour programmes, which broadly met the needs of the population. Assessments were up to date. Work to motivate prisoners who were in denial of their offence was developing. However, as elsewhere in the prison estate, there was a backlog of prisoners requiring sex offender treatment, including a number of indeterminate sentence prisoners who were over their tariff. Waiting lists were well managed, but waits could be very long, which prisoners found frustrating.

## Main concerns and recommendations

- S40 Concern: Prisoners had to queue outside the health care department for medications. We were informed of errors in the medicines supplied. Many prisoners complained that they did not receive their repeat prescriptions on time and we observed some prisoners who had not received their medications over successive days. These were predominantly older and less able prisoners. Pressure to see as many prisoners as possible during the administration period meant that pharmacy staff put tablets into unlabelled medicine cups and cut strips of tablets from compliance aids (to help patients comply with the administration of their medicine) in the time running up to the administration slot. This meant unlabelled medicines were present in the pharmacy. These practices constituted a high risk of patient harm.

**Recommendation: The governor and head of health care should ensure that prisoners are not turned away from the medicine queue before they receive their medication, and dispensing arrangements should be reviewed to ensure that prisoners receive accurately dispensed medicines within a realistic timeframe.**

- S41 Concern: Learning and skills quality assurance arrangements were not leading to sufficient improvement in teaching and learning, too much of which was merely satisfactory. Managers were not adequately targeting staff development or the quality of teaching, or setting challenging targets for improvement. These problems particularly affected less confident and able prisoners.

**Recommendation: The systems to quality assure teaching and learning and to appraise staff should be improved so that the overall quality of learning and skills achievement is adequate for all prisoners, regardless of their ability.**

- S42 Concern: Too few purposeful activity places meant that the population could not be fully occupied. Only 37% were fully employed and a large number were engaged in wing-based



work, which provided limited meaningful occupation. Forty-five per cent had five or fewer sessions per week.

**Recommendation: The number of activity places for prisoners should be sufficient to meet the needs of the population fully.**

- S43 Concern: There was no evidence of regular and systematic case sampling to monitor the performance of offender supervisors who managed high risk of harm cases. This matter was raised at the last inspection and, given the nature of the prison population, was crucial in ensuring risks were being managed effectively.

**Recommendation: There should be routine management oversight of assessment and sentence planning in all high risk of harm cases and those involving child protection issues to ensure everything possible is being done to manage and reduce the risk of re-offending.**



# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

- I.1** *Prisoners had long journeys to the prison and were not routinely offered toilet breaks. In our survey most prisoners said they were treated well by escort staff. Some prisoners arrived having received very little notice of their transfer.*
- I.2** In our survey, 83% of prisoners said they had spent more than two hours on an escort van against a comparator of 44%. The person escort records (PERs) we viewed showed that toilet breaks were not routinely offered on longer journeys. Staff told us that reception did not close for lunch, and prisoners did not raise concerns about being made to wait outside on vans. Prisoners were not handcuffed from the escort vehicle to the reception. The escort vehicle we inspected was clean and fit for purpose. Seventy-seven per cent of prisoners said they were treated well by escort staff although black and minority ethnic prisoners reported more negatively.
- I.3** Some prisoners arrived having received very little notice of their transfer, including one who had been told at 9am that morning and was on the escort vehicle by 9.47am. He was distressed because he was unable to contact his family to inform them of the move. Staff said other prisoners arrived confused about which prison they were in.

### Recommendations

- I.4** **Prisoners on long journeys should be given toilet breaks at least every two and a half hours.** (Repeated recommendation I.8)
- I.5** **Prisoners should be given sufficient notice of planned transfers and information about the prison to which they are being transferred.**

## Early days in custody

### Expected outcomes:

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

- I.6** *The environment in reception was good. Staff were polite and welcoming and most prisoners said they were treated well. Reception processes were efficient. Some prisoners complained about being unable to retain property that had been approved in their previous establishment. There were no listeners or peer supporters in reception. A good first night interview and appropriate checks were*

*undertaken, and an induction started the day after arrival. Most prisoners said they felt safe on the first night. The induction process was thorough, involved staff representing different prison functions and covered relevant areas, although prisoners said it was difficult to take in all the information.*

- 1.7** Reception was clean and bright and had four holding rooms. Staff were polite and welcoming and in our survey, 85% of prisoners said they were treated well in reception against a comparator of 72%, although black and minority ethnic prisoners reported more negatively. Reception processes were swift and efficient; each prisoner was booked in individually, searched, their property recorded, and seen privately by health care staff. Some prisoners complained about being unable to retain property that had been approved in their previous establishment, which they found confusing. All new prisoners had a cell-sharing risk assessment and were provided with a reception pack. A prisoner worked in reception, but he was not a Listener (prisoners trained by the Samaritans to support those at risk of self-harm) or prison Insider (prisoners who introduce new arrivals to prison life) (see section on self-harm and self-harm prevention). This meant the opportunity to put prisoners at ease had been missed. Staff made calls on behalf of new prisoners owing to the establishment's public protection measures. Given the nature of the population's offences, this was proportionate.
- 1.8** There was a robust first night and induction policy. A good first night interview was undertaken privately in reception; it covered key areas such as self-harm, and included a brief discussion about the regime. Once all reception processes were complete prisoners moved to a designated induction wing on Residential Unit 6 where they remained at least until induction was complete. Cells for new arrivals had been cleaned and a notice board displayed useful regime information. Night staff checked new prisoners at least three times during their first night and recorded these checks; in our survey most prisoners said they felt safe on their first night.
- 1.9** Induction commenced the day after arrival, except for those arriving on a Friday who started it on Monday. It lasted between one and two days, involved staff from a range of prison disciplines and covered all pertinent information. Prisoners were given an induction 'passport' as a record of the induction modules. An induction peer mentor lived in the unit, and participated in the induction and provided new prisoners with assistance. In our survey, while 98% of prisoners said they had received an induction, only 54% said it covered everything they needed to know about the prison. Prisoners we spoke to said the induction contained so much information it was difficult to take it all in.

## Recommendation

- 1.10** **The reception orderly should be a trained Listener or Insider.** (Repeated recommendation 1.18)

## Bullying and violence reduction

### Expected outcomes:

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

- I.11** *There were few incidents of violence and most prisoners felt safe. The number of incidents or assaults was small. Scrutiny of safety data was good but procedures to investigate and resolve incidents were weak. There had been no survey to help understand prisoners' perceptions of victimisation. Mediation could have helped resolve many of the low level conflicts.*
- I.12** The population was largely well behaved and most prisoners felt safe. There were few violent incidents; most of them were not serious and were often associated with verbal threats or insulting remarks between prisoners. Potential risks were reduced through cell-sharing risk assessments, which were completed on arrival and reviewed.
- I.13** There were on average four fights or assaults each month. A comprehensive monthly safer prisons report analysed indicators of violence and compared current data on violence with those from 2011. There were no significant differences. All records of prisoners' injuries were scrutinised and very few were unexplained.
- I.14** The number of bullying incidents was low – an average of three each month. They were often associated with tobacco debt or trading medications. Procedures, however, were weak and investigations often cursory. Individuals were seldom challenged about their behaviour. Entries in monitoring booklets were largely observational and too often the prison's solution was just to move prisoners around the units. Victim support plans were largely superficial. The prison did not provide mediation, which could have helped address many of these tensions, or any specific interventions to help challenge bullying behaviour.
- I.15** Despite the small number of violent incidents, our survey indicated that more prisoners felt victimised by both other prisoners and staff than in comparator prisons. Prisoners generally felt they were victimised through the application of rules and disproportionate levels of security. Older prisoners and those with a disability felt more victimised and black and minority ethnic prisoners were particularly negative; they felt more victimised by both other prisoners and staff. The ethnicity of prisoners involved in incidents was monitored and there was no evidence to support these perceptions. The staff group was largely white, which may have influenced these prisoners' views. An exit survey had been completed, but not analysed. There had been no wider survey of prisoners' views of safety since 2010. It was positive that more prisoners felt able to report victimisation.
- I.16** A bimonthly safer custody meeting was reasonably well attended, although representatives from the security department did not attend regularly. An officer acted as the full-time safer custody officer covering both violence reduction and suicide prevention.
- I.17** 'Safer prison' peer representatives attended the safer custody meeting and provided staff with a prisoner perspective on the issues. The representatives had received no training; a compact described their role as 'supporting and advising victims and perpetrators' and 'diffusing situations'. Staff could, with the victim's permission, involve them in the investigation of incidents. Some representatives said they would challenge the suspected perpetrator, which meant they could become involved in conflicts. The prison needed to ensure their role did not become counter-productive. The representatives met occasionally with the safer custody officer.
- I.18** A review of the current violence reduction strategy was overdue.

## Recommendation

- I.19 A survey of prisoners should be completed to understand prisoners' perceptions of victimisation and the findings acted on.**

## Housekeeping points

- I.20** Representatives from the security department should routinely attend the violence reduction meetings to help improve links with safer custody.
- I.21** The violence reduction strategy should be reviewed.

## Self-harm and suicide prevention

### Expected outcomes:

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

- I.22** *There had been no self-inflicted deaths since the prison opened and the level of self-harm was low. Procedures to care for those at risk were reasonable and staff provided proactive care, but daily entries needed improvement. There was no Listener suite and Listeners did not feel supported by all staff.*

- I.23** There had been no self-inflicted deaths since the prison opened and only one serious incident of self-harm over the last year. This had been investigated to identify lessons learnt. The regime was relaxed and supported safety. More prisoners said that they had a member of staff to turn to if they needed help. There were on average fewer than seven incidents of self-harm each month, often carried out by a small number of prisoners. This was similar to levels over the last two years.
- I.24** Details of each incident were reported to the bimonthly suicide prevention meeting. Staff adopted a proactive approach to care. An average of 11 assessment, care in custody and teamwork (ACCT) self-harm monitoring documents were opened each month. Most were open for only a short time. Initial assessments were satisfactory, but only one assessor was from a non-uniformed grade. Reviews were chaired by custodial managers and held regularly. Mental health nurses and the chaplaincy were involved when appropriate. We found one case of a prisoner on an open ACCT document who was on the basic regime. There was no evidence that discussions had taken place about the impact this could have on his care.
- I.25** Daily support entries were often simple observations and did not always reveal any active interaction. Twenty-four staff had received some training in ACCT procedures in the last six months.
- I.26** Safer cells or strip-clothing were not used. The chaplaincy offered some bereavement support, but access to counselling support or therapeutic interventions for prisoners subject to sexual abuse was insufficient (see sections on delivery of care (mental health) and additional resettlement services).

- I.27** The Listeners team felt supported by safer custody staff and the Samaritans but not always by the wider staff group. They were not used in reception but were involved in induction. They were rarely used at night, a concern that Listeners raised regularly at suicide prevention meetings. There were no Listener suites to support the scheme. Prisoners could use a portable phone to contact the Samaritans; they could also use phones on landings to call the Samaritans and other helplines, although these calls were not free.
- I.28** Action had been taken in response to recommendations about emergency procedures following a death of a prisoner from natural causes in 2012.

## Recommendations

- I.29** **The standard of entries in assessment, care in custody and teamwork documentation should be of a consistently high quality.** (Repeated recommendation 3.18)
- I.30** **Support for the Listener scheme should be improved.**

## Safeguarding (protection of adults at risk)

### Expected outcomes:

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

- I.31** *There were no formal links with the local authority safeguarding board. Some local informal procedures provided support for some adults at risk to promote their welfare.*

- I.32** There were no formal safeguarding policies or links with the local authority adult safeguarding board. The needs of more vulnerable prisoners were recognised through some existing provisions. Care plans had been developed for particular prisoners with complex needs. A 'reasonable adjustments committee' focused largely on the needs of older and disabled prisoners. There were informal arrangements for wing cleaners to help in the care of less able prisoners and the prison had engaged a voluntary group to help them establish a buddy scheme, including paid and trained peer support workers (see section on equality and diversity).

## Recommendation

- I.33** **The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.**

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

## Security

### Expected outcomes:

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

- I.34** *Security appropriately focused on maintaining a safe environment, but we identified some disproportionate restrictions. The flow of information into the security department was good and the supply of tradable medication and illegal drugs was controlled well.*
- I.35** The security department was well resourced, and there were good relationships with police intelligence officers and links with the Child Exploitation and Online Protection Centre (CEOP), a department of the Metropolitan Police Service.
- I.36** Monthly security meetings were well attended and its membership was appropriate. Objectives agreed at these meetings were ratified at monthly senior management team (SMT) meetings. Security appropriately focused on maintaining a safe environment, but we identified some disproportionate restrictions, for example an overuse of strip-searching (see also sections on public protection and children, families and contact with the outside world). Documents did not record authorisation or reasons for strip-searches. Drug dogs were sometimes used for searches, even when intelligence did not indicate their use was necessary.
- I.37** The flow of information into the security department was good and the supply of tradable medication and illegal drugs was well controlled. In the last six months 1, 535 security information reports (SIRs) had been submitted, slightly fewer than for the same period last year. Requests for intelligence-led searches and drug tests resulting from SIRs, were not logged, so it was not possible to determine if opportunities to act on intelligence had been missed. Most SIRs were about inappropriate behaviour, drugs or medication, and child protection.
- I.38** One visitor had been banned and two closed visits had been offered in the last year; these had been appropriately authorised and reviewed and all had been for reasons directly related to visits. A drug dog indication led to a closed visit, even if there was no other supporting intelligence.
- I.39** The average random positive mandatory drug testing (MDT) rate for the six months to April 2013 was 1.28%. In our survey only 12% against the comparator of 30% said it was easy to obtain illegal drugs and fewer prisoners than in comparator prisons (2% compared with 7%) said they had developed a problem with drugs in the prison. In the six months to April 2013, three suspicion tests were completed, with two positive results. The MDT suite was clean, tidy and appropriately equipped.
- I.40** The only tradable medication given in possession was co-codamol, which was dispensed weekly. This was proportionate given the high risk of medications being traded among this population.



## Recommendation

- I.41** The prison should review its searching procedures, and ensure that strip-searches and the use of dogs are appropriately authorised, take place only if intelligence indicates a need and the rationale for their use is recorded.

## Housekeeping point

- I.42** A log of target drug tests and cell searches resulting from security information reports should be maintained, and monitored for completion.

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

### Expected outcomes:

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

- I.43** *There was reasonable oversight of the IEP scheme but prisoners were more negative than the comparator about fairness and the scheme's ability to motivate them to change their behaviour. Prisoners were paid according to their IEP status, which was not appropriate.*

- I.44** Oversight of the IEP scheme was reasonable and quarterly meetings were well attended and included prisoner representation. The IEP scheme was also discussed at SMT meetings. In our survey 49% of prisoners said they had been treated fairly in their experience of the IEP scheme, and 37% said the scheme helped them change their behaviour. Both figures were significantly lower than the comparator.

- I.45** There were 293 prisoners on the enhanced level and two on the basic level. The average length of time on the basic level was 24 days; despite weekly reviews some managers applied a blanket 28 days regardless of whether a prisoner's behaviour had improved. Some prisoners felt demotivated because they perceived the IEP scheme to be unfair, particularly in sentence planning targets related to sexual offending for those in some stage of denial, and progression to the enhanced level. In addition, some staff said that they required prisoners to 'go above and beyond' the behaviour outlined in the IEP policy to achieve the enhanced level. Prisoners appealing decisions received written responses. Prisoners were paid according to their IEP status which meant, for example, that enhanced prisoners were paid more for doing the same job as those on the standard regime. This was inappropriate.

## Recommendations

- I.46** Moves between the IEP levels should take place as soon as a prisoner meets his agreed and recorded behaviour targets.
- I.47** Prisoners' pay should not be determined by their IEP level.

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

## Discipline

### Expected outcomes:

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

**I.48** *The number of dismissed adjudications was too high. Use of force was very low but monitoring of incidents needed to improve. Use of force reports we looked at were of a good standard. The segregation unit was a good, clean facility, but the exercise yards were cage-like. Prisoners were routinely strip-searched when they were re-located to the segregation unit.*

### Disciplinary procedures

- I.49** Oversight of the adjudications process was reasonable. There were quarterly, well attended adjudication meetings chaired by the governor. Monitoring did not cover all the protected characteristics. The adjudications policy had been impact assessed.
- I.50** Prisoners subject to adjudication were given adequate time to consult with legal representatives and were advised about the appeals procedure. Records of hearings showed that questioning was thorough, prisoner participation good and mitigation considered. There had been 180 adjudications in the last six months, which was low, but similar to the same period last year. The number of dismissed adjudications was relatively high, mostly due to lack of evidence.
- I.51** Most adjudications related to unauthorised items, disobeying lawful orders and using threatening, abusive or insulting words and behaviour. Four adjudications had been referred to the Independent Adjudicator (judge) in the last six months and heard within appropriate timescales. Punishments were in line with local tariffs, which were regularly reviewed. No quality checks of completed adjudications took place.

### The use of force

- I.52** There had been 16 use of force incidents in the last six months, which was low; of these 11 had not involved the use of control and restraint (C&R) techniques. There had been two planned prisoner relocations in the last year, which had been filmed. Footage showed that de-escalation and minimum force had been used.
- I.53** There was no mechanism for the routine scrutiny and monitoring of the use of force. Use of force reports were of a good standard, but were not always accompanied by a medical examination form. A creditable 97% of staff were up to date with their (C&R) training.

### Recommendation

- I.54** **Arrangements for the monitoring and scrutiny of use of force should be established.**

## Segregation

- I.55** Use of segregation was low reflecting the few incidents at the prison. The unit was a good clean facility, but the exercise yards were cage-like. There were 10 cells, including two special cells, which had not been used in the last year. Strip-searching on entry to the unit was routine, and the reasons and authorisation for this had not always been recorded (see section on security). Staff-prisoner relationships were good.
- I.56** The comprehensive segregation policy had been assessed for its impact on equality. Quarterly segregation meetings, chaired by the governor, were well attended, but monitoring did not include all the protected characteristics. Staff working in the unit had completed a reasonable range of training. Entries in daily segregation history sheets were often cursory and did not always record statutory visits or regime activities. However, digital case note entries were better and captured most relevant information.
- I.57** Prisoners received information about the unit on relocation, and the regime was displayed in each cell. Prisoners' access to regime activities was not risk assessed, so all activities took place on an individual basis. Individual regimes had been developed for long-stay residents. An average of three prisoners per week had been located in the unit during the last year; the longest stay was 34 days. Segregation reviews were carried out on time and care and support plans had been in place where appropriate. Two prisoners in the last year had met the criteria for being transferred to a secure psychiatric unit. They had been held in the segregation unit at the time of transfer, which in both cases had taken too long (see section on delivery of care (mental health)).

## Recommendation

- I.58** **The segregation exercise yards should be re-modelled to provide a decent environment.**

## Housekeeping point

- I.59** Monitoring of adjudications, use of force, and segregation should include all the protected characteristics.

