

Report on an unannounced full follow-up
inspection of

HMP Pentonville

24 February – 4 March 2011

by HM Chief Inspector of Prisons

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Introduction

Pentonville is an iconic prison, but not always for the right reasons: its four central wings are over a hundred and fifty years old, it has a large and transient population drawn from some of London's poorest boroughs, and its prisoners have amongst the highest incidence of mental ill-health and substance abuse of any local prison in the country. Despite these almost insuperable challenges, this unannounced follow-up inspection found that Pentonville was making some progress but inevitably there was much more to do.

Reception remained immensely busy and staff had little time to address all the immediate issues presented by prisoners. Similar pressures on first night and induction arrangements meant that much work remained to be done to ensure the safety of prisoners in their most vulnerable early days in custody. The atmosphere in the prison was generally calm but violence reduction and anti-bullying systems were weak. Tragically, there had been four apparently self-inflicted deaths since the last inspection and, while some aspects of the care for those at risk of self-harm were good, other areas were underdeveloped.

Many men arriving at Pentonville were dependent on drugs and/or alcohol and treatment arrangements had improved with the introduction of the integrated drug treatment system. There had also been some success, working with the police, to reduce the flow of illicit drugs into the prison. Security was mostly proportionate and use of force was not excessive. The segregation unit was basic but decent.

Staff-prisoner relationships appeared reasonable, but were not supported by an effective personal officer scheme. The environment was generally clean but some accommodation was overcrowded, with unscreened toilets and poor showering facilities. Race issues were well managed but some other areas of diversity, particularly services for foreign nationals, were underdeveloped. Faith provision was comprehensive. There was an impressive health care centre and most services were good.

Time out of cell varied, but was reasonable for those with activities to attend. Despite some ambitious plans, there was still too little activity to occupy all prisoners and many prisoners remained unemployed. Opportunities to access education had expanded significantly but too few prisoners achieved qualifications. Access to the library had improved and more prisoners were now able to take part in PE.

The strategic management of resettlement required improvement, but some promising partnership working was underway with some neighbouring local authorities. While offender management and public protection were satisfactory, progress on resettlement had been slow. There was still no custody planning for remand and short sentence prisoners and, while some basic needs assessment took place, there were too few services to help prisoners reintegrate successfully into the community.

Pentonville is amongst the most challenging local prisons in the country to run. Its ageing and crowded fabric offers limited scope for change or development, its population is not only transient but also hugely needy - and sometimes challenging - and resources are declining. Despite all this, managers and staff were working hard to make the prison a safer and more decent place. There was now a little more purposeful activity and some exciting, if nascent, ideas to work with local authorities to improve resettlement outcomes. It goes without saying that there is much more to do. Indeed the scale of the issues facing Pentonville means that it is

also essential that the prison is supported by an effective London-wide strategy – but there is now at least a positive sense of direction.

Nick Hardwick
HM Chief Inspector of Prisons

June 2011

Fact page

Task of the establishment

Category B local

Prison status

A public prison

Region/department

London region

Number held

1,228 (as at 22 February 2011)

Operational capacity

1,272

Certified normal accommodation

913

Date of last full inspection

11 – 15 May 2009

Brief history

Pentonville was completed over 150 years ago and has remained in use ever since as a local prison. Although much refurbishment has taken place, the original four cellblocks remain as they were when the prison opened in 1842.

Short description of residential units

A	-	First night centre/induction
B	-	Resettlement wing for prisoners about to be released into the community
C	-	Remand/convicted prisoners
D	-	Enhanced wing
E	-	Substance misuse unit
F	-	IDTS wing (stabilisation unit)
G	-	Remand/convicted prisoners

Escort contractor

SERCO

Health service commissioner and providers

Healthcare is delivered via a group of health care providers including three local Trusts and the prison itself. The Trusts are:

- NHS Islington
- Camden & Islington NHS Foundation Trust
- Barnet, Enfield and Haringey NHS Mental Health Trust

Learning and skills providers

The education service is contracted out to Kensington & Chelsea Further Education College

Healthy prison summary

Introduction

- HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:
- | | |
|----------------------------|---|
| Safety | prisoners, even the most vulnerable, are held safely |
| Respect | prisoners are treated with respect for their human dignity |
| Purposeful activity | prisoners are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |
- HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.
- **outcomes for prisoners are good against this healthy prison test.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
 - **outcomes for prisoners are reasonably good against this healthy prison test.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
 - **outcomes for prisoners are not sufficiently good against this healthy prison test.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
 - **outcomes for prisoners are poor against this healthy prison test.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.
- HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner

focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

- HP4 At the last inspection in May 2009, we found that Pentonville was not performing sufficiently well against the healthy prison test of safety. We made 50 recommendations, of which 19 had been achieved, 10 had been partially achieved, 20 were not achieved and one was no longer relevant. We have made three main recommendations and 22 further recommendations.
- HP5 In May 2009, we found that Pentonville was not performing sufficiently well against the healthy prison test of respect. We made 78 recommendations, of which 31 had been achieved, 17 had been partially achieved and 30 were not achieved. We have made two main recommendations and 40 further recommendations.
- HP6 In May 2009, we found that Pentonville was not performing sufficiently well against the healthy prison test of purposeful activity. We made 13 recommendations, of which three had been achieved, four had been partially achieved and six were not achieved. We have made one main recommendation and 13 further recommendations.
- HP7 In May 2009, we found that Pentonville was performing reasonably well against the healthy prison test of resettlement. We made 35 recommendations, of which five had been achieved, three had been partially achieved, 25 were not achieved and two were no longer relevant. We have made one main recommendation and 16 further recommendations.

Safety

- HP8 Reception, first night procedures and induction were not sufficiently supportive for new arrivals, particularly those with no previous experience of prison. The prison was generally a calm environment but violence reduction and anti-bullying procedures were weak. There was some reasonable support for those at risk of self harm but assessment, care in custody and teamwork procedures were underdeveloped. Some security measures were disproportionate. Use of force appeared appropriate and well monitored. The introduction of the integrated drug treatment system had improved care for substance users but routine first night prescribing had only just begun. Use of illicit drugs appeared relatively high but had fallen since our last inspection. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP9 Reception was extremely busy but efficient and movements to courts were well organised. Better use was made of court video links but many men still spent too long in court cells awaiting transfer to the prison. Most prisoners did not have long journeys but many escort vans arrived at Pentonville at the same time in the evening leading to delays of up to two hours on the reception yard. Although many prisoners were now notified the day before of transfers to other prisons, this was often too late in the day to contact friends or family before they left.
- HP10 In our survey, prisoners reported negatively about their experience of reception. The area was clean but little information was displayed, particularly in languages other than English. Some prisoners spent too long in reception and reception officers did not show much awareness of the needs of those new to prison. First night and

induction procedures had just been revised but were not working effectively. Fewer men than in comparator¹ prisons said they felt safe on their first night. Not enough support and reassurance was given, particularly for prisoners new to custody and foreign nationals. Not all new arrivals were offered showers or had the telephone arrangements explained. Cell-sharing risk assessment interviews took place on open landings, which did not allow enough confidentiality. Cells for new arrivals were reasonably clean but some window grills contained a lot of rubbish.

- HP11 The induction programme was not sufficiently comprehensive. There were some brief sessions from specialist services but there was no group presentation about general prison procedures to reinforce and explain the information provided in an induction booklet and to answer questions. Most of the men we spoke to who had just completed induction had little knowledge about some basic prison procedures.
- HP12 Although the prison appeared a reasonably calm environment, little data on indicators of violence were collated or analysed. Not enough attention had been given to bullying and violence reduction. Many more prisoners than the comparator in our survey said they had felt unsafe in the prison at some time and at the time of the survey and both had increased from previously. Investigations into alleged bullying incidents lacked depth. Monitoring arrangements were poor and some prisoners were removed from monitoring simply due to the absence of entries in case notes. Few staff had received any training about the operation of the anti-bullying strategy. Vulnerable prisoners generally felt safe on the designated landing on G1 but there was still insufficient room to hold all vulnerable prisoners there and, although a little better than previously, overspill arrangements were not satisfactory.
- HP13 There had been four self-inflicted deaths since our last inspection. Some work had been done to consolidate recommendations from previous deaths and serious self-harm incidents but concerns about response times to cell bells and effective monitoring checks had been a repeated theme. Health care conducted some good investigations into untoward incidents. Initial assessment, care in custody and teamwork (ACCT) assessments were generally good and there was regular health care attendance at case reviews. Some reviews involving men who did not speak or understand much English were held without appropriate interpretation. There remained a lack of continuity of case management. Care plans were not well developed and some put too much onus on the prisoners themselves. Timings of observations in ACCTs were often too predictable. Some good support was provided through the day care centre but there was no longer a counselling service. Most

¹ **Inspection methodology:** There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from Towel et al (eds), *Dictionary of Forensic Psychology*.)

prisoners had good access to Listeners, who felt well supported by managers but not by all officers. There were some difficulties with access to Listeners at night in health care.

- HP14 There were no obvious problems with physical security. There was a good flow of intelligence into the security department and careful monitoring of professional standards issues. Monitoring of required outcomes from submitted security information reports was good but showed that many actions were not completed within appropriate timescales. There was an understandable focus on reducing the supply of drugs but some of the security measures introduced were disproportionate in their effect.
- HP15 The segregation unit regime was basic but decent, with daily showers, exercise and telephone calls. All staff were generally professional and helpful. However, some men were strip searched on entry to the unit without clear justification. Few prisoners remained segregated for long periods and use of segregation appeared relatively low but there was no routine formal monitoring. Most disciplinary charges seemed appropriate but too many adjudication records indicated a lack of thorough enquiry. Senior managers effectively scrutinised use of force, which was well monitored for trends. Many incidents involved interventions in fights or low level personal protection rather than full use of control and restraint techniques. Special accommodation was used appropriately as a last resort.
- HP16 A quarter of new receptions to Pentonville were admitted to F wing for stabilisation and detoxification on arrival and almost half of those required alcohol detoxification. Routine first night treatment for opiate-dependent prisoners had only just been introduced after a long delay. Treatment was flexible, reviews took place regularly and support for prisoners had improved, with some better joint work between the clinical team and drug support services. The random mandatory drug testing rate was just over 14%, compared to almost 20% at the last inspection, and indicated that cannabis was the main drug used. Fifteen per cent of the population was tested randomly but there were not enough resources to maintain this level. As a consequence, few suspicion tests were undertaken and in the previous three months 200 requests for tests had not been met.

Respect

HP17 Relationships between staff and prisoners were satisfactory but there was no effective personal officer scheme. The environment was reasonably well maintained and mostly clean but many of the showers were in very poor condition. Men still shared single cells with inadequately screened toilets. The incentives and earned privileges scheme operated too negatively. There was little satisfaction with food. Race relations were reasonably good. Foreign nationals, particularly those who did not speak English, were not well enough supported. Other areas of diversity were underdeveloped. Health services were mostly good. Outcomes for prisoners were reasonably good against this healthy prison test.

HP18 In our survey, 64% of prisoners, a little lower than the comparator, said most staff treated them with respect. The same as the comparator said they had a member of staff they could turn to for support but this had dropped from previously. Observed interactions between prisoners and staff were relaxed and friendly. Prisoners said

many officers gave special treatment to favoured groups such as servery workers and orderlies and some said officers were often unwilling or unable to help them with queries. Wing consultation meetings were not well managed. There was no formal policy outlining the personal officer scheme. Although better than previously, only 24% of prisoners in our survey said they had a personal officer but most of those who had them found them helpful. There were few personal officer entries in case notes.

- HP19 Cleanliness in most areas was adequate but some parts such as at the ends of wings were grubby and there was an accumulation of rubbish in some external areas. Fewer than the comparator in our survey said they could get cell cleaning materials every week and this issue was often raised at wing meetings. Toilets in many shared cells were not adequately screened and there were no lockable cabinets. Some cells had damaged or missing furniture. Most showers were in poor condition and fewer than the comparator said they were able to shower every day. Laundry facilities were generally satisfactory. There were some difficulties getting sufficient clean prison clothing in the correct size and there were also problems in the supply of pillows, particularly on the first night unit.
- HP20 The incentives and earned privileges (IEP) scheme operated negatively and unfairly in some cases. Too many prisoners were placed on the basic level for single incidents, including both prisoners in shared cells where there were finds of contraband. There was little evidence of the weekly reviews that were supposed to take place for the many prisoners on the basic level. We were told the average stay at the prison was 2.5 months but prisoners had to wait three months before they could apply for enhanced status.
- HP21 The kitchen was dilapidated and a refurbishment planned for later in the year was long overdue. Prisoner perceptions about the quality of food had not improved and only 15% in our survey said it was good. Most said it was bad or very bad. Insufficient fresh fruit and vegetables were served, portion control was poor and some dishes ran out so not all prisoners had the meal they selected. Inadequate serveries meant meals were still served early with lunch beginning from just after 11am. In our survey, satisfaction with the range of goods stocked by the shop was relatively low.
- HP22 A single equality scheme focused primarily on staff issues with no clear focus on how the needs of prisoners would be met across each of the diversity strands. A high proportion of staff had attended the Prison Service diversity training and it was positive that it had been suitably adapted to meet some local priorities. In our survey, there were some apparent discrepancies between the perceptions of minority groups but monitoring for equality of treatment did not extend beyond ethnicity. Identification of prisoners with disabilities had improved. Some men with disabilities had care plans but there were few suitable physical adaptations and wing staff could not find evacuation plans. There was recognition of the need to challenge homophobic behaviour but work to support gay and bisexual prisoners was under-developed.
- HP23 Most prisoners we spoke to found the prison an integrated multicultural environment with little racism. However, in our survey, fewer black and minority ethnic men said they were treated with respect by staff and more than others said they had been victimised by staff and had felt unsafe in the prison at some time. Potential unfair treatment in relation to the IEP scheme was a recurring theme raised by prisoners. Ethnic monitoring had identified some ongoing differences in outcomes that were being explored. Racist incidents reports were generally thoroughly investigated but a number had been delayed due to staff sickness. Most officers understood the need to

take account of prisoners convicted of racially aggravated offences when allocating cells but we were concerned to find a small number of cases when this had not happened. Race equality was well promoted with regular events to celebrate cultural diversity.

- HP24 Prisoners had good access to chaplains and religious services and regular activities were run in the chapel. Most chaplaincy resources were reasonably good but the multi faith room did not have suitable facilities.
- HP25 The applications system was complex and confusing. Forms were not always available on the wings and applications were not logged and tracked. Replies to complaints were reasonably polite, to the point and prompt, although some poor replies from a small number of staff suggested a need for more thorough quality assurance. None of the legal services officers had received formal training and the services provided were insufficient.
- HP26 There was active senior management liaison with the health provider to help drive forward and improve health services, although primary care nursing staff levels were very stretched. The main health care department was modern and fit for purpose. Most wing treatment rooms had been refurbished but there was no identified health care person responsible for each room to ensure good standards were maintained and the emergency equipment in them was not regularly checked. Primary physical care was well advanced but there were some difficulties in getting to some nurse-led clinics. 'Walk in' clinics were popular and often substantially over subscribed. Access to the GP was good but prisoners did not always understand the triage system that required them to see a nurse first. Management of prisoners with long-term conditions was very good but more health information and promotion were needed. Dental services were good and improved. The inpatient unit was well organised with a good range of activities. Primary mental health services needed further development but secondary services were well structured to meet the needs of prisoners.

Purposeful activity

- HP27 Prisoners with activities had a reasonable amount time out of cell but this remained too restricted for others. There were good plans to expand provision but there were still too few activity places to keep prisoners purposefully occupied and little use of part time work to spread activity more equitably. Half of prisoners were formally unemployed, although unpaid activities helped occupy some of their time. Education places had expanded but achievements were relatively poor. Access to the library had improved and more men than previously participated in PE. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP28 The average time out of cell was reported as 7.69 hours in the year to date but, with half of the prisoners unemployed who received on average about four hours out of cell each day, it was difficult to see how this could be achieved. An overall average of around six hours seemed more realistic. At a check one morning we found 30% of prisoners were locked in their cells. Exercise and association periods were reliable but usually took place during the day and prisoners involved in activities did not all get daily association or any time in the open air.

- HP29 The prison had developed a more strategic approach to the delivery of learning and skills, although this was not yet cohesively captured in a formal learning and skills strategy. Developments so far included a revised and wider curriculum, new education accommodation and a good increase in full time equivalent education places from 70 in 2009 to 120. A needs analysis undertaken in 2010 was not based on reliable data, which was still a problem affecting the development of learning and skills. Data were not systematically analysed to inform decision making or to help review performance. Education provision for vulnerable prisoners had improved but only a small number were enrolled in classes. The careers information and advice service (CIAS) provided some good support to prisoners but needed to be better integrated with other processes such as allocations and sentence planning.
- HP30 Attendance and punctuality at education classes had recently improved following the introduction of a useful computerised activities system and good management attention. Teaching was mostly good, with some effective use of resources such as inter-active white boards but classrooms were small and cramped in the main education area. Educational achievements were satisfactory in music technology and journalism but low in most other subject areas, although the trend was improving.
- HP31 Overall there were still too few activity places for the size of the population. However, there was a good focus on increasing work and vocational training places and more were planned for later in the year. There were 575 paid activity places and about half the population was unemployed. Some prisoners were also involved in a range of unpaid activities. A new centralised allocation process aimed to ensure equality. It had not yet been fully evaluated and some prisoners complained about favouritism in allocation to certain jobs. Just over 170 of the jobs available were wing jobs, which did not keep men fully occupied, and there were nearly 170 other work places. Most of the jobs did not lead to any formal accreditation except a hire tools workshop. There was still little recording and recognition of skills acquired at work. Punctuality and attendance at work was generally satisfactory.
- HP32 Use of the library had substantially increased. Although only 24% in our survey compared to 37% in other locals said they visited the library once a week, this was a big improvement from 13% in 2009. Library data confirmed better access but those in full-time education were unable to attend as there was no escort provision. There was a good range of stock including appropriate provision of books in other languages. Legal materials and Prison Services Orders were available. An active Toe by Toe reading scheme was coordinated through the library.
- HP33 Participation in PE had improved significantly with the introduction of shorter sessions that allowed more men to attend. Facilities were satisfactory and there was an improved range of recreational gym provision and very high pass rates on accredited courses.

Resettlement

- HP34 Some useful partnership resettlement work with local authorities was taking place but there was no strategic approach to measure need and ensure appropriate service development against each of the resettlement pathways. Overall, there had been little progress in this area. Basic resettlement needs were assessed and relevant referrals made but there were insufficient services to meet needs. There was still no custody

planning for remand and short-term prisoners. Offender management work was satisfactory. Public protection was thorough but some stops on contact with children were too restrictive. Other than for drugs, no accredited offending behaviour interventions were run. The children and families pathway was underdeveloped. Links with community drug services remained good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

- HP35 Some strategic work was being developed to help clarify the functions of each of the London prisons but this work was not complete. There was no up to date resettlement strategy or reducing reoffending action plan for Pentonville and there were no regular reducing reoffending meetings to report on progress and develop the strategy. Some potentially helpful needs analysis had been done and exit interviews were held but it was not apparent that either of these had been used to inform the development of services. Useful partnership work with Islington borough council was taking place aimed at developing a more coordinated approach with other London boroughs to help reach reducing reoffending targets. Prisoners did not have easy access to resettlement advice. B wing had been designated as a resettlement wing but there was little clarity about its role.
- HP36 All prisoners had their immediate and basic resettlement needs assessed on arrival at interviews for the London initial assessment and referral tool (LISAR) but, as previously, the purpose of these were not explained and many prisoners did not know that they would result in referrals to appropriate services. There were still no sentence or custody plans for short-term and remand prisoners to help ensure that identified targets and needs were met. About 400 prisoners were sentenced to 12 months and over and eligible for OASys. About 100 of these were waiting to be completed and some prisoners would move to training prisons before they were done. Approximately 160 prisoners including lifers, were covered by offender management arrangements and had allocated offender supervisors in the prison. Offender supervisors had regular contact with prisoners and there was good attendance by community offender managers at sentence planning boards. Sentence plans we examined were of good quality, although few sentenced prisoner compared to other local prisons said they had one. There were no arrangements to identify and support prisoners potentially facing life sentences. Newly sentenced lifers and prisoners sentenced to indeterminate sentences for public protection moved reasonably quickly to other prisons.
- HP37 Public protection arrangements were generally sound and well managed. However, all men with current or previous offences against children were automatically prevented from seeing their own children until a full assessment was carried out. This could take some weeks and some cases where there was no current risk to the man's children could have been sifted out at an early stage.
- HP38 Other than P-ASRO and the short duration drugs programme for men with offences linked to substance use, no accredited offending behaviour programmes were run. The thinking skills programme was in abeyance partly because of recruitment difficulties. Most prisoners with offending behaviour needs transferred to training prisons for these courses, which was appropriate.
- HP39 Many prisoners were unaware of the resettlement services available. St Mungo's housing workers provided accommodation information and support and were able to safeguard many tenancies and provide help with finding accommodation for release. However, the service was severely stretched and unable to respond to all the

applications or referrals it received. In 2010, about 20% of prisoners had been released from Pentonville with no fixed accommodation. JobCentre Plus staff saw all new arrivals and any men who made applications to see them. They provided advice on benefits and grants and arranged 'freshstart' benefit interviews for prisoners after release. A worker from Islington People Rights gave advice on debts two days a week but the funding was due to end and no replacement service had been identified. Prisoners could not open a bank account. Some personal and social development courses had been introduced by education to aid the resettlement of sentenced prisoners due for release.