## Substance misuse

### Expected outcomes:

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

- I.60** *Although the number of prisoners involved in the integrated drug treatment system (IDTS) was small, it was a well-resourced and well-integrated service. Prisoners were very satisfied with the main components of the newly established psychosocial service; however, accredited drug and alcohol programmes were on hold and prisoners had no access to Alcoholics Anonymous (AA) meetings.*

- I.61** Seven prisoners were receiving reducing doses of opiate substitution treatment through the IDTS. The service was well resourced with a dedicated specialist nurse and good integration with the primary health care and psychosocial services. Medication administration facilities were good although the ventilation in the waiting room was inadequate.

- I.62** Prisoners were very satisfied with the main psychosocial components delivered by the Rehabilitation for Addicted Prisoners Trust (RAPt). These comprised one-to-one work, weekly drop-in sessions, IDTS modules and recovery groups. In our survey, more than the comparator said that the support they had received for drug or alcohol problems was helpful (93% against 80%).
- I.63** Psychosocial services had transferred to RAPt on 1 April 2013 and the service was still in a state of transition to a new ethos with a greater emphasis on the promotion of abstinence-based recovery. All accredited drug and alcohol programmes were on hold pending final decisions on the programmes to be delivered and the completion of staff training in the RAPt programme delivery.
- I.64** Additionally, prisoners had no access to AA meetings as national vetting procedures prevented external facilitators who were previously involved from attending them. This was disappointing given that in our survey more than the comparator (25% against 17%) had an alcohol problem on arrival.
- I.65** The prison's Tackling Drugs Through PE scheme provided prisoners involved in the IDTS and RAPt programmes with a very well-structured health improvement plan, motivational exercise regimes and an entry level national vocational qualification in the principles of health and fitness. The drug strategy document had been updated and was linked to an action plan overseen by the bimonthly drug strategy committee meeting.
- I.66** Compact-based drug testing (voluntary testing with a therapeutic aim) was delivered appropriately with special provisions for prisoners in trusted positions.
- I.67** There were good arrangements to treat prisoners with a dual diagnosis (with both mental health and substance misuse problems) through well-organised integrated working between RAPt, the IDTS, the health care department and the primary mental health team.

## Recommendation

- I.68** **Drug and alcohol groupwork programmes should be introduced as soon as possible.** (Repeated recommendation HP45)

## Housekeeping point

- I.69** Ventilation in the medication administration waiting room should be improved.

## Good practice

- I.70** *The Tackling Drugs Through PE programme gave prisoners excellent health improvement opportunities.*

## Section 2. Respect

### Residential units

#### Expected outcomes:

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

- 2.1** *The prison grounds were pleasant and the residential units clean and largely well maintained. Cells were small but general facilities were good. There was a reasonable system for applications and meetings were held with prisoner representatives. Rules on property being sent in were too restrictive. Prisoners had daily access to showers and weekly access to clean clothes and bedding.*
- 2.2** The prison grounds were pleasant, clean and well kept. Each unit had two floors with four spurs with cells on either side. One cell in units 5 and 6 had been adapted for prisoners with poor mobility. There were informal arrangements for wing cleaners to help in the care of less able prisoners and plans to develop a formal scheme.
- 2.3** Unit 2 had single cells throughout. The other five units each had four double cells. Most prisoners were initially allocated to a shared cell and moves to single cells were managed fairly. Cells had intercoms and prisoners were positive about staff responding to calls.
- 2.4** Single cells were well decorated but small and storage was limited with nowhere to hang clothes. All cells had privacy locks, but there were no lockable cupboards in double cells. Cells had small safes for medication. We heard several complaints about cold cells, but were assured that action was being taken to address problems with the heating system.
- 2.5** Prisoners ate their meals in their cells. In-cell toilets had makeshift lids but toilets in single cells did not have screens and privacy signs that prisoners could place in the observation panel in the door were inadequate. Double cells had better toilet screening.
- 2.6** There was generally good access to private, clean shower cubicles. Access to showers had also improved for those with poor mobility. An easy access shower had been installed on the ground floor of each unit. Toiletries were supplied.
- 2.7** Communal areas on most units were clean and mostly well maintained. Some flooring defects in two association rooms were being addressed. Notice boards were neatly ordered and a selection of recreational activities was available in each unit.
- 2.8** The applications system was reasonable. A new process had been introduced in April 2013. Application forms for some common services such as catalogue orders were freely available. Prisoners had to ask officers for general application forms; this provided wing officers with the opportunity to resolve issues quickly. Applications were logged although not tracked. It was difficult to know how long prisoners waited for responses as they were not quality assured. Prisoners made good use of the drop-in centre to resolve issues (see section on resettlement). There were no boxes for applications to the Independent Monitoring Board.
- 2.9** Each unit had four telephones. All had privacy hoods but those by the association areas provided little privacy. In our survey fewer prisoners than in comparator prisons said they had problems getting access to telephones or sending or receiving mail.

- 2.10** Prisoners on the enhanced and standard regimes could wear their own clothes. Enhanced level prisoners could also have personal bedding. Each landing was allocated a specific day to wash personal clothing at the unit laundry. Prison clothing was reasonable and there was a weekly kit exchange.
- 2.11** The rule placing restrictions on any property being sent in was unnecessary and meant that prisoners had to pay to replace items that could have been sent in by family or friends. The amount of property in cells was closely monitored. Prisoners were only allowed to retain items included on the prison's facilities list regardless of what they had previously been issued (see section on early days in custody). Access to cleaning materials was good.
- 2.12** There were quarterly meetings between representatives from each wing and two senior officers. This provided prisoners with an opportunity to raise issues about life on the wings, and outcomes from the discussions and requests were published.

## Recommendations

- 2.13** **Toilets in single cells should be screened to afford suitable privacy.** (Repeated recommendation 2.10)
- 2.14** **Prisoners should have the opportunity to have agreed items of property sent in or exchanged.**

## Housekeeping point

- 2.15** Responses to applications should be tracked and quality assurance procedures introduced.

## 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.**

**2.16** *Staff-prisoner relationships were good and most prisoners had a member of staff they could approach for help. All had a personal officer who saw them regularly, but work to support and motivate prisoners to address sentence planning targets was underdeveloped.*

- 2.17** In our survey, three quarters of prisoners said most staff treated them with respect, although black and minority ethnic prisoners were more negative. Prisoners with a disability and who were gay were more positive than others about staff treating them with respect. Eighty-one per cent of prisoners in our survey said they had a member of staff to turn to for help with a problem. We observed generally positive and respectful interactions between staff and prisoners in all the areas we inspected, and consultation arrangements were reasonable.
- 2.18** Despite this over a third of prisoners reported being victimised by staff, including being threatened, insulted or singled out because of the nature of their offence, although we could not find any hard evidence that supported these perceptions (see section on bullying and violence reduction).

- 2.19** Prisoners had a personal officer whom they saw regularly, but there was little evidence of positive work to support and motivate prisoners to address their offending behaviour.

## Recommendation

- 2.20** Personal officers should be aware of the main issues identified in the sentence plans of those prisoners they are responsible for, and seek to discuss progress in achieving these targets at least on a monthly basis.

## Equality and diversity

### Expected outcomes:

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

- 2.21** *There was no local diversity and equality strategy. The equalities action team (EAT) and associated action plan did not set out clear strategic aims or details of how they would be achieved. Monitoring data was analysed in respect of black and minority ethnic prisoners only. Responses to discrimination incident reporting forms (DIRFs) were reasonable, internal scrutiny was good and external scrutiny had been introduced. In our survey, black and minority ethnic prisoners reported more negatively across a range of measures. The prison had made some positive efforts to address negative perceptions although further work was needed. Foreign nationals were well catered for although no specialist advisory support was available. Provision for the sizeable group of older and disabled prisoners was reasonably well developed. Some staff refused to push wheelchairs if needed. Gay and transgender prisoners felt well cared for.*

## Strategic management

- 2.22** There was no local diversity and equality strategy. Instead the prison used the national Prison Service Instruction, but this did not address the specific needs of the population at Bure. Strategic management of the diversity agenda had been transferred to the prison's head of corporate services, supported by an equalities officer. There were six equalities prisoner representatives whose photographs were displayed on unit notice boards.
- 2.23** There was a bimonthly EAT meeting chaired by the deputy governor; it was well attended by staff from relevant departments, prisoner equalities representatives and the police. There was also an equalities action plan but it was weak and neither it, nor the meeting, consistently considered all protected characteristics or set out clear strategic aims across the equalities agenda with details of how they would be achieved. Monitoring data was analysed at the EAT, but this was in respect of black and minority ethnic prisoners only and did not include other protected characteristics.

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

- 2.24** Twenty-three DIRFs had been submitted in the previous six months. Forms were readily available in residential units, at reception and in the visitors' centre. Responses to those we looked at were reasonable and we saw evidence of good internal quality assurance, including original outcomes being overturned. A police representative had also agreed to undertake external independent scrutiny of DIRFs.
- 2.25** There had been equality impact assessments of policies including complaints, the incentives and earned privileges (IEP) scheme and segregation, although they were due to be reviewed.
- 2.26** Staff training in equality and diversity was basic and undertaken on the Civil Service learning website annually. However, the prison had recognised the limitations of this training and was looking at how to access training through partner agencies, for example, the equalities officer had attended a training session on Gypsy/Roma/Traveller groups delivered to police officers by the local constabulary.

## Recommendation

- 2.27** **The equality and diversity policy should provide specific guidance on how key responsibilities under each protected characteristic will be delivered for the population at Bure, and the EAT and associated action plan should address these protected characteristics consistently.** (Repeated recommendations 4.7 and 4.8)

## Protected characteristics

- 2.28** Almost 25% of the population were prisoners from black and minority ethnic groups. In our survey they were more negative across a whole range of areas, which was a concern. For example, only 55% of black and minority ethnic prisoners felt that most staff treated them with respect compared with 81% of white prisoners, and 22% of them felt unsafe compared with 11% of white prisoners. Up until the end of 2012 the prison had held black and minority ethnic focus groups, and minutes reflected prisoners' concerns about a lack of cultural awareness among staff and perceived unfairness in the application of the IEP scheme and adjudications. The prison was aware of this issue and had carried out investigations into the cause of these views. This included bringing in external representation from the National Offender Management Service, but further work was required. Black history month had been celebrated.
- 2.29** Foreign national prisoners were well catered for and the negative perceptions identified at the previous inspection were no longer evident. There were 29 in the prison, including three who had been detained post-sentence by the Home Office, the longest for 10 months, for the purposes of removal from the UK. There was a detailed foreign national policy, which recognised the specific needs of these prisoners, as well as a foreign national coordinator. An immigration officer visited the prison once a month and prisoners we spoke to said it was easy to get an appointment to see him.
- 2.30** A foreign national forum meeting was held every three months, chaired by a residential governor. Prisoners could receive foreign language newspapers directly from the publisher, but could not have DVDs sent in. Each wing had a helpful foreign national folder containing embassy contact details, immigration information and translated material on the prison regime. The specialist advice service previously provided by Migrant Help had ceased and had not been replaced, although posters around the prison still advertised the service. A list of prisoners who could act as translators was maintained and a professional interpretation service was available though rarely used. In our survey however, 99% of prisoners said they understood spoken English.



- 2.31** There was no separate policy on religion and religious issues did not feature in the equalities action plan (see also faith and religious activity).
- 2.32** Provision for the sizeable group of older and disabled prisoners was reasonably well developed. Disability was identified as part of the first night interview and 45% of prisoners had said they had a disability. Six per cent of prisoners who said they had a disability had a personal emergency evacuation plan. Residential staff we spoke to were aware of them and the plans we looked at were reasonable. St John Ambulance had trained around 20 prisoners as wheelchair pushers, but some staff refused to push wheelchairs. There were two adapted cells in residential units 5 and 6 which were equipped with adapted showers, handrails and lowered cell call bells and lights. A portable wheelchair ramp was available and there were lifts in communal buildings. Each unit also had an easy access shower facility. The prison had allocated money for reasonable adjustments for older or disabled prisoners. However, some prisoners who had been assessed as requiring adapted chairs could not have them as they would not fit into the small cells. Prisoners who acted as carers were assigned to prisoners with disabilities. Prisoners who were unfit to work were not locked up during the day.
- 2.33** There were 183 prisoners over the age of 50; the oldest was 84. The prison had scheduled in monthly mental health awareness training for the coming year, which contained a section on the signs of dementia. Several activities coordinated by the gym were specifically for the over 50s, including a bowls club, which had 26 teams. Retired prisoners on the standard level of the IEP scheme were paid £5.65 per week and those on the enhanced level £6.65 per week. None had to pay for their in-cell television. A forum for disabled and older prisoners had ceased because the prison was reassessing whether it met prisoners' needs.
- 2.34** During the inspection a wellbeing day was held for older prisoners, providing the prison with a good opportunity to consult them about their needs. This was the first time such an event had been held and a wide range of external providers attended.
- 2.35** Around 10% of the population had told the prison they were gay or bisexual, although in our survey this figure was higher at 15%. There were two transgender prisoners, who reported being well cared for. A Real Voices meeting was held monthly for these prisoners and attendance was steady. In our survey, gay and bisexual prisoners were positive about a wide range of outcomes. Lesbian, gay, bisexual and transgender month had been observed.

## Recommendations

- 2.36** **Prison monitoring should cover all protected characteristics and this full range of data should be used to inform the equality impact assessments of policies.**  
(Repeated recommendation 4.9)
- 2.37** **Staff should continue to engage with black and minority ethnic prisoners as a matter of priority to address their negative perceptions of their treatment.**  
(Repeated recommendation 4.18)
- 2.38** **A specialist advice service for foreign nationals should be resumed to meet identified needs.**
- 2.39** **The prison should provide adapted cell chairs for prisoners assessed as requiring them.** (Repeated recommendation 4.59)

## Housekeeping points

- 2.40** Subject to any necessary security constraints foreign national prisoners should be able to receive DVDs through the post. (Repeated recommendation 4.40)
- 2.41** Staff should assist prisoners by pushing them in their wheelchairs when required.

## 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.**

**2.42** *Most main faiths were well catered for in the prison. The multi-faith room was an adequate size with good facilities. The chaplaincy was well integrated into the daily regime of the prison and provided a good range of pastoral care.*

- 2.43** In our groups, prisoners were positive about the chaplaincy. The managing Anglican chaplain was supported by a good range of paid and volunteer chaplains, catering for most main faiths. Although there was no Hindu minister, the Sikh minister offered services to the three known Hindu prisoners. The Muslim chaplain was temporary and while Friday prayers were not affected by this, the Islamic group was on hold until a permanent replacement could be found.
- 2.44** Attendance at faith services was good. The multi-faith room was an adequate size with good facilities, and there was a lift to aid access. In addition to services, the chaplaincy provided a music group, along with chaplaincy quiet time, when prisoners of all faiths, and those without a faith, could use the chaplaincy for prayer, meditation, lighting a candle or simply a quiet place to be. A good range of religious festivals across the main faiths was celebrated. Holocaust Memorial Day in January was observed with a special chaplaincy service and external speakers.
- 2.45** The chaplaincy was well integrated into the daily regime of the prison and provided a good range of pastoral care; chaplains visited newly arrived prisoners (see also section on early days in custody) and the segregation unit and played an active role in self-harm monitoring reviews where appropriate. They also offered a bereavement counselling service and visited prisoners in hospital. Discharge meetings were held with prisoners and chaplains to ensure those who wished to continue their faith post-release were in touch with relevant community provision.

## 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.**

**2.46** *Prisoners had limited confidence in the complaints system. Responses were generally polite, answered issues in full and were generally on time. We saw examples of complaints being upheld and action taken as a result.*

**2.47** In our survey, most prisoners said it was easy to make a complaint. Of those who had made a complaint, 35% said they were dealt with fairly and 38% said they had been responded to promptly, compared with 51% at the last inspection. Complaint forms were not readily available on all wings. During the last six months, 824 complaints had been submitted; most related to health care, prisoners' money and in-cell heating. Despite our survey results prisoners were advised about the appeals process and we saw good examples of complaints being upheld and action taken as a result. In our sample of completed complaints, we found that responses were polite and fully addressed the issues raised. Management quality checks were in place. There had been 39 complaints against staff in the last six months. Most were for trivial matters and had been investigated and received a response at an appropriate level.

## Housekeeping point

**2.48** Complaint forms should be readily available beside complaints boxes on all wings.

## Legal rights

### Expected outcomes:

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

**2.49** *An officer had received Access to Justice training, but for all other legal matters there was no designated legal services officer. Some information was available via the Citizens Advice Bureau. Legal visits facilities lacked privacy.*

**2.50** There was one offender supervisor in the offender management unit who had undertaken the four-day training in Access to Justice (procedures allowing prisoners to obtain legal assistance, including the use of laptops), who could help the small number of prisoners appealing their conviction. Two Access to Justice laptops were available for this purpose but demand was low; since September 2011 five applications for Access to Justice assistance had been received, and none at all since September 2012. For all other legal matters there was no designated legal services officer although prisoners could obtain some information through the Citizens Advice Bureau, including contact details for solicitors.

**2.51** Legal visits were held on one day a week. As there were no designated legal visits facilities, visits took place in the social visiting area, which lacked privacy when several visits were taking place at the same time. In our survey, only 42% of prisoners, against the comparator of 52%, said it was easy to attend legal visits, although this was a small improvement compared with the last inspection.

**2.52** The library held a range of legal texts and in our survey 63% of prisoners reported positively on access to these against a comparator of 45%. Some legal mail had been opened by staff, which was inappropriate.

## Recommendation

- 2.53 Facilities for legal visits should be improved and ensure adequate privacy.**  
(Repeated recommendation 3.36)

## 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.**

- 2.54** *Health care provision overall was reasonably good and clinical governance arrangements were good. Prisoners praised the service. There was a good range of nurse-led clinics and the nurse practitioner service was excellent. Dental services were effective; however the waiting list for appointments was too long. Pharmacy services were good, but arrangements for collecting medicine were unacceptable. There were many complaints about long queues for medicine and prisoners being turned away without receiving it. Mental health services were reasonably good, although they were not properly integrated with primary care services.*

## Governance arrangements

- 2.55** Primary health care services were provided by Serco Health, which subcontracted pharmacy supplies, dentistry, podiatry, optical and physiotherapy services. Medical services were provided by locum GPs. All health care services were in the process of being re-tendered.
- 2.56** Overall, governance arrangements were good with reporting undertaken via the Serco clinical quality and risk management group. There was an up-to-date health needs assessment that addressed most of the physical and mental health needs of prisoners; however we noted an insufficient focus on dental services.
- 2.57** Policies and procedures were in place in areas such as information sharing and communicable diseases. We observed positive leadership and a high level of skill among nursing and medical staff. Clinical and managerial supervision was available, as was a good range of training opportunities. Staff were very positive about the support and development they received.
- 2.58** The environment was clean and modern. An infection control audit had been undertaken and remedial action had been implemented. Emergency resuscitation equipment, including oxygen and automated electronic defibrillators (AED) were available, however there was insufficient equipment across the site. All registered nurses, health care assistants and gym staff had received up-to-date and appropriate life support training. Prison records identified that not enough officers working at night had received up-to-date first aid and resuscitation training.
- 2.59** We observed health care staff interact very respectfully with prisoners, and received numerous compliments from prisoners about a number of clinical staff. Many prisoners were very positive about health services. However we also received feedback stating 'I've never had a problem here and I think the treatment is excellent ... but we have to wait so long for meds.' All prisoners had to queue outside, regardless of the weather, to receive medication. We saw discipline officers turn away many prisoners although they had not obtained their

medicine. One had been turned away for the third day without having received his heart medication. We were told that this had been the case for over a year (see also pharmacy section).