- HP40 While there were a number of good initiatives to help support families, there was no clear strategic ownership of the children and families pathway to ensure a coordinated approach that met identified needs. A family liaison officer carried out some good work but the post was poorly advertised on wings and the role was not clearly defined. Family visits were run only for the relatively small number of men on the enhanced level of the IEP scheme. There continued to be difficulties in getting through to the visits booking line. The formal visits policy was to refuse entry to visitors indicated by the drugs dog even when there was no supporting evidence, which was disproportionate, although in practice it did not appear to be followed. It was not clear that unconvicted prisoners received their full visits entitlement as there was a confusion in policy, practice and guidance to prisoners and staff.
- HP41 The drug strategy lacked performance measures and did not include alcohol services. A needs analysis was being collated. There had been a recent significant drop in the counselling, assessment, referral, advice and throughcare (CARAT) service caseload and referrals, the reasons for which had not been examined. We welcomed the fact that from April the CARAT service remit would expand to include work with primary alcohol and cannabis users with a new focus on contact time with clients rather than assessments. Prisoners with substance use problems could participate in the short duration programme and a new and much needed alcohol programme was about to be introduced to replace P-ASRO. Links with drug services in the community continued to be very good.

Main concerns and recommendations

- HP42 Concern: Insufficient support and reassurance was given to new arrivals, first night procedures were not as good as previously and induction arrangements did not give prisoners the information they needed to know.

Recommendation: All new arrivals, particularly those with no previous experience of prison, should receive appropriate support during their first days in custody.

- HP43 Concern: Violence reduction and anti-bullying procedures were poor. Investigations lacked depth, little monitoring of suspected bullies took place and many staff seemed unaware of the procedures.

Recommendation: Effective procedures and training should be introduced to ensure that alleged bullies are appropriately monitored by wing staff and that victims are supported.

HP44 Concern: There had been four apparently self-inflicted deaths since our last inspection and assessment, care in custody and teamwork procedures were still not well managed or fully focused on supporting prisoners at risk.

Recommendation: Case reviews and care plans for prisoners at risk of suicide and self-harm should be improved with consistent case management to ensure that identified needs are met.

HP45 Concern: Too few prisoners were aware they had an allocated personal officer. Those who did found them helpful and it was evident that there were some benefits of such a role.

Recommendation: Each prisoner should have a designated personal officer responsible for checking regularly on their individual welfare, dealing with issues as they arise and helping to ensure that identified reintegration needs are met.

HP46 Concern: There was no diversity policy based on an analysis of the needs of prisoners and aimed at meeting those needs.

Recommendation: A comprehensive diversity policy should be agreed based on a needs analysis of the population and should outline how the needs of all minority groups will be met.

HP47 Concern: Despite a welcome increase in education places, the overall number of activity places and time out of cell was little changed. Vocational training and accredited learning at work had decreased.

Recommendation: The number and quality of employment and other activity places should be increased to reduce the number of prisoners locked in cells during the day.

HP48 Concern: There was no strategy outlining the prison's role in reducing reoffending or any regular meeting to develop and monitor services and progress across each of the resettlement pathways.

Recommendation: An up-to-date reducing reoffending strategy should be produced with a clear strategic vision and action plans for development across each of the resettlement pathways covering specific groups of prisoners and overseen by regular reducing reoffending meetings.

Progress on main recommendations since the previous report

(The paragraph numbers at the end of each main recommendation refer to its location in the previous inspection report)

Main recommendations

- MR1 **Under no circumstances should prisoners be transferred out in order to ensure that they are not present during an inspection. (HP41)**
Achieved. NOMS senior management had issued strongly worded directives instructing prisons not to transfer prisoners out before inspections for reasons other than normal operational moves. We found no evidence that prisoners had been transferred out of the prison to prevent them coming into contact with inspectors before or during this inspection.
- MR2 **Prisoners who are vulnerable or have ongoing medical treatment should only be transferred where this is in their best interests, and in line with a multidisciplinary care plan. (HP42)**
Achieved. There was no evidence that vulnerable prisoners at risk of self-harm were transferred without their cases being considered by a multidisciplinary team. A comprehensive London region population protocol for the transfer of prisoners published in November 2009 clearly outlined procedures for transfers.
- MR3 **The Director of Offender Management should ensure that all staff, and particularly senior managers, understand that prisoner care is their prime responsibility at all times. (HP43)**
Achieved. Following the unacceptable transfer of prisoners between London prisons at the time of the last inspection, this had been made clear.
- MR4 **A personal officer scheme should be established so that there is a designated officer actively responsible for checking regularly on individual prisoners' welfare, dealing with issues as they arise and helping to ensure that any identified reintegration needs are met. (HP44)**
Not achieved. The prison was developing a long-term project relating to personal officer work but there was no formal personal officer policy and little evidence that personal officer work was carried out in any depth. Although more than at our last inspection, only 24% of prisoners said they had a personal officer. Many prisoners were unaware that there was a personal officer scheme. There were few personal officer entries in P-Nomis case notes but for those prisoners who said they had a personal officer, more than the comparator found them helpful. (See main recommendation at paragraph HP45.)
- MR5 **Appropriate first night prescribing for opiate dependent prisoners should be introduced urgently. (HP45)**
Achieved. First night treatment for opiate users had finally been introduced just a week before the inspection. A substance misuse nurse provided screening at reception before the first dose of methadone was administered. A new substance misuse consultant and a nurse prescriber had implemented the necessary protocols and trained reception GPs accordingly.
- MR6 **Officers should be effectively trained to use the staged violence reduction strategy, and reporting, investigation and monitoring of bullies and support for victims should be clearly recorded. (HP46)**

Not achieved. There were no records of staff training in the violence reduction strategy before October 2010. Since then, only five officers identified as safer custody liaison officers had been briefed about the staged violence reduction strategy. A full staff meeting dedicated to safer custody training was planned for April 2011. The violence reduction officer investigated incidents reported to him but had not been trained to do this and investigations lacked depth (see section on bullying and violence reduction). Monitoring arrangements were poor, with few entries in P-Nomis case notes. In several cases, no entries had been made over many weeks and reviews had not been completed. Some prisoners had been removed from monitoring simply due to the absence of entries in case notes rather than an appropriate assessment of risk. (See main recommendation at paragraph HP43.)

MR7 Case reviews and care plans for prisoners at risk of suicide and self-harm should be improved with consistent case management to ensure that identified needs are met. (HP47)

Not achieved. Case management still lacked consistency. Whichever case manager (senior officer) was on duty on the day a review was due convened the review. Care plans were not well developed and some put too much emphasis on prisoners to meet targets. Some reviews with men who did not speak or understand English well were held without appropriate interpretation. One prisoner suffering from depression had tried to commit suicide at the time of his arrest and had not originally wanted to contact his family. Some weeks later, his care plan had a target for him to speak to his family, which he now wanted to do but he had been waiting three weeks for telephone credit to be arranged. (See main recommendation at paragraph HP44.)

MR8 A comprehensive diversity policy should be agreed based on a needs analysis of the population, and should outline how the needs of all minority groups will be met. (HP48)

Not achieved. The published single equality scheme policy had not been informed by a needs analysis and focused primarily on staff issues rather than describing how prisoners' needs would be met. The scheme was underpinned by a regularly updated equalities action plan but this did not cover all our expected diversity strands. There were separate action plans for foreign national and older prisoners and those with disabilities. (See main recommendation at paragraph HP46.)

MR9 The number and quality of employment places should be increased (HP49)

Not achieved. The overall number of paid activity places had hardly changed despite an increase from 70 to 120 full-time equivalent education places. About 50% of prisoners, 650 men, were unemployed compared to 27% recorded at the 2009 inspection. At the same time, vocational training and work areas offering accredited learning had decreased and prisoners' non-accredited employment-related skills were not recognised or recorded. (See main recommendation at paragraph HP47.)

MR10 Prisoners should have more time out of cell. (HP50)

Not achieved. Time out of cell for most prisoners was little changed. About 50% of prisoners were unemployed and many were locked in their cells for up to 21 hours a day during the week. (See main recommendation at paragraph HP47.)

MR11 Prison officers should have appropriate training to recognise and take appropriate action when a prisoner may have mental health problems. (HP51)

Achieved. The in-house officer training included a section on personality disorder. The governor was keen to raise awareness among prison staff and had ensured that mental health awareness training would be updated and delivered annually.

- MR12 **Resettlement services should be made available through an easily accessible and widely publicised drop-in centre. (HP52)**
Not achieved. No resettlement drop-in centre had been established and prisoners had little awareness of how they might access resettlement services.
We repeat the recommendation.
- MR13 **Sentence or custody plans should be developed for all prisoners whatever their status or length of sentence. (HP53)**
Not achieved. There were still no sentence or custody plans for remanded prisoners or those serving sentences of less than 12 months.
We repeat the recommendation.

Progress on recommendations since the last report

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement the individual needs of prisoners are recognised and given proper attention.

- 1.1 **Prisoners should be held in court cells for the minimum possible period. (1.7)**
Not achieved. Many prisoners still spent too long in court cells once their hearings had been completed. Prisoner escort records showed that some waited three to five hours and staff said this was a problem when escort staff were also required to supervise courts. If a vehicle was available, escort staff said it was used as a 'sweeper van' to collect prisoners and return them to prison earlier.
We repeat the recommendation.
- 1.2 **Prisoners should arrive at the prison before 7pm. (1.8)**
Not achieved. Between December 2010 and January 2011, 428 prisoners had arrived after 7pm, compared to 272 in a two-month period in early July 2009, and 112 prisoners compared to 37 in 2009 had arrived after 8pm.
We repeat the recommendation.
- 1.3 **Prisoners should receive information at court about the prison in a language they can understand. (1.9)**
Not achieved. A useful information leaflet in English only about reception procedures aimed particularly at those new to prison had been sent to local courts in September 2010. However, it was not given to prisoners. Neither escort nor reception staff had seen one and none of the prisoners we saw arriving had been given one. Only 61% of foreign national prisoners in our survey, compared to 84% of British prisoners, said they knew where they were going when they left court or were transferred from another prison.
We repeat the recommendation.
- 1.4 **Prisoners should be offered the option of using the video link for suitable hearings. (1.10)**
Achieved. More use was made of the video link, with 717 uses for court appearances between September 2010 and February 2011 compared to 466 in one six-month period in 2009.
- 1.5 **Prisoners involved in trials should be able to keep their cell while the trial is ongoing. (1.11)**
Achieved. Although population pressures could make this difficult, more effort was made to allow prisoners on trial to keep their cells.
- 1.6 **All prisoners should be given 24 hours notice of a planned transfer. (1.13)**
Partially achieved. Prisoners were usually given written notice of transfer the day before. This gave the date and outlined the reason for transfer and the procedures. All prisoners we met in

reception waiting for transfer had been given notice but not all had been able to let their families know as not all had had association the previous evening. The telephones in the reception holding room were switched off so they could not contact their families then even though some had visits planned.

Further recommendation

- 1.7 All prisoners given notice of their transfer should be given the opportunity to make a telephone call to inform family or friends before the move takes place.

Additional information

- 1.8 Between July and December 2010, there had been an average of 884 discharges to court each month. Few prisoners had long journeys to or from courts. Movement to courts was efficient and well organised. Relationships between reception and escort staff appeared good and relevant risk information was shared. The vans were clean, although a few had graffiti on the walls. Vans carried cooled drinks and absorbent crystal bags to urinate in. Many escort vans arrived at the prison at the same time in the evening, leading to delays of up to two hours on the reception yard. In our survey, only 55%, against a comparator of 65%, said they had been treated well or very well by escort staff.
- 1.9 Vehicles parked in a designated area before prisoners disembarked. Prisoners were not handcuffed between the vehicle and reception. Prisoners often arrived with interim warrants that did not always give details of the offence, although this information was included on the prisoner escort record. Records of previous convictions did not routinely arrive with prisoners. The lack of information meant risk assessments often relied on what prisoners told officers.
- 1.10 Prisoners leaving for court had a pre-packed breakfast. We saw several leaving in prison tracksuits and some looked dishevelled. Some had chosen to wear the tracksuits but others said they had been refused or not offered the opportunity to change into their own clothes. Personal clothing was not provided for prisoners going to court whose clothing had been either seized by the police or destroyed because of its poor condition. A store of personal clothing was available but only for prisoners being discharged. Restrictions were placed on the type of clothing prisoners were allowed to wear to court, including tops with hoods, camouflage and thick quilted jackets, which further limited their opportunity to wear their own clothes and was inappropriate.
- 1.11 Valuables and cash belonging to prisoners appearing at local courts did not go with them. Those who were subsequently released had to return to the prison after their court appearance to collect their cash and valuables and were given a travel warrant to cover this journey.

Further recommendations

- 1.12 All prisoners appearing in court should be able to wear their own or other suitable clothing.
- 1.13 Appropriate criminal justice partners should be reminded of the importance of all relevant information arriving with the prisoner from court.

Housekeeping point

- 1.14 Personal private cash and valuables should accompany all unsentenced prisoners to court.

First days in custody

Expected outcomes:

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

Reception

- 1.15 **Prisoners should be held in reception for as short a time as possible. (1.33)**
Not achieved. A first night centre log recorded what time prisoners arrived in reception and the time they arrived on the first night centre. It was not completed daily as required but entries that had been made showed that some prisoners waited over four hours in reception before being taken to the first night centre.
We repeat the recommendation.
- 1.16 **Reception staff should actively engage with and supervise prisoners. (1.34)**
Not achieved. Officers were busy in reception and did not always actively supervise and engage with prisoners, particularly when they were waiting to move to a residential wing. Most but not all holding rooms were covered by closed circuit television cameras monitored from the reception office. In our survey, only 39% of prisoners, against a comparator of 58%, said they had been treated well or very well in reception.
We repeat the recommendation.

Additional information

- 1.17 Reception was busy, with an average of 59 movements a day between December 2010 and January 2011. The area was clean but little information was displayed, particularly in languages other than English. Reception officers did not display much awareness of the needs of those in prison for the first time and a small figure of a judge in robes with the word 'smile' by the camera that took prisoners' photographs, while meant to be light-hearted, was inappropriate. Searches were completed respectfully

First night

- 1.18 **All interviews with new arrivals should take place in private and uninterrupted. (1.35)**
Not achieved. A prisoner's first interview with prison staff was at an open reception counter. Warrants were checked and the prisoner was asked if he understood what had happened at court and if he was new to prison but the high numbers arriving at the same time meant there was little opportunity for a discussion. Relevant information from documents arriving with the prisoner was entered on a cell-sharing risk assessment (CSRA), which was then completed on the first night centre after officers had interviewed him. Up to four officers could be detailed for this task. Some CSRA interviews took place on the main landing or in an office with the door open, which did not allow sufficient privacy. Officers said they would use other prisoners to

help interpret if required rather than use professional telephone interpreting services.
We repeat the recommendation.

- 1.19 **All prisoners should be given comprehensive and supportive first night information to prepare them for the following few days. (1.36)**
Not achieved. New first night and induction procedures were being developed but were not yet in place. These aimed to streamline information and allow those who had previously and recently been in Pentonville to be fast-tracked. Checklists of the information given to new arrivals had been revised and peer supporters were routinely involved, although the recruitment and training of Insiders had not been completed. The new arrangements should have been in place from 21 February 2011 but there was still considerable confusion among staff. Interviews were little changed and focused more on process than listening to prisoners' concerns. New arrivals were given a revised induction brochure available only in English and a pack containing a pen and paper, a range of application forms and some information leaflets. Various compacts were signed and prisoners were offered a smoker's or non-smoker's pack, although repayment arrangements were not always explained. In the interviews we observed, officers appeared to assume that all prisoners were familiar with prison routines and procedures.
We repeat the recommendation.
- 1.20 **Cell-sharing risk assessments should be checked before cell allocation. (1.37)**
Achieved. Risk assessments completed by a first night officer were checked by a second officer responsible for entering them on P-Nomis and allocating cells.
- 1.21 **Staff should introduce themselves to prisoners and wear identification that displays their name and status. (1.38)**
Not achieved. Officers conducting first night interviews were approachable and helpful but did not introduce themselves or wear any identification.
We repeat the recommendation.

Additional information

- 1.22 In our survey, only 56% of prisoners, against a comparator of 71%, said they had felt safe on their first night. Not all new arrivals were offered a shower and not all understood the procedure for making a telephone call from the first night centre. Most prisoners were given unrestricted access to any telephone number for the first 48 hours. Calls could be made to the value of £2.50 but the fact that this had to be repaid was not always clearly explained. Prisoners who were issued a restricted personal identification number (PIN) for the telephone could wait several days before they could make a call and were not offered a supervised call in the meantime to contact their family, arrange a visit or organise for clothes to be sent in.
- 1.23 Most new arrivals were initially placed in cells on the lower landing and staff tried to accommodate requests to share with friends. Cells for new arrivals were reasonably clean and basic toiletries were provided. Not all contained pillows and some window grills were full of rubbish. Prisoners on the first night centre had access to a nurse, doctor and drug treatment worker. Vulnerable prisoners identified at reception were supposed to go to G1 or G2 but we found three vulnerable prisoners held in the Listener room on A wing awaiting placement. The first night centre was a relaxed environment and operated late into the evening as necessary. Some prisoners complained that they were too long on the landing doing little and some felt unsafe there.

Further recommendation

- 1.24 All new arrivals should be able to make one free telephone call and where there are concerns calls should be supervised by a first night officer.

Induction

- 1.25 **Prisoners should be fully occupied through a comprehensive, structured and engaging induction programme. (1.39)**
Not achieved. The second stage of the new first night and induction process involved a peer supporter or induction officer interviewing new arrivals to check their understanding of rules and procedures. The checklist covered over 20 areas, from ordering canteen to getting money sent in and arranging visits. Prisoners were expected to assimilate a lot of information over a short period, which was particularly difficult for those new to prison and foreign national prisoners. Some interviews took place on the night of reception and others the following morning when an induction officer was available to answer questions. New arrivals were also interviewed on the morning after reception by a London initial screening and referral (LISAR) clerk and the bail information officer. An education assessment and recently introduced input by drugs workers took place in the afternoon. Prisoners were given an additional £2.50 for attending the education assessment. There were plans to produce an overhead presentation of the information in the reception brochure and for presentational skills training for staff. Many prisoners we spoke to who had recently completed induction had little knowledge of basic prison procedures and fewer than the comparator in our survey, although more than in 2009, said it had covered all they needed know.
We repeat the recommendation.
- 1.26 **Prisoners should understand how their resettlement needs are assessed and identified during induction and to whom referrals can be made. (1.40)**
Not achieved. LISAR clerks, who were resettlement staff, assessed prisoners' needs based on the seven resettlement pathways and referrals were sent to the relevant departments and agencies. However, the purpose of the interview was not clearly explained to prisoners and some we spoke to were unsure what, if any, help would be forthcoming or what the interviews were for.
We repeat the recommendation.
- 1.27 **Prisoners should be helped to understand first night and induction information through reinforcement by peer supporters. (1.41)**
Achieved. Recruitment of Insiders had started and training was planned. A foreign national representative and a violence reduction representative had been asked to act in this role in the meantime.
- 1.28 **Prisoners withdrawing from drugs or alcohol should not share cells with those who are not. (1.42)**
Achieved. We were told that E and F wings always had enough spaces for prisoners withdrawing from drugs or alcohol and we saw prisoners located there after their first night interview.

Section 2: Environment and relationships

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

Accommodation and facilities

- 2.1 **Broken cell windows should be repaired quickly. (2.14)**
Not achieved. A number of cells had broken windows.
We repeat the recommendation.
- 2.2 **All cell toilets should be adequately screened to allow appropriate privacy. (2.15)**
Not achieved. Prisoners on some units still shared cells with inadequately screened toilets.
We repeat the recommendation.
- 2.3 **All cells should contain serviceable furniture, including lockable cupboards. (2.16)**
Not achieved. Many cells did not have the right amount of furniture and some of the furniture was broken. No cells had lockable cupboards.
We repeat the recommendation.
- 2.4 **All cells should be adequately ventilated. (2.17)**
Not achieved. Ventilation was unchanged. Most windows were fitted with 'openers' that restricted airflow and many cells were stuffy.
We repeat the recommendation.
- 2.5 **Shower areas should be adequately ventilated and maintained in good condition. (2.18)**
Not achieved. Shower areas were in a very poor state of repair, with broken tiles, peeling paint and poor drainage and ventilation. Some were dirty and had algae on the ceilings and some were out of use awaiting repair. In our survey, fewer than the comparator said they could shower daily. Only the showers on the newly refurbished F wing were screened. (See also paragraph 3.3.)
We repeat the recommendation.
- 2.6 **Laundry facilities should be of an adequate standard. (2.19)**
Achieved. Most washing and drying machines in the wing laundries had been replaced by more reliable industrial models and there was a rolling programme to replace the remaining domestic machines.
- 2.7 **Prisoners should have regular access to reliable telephones and should be able to use them in private. (2.20)**
Not achieved. In our survey, just under half of prisoners said they had problems accessing the telephones, which regularly broke down. The limited amount of evening association continued to make it difficult to contact family and friends when they were most likely to be available and the metal hoods provided little privacy. The main exercise yard and some activity areas had telephones that were well used by prisoners.
We repeat the recommendation.

- 2.8 **The arrangements for storing property should be improved so that items are all accounted for and prisoners have appropriate access to their possessions. (2.21)**
Achieved. The operational support grade staff previously allocated to management of property duties had been moved to reception. The property storage area was well organised and systems for the management of property appeared sound. Although fewer than the comparator in our survey said they could get to their stored property if they needed to, we saw staff processing requests quickly and most prisoners were able to access their property within 48 hours of making an application. A lack of clarity about the process and a complicated application system potentially contributed to prisoner dissatisfaction.
- 2.9 **The Prison Service should clarify its position in relation to the application of Prison Rule 7 (2) prohibiting un-convicted prisoners to share cells with convicted prisoners. (2.22)**
Not achieved. There had been no clarification of the application of Prison Rule 7 (2) prohibiting unconvicted prisoners from sharing cells with convicted prisoners. Convicted and unconvicted prisoners still shared accommodation and, in some cases, cells. We found no evidence even that the prisoners concerned had given informed consent to the arrangement. **We repeat the recommendation.**

Additional information

Residential units

- 2.10 There were seven residential wings accommodating up to 1,272 prisoners, most in double cells originally designed for one. All had in-cell sanitation and drinking water. Most communal areas were adequately clean but some areas at the far end of wings were grubby and some outside areas between the wings were clogged with rubbish. Most cells were clean but many toilets were badly stained with lime scale. Difficulty getting cleaning materials, particularly mops, was frequently raised at wing meetings. There was an ongoing issue with pests, particularly cockroaches and mice. The prison had employed a pest control officer and any reported infestations were rapidly treated.
- 2.11 The offensive displays policy was enforced and we did not see any inappropriate material in cells. Graffiti was a continuing problem in cells and communal areas. When reported, it was quickly removed but some appeared to go unnoticed for some time. Walls were blank, with little art work and few posters. Some of the notices displayed were out of date.
- 2.12 Outgoing mail was collected twice a day from the post boxes on the residential wings. Incoming mail was screened before being sorted and delivered to the residential wings the same day. The prison had introduced the email a prisoner service, which had proved popular.
- 2.13 All cells were equipped with an emergency call bell. Managers occasionally carried out spot checks of how long it took staff to respond to these but these checks did not identify how many bells were not answered within five minutes and there was no routine documented check of the call bell records. During the inspection, prisoners complained that officers often took a long time to respond to call bells. A notice in one wing office informed prisoners that running out of toilet paper was not an emergency for which they should use their call bell, which was inappropriate. Given that a significant proportion of prisoners spent most of the day locked in their cells, it was difficult to see how else they might attract officers' attention to such matters.

Hygiene, clothing and possessions

- 2.14 Prisoners could exchange used prison clothing for clean kit once a week. Residential wings were usually able to get only the same amount of clothing as they had returned to the central kit stores that week, which often meant prisoners could not have a full set of clean or correctly sized clothes.

Further recommendations

- 2.15 Managers should conduct routine checks of the emergency call bell system to ensure that staff respond within five minutes.
- 2.16 Sufficient prison clothing should be available to provide prisoners with a full set of correctly sized clothing for the week.

Housekeeping points

- 2.17 Outside areas should be kept free of rubbish.
- 2.18 During daily checks of communal areas, staff should check the condition of the entire landing and note and report any graffiti, which should be removed immediately.
- 2.19 Toilets should be regularly de-scaled.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

Additional information

- 2.20 Most of the interactions we observed between staff and prisoners were polite and friendly but most staff referred to prisoners by their last names only and few knocked before opening a cell flap or door. Most prisoners in our survey said they had a member of staff they could turn to for help if they had a problem. In our focus groups and during the inspection, prisoners complained that staff favoured certain prisoners, particularly servery workers and orderlies, which resulted in a perception of unfair treatment. Typical comments included: 'Some are locked up, others not. I'm thinking why are they still out at that time when everyone else gets locked up.', 'There are favourites – bigger people that officers are wary of' and 'If your face fits you get treated well.'
- 2.21 Consultation with prisoners was poor. There had been no whole prison consultation meeting since April 2010 and wing meetings had been erratic. Wing meetings tended to focus on domestic issues and the minutes were often restricted to a list of issues raised by prisoners

that did not follow a set agenda, failed to identify action points and indicated little follow up. A new schedule for wing consultation meetings had been published with a standing agenda in an effort to improve quality.

Further recommendation

- 2.22 There should be a whole prison consultation meeting that should include time for wider discussion on issues of concern to prisoners, such as relationships with staff including preferential treatment, violence reduction, safety and resettlement matters.

Housekeeping point

- 2.23 Prisoners should be addressed by their first name or last name and title.

Personal officers

Expected outcomes:

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

- 2.24 **Weekly entries in prisoners' files should record significant incidents in each prisoner's life including family issues, comment on resettlement needs and progress against targets as well as behaviour. (2.35)**

Not achieved. Few personal officers made P-Nomis entries. None of the entries made referred to family issues or resettlement needs, with only brief observations about a prisoner's compliance with staff made routinely, if at all. Our in-depth interviews with some prisoners suggested this was more a recording issue rather than a lack of knowledge on the part of the officers.

We repeat the recommendation.

- 2.25 **Wing files should contain care plans for prisoners with special needs, such as older prisoners or those with disabilities. (2.36)**

Not achieved. See section on disability and older prisoners.

Additional information

- 2.26 There was no formal policy outlining the personal officer scheme and their expected duties. Although improved from previously, only 24% of prisoners in our survey said they had a personal officer. However, it was evident that those who had one found them helpful and 68% in our survey said so, which was higher than in comparator prisons.
- 2.27 Some prisoners reported little help from their personal officer, with one saying he had never met his personal officer and another saying he would never go to his because 'she said I was a waste of time and a drain on staff resources'. Despite this, research interviews carried out as part of the inspection, where by chance most of the prisoners said they had personal officers, indicated that more positive work was taking place than suggested by the P-Nomis entries. Of 24 prisoners asked, 17 said their personal officer understood their situations and needs and only three were actually critical. One prisoner said he spoke to his personal officer regularly, adding 'I spoke to him today about something and he got straight on to that'. Another said he talked to his personal officer 'about everything and if I need something she helps me'.

Prisoners were also positive about whether they discussed family-related matters, sentence planning and release issues. One said 'we talk about my kids and my sentence plan and she helped me with what courses I should do to progress', while another said 'if I need any information such as what the parole board will ask me for or if I've got a problem at home, I'll ask if I can get out to get a phone call and he'll arrange it if he can'. This suggested that there were real benefits to personal officer work whether or not it was always documented.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

3.1 A comprehensive survey of prisoners' experiences and perceptions of bullying and violence should be conducted. (3.19)

Partially achieved. The last survey had taken place in June 2009 but there was no clear account of the methodology or analysis and the data analysed did not reflect the questionnaire prisoners were asked to complete. It appeared that 151 prisoners had participated. Of these, 18% said they had been assaulted or threatened, 15% said canteen or property had been taken from them and 23% that bullying was purposely ignored by staff. There was no indication of how findings had influenced the violence reduction strategy.

Further recommendation

3.2 A comprehensive survey of prisoners' experiences and perceptions of bullying and violence should be completed. This should be analysed promptly and discussed at the safer custody meetings and findings used to develop the violence reduction strategy so that prisoners would feel safer.

3.3 All showers should be in cubicles and there should be improved supervision of these areas. (3.20)

Not achieved. The showers continued to be an area where prisoners said they felt unsafe, suggesting a need for more effective supervision. Only showers on F wing were screened.
We repeat the recommendation.

3.4 Investigations into violent incidents should aim to identify the underlying reasons for violence and conflict between prisoners. (3.21)

Not achieved. Investigations lacked analysis, relied mainly on prisoners' accounts and were largely descriptive. The violence reduction officer responsible had not been trained in investigations.
We repeat the recommendation.

3.5 The role of the residential intelligence meeting should be included in the local policy and outcomes communicated effectively to staff responsible for monitoring prisoners. (3.22)

Partially achieved. Weekly residential intelligence meetings were attended by residential managers and we were told they fed back information to staff through briefings. The meetings shared intelligence about prisoners usually associated with trading in drugs and mobile telephones but were less focused on the underlying reasons for assaults and fights. The recently revised violence reduction strategy (January 2011) referred briefly to the importance of sharing information but did not explicitly describe the work of the residential and intelligence prisoner management meetings.

- 3.6 Vulnerable prisoners should not be held on A wing. (3.23)**
Partially achieved. Arrangements for accommodating vulnerable prisoners, when the vulnerable prisoner unit on G1 landing was full, had improved and better efforts were made to manage the population through transfer. However, arrangements remained unsatisfactory. Vulnerable prisoners were held in three cells on G2 close to staff offices when G1 was full. They said they felt reasonably safe but that other prisoners sometimes banged on their doors or taunted them when passing. They were escorted to G1 for most of the core day. Three vulnerable prisoners were locked in the Listeners room on A wing waiting to be seen by the first night officer, when their status as vulnerable prisoners and location could have been established in reception to avoid any potential conflicts. The wing observation book on A wing also showed that vulnerable prisoners due for court the following morning had been locked on B wing overnight as there was no space on G1 or G2.

Further recommendation

- 3.7** All vulnerable prisoners should be held in safe conditions where they are protected from abuse by other prisoners.

Additional information

- 3.8** The violence reduction and bullying policy and strategy had last been revised in January 2011 but much of what it described was not evident in practice and there was little evidence of progress. Managers accepted that suicide prevention had been the focus of safer custody attention rather than bullying and violence reduction. Responsibility for this area had recently returned to the safer custody team instead of the security department. The safer custody team was led by a governor and included a safer custody senior officer. An officer had been appointed as violence reduction coordinator in October 2010 and there was full-time administrative support. Violence reduction liaison officers had been identified on most wings and a team of prisoner violence representatives had been established. A leaflet on how to report bullying had been translated into 10 languages commonly used in the prison and was available on the first night centre.
- 3.9** The safer custody meeting met monthly and, since August 2010, had brought together bullying and violence reduction with safer custody (self-harm and suicide prevention). Meetings were generally well attended by staff from a range of departments. Listeners attended, although there was no prisoner representative from G1 (vulnerable prisoners). Minutes did not reflect broad discussion about violence reduction and focused largely on the suicide prevention strategy. Data on violent incidents in the previous month were reported to the meeting, including the location and time of incidents and the ethnicity of prisoners involved. The failure of staff to follow monitoring procedures had been regularly highlighted. Few data on wider indicators of violence were collated or analysed to identify trends and some were inaccurate. In the two months from December 2010 to January 2011, 54 assaults had been reported but the violence reduction report recorded only 22 assaults and 11 fights. A central violence reduction database identified details of perpetrators, victims and incidents but there were many gaps.
- 3.10** While the prison appeared to be reasonably calm, 58% of prisoners in our survey, more than the comparator of 41%, said they had felt unsafe at some time. A high 27% against a comparator of 18% said they felt unsafe at the time of the survey. Both these figures were worse than at the time of the last inspection.

- 3.11 Violent incidents were referred to the safer custody team for investigation. In some cases, wing-based violence reduction liaison officers were asked to investigate. Investigations were not always thorough and in one case, where a prisoner alleged a serious sexual offence, the investigation was insufficient with little evidence of senior management oversight or reference to the police. Any prisoner shown to be involved or suspected of involvement in bullying or violent behaviour was placed on the three-stage strategy and wing managers advised. Prisoners could be moved through the stages and were monitored for a minimum of 28 days on each stage. Two monitoring entries a week were required on P-Nomis notes on the first stage and daily entries on stages two and three, with reviews of progress every 28 days that were not routinely completed. Sixteen prisoners were identified as 'active' bullies but most monitoring arrangements were poor, with few or no entries in the electronic case notes (see also paragraph MR6). Seven victims were also identified on P-Nomis but case notes did not indicate how they were supported.
- 3.12 There had been no specific survey of vulnerable prisoners on G1 but those we spoke to felt safe. The population was a mix of sex offenders and others needing protection from prisoners for other reasons, often debt. They shared visits with other prisoners but had separate chapel services.

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.13 **Assessment, care in custody and teamwork (ACCT) liaison officers should be appointed for each wing as an integral part of the suicide prevention strategy. (3.41)**
Achieved. Safer custody liaison officers had been identified on each wing and a job description produced.
- 3.14 **The consolidated safer custody action plan should include relevant recommendations from all deaths in custody, findings from coroners' inquests and learning points from any near-death investigations. (3.42)**
Partially achieved. The consolidated safer custody action plan included all the recommendations from death in custody investigation reports and was regularly reviewed by the governor responsible for safer custody and by the health care manager, although these meetings were not minuted. There was no reference to findings from Inquests. Some thorough investigations into untoward incidents were completed by health care staff.

Further recommendation

- 3.15 Findings from Inquests and learning points from investigations into serious incidents of self-harm should be included in the consolidated safer custody action plan.
- 3.16 **The use of gated cells for prisoners at risk of self-harm should be monitored by the safer custody meeting. (3.43)**

Not achieved. Use of special accommodation for prisoners at risk of self-harm was monitored and rarely occurred. However, there was still no specific monitoring of the use of gated cells in the health care centre and the protocol on their use had yet to be agreed between safer custody and health care.

We repeat the recommendation.

3.17 Safer cells should be available on all residential wings. (3.44)

Not achieved. Only one cell on F wing had some in-built safety features.

We repeat the recommendation.

3.18 Prisoners should have access to Listeners day and night. Reasons for refusing access should be investigated by the suicide prevention coordinator and reported to the safer custody meeting. (3.45)

Partially achieved. A log recorded every time Listeners had been requested and when this had been facilitated. Reasons for refusals, most often because the prisoner wanted to see a specific Listener rather than the duty Listener, were recorded. Listener access was discussed at safer custody meetings. Listeners had been used frequently during the night except in health care. In 2010, Listeners had been used 130 times in health care between 8am and 8pm but only once between 8pm and 8am.

Further recommendation

3.19 Prisoners in health care should have 24-hour access to Listeners.

3.20 The Listener suite should be refurbished to provide a suitable environment for Listeners to support prisoners in distress. (3.46)

Not achieved. The Listeners suite had been moved to a poorly decorated and uninviting single cell on A2 landing. This contained a collection of dirty upholstered chairs and a filthy toilet. The cell was regularly used as a holding cell and Listeners said they were sometimes unable to use it.

Housekeeping point

3.21 The Listener room on A2 should be refurbished and used exclusively for Listeners to support prisoners.

3.22 There should be appropriate confidential telephone access to the Samaritans at night. (3.47)

Achieved. Telephone access to the Samaritans at night was through a landing telephone in a secure area on E3. Records showed that it was now used at night. This was still less satisfactory than using a portable telephone with direct access to the Samaritans.

Additional information

3.23 There had been four self-inflicted deaths since our last inspection. Some work had been done to consolidate recommendations from previous deaths and serious self-harm incidents and concerns about response times to cell bells, entering cells and effective monitoring checks had been a repeated theme. These had been raised at staff meetings and through notices to staff. The governor had quoted criticisms from investigation reports in a governor's order on entering

cells at night or during patrol state and emphasised correct procedures when there was threat to life.

- 3.24 Some good efforts were made by the safer custody team and health care staff to learn lessons from incidents of self-harm. Health care kept a log of untoward incidents and conducted some thorough investigations that included incidents of violence and self-harm. Learning points were discussed at the patient safety committee meetings attended by the safer custody senior officer. Measures had been taken to reduce ligature points on some cell doors as a result of investigations.
- 3.25 The suicide and self-harm policy had been reviewed recently in January 2011. Minutes of the monthly safer custody meeting reflected a wide range of discussion of relevant topics, with updates on death in custody investigations and serious self-harm incidents. There was a particular focus on foreign national prisoners, although some ACCT reviews with men who did not speak or understand much English had been held without appropriate interpretation. There was good discussion about individuals causing greatest concern and trends were analysed. An increase in Eastern European prisoners self-harming had been seen as manipulative behaviour by those on the basic regime to have televisions returned. While the self-harm was not ignored, there was a danger that identifying self-harm as simply manipulative could fail to identify underlying distress in individual cases.
- 3.26 We were told that the foreign national liaison officer saw all foreign national prisoners on whom an ACCT had been opened and completed an assessment to identify support needs. This was a good idea but we did not find these assessments in all relevant ACCT documents.
- 3.27 During 2010, an average of 13 prisoners self-harmed each month and 44 ACCTs were opened. Initial ACCT assessments were generally good. Assessors had been drawn from a range of departments, including the counselling, assessment, referral, advice and throughcare (CARAT) team, psychology and probation. There was some reasonable support for those at risk of self-harm and families would be contacted if the prisoner requested when an ACCT document was opened. Some ACCT procedures needed improvement. Health care staff attended ACCT reviews regularly but few others involved in the care of prisoners did so. Timings of observations in ACCTs were often too predictable and there were few quality entries indicating that officers had asked prisoners how they were feeling. Some good support for a small number of prisoners was provided through the day care centre but there was no longer a counselling service.
- 3.28 Good efforts were made to communicate risk between departments and with outside agencies. There were many examples where the safer custody team had been alerted to concerns and ensured these were followed up. Prisoners on ACCT who were attending court were tracked in the event of them not returning to Pentonville. Departments were alerted daily of prisoners who were subject to ACCT procedures and there were good links with the probation department.
- 3.29 There were a range of ACCT checks completed by duty governors and the safer custody coordinator. Senior officers endorsed ACCT records with a daily stamp to confirm procedures had been followed. These rarely addressed the quality of interactions with prisoners. ACCT training was provided monthly, mainly aimed at case managers and ACCT assessors. Some new staff had received ACCT foundation training but there was no programme of refresher training for staff trained several years ago.
- 3.30 There was a good relationship with the local Samaritan branch. Listeners worked in reception and met new prisoners on the first night centre but there was no formal presentation to all new arrivals about the Listener scheme. No vulnerable prisoners from G1 had applied to become a

Listener but the duty Listener was used when required. Listeners felt well supported by managers but not by all officers. Listeners required in the segregation unit had to listen to all prisoners through the cell door without reference to the risk assessment. There were few Listeners who could speak languages other than English, particularly to meet the needs of East European prisoners.

- 3.31 All officers carried ligature knives and resuscitation equipment was held in treatment rooms around the prison. Emergency response kits were held in each wing office and restocked by the safer custody team. Emergency radio codes were known by staff. Although there were 66 first aid-trained staff, there was no strategy to ensure sufficient trained staff worked at night.

Further recommendations

- 3.32 Efforts should be made to recruit Listeners who speak languages that reflect the foreign national population.
- 3.33 Sufficient first aid trained staff should be on duty at all times.

Applications and complaints

Expected outcomes:

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

- 3.34 **Wing staff should engage more effectively with prisoners and aim to resolve issues without the need for written applications. (3.104)**
Not achieved. Most officers said they would tell a prisoner to submit an application rather than deal with a query themselves and this was confirmed by what we saw. A minority of officers said they would try to resolve an issue the same day if possible but prisoners said many officers were unwilling or unable to help them.
We repeat the recommendation.
- 3.35 **All complaints should receive full and detailed responses. (3.105)**
Not achieved. The quality of responses varied significantly. While most were reasonably polite, relevant and prompt and some were very detailed, others were dismissive of the complaint or simply directed the prisoner to another department and quality assurance arrangements were not sufficiently robust.
We repeat the recommendation.
- 3.36 **Complaints should be analysed to address any significant patterns or trends. (3.106)**
Partially achieved. The performance management unit (PMU) undertook a basic monthly analysis of complaints, breaking down the data by ethnic group, wing and complaint area. The results were emailed to functional heads and the senior management team (SMT) but it was not clear how emerging trends were, or would be, investigated and addressed. Scrutiny of trends by the SMT was limited to the representation of particular ethnic groups.