- 2.60** In our survey 65% of prisoners said that the quality of health care services were good or very good, which was better than the comparator of 44%. We noted that when complaints were received action was taken to address prisoners' concerns. There was access to the Patient Advice and Liaison Service.

## Recommendations

- 2.61** **There should be sufficient emergency equipment across the site and sufficient staff who know how to use it.** (Repeated recommendation 5.19)
- 2.62** **The governor and head of health care should ensure prisoners do not have to wait outdoors for their medicine.**

## Housekeeping point

- 2.63** The health needs assessment should include a full analysis of the dental requirements of prisoners.

## Delivery of care (physical health)

- 2.64** SystemOne, the electronic clinical record system, was used. Record keeping was generally adequate although an ongoing use of the record keeping audit would have contributed to an enhancement in the quality of record keeping, particularly care planning. Prisoners' needs were identified and documented on arrival. A comprehensive health assessment was carried out within 72 hours.
- 2.65** There was reasonable access to medical services; however this had been sporadic due to a high reliance on locum staff. Serco Health had made many attempts to employ medical staff without success until recently. Plans were progressing. We noted that some referrals to the GP not been required owing to the excellent Horizon nurse practitioner service. In our survey 66% of prisoners thought the quality of the services provided by the doctor was good or very good which was better than the comparator (48%).
- 2.66** A reasonable range of nurse-led clinics were on offer, including asthma, diabetes, foot care, aortic aneurysm screening and smoking cessation. We noted that space for a full range of clinics was limited as treatment rooms were always in use throughout the day. This was beginning to affect the waiting lists. There were also long waits to see the optician.
- 2.67** A sexual health clinic, provided by Norfolk and Norwich Hospitals NHS Trust, was available. We were told that it was sometimes difficult to make arrangements for staff from the service to visit the prison and the health care staff did not always receive reports for their records.
- 2.68** In our survey, 77% of prisoners thought the quality of nursing services was good or very good which was better than the comparator (61%). Seventy-four per cent of prisoners also said that it was easy to see the nurse, which was better than the comparator (57%).

- 2.69** The health care forum was well attended and health care representatives commented that their views were heard and acted on. There was a good range of health promotion literature and some useful events had been held. Links with the gym staff were good; they provided weight loss clinics and walks to promote health. It was disappointing that gym staff were no longer involved in the smoking cessation provision, especially as the waiting list had increased. We were informed that this was due to funding issues.
- 2.70** The administrators managed hospital appointments. There were usually sufficient escort opportunities and many prisoners told us that they could attend external appointments in a timely manner. However some complained about waiting a long time without knowing whether they had been referred for an appointment and not being informed of test results on their return from appointments, which led to some uncertainty about their health condition.

## Recommendations

- 2.71** The use of space in the health care department should be reviewed so a full range of physical and mental health services can be offered in a timely manner.
- 2.72** The NHS commissioner should review the funding arrangements so that the full range of smoking cessation services can be provided.

## Housekeeping point

- 2.73** Prisoners should be informed when test results have been received and about any action they should take.

## Pharmacy

- 2.74** A full-time pharmacy technician was employed in the pharmacy department. The post holder's skills were used well to administer medication and run the department effectively. The pharmacy technician was included in the monthly patient forum, and his input was very positive; he was well regarded by prisoners. Medicines were supplied by a local pharmacy. We were informed of errors in the medicines supplied. Many prisoners complained that they did not receive their repeat prescriptions on time. The pharmacy technician supplied in-possession medicines and supported the administration of methadone. Prisoners were offered the opportunity to participate in medicines use reviews and new medicines service reviews.
- 2.75** Regular medicines and therapeutics committee meetings were held and these were well attended. There was an in-possession policy in place and we observed satisfactory risk assessments. While medicines supplied under the 'special sick' policy (immediate health treatment without an appointment) were recorded on SystemOne and checks made to ensure requested medication was appropriate, there did not appear to be any routine audit of medication supplied as special sick.
- 2.76** Most medication was supplied on a named patient basis but not always received on time. Medicines were administered three times a day. Night time doses were administered daily in possession so prisoners could take them later. Officer supervision of prisoners was good, although we observed that the administration periods were not long enough for all the prescribed medication to be issued or administered (see also paragraph 2.59 and main recommendation S40).

- 2.77** Self-administered medicines were dispensed appropriately and prisoners had access to lockers for secure storage. However, health care staff waited for a discipline officer to arrive prior to commencing medicines administration, which meant there were regular delays. Although the administration time was extended on the day the pharmacy inspectors visited, we were told this was unusual. During the inspection week we observed patients being turned away by discipline officers and refused entry to collect medication even if they had been waiting in the queue (see section on governance arrangements). These were predominantly older and less able prisoners. Pressure to see as many prisoners as possible during the administration period, meant that pharmacy staff put tablets into unlabelled medicine cups and cut strips of tablets from compliance aids (to help patients comply with the administration of their medicine) in the time running up to the administration slot. This meant unlabelled medicines were present in the pharmacy. These practices constituted a high risk of patient harm.
- 2.78** Medicines were prescribed safely and in line with evidence-based practice and agreed protocols, including disease management guidelines, special sick policies and a local formulary. Pharmacy staff were involved in in-possession checks in the prison, which had led to the identification of a number of prisoners who were either being pressured by other prisoners into trading their medication or not coping with their medication. As a result, additional support was identified for those concerned.

## Recommendation

- 2.79** **The timing of medication rounds should be reviewed to provide the best clinical outcomes for patients rather than to be the most convenient fit for the prison regime.**

## Housekeeping points

- 2.80** All medications should be stored safely and securely.
- 2.81** The pharmacy staff should put into place procedures to monitor the use of special sick medication.

## Dentistry

- 2.82** Dental services were provided by Norfolk Community Health and Care NHS Trust. Prisoners had access to a dentist and dental nurse for two sessions per week. No hygienist was available. Access to the dentist had improved over the past few months. However, at the time of our inspection there were 62 patients waiting seven weeks for a routine dental appointment and the same number waiting for ongoing treatment. This was too long. Prisoners could receive the same dental checks and range of treatments that were available through the NHS and oral health information was provided on a one-to-one basis. In our survey, 50% of prisoners recorded that the quality of dental services was good or very good, better than the comparator (43%).
- 2.83** Equipment was maintained and working satisfactorily. Infection control was good as there was a separate decontamination area. There was no air conditioning in the health care department, which was affecting patient care – the temperature in the waiting area and dental suite was too hot at the time of the inspection. The dentist was unable to make denture casts as the compounds were setting before they reached the patients' mouths.

## Recommendations

- 2.84 Action should be taken to reduce the overall waiting list for routine dental appointments.** (Repeated recommendation 5.50)
- 2.85 There should be suitable air conditioning throughout the health care department.**

## Delivery of care (mental health)

- 2.86** Secondary mental health care services were provided by Partnerships in Care. Clinical input consisted of one full-time equivalent nurse post, one session of psychiatrist input, one session of psychology input and one (currently vacant) health care assistant post.
- 2.87** Primary and secondary mental health provision was reasonably good; however no group work was offered due to the lack of space. Sometimes it was difficult to find a room for one-to-one confidential conversations. Links with the primary care team were adequate but there could have been better integration, particularly to support the development of ongoing care plans. Primary mental health services included therapy and guided self-help for people with mild to moderate mental health problems. Support was available for prisoners with stress or anxiety.
- 2.88** Twenty prisoners were receiving support, of which eight were being managed using the care programme approach (mental health services for individuals diagnosed with a mental illness). Three prisoners were transferred to an NHS secure setting within the last year; however timing was poor and one patient waited five months to be transferred. There were no therapeutic interventions for those who had been victims of sexual abuse and the only counselling service that was available was bereavement counselling, which was provided by the chaplaincy.

## Recommendations

- 2.89 Serco Health and Partnerships in Care should work together to implement a strongly integrated primary and secondary mental health service.**
- 2.90 Prisoners meeting the criteria for transfer to a secure psychiatric unit should be transferred within two weeks.**
- 2.91 Access to a wide range of counselling services should be available.** (Repeated recommendation 5.61)

## 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.**



**2.92** *Despite efforts to provide a balanced and healthy diet many prisoners did not like the food. Only 25% of prisoners, compared with 62% at our last inspection, said the food was good. Prisoners from black and minority ethnic groups were even more negative.*

**2.93** The kitchen was a good, clean facility. Forty-five prisoners worked shifts in the kitchen, and could gain national vocational qualifications levels 1 and 2 in food production and hygiene. All prisoners working in food service areas were trained in basic food hygiene.

**2.94** Wing serveries met required standards, and supervision at meal times by discipline and catering staff was good. A four-week varied menu catered for all diets, and there were helpful symbols to assist in food selection. The food we sampled was good, although portions were small. Prisoners could have five portions of fruit and vegetables a day. In our survey, only 25% of prisoners, compared with 62% at our last inspection, said the food was good; prisoners from black and minority groups were even more negative (5%). Prisoners told us that the food was 'too healthy'.

**2.95** Breakfast packs were issued the evening before. Main meals were served at appropriate times but evening gym sessions clashed with the evening meal service. Gym users were only allowed to select a salad on these occasions. Meals were eaten in cells close to unscreened toilets (see section on residential units). Prisoners had kettles in their cells, but there were no self-catering facilities.

**2.96** Food comments books were well used by prisoners, and comments received timely responses from catering staff. Bimonthly food consultation meetings were chaired by a kitchen manager. Two food surveys were completed annually; the last in December 2012 had prompted 136 responses. Feedback from all these sources was used to inform changes to the menu.

## Recommendation

**2.97** **Breakfast packs should be issued on the morning of consumption.**

## Housekeeping points

**2.98** The prison should consult widely with prisoners to understand the negative perceptions of the food.

**2.99** Arrangements should be made so that prisoners attending the gym at meal-times can receive a hot meal.

## Purchases

### Expected outcomes:

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

**2.100** *Prisoners had a weekly opportunity to purchase goods from the prison shop. There had been no survey of prisoners' views of the provision.*

- 2.101** There was a weekly opportunity to purchase goods from the prison shop, but new arrivals could wait nearly two weeks. There had been no prison-wide survey of canteen provision. Fewer prisoners than in the comparator said that the shop sold a wide enough range of goods to meet their needs and black and minority ethnic prisoners were more dissatisfied than white prisoners about the choice.
- 2.102** Canteen representatives were issued with the national product list and prices and were required to canvas opinions about changes to the prison's product list each quarter. None of the representatives attending the canteen meeting were from black and minority ethnic groups. Prisoners had access to a range of catalogues including hobby materials. They were charged 50 pence for each order. Newspapers and magazines could also be ordered.

### **Recommendation**

- 2.103** **The views of the black and minority ethnic population should be regularly sought to ensure the canteen list reflects their needs.**

## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

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

**3.1** *Most prisoners had a reasonably good amount of time out of their cells, and association and exercise were rarely cancelled.*

**3.2** Time out of cell was reasonably good with almost all prisoners out of their cells for the activity periods during the core day. This allowed 9.5 hours out of cell from Monday to Thursday and 8.5 hours at weekends. Those not allocated to activities had little to do.

**3.3** Exercise in the fresh air took place over two periods during the summer and in total lasted for over an hour. It only lasted 30 minutes in winter. Exercise periods were longer at weekends. Exercise and association were rarely cancelled. More than in comparator prisons said that they went out on exercise more than three times a week. Most walked around the large open sports areas. There was insufficient seating.

**3.4** If prisoners had to return to the residential unit to use the toilet during exercise they were not allowed to resume exercise except at a set 'changeover' time. This was an unnecessary security restriction (see section on security).

### Housekeeping point

**3.5** Additional seating should be provided around the exercise area.

## 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.**

**3.6** *The leadership and management of learning and skills needed to be improved. There was a significant shortfall in the number of activity places available. Appropriate use was made of the available opportunities and some achievements were good. There was an appropriate focus on employability but limited support around life skills. Too much teaching was just satisfactory and opportunities were limited by the facilities available. The library and gym provided some good opportunities.*

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

**3.7** *Ofsted<sup>7</sup> made the following assessments about the learning and skills and work provision:*

<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Good</i>
<i>Quality of learning and skills and work provision:</i>	<i>Requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Requires improvement</i>

**Management of learning and skills and work**

- 3.8** The management of learning and skills required improvement. Quality assurance and performance management arrangements had not led to sufficiently fast or significant improvements in teaching and learning. Although the relatively new education manager had implemented a range of staff development activities and had plans to improve the provision, the quality of teaching and learning seen during the inspection was no better than satisfactory. Managers' observations of teaching and learning did not result in sufficiently targeted staff development activities or include all activities across the prison. Appraisals for staff did not take sufficient account of their teaching skills or set sufficiently challenging targets so that individuals could improve further (see main recommendation S41).
- 3.9** The self-assessment report identified many of the strengths and areas for improvement but did not emphasise the standard of teaching and learning sufficiently. The grade given in this area was too high. The quality and usefulness of the contributory reports varied considerably. The prison made particularly good use of prisoners' views in designing the curriculum and identifying areas for improvement through a well attended and effective learner forum.
- 3.10** The curriculum was based on a clear analysis of prisoners' needs and was well informed by the work of the National Careers Service (NCS) but it was inhibited by the lack of space available for activities. Although the analysis of prisoners' needs identified a demand for life skills – a significant number of prisoners were over the age of 55 and many had been in prison for a long time – there was little available to help these prisoners develop independent living skills.
- 3.11** The prison collected and analysed a range of performance data and used this effectively to challenge the contracted provider's achievements, but did not apply the same rigour to the quality of teaching. Few clearly articulated performance targets had been agreed between the prison and the contracted provider.
- 3.12** The labour allocation board made appropriate use of information about prisoners' educational attainment to prioritise educational needs such as English and mathematics, but was constrained by the limited number of activities available (see paragraph 3.15).

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

## Provision of activities

- 3.13** There were too few activity places for the prison population. Most prisoners had something to do but the spread of work was uneven: about 37% were fully employed but 45% had five or fewer sessions of activity per week, and a few only one or two sessions per week. Based on a full week of activity, on average 61% of the population were in activities in the morning and 54% in the afternoon. This included around 140 wing workers who were not occupied all the time (see main recommendation S42). Staff worked hard to use the limited number of activity places by making them available to prisoners on a part-time basis. About 80% of places were filled.
- 3.14** Programmes delivered by the contracted provider, included English, mathematics, information and communications technology (ICT), business enterprise, art, painting and decorating, barbering, multi-skills, catering and radio production. Programmes were offered from entry level to level 2, with a few opportunities for prisoners to study to level 3 and undertake distance learning and Open University programmes. The lack of public funding for qualifications above level 2 and the relatively long stay of prisoners meant many exhausted the opportunities available.
- 3.15** The allocation of prisoners to work and education took good account of individual educational needs and employment aspirations and each prisoner had an individual timetable of activities. However, the limited number of activity places inhibited a fully sequenced approach to improving prisoners' skills.

## Quality of provision

- 3.16** The majority of teaching and learning was no more than satisfactory and required improvement, although it was better in vocational areas. Teachers and prisoners concentrated on meeting the minimum standards for their qualifications and many opportunities to extend learning were missed. In a significant minority of sessions more able prisoners were not challenged and completed their work easily, while less able prisoners often failed to complete their tasks, which slowed their progress. Teachers did not take advantage of the available interactive learning technology (ILT) to make sessions more engaging and interesting. In a few sessions, prisoners leaving to attend appointments and make library visits caused minor disruptions.
- 3.17** In the better sessions, teachers clearly linked learning to skills development and future employability and successfully promoted positive attitudes to work. They used appropriate questioning techniques to encourage less confident prisoners to contribute to group activities and provided useful verbal feedback to inform prisoners about what they had done well and what they had to do to improve further.
- 3.18** Prisoners were positive about their learning and good standards of behaviour were seen during all observed sessions. Teachers challenged the very few instances of inappropriate language and behaviour correctly during sessions and successfully promoted a respectful and considerate learning environment. The assessment of prisoners' literacy and numeracy skills was used well to ensure they were on the correct course level. Prisoners' English and mathematics skills were appropriately developed through a range of education classes and some good embedding within vocational teaching.
- 3.19** Individual learning plans (ILP) and assessment records were routinely used to record the completion of assignments and qualification units; however, most were insufficiently detailed and did not accurately reflect the skills prisoners had developed. Teachers did not carry out reviews if prisoners did not meet agreed targets, which could have identified the reasons,

helped provide guidance on how prisoners could have improved and established an appropriate timescale for subsequent achievements. ILPs for those prisoners with additional learning support needs, such as dyslexia, did not clearly outline the intended strategy for managing their condition and its effectiveness.

## Recommendations

- 3.20 The strategies to help prisoners with learning support needs should be agreed, recorded, implemented and regularly reviewed.**
- 3.21 Individual learning plans should clearly state the prior learning and attainment of each prisoner and accurately record the development of their skills, progress and achievements.**

## Housekeeping point

- 3.22 The use of the interactive learning technology available to support teaching and learning should be improved.**

## Education and vocational achievements

- 3.23** The overall achievement of qualifications was high, but in functional skills it was low. In the previous year, the overall success rate was 86% and in-year data suggested that this was being maintained. However, the success rate for functional skills qualifications was very low in 2011-12. This had improved during 2012-13 but was not yet good enough. The achievements of prisoners from different backgrounds did not differ significantly.
- 3.24** There was an appropriate focus on developing prisoners' employability skills in the majority of workshops and lessons. This was particularly evident in the barbering course, where prisoners demonstrated the skills, teamwork, customer awareness, attention to detail and self-motivation expected by employers. Prisoners in the multi-skills workshop achieved good standards of work and about 60% achieved a high grade in their qualification. Those on English for speakers of other languages (ESOL) courses demonstrated their improved understanding of pronunciation and sentence construction. The quality of information technology work was to a publishable standard and art work was good. Most prisoners demonstrated positive team working skills, improved confidence and an appropriate work ethic. Skills development in painting and decorating and industrial cleaning, although meeting the standards for the qualification, were inhibited by the small work bays and damaged floors.
- 3.25** The average attendance in classes was 80%; however, during the inspection too many classes started late, often up to 15 minutes later than planned.