Further recommendation

- 3.37 There should be formal routine scrutiny of a range of complaints data by senior managers, including information on complaint type, so that any significant patterns are identified and addressed.

Additional information

- 3.38 The applications system was confusing, with multiple departmental boxes for different types of application on each wing. Forms were not always available and fewer than the comparator in our survey said it was easy to get one. Some boxes were not secure. There was little information displayed on wings explaining the process. An applications officer on each wing was responsible for logging applications but this was not a profiled task. Several prisoners said they had not received a response but the lack of any routine logging or tracking of applications meant it was not possible to check response times. Staff estimated that fewer than half of applications were responded to within the required 72 hours. In our survey, fewer than the comparator but more than at the time of the last inspection said applications were dealt with promptly.
- 3.39 Envelopes for confidential complaints were not always available. Complaints boxes were opened daily by the complaints clerk, logged and forwarded to the relevant member of staff. Reminder emails were sent out and replies were returned to the prisoner in a sealed envelope by wing officers. Some individual members of staff produced consistently poor replies. A random 10% of responses selected by the PMU were sent to line managers each month to be quality checked but this was subjective and ad hoc and there was no formal reporting back on action taken or subsequent analysis by senior managers.
- 3.40 Complaints data collected by the PMU specifically for the inspection showed that between 142 and 371 complaints had been made each month in 2010 along with between 30 and 104 confidential access complaints. The total number was 3,781, of which 96.5% were recorded as answered within the required timescales. In our survey, only 31% of prisoners said complaints were dealt with promptly. The top three issues were property, money and staff.
- 3.41 A detailed equality impact assessment of the applications and complaints system undertaken in July 2010 had identified a number of key areas for improvement, some of which had been addressed. However, little progress had been made at an operational level to improve the applications procedure compared to the complaints procedure and some staff and prisoners said this had led to more complaints being submitted.

Further recommendations

- 3.42 The application system should be streamlined with fewer forms and all applications should be logged and tracked to measure timeliness of replies.
- 3.43 Complaints quality assurance arrangements should effectively address poor standards of replies with regular reports to the senior management team.

Legal rights

Expected outcomes:

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

3.44 There should be a full-time trained legal services officer with adequate resources and facilities to do the job. (3.114)

Not achieved. There were no full-time trained legal service officers and legal services remained inadequate and under-resourced, particularly for a busy local prison. Four legal service officers (LSOs) had received only in-house training from previous LSOs and said they used the internet to source information when necessary. The post of LSO was no longer a profiled task and, although we were told an LSO was detailed daily, it was not possible to identify how many hours were actually allocated. LSOs said they were frequently redeployed. The role was not advertised and LSOs did not take part in induction or see all new arrivals. LSOs did not have a dedicated office, telephone or fax machine. Legal reference material was available in the library but there was no general supply of information leaflets for prisoners. Prisoner applications and details of action taken were not formally recorded and we found 10 in a box file one morning. It was unclear when most had been submitted, although one was dated November 2010. Some had been dealt with. In addition to legal queries, LSOs were expected to meet recalled prisoners, of whom there were 166, to explain and answer any questions about their recall pack. Not all staff understood the need for prisoners to contact their legal representative. We heard numerous prisoners on the first night wing ask about telephone contact with their solicitor or probation officer. Some were told to speak to a named LSO who was not on duty while others were simply told to complete an application form. **We repeat the recommendation.**

3.45 The effectiveness of the bail information scheme should be assessed. (3.115)

Partially achieved. In our survey, fewer prisoners than the comparator said it was easy to get bail information. Two full-time probation service officers and one part-time prison officer acted as bail officers. The part-time officer was allocated 10 hours a week and was sometimes redeployed. The 2010 needs analysis had highlighted a 13% increase in requests for bail services since 2006, with 20% of prisoners requesting to see a bail officer in 2009-10. In a recent six-month period, 290 prisoners had been interviewed resulting in the preparation of 84 bail reports. The number of prisoners granted bail by the courts had dropped considerably since 2009 but of 73 prisoners granted bail, a bail information report had been completed at the prison in 38 cases (52%). Although there had been no assessment of effectiveness in 2009, only 10% of prisoners obtained bail as a result of reports compiled by the prison so the service appeared to be more effective. Suitable prisoners could be referred to the bail accommodation support scheme managed by the Stoneham organisation, which provided accommodation and resettlement support in the community for release on bail and home detention curfew.

3.46 More booths for private legal and professional visits should be provided. (3.116)

Not achieved. There were only nine private booths for legal and professional visits and only three had facilities to review recorded evidence. Seven tables in the main domestic visits room that had previously been used for legal visits had been removed. Some professional visitors complained that lack of space made it difficult to book visits. **We repeat the recommendation.**

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.

- 3.47 **Vulnerable prisoners should be able to attend weekend services alongside others. (5.43)**
Achieved. All vulnerable prisoners could attend weekend services but few did so. At their request, a separate weekday Christian service specifically for them had been kept up.

Additional information

- 3.48 The Muslim chaplain was the acting coordinator of the chaplaincy team and was supported by two Christian chaplains. A Sikh chaplain and a Hindu chaplain were shared with three other prisons and visited on specific days each week. A wide range of other sessional and volunteer chaplains representing minority faiths visited when required. Prisoners reported good access to chaplains and services. Chaplains were well integrated into prison life. They regularly attended appropriate meetings and the coordinating chaplain was a member of the senior management team. They were actively involved with prisoners at risk of suicide or self-harm, including visiting those who had been hospitalised. Visits staff said they often sought advice from chaplains on searching visitors in a religiously sensitive manner.
- 3.49 Of those prisoners who said they followed a religion or faith, the largest group was Muslim at 20%, followed by Roman Catholic at 17% and Church of England at 15%. Both the mosque and the chapel were well equipped and well used. The synagogue's function had changed to a multi-faith room but it was small, shabby and lacked toilet facilities.
- 3.50 All the main religious and cultural festivals were celebrated. Prisoners and staff were told the meaning and significance of each festival and prisoners were allowed time off work on the days of their own religious festival.

Further recommendation

- 3.51 The multi-faith room should be housed in decent accommodation with appropriate facilities.

Substance use

Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

- 3.52 **The prison, in partnership with the primary care trust, should ensure that appropriate protocols, systems and staffing are in place for the clinical management of substance-dependent prisoners. (3.129)**
Achieved. The clinical integrated drug treatment system (IDTS) team now comprised a service manager, a clinical lead/nurse prescriber, a ward manager, seven substance misuse nurses, three health care assistants and a pharmacy technician. Four nurse and two pharmacy

technician posts were vacant. Sufficient prescribing input was available and included Saturday cover. Under the IDTS, appropriate clinical management protocols were in place and the administration of controlled drugs was safe.

3.53 Prescribing regimes should be flexible, based on individual need and adhere to national guidance. (3.130)

Achieved. Approximately 25% of all new arrivals, averaging 145 prisoners a month, were admitted for stabilisation, maintenance or detoxification. Almost half required alcohol detoxification. Most drug-dependent prisoners were prescribed methadone but subutex treatment could be continued and initiated pre-release. The opiate blocker naltrexone was also available.

3.54 Individual care plans and reviews should be developed that demonstrate patient involvement. (3.131)

Achieved. Initial care plans were basic but all prisoners received five-day reviews that were also attended by a counselling, assessment, referral, advice and throughcare (CARAT) worker. Following stabilisation, prisoners moved to E wing, where the IDTS nurse prescriber held daily review clinics. Half of the 82 prisoners receiving methadone on E wing were undertaking reduction regimes and prisoners were clearly involved in their treatment plan. However, these reviews rarely included CARAT input and 28-day and 13-week reviews for each prisoner had not yet been formalised.

3.55 Joint work between primary care services, the clinical substance misuse team, the CARAT and the mental health teams should be developed to provide integrated care to prisoners. (3.132)

Partially achieved. Joint work between clinical IDTS and CARAT teams had improved and there were weekly meetings to coordinate the care of prisoners on F wing who had complex needs but this did not involve primary care or mental health input staff. Staff shortages meant nurses' involvement in running IDTS groups had so far been limited but they were now beginning to co-facilitate some groups.

Housekeeping point

3.56 Primary care and mental health services should be involved appropriately in joint meetings with integrated drug treatment system and CARAT staff to coordinate care for prisoners on F wing.

3.57 A dual diagnosis service should be developed for prisoners experiencing mental health and substance-related problems. (3.133)

Partially achieved. A dual diagnosis management protocol had been developed but the mental health in-reach team (MHIRT) did not have a dual diagnosis lead nurse and multidisciplinary meetings with the CARAT service and clinical IDTS were no longer taking place. Prisoners on F wing received a good level of care and appropriate expertise was available within the clinical team but prisoners on other locations had to meet the MHIRT's criteria of experiencing 'severe and enduring' mental health issues.

Further recommendation

3.58 A dual diagnosis lead should be appointed to ensure appropriate care for prisoners with mental health and substance related problems.

- 3.59 **The substance misuse unit should provide a supportive regime and structured psychosocial support to prisoners. (3.134)**
Achieved. Support for prisoners had improved considerably and a new 124-space substance misuse unit on F wing provided a much improved environment. Officers staffing the unit had received basic drug awareness training and we observed good staff-prisoner relationships. A popular designated gym had opened, education classes were run in the mornings and there was a workshop catering for 35 prisoners. IDTS group work modules had been introduced and CARAT staff delivered four modules a week. Unfortunately, there was no space for confidential interviews and treatment reviews took place in the middle of landings, which was not appropriate. CARAT workers did not have an office on the wing, which would have helped joint work with clinical staff and the possibility of providing this needed to be examined.
- 3.60 **The prison should ensure that target testing takes place within the required timeframe. (3.135)**
Not achieved. In the six months to the end of January 2011, only 55 suspicion tests had been conducted. In December, January and February, 200 requests for tests had not been met.
We repeat the recommendation.
- 3.61 **There should be a clear separation between mandatory and voluntary drug testing both in terms of staffing and management. (3.136)**
No longer relevant. In line with other London prisons, Pentonville no longer conducted voluntary drug testing.

Additional information

- 3.62 The year to date (to end of January 2011) mandatory drug testing (MDT) rate stood at 14.24% against a target of 16%. Drug finds and test results indicated cannabis as the main available drug and MDT rates had been as high as 20%. Three months before the inspection, Pentonville had started testing 15% rather than the required 5% of prisoners on a random basis. Frequent and risk testing schemes were also used. However, resources and facilities had not increased. A core group of three MDT officers used a testing suite that contained only one holding room and suspicion tests were frequently abandoned (see repeated recommendation above).

Section 4: Diversity

Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

Diversity

- 4.1 **All staff should attend diversity training and be given guidance to enable them to understand and respond appropriately to diversity issues. (3.57)**
Achieved. The prison was committed to delivering the Prison Service 'challenge it, change it' training and a creditable 81% of staff had received it. The head of equalities had developed the programme to meet specific local needs, including placing more emphasis on reporting racist incidents.
- 4.2 **There should be regular monitoring to ensure that prisoners from minority groups are not victimised or excluded from any activity. (3.58)**
Not achieved. In our survey, minority groups, including black and minority ethnic, foreign national and Muslim prisoners and prisoners with disabilities expressed some negative perceptions about their treatment. Equality of treatment and access to regime services was monitored only by ethnicity.
We repeat the recommendation.

Additional information

- 4.3 The head of equalities had strategic oversight of all diversity strands for staff and prisoners. He was supported by a foreign national team, a full-time race equality officer (REO) and a disability liaison officer (DLO). Membership of the bi-monthly prisoner equalities meeting was multidisciplinary and included prisoner representatives but no external community representative (see section on race equality). No meeting had taken place since October 2010 due to staff sickness and no provision to cover it. A comprehensive equalities report was reviewed at this meeting and at senior management team meetings. Race equality, foreign national prisoners, prisoners with disabilities and older prisoners were standing agenda items at meetings but other diversity strands were not routinely discussed.
- 4.4 The prison aimed to have two equalities prisoner representatives on each residential wing and eight were currently in post. They had a reasonable understanding of their role and met with the governor each month to raise any issues and concerns. Notes of meetings were circulated to all functional managers to address identified action points. There were no other prisoner focus groups for other diversity strands, although the Muslim chaplain had regular contact with Muslim prisoner representatives (see section on religion).

Further recommendation

- 4.5 The prison should establish regular consultation with prisoners across each of the main diversity strands.

Race equality

- 4.6 **All members of the race equality action team should attend the relevant training. (3.75)**
Achieved. Additional training had taken place in 2010 to ensure that members of the prisoner equalities meeting were appropriately trained.
- 4.7 **External independent representatives should be identified to contribute to the work of the race equality action team and scrutinise completed racist incident investigations. (3.76)**
Not achieved. The head of equalities had developed a link with Islington council and had begun to attend external equalities leads meetings. The aim was to set up a reciprocal arrangement where a member of this committee attended the prisoner equalities meeting and undertook independent scrutiny of racist incident investigations but this had not yet been established.
We repeat the recommendation.
- 4.8 **Reports of racist incidents should be fully investigated, including an interview with the alleged perpetrator, and completed promptly. (3.77)**
Partially achieved. Investigations into reported racist incidents were reasonably thorough and records showed that alleged perpetrators and witnesses were interviewed. The investigations we looked at had generally been completed promptly but the fact that both the REO and head of equalities had been on sick leave meant about 17 investigations, some dating back to early December 2010, were outstanding. No alternative arrangements had been put in place to ensure that reported racist incidents were progressed.

Further recommendation

- 4.9 Investigations into reported racist incidents should be completed promptly.
- 4.10 **Where appropriate, mediation should be used to help resolve racist complaints. (3.78)**
Not achieved. Mediation was not routinely considered and had been used only once to resolve a racist incident.
We repeat the recommendation.
- 4.11 **Procedures to identify prisoners with current or previous racially motivated offences should ensure that the race equality officer can maintain an accurate list and target interventions. (3.79)**
Partially achieved. There was a list of prisoners with current or previous racially aggravated offences, known locally as the RAO list, and P-Nomis case notes for these prisoners were flagged. Staff we spoke to were aware of these procedures but some did not appear to have used the information when making cell allocation decisions. In September 2010, a prisoner convicted of a racially aggravated offence had been allocated to a shared cell with a black and minority ethnic prisoner on their first night in custody and both had subsequently been relocated to G wing, again in a shared cell. The error had been identified only when the white prisoner had used racist language towards his cell mate and a racist incident form had been raised. Management guidance had been issued to staff in October but despite this the REO had identified a similar incident in November. There were no specific interventions to challenge racist behaviour. Ten staff from a range of disciplines had been trained to deliver the diversity awareness programme (DAP) but staffing problems meant only one prisoner had participated in the DAP as a pilot. The REO continued to refer prisoners to undertake the DAP as an outcome of an upheld racist incident despite the fact that the programme was not available.

The head of psychology said there were plans to train additional staff to deliver the DAP in 2011.

Further recommendations

- 4.12 Information about racially aggravated offences should always be used to inform decisions about cell allocation.
- 4.13 The diversity awareness programme or other suitable interventions should be delivered to prisoners involved in racist behaviour.

Additional information

- 4.14 Black and minority ethnic prisoners accounted for about 50% of the population and black and minority staff accounted for just over a third of the staff group. In our survey, black and minority ethnic prisoners reported more negatively than white prisoners in a number of areas, including being treated with respect by staff and feeling unsafe some time in the prison. Most prisoners said there was little racism in the prison, although prisoners in focus groups and individually described some potential unfair treatment under the incentives and earned privileges scheme. The REO had been in post since June 2010 and had not yet attended the national training. She was supported by prisoner and staff equality representatives. Membership of the equalities team was publicised across the prison on diversity notice boards. An equalities prisoner representative saw new arrivals on the first night centre and signposted prisoners to sources of help and advice.
- 4.15 SMART monitoring data were routinely collated and analysed by the prisoner equalities meeting and the senior management team. This showed that black and minority ethnic prisoners were consistently under- or over-represented in key areas, including being under-represented in use of the complaints system and over-represented in the number of proven and referred adjudications. Functional managers and the head of equalities were working to explore and understand these differences to help the prison respond appropriately, including making use of findings from completed equality impact assessments. However, as the prisoner equalities meeting had not been convened since October 2010, it was not clear that much had been done to address concerns from ethnic monitoring data.
- 4.16 In our survey, 11% of prisoners said they were Gypsy, Romany or Travellers. There was no support for these prisoners and some research into their specific needs undertaken by a member of the psychology department had not been incorporated into the single equality scheme or the equalities action plan.

Managing racist incidents

- 4.17 Racist incident report forms (RIRFs) were freely available on all units. Completed forms were posted in separate boxes that were opened only by the REO or head of equalities. In 2010, 170 RIRFs had been submitted, 48 fewer than in 2009. An equality impact assessment of the complaints process found that black and minority ethnic prisoners had little confidence in general complaints and preferred to use RIRFs. Submitted complaints were analysed by location, subject and number to identify trends. The equalities report indicated that in the last three months of 2010, 47% of complaints had been submitted by prisoners about staff and 50% related to discipline issues. In some cases, staff had not properly challenged prisoners' racist language or conduct and had not instigated disciplinary procedures against perpetrators.

Race equality duty

- 4.18 Completion of equality impact assessments was monitored through the equalities action plan and by the prisoner equalities team. To date, two equality impact assessments had been completed on the complaints procedures and use of force, with action points incorporated into the prison's master action plan.
- 4.19 Members of the senior management team were responsible for organising monthly events to promote and celebrate cultural diversity for staff and prisoners. A range of events had taken place, including a number to celebrate black history month.

Further recommendations

- 4.20 The prison should develop support services for Gypsy, Romany and Traveller prisoners.
- 4.21 All incidents of racist language or conduct should be challenged.

Religion

No recommendations were made under this heading at the last inspection.

- 4.22 The Muslim chaplain attended prisoner equalities meetings, although religion was not a standing agenda item. Four Muslim prisoner representatives collated the names of those attending Muslim services and had regular contact with the Muslim chaplain. Muslim prisoners represented around a quarter of the population. In our survey, more Muslim prisoners than non-Muslims said they had been victimised by staff and more said they had felt unsafe at some time, although more also said their religious beliefs were respected.
- 4.23 The single equality scheme policy contained little information about how prisoners' religious needs would be met and, as with other diversity strands, there was no monitoring to ensure that prisoners were not excluded from the regime based on their religion.

Foreign nationals

- 4.24 **All foreign national prisoners should be made aware of the availability of a monthly international telephone call at public expense, which should be provided irrespective of any visits received. (3.92)**
Not achieved. Applications for monthly public expense international telephone calls using the call4five card could be completed on arrival and prisoners were issued a card the next day. The process was administered solely by the foreign national team. However, cards were issued only to prisoners who had not had a social visit in the previous month. About a quarter of prisoners were foreign nationals but only 23 were listed as eligible to receive the card in February 2011. Some foreign national prisoners we spoke to were not aware of the provision. **We repeat the recommendation.**
- 4.25 **Foreign national liaison officers should attend the monthly workshops. (3.93)**
Not achieved. The good consultation arrangements with foreign national prisoners had lapsed during a period when there was no foreign national coordinator (FNC) and there was currently no regular forum where they could meet together. The newly appointed FNC was re-

establishing a team of liaison officers who would be actively engaged and supported in their work with foreign national prisoners.

We repeat the recommendation.

4.26 Translated documents should be readily available to foreign national prisoners and an accredited translation or interpreting service should be used whenever matters of accuracy and/or confidentiality are a factor. (3.94)

Not achieved. Records indicated that a professional telephone interpreting service had been used only 54 times in the seven months since April 2010. No records were kept of foreign national prisoners' language needs but some we met were unaware that a telephone interpreting service existed and said staff had not used it to communicate with them. The library stocked a good range material in languages other than English, including a limited number of newspapers, but too little information in the prison had been translated and some men with little or no English had a range of unidentified and unmet needs. The induction brochure and a new application form specifically for foreign national prisoners (see additional information) were available only in English. The central record of staff and prisoners able to speak languages other than English was out of date.

We repeat the recommendation.

Housekeeping point

4.27 The list of staff and prisoners able to act as interpreters should be reviewed and kept up to date.

4.28 The workshops and seminars for foreign national prisoners should be used to explore the reasons behind the different perceptions in our survey. (3.95)

Not achieved. Workshops and seminars for foreign national prisoners were no longer held. In our survey, foreign national prisoners had some negative perceptions of their treatment, including about their access to legal advice, religious leaders of their faith and Listeners. However, they reported more positively in many areas, including (unusually) in their perception of safety.

Further recommendation

4.29 Regular workshops and surgeries should be run for foreign national prisoners and used to explore the reasons behind different perceptions about treatment and to provide a means of support for prisoners.

Additional information

4.30 The FNC was supported by a full-time officer who worked collaboratively with two immigration staff from the criminal casework directorate (CCD). The immigration staff attended the prison about three times a week and an immigration officer from the local UK Border Agency (UKBA) team visited five times a week. An additional immigration officer from the local team was due to start work imminently. Changes in working practices had reduced the amount of time CCD staff were able to spend in the prison in contact with prisoners. Administrative support was provided by a full-time member of staff in the custody office. The FNC had not received any training for the role. The team had relocated to a shared office on A wing that allowed better contact with prisoners. All new arrivals were interviewed by the team during induction and a new assessment tool had been developed that did not place so much emphasis on

immigration matters and instead allowed a more comprehensive assessment of individual needs.

- 4.31 The foreign national policy was out of date and not based on consultation with prisoners but did outline some of the potential problems faced by foreign national prisoners. The FNC attended the prisoner equalities meeting, where foreign national prisoners were a standing agenda item. Four foreign national prisoner representatives provided some peer support and were identifiable by distinctive T-shirts and notices on their cells doors, although none of the six foreign national prisoners we spoke to knew who they were.
- 4.32 Twenty-five prisoners were being held beyond the end of their sentence solely on immigration matters. One had been held since May 2010. Those we spoke to were frustrated and not all said they had received copies of monthly reviews of their case. The foreign national officer was responsible for delivering immigration paperwork to prisoners and always ensured P-Nomis case notes were updated so residential staff were aware of a change in a prisoner's circumstances. Hard copies of immigration paperwork were kept in the foreign national office but it was not easy to track the progress of individual cases. Staff said most decisions to detain or deport arrived at the prison in good time but some arrived only on the day a prisoner was due to be released. There was no routine tracking of immigration decisions other than standard custody office checks carried out for all prisoners 14 days before release.
- 4.33 The detention advisory service (DAS) visited every fortnight and saw prisoners individually to provide independent immigration advice. The number of prisoners accessing this provision appeared low and not all those we spoke to were aware of it. The foreign national team could also arrange access to bail information for immigration detainees (BiD). The team had introduced an application specifically for foreign national prisoners to see immigration staff, the DAS and BiD but the form was available only in English.

Further recommendations

- 4.34 The foreign national coordinator should receive training for the role.
- 4.35 The prison should work with the UK Border Agency to ensure that foreign nationals held under detention orders receive copies of monthly case reviews. Progress of all cases should be routinely monitored by the foreign national coordinator and prisoner equalities meeting.

Housekeeping points

- 4.36 The role of foreign national prisoner representatives should be more widely promoted.
- 4.37 Foreign national prisoners should be informed in appropriate languages of the independent immigration advice services available.

Disability and older prisoners

- 4.38 **There should be improved assessment procedures to detect prisoners' disabilities at reception and afterwards. (3.56)**
Achieved. New arrivals could disclose disabilities at their health screening and during the London initial screening and referral (LISAR) interviews conducted the day after reception. A full-time administrative officer had the role of DLO and a member of the health care team had lead responsibility for prisoners with disabilities. The DLO post had been vacant since

December 2010 and the new appointee was in the process of collating and updating the database of prisoners with self-disclosed disabilities.

- 4.39 **All prisoners with disabilities and older prisoners with identified needs should have a care plan that is informed by health care and residential staff and about which they should be consulted. (3.59)**

Partially achieved. The health care lead nurse developed care plans to support prisoners with disabilities and significant identified needs and kept in regular contact with them, including liaising with external occupational therapists. However, multidisciplinary care plans were not used and there were no care plans for older prisoners. Copies of care plans were not kept in wing files. The DLO conducted individual assessments of need but the results of these were not routinely shared with wing staff.

Further recommendation

- 4.40 Prisoners with disabilities and older prisoners with identified needs should have a multidisciplinary care plan to which all staff have ready access and about which prisoners are consulted.

- 4.41 **There should be a review of the rate of retirement pay, which should take into account or waive the charge for a television. (3.60)**

Partially achieved. Following a pay review, prisoners aged 66 who chose not to work received retirement pay of 65 pence a day, which was only slightly above the amount paid to unemployed prisoners. They were exempt from charges for in-cell televisions. Not all prisoners were clear about their pay entitlement.

Further recommendation

- 4.42 Prisoners too old to be required to work should receive an increased amount of retirement pay to reflect the need to keep in contact with family and friends and buy some basic provisions.

- 4.43 **Personal evacuation plans should be developed for prisoners requiring them and they should be signed by the prisoner. (3.61)**

Partially achieved. The DLO kept a list of prisoners requiring personal evacuation plans. Managers had worked to raise staff awareness of these plans but some wing staff could not find them. Plans we saw were completed to a reasonable standard but most had not been signed by the prisoner.

Further recommendation

- 4.44 All staff who might need to use them should be aware of personal evacuation plans and how to access them in an emergency.

Additional information

- 4.45 The disability and older prisoner policy was not informed by a needs assessment. In our survey, prisoners with disabilities were more negative than other prisoners when asked if they felt unsafe and if they had ever been victimised by another prisoner. They were also more negative about access to showers and the gym.

- 4.46 Two adapted cells on F wing and two on C wing provided reasonable accommodation for wheelchair users, with wider cell doors, lowered cell call bells and spacious toilet areas with hand rails. Cells on C wing were equipped with adapted beds. None of the cells had shower facilities. Showers on F wing were fitted with seats and grab rails but those on C wing were not. F wing had a lift but there were few other physical adaptations to meet needs, including on G wing where most of the older prisoners were.
- 4.47 Fifteen prisoners were aged 60 and the oldest was 78. The health care lead for prisoners with disabilities had recently also assumed responsibility for work with older prisoners. The published older prisoner policy contained little information about how their needs would be met and the only specific activities for older prisoners were twice weekly remedial and over-45 gym sessions. These were not available to vulnerable prisoners even though the four oldest prisoners were located on G1.
- 4.48 There was no formal carer or mentor scheme for older prisoners or those with disabilities and, although the equalities team had convened one meeting with older prisoners in 2010, no regular forum where they could discuss their concerns. Staff said retired prisoners and those with disabilities were unlocked during the core day but this was not consistently the case.

Further recommendations

- 4.49 There should be forums for prisoners with disabilities and older prisoners to enable prisoners to meet together and discuss their concerns.
- 4.50 There should be a carer/mentor scheme for prisoners with disabilities and older prisoners who need additional support.
- 4.51 Prisoners who are unfit for work due to a disability or are retired should be unlocked during the day and provided with regular and appropriate regime activities, including activities for vulnerable prisoners.

Gender and sexual orientation

No recommendations were made under this heading at the last inspection.

- 4.52 The prison had recognised the need to challenge homophobic behaviour. Guidance for staff on using the RIRF system to report homophobic behaviour had been published in December 2010 but this had not been made available to prisoners. No incidents of homophobic behaviour had yet been reported under this system. There was no policy or action plan for supporting and meeting the needs of gay or bisexual prisoners and no peer support groups or other support either in the prison or through referral to external support networks.

Housekeeping point

- 4.53 The single equality scheme should provide information on the internal and external support available for gay, bisexual and transgender prisoners.

Section 5: Health services

Expected outcomes:

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

General

- 5.1 Wing and first night centre treatment rooms should undergo an infection control audit and its findings should be implemented. All wing treatment areas should be refurbished to ensure that health services are delivered in clean and appropriately equipped accommodation. (4.56)

Achieved. An infection control audit had been completed by NHS Islington (NHSI) in 2010 and an action plan created. Most of the rooms had been updated and were in a generally satisfactory condition.

- 5.2 The reception health care room should be adequately supervised or relocated to ensure the safety of health care staff. The room should be clinically clean and fit for purpose. (4.57)

Achieved. The reception health care room was no longer used. Prisoners were now seen in the first night centre and the initial reception screening was completed. The rooms used were satisfactory.

- 5.3 A regular cleaning schedule for all health care areas should be implemented and audited regularly. (4.58)

Partially achieved. Work surfaces were cleaned by nurses daily. The floors in wing treatment rooms were scheduled to be cleaned by prisoner cleaners twice a week but we were told this often did not happen due to difficulty of access or because the cleaner had simply forgotten. There was no evidence that a cleaning audit had been introduced.

Further recommendation

- 5.4 All health care areas should be cleaned to a professional standard to ensure that infection control guidelines are met and that all health care areas are clinically clean. There should be regular documented and audited cleaning schedules in all health care areas.

Additional information

- 5.5 NHSI and the prison enjoyed excellent relationships. The governor was focused on health issues and provided strong support to health care. The head of health care was a member of a number of prison and community meetings, ensuring that health care issues were properly represented. The main health care department was in a central location, with satellite treatment areas on some wings. The main health care department was generally clean and tidy.

Clinical governance

- 5.6 **Charge nurses should be involved in senior nursing management meetings to ensure they have a voice in the development of health care and represented on the service user group. (4.59)**
Achieved. Charge nurses were involved in senior nursing management meetings. There had been a radical restructuring of senior nursing management and senior nurses had been appointed to primary care, life-long conditions and substance misuse areas. These nurses were always involved in the development, delivery and management of health services. The system was clearly working well, with some excellent joint working between senior nurses.
- 5.7 **A senior health care worker should be nominated as the focus for older people to ensure their management is appropriate and that health services are developed to meet their needs. (4.60)**
Achieved. A nurse had recently been identified to take the lead on older prisoners. While the older prisoners' portfolio was underdeveloped, external links had been identified and work to develop the service was under way. The named nurse was working with the NHSI occupational therapist to improve health support to older prisoners and was also the lead on prisoners with disabilities and liaised regularly with the officer managing older prisoners and prisoners with disabilities.
- 5.8 **Nurses with specialist qualifications should be encouraged to practise their speciality. (4.61)**
Achieved. An extensive postgraduate training programme ensured that health staff were appropriately trained. Training in medicine prescribing, life-long and mental health conditions had been completed and there was a rolling programme to improve access to professional training across all health disciplines. There were two practising nurse prescribers, two health professionals undertaking the training and two more due to start training.
- 5.9 **There should be regular and minuted health care team and general staff meetings. (4.62)**
Achieved. Daily morning meetings took place and senior managers met regularly. Every Friday afternoon, all available health care staff could access various training subjects and participate in a general health care meeting. Multidisciplinary working was very evident within the team.
- 5.10 **Registered mental health nurses should, wherever possible, be ring-fenced to mental health duties. (4.63)**
Partially achieved. Staff shortages in all disciplines meant registered mental health nurses (RMNs) were sometimes required to help colleagues in primary care. We were told that specialist nurses would be retained within their speciality when full recruitment was achieved.
- 5.11 **Non-nursing duties for wing-based nurses should be reduced to allow an improved service and engagement with prisoners on wings. (4.64)**
Achieved. All non-nursing duties had been reallocated to the appropriate health staff. GP appointments were managed by administrative staff and pharmacy staff managed all medicine issues. Nurses were more visible on the wings than previously.
- 5.12 **GP appointments should be managed by the administrative team and a telephone booking system considered. (4.65)**
Achieved. All GP appointments were managed by the administrative team. Prisoners submitted an application form to see the GP, which generated a triage appointment with a

nurse. The Manchester triage model was used to assess the prisoner and grade his immediate level of need. The result was sent to the administration team who returned the appointment to wing officers. Thirteen GP appointments were available every day and prisoners were usually seen at the next clinic. In most cases, prisoners were seen by the GP within five working days and anyone requiring an earlier appointment was fast tracked. A telephone system had been considered but found to be unworkable.

5.13 Appropriate and transportable emergency equipment should be located on all wings. Defibrillators should be held in all landing offices and wing staff trained in cardiopulmonary resuscitation. (4.66)

Partially achieved. Emergency equipment was located in the main health care department, in the C/D treatment room and on F wing. Small grab bags were kept on other wings. It had been considered too expensive to have defibrillators on each landing and train every officer in cardiopulmonary resuscitation. There were several examples where emergency equipment had not been checked daily.

Further recommendation

5.14 The governor and head of health care should review the requirement for all emergency medical equipment throughout the prison and satisfy themselves that they have sufficient equipment and staff trained in cardiopulmonary resuscitation to meet any medical emergency.

Housekeeping point

5.15 Health care staff should check and record equipment daily.

5.16 Clinical records should be audited regularly to ensure that entries comply with professional guidelines. (4.67)

Achieved. A policy document for standards of record keeping had been implemented from January 2011 and was due for review in April. The clinical lead nurses were responsible for checking clinical records in their respective area. EMIS was still used but SystemOne was due to be introduced in the next few months. Some clinical record keeping remained unsatisfactory, with signatures and individual disciplines missing on some records. The new audit tool would identify deficiencies and indicate where additional training was required.

Additional information

5.17 Under a new staffing structure, senior nurses were employed to drive services forward in specific areas, including primary care, health promotion and mental health. New policies and work routines had been introduced to help. The grading structure was very good but there were still nursing vacancies at lower grades that were difficult to fill. The prison was in competition with many other health providers in the community to recruit staff. Training for qualified staff including nurses, pharmacy staff and GPs was well supported and embedded in the training schedule

5.18 The administration team provided excellent support to the clinical team and the practice manager produced extensive data on the delivery of care. This included monitoring of health care applications, where a recent trial had shown that a significant number went missing and a new system was therefore about to be introduced. Health information screens were soon to be introduced on the wings and would help prisoners manage health applications more effectively.

- 5.19 While nurses were relieved from non-nursing duties and more accessible to prisoners, there was little continuity for patients on wings. Nurses were allocated to various wing areas on a day-to-day basis and could be on different wings every day. Prisoners found the lack of continuity very frustrating. A permanent GP had been identified to provide continuity of care as well as the regular locum GPs.
- 5.20 Prisoner complaints about health services were dealt with directly by NHSI. Complaints forms were available in several languages and there were dedicated health care complaints boxes on the wings. Administrative staff collected the complaint forms and forwarded them to the NHSI complaints manager who investigated and responded appropriately. The manager came to the prison every week to answer any further concerns. There had been 164 health care complaints in 2010 compared to 600 in 2009. A patient advice and liaison service (PALS) was also available to prisoners.

Primary care

- 5.21 **A health promotion strategy, including oral health, should be introduced and given sufficient importance across all health care areas. (4.68)**
Partially achieved. A senior nurse was responsible for health promotion and managing prisoners with life-long illnesses. A project centred on oral health had been completed with the support of University College London. Display equipment including posters and television screens showing health promotion information were waiting to be introduced throughout the prison. There were plans to develop a health promotion strategy encompassing the physical and mental health needs of prisoners but this work remained to be done.
We repeat the recommendation.
- 5.22 **Regular well man and long-term condition clinics should be introduced. (4.69)**
Achieved. The nurse responsible for well man and life-long illnesses had been in post for some time and was continually developing nurse-led clinics with support from the GP and visiting specialists from the NHSI long-term conditions team. Clinics included well man, diabetes, asthma, epilepsy and cardiac conditions clinics and prisoners were seen regularly. Prisoners with these conditions were identified through the initial screening process and the EMIS system was checked regularly. Prisoners were seen within two weeks of referral and the nurse liaised with the appropriate department if special diets or other medical requirements were identified. The management of prisoners with life-long illnesses was extremely good.
- 5.23 **Triage algorithms should be developed to ensure consistency of advice and treatment. (4.70)**
Achieved. Algorithms had been introduced and staff used a modified Manchester triage template (see section on clinical governance). Nursing staff had been trained in their use.
- 5.24 **Interpreting services should be used for confidential medical matters. (4.71)**
Achieved. Interpreting services were used in health care when necessary. Telephone interpreters were mainly used but face-to-face interpreters were also called in when appropriate.

Additional information

- 5.25 Prisoners were given an initial screening by health staff in the first night centre. This was followed by a secondary screening including a well man screen the next day. Any health care issues identified initiated a referral to the relevant health professional. Chlamydia screening and various inoculations were offered during the secondary screening. If necessary, the

prisoner was seen by the GP. There were at least two GP clinics each weekday and a monthly turnover of up to 600 prisoners seen each month. The GP was based in reception every evening until the last arrival had been seen.

- 5.26 Walk-in clinics had been introduced and allowed prisoners to speak to a nurse without an appointment. These clinics were held on all wings once or twice a week but had proved so popular that demand outpaced the available nurse time. These clinics were a very positive development and, if sufficient were run, would have the potential to reduce the burden on GP appointments and allow prisoners to be seen and treated without undue delay. Out-of-hours medical cover was provided by regular GP locums and the system worked well. Barrier protection was available to prisoners from the pharmacy as well as being provided in their release pack. Visiting professionals included the podiatrist, optician and physiotherapist. There was no appreciable waiting list for any of these specialists. Weekly clinical reviews led by the GP medical director of Camden NHS continued to provide excellent clinical support to health care. The multidisciplinary meeting focused on prisoners with difficult clinical issues, with input from a range of health professionals.

Further recommendation

- 5.27 The number of walk-in clinics should be increased to ensure that prisoners are seen quickly and treated accordingly.

Good practice

- 5.28 *The weekly referral meeting ensured that prisoners with complex medical needs were reviewed by an external specialist in a multidisciplinary forum.*

Pharmacy

- 5.29 **Lockable cabinets should be provided for prisoners receiving medication in possession and in shared cells. (4.72)**
Not achieved. The prison had agreed this in principle but funding issues meant that lockable medicine cabinets had not been provided.
We repeat the recommendation.
- 5.30 **The administration of methadone should be reviewed to ensure the correct dose is administered. (4.73)**
Achieved. The Methasoft system of administering Methadone had been introduced and calibrated measures were available if necessary. Calibration records for the Methasoft system had been completed accurately.
- 5.31 **Secondary dispensing should stop. (4.74)**
Partially achieved. Secondary dispensing occurred only at night when nurses put prisoners' medication into pots and took it to their cells. During the day, all medication was administered correctly from original containers by pharmacy technicians. About 50 prisoners received medication at 9pm, some of them several medications. The task was labour intensive as the night nurse and the accompanying officer had to visit every prisoner in his cell on all the landings.

Further recommendation

5.32 The primary care lead and the pharmacist should introduce pre-packed labelled pouches that could be given to each prisoner and avoid the necessity for secondary dispensing.

5.33 **Prisoners should be encouraged to reorder their own medication. (4.75)**
Not achieved. Prisoners could not reorder their own medication other than by asking one of the health care team to do it for them. There was a system to reorder repeat medications but this was done by pharmacy staff. The system was effective but did not encourage prisoners to take responsibility for managing their own medication.
We repeat the recommendation.

5.34 **The medicines and therapeutics committee should review the use of general stock, and named patient medication should be used wherever possible. (4.76)**
Achieved. The rapid prisoner turnover at the prison meant some medicines were administered from stock but most were administered from patient-named containers.

5.35 **Pharmacy-led clinics should be introduced. (4.77)**
Achieved. Pharmacy staff ran clinics, including smoking cessation, and pharmacists held medication use reviews for prisoners on long-term medication.

5.36 **The medicines and therapeutics committee should ensure that prescribing is evidence based. Prescribing data should be used to demonstrate value for money and to promote effective medicines management. (4.78)**
Achieved. Prescribing data had been used in the medicines and therapeutics committee to reduce unnecessary prescribing of some medications such as liquid food enhancements and skin creams.

5.37 **Medicine trolleys in the treatment rooms should be secured to the wall when not in use. (4.88)**
Partially achieved. Most medicine trolleys could be secured to the wall but the one on F wing could not.
We repeat the recommendation.

Additional information

5.38 Pharmacy services were managed by the in-house pharmacy team. Pharmacy technicians had taken over most medication administration, which relieved nurses to concentrate on nursing duties.

5.39 There was an out-of-hours medicines policy and an out-of-hours cupboard was provided with an audit trail of its use. Paper prescription and administration charts were still used. Administration boxes were mostly completed and those that were not were generally at the weekend when technicians were not on duty. Pharmacy reference data were available on line. Thermolabile products were stored correctly in the pharmacy but not in some of the treatment rooms. Patient information leaflets were not always supplied with medicines, although prisoners receiving medicines in possession did have them. Some, but not all, treatment rooms had notices advising prisoners that they could request the leaflets.

5.40 In possession risk assessments were completed by nurses or technicians and regularly reviewed by pharmacists. About 15% of prisoners had their medication in possession. The

medicines and therapeutics committee met monthly and was attended by in-house and NHSI representatives.

Good practice

- 5.41 *The practice of pharmacy staff administering medicines to prisoners gave prisoners the opportunity to speak to a pharmacy representative every weekday and allowed nurses to concentrate on other areas.*

Dentistry

- 5.42 **The plan to relocate the dental surgery should be expedited. (4.79)**
Achieved. A new dental surgery had been established in the main health care department. It was modern, bright and clean but did not have a washer disinfectant installed. Clinical and hazardous waste was appropriately stored and collected under contract. Cross-infection control measures appeared satisfactory. A commissioning inspection had been carried out by the provider.