## Recommendations

- 3.26 The success rates for functional skills should be improved.**
- 3.27 The resources for painting and decorating and for industrial cleaning should be improved.**
- 3.28 Lessons should start on time.**

## Library

- 3.29** The library was managed and operated by a full-time qualified librarian, supported by two part-time librarians and six orderlies. Orderlies did not have the opportunity to achieve appropriate qualifications. New prisoners did not routinely receive information about library services, as it was not included in their formal induction.
- 3.30** The quality of the library provision had been improved since the previous inspection. The library was very small and although thoughtfully laid out, it was a busy, sometimes distracting, environment in which to read, study or undertake academic research. A good range of texts and books was available for those with low literacy or language skills. The stock for foreign national prisoners was adequate for the relatively low number in the population. There was a full range of Prison Service Instructions and these were updated frequently. The selection of relevant textbooks to support the development of work-related skills in the prison was good. The library manager worked very closely with prison staff to ensure that all books and materials were risk-assessed appropriately for the prisoner population. A good range of magazines and newspapers was available.
- 3.31** Opening times of the library were restricted but it was used regularly by the majority of the prisoners. Open four and a half days a week, it was still not open at evenings and weekends. Prisoners attending education classes could request additional access to the library, although this disrupted learning somewhat.
- 3.32** The library supported a good range of activities to promote reading, including weekly book clubs, Storybook Dads (where prisoners record stories for their children) and the Six Book Challenge reading scheme. Library staff provided editorial support for the prison journal produced by prisoners and helped gym staff run the well-established Toe by Toe mentoring scheme to help prisoners learn to read. Material for older prisoners and those with very restricted mobility was provided through the wing request system.

## Recommendations

- 3.33** **The size of the library should be increased to better accommodate all functions of the service, including book clubs, DVD and CD displays and the provision of an appropriate area for quiet reading, study and research.**
- 3.34** **The library opening hours should be extended and there should be access in the evenings and at weekends, particularly for those in work or education.**

## Physical education and healthy living

### Expected outcomes:

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

- 3.35** *The gym was popular and effective. It had good links to the health care department and promoted healthy living well. However it had withdrawn from contributing to the smoking cessation programme. Access was satisfactory. It provided a good range of activities for older prisoners and continued to offer an effective Toe by Toe programme.*

- 3.36** The gym facilities were appropriate and there was a good range of recreational activities. The accredited courses offered previously were not now available, due to a staff vacancy. The gym was open morning and afternoon seven days a week and for four evenings. Data were used appropriately to evaluate its use by different prisoner groups. The weekly induction was appropriate and included accredited courses in manual handling and HeartStart (emergency life support skills).
- 3.37** The facilities included a good range of cardiovascular and weightlifting equipment and an outdoor multi-use games area, which was used regularly for team sports, such as football and rugby. The roof in the good-sized sports hall was too low for some sports. Shower facilities were limited.
- 3.38** Recreational physical education programmes encouraged all prisoners to participate and included specific activity sessions aimed at the over-45s, the over-65s and those with a range of health problems. There was also a good variety of clubs, such as walking, weightlifting and basketball, and specific exercise programmes for prisoners referred through the health care department. In winter a popular competitive indoor bowls league provided prisoners with valuable exercise opportunities, and in summer, many older prisoners played chess.
- 3.39** The department had a strong focus on healthy living, with excellent links with the health care department. Prisoners referred by health care professionals had lost weight and improved their understanding of the importance of diet in controlling long-term conditions.
- 3.40** The well-established use of gym orderlies as mentors for the Toe by Toe programme continued successfully to promote literacy and around 24 prisoners were participating at the time of the inspection.

### Recommendation

- 3.41 The range of available team sport opportunities and health education training should be improved by filling the outstanding staff vacancy.**



# Section 4. Resettlement

## Strategic management of resettlement

### Expected outcomes:

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

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

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

**4.1** *The resettlement strategy was broadly sound, but in need of review following a new needs assessment and a change of management arrangements. Resettlement and offender management unit staff were well integrated, but links with personal officers were less effective. Pathway provision was generally good, but outcome monitoring needed to be developed. The drop-in centre was excellent.*

**4.2** A management reorganisation had separated the lines of accountability for resettlement and offender management, but communication between staff representing the two functions was good. The existing resettlement strategy was sound, but dated. There was a new needs assessment, which provided information on prisoners' self-reported needs and knowledge of the services available. However, this information still needed to be considered against data on assessed needs, for example offender assessment system (OASys) data, and used to inform a new strategy and action plan.

**4.3** The role of resettlement was clearly understood across the prison, but some of the initiatives to support this understanding – such as the resettlement directory – needed updating.

**4.4** The well attended resettlement policy committee met monthly, and received reports from each pathway lead. The prison had an appropriate focus on information provision and problem solving, but paid less attention to strategic development and direction. The prison needed to focus more on the resettlement action plan and monitoring the effectiveness of the resettlement services offered.

**4.5** The drop-in centre, which enabled prisoners to contact a variety of service providers, encouraged prisoners to take some responsibility for their own resettlement. It was used well, with 8,235 visitors in 2012–13. However, there was limited evidence of personal officer involvement in resettlement activities, a notable exception was their attendance at post-programme reviews (see section on staff-prisoner relationships).

### Recommendation

**4.6** **The resettlement strategy should be reviewed in the light of the current needs assessment data, and the new strategy should include service evaluation and improvement activities.**

## Good practice

- 4.7** *The drop-in centre was an excellent initiative, empowering prisoners to take responsibility for themselves.*

## Offender management and planning

### Expected outcomes:

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

- 4.8** *Prisoners were positive about their contact with the offender management unit (OMU), which had a good sense of purpose, but record keeping was not sufficiently well integrated. Some prisoners did not have an up-to-date OASys assessment. There was evidence of some weaknesses in management oversight, particularly in case supervision and quality assurance. Public protection arrangements were robust, and better than at the last inspection, but prisoners were not always told when they were subject to monitoring.*

- 4.9** All new arrivals had their first contact with an offender supervisor within 72 hours of entering the prison. They were also seen during the induction period by the National Association for the Care and Resettlement of Offenders (NACRO) resettlement coordinator. It was fortunate that the offender supervisors and the NACRO team were in the same office, because records of these two meetings (and others) were stored in separate files. Moreover, various offender supervisors had different approaches to the recording systems available to them. We saw cases where it was difficult to trace how decisions had been made or to establish a chronology of events.
- 4.10** Despite this, in our survey, prisoners were much more positive than the comparator about the contact and support they received from their offender supervisor and offender manager. We saw that there was a wide variation in the level of contact, but for the most part this was appropriate depending on whether a review was due or whether there were issues to address. Prisoners could also easily request a meeting with their offender supervisor by attending the drop-in centre.
- 4.11** About 78 OASys document reviews were overdue, some by many months. The vast majority of these were the responsibility of the Probation Service. For a few prisoners no OASys assessment was available, and others had not had a review since arriving at Bure. There was little evidence of efforts to rectify these areas of concern.
- 4.12** The offender management team had not had a formal meeting for a few months, and the prison struggled to produce statistics that should have formed part of routine management information.
- 4.13** There was no evidence of regular case sampling to monitor the performance of individuals or the department, or of routine case supervision for prison officers in offender supervisor roles. This was a concern at our last inspection and was particularly important in this prison because of the large number of high risk of harm prisoners held (see main recommendation S43). It was good, however, that all staff were able to access a counselling service. The statutory quality assurance process for OASys was in place, but could not be inspected due to a technical problem.

## Recommendations

- 4.14** All prisoners should receive a sentence planning review when there has been a significant change or event for example, a transfer.
- 4.15** Management information on the work of the OMU, including quality assurance data, should be regularly analysed to improve performance.

## Housekeeping point

- 4.16** There should be a single chronological record of all prisoner contact and the work carried out.

## Public protection

- 4.17** Two dedicated administrative officers in the OMU conducted a detailed public protection sift for all new arrivals. They maintained a detailed spreadsheet, which provided staff across the prison with useful information, which was well used. Working relationships between the security department and the OMU were generally good, and key staff had received some specialist training to help them identify a risk of harm.
- 4.18** Prisoners who posed a risk to children or had been involved in harassment were prevented from using the telephone until the OMU had been able to check what restrictions were in place. This had usually been done by the time the prisoner first met his offender supervisor.
- 4.19** All new arrivals were placed on 100% mail and telephone monitoring for at least four weeks. This was appropriately authorised and not excessive, given the nature of the prison population. However, prisoners were not told that this monitoring was taking place. Intelligence gathered was reviewed after a month and decisions made about whether monitoring should continue. A small number were appropriately monitored for further periods because of their level of risk, and all of these were appropriately authorised.
- 4.20** We were told that prisoners' telephone calls were monitored for 24 hours before a planned escort, even if they did not know about the escort. We felt that this was excessive (see section on security).
- 4.21** All but one of the prisoners were on the violent and sexual offenders register and there was a good system to ensure that intelligence and data were shared appropriately with partner agencies.
- 4.22** Prisoners posing a risk to children could request contact with specific children. These applications were carefully processed, and appropriately considered. There were currently nine applications, one of which had been outstanding for over six months.
- 4.23** The monthly inter-departmental risk management team meeting was generally well attended by appropriate staff and chaired by the senior probation officer. In view of the large number of prisoners subject to multi-agency public protection arrangements (MAPPA), the team focused on prisoners approaching their sentence expiry date who would not have supervision or licence conditions on release. Release planning for these men started six months in advance, when an offender risk management action plan was created to track progress.

- 4.24** The prison tried to ensure representatives attended all MAPPA 3 (which covers prisoners on the highest risk level) meetings either in person or by video link, but they missed some. Written contributions for all MAPPA meetings were up to date.

## Recommendations

- 4.25** Prisoners should be informed when they are subject to telephone or mail monitoring, except in exceptional circumstances.
- 4.26** The prison should attend all MAPPA 3 meetings to which they are invited, either in person or via video link.

## Housekeeping point

- 4.27** In the absence of specific intelligence, prisoners' telephone calls should not be monitored before planned escorts.

## Categorisation

- 4.28** Re-categorisation reviews were conducted by offender supervisors using relevant information and were broadly up to date, but there was no routine prisoner involvement. Prisoners were informed of decisions in writing and told how they could appeal. Only eight prisoners had been granted open conditions in the last year, because most presented a high risk of harm and were therefore unsuitable. During our inspection only one man was awaiting a place in an open prison.

## Indeterminate sentence prisoners

- 4.29** There were 212 men serving indeterminate sentences, the majority of whom had passed their tariff date. The OMU had a team of staff trained to provide offender supervision for this group, led by an experienced manager. Parole assessments were up to date.
- 4.30** With the exception of an occasional meeting, there were no specific services for indeterminate sentence prisoners, such as lifer days or facilities for independent living.
- 4.31** Some prisoners complained that the prison did not allow escorted absences (visits outside the prison for those who have spent a long time in custody). This was not the case, but we were told that the OMU had not received any applications for escorted absences in the last 12 months. There was scope to improve prisoner perceptions in this area.

## 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.**

**4.32** *Prisoners' needs were appropriately assessed on induction and pre-release. Accommodation and finance, benefit and debt provision were good. Prisoners due for release were provided with support to produce a CV. Where required efforts were made to connect prisoners due for release with their local community drug support agencies. Health care support prior to release was good; it included offering prisoners information about relevant health services. Support to maintain contact with family and friends was limited; visits started late and refreshments for visitors were inadequate. Offending behaviour programmes were good, but waiting times were too long.*

**4.33** The NACRO resettlement coordinator assessed prisoners' needs against each of the resettlement pathways during induction, and follow-up appointments were made as necessary. Six months prior to release, the resettlement coordinator met with each prisoner again to reassess needs and make any additional referrals. There were further appointments three months and two weeks prior to release.

**4.34** Resettlement workers could not allow prisoners to use official telephones, even under supervision. Prisoners could speak on the telephone only to authorise the agent receiving the call (for example, a bank official) to speak to the resettlement worker. While the potential for prisoners to be manipulative existed, we considered that this risk could have been managed in a less restrictive manner, enabling prisoners to take more responsibility for their lives. On release, prisoners were provided with discharge grants, holdalls and clothing as necessary.

### Housekeeping point

**4.35** Under supervision, prisoners should be able to speak to officials themselves, in order to take responsibility for their resettlement.

### Accommodation

**4.36** The NACRO housing worker met new arrivals when necessary to help them deal with tenancy problems or housing-related financial matters, but the larger part of the work was finding accommodation on release. Available data suggested that the service was very successful, with almost 99% of prisoners being released into settled accommodation in the past year. However, we noted that some prisoners were released into temporary accommodation with family or friends, and we were not assured that these arrangements were good enough. Prisoners released into this type of accommodation were provided with contact details for local housing providers. There was no post-release monitoring to check the longevity or success of accommodation placements, and managers were not actively monitoring the types of accommodation being used.

### Recommendation

**4.37** **The type of accommodation used by prisoners and the success of placements should be monitored.**

### Education, training and employment

**4.38** A realistic range of vocational training and education focused on providing prisoners with the skills and knowledge required for self-employment. Prisoners due for release were given

support to produce a CV, open a bank account, make contact with their local Jobcentre Plus and the National Careers Service and identify potential employment and training opportunities.

## Health care

- 4.39** Discharge arrangements were effective and prisoners were given good support prior to release, including information about relevant health services. The prison had adequate links with community mental health services, although there were some difficulties when releasing prisoners in London. Links with local cancer services were developing; 15 prisoners had a cancer diagnosis. Staff training in palliative care was about to commence due to the increasing number of prisoners with palliative care needs.

## Drugs and alcohol

- 4.40** Reintegration planning was of a good quality given that most prisoners were released away from the local area and efforts were made to connect prisoners with local community support agencies. The integrated drug treatment system (IDTS) peer mentor and 13 Rehabilitation for Addicted Prisoners Trust (RAPt) peer mentors who were in place were well trained and supervised. They were involved in the facilitation of drop-in sessions, recovery groups and induction groups and in assisting prisoners with their in-cell drug awareness work packs. They also promoted drug awareness and provided up-to-date information on new psychoactive substances to prisoners in preparation for release.

## Finance, benefit and debt

- 4.41** Services under this pathway were delivered by a mixture of providers. The Citizens Advice Bureau provided a wide-ranging advice service five days a week; one of its workers was a trained financial adviser who could deal with complex issues. A Jobcentre Plus worker visited the prison once a week and saw all prisoners pre-release to discuss benefits and help them make applications. A NACRO worker helped prisoners to open bank accounts. It was only possible to process 10 accounts a month, but this met needs. NACRO also provided a short pre-release course to help prisoners manage their bank account on release. There were no courses in education to help prisoners learn budgeting or money management skills.

## Recommendation

- 4.42** **There should be an opportunity for prisoners to learn money management skills prior to release.**

## Children, families and contact with the outside world

- 4.43** The prison was aware that 70% of prisoners came from outside East Anglia and therefore their families and friends had long journeys to visit the prison. The prison provided a subsidised bus from Norwich railway station to mitigate this.
- 4.44** Apart from the Storybook Dads scheme (see section on the library), there was little use of other systems to encourage family contact. Few had applied for or benefited from accumulated visits. We saw two cases where other prisons had inappropriately refused to allow prisoners to use this facility because they were in denial of their offending. Inter-prison

telephone calls happened occasionally but we found no evidence of inter-prison visits in the past three months. Prisoners could apply to exchange unused visiting orders for telephone credit, but the exchange rate was lower than we usually see, with eight visiting orders being worth only £2.

- 4.45** The children and families pathway did not have a specified lead staff member, other than a senior manager, who could have acquired a detailed knowledge of all the activity and drawn it together into a coherent strategy. There was no family support worker role, and no general relationship counselling.
- 4.46** The Ormiston Trust ran children's visit every month, for which prisoners did not have to give up a visiting order. This was a welcome initiative. Prisoners could move freely around the visits hall, where children's activities were provided. Trust staff observed family dynamics and provided feedback to offender supervisors and prisoners. However, demand for these visits was not very high. Prisoners were not allowed to have a photograph taken on visits, even if it was for their family to take home. There was a lack of clarity about what photographs prisoners could have.
- 4.47** Families could book their visits through an easily accessible booking line or by email. There were now only five weekly sessions, so visits sessions had become busier, but they still seemed to meet needs. A team of 17 prison visitors saw 18 prisoners; a further 12 prisoners were on a waiting list.
- 4.48** The visitors' centre was welcoming and had appropriate facilities and a flexible approach. Visitors could write down their views in a comments book; they regularly noted long journey times, poor refreshment facilities and late starts. The availability of refreshments was poorer than at our last inspection because hot drinks were no longer available in the visitors' centre. Vending machines in the main visits room supplied hot and cold drinks and snacks, but nothing resembling a lunchtime meal, which visitors who had been travelling for several hours might have appreciated.
- 4.49** The visiting room was clean and bright, but unwelcoming and uncomfortable. Small plastic chairs without arm-rests were fixed on metal supports attached to a tiny circular table which was screwed to the floor. Groups of visitors sat close to others, or to the officer's desk, so there was little privacy. There was no carpet to reduce the sound of footsteps. The play area was out of bounds except during the monthly children's visits, but there was a small selection of books and games that children could take back to their table.
- 4.50** Security was disproportionate. Prisoners had to wear large red bibs as well as prison uniform (even for legal and children's visits), and there was an excessively controlling rule stipulating that prisoners could not wear vests under their shirts, except between September and March (see section on security). The searching of visitors was generally proportionate, but small children were routinely given a rub down search, which was inappropriate.
- 4.51** Staff supervising visits were aware of the public protection database, and had access to a folder containing photographs and details of prisoners who posed a risk to children and the discretionary child visitors they were allowed to see.

## Recommendations

- 4.52** **There should be a dedicated lead staff member for the children and families pathway, who is responsible for setting strategic direction, coordinating delivery and monitoring performance.**

- 4.53 The visiting environment should be made more comfortable and welcoming for both prisoners and visitors: adequate refreshments should be provided, prisoners should not have to wear bibs, and visits should start on time.** (Repeated recommendations 9.78, 9.79 and 9.81)

### Housekeeping points

- 4.54** Small children should not be searched.
- 4.55** There should be a well publicised policy to describe what photographs may be held in possession, and a clearly defined application process for complex cases.

### Attitudes, thinking and behaviour

- 4.56** In the previous year, the prison had exceeded its targets for the delivery of various sex offender treatment programmes (SOTP) and the Thinking Skills programme. Audit scores and prisoner comments suggested that the courses were very well run and appreciated. It was especially good to see that post programme reports and assessments, reporting progress against treatment aims and assessing risk reduction were up to date. There was a programmes liaison officer and several prisoner programmes representatives on each wing, who supported prisoners undergoing or considering programmes.
- 4.57** However, prisoners were frustrated about the length of time they had to wait. An appropriate prioritisation system based on risk and need was used to allocate places, but the volume of courses available was insufficient, and there was evidence that several dozen indeterminate sentence prisoners had passed their tariff date while waiting for a course.
- 4.58** Determinate sentence prisoners usually received treatment before their release, but in one case where this had not been possible, arrangements were made for the prisoner to complete the course after release on licence.
- 4.59** Around one fifth of the population was in some stage of denial about their offending and this made them unsuitable for most programmes. In an effort to reduce this number, the prison had developed a 'readiness policy' to help prisoners recognise their offending behaviour and motivate them to participate in offending behaviour programmes. Based on research evidence, its recommendations were still being implemented.

### Recommendation

- 4.60 The volume of sex offender treatment available should be increased in line with assessed need.**

### Good practice

- 4.61** *The network of programme liaison officers and prisoner representatives across the prison was a constructive and useful system of support for prisoners on programmes.*



## Additional resettlement services

- 4.62** In the prison's own needs assessment, 37.5% of prisoners reported that they had been a victim of sexual abuse or rape and 33% a victim of violence in the home. However, despite 25% of men saying that these factors were linked to their offending, only 7.5% were receiving help. There was a need for a counselling service or other talking therapy, to supplement the bereavement counselling available via the chaplaincy (see sections on suicide and self-harm prevention and mental health).