Further recommendation

- 5.43 A washer disinfectant should be installed in the dental surgery.
- 5.44 **Prisoners should be advised of their dental appointments as early as possible. (4.80)**
Achieved. Prisoners were advised that their application to see the dentist had been received and were notified a week before the appointment.

Additional information

- 5.45 Dental services were provided by NHSI, which commissioned four sessions a week, with another two sessions provided through community dental services. Emergency policies and protocols were in place and effective. The dental team was fully integrated into the health care team. Up to seven patients were seen each session and a full range of NHS treatment was available. The waiting list was no longer than six weeks. Prisoners with dental pain were seen by nurses. Dental triage protocols were under review and use of agreed algorithms would help with the management of waiting lists. Few prisoners failed to attend dental appointments and the dental team managed to bring other patients forward where necessary. Oral health promotion was provided by the dental team. Clinical records were maintained on paper and the EMIS system. Records were appropriate and stored properly. NHS treatment planning and consent forms were not used.

Inpatient care

- 5.46 **Health services bed spaces should not form part of the prison's certified normal accommodation and admission should be only on assessment of clinical need. (4.81)**
Partially achieved. There were 22 health care beds on the prison certified normal accommodation and no evidence that there had been any misuse of beds for some considerable time. Any perceived need to place a non-medical prisoner in health care was discussed between residential governors and senior health care staff. There was always pressure on inpatient beds at weekends. The mental health team reviewed every prisoner in

inpatients to ensure that beds were available over the weekend and, if none were, identified which patient could be relocated to the wings if absolutely necessary.

Further recommendation

5.47 Health care beds should be removed from the prison's certified normal accommodation.

5.48 **Inpatients should have a full therapeutic regime, including regular association and exercise, which is not curtailed due to low staff numbers. (4.82)**

Achieved. Inpatients could be out of their cells for most of the day if they wanted and were encouraged to take part in association with other patients and staff. Activity on the ward was good and there were opportunities to use the gym and access education if it was suitable to do so. A community meeting for patients and staff was held every week. Patients could have their visitors on the ward if appropriate.

5.49 **Staffing levels, clinical and discipline, in the inpatient area should reflect prisoners' needs. (4.83)**

Achieved. Staffing levels were reasonable and included trained nurses and dedicated discipline officers. The unit was mainly staffed by RMNs, which reduced their availability across the rest of the prison. There were some RMN vacancies and recruitment was under way locally and through NHS and prison websites.

5.50 **All inpatients should have up-to-date, comprehensive and relevant care plans that are used to inform patient care delivery. (4.84)**

Achieved. Inpatients all had regularly reviewed care plans and were offered a copy of their own care plan to keep. The care plans we looked at were comprehensive and appropriate.

Additional information

5.51 The inpatient beds were occupied for most of the time. Although allocated as 16 mental health and six primary care, there were often times when the specialities overlapped. All officers working on the unit were volunteers and the relationship between patients and all staff was professional and congenial. All patients were seen by the GP every day or as required. A day care centre provided excellent respite for prisoners with mental or physical health needs. Up to 15 prisoners could attend at any one time, which was a reduction from 25 at the time of the last inspection. There were 45 prisoners waiting to enrol. Activities included music, art and skills for health.

Further recommendation

5.52 The day care centre should be used to its full capacity.

Secondary care

Additional information

5.53 The management of NHS appointments was excellent and very few had to be cancelled due to staff shortages. GP referrals were faxed through to the appropriate hospital and up to four prisoners were sent out to NHS appointments daily.

Mental health

- 5.54 Primary mental health services should be improved, including access to talking and other appropriate therapies and guided self-help. (4.85)**
Partially achieved. Primary mental health support was a work in progress. The head of health care had produced a draft paper outlining the implementation of an integrated primary and secondary mental health team, which would address the shortfall of dedicated support to prisoners with primary mental health needs. Staffing shortages meant RMNs were not ring fenced to mental health duties. Recruitment of the right calibre of candidate was very difficult so it was likely to take some time to fill vacancies.
We repeat the recommendation.
- 5.55 Prisoners requiring care under the Mental Health Act should be referred, assessed and transferred expeditiously. (4.86)**
Achieved. The prison did what it could to ensure that prisoners requiring transfer under the Mental Health Act were dealt with as quickly as possible. Some prisoners may have missed the required transfer time but this was not through any lack of action on the part of the prison. The head of health care and the mental health in-reach team reviewed all cases weekly to ensure that everything was being done to expedite the transfer to secure accommodation.
- 5.56 There should be a clear policy for the administration of medication under restraint, which ensures that such an action is used only as an absolute last resort. If the policy is used, the event should be reported as a serious incident. (4.87)**
Achieved. There was a policy to manage such incidents and this procedure was only ever carried out as a last resort and in the patient's best interests. In recent cases, medication had been administered to patients who were severely ill and floridly psychotic. The mental health team was resolute that such procedures were undertaken only after consultation with senior psychiatric staff.

Additional information

- 5.57** Primary mental health services were underdeveloped. The Camden and Islington Foundation Trust Mental Health In-Reach Team provided the vast majority of support to prisoners with low level mental health needs. The team accepted referrals from anyone, including self-referrals. The duty clinician reviewed referrals every day and allocated to a mental health worker. Up to four referrals were received every day and routine referrals were normally seen within four days. All referrals were discussed at a team meeting every morning and those referrals deemed urgent were seen the same day. The care programme approach was the framework for service delivery for those with severe and enduring mental illness. The active caseload of prisoners with an identified allocated key worker from the mental health team was around 65 but more than 100 further prisoners were known to the team but not on the active caseload.

Section 6: Activities

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

- 6.1 Time out of cell should be increased, particularly at weekends and evenings and for unemployed prisoners. (5.50)
Not achieved. See paragraph MR10.
- 6.2 Prisoners involved in activities should have equal access to showers and telephones. (5.51)
Not achieved. Most association still took place during the day and prisoners in full-time activities could have as little as one evening association period during the week and two association periods at weekends.
We repeat the recommendation.

Additional information

- 6.3 Each residential wing had its own variation of the core day, so timings varied between wings. During the week, some unemployed prisoners had as little as three hours out of cell a day plus one evening association period of 1.75 hours a week. Others, such as vulnerable prisoners on G1 and enhanced prisoners, had significantly more. Taking into account gym and library sessions, an average of four hours across the prison seemed achievable for prisoners without activities. When we conducted a roll check on one morning, 30% of prisoners were locked in their cell, which was reasonably good for a local prison, although more would have been locked in later.
- 6.4 About 50% of prisoners were unemployed. Based on this figure, the reported time out of cell figure of 7.69 year to date appeared unachievable and we estimated a more realistic average of six hours a day during the week. There were some anomalies in the prison's recording and calculation of the reported figure, including some double counting and no allowance made for interruptions.
- 6.5 Exercise and association were rarely cancelled but there was little to occupy prisoners during association. Some of the recreation equipment previously available had been damaged and had not been replaced. There was little seating and many prisoners simply stood around chatting or watching others. The exercise yards had seating but no warm or waterproof clothing was provided to enable prisoners to go out in all weather conditions.

Further recommendation

- 6.6 Prisoners should be provided with weatherproof clothing to go outside in all weathers.

Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors).

Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

6.7 A wider range of education courses and employment opportunities should be provided for vulnerable prisoners (5.19)

Partially achieved. A wider range of education subjects was offered to vulnerable prisoners in a new classroom adjacent to their wing and the main education department. However, only eight places were available each session and the same eight prisoners were enrolled for all subjects, so only 12% of vulnerable prisoners were participating. Eight vulnerable prisoners had employment off the wing and there were plans to increase this number during 2011.

We repeat the recommendation.

6.8 Effective processes should be introduced to recognise and record prisoners' progress and achievement in areas that do not lead to accreditation (5.20)

Not achieved. Recognition and recording of prisoners' employability skills learned in non-accredited work areas had either not been introduced or, as in the sewing workshop, had stopped.

We repeat the recommendation.

6.9 Information, advice and guidance resources should be increased to meet the needs of all prisoners (5.21)

Partially achieved. In December 2010, the resource had increased by 50% when an additional unqualified adviser joined the team to work with prisoners. However, at 140 interventions a month, this was still not enough to meet the needs of all prisoners.

We repeat the recommendation.

6.10 Learning and skills data collection and analysis should be improved to inform decision-making and target-setting for improvement (5.22)

Not achieved. While data collection, monitoring and analysis of prisoners' attendance at paid activities had improved, neither the prison nor the education providers, Kensington and Chelsea College (KCC), had improved the collection and use of other learning and skills data, which were unreliable and/or insufficiently analysed to inform decision-making and target-setting.

We repeat the recommendation.

6.11 Punctuality and attendance of prisoners at education, training and work should be improved (5.23)

Achieved. Attendance rates had improved, particularly at education classes (see also additional information).

6.12 Action should be taken to ensure better use of the library such as extending opening hours, maximising attendance during the day (5.24)

Partially achieved. Library visits by prisoners in the core day had improved from 9,000 in 2009 to 10,000 in 2010. In our survey, 24% of prisoners said they went to the library at least once a week, which had improved from 13% in 2009. However, the library was not open in the

evenings and at weekends and prisoners could no longer attend from education classes as there was no officer escort.

Further recommendation

- 6.13 Prisoners attending education should have access to the library.

Additional information

Leadership and management

- 6.14 Learning and skills strategic development, decision-making and performance review were hampered by poor quality and incomplete data. There were no data available on equality and diversity covering areas such as participation or relative levels of achievement. The self-assessment process and report were underdeveloped. No self-assessment had been undertaken in the 18 months to 2010 and quality assurance arrangements needed further development.
- 6.15 There were still insufficient activity places and almost twice as many prisoners as in 2009 were recorded as unemployed, although many took part in unpaid activities such as faith groups, recreational PE and the library. An education curriculum and a prison accommodation review had successfully resulted in the implementation of some good initial improvements. However, the lack of a written and well-communicated whole establishment learning and skills strategy and implementation plan had resulted in a lack of joined up working. The limited activity places were not yet used efficiently, as prisoners' full-time work places were left unfilled when prisoners attended gym, library, education and behavioural programmes. Prison and education data were not reliable.
- 6.16 Education induction sessions run by KCC were thorough and covered education and library enrolment and a brief introduction to additional learning support. Prisoners were given a clear education booklet and welcome pack, which were available in some languages other than English. Efficient literacy and numeracy initial assessments were used to inform detailed and effective one-to-one interviews. However, the arrangements for prisoners in groups to self-refer for additional learning support were not sufficiently confidential. Induction to other activities such as vocational training and work was less effective and prisoners were required to complete application forms without enough information to inform their decisions. Progression routes were not promoted. The careers, information and advice service (CIAS) contract had been held by Prospects and sub-contracted to PLIAS since September 2009. It operated separately to the applications and allocations processes but with links to education. CIAS collected useful information about prisoners that was recorded on the managing information about prisoners (MIAP) computerised system but not used by prison staff.

Further recommendations

- 6.17 The prison should carry out an annual self-assessment process and report informed by better analysis of data and information to aid quality improvement planning.
- 6.18 The process for enrolling prisoners onto education courses should be clarified and implemented consistently.
- 6.19 Quality assurance of all teaching and vocational training should be fully implemented.

- 6.20 A cohesive learning and skills induction process should be implemented to give prisoners an equitable overview of all learning and skills activities, with a fully integrated careers, information and advice service and clear information for prisoners about vocational training and work to enable them to make better informed choices.

Work and vocational training

- 6.21 There were 365 work places, including 125 wing jobs, many of which did not fully occupy prisoners during the core day. Prisoners developed good employment and personal skills in training workshops but these were still not formally recognised and recorded. The two contracts hire workshops with electrical fault-finding work were good and offered accredited training. These were well resourced by enthusiastic staff and had appropriate training areas.
- 6.22 Vocational training numbers had decreased and only 46 places were offered in industrial cleaning, a journalism course and a PE and healthy living course. PE staff also offered well-attended short courses in manual handling and first aid, with very high achievement rates and around 145 accreditations in each the previous year. The prison no longer offered the popular construction site certificate scheme (CSCS) award.

Further recommendation

- 6.23 Accredited vocational training should be increased to provide skills that can be developed in short periods of time and be relevant for employment on release.

Education

- 6.24 KCC offered an improved and increased range of accredited courses predominantly from entry level to level 1. The full-time equivalent number of places had increased from 70 to around 120. Over 90% were part time and many prisoners took more than one course. There had been insufficient focus on accrediting prisoners' learning. Pass rates in English for speakers of other languages classes, functional skills, English and mathematics were very low, as were pass rates on most personal and social development courses, with none exceeding 50%. The standard of prisoners' work was satisfactory overall, particularly in art and art technology, ICT-based courses and the journalism course. Attendance was satisfactory and had improved from around 55% in January 2011 to 91% by the end of February 2011. Despite having new accommodation, the classrooms were mostly small and cramped and the education department did not have much physical capacity to increase numbers.
- 6.25 The quality of teaching and learning was mostly good. Daily online feedback by prisoners in ICT and art technology provided good encouragement for individual learning and progress. There remained an insufficient range of courses at level 2 or above to meet the needs of the 25% to 30% of prisoners whose numeracy and literacy levels were assessed at above level 1. Support was satisfactory and included specialist support for those with additional learning needs but there were insufficient diagnostic resources to identify and support all prisoners with specific learning difficulties or disabilities.
- 6.26 There was only one WC and urinal for up to 80 prisoners in the main education department, which was inadequate.

Further recommendations

- 6.27 Pass rates on accredited education courses should be improved.
- 6.28 Better use should be made of learning and skills places to enable more prisoners to participate.
- 6.29 Prisoners should have better access to toilets in the main education facility.

Library

- 6.30 The library was spacious, light, well resourced and had sufficient staff but was generally under-used despite an increase from 9,000 visits in 2009 to 10,000 in 2010. The book stock of 15,000 was sufficient and included a good range of books and newspapers in languages other than English, fiction, non-fiction and legal titles and books for readers of different abilities. The lending rate was satisfactory but the loss rate was 6%. The Toe by Toe programme had been particularly successful, with 26 trained mentors and 26 learners. There were good links with Islington library and a central buying facility for reservations and buying new stock.

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 6.31 **Suitable ventilation should be installed in the fitness area (5.32)**
Partially achieved. Three new ventilation extractor systems had been purchased for the main fitness room but only one had been installed so ventilation remained inadequate.

Further recommendation

- 6.32 Additional ventilation extractor systems should be installed in the fitness area.
- 6.33 **The shower areas in the fitness room and sports hall should be refurbished (5.33)**
Achieved. The fitness room and sports hall showers had been refurbished and fitted with new flooring, shower curtains and privacy screens. They were now fit for purpose.
- 6.34 **Shorter sessions should be introduced on weekdays in the morning and afternoon to allow more classes to be run and increase participation (5.34)**
Achieved. The morning and afternoon PE sessions had been divided to create shorter sessions for both the main fitness room and the sports hall. A new fitness room with cardiovascular equipment had also been installed for use by E and F wing prisoners. Participation had increased from 65,916 hours in 2008-09 to 91,190 hours year-to-date in 2010-11. In our survey, 41% of prisoners said they went to the gym at least twice a week, a large improvement from 23% in 2009.

Additional information

- 6.35** Achievement rates on vocational PE short courses were high, with success rates in excess of 90% for those who were not transferred out before completing. The PE department had introduced another accredited level 2 qualification. The overall number of prisoners gaining accredited PE qualifications since April 2010 was satisfactory, with a reasonable range of accredited PE courses. Most prisoners completed a PE and health induction but there were no available records of how many had not. There were appropriate arrangements to ensure that prisoners with medical conditions were correctly managed within the PE department.
- 6.36** Since April 2010, a range of new initiatives to improve PE provision had been introduced. A new fitness room allowed prisoners with addiction problems to improve their fitness levels and possibly progress to the prison's full PE programme. An outdoor exercise area had been provided to allow a range of team games. Not all prisoners, including vulnerable prisoners and those in full-time education, had opportunities to have at least two PE sessions a week. The PE department was introducing a well man assessment for E and F wing prisoners to screen fitness levels and then monitor progress, with plans to roll this out to other prisoners from May 2011. The use of data to analyse trends and use by prisoners was underdeveloped.

Further recommendation

- 6.37** All groups of prisoners should have access to at least two PE sessions a week.

Section 7: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

7.1 Information received on security information reports should be actioned within 72 hours. (6.16)

Not achieved. Security information reports (SIRs) were better collated and analysed, seen by relevant managers and with effective monitoring of required outcome arrangements. However, this monitoring highlighted that target searches and suspicion-led mandatory drug tests were not completed within the necessary timescales, with over 200 authorised suspicion tests not carried out in the previous six months.

We repeat the recommendation.

7.2 Local prison rules should be displayed in residential areas. (6.17)

Achieved. All wings had at least one poster displaying prison rules and a list was also included in the prison induction book. However, these posters and books were available only in English.

7.3 More drug dog cover should be provided at weekends. (6.18)

Achieved. A re-profiling of the operations group had resulted in dog handler provision every weekend.

Additional information

7.4 Physical security was sound and additional physical measures had been implemented following a prisoner escape just before the previous inspection in 2009. Dynamic security also appeared sound, with relaxed staff-prisoner relationships and reasonable time out of cell contributing to a good flow of intelligence. An average of over 440 SIRs had been submitted each month in the previous six months.

7.5 The prison faced difficult local issues, with high levels of attempted drug and mobile telephone trafficking, and some effective work was carried out by the security department. There was excellent joint work with the local police force, with regular, unpredictable attendance by the police to search visitors, resulting in a number of arrests. Additional police monitoring around the perimeter walls had also significantly reduced the amount of drugs thrown into the prison. Appropriate and careful monitoring of professional standards issues had resulted in the arrest of a member of staff in the previous year and good work was continuing in this area. Analysis of intelligence was carried out by appropriately trained staff and the Watson security analysis software package had recently been introduced to good effect.

7.6 However, some measures appeared disproportionate despite the challenges faced. The policy, although not always implemented, was that visitors indicated by a passive drug dog were prevented from entering and not offered a closed visit. The criteria for placing prisoners on closed visits were too restrictive and included possession of a mobile telephone or a positive

drug test, which were not directly linked to visits activity. This had resulted in a substantial rise in the number of prisoners subject to closed visits, from 18 in 2009 to 52 at this inspection.

Further recommendations

- 7.7 A visitor should not be prevented from entering the prison solely on an indication from a passive drugs dog. Closed visits should routinely be considered but only imposed when there is additional security intelligence to support such a sanction.
- 7.8 Prisoners should not be placed on closed visits for breaching prison rules but for illicit or inappropriate activity related to visits or when there is sufficient intelligence to indicate the likelihood of such activity.

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.

Disciplinary procedures

- 7.9 **Adjudicating governors should examine the use of cellular confinement and ensure that it is given only after all other punishments have been explored. (6.34)**
Achieved. Cellular confinement was no longer routinely issued as a punishment. Any use was monitored at the quarterly adjudication standardisation meeting and records showed that it had been used in response to appropriate offences.
- 7.10 **Adjudicators should ensure that all the evidence in fighting charges is heard before reaching a verdict and that those charged have the opportunity to hear and challenge all evidence considered. (6.35)**
Not achieved. Records contained numerous examples where verdicts had been reached in charges of fighting without all witnesses being questioned and when the evidence did not support the outcome. Some charges had also been incorrectly dismissed when the adjudicator, again not always supported by the recorded evidence, concluded that a charge of fighting had been laid when this should have been assault or vice versa.
We repeat the recommendation.
- 7.11 **Residential managers should ensure that there is no use of unofficial punishments on their wings. (6.36)**
Achieved. We did not find any examples of unofficial punishments.

Additional information

- 7.12 There had been 684 new adjudications in the previous six months and records indicated that most charges were appropriate. The level of enquiry in many adjudications was insufficient and, while a number of charges were not proceeded with due to remand/ unsentenced prisoners not returning from court, some were dismissed inappropriately.

Further recommendation

- 7.13 Senior managers should monitor the quality of adjudications regularly to ensure adjudicators operate fairly and that full enquiries are made into charges before verdicts are reached.

The use of force

- 7.14 **Prisoners should not be left without clothing unless there is a threat to life. (6.37)**
Partially achieved. We came across no examples where prisoners were left without any clothing as we had previously found. However, special accommodation records revealed some inconsistencies in whether a prisoner was placed in protective or strip clothing, with some strip searched and left in a 'rip-proof' gown with no justifiable reason. One prisoner placed in special accommodation on two separate days but in similar circumstances had been placed in protective clothing on the first occasion and left in his own clothing on the second. On neither occasion had he been regarded as at risk of self-harm or suicide and no reason for its use was given.

Further recommendation

- 7.15 Protective or 'strip' clothing should be used only if essential to prevent self-injury or injury to others or the prisoner's clothing is a hazard to health. Reasons for its use should be documented.