## 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 governor

- 5.1** The governor and head of health care should ensure that prisoners are not turned away from the medicine queue before they receive their medication, and dispensing arrangements should be reviewed to ensure that prisoners receive accurately dispensed medicines within a realistic timeframe. (S40)
- 5.2** The systems to quality assure teaching and learning and to appraise staff should be improved so that the overall quality of learning and skills achievement is adequate for all prisoners, regardless of their ability. (S41)
- 5.3** The number of activity places for prisoners should be sufficient to meet the needs of the population fully. (S41)
- 5.4** There should be routine management oversight of assessment and sentence planning in all high risk of harm cases and those involving child protection issues to ensure everything possible is being done to manage and reduce the risk of re-offending. (S43)

### Recommendation

#### To the Prisoner Escort and Custody Service

- 5.5** Prisoners on long journeys should be given toilet breaks at least every two and a half hours. (1.4, repeated recommendation 1.8)

### Recommendations

#### To the governor

#### Courts, escort and transfers

- 5.6** Prisoners should be given sufficient notice of planned transfers and information about the prison to which they are being transferred. (1.5)

#### Early days in custody

- 5.7** The reception orderly should be a trained Listener or Insider. (1.10, repeated recommendation 1.18)

#### Bullying and violence reduction

- 5.8** A survey of prisoners should be completed to understand prisoners' perceptions of victimisation and the findings acted on. (1.19)

### Self-harm and suicide prevention

- 5.9** The standard of entries in assessment, care in custody and teamwork documentation should be of a consistently high quality. (1.29, repeated recommendation 3.18)
- 5.10** Support for the Listener scheme should be improved. (1.30)

### Safeguarding

- 5.11** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.33)

### Security

- 5.12** The prison should review its searching procedures, and ensure that strip- searches and the use of dogs are appropriately authorised, take place only if intelligence indicates a need and the rationale for their use is recorded. (1.41)

### Incentives and earned privileges

- 5.13** Moves between the IEP levels should take place as soon as a prisoner meets his agreed and recorded behaviour targets. (1.46)
- 5.14** Prisoners' pay should not be determined by their IEP level. (1.47)

### Discipline

- 5.15** Arrangements for the monitoring and scrutiny of use of force should be established. (1.54)
- 5.16** The segregation exercise yards should be re-modelled to provide a decent environment. (1.58)

### Substance misuse

- 5.17** Drug and alcohol group work programmes should be introduced as soon as possible. (1.68, repeated recommendation HP45)

### Residential units

- 5.18** Toilets in single cells should be screened to afford suitable privacy. (2.13, repeated recommendation 2.10)
- 5.19** Prisoners should have the opportunity to have agreed items of property sent in or exchanged. (2.14)

### Staff-prisoner relationships

- 5.20** Personal officers should be aware of the main issues identified in the sentence plans of those prisoners they are responsible for, and seek to discuss progress in achieving these targets at least on a monthly basis. (2.20)

## Equality and diversity

- 5.21** The equality and diversity policy should provide specific guidance on how key responsibilities under each protected characteristic will be delivered for the population at Bure, and the EAT and associated action plan should address these protected characteristics consistently. (2.27, repeated recommendations 4.7 and 4.8)
- 5.22** Prison monitoring should cover all protected characteristics and this full range of data should be used to inform the equality impact assessments of policies. (2.36, repeated recommendation 4.9)
- 5.23** Staff should continue to engage with black and minority ethnic prisoners as a matter of priority to address their negative perceptions of their treatment. (2.37, repeated recommendation 4.18)
- 5.24** A specialist advice service for foreign nationals should be resumed to meet identified needs. (2.38)
- 5.25** The prison should provide adapted cell chairs for prisoners assessed as requiring them. (2.39, repeated recommendation 4.59)

## Legal rights

- 5.26** Facilities for legal visits should be improved and ensure adequate privacy. (2.53, repeated recommendation 3.36)

## Health services

- 5.27** There should be sufficient emergency equipment across the site and sufficient staff who know how to use it. (2.61, repeated recommendation 5.19)
- 5.28** The governor and head of health care should ensure prisoners do not have to wait outdoors for their medicine. (2.62)
- 5.29** The use of space in the health care department should be reviewed so a full range of physical and mental health services can be offered in a timely manner. (2.71)
- 5.30** The NHS commissioner should review the funding arrangements so that the full range of smoking cessation services can be provided. (2.72)
- 5.31** The timing of medication rounds should be reviewed to provide the best clinical outcomes for patients rather than to be the most convenient fit for the prison regime. (2.79)
- 5.32** Action should be taken to reduce the overall waiting list for routine dental appointments. (2.84, repeated recommendation 5.50)
- 5.33** There should be suitable air conditioning throughout the health care department. (2.85)
- 5.34** Serco Health and Partnerships in Care should work together to implement a strongly integrated primary and secondary mental health service. (2.89)
- 5.35** Prisoners meeting the criteria for transfer to a secure psychiatric unit should be transferred within two weeks. (2.90)

- 5.36** Access to a wide range of counselling services should be available. (2.91, repeated recommendation 5.61)

### Catering

- 5.37** Breakfast packs should be issued on the morning of consumption. (2.97)

### Purchases

- 5.38** The views of the black and minority ethnic population should be regularly sought to ensure the canteen list reflects their needs. (2.103)

### Learning and skills and work activities

- 5.39** The strategies to help prisoners with learning support needs should be agreed, recorded, implemented and regularly reviewed. (3.20)
- 5.40** Individual learning plans should clearly state the prior learning and attainment of each prisoner and accurately record the development of their skills, progress and achievements. (3.21)
- 5.41** The success rates for functional skills should be improved. (3.26)
- 5.42** The resources for painting and decorating and for industrial cleaning should be improved. (3.27)
- 5.43** Lessons should start on time. (3.28)
- 5.44** The size of the library should be increased to better accommodate all functions of the service, including book clubs, DVD and CD displays and the provision of an appropriate area for quiet reading, study and research. (3.33)
- 5.45** The library opening hours should be extended and there should be access in the evenings and at weekends, particularly for those in work or education. (3.34)

### Physical education and healthy living

- 5.46** The range of available team sport opportunities and health education training should be improved by filling the outstanding staff vacancy. (3.41)

### Strategic management of resettlement

- 5.47** The resettlement strategy should be reviewed in the light of the current needs assessment data, and the new strategy should include service evaluation and improvement activities. (4.6)

### Offender management and planning

- 5.48** All prisoners should receive a sentence planning review when there has been a significant change or event for example, a transfer. (4.14)
- 5.49** Management information on the work of the OMU, including quality assurance data, should be regularly analysed to improve performance. (4.15)

- 5.50** Prisoners should be informed when they are subject to telephone or mail monitoring, except in exceptional circumstances. (4.25)
- 5.51** The prison should attend all MAPPA 3 meetings to which they are invited, either in person or via video link. (4.26)

### Reintegration planning

- 5.52** The type of accommodation used by prisoners and the success of placements should be monitored. (4.37)
- 5.53** There should be an opportunity for prisoners to learn money management skills prior to release. (4.42)
- 5.54** There should be a dedicated lead staff member for the children and families pathway, who is responsible for setting strategic direction, coordinating delivery and monitoring performance. (4.52)
- 5.55** The visiting environment should be made more comfortable and welcoming for both prisoners and visitors: adequate refreshments should be provided, prisoners should not have to wear bibs, and visits should start on time. (4.53, repeated recommendations 9.78, 9.79 and 9.81)

### Attitudes, thinking and behaviour

- 5.56** The volume of sex offender treatment available should be increased in line with assessed need. (4.60)

## Housekeeping points

### Bullying and violence reduction

- 5.57** Representatives from the security department should routinely attend the violence reduction meetings to help improve links with safer custody. (1.20)
- 5.58** The violence reduction strategy should be reviewed. (1.21)

### Security

- 5.59** A log of target drug tests and cell searches resulting from security information reports should be maintained, and monitored for completion. (1.42)

### Discipline

- 5.60** Monitoring of adjudications, use of force, and segregation should include all the protected characteristics. (1.59)

### Substance misuse

- 5.61** Ventilation in the medication administration waiting room should be improved. (1.69)

### Residential units

- 5.62** Responses to applications should be tracked and quality assurance procedures introduced. (2.15)

### Equality and diversity

- 5.63** Subject to any necessary security constraints foreign national prisoners should be able to receive DVDs through the post. (2.40, repeated recommendation 4.40)
- 5.64** Staff should assist prisoners by pushing them in their wheelchairs when required. (2.41)

### Complaints

- 5.65** Complaint forms should be readily available beside complaints boxes on all wings. (2.48)

### Health services

- 5.66** The health needs assessment should include a full analysis of the dental requirements of prisoners. (2.63)
- 5.67** Prisoners should be informed when test results have been received and about any action they should take. (2.73)
- 5.68** All medications should be stored safely and securely. (2.80)
- 5.69** The pharmacy staff should put into place procedures to monitor the use of special sick medication. (2.80)

### Catering

- 5.70** The prison should consult widely with prisoners to understand the negative perceptions of the food. (2.98)
- 5.71** Arrangements should be made so that prisoners attending the gym at meal-times can receive a hot meal. (2.98)

### Time out of cell

- 5.72** Additional seating should be provided around the exercise area. (3.5)

### Learning and skills and work activities

- 5.73** The use of the interactive learning technology available to support teaching and learning should be improved. (3.22)

### Offender management and planning

- 5.74** There should be a single chronological record of all prisoner contact and the work carried out. (4.16)
- 5.75** In the absence of specific intelligence, prisoners' telephone calls should not be monitored before planned escorts. (4.27)



## Reintegration planning

- 5.76** Under supervision, prisoners should be able to speak to officials themselves, in order to take responsibility for their resettlement. (4.35)
- 5.77** Small children should not be searched. (4.54)
- 5.78** There should be a well publicised policy to describe what photographs may be held in possession, and a clearly defined application process for complex cases. (4.55)

## Examples of good practice

- 5.79** The Tackling Drugs Through PE programme gave prisoners excellent health improvement opportunities. (1.70)
- 5.80** The drop-in centre was an excellent initiative, empowering prisoners to take responsibility for themselves. (4.7)
- 5.81** The network of programme liaison officers and prisoner representatives across the prison was a constructive and useful system of support for prisoners on programmes. (4.61)



# Section 6. Appendices

## Appendix I: Inspection team

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

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

### Safety

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

*At the last inspection, in 2010, Bure was a safe prison and prisoners told us they felt safe there. Prisoners' reception into custody and initial experiences of the establishment were well managed and thorough and all were risk assessed and received an induction. Safer custody protocols were effective and addressed risks satisfactorily. Security procedures were measured and proportionate, focusing on the management of intelligence, and systems were well integrated into violence reduction and public protection arrangements. Violent incidents were few and there was little evidence of bullying. Force was used rarely and the segregation unit was well managed. There was little evidence of illicit drug use. Outcomes for prisoners were good against this healthy prison test.*

#### **Main recommendation**

The prison should develop effective services to meet its identified gap in alcohol interventions. (To the director of offender management) (HP45)

**Partially achieved** (recommendation repeated, 1.68)

#### **Recommendations**

Prisoners on long journeys should be given toilet breaks at least every two and a half hours. (1.8)

**Not achieved** (recommendation repeated, 1.4)

Prisoners arriving in prison vans during the staff lunch period should be allowed immediate entry to the prison. (1.9)

**Achieved**

Prisoners in the back holding room should not be able to view prisoners' documentation in reception. (1.17)

**Achieved**

The reception orderly should be a trained Listener and Insider. (1.18)

**Not achieved** (recommendation repeated, 1.10)

All prisoners should see a chaplain or religious leader during the induction programme. (1.28)

**Not achieved**

Interventions to deal with the behaviour of persistent bullies should be developed and introduced as part of the violence reduction strategy. (3.10)

**Not achieved**

The standard of entries in assessment, care in custody and teamwork (ACCT) documentation should be of a consistently high quality. (3.18)

**Not achieved** (recommendation repeated, 1.29)

Case reviews of prisoners on open ACCT documents should be better attended by representatives from all departments that have regular dealings with the prisoner. (3.19)

**Achieved**

An activity regime should be developed for longer stay prisoners in the segregation unit. (7.30)

**Achieved**

Joint working arrangements between counselling, assessment, referral, advice and throughcare (CARAT) and mental health services should be formalised to ensure effective care coordination for dual-diagnosis clients. (3.49)

**Achieved**

## Respect

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

*At the last inspection, in 2010, the environment and quality of cells were very good. The incentives and earned privileges scheme was run fairly despite some negative prisoner perceptions. Staff-prisoner relationships were courteous and respectful but the personal officer scheme required further development. The management of diversity across the various strands addressed needs with clear evidence of ongoing improvement and initiatives to promote equality, although prisoners from a black and minority ethnic background and foreign nationals expressed some negative perceptions. The quality of food was good. There was an engaged and active chaplaincy. Health care provision was currently good. Outcomes for prisoners were good against this healthy prison test.*

### Recommendations

Toilets in single cells should be screened to afford suitable privacy. (2.10)

**Not achieved** (recommendation repeated, 2.13)

The prison should allow prisoners to retain items in possession that had been allowed in possession at their previous establishments. (2.13)

**Not achieved**

Showers on residential wings should be made accessible for prisoners with mobility difficulties. (2.16)

**Achieved**

Personal officers should make case history notes on their prisoners at least monthly and should include a synopsis of the prisoner's current situation. (2.24)

**Partially achieved**

The range of prison shop goods for black and minority ethnic prisoners should be expanded to meet their needs. (8.13)

**Not achieved**

The equality and diversity policy should provide specific guidance on how key responsibilities under each diversity strand will be delivered and support for prisoners with identified needs will be

provided. (4.7)

**Not achieved** (recommendation repeated, 2.27)

The diversity and equality team agenda and action plan should address all diversity issues consistently. (4.8)

**Not achieved** (recommendation repeated, 2.27)

Prison monitoring should include other elements of diversity, including disability, age and religion. (4.9)

**Not achieved** (recommendation repeated, 2.36)

There should be impact assessments for all areas of diversity. (4.10)

**Not achieved**

The membership of the race equality action team should include external community representatives. (4.17)

**Achieved**

Staff should engage with black and minority ethnic prisoners to address their negative perceptions of their treatment. (4.18)

**Partially achieved** (recommendation repeated, 2.37)

Completed racist incident report forms should be subject to regular external scrutiny with written feedback to the race equality action team. (4.24)

**Achieved**

There should be a programme of regular events to celebrate cultural, racial and ethnic diversity. (4.27)

**Achieved**

The prison should explore the negative perceptions of foreign national prisoners through regular consultation with them. (4.39)

**Achieved**

Subject to any necessary security constraints, foreign national prisoners should be able to receive publications, DVDs and newspapers through the post. (4.40)

**Partially achieved** (recommendation repeated as housekeeping point, 2.40)

Personal emergency and evacuation plans should be drawn up for all prisoners identified as needing assistance in an emergency. All staff should be aware of the location of these plans and familiarise themselves with them. (4.57)

**Achieved**

All prisoners assessed as unable to use wing showers should have regular access to the adapted showers. (4.58)

**Achieved**

The prison should provide adapted cell chairs for prisoners assessed as requiring them. (4.59)

**Not achieved** (recommendation repeated, 2.39)

Complaint boxes should only be opened by staff responsible for processing complaints. (3.27)

**Partially achieved**

Complaint responses should deal with all aspects of a complaint and provide a full and complete answer. (3.28)

**Achieved**

There should be robust quality assurance of complaint responses with written feedback to managers to drive improvements in practice. (3.29)

**Achieved**

The prison should have an appropriately trained legal services officer. (3.35)

**Partially achieved**

Facilities for legal visits should be improved and ensure adequate privacy. (3.36)

**Not achieved** (recommendation repeated, 2.53)

The prison should have a Muslim chaplain. (3.43)

**Achieved**

The recommendations in the recently completed health needs assessment should be reflected in the new health services contract specification. (5.7)

**No longer relevant**

Nursing staff should not be diverted from their clinical duties to escort prisoners to the health department. (5.8)

**Achieved**

There should be sufficient resuscitation equipment and defibrillators for easy 24-hour access and staff should be trained in their use. (5.19)

**Not achieved** (recommendation repeated, 2.61)

All clinical policies should be relevant to the prison setting. (5.20)

**Achieved**

Triage algorithms should be used to ensure consistency of advice to patients. (5.30)

**Achieved**

The GP service should be provided by a consistent group of GPs to ensure continuity of care. (5.31)

**Not achieved**

All prisoners should be able to see health professionals within a reasonable time. (5.32)

**Partially achieved**

Prisoners should be able to see a pharmacist. (5.41)

**Achieved**

Faxed prescriptions should be audited. (5.42)

**Achieved**

Pharmacy technicians who administer medication should have received appropriate training, which should be documented. (5.43)

**Achieved**

There should be additional dental sessions to reduce the waiting times. (5.50)

**Not achieved** (recommendation repeated, 2.84)

The dental service specification should be reviewed to ensure that there are enough dental sessions to meet the needs of the population. (5.51)

**Not achieved**



There should be cover for the dentist's leave. (5.52)

**Achieved**

There should be sufficient counselling services to better meet the needs of the population. (5.61)

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

Day services should be offered to those less able to cope with life on the wings. (5.62)

**Not achieved**

Uniformed staff should have mental health awareness training. (5.63)

**Achieved**

## Purposeful activity

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

*At the last inspection, in 2010, there were fewer activity places than prisoners but access was equitable and managed effectively, using an impressive individualised scheduling system. Attendance at activity was high. The quality of the education and vocational training provision was satisfactory with some good elements, but learning progression opportunities above level 2 were limited. The quality of prison work was limited and basic and there was little recognition of employability skills. The library was satisfactory but small. The PE department had a strong emphasis on the promotion of health and personal fitness and excellent links to health care. Access to recreational PE was reasonable. Time out of cell and access to association were very good. Outcomes for prisoners were reasonably good against this healthy prison test.*

## Recommendations

Data should be analysed to identify any differences in the performance of different prisoner groups and take appropriate action. (6.8)

**Achieved**

Links should be made between sentence plans and learning plans. (6.9)

**Achieved**

Tribal staff should receive initial assessments of prisoners' literacy and numeracy abilities from A4e to inform initial discussions and full completion of the initial managing information across partners (MIAP) intervention documentation. (6.13)

**Achieved**

There should be more opportunities for prisoners to gain qualifications for skills learned in prison work, and general non-accredited employability skills should be recognised and recorded. (6.21)

**Partially achieved**

The prison should explore opportunities to provide prisoners with a realistic working environment in which to develop general employment skills. (6.22)

**Partially achieved**

Plans to increase the construction-related accredited courses should be implemented. (6.29)

**Achieved**

The range of educational courses should be expanded to offer provision above level 2, especially for longer stay prisoners. (6.39)

**No longer relevant**

A4e should ensure that literacy, numeracy and language courses continue to develop to support an increase in learners' achievement rates. (6.40)

**Partially achieved**

The quality of teaching and learning across the functional skills and personal and social development programmes should improve to ensure all learners are engaged and maximise their progress. (6.41)

**Not achieved**

The use of individual learning plans should be improved to ensure target-setting is specific and promotes timely achievement, and include any additional support required by the learner. (6.42)

**Not achieved**

The prison should ensure that all groups of prisoners can access library services frequently. (6.51)

**Not achieved**

The prison should continue to develop the library stock to ensure it meets the needs of all prisoners. (6.52)

**Achieved**

Plans to offer accredited PE programmes above level 1 should be implemented. (6.61)

**No longer relevant**

## Resettlement

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

*At the last inspection, in 2010, the resettlement strategy was comprehensive, based on a needs analysis and included a useful development plan. All prisoners were managed through the offender management unit and systems were generally well organised. Links with offender managers were reasonable but further work relating to the assessment and management of risk factors by offender supervisors was needed. Public protection arrangements were generally good but pre-release reviews and information sharing could be more robust. Arrangements for indeterminate-sentenced prisoners were satisfactory. Reintegration arrangements were good, especially the drop-in centre that facilitated access to assistance and the simple but impressive way resettlement needs were assessed and monitored. Pathway work was generally appropriate although clearly defined pathway leads were needed to improve the coordination of provision. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Main recommendation

The quality assurance, consistency and coordination of good offender management, public protection and personal officer systems should continue to be developed and strengthened to ensure effective delivery. (HP44)

**Partially achieved**

## Recommendations

Management leads should be clearly identified for each resettlement pathway. (9.6)

**Achieved**

All prisoners should have a sentence planning review board three months after their arrival at Bure. (9.20)

**Not achieved**

All prisoners, including those serving over 12 months but not formally in-scope for offender management, should have an up-to-date post-sentence OASys (offender assessment system) assessment. (9.21)

**Not achieved**

The role of offender supervisors should be clarified with specific emphasis on the ongoing assessment of prisoners' risk factors and reinforcement of their learned skills. (9.22)

**Achieved**

A quality assurance scheme should be introduced for the offender management unit and should focus on the quality of contact/interventions and the evaluation of risk. (9.23)

**Not achieved**

Sentence planning contributions should be quality assured to ensure that they are oriented to the assessment and evaluation of risk. (9.24)

**Not achieved**

Offender supervisors should be actively involved in the interdepartmental risk management boards considering prisoners under their supervision. (9.30)

**Achieved**

Offender management contact logs should be annotated following interdepartmental risk management team reviews or interdepartmental risk management meetings. (9.31)

**Achieved**

The prison should publicise courses and qualifications that can help prisoners to identify good progression routes into further education, training and/or employment on release. (9.40)

**Achieved**

Prisoners should be given information and assistance to access health and social services on release and support in accessing the services if required. (9.44)

**Achieved**

There should be a comprehensive palliative care policy that reflects evidence-based best practice. (9.45)

**Partially achieved**

The prison should receive outcome data and follow-up information on prisoners receiving support for debt management to establish the effectiveness of the service. (9.49)

**Not achieved**

Prisoners should be able to open bank accounts before their release. (9.50)

**Achieved**

The drug and alcohol strategy policy and related action plans should be updated in light of the needs analysis and implementation of the integrated drug treatment system. (9.60)

**Achieved**

The counselling, assessment, referral, advice and throughcare (CARAT) service should develop a peer support scheme for prisoners with drug and alcohol problems. (9.61)

**Achieved**

There should be a separate drug testing compact for prisoners in trusted positions. (9.62)

**Achieved**

Prisoners should be able to exchange unused visiting orders for additional telephone credit. (9.77)

**Achieved**

There should be a wider range of refreshments in the visitors' centre and the visits room. (9.78)

**Not achieved** (recommendation repeated, 4.53)

The prison should monitor the start time of visits and take appropriate action to ensure all sessions start at the published time. (9.79)

**Partially achieved** (recommendation repeated, 4.53)

Closed visits should be authorised only when there is significant risk justified by security intelligence. (9.80)

**Not achieved**

Prisoners should not have to wear a bib and prison-issue clothing during visits. (9.81)

**Not achieved** (recommendation repeated, 4.53)

The prison should introduce structured work to address offence deniers. (9.88)

**Partially achieved**

The prison should be able to assess prisoners for treatment programmes run elsewhere in the prison estate. (9.89)

**Not achieved**

## Appendix III: Prison population profile

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

Status	21 and over	%
Sentenced	475	91.2
Recall	43	8.3
Detainees	3	0.6
<b>Total</b>	<b>521</b>	<b>100</b>

Sentence	21 and over	%
12 months to less than 2 years	8	1.5
2 years to less than 4 years	56	10.7
4 years to less than 10 years	197	37.81
10 years and over (not life)	47	9.0
ISPP (indeterminate sentence for public protection)	151	29
Life	62	11.90
<b>Total</b>	<b>521</b>	<b>100</b>

Age	Number of prisoners	%
21 years to 29 years	89	17.1
30 years to 39 years	115	22.1
40 years to 49 years	134	25.7
50 years to 59 years	104	20
60 years to 69 years	56	10.7
70 plus years	23	4.4
Please state maximum age here: 84		
<b>Total</b>	<b>521</b>	<b>100</b>

Nationality	21 and over	%
British	492	94.4
Foreign nationals	29	5.6
<b>Total</b>	<b>521</b>	<b>100</b>

Security category	21 and over	%
Category C	517	99.2
Category D	3	0.6
Other	1	0.2
<b>Total</b>	<b>521</b>	<b>100</b>

Ethnicity	21 and over	%
<i>White</i>		
British	392	75.2
Irish	9	1.7
Other white	17	3.3
<i>Mixed</i>		
White and black Caribbean	5	1.0
Other mixed	5	1.0

<i>Asian or Asian British</i>		
Indian	8	1.5
Bangladeshi	9	1.7
Other Asian	11	2.1
<i>Black or black British</i>		
Caribbean	31	6.0
African	26	5.0
Other black	5	1.0
<i>Other ethnic group</i>		
Arab	1	0.2
Other ethnic group	1	0.2
<i>Not stated</i>	1	0.2
<b>Total</b>	<b>521</b>	<b>100</b>

<b>Religion</b>	<b>21 and over</b>	<b>%</b>
Baptist	2	0.4
Church of England	165	31.7
Roman Catholic	77	14.8
Other Christian denominations	51	9.8
Muslim	42	8.1
Sikh	2	0.4
Hindu	3	0.6
Buddhist	21	4.0
Jewish	4	0.8
Other	19	3.6
No religion	135	25.9
<b>Total</b>	<b>521</b>	<b>100</b>

<b>Other demographics</b>	<b>21 and over</b>	<b>%</b>
Veteran (ex-armed services)	37	7.1
<b>Total</b>	<b>37</b>	<b>7.1</b>

### Sentenced prisoners only

<b>Length of stay</b>	<b>21 and over</b>	
	<b>Number</b>	<b>%</b>
Less than 1 month	29	5.6
1 month to 3 months	66	12.7
3 months to 6 months	67	12.9
6 months to 1 year	119	22.8
1 year to 2 years	127	24.4
2 years to 4 years	111	21.3
<b>Total</b>	<b>519</b>	<b>99.6</b>

### Sentenced prisoners only

	<b>21 and over</b>	<b>%</b>
Foreign nationals detained post sentence expiry	3	0.57
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/ restrictions).	521	100
<b>Total</b>	<b>521</b>	<b>100</b>

**Unsentenced prisoners only**

<b>Length of stay</b>	<b>21 and over</b>	
	<b>Number</b>	<b>%</b>
6 months to 1 year	1	50
1 year to 2 years		
2 years to 4 years	1	50
<b>Total</b>	<b>2</b>	<b>100</b>

<b>Main offence</b>	<b>21 and over</b>	<b>%</b>
Violence against the person	37	7.1
Sexual offences	457	87.71
Burglary	4	0.76
Robbery	5	0.95
Other offences	14	2.68
Civil offences	1	0.19
Offence not recorded/holding warrant	3	0.57
<b>Total</b>	<b>521</b>	<b>100</b>





## Appendix IV: Summary of prisoner questionnaires and interviews

### Prisoner survey methodology

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

### Sampling

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

### Distributing and collecting questionnaires

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

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

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

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

### Survey response

At the time of the survey on 29 April 2013 the prisoner population at HMP Bure was 516. Using the method described above, questionnaires were distributed to a sample of 188 prisoners.

We received a total of 177 completed questionnaires, a response rate of 94%. This included four questionnaires completed via interview. Nine respondents refused to complete a questionnaire, one questionnaire was not returned and one was returned blank.

Wing/Unit	Number of completed survey returns
1	32
2	29
3	25
4	30
5	30
6	29
Segregation unit	2

### **Presentation of survey results and analyses**

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

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

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

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Bure in 2013 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 39 category C training prisons since April 2008.
- The current survey responses from HMP Bure in 2013 compared with the responses of prisoners surveyed at HMP Bure in 2010.
- A comparison within the 2013 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2013 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2013 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2013 survey between responses of prisoners who consider themselves to be homosexual, bisexual or other and those who consider themselves to be heterosexual.

## Survey summary

### Section I: About you

<b>Q1.2</b>	<b>How old are you?</b>		
	<i>Under 21</i>		9 (6%)
	<i>21 - 29</i>		41 (27%)
	<i>30 - 39</i>		47 (31%)
	<i>40 - 49</i>		32 (21%)
	<i>50 - 59</i>		19 (13%)
	<i>60 - 69</i>		3 (2%)
	<i>70 and over</i>		1 (1%)
<b>Q1.3</b>	<b>Are you sentenced?</b>		
	<i>Yes</i>		107 (71%)
	<i>Yes - on recall</i>		6 (4%)
	<i>No - awaiting trial</i>		21 (14%)
	<i>No - awaiting sentence</i>		16 (11%)
	<i>No - awaiting deportation</i>		1 (1%)
<b>Q1.4</b>	<b>How long is your sentence?</b>		
	<b>Not sentenced</b>		38 (26%)
	<i>Less than 6 months</i>		24 (17%)
	<i>6 months to less than 1 year</i>		10 (7%)
	<i>1 year to less than 2 years</i>		18 (12%)
	<i>2 years to less than 4 years</i>		23 (16%)
	<i>4 years to less than 10 years</i>		16 (11%)
	<i>10 years or more</i>		2 (1%)
	<i>IPP (indeterminate sentence for public protection)</i>		3 (2%)
	<i>Life</i>		11 (8%)
<b>Q1.5</b>	<b>Are you a foreign national?</b> (i.e. do not have UK citizenship)		
	<i>Yes</i>		35 (23%)
	<i>No</i>		118 (77%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>		
	<i>Yes</i>		147 (96%)
	<i>No</i>		6 (4%)
<b>Q1.7</b>	<b>Do you understand written English?</b>		
	<i>Yes</i>		147 (96%)
	<i>No</i>		6 (4%)
<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	82 (56%)	<i>Asian or Asian British - Chinese</i> 1 (1%)
	<i>White - Irish</i>	5 (3%)	<i>Asian or Asian British - other</i> 1 (1%)
	<i>White - other</i>	13 (9%)	<i>Mixed race - white and black Caribbean</i> 10 (7%)
	<i>Black or black British - Caribbean</i>	9 (6%)	<i>Mixed race - white and black African</i> 4 (3%)
	<i>Black or black British - African</i>	10 (7%)	<i>Mixed race - white and Asian</i> 0 (0%)
	<i>Black or black British - other</i>	2 (1%)	<i>Mixed race - other</i> 3 (2%)
	<i>Asian or Asian British - Indian</i>	2 (1%)	<i>Arab</i> 1 (1%)
	<i>Asian or Asian British - Pakistani</i>	1 (1%)	<i>Other ethnic group</i> 3 (2%)

Asian or Asian British - Bangladeshi 0 (0%)

**Q1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?**

Yes	13 (9%)
No	126 (91%)

**Q1.10 What is your religion?**

None	40 (26%)	Hindu	2 (1%)
Church of England	41 (27%)	Jewish	0 (0%)
Catholic	25 (17%)	Muslim	11 (7%)
Protestant	1 (1%)	Sikh	0 (0%)
Other Christian denomination	18 (12%)	Other	8 (5%)
Buddhist	5 (3%)		

**Q1.11 How would you describe your sexual orientation?**

Heterosexual/ Straight	117 (79%)
Homosexual/Gay	8 (5%)
Bisexual	24 (16%)

**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	47 (31%)
No	104 (69%)

**Q1.13 Are you a veteran (ex- armed services)?**

Yes	2 (1%)
No	149 (99%)

**Q1.14 Is this your first time in prison?**

Yes	81 (54%)
No	70 (46%)

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

Yes	72 (47%)
No	80 (53%)

**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	78 (51%)
2 hours or longer	57 (38%)
Don't remember	17 (11%)

**Q2.2 On your most recent journey here, were you offered anything to eat or drink?**

<b>My journey was less than two hours</b>	78 (52%)
Yes	28 (19%)
No	39 (26%)
Don't remember	4 (3%)

**Q2.3 On your most recent journey here, were you offered a toilet break?**

<b>My journey was less than two hours</b>	78 (52%)
Yes	6 (4%)
No	59 (39%)
Don't remember	7 (5%)

<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>		
	Yes		102 (67%)
	No		41 (27%)
	Don't remember		9 (6%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>		
	Yes		123 (83%)
	No		23 (15%)
	Don't remember		3 (2%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>		
	Very well		44 (29%)
	Well		77 (51%)
	Neither		23 (15%)
	Badly		5 (3%)
	Very badly		0 (0%)
	Don't remember		2 (1%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (please tick all that apply)</b>		
	Yes, someone told me		103 (69%)
	Yes, I received written information		5 (3%)
	No, I was not told anything		35 (23%)
	Don't remember		6 (4%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>		
	Yes		119 (79%)
	No		27 (18%)
	Don't remember		4 (3%)

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

<b>Q3.1</b>	<b>How long were you in reception?</b>			
	Less than 2 hours		63 (42%)	
	2 hours or longer		74 (49%)	
	Don't remember		13 (9%)	
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>			
	Yes		131 (87%)	
	No		12 (8%)	
	Don't remember		7 (5%)	
<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>			
	Very well		46 (31%)	
	Well		69 (46%)	
	Neither		21 (14%)	
	Badly		7 (5%)	
	Very badly		2 (1%)	
	Don't remember		4 (3%)	
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply)</b>			
	Loss of property	24 (17%)	Physical health	38 (26%)
	Housing problems	31 (21%)	Mental health	30 (21%)
	Contacting employers	2 (1%)	Needing protection from other prisoners	8 (6%)

	<i>Contacting family</i>	40 (28%)	<i>Getting phone numbers</i>	41 (28%)
	<i>Childcare</i>	5 (3%)	<i>Other</i>	7 (5%)
	<i>Money worries</i>	31 (21%)	<b>Did not have any problems</b>	43 (30%)
	<i>Feeling depressed or suicidal</i>	47 (32%)		
<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			52 (37%)
	No			46 (33%)
	<b>Did not have any problems</b>			43 (30%)
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply)</b>			
	<i>Tobacco</i>			112 (73%)
	<i>A shower</i>			57 (37%)
	<i>A free telephone call</i>			128 (84%)
	<i>Something to eat</i>			131 (86%)
	<i>PIN phone credit</i>			59 (39%)
	<i>Toiletries/ basic items</i>			119 (78%)
	<b>Did not receive anything</b>			0 (0%)
<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)</b>			
	<i>Chaplain</i>			75 (51%)
	<i>Someone from health services</i>			107 (72%)
	<i>A Listener/Samaritans</i>			68 (46%)
	<i>Prison shop/ canteen</i>			58 (39%)
	<b>Did not have access to any of these</b>			19 (13%)
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply)</b>			<b>(Please</b>
	<i>What was going to happen to you</i>			59 (42%)
	<i>What support was available for people feeling depressed or suicidal</i>			63 (45%)
	<i>How to make routine requests (applications)</i>			49 (35%)
	<i>Your entitlement to visits</i>			45 (32%)
	<i>Health services</i>			66 (47%)
	<i>Chaplaincy</i>			57 (40%)
	<b>Not offered any information</b>			48 (34%)
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>			
	Yes			115 (77%)
	No			29 (19%)
	<i>Don't remember</i>			6 (4%)
<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>			13 (9%)
	<i>Within the first week</i>			118 (79%)
	<i>More than a week</i>			9 (6%)
	<i>Don't remember</i>			10 (7%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>			
	<b>Have not been on an induction course</b>			13 (9%)
	Yes			85 (57%)
	No			42 (28%)
	<i>Don't remember</i>			10 (7%)

<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	<i>Did not receive an assessment</i>	24 (16%)
	<i>Within the first week</i>	84 (57%)
	<i>More than a week</i>	15 (10%)
	<i>Don't remember</i>	25 (17%)

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

<b>Q4.1</b>	<b>How easy is it to.....</b>					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	22 (15%)	50 (34%)	18 (12%)	28 (19%)	11 (8%) 17 (12%)
	<i>Attend legal visits?</i>	24 (18%)	56 (41%)	16 (12%)	9 (7%)	6 (4%) 25 (18%)
	<i>Get bail information?</i>	8 (7%)	21 (17%)	17 (14%)	18 (15%)	14 (11%) 45 (37%)
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>					
	<i>Not had any letters</i>					16 (11%)
	<i>Yes</i>					43 (29%)
	<i>No</i>					91 (61%)
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>					
	<i>Yes</i>					74 (50%)
	<i>No</i>					5 (3%)
	<i>Don't know</i>					70 (47%)
<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>					
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	129 (88%)	16 (11%)	2 (1%)		
	<i>Are you normally able to have a shower every day?</i>	127 (86%)	20 (14%)	0 (0%)		
	<i>Do you normally receive clean sheets every week?</i>	136 (96%)	4 (3%)	2 (1%)		
	<i>Do you normally get cell cleaning materials every week?</i>	119 (82%)	23 (16%)	4(3%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	95 (64%)	35 (24%)	18 (12%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	107 (75%)	33 (23%)	3 (2%)		
	<i>If you need to, can you normally get your stored property?</i>	62 (43%)	50 (35%)	31 (22%)		
<b>Q4.5</b>	<b>What is the food like here?</b>					
	<i>Very good</i>					6 (4%)
	<i>Good</i>					31 (21%)
	<i>Neither</i>					46 (31%)
	<i>Bad</i>					35 (24%)
	<i>Very bad</i>					29 (20%)
<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>					5 (3%)
	<i>Yes</i>					63 (43%)
	<i>No</i>					80 (54%)
<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>					
	<i>Yes</i>					91 (62%)
	<i>No</i>					15 (10%)
	<i>Don't know</i>					41 (28%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>					
	<i>Yes</i>					86 (58%)

No	13 (9%)
Don't know/ N/A	50 (34%)

**Q4.9 Are you able to speak to a chaplain of your faith in private if you want to?**

Yes	87 (58%)
No	6 (4%)
Don't know/ N/A	57 (38%)