Additional information

- 7.16 There had been 285 incidents of use of force in 2010. Although a relatively high total, spontaneous interventions in fights and arguments between prisoners appeared to be the most common reason for force, often placing hands on prisoners and ushering them away rather than using full control and restraint locks. Governance was mostly very good, although there was no clear distinction between incidents that involved control and restraint techniques being used and others. Comprehensive monitoring took place at the quarterly use of force meeting, with some detailed analysis resulting in thoughtful attempts to reduce use of force. The committee had, for example, identified a high number of incidents involving black men and investigation into the reasons for this had identified a need for cultural awareness training for staff.
- 7.17 All documentation was scrutinised by senior managers to establish whether force had been justified based on the accounts provided by staff. However, recordings of planned use of force were not routinely reviewed. One recording showed a prisoner, who was being highly abusive but physically complying, unnecessarily being carried a long distance from A wing to health care. At one point the prisoner had indicated that he wanted to walk but was told by the senior officer in charge that it was 'too late, you've had your chance', which was inappropriate.
- 7.18 Special accommodation had been used 10 times in the previous six months and records indicated that each use had been appropriate. However, some logs were incomplete so it was impossible to determine when the prisoner had been returned to furnished accommodation. There had also been one case where a prisoner had been placed in special accommodation during the evening, with the authorisation entry from the duty manager indicating that he would remain there for the rest of the night. This was unacceptable and all the need for continuing use of special accommodation should be kept under constant review.

Further recommendations

- 7.19 All recordings of planned use of force should be routinely reviewed by a senior manager.
- 7.20 Records of special accommodation use should be thoroughly completed, providing a chronological account of the prisoner's time spent in the cell, including details of when he is relocated to a furnished cell, and evidencing regular reports to show that use is for no longer than necessary. Managers should also ensure that they accurately complete all required sections of the special accommodation records.

Segregation unit

- 7.21 **All officers working in the segregation unit should receive mental health awareness training. (6.38)**
Achieved. All segregation unit staff had attended a one-day mental health awareness training day shortly after our previous inspection. A new mental health awareness session had recently been initiated for all staff, with segregation unit staff seen as a priority. About two-thirds of staff had so far attended the session run by the mental health in-reach team.

Additional information

- 7.22 Monitoring of the use of the segregation unit was poor, with no record of the number of prisoners admitted or how long they remained. No multidisciplinary committee met routinely to monitor adherence to Prison Service Order 1700. We were given data collated by staff from daily logs. This indicated frequent use of about 35 prisoners a month over the previous six months but mainly for brief periods. Most were there serving cellular confinement punishments following adjudication or overnight pending adjudication, with less than a third for reasons of good order or discipline. Of these, only three had remained for over a month and none had remained longer than three months.
- 7.23 All prisoners we spoke to who had been or were in the unit were positive about their treatment by staff there and we saw unit staff treating prisoners professionally and with respect. We were told that prisoners were not routinely strip searched on entering the unit but no records were kept. Managers described some inappropriate circumstances where they would authorise such searching, which indicated it happened more often than necessary.
- 7.24 The unit regime was basic but decent, with prisoners given daily access to showers, telephone calls and an hour in the open air. Prisoners could exercise together subject to risk assessment. The education department visited weekly to provide in-cell education and a good stock of library books was rotated regularly.

Further recommendations

- 7.25 A multidisciplinary committee should routinely meet to ensure adherence to Prison Service Order 1700 and to monitor emerging trends in use of the segregation unit.
- 7.26 Prisoners should be strip searched on locating to the segregation unit only when a risk assessment indicates this is necessary.

Incentives and earned privileges

Expected outcomes:

Incentives and earned privilege schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

- 7.27 **Wing history sheets should include a regular record of prisoners' behaviour and willingness to comply with sentence plan targets to help inform progress or regression through the incentives and earned privileges scheme. (6.51)**
Not achieved. P-Nomis case notes contained few entries about a prisoner's behaviour and none relating to sentence plan targets or indicating any discussion between personal officers and prisoners in relation to the incentives and earned privileges scheme.
We repeat the recommendation.
- 7.28 **Prisoners should be able to attain the enhanced level in a shorter time, with more incentives for prisoners without their own funds. (6.52)**
Not achieved. Prisoners still had to wait at least three months before they could achieve enhanced status, even though managers said the average length of stay was 70 to 80 days. The privileges available to enhanced prisoners without their own funds had not changed.
We repeat the recommendation.
- 7.29 **The operation of the incentives and earned privileges scheme across the prison should be routinely monitored by a senior manager for consistency and fairness. (6.53)**
Achieved. Although only begun in the previous three months, a comprehensive range of data was now collated across individual wings enabling managers to monitor for emerging trends. They also used a detailed spreadsheet to monitor prisoners moving between levels and the reasons why, which then informed which review board records they quality assured for fairness and consistency.
- 7.30 **Prisoners should not be downgraded an incentives and earned privileges level solely on suspicion of involvement in a single serious offence. (6.54)**
Not achieved. The criteria for downgrades had been changed, were inappropriate and resulted in some unfair outcomes. Notices to prisoners stated that downgrades would be automatic rather than subject to review and, where an adjudication charge had been laid, would take effect before a finding of guilt or otherwise had been reached. Unauthorised articles such as drugs or mobile telephones found in shared accommodation unacceptably resulted in downgrades for both prisoners.
We repeat the recommendation.

Additional information

- 7.31 Forty-three prisoners were on basic compared to just nine in 2009. Many had been demoted for a single misdemeanour of possession of an unauthorised article. P-Nomis case notes by wing staff provided little information about demotions and did not indicate that reviews were taking place every seven days in line with local policy.

Further recommendations

- 7.32 Prisoners on the standard level of the incentives and earned privileges scheme should be considered for demotion to basic only following a review and where a clear pattern of ongoing

negative behaviour is demonstrated or there has been such a very serious offence that standard privileges would be unjustified.

- 7.33** P-Nomis case notes should provide detailed information about a prisoner's movement within the incentives and earned privileges scheme and the targets set for anyone demoted to basic, as well as recording that seven-day reviews are carried out in line with local policy.

Section 8: Services

Catering

Expected outcomes:

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

- 8.1 **Lunch should not be served before noon and the evening meal not before 5pm. (7.6)**
Not achieved. Meals were still served very early. On G wing, the largest residential wing, which had only one servery, the inadequate facilities meant lunch was served from 11am and the evening meal just after 4pm.
We repeat the recommendation.
- 8.2 **Prisoners working in the kitchen should have the opportunity to gain qualifications. (7.7)**
Achieved. Prisoners could gain up to a level 2 qualification in food hygiene but there was no opportunity to obtain any qualifications in cooking.
- 8.3 **Breakfast should be served on the morning it is eaten. (7.8)**
Not achieved. Prisoners were issued breakfast packs the evening before use. These contained cereal, tea, coffee, jam, sugar and whiteners. They were also given a small carton of UHT milk, margarine spread and two slices of bread. The bread was not wrapped and prisoners were not issued with containers to keep it fresh for the morning.
We repeat the recommendation.

Housekeeping point

- 8.4 Bread provided for breakfast should be wrapped so that it stays fresh.
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Additional information

- 8.5 The kitchen was in a very poor state of repair and not fit for purpose. The fabric of the building was crumbling, with broken floor tiles, damaged ceilings and peeling paintwork. Equipment frequently failed so kitchen staff had to change menus at short notice. A full refurbishment of the kitchen was planned for September 2011.
- 8.6 Prisoners had very poor perceptions about the quality of food, with most in our survey saying it was bad. The most recent food survey had taken place in November 2010. Only 300 survey forms had been distributed and only 79 forms returned. The kitchen had responded positively to the survey findings by including some suggested dishes in a revised menu. The quality of the food we tasted varied, with some of it bland and lacking a sauce or gravy to make it more palatable.
- 8.7 There was a four-week menu cycle with six choices at lunch and dinner including at least one halal meat choice and two vegetarian choices. Prisoners made their meal selection a day in advance. The menu did not contain enough fruit and vegetables, with only one portion of fruit and a maximum of two portions of vegetables each day. The servery areas were clean and food temperatures were checked before serving. New food comments books had recently

been introduced and were available on the serveries. Prisoners had used these to record their comments about the food but the process for catering staff to check the books and provide feedback was unclear. Managers did not taste food at the point of service. Poor portion control meant some meal options ran out before the end of service so prisoners did not always get the meal they had chosen. This happened most often with the halal meat option, which was also the default option for prisoners who had not made a selection. Meals were eaten in cells, many of which had poorly screened toilets and inadequate furniture. There were no opportunities for prisoners to eat together.

Further recommendation

- 8.8 Prisoners should be able to select at least five portions of fruit and vegetables each day.

Housekeeping points

- 8.9 Prisoners should be able to have the meal they have chosen.
- 8.10 Catering staff should check food comments books at least weekly and provide detailed feedback to prisoners.
- 8.11 Managers should taste the food daily at the point of service and record their findings.

Prison shop

Expected outcomes:

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

- 8.12 **The new shop arrangements should be monitored and reviewed to ensure that they are responsive to prisoners' needs and that prices are not unreasonably increased. (7.16)**
Partially achieved. There was no specific canteen consultation forum but the shop was a standing agenda item at wings consultation meetings. Although improved from previously, fewer than the comparator in our survey said the shop sold a wide enough range of goods to meet their needs. Black and minority ethnic and Muslim prisoners were particularly negative. Concerns about the range of goods available had been raised by Muslim representatives in meetings with the Muslim chaplain and a new product was due to be added to the list as a result.

Further recommendation

- 8.13 The prison should introduce a regular canteen consultation forum to ensure that the range of products available meets the needs of all prisoners, including minority groups.

- 8.14 **Prisoners should be able to buy fresh fruit and there should be no routine ban on products in glass jars. (7.17)**
Not achieved. Prisoners could not buy fresh fruit and products in glass jars were subject to a national ban.
We repeat the recommendation.

Additional information

- 8.15 New arrivals could wait a long time to use the shop so the prison had agreed that anyone with their own money could buy a grocery or tobacco pack and £10.50 of telephone credit. This was in addition to the smoker's or non-smoker's packs all prisoners were advanced on arrival.
- 8.16 Given the significant number of movements in and out of the prison and between residential wings, the distribution of canteen could be problematic and some prisoners had also expressed concern that other prisoners were involved in distributing canteen bags. There had been a number of complaints about missing canteen bags in the previous six months and £542 had been paid in compensation in 2010.

Housekeeping point

- 8.17 The prison should monitor and take steps to reduce the number of complaints about missing canteen.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 **The prison should carry out exit interviews with prisoners to ascertain the level of outstanding needs of those leaving the prison. This should be built into the reducing reoffending action plan. (8.9)**
Partially achieved. London initial screening and referral (LISAR) exit interviews had been introduced about nine months previously but information from these had not yet been analysed. There was no current reducing reoffending action plan. (See additional information.)

Further recommendation

- 9.2 Information from exit interviews should be analysed and used to inform a reducing reoffending plan.

- 9.3 **A well-promoted resettlement advice centre should be accessible to all prisoners backed up by formal discharge interviews at least six weeks before release. (8.10)**
Not achieved. There was no resettlement advice centre and few prisoners knew where to go in the prison to get help with resettlement matters. LISAR exit interviews took place very close to release, from a few days to a few weeks, leaving little time to offer effective support.
We repeat the recommendation.

Additional information

- 9.4 The reducing reoffending strategy 2010 was out of date, referring to actions the prison 'planned' to introduce in 2009 and including data from a 2008 needs analysis rather than the 2010 version. It did not mention the specific groups of prisoners held at Pentonville or how it planned to manage them, such as the 70% of prisoners identified in the 2010 needs analysis who were on remand or serving short sentences. There was no up-to date reducing reoffending action plan and there had been no meeting of the reducing reoffending committee since July 2010. There were allocated pathway leads but no meetings to monitor progress and develop services.
- 9.5 The needs analysis of 2010 was based on data collected from LISAR interviews carried out with 5,686 prisoners between April 2009 and March 2010 focusing on the seven resettlement pathways. As well as highlighting details of main offence, ethnicity, age and religion, the analysis provided trend comparisons with previous years and identified needs relating to the general population, remanded men, prisoners serving sentences of under 12 months and prisoners whose home area was Islington. (See also section on resettlement pathways.) An analysis of prisoners serving determinate sentences of 18 months and under had also been completed in 2010, highlighting trends in the same way as the previous analysis. The average length of stay at Pentonville was estimated to be around 10 weeks. These analyses, along with similar reports from each of the other London establishments, had been used to inform the

planned development of services across the London prison estate but not a local reducing reoffending action plan for Pentonville.

- 9.6 Senior managers from all London prisons were undertaking strategic work to clarify the functions of each and develop appropriate services across the area as a whole. The development of a 'London specific programme' was one of the aims of the NOMS London Interventions strategy 2010, which set out the reducing reoffending interventions that NOMS aimed to provide in London prisons and probation over the next few years. This work was not yet complete but some potentially helpful partnership work was taking place with Islington Council. It was hoped that this would lead to more coordinated work with other boroughs to help reach reducing reoffending targets in the long term. Meanwhile, there was no local strategy to monitor, develop or manage existing resettlement provision in Pentonville.
- 9.7 B wing was a designated resettlement wing, accommodating prisoners due to be released within six to nine months. There were no published criteria for the wing, its role was unclear, no resettlement courses were run and there was no obvious advantage to being there. Some prisoners on the wing were offered post-release support from a skills and employment project for ex-offenders managed by St Mungo's. (See section on resettlement pathways.)
- 9.8 The prison had links with a number of voluntary and community groups and information about the interventions and services available was published in the 'resettlement and intervention services at Pentonville' booklet, although not all of this was up to date.

Further recommendations

- 9.9 An up-to-date reducing reoffending strategy should be produced with a clear strategic vision and action plans for development overseen by regular reducing reoffending meetings.
- 9.10 The role of B wing in helping prisoners towards effective resettlement should be reviewed and evaluated.

Offender management and planning

Expected outcomes:

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

Sentence planning and offender management

(See entry at paragraph MR13.)

Additional information

- 9.11 All prisoners had their immediate and basic resettlement needs assessed on arrival at LISAR interviews. As in 2009, the purpose of these was not explained and many prisoners did not understand the process or know that referrals to appropriate services would be made.

- 9.12 About 400 prisoners were sentenced to 12 months and over and eligible for OASys. Until recently, three probation service officers had been responsible for completing OASys for low and medium risk prisoners but only one, with a target to complete three assessments a week, was currently doing this work. We were told that offender supervisors in the offender management unit (OMU) helped complete assessments when possible. Ten per cent of completed OASys were quality checked by the senior officer and written and verbal feedback was given. There were still no sentence or custody plans for short-term and remanded prisoners. Senior managers did not know if all eligible prisoners had an initial or up-to-date OASys assessment. There appeared to be no regular management oversight and monitoring and it took some days to determine that nearly 100 initial OASys were outstanding. Some prisoners would move to training prisons before they were completed.
- 9.13 The OMU was managed by the head of offender management assisted by a senior officer and executive officer. Co-located within the OMU were three prison officer offender supervisors, observation, classification and allocation (OCA) staff, public protection staff, administrators for prolific and priority offenders (PPOs) and prisoners serving indeterminate sentences for public protection (IPPs), home detention curfew (HDC) staff, OASys and lifer management staff. Four probation officer offender supervisors were accommodated on wings. They managed high risk and IPP prisoners and were managed by the senior probation officer based at Pentonville. When asked about offender management work, some senior managers described the work of the OMU but did not mention the wing-based probation officers. There was no policy to describe the work of the OMU and no meetings took place for staff involved in offender manager work.
- 9.14 Around 160 prisoners were in-scope for offender management, meaning they were high or very high risk, IPPs (of which there were 19) or PPOs (of which there were 32). Eleven lifers were also included in offender management. Each prisoner was quickly allocated and seen by an offender supervisor once sentenced and caseloads of offender supervisors were manageable. Many prisoners were from the London area and there were generally good relationships with offender managers. In our survey, only 18% of sentenced prisoners against a comparator of 42% said they had a sentence plan.
- 9.15 The plans we saw contained appropriate objectives, including timescales for completion and named those responsible. Boards for in-scope prisoners were multidisciplinary but did not include personal officers. In our survey, 19% of men, fewer than the comparator, said a member of staff had helped them address their offending behaviour while at Pentonville and only 11% said a member of staff had helped them prepare for release. Interactions between prisoners and personal officers were recorded on P-Nomis, which was the only way personal officers contributed to boards. Written comments on P-Nomis by personal officers showed little awareness of prisoners' sentence planning targets or resettlement needs.
- 9.16 Offender supervisors kept electronic records of contact with prisoners, information shared with offender managers in the community and any internal departments.
- 9.17 Apart from interventions to address substance use, no accredited offending behaviour programmes were run (see section on resettlement pathways).
- 9.18 In a recent six-month period, 21 prisoners had been released on HDC. In 2010, 105 prisoners had applied for release on temporary licence (ROTL) and 11 had been granted this on 24 occasions.

Further recommendation

- 9.19 All eligible prisoners should have an up-to-date OASys, the timeliness of which should be effectively monitored and managed by senior managers.

Categorisation

- 9.20 Prisoners should only be moved between prisons where this is in their best interests, in accordance with sentence plan targets, or for fully evidenced reasons of good order. (6.19)

Achieved. Prisoners were categorised the day after sentencing and given information about their categorisation and allocated prison in writing. Prisoners could apply to stay at Pentonville for compassionate reasons and holds were in place for medical reasons and for prisoners involved in the parole process. Prisoners were usually transferred quickly and about 40 were moved to training prisons each week, with others moving to open conditions. Many transferred to other jails to attend specific programmes. Observation, classification and allocation staff said some prisons were 'choosy' about the prisoners they would take, even when they met their published allocation criteria.

Public protection

- 9.21 The monthly public protection meeting should be supplemented by a weekly screening of all new receptions who come under public protection arrangements. This information should be shared with key staff. (8.3)

Partially achieved. There was no weekly screening of all new arrivals to determine if restrictions needed to be instigated on contact with victims and children and, when necessary, agree the level of monitoring. All prisoners charged with or convicted of or with previous convictions for offences against children were automatically prevented from contact with any children, including their own, until a full assessment had been carried out. This was unnecessary and disproportionate and could take many weeks to complete, during which time children were unable to see their father. Information about prisoners subject to public protection restrictions was available to staff on the intranet.

Further recommendation

- 9.22 A weekly screening of all new arrivals by a multidisciplinary team should determine whether contact restrictions are necessary and the required level of monitoring. The screening should ensure that fathers are not unnecessarily prevented from contact with their children because of unrelated charges or offences.

Additional information

- 9.23 Public protection arrangements were generally sound and well managed by a small team led by the multi-agency public protection arrangement (MAPPA) officer, a prison officer offender supervisor. The team liaised closely with the community and the wider establishment about risks posed and had access to the police national computer and VISOR (the violent and sexual offender register).

- 9.24 The risk assessment procedures included gathering information from social services in every case, which could take several weeks. Staff said it was not unusual for prisoners to be transferred or released before this was completed. When restrictions were applied, prisoners were seen individually and the application of restrictions was explained. Thirty-two prisoners were subject to safeguarding children monitoring and 50 were monitored under harassment procedures.
- 9.25 Links to MAPPA were good. Staff attended community-based meetings where possible or provided a written report. Thirty-six prisoners were managed at MAPPA 2, four at level three and over 631 prisoners were designated as MAPPA nominals. Minutes of the monthly MAPPA risk management meetings showed that the team reviewed MAPPA prisoners due to be released within the next six months and detailed any ongoing risk factors and concerns with others MAPPA prisoners, recording action to be taken and by whom. The meeting also reviewed prisoners subject to mail and telephone monitoring under harassment and safeguarding children procedures. Minutes included the names of those removed from monitoring and those who would remain on it but, unlike prisoners subject to MAPPA, nothing was recorded about the risk some prisoners continued to present or how the risks of others had subsided.

Housekeeping point

- 9.26 Minutes of public protection meetings should include some detail of continuing risk or reduction of risk for prisoners subject to harassment and child safeguarding procedures.

Indeterminate-sentenced prisoners

- 9.27 **There should be a system to identify potential life-sentenced prisoners and, where possible, other prisoners facing indeterminate sentences during the first days of custody and information provided about the sentence. (8.27)**
Not achieved. There was no system to identify prisoners facing indeterminate sentences.
We repeat the recommendation.
- 9.28 **There should be regular (bi-monthly) meetings with life-sentenced prisoners to provide a forum to discuss issues. (8.28)**
Not achieved. There were no forums for life-sentenced prisoners.
We repeat the recommendation.
- 9.29 **Newly convicted life-sentenced prisoners should transfer to first stage prisons no later than 12 months after sentence. (8.29)**
Achieved. Newly convicted life-sentenced prisoners were quickly transferred to suitable prisons. Eleven prisoners were serving life sentences and 19 were serving IPPs. All were allocated to an offender supervisor.