**Q4.10 How easy or difficult is it for you to attend religious services?**

<b>I don't want to attend</b>	33 (22%)
Very easy	41 (28%)
Easy	42 (28%)
Neither	6 (4%)
Difficult	9 (6%)
Very difficult	3 (2%)
Don't know	14 (9%)

**Section 5: Applications and complaints****Q5.1 Is it easy to make an application?**

Yes	121 (83%)
No	19 (13%)
Don't know	6 (4%)

**Q5.2 Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option)**

	<b>Not made one</b>	Yes	No
Are applications dealt with fairly?	15 (11%)	83 (61%)	39 (28%)
Are applications dealt with quickly (within seven days)?	15 (11%)	53 (40%)	63 (48%)

**Q5.3 Is it easy to make a complaint?**

Yes	88 (63%)
No	17 (12%)
Don't know	35 (25%)

**Q5.4 Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option)**

	<b>Not made one</b>	Yes	No
Are complaints dealt with fairly?	59 (42%)	37 (26%)	45 (32%)
Are complaints dealt with quickly (within seven days)?	59 (44%)	27 (20%)	48 (36%)

**Q5.5 Have you ever been prevented from making a complaint when you wanted to?**

Yes	16 (11%)
No	124 (89%)

**Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?**

<b>Don't know who they are</b>	44 (31%)
Very easy	26 (18%)
Easy	39 (27%)
Neither	22 (15%)
Difficult	9 (6%)
Very difficult	3 (2%)



## 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>	15 (10%)
	Yes	74 (50%)
	No	36 (24%)
	<i>Don't know</i>	22 (15%)
<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>	15 (10%)
	Yes	74 (51%)
	No	28 (19%)
	<i>Don't know</i>	27 (19%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	Yes	3 (2%)
	No	141 (98%)
<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>	120 (90%)
	Very well	3 (2%)
	Well	5 (4%)
	Neither	4 (3%)
	Badly	1 (1%)
	Very badly	1 (1%)

## Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	Yes	127 (86%)
	No	21 (14%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	Yes	121 (81%)
	No	28 (19%)
<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	67 (46%)
	No	79 (54%)
<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i>	32 (21%)
	Never	17 (11%)
	Rarely	23 (15%)
	Some of the time	47 (32%)
	Most of the time	22 (15%)
	All of the time	8 (5%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i>	85 (59%)
	<i>In the first week</i>	30 (21%)
	<i>More than a week</i>	9 (6%)

Don't remember 21 (14%)

**Q7.6 How helpful is your personal (named) officer?**

**Do not have a personal officer/ I have not met him/ her** 85 (64%)  
 Very helpful 25 (19%)  
 Helpful 15 (11%)  
 Neither 4 (3%)  
 Not very helpful 3 (2%)  
 Not at all helpful 0 (0%)

**Section 8: Safety**

**Q8.1 Have you ever felt unsafe here?**

Yes 64 (44%)  
 No 83 (56%)

**Q8.2 Do you feel unsafe now?**

Yes 24 (17%)  
 No 116 (83%)

**Q8.3 In which areas have you felt unsafe? (Please tick all that apply)**

<b>Never felt unsafe</b>	82 (59%)	<i>At meal times</i>	8 (6%)
<i>Everywhere</i>	10 (7%)	<i>At health services</i>	12 (9%)
<i>Segregation unit</i>	2 (1%)	<i>Visits area</i>	8 (6%)
<i>Association areas</i>	11 (8%)	<i>In wing showers</i>	9 (6%)
<i>Reception area</i>	6 (4%)	<i>In gym showers</i>	4 (3%)
<i>At the gym</i>	9 (6%)	<i>In corridors/stairwells</i>	9 (6%)
<i>In an exercise yard</i>	13 (9%)	<i>On your landing/wing</i>	15 (11%)
<i>At work</i>	9 (6%)	<i>In your cell</i>	10 (7%)
<i>During movement</i>	28 (20%)	<i>At religious services</i>	4 (3%)
<i>At education</i>	16 (12%)		

**Q8.4 Have you been victimised by other prisoners here?**

Yes 62 (42%)  
 No 87 (58%)

**Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply)**

<i>Insulting remarks (about you or your family or friends)</i>	27 (18%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	6 (4%)
<i>Sexual abuse</i>	3 (2%)
<i>Feeling threatened or intimidated</i>	36 (24%)
<i>Having your canteen/property taken</i>	10 (7%)
<i>Medication</i>	9 (6%)
<i>Debt</i>	1 (1%)
<i>Drugs</i>	4 (3%)
<i>Your race or ethnic origin</i>	7 (5%)
<i>Your religion/religious beliefs</i>	2 (1%)
<i>Your nationality</i>	9 (6%)
<i>You are from a different part of the country than others</i>	7 (5%)
<i>You are from a traveller community</i>	0 (0%)
<i>Your sexual orientation</i>	3 (2%)
<i>Your age</i>	6 (4%)
<i>You have a disability</i>	7 (5%)
<i>You were new here</i>	15 (10%)
<i>Your offence/ crime</i>	13 (9%)
<i>Gang related issues</i>	4 (3%)

<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>	
	Yes	44 (30%)
	No	102 (70%)
<b>Q8.7</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply)</b>	
	<i>Insulting remarks (about you or your family or friends)</i>	15 (10%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	1 (1%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	19 (13%)
	<i>Medication</i>	11 (8%)
	<i>Debt</i>	0 (0%)
	<i>Drugs</i>	4 (3%)
	<i>Your race or ethnic origin</i>	2 (1%)
	<i>Your religion/religious beliefs</i>	4 (3%)
	<i>Your nationality</i>	3 (2%)
	<i>You are from a different part of the country than others</i>	5 (3%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	8 (5%)
	<i>You were new here</i>	9 (6%)
	<i>Your offence/ crime</i>	4 (3%)
	<i>Gang related issues</i>	1 (1%)
<b>Q8.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	<b>Not been victimised</b>	73 (56%)
	Yes	31 (24%)
	No	26 (20%)

### Section 9: Health services

<b>Q9.1</b>	<b>How easy or difficult is it to see the following people?:</b>						
		<b>Don't know</b>	<b>Very easy</b>	<b>Easy</b>	<b>Neither</b>	<b>Difficult</b>	<b>Very difficult</b>
	The doctor	3 (2%)	7 (5%)	19 (13%)	19 (13%)	67 (46%)	30 (21%)
	The nurse	3 (2%)	14 (10%)	42 (29%)	36 (25%)	39 (27%)	10 (7%)
	The dentist	22 (15%)	7 (5%)	9 (6%)	9 (6%)	43 (30%)	52 (37%)
<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people?:</b>						
		<b>Not been</b>	<b>Very good</b>	<b>Good</b>	<b>Neither</b>	<b>Bad</b>	<b>Very bad</b>
	The doctor	8 (6%)	11 (8%)	30 (21%)	20 (14%)	41 (28%)	35 (24%)
	The nurse	3 (2%)	19 (13%)	48 (34%)	27 (19%)	31 (22%)	14 (10%)
	The dentist	45 (33%)	13 (9%)	30 (22%)	17 (12%)	13 (9%)	19 (14%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<b>Not been</b>					3 (2%)	
	<b>Very good</b>					11 (8%)	
	<b>Good</b>					20 (14%)	
	<b>Neither</b>					26 (18%)	
	<b>Bad</b>					35 (25%)	
	<b>Very bad</b>					47 (33%)	
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes					110 (75%)	
	No					37 (25%)	

<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>	
	<b>Not taking medication</b>	37 (26%)
	Yes, all my meds	21 (14%)
	Yes, some of my meds	42 (29%)
	No	45 (31%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>	
	Yes	78 (53%)
	No	69 (47%)
<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison?</b> (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)	
	<b>Do not have any emotional or mental health problems</b>	69 (49%)
	Yes	33 (23%)
	No	40 (28%)

### 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	46 (32%)
	No	100 (68%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	Yes	32 (22%)
	No	113 (78%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	Very easy	12 (8%)
	Easy	16 (11%)
	Neither	10 (7%)
	Difficult	8 (6%)
	Very difficult	11 (8%)
	Don't know	88 (61%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy	0 (0%)
	Easy	3 (2%)
	Neither	1 (1%)
	Difficult	7 (5%)
	Very difficult	25 (17%)
	Don't know	107 (75%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes	3 (2%)
	No	144 (98%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes	4 (3%)
	No	142 (97%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	<b>Did not / do not have a drug problem</b>	98 (67%)
	Yes	42 (29%)
	No	6 (4%)

<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams for your alcohol problem, whilst in this prison?)</b>	
	<i>Did not / do not have an alcohol problem</i>	113 (79%)
	Yes	23 (16%)
	No	7 (5%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	<i>Did not have a problem/ did not receive help</i>	96 (66%)
	Yes	37 (26%)
	No	12 (8%)

### Section II: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<b>Don't know</b>	Very easy	Easy	Neither	Difficult	Very difficult
	Prison job	9 (6%)	30 (21%)	65 (46%)	14 (10%)	15 (11%)	7 (5%)
	Vocational or skills training	23 (18%)	18 (14%)	54 (42%)	17 (13%)	13 (10%)	5 (4%)
	Education (including basic skills)	11 (8%)	37 (28%)	66 (50%)	12 (9%)	4 (3%)	3 (2%)
	Offending behaviour programmes	48 (36%)	17 (13%)	31 (23%)	20 (15%)	10 (8%)	6 (5%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply)</b>						
	<i>Not involved in any of these</i>					13 (9%)	
	Prison job					95 (67%)	
	Vocational or skills training					24 (17%)	
	Education (including basic skills)					51 (36%)	
	Offending behaviour programmes					21 (15%)	
<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>						
		<b>Not been involved</b>	Yes	No		Don't know	
	Prison job	11 (9%)	60 (48%)	29 (23%)		26 (21%)	
	Vocational or skills training	15 (15%)	43 (43%)	23 (23%)		18 (18%)	
	Education (including basic skills)	9 (8%)	50 (47%)	27 (25%)		21 (20%)	
	Offending behaviour programmes	21 (23%)	38 (41%)	15 (16%)		19 (20%)	
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>						
	<i>Don't want to go</i>					8 (6%)	
	Never					11 (8%)	
	Less than once a week					42 (30%)	
	About once a week					46 (32%)	
	More than once a week					35 (25%)	
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>						
	<i>Don't use it</i>					12 (9%)	
	Yes					63 (45%)	
	No					64 (46%)	
<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>						
	<i>Don't want to go</i>					42 (30%)	
	0					40 (29%)	
	1 to 2					27 (19%)	
	3 to 5					26 (19%)	
	More than 5					5 (4%)	

<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>	
	<i>Don't want to go</i>	33 (24%)
	0	35 (25%)
	1 to 2	43 (31%)
	3 to 5	21 (15%)
	More than 5	8 (6%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>	
	<i>Don't want to go</i>	26 (19%)
	0	12 (9%)
	1 to 2	21 (15%)
	3 to 5	26 (19%)
	More than 5	55 (39%)
<b>Q11.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)</b>	
	<i>Less than 2 hours</i>	11 (8%)
	2 to less than 4 hours	18 (13%)
	4 to less than 6 hours	18 (13%)
	6 to less than 8 hours	32 (23%)
	8 to less than 10 hours	29 (21%)
	10 hours or more	14 (10%)
	Don't know	16 (12%)

### 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	69 (49%)
	No	72 (51%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes	54 (38%)
	No	89 (62%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes	28 (20%)
	No	114 (80%)
<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	17 (12%)
	Easy	34 (24%)
	Neither	17 (12%)
	Difficult	24 (17%)
	Very difficult	25 (17%)
	Don't know	7 (5%)

### 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>	
	<i>Not sentenced</i>	38 (26%)
	Yes	61 (42%)
	No	47 (32%)

<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)</b>	
	<b>Not sentenced/ NA</b>	85 (60%)
	No contact	12 (8%)
	Letter	18 (13%)
	Phone	5 (4%)
	Visit	33 (23%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes	59 (44%)
	No	74 (56%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<b>Not sentenced</b>	38 (26%)
	Yes	51 (35%)
	No	57 (39%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<b>Do not have a sentence plan/ not sentenced</b>	95 (66%)
	Very involved	14 (10%)
	Involved	15 (10%)
	Neither	6 (4%)
	Not very involved	8 (6%)
	Not at all involved	7 (5%)
<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (please tick all that apply)</b>	
	<b>Do not have a sentence plan/ not sentenced</b>	95 (68%)
	Nobody	13 (9%)
	Offender supervisor	20 (14%)
	Offender manager	13 (9%)
	Named/ personal officer	5 (4%)
	Staff from other departments	12 (9%)
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>	
	<b>Do not have a sentence plan/ not sentenced</b>	95 (66%)
	Yes	32 (22%)
	No	6 (4%)
	Don't know	11 (8%)
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>	
	<b>Do not have a sentence plan/ not sentenced</b>	95 (66%)
	Yes	11 (8%)
	No	19 (13%)
	Don't know	19 (13%)
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>	
	<b>Do not have a sentence plan/ not sentenced</b>	95 (66%)
	Yes	14 (10%)
	No	11 (8%)
	Don't know	25 (17%)
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>	
	Yes	10 (7%)
	No	62 (46%)
	Don't know	62 (46%)

**Q13.11 Do you feel that any member of staff has helped you to prepare for your release?**

Yes	29 (22%)
No	103 (78%)

**Q13.12 Do you know of anyone in this prison who can help you with the following on release?: (please tick all that apply)**

	<i>Do not need help</i>	Yes	No
Employment	28 (22%)	32 (25%)	69 (53%)
Accommodation	34 (27%)	49 (39%)	43 (34%)
Benefits	27 (21%)	57 (44%)	46 (35%)
Finances	27 (23%)	26 (22%)	65 (55%)
Education	32 (27%)	26 (22%)	60 (51%)
Drugs and alcohol	45 (36%)	50 (40%)	30 (24%)

**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?**

<b>Not sentenced</b>	38 (28%)
Yes	56 (41%)
No	42 (31%)



## Main comparator and comparator to last time



### Prisoner survey responses HMP Bure 2013

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

#### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>177</b>	<b>6075</b>	<b>177</b>	<b>179</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	0%	2%	0%	0%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	6%	9%	6%	11%
1.4	Is your sentence less than 12 months?	1%	6%	1%	5%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	31%	10%	31%	20%
1.5	Are you a foreign national?	9%	11%	9%	10%
1.6	Do you understand spoken English?	99%	99%	99%	99%
1.7	Do you understand written English?	97%	98%	97%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	23%	26%	23%	17%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	4%	4%	4%
1.1	Are you Muslim?	9%	12%	9%	5%
1.11	Are you homosexual/gay or bisexual?	15%	3%	15%	9%
1.12	Do you consider yourself to have a disability?	31%	17%	31%	26%
1.13	Are you a veteran (ex-armed services)?	8%	6%	8%	8%
1.14	Is this your first time in prison?	57%	36%	57%	53%
1.15	Do you have any children under the age of 18?	40%	52%	40%	37%
<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?	83%	44%	83%	68%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	78%	71%	78%	78%
2.3	Were you offered a toilet break?	13%	9%	13%	13%
2.4	Was the van clean?	69%	68%	69%	69%
2.5	Did you feel safe?	77%	81%	77%	77%
2.6	Were you treated well/very well by the escort staff?	77%	69%	77%	69%
2.7	Before you arrived here were you told that you were coming here?	61%	62%	61%	61%
2.7	Before you arrived here did you receive any written information about coming here?	18%	18%	18%	18%
2.8	When you first arrived here did your property arrive at the same time as you?	88%	89%	88%	88%

## Main comparator and comparator to last time

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<b>SECTION 3: Reception, first night and induction</b>				
3.1	Were you in reception for less than 2 hours?	58%	54%	58%
3.2	When you were searched in reception, was this carried out in a respectful way?	86%	83%	86%
3.3	Were you treated well/very well in reception?	85%	72%	85%
	When you first arrived:			
3.4	Did you have any problems?	63%	61%	63%
3.4	Did you have any problems with loss of property?	13%	16%	13%
3.4	Did you have any housing problems?	8%	15%	8%
3.4	Did you have any problems contacting employers?	3%	3%	3%
3.4	Did you have any problems contacting family?	27%	21%	27%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	3%	2%
3.4	Did you have any money worries?	14%	14%	14%
3.4	Did you have any problems with feeling depressed or suicidal?	18%	13%	18%
3.4	Did you have any physical health problems?	17%	11%	17%
3.4	Did you have any mental health problems?	17%	11%	17%
3.4	Did you have any problems with needing protection from other prisoners?	3%	4%	3%
3.4	Did you have problems accessing phone numbers?	27%	19%	27%
	For those with problems:			
3.5	Did you receive any help/ support from staff in dealing with these problems?	48%	39%	48%
	When you first arrived here, were you offered any of the following:			
3.6	Tobacco?	62%	79%	62%
3.6	A shower?	20%	31%	20%
3.6	A free telephone call?	14%	43%	14%
3.6	Something to eat?	52%	66%	52%
3.6	PIN phone credit?	14%	55%	14%
3.6	Toiletries/ basic items?	49%	46%	49%

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<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?	39%	53%	39%	
3.7	Someone from health services?	68%	72%	68%	
3.7	A Listener/Samaritans?	33%	34%	33%	
3.7	Prison shop/ canteen?	21%	19%	21%	25%
When you first arrived here were you offered information about any of the following:					
3.8	What was going to happen to you?	44%	53%	44%	52%
3.8	Support was available for people feeling depressed or suicidal?	44%	45%	44%	53%
3.8	How to make routine requests?	40%	46%	40%	41%
3.8	Your entitlement to visits?	38%	47%	38%	37%
3.8	Health services?	58%	57%	58%	64%
3.8	The chaplaincy?	51%	50%	51%	49%
3.9	Did you feel safe on your first night here?	84%	83%	84%	89%
3.10	Have you been on an induction course?	98%	93%	98%	96%
For those who have been on an induction course:					
3.11	Did the course cover everything you needed to know about the prison?	54%	65%	54%	69%
3.12	Did you receive an education (skills for life) assessment?	94%	85%	94%	
<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?	51%	48%	51%	56%
4.1	Attend legal visits?	42%	52%	42%	41%
4.1	Get bail information?	10%	15%	10%	9%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	42%	41%	42%	36%
4.3	Can you get legal books in the library?	63%	45%	63%	
For the wing/unit you are currently on:					
4.4	Are you normally offered enough clean, suitable clothes for the week?	77%	65%	77%	77%
4.4	Are you normally able to have a shower every day?	97%	92%	97%	97%
4.4	Do you normally receive clean sheets every week?	88%	80%	88%	93%
4.4	Do you normally get cell cleaning materials every week?	87%	74%	87%	91%
4.4	Is your cell call bell normally answered within five minutes?	47%	40%	47%	64%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	72%	70%	72%	78%
4.4	Can you normally get your stored property, if you need to?	47%	27%	47%	45%
4.5	Is the food in this prison good/very good?	25%	27%	25%	62%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	39%	45%	39%	51%
4.7	Are you able to speak to a Listener at any time, if you want to?	65%	57%	65%	65%
4.8	Are your religious beliefs are respected?	52%	54%	52%	55%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	56%	59%	56%	53%
4.10	Is it easy/very easy to attend religious services?	51%	53%	51%	

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<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	86%	85%	86%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	63%	63%	63%	68%
5.2	Do you feel applications are dealt with quickly (within seven days)?	46%	52%	46%	53%
5.3	Is it easy to make a complaint?	63%	62%	63%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	35%	34%	35%	36%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	38%	39%	38%	51%
5.5	Have you ever been prevented from making a complaint when you wanted to?	18%	17%	18%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	36%	30%	36%	51%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	55%	49%	54%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	47%	37%	42%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	5%	4%	1%
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?	50%	43%	50%	
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	75%	77%	75%	83%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	81%	76%	81%	83%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	32%	30%	32%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	22%	20%	22%	24%
7.5	Do you have a personal officer?	83%	75%	83%	89%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	59%	64%	59%	59%

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<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	31%	31%	31%	25%
8.2	Do you feel unsafe now?	14%	13%	14%	11%
8.4	Have you been victimised by other prisoners here?	32%	21%	32%	16%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	16%	9%	16%	5%
8.5	Hit, kicked or assaulted you?	6%	5%	6%	3%
8.5	Sexually abused you?	3%	1%	3%	1%
8.5	Threatened or intimidated you?	14%	12%	14%	
8.5	Taken your canteen/property?	5%	4%	5%	3%
8.5	Victimised you because of medication?	5%	3%	5%	
8.5	Victimised you because of debt?	1%	3%	1%	
8.5	Victimised you because of drugs?	2%	3%	2%	0%
8.5	Victimised you because of your race or ethnic origin?	5%	3%	5%	3%
8.5	Victimised you because of your religion/religious beliefs?	6%	2%	6%	2%
8.5	Victimised you because of your nationality?	3%	2%	3%	
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	2%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	5%	1%	5%	3%
8.5	Victimised you because of your age?	7%	2%	7%	3%
8.5	Victimised you because you have a disability?	7%	2%	7%	3%
8.5	Victimised you because you were new here?	8%	4%	8%	1%
8.5	Victimised you because of your offence/crime?	5%	4%	5%	3%
8.5	Victimised you because of gang related issues?	2%	3%	2%	2%

## Main comparator and comparator to last time

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<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	36%	26%	36%	21%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	15%	10%	15%	9%
8.7	Hit, kicked or assaulted you?	4%	3%	4%	2%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	16%	12%	16%	
8.7	Victimised you because of medication?	3%	3%	3%	
8.7	Victimised you because of debt?	1%	2%	1%	
8.7	Victimised you because of drugs?	1%	2%	1%	1%
8.7	Victimised you because of your race or ethnic origin?	5%	5%	5%	3%
8.7	Victimised you because of your religion/religious beliefs?	6%	3%	6%	2%
8.7	Victimised you because of your nationality?	2%	3%	2%	
8.7	Victimised you because you were from a different part of the country?	4%	4%	4%	2%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.7	Victimised you because of your sexual orientation?	3%	1%	3%	1%
8.7	Victimised you because of your age?	5%	2%	5%	2%
8.7	Victimised you because you have a disability?	5%	2%	5%	4%
8.7	Victimised you because you were new here?	5%	4%	5%	2%
8.7	Victimised you because of your offence/crime?	14%	4%	14%	8%
8.7	Victimised you because of gang related issues?	2%	2%	2%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	49%	38%	49%	48%

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<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	39%	34%	39%	55%
9.1	Is it easy/very easy to see the nurse?	74%	57%	74%	75%
9.1	Is it easy/very easy to see the dentist?	13%	13%	13%	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?	66%	48%	66%	75%
9.2	The nurse?	77%	61%	77%	87%
9.2	The dentist?	50%	43%	50%	38%
9.3	The overall quality of health services?	65%	44%	65%	68%
9.4	Are you currently taking medication?	55%	46%	55%	63%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	95%	87%	95%	
9.6	Do you have any emotional well being or mental health problems?	27%	25%	27%	38%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	58%	51%	58%	
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	19%	23%	19%	12%
10.2	Did you have a problem with alcohol when you came into this prison?	25%	17%	25%	15%
10.3	Is it easy/very easy to get illegal drugs in this prison?	12%	30%	12%	12%
10.4	Is it easy/very easy to get alcohol in this prison?	7%	18%	7%	
10.5	Have you developed a problem with drugs since you have been in this prison?	2%	7%	2%	1%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	6%	6%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	68%	65%	68%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	73%	65%	73%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	93%	80%	93%	85%

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<b>SECTION 11: Activities</b>					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	40%	44%	40%	
11.1	Vocational or skills training?	37%	38%	37%	
11.1	Education (including basic skills)?	53%	52%	53%	
11.1	Offending behaviour programmes?	11%	21%	11%	
Are you currently involved in any of the following activities:					
11.2	A prison job?	61%	61%	61%	67%
11.2	Vocational or skills training?	27%	18%	27%	30%
11.2	Education (including basic skills)?	46%	28%	46%	58%
11.2	Offending behaviour programmes?	12%	14%	12%	15%
11.3	Have you had a job while in this prison?	89%	84%	89%	91%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	46%	44%	46%	26%
11.3	Have you been involved in vocational or skills training while in this prison?	84%	74%	84%	87%
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?	52%	61%	52%	47%
11.3	Have you been involved in education while in this prison?	90%	80%	90%	93%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	57%	63%	57%	55%
11.3	Have you been involved in offending behaviour programmes while in this prison?	73%	73%	73%	70%
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?	50%	55%	50%	49%
11.4	Do you go to the library at least once a week?	59%	49%	59%	63%
11.5	Does the library have a wide enough range of materials to meet your needs?	57%	48%	57%	
11.6	Do you go to the gym three or more times a week?	28%	38%	28%	22%
11.7	Do you go outside for exercise three or more times a week?	52%	45%	52%	64%
11.8	Do you go on association more than five times each week?	64%	77%	64%	79%
11.9	Do you spend ten or more hours out of your cell on a weekday?	19%	15%	19%	18%
<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?	32%	36%	32%	35%
12.2	Have you had any problems with sending or receiving mail?	38%	43%	38%	55%
12.3	Have you had any problems getting access to the telephones?	21%	26%	21%	24%
12.4	Is it easy/ very easy for your friends and family to get here?	15%	26%	15%	



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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?	95%	83%	95%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	26%	33%	26%	
13.2	Contact by letter?	38%	38%	38%	
13.2	Contact by phone?	42%	24%	42%	
13.2	Contact by visit?	30%	34%	30%	
13.3	Do you have a named offender supervisor in this prison?	93%	67%	93%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	71%	73%	71%	68%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	52%	56%	52%	49%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	36%	46%	36%	
13.6	Offender supervisor?	54%	35%	54%	
13.6	Offender manager?	36%	27%	36%	
13.6	Named/ personal officer?	14%	14%	14%	
13.6	Staff from other departments?	17%	17%	17%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	62%	67%	62%	63%
13.8	Are there plans for you to achieve any of your targets in another prison?	21%	22%	21%	
13.9	Are there plans for you to achieve any of your targets in the community?	29%	29%	29%	
13.10	Do you have a needs based custody plan?	7%	7%	7%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	17%	18%	17%	17%
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?	40%	36%	40%	
13.12	Accommodation?	43%	40%	43%	
13.12	Benefits?	50%	41%	50%	
13.12	Finances?	32%	30%	32%	
13.12	Education?	38%	38%	38%	
13.12	Drugs and alcohol?	43%	47%	43%	
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?	69%	56%	69%	51%

## Diversity analysis



### Key question responses (sexual orientation) HMP Bure 2013

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

#### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	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>26</b>	<b>149</b>
1.3	Are you sentenced?	<b>100%</b>	<b>100%</b>
1.5	Are you a foreign national?	<b>0%</b>	<b>10%</b>
1.6	Do you understand spoken English?	<b>100%</b>	<b>99%</b>
1.7	Do you understand written English?	<b>100%</b>	<b>97%</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>8%</b>	<b>25%</b>
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	<b>4%</b>	<b>4%</b>
1.1	Are you Muslim?	<b>0%</b>	<b>10%</b>
1.12	Do you consider yourself to have a disability?	<b>34%</b>	<b>30%</b>
1.13	Are you a veteran (ex-armed services)?	<b>4%</b>	<b>8%</b>
1.14	Is this your first time in prison?	<b>54%</b>	<b>58%</b>
2.6	Were you treated well/very well by the escort staff?	<b>80%</b>	<b>76%</b>
2.7	Before you arrived here were you told that you were coming here?	<b>62%</b>	<b>61%</b>
3.2	When you were searched in reception, was this carried out in a respectful way?	<b>96%</b>	<b>84%</b>
3.3	Were you treated well/very well in reception?	<b>100%</b>	<b>83%</b>
3.4	Did you have any problems when you first arrived?	<b>66%</b>	<b>63%</b>
3.7	Did you have access to someone from health care when you first arrived here?	<b>76%</b>	<b>66%</b>
3.9	Did you feel safe on your first night here?	<b>92%</b>	<b>83%</b>
3.10	Have you been on an induction course?	<b>100%</b>	<b>97%</b>
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	<b>70%</b>	<b>48%</b>

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	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?	92%	74%
4.4	Are you normally able to have a shower every day?	100%	97%
4.4	Is your cell call bell normally answered within five minutes?	54%	46%
4.5	Is the food in this prison good/very good?	30%	24%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	46%	37%
4.7	Are you able to speak to a Listener at any time, if you want to?	76%	62%
4.8	Do you feel your religious beliefs are respected?	66%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	66%	54%
5.1	Is it easy to make an application?	96%	85%
5.3	Is it easy to make a complaint?	56%	64%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	66%	47%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	35%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	4%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	92%	71%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	92%	79%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	24%	22%
7.4	Do you have a personal officer?	84%	82%
8.1	Have you ever felt unsafe here?	24%	31%
8.2	Do you feel unsafe now?	4%	16%
8.3	Have you been victimised by other prisoners?	30%	32%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	20%	13%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	6%
8.5	Have you been victimised because of your sexual orientation? (By prisoners)	24%	1%
8.5	Have you been victimised because of your age? (By prisoners)	4%	8%
8.5	Have you been victimised because you have a disability? (By prisoners)	16%	6%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	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?	16%	40%
8.7	Have you ever felt threatened or intimidated by staff here?	12%	17%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	6%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	6%
8.7	Have you been victimised because of your sexual orientation? (By staff)	8%	2%
8.7	Have you been victimised because of your age? (By staff)	0%	6%
8.7	Have you been victimised because you have a disability? (By staff)	12%	4%
9.1	Is it easy/very easy to see the doctor?	50%	38%
9.1	Is it easy/ very easy to see the nurse?	96%	70%
9.4	Are you currently taking medication?	73%	51%
9.6	Do you feel you have any emotional well being/mental health issues?	20%	28%
10.3	Is it easy/very easy to get illegal drugs in this prison?	8%	13%
11.2	Are you currently working in the prison?	58%	61%
11.2	Are you currently undertaking vocational or skills training?	24%	28%
11.2	Are you currently in education (including basic skills)?	50%	46%
11.2	Are you currently taking part in an offending behaviour programme?	20%	10%
11.4	Do you go to the library at least once a week?	62%	58%
11.6	do you go to the gym three or more times a week?	24%	29%
11.7	Do you go outside for exercise three or more times a week?	46%	53%
11.8	On average, do you go on association more than five times each week?	92%	59%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	27%	17%
12.2	Have you had any problems sending or receiving mail?	30%	39%
12.3	Have you had any problems getting access to the telephones?	8%	23%

## Diversity analysis



### Key question responses (ethnicity) HMP Bure 2013

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

#### Key to tables

		Black and minority ethnic prisoners	White prisoners
	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>40</b>	<b>136</b>
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	25%	4%
1.6	Do you understand spoken English?	97%	100%
1.7	Do you understand written English?	95%	98%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	5%
1.1	Are you Muslim?	31%	2%
1.12	Do you consider yourself to have a disability?	33%	30%
1.13	Are you a veteran (ex-armed services)?	8%	8%
1.14	Is this your first time in prison?	62%	56%
2.6	Were you treated well/very well by the escort staff?	68%	79%
2.7	Before you arrived here were you told that you were coming here?	57%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	73%	90%
3.3	Were you treated well/very well in reception?	75%	88%
3.4	Did you have any problems when you first arrived?	70%	62%
3.7	Did you have access to someone from health care when you first arrived here?	75%	67%
3.9	Did you feel safe on your first night here?	73%	87%
3.10	Have you been on an induction course?	100%	97%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	47%	53%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	80%	76%
4.4	Are you normally able to have a shower every day?	95%	97%
4.4	Is your cell call bell normally answered within five minutes?	65%	42%
4.5	Is the food in this prison good/very good?	5%	30%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	30%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	45%	70%
4.8	Do you feel your religious beliefs are respected?	45%	54%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	52%	57%
5.1	Is it easy to make an application?	77%	89%
5.3	Is it easy to make a complaint?	61%	63%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	33%	55%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	32%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	13%	2%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	55%	81%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	69%	85%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	23%	22%
7.4	Do you have a personal officer?	77%	85%
8.1	Have you ever felt unsafe here?	38%	29%
8.2	Do you feel unsafe now?	22%	11%
8.3	Have you been victimised by other prisoners?	38%	30%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	17%	13%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	17%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	17%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	8%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	15%	5%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	56%	30%
8.7	Have you ever felt threatened or intimidated by staff here?	16%	17%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	23%	0%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	13%	4%
8.7	Have you been victimised because of your nationality? (By staff)	5%	1%
8.7	Have you been victimised because you have a disability? (By staff)	10%	3%
9.1	Is it easy/very easy to see the doctor?	36%	40%
9.1	Is it easy/ very easy to see the nurse?	66%	76%
9.4	Are you currently taking medication?	53%	55%
9.6	Do you feel you have any emotional well being/mental health issues?	30%	25%
10.3	Is it easy/very easy to get illegal drugs in this prison?	11%	13%
11.2	Are you currently working in the prison?	49%	65%
11.2	Are you currently undertaking vocational or skills training?	46%	22%
11.2	Are you currently in education (including basic skills)?	62%	42%
11.2	Are you currently taking part in an offending behaviour programme?	11%	12%
11.4	Do you go to the library at least once a week?	68%	56%
11.6	do you go to the gym three or more times a week?	40%	25%
11.7	Do you go outside for exercise three or more times a week?	55%	52%
11.8	On average, do you go on association more than five times each week?	55%	67%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	13%	21%
12.2	Have you had any problems sending or receiving mail?	45%	37%
12.3	Have you had any problems getting access to the telephones?	22%	21%

## Diversity analysis



### Key question responses (disability, age over 50) HMP Bure 2013

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

#### Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>54</b>	<b>122</b>	<b>59</b>	<b>117</b>
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	11%	7%	7%	9%
1.6	Do you understand spoken English?	100%	99%	100%	99%
1.7	Do you understand written English?	96%	98%	95%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	25%	22%	15%	27%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	10%	2%	4%	5%
1.1	Are you Muslim?	8%	9%	4%	11%
1.12	Do you consider yourself to have a disability?			34%	28%
1.13	Are you a veteran (ex-armed services)?	6%	8%	12%	5%
1.14	Is this your first time in prison?	42%	64%	51%	60%
2.6	Were you treated well/very well by the escort staff?	74%	78%	74%	78%
2.7	Before you arrived here were you told that you were coming here?	67%	58%	58%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	86%	91%	83%
3.3	Were you treated well/very well in reception?	89%	84%	88%	84%
3.4	Did you have any problems when you first arrived?	77%	57%	60%	65%
3.7	Did you have access to someone from health care when you first arrived here?	81%	63%	71%	67%
3.9	Did you feel safe on your first night here?	68%	90%	85%	83%
3.10	Have you been on an induction course?	94%	99%	97%	99%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	55%	50%	55%	50%



## 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		Prisoners aged 50 and over
	Any percentage highlighted in blue is significantly worse				Prisoners under the age of 50
	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?	77%	77%	86%	72%
4.4	Are you normally able to have a shower every day?	94%	98%	98%	96%
4.4	Is your cell call bell normally answered within five minutes?	46%	47%	42%	50%
4.5	Is the food in this prison good/very good?	22%	26%	32%	21%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	45%	37%	47%	35%
4.7	Are you able to speak to a Listener at any time, if you want to?	70%	63%	66%	64%
4.8	Do you feel your religious beliefs are respected?	61%	48%	66%	45%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	59%	55%	66%	51%
5.1	Is it easy to make an application?	83%	88%	90%	85%
5.3	Is it easy to make a complaint?	54%	68%	60%	65%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	46%	51%	44%	53%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	34%	38%	35%	38%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	3%	2%	5%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	83%	72%	85%	69%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	90%	77%	83%	80%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	21%	22%	27%	19%
7.4	Do you have a personal officer?	76%	86%	80%	84%
8.1	Have you ever felt unsafe here?	49%	23%	36%	28%
8.2	Do you feel unsafe now?	23%	10%	15%	13%
8.3	Have you been victimised by other prisoners?	43%	26%	31%	33%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	15%	13%	15%	14%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	6%	4%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	7%	2%	8%
8.5	Have you been victimised because of your nationality? (By prisoners)	2%	3%	2%	4%
8.5	Have you been victimised because of your age? (By prisoners)	13%	4%	9%	7%
8.5	Have you been victimised because you have a disability? (By prisoners)	19%	3%	7%	8%

## 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		Prisoners aged 50 and over
	Any percentage highlighted in blue is significantly worse				Prisoners under the age of 50
	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?	41%	33%	27%	40%
8.7	Have you ever felt threatened or intimidated by staff here?	15%	16%	12%	18%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	5%	6%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	8%	5%	4%	7%
8.7	Have you been victimised because of your nationality? (By staff)	2%	2%	2%	2%
8.7	Have you been victimised because of your age? (By staff)	6%	4%	4%	6%
8.7	Have you been victimised because you have a disability? (By staff)	12%	2%	4%	5%
9.1	Is it easy/very easy to see the doctor?	38%	40%	45%	37%
9.1	Is it easy/ very easy to see the nurse?	73%	75%	78%	73%
9.4	Are you currently taking medication?	79%	45%	69%	48%
9.6	Do you feel you have any emotional well being/mental health issues?	40%	21%	20%	30%
10.3	Is it easy/very easy to get illegal drugs in this prison?	15%	11%	19%	9%
11.2	Are you currently working in the prison?	56%	64%	64%	61%
11.2	Are you currently undertaking vocational or skills training?	17%	31%	24%	28%
11.2	Are you currently in education (including basic skills)?	38%	49%	45%	47%
11.2	Are you currently taking part in an offending behaviour programme?	8%	13%	17%	9%
11.4	Do you go to the library at least once a week?	49%	63%	51%	63%
11.6	Do you go to the gym three or more times a week?	19%	32%	26%	30%
11.7	Do you go outside for exercise three or more times a week?	52%	53%	49%	53%
11.8	On average, do you go on association more than five times each week?	61%	66%	63%	65%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	22%	18%	17%	20%
12.2	Have you had any problems sending or receiving mail?	36%	39%	31%	43%
12.3	Have you had any problems getting access to the telephones?	8%	26%	14%	25%