Resettlement pathways

Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the

specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

Reintegration planning

Accommodation

9.30 Reintegration services should be better promoted to prisoners so they know who to contact to get help. (8.48)

Not achieved. As in 2009, reintegration services were not well promoted and few prisoners said they knew where to find information about them.

We repeat the recommendation.

Additional information

9.31 In our survey, 32% of prisoners, more than the comparator, said they had arrived with housing problems but only 17% said they knew who to contact in the prison for help in finding accommodation. More than the comparator said they would have problems finding accommodation on release. The analysis of 2010 LISAR interviews identified that 12% of prisoners arrived with no fixed accommodation, 22% with temporary and 53% with permanent. Fewer prisoners than in 2009 said they had permanent accommodation on arrival at Pentonville and fewer said they had a discharge address.

9.32 Accommodation advice and support was still provided by staff from St Mungo's, a homelessness charity. The team was not fully staffed. Services were advertised on some wing notice boards but were not mentioned in the prisoner information booklet. Prisoners could also self-refer. LISAR referrals were allocated to a St Mungo's worker and prisoners with existing tenancies or without accommodation with the earliest release date were prioritised for appointments. Workers kept a database of all prisoners seen and action taken. The stretched services meant the housing team was unable to respond to all the applications and referrals it received. About 35 to 40 prisoners a month were transferred or released before being seen by a worker and an advice letter was sent in response to every referral. Letters included details of self-refer hostels and basic advice about making a homeless person application. Prisoners with a tenancy were given a letter advising them of their benefit entitlements when remanded or sentenced and what to do if they did not return from a court appearance.

9.33 As in other prisons, accommodation found was often temporary and provided through hostels or supported accommodation. The prison had a target of getting 70% of prisoners into settled accommodation on discharge and 78.5% had done so in the year to date, with 21.5% leaving with no fixed address compared to 20% in 2009.

9.34 Approximately one month before the inspection, a St Mungo's worker had started to see all soon to be released prisoners on B wing to explain the support available through a skills and employment project for ex-offenders managed by the organisation. The project gave advice and support and provided access to a variety of skills training in the community to which the St Mungo's worker could refer interested prisoners.

9.35 There was an allocated lead for the accommodation pathway but there was no action plan and no pathway meetings or reducing reoffending meetings to monitor and develop services.

Further recommendation

- 9.36 Accommodation services should match demand.

Education, training and employment

For further details, see Learning and skills and work activities in Section 6

Additional information

- 9.37 The education provision now offered a better range of subjects to support successful resettlement. However, there was less vocational training and employment skills learned through work were not recognised or recorded. The prison was exceeding its education, training and employment targets. In the year to date, it had recorded 6.43% into education/training against a target of 5% and 25.5% into employment against a target of 20%. There was partnership working with a good range of external agencies but links between the prison's resettlement team and the CIAS team were underdeveloped.

Housekeeping point

- 9.38 Links between the prison's resettlement team and the CIAS team should be developed to provide an efficient use of information and interview time.

Mental and physical health

- 9.39 **Formal health pre-release clinics should be introduced to ensure that every prisoner has the opportunity to see a health professional before release. (8.49)**
Achieved. All prisoners being discharged were seen in reception by a member of health care and given any appropriate medication. They were also seen by a member of the administrative team who gave them a health information pack that included lists of practices in their local area and offered to help complete the paperwork to register. They also faxed the application to the surgery if necessary. The whole registration procedure was completed for all prisoners living in the Camden and Islington areas. Those not living in the area were still supported where possible and given a list of GPs in their local area. Prisoners were also helped to find a local dentist. All procedures were recorded on EMIS.
- 9.40 **Palliative care policies should be introduced and reviewed regularly. (8.50)**
Achieved. Health care had adopted the palliative care policies from NHS Islington as well as the expertise of its palliative care team. The policies were regularly reviewed.

Good practice

- 9.41 The GP registration clinics managed by the administrative team ensured that every prisoner was given expert support on how to access health, including dental health, before leaving prison.

Finance, benefit and debt

- 9.42 **Prisoners should be able to open a bank account before release. (8.51)**
Not achieved. Prisoners could not open a bank account.
We repeat the recommendation.

Additional information

- 9.43 LISAR interviews carried out in 2010 identified that 35% of new arrivals were in receipt of benefits, 34% were employed and 6% supported themselves through crime. Two JobCentre Plus advisors available four days a week saw all new prisoners and responded to applications from prisoners and other agencies such as St Mungo's. They closed prisoners' benefit claims, arranged arrears payments, advised on community care grants and the social fund loans available and made 'fresh start' benefit appointments for prisoners about to be released.
- 9.44 A money management course was available through education. Prisoners could get advice about debt and financial problems from a worker from Islington People's Rights available twice a week, although funding for this was due to end in April 2011. The financial services available to prisoners were not advertised on wings or included in the prisoners' information booklet. There was an allocated lead for the accommodation pathway but no action plan and no pathway meetings or reducing reoffending meetings to monitor and develop services.

Further recommendation

- 9.45 Specialist debt advice should continue to be provided to prisoners after April 2011.

Drugs and alcohol

- 9.46 **The drug strategy committee should meet regularly and relevant departments and service providers should attend. (8.63)**
Partially achieved. The head of reducing reoffending chaired poorly attended monthly drug strategy meetings. The head of prisoner care led the monthly integrated drug treatment system management board, which, while it had a better membership, still left a gap.
We repeat the recommendation.
- 9.47 **The drug strategy document should contain detailed action plans and performance measures for supply and demand reduction measures. (8.64)**
Not achieved. The drug strategy policy lacked performance measures and there was no detailed annual action plan covering demand and supply reduction initiatives. A needs analysis was being finalised and the results of a prisoner survey collated.
- 9.48 **The prison should develop an alcohol strategy and address the currently insufficient level of services for prisoners with primary alcohol problems. (8.65)**
Not achieved. The prison had not developed an alcohol strategy and service provision for prisoners with primary alcohol problems had not improved. The number of prisoners in our survey who said they had an alcohol problem when they came to the prison was higher than the comparator and than in 2009. We welcomed London-wide plans to change the CARAT service's remit to include work with alcohol-only clients and to introduce a three-week low intensity alcohol programme.

Further recommendation

- 9.49 The drug strategy document should include alcohol services and contain detailed action plans and performance measures.
- 9.50 **The CARAT service should provide structured relapse prevention work and post-programme support. The peer support scheme should recommence (8.66).**
Achieved. Prisoners could access a short integrated drug treatment system (IDTS) relapse prevention module and post-programme support was provided on a one-to-one basis. Although the peer support scheme had not been running, prisoners had been recruited and were due to start their training.
- 9.51 **The P-ASRO programme should not exclude prisoners maintained on methadone. (8.67)**
No longer relevant. The prison was not part of the pilot scheme that allowed prisoners stable on methadone regimes to participate in the prisons addressing substance-related offending (P-ASRO) programme. At the time of the inspection, the last P-ASRO group was running. As of April 2011, the course was to be replaced by an alcohol programme.
- 9.52 **There should be a clear separation between voluntary and mandatory drug testing. VDT officers should not come under the remit of the security department/intelligence unit (8.68).**
No longer relevant. Voluntary drug testing no longer took place.

Additional information

- 9.53 CARAT services were provided by a manager and 20 workers from the rehabilitation of addicted prisoners trust (RAPt). There were appropriate management and supervision arrangements and the team felt well integrated. The focus was on meeting a high annual triage assessment target of 2,640. We were told this would be abolished in April 2011 in favour of CARAT services concentrating on contact time with clients, which was a welcome development.
- 9.54 In the previous three months, the service had noticed a drop in referrals. The current active caseload stood at 273. The team had prioritised running IDTS group work modules for prisoners on F and E wings. Prisoners elsewhere could access structured one-to-one work as well as a six-session crack awareness module. The team's current remit excluded ongoing work with primary alcohol and cannabis-only users but this was due to change in the next month. The service was finalising a needs analysis but there was no mechanism for formal service user consultation.
- 9.55 Prisoners on remand or serving short sentences could also access the short duration programme (SDP), which was provided by an in-house team and was well established, with an annual target of 120 starts. The completion target of 78 was due to be exceeded. Those serving longer sentences and whose offences were drug-related had been able to undertake the P-ASRO course delivered by a treatment manager and four facilitators from Phoenix Futures. From April 2011, this team would run the new low intensity alcohol programme.
- 9.56 CARAT and programme teams worked well together and throughcare links remained very good. Three London boroughs continued to fund a team of three officers to be drug intervention programme (DIP) link workers and monthly continuity of care meetings were well attended by representatives from a wide range of DIPs and community providers.

Further recommendation

- 9.57 CARAT service provision should be extended to meet the needs of all prisoners with drug and/or alcohol problems, including those not treated under the integrated drug treatment system.

Children and families of offenders

- 9.58 **There should be no upper limit on the number of visits a remand prisoner is entitled to. (8.86)**
Not achieved. There was confusion in policy, practice and guidance to prisoners about the number of visits to which unconvicted prisoners were entitled. The recently revised visits policy 2010/11 stated that remand prisoners were entitled to a maximum of two afternoon visits Monday to Saturday and morning sessions on other days. The induction booklet said up to eight visits a month and the visitor information booklet two visits a week. Staff gave a variety of answers ranging from a maximum of two visits a week through to up to six visits a week. The visits manager clarified that the entitlement was two visits a week but this did not meet the minimum entitlement for unsentenced prisoners.
We repeat the recommendation.
- 9.59 **Visits should start for all visitors at the advertised time. (8.87)**
Not achieved. We observed two visits sessions. Due to queues at the booking in desk and subsequently in the search area, some visitors did not enter the visits hall until some time after the visit had started. Visitors reported particularly long delays checking in prisoner property at reception.
We repeat the recommendation.
- 9.60 **Closed visits should be authorised only when there is a risk justified by security intelligence in addition to a drug dog indication. (8.88)**
Not achieved. The visits policy was to refuse entry to visitors given an indication by the drug dog even when there was no supporting evidence (see section on security and rules).
- 9.61 **The closed visits facility should be moved to a more private location. (8.89)**
Not achieved. The closed visits facility remained in view of others in the visits hall.
We repeat the recommendation.
- 9.62 **There should be improved systems for booking visits by telephone or email. (8.90)**
Not achieved. Although the visits manager had undertaken some work to monitor call bookings and increase accountability, many visitors said it was still difficult to get through to the booking line. Some said they tried for two hours at a time over several days before getting through. We rang the booking line one morning and managed to speak to a booking clerk by the afternoon on our fourth attempt. There was no voicemail to leave messages and no email booking facility, although visitors' centre staff said visitors had asked about this. Visits could be booked at the prison.
We repeat the recommendation.
- 9.63 **The visits room should be staffed, furnished and arranged to ensure easy contact between prisoners and their visitors. Ventilation should be improved. (8.91)**
Not achieved. The visits hall had been expanded to accommodate 56 prisoners and their visitors from an original capacity of 44. While this was welcome, the hall remained very noisy and we saw one family sitting next to the play area having to shout to be heard. The fact that

some chairs were fixed did not enable easy contact. The room was not particularly hot during the inspection but effective ventilation was limited.

We repeat the recommendation.

- 9.64 **Prisoners should not have to wear bibs in the visits room. (8.92)**
Not achieved. Prisoners had to wear brightly coloured numbered bibs during visits.
We repeat the recommendation.
- 9.65 **The children's play area should be available and supervised during all visits sessions. (8.93)**
Not achieved. The prison advice and care trust (PACT) had been commissioned to run the small play area in the visits hall. It was well stocked and supervised by an experienced member of staff and a volunteer but closed on Mondays, Thursdays and Sundays.
We repeat the recommendation.
- 9.66 **Prisoners should be encouraged and helped to maintain telephone contact with partners and family members in other establishments. (8.94)**
Not achieved. Residential staff said it was not possible for prisoners to maintain contact with partners and family held in other establishments and made no reference to the availability of inter-prison visits or telephone calls.
We repeat the recommendation.
- 9.67 **Evening visits should be available. (8.95)**
Not achieved. Visits ran from 9.15am to 11.15am and from 2pm to 4pm from Monday to Saturday. Prisoners on the enhanced incentives and earned privileges (IEP) level could also have visits between 2pm and 4pm on Sunday afternoons. There were no evening visits.
We repeat the recommendation.
- 9.68 **Family visits should be open to all prisoners irrespective of their incentives and earned privileges status. (8.96)**
Not achieved. Family visits were restricted to prisoners on the enhanced IEP level on the basis that this kept the number of applications to a manageable level and ensured that only the most well behaved prisoners attended, which reduced security risks. This unfairly precluded the majority of prisoners from participating in these events with their families.
We repeat the recommendation.
- 9.69 **Prisoners should be able to receive additional visits from children or immediate family in venues other than the visits room. (8.97)**
Not achieved. No other venues were made available for prisoners to receive special visits from their children or family.
We repeat the recommendation.
- 9.70 **Prisoners identified as primary carers should be provided with additional free letters and telephone calls specifically to maintain contact with their children. (8.98)**
Not achieved. Prisoners could receive emails from friends and family and this facility was well used but primary carers did not receive additional free letters or telephone credit to keep in contact with their children.
We repeat the recommendation.
- 9.71 **Prisoners should be able to receive incoming telephone calls from children or to deal with arrangements for them. (8.99)**
Not achieved. Prisoners could not receive incoming calls from children or to deal with

arrangements for them.

We repeat the recommendation.

9.72 The role of the family support worker should be more widely advertised to prisoners. (8.100)

Not achieved. There was little or no information on wings advertising the family liaison officer role. A significant number of prisoners we spoke to were aware of the role but most said this was by word of mouth or because the family liaison officer had visited the wing rather than through formal promotion of the role.

We repeat the recommendation.

Additional information

9.73 In our survey, 57% of men said they had children under 18 but fewer than the comparator said they had been helped to maintain contact with family and friends while in the prison and only 28% said they had been asked if they needed help contacting family in their first 24 hours. Prisoners were asked some basic questions about family during their LISAR interview but the criteria for referral to the family liaison officer were unclear.

9.74 The family liaison officer post had developed significantly, to the extent that it had become somewhat diluted and undefined. The officer was involved in a range of tasks, from contacting next of kin in assessment, care in custody and teamwork cases through to dealing with arrangements for prisoners' pets. It was difficult to determine how the specialist nature of this role could be maintained with such a diverse range of responsibilities. Family-focused activities developed or maintained by the family liaison officer included a support group for partners and families, a storybook dad project, family days run with PACT and other partners and visits for families affected by imprisonment to venues such as the Science Museum. The results of a recent visitor survey had yet to be analysed. The prison intended to recruit a second family liaison officer in the near future.

9.75 The visitors' centre was managed by PACT. Although small, it was due to be refurbished and was comfortable and relaxed. Refreshments and toilet facilities were available. Visitors could speak to a PACT worker in private and get information, including about the assisted prison visits scheme and the national prisoner families helpline. Information could be provided in languages other than English on request. The prison booking line staff were housed above the visitors' centre and all visitors could book their next visit in person. The PACT website stated that the visitors' centre opened at 9am but the visitor information booklet said 8.45am. PACT staff said they started letting visitors in at 9am, 15 minutes before the start of visits. This meant some visitors did not reach the visits hall by 9.15am given the lengthy biometric booking in process, particularly for first time visitors.

9.76 In our survey, fewer than the comparator said visits staff treated their family and friends well or very well but we saw staff being polite and helpful. Searches were undertaken respectfully, with a baby changing unit and a baby chair provided. The visits hall had a well stocked tea bar run by PACT that was open for each visit session. Visitors complained of long queues for refreshments, although this was not the case during the inspection. All prisoners were given a rub down search on entering the visits hall. The visits policy required that a 5% random sample of prisoners were strip searched on leaving, although staff said 10% were carried out because of security concerns.

9.77 Foreign national prisoners and others who received few visits could apply to exchange visiting orders for additional telephone credit and convicted prisoners could apply for accumulated

visits that could be taken at another establishment. Prisoners' families had been invited to sentence plan reviews but take up had been very low.

- 9.78 Vulnerable prisoners entered and left the visits hall either before or after other prisoners. The visits policy required that all prisoners who posed a potential risk to children, as advised by the MAPPA team, were seated at designated tables in the visits hall. However, staff were confused about the difference between a vulnerable prisoner and one defined under legislation as 'posing a risk to children', so all vulnerable prisoners were also seated at these designated tables. Visits staff had not received any safeguarding or child protection training and were unsure how to identify a potential child protection issue or their legal responsibilities regarding formal reporting of such issues.
- 9.79 While there were a number of good initiatives to help support families, there was no clear strategic ownership of the children and families pathway to ensure a coordinated approach that met identified needs. A senior manager was the pathway lead but in the absence of an up-to-date resettlement strategy or reducing reoffending action plan, the pathway was driven by operational activity rather than at a strategic level.

Further recommendations

- 9.80 The family liaison officer role should be more defined to ensure a qualified worker is available to arrange children's visits when required by court order, arrange for carer representation or attendance at child care hearings, support those undergoing separation and advise on child protection issues and the use of release on temporary licence to fulfil parental responsibilities.
- 9.81 Visits staff should receive basic safeguarding and child protection training.
- 9.82 There should be robust strategic ownership of the children and families pathway that drives service delivery and achieves identified outcomes.

Housekeeping points

- 9.83 The visitors' centre should be open at least an hour before and after advertised visiting times.
- 9.84 Policy and guidance documents should be accurate and up to date, providing a clear and common understanding of visits policy, procedures and prisoner entitlements.

Attitudes, thinking and behaviour

- 9.85 **Personal officers should routinely attend post-programme case reviews. (8.111)**
Not achieved. Personal officers did not routinely attend post-programme reviews for P-ASRO and the SDP.
We repeat the recommendation.

Additional information

- 9.86 The only accredited courses available were P-ASRO and the SDP. The thinking skills programme had been suspended in the summer of 2010 due to staff shortages and the future delivery of programmes was part of a London-wide review of the role of the prisons. Most prisoners with offending behaviour needs transferred to training prisons for these courses, which was appropriate. In our survey, 44% of prisoners said they had been involved in an

offending behaviour programme and only 37% of these felt their involvement would benefit them on release. In the prison's 2010 need analysis, 24% of prisoners expressed an interest in completing an offending behaviour programme.

Section 10: Summary of recommendations, housekeeping points and good practice

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

Main recommendations	To the governor
10.1	All new arrivals, particularly those with no previous experience of prison, should receive appropriate support during their first days in custody. (HP42)
10.2	Effective procedures and training should be introduced to ensure that alleged bullies are appropriately monitored by wing staff and that victims are supported. (HP43)
10.3	Case reviews and care plans for prisoners at risk of suicide and self-harm should be improved with consistent case management to ensure that identified needs are met. (HP44)
10.4	Each prisoner should have a designated personal officer responsible for checking regularly on their individual welfare, dealing with issues as they arise and helping to ensure that identified reintegration needs are met. (HP45)
10.5	A comprehensive diversity policy should be agreed based on a needs analysis of the population and should outline how the needs of all minority groups will be met. (HP46)
10.6	The number and quality of employment and other activity places should be increased to reduce the number of prisoners locked in cells during the day. (HP47)
10.7	An up-to-date reducing reoffending strategy should be produced with a clear strategic vision and action plans for development across each of the resettlement pathways covering specific groups of prisoners and overseen by regular reducing reoffending meetings. (HP48)
10.8	Resettlement services should be made available through an easily accessible and widely publicised drop-in centre. (MR12)
10.9	Sentence or custody plans should be developed for all prisoners whatever their status or length of sentence. (MR13)
Recommendations	To NOMS
Courts, escorts and transfers	
10.10	Prisoners should be held in court cells for the minimum possible period. (1.1)
10.11	Prisoners should arrive at the prison before 7pm. (1.2)

Courts, escorts and transfers

- 10.12 Appropriate criminal justice partners should be reminded of the importance of all relevant information arriving with the prisoner from court. (1.13)

Accommodation and facilities

- 10.13 The Prison Service should clarify its position in relation to the application of Prison Rule 7 (2) prohibiting un-convicted prisoners to share cells with convicted prisoners. (2.9)

Recommendations

To the governor

Courts, escorts and transfers

- 10.14 Prisoners should receive information at court about the prison in a language they can understand. (1.3)
- 10.15 All prisoners given notice of their transfer should be given the opportunity to make a telephone call to inform family or friends before the move takes place. (1.7)
- 10.16 All prisoners appearing in court should be able to wear their own or other suitable clothing. (1.12)

First days in custody

- 10.17 Prisoners should be held in reception for as short a time as possible. (1.15)
- 10.18 Reception staff should actively engage with and supervise prisoners. (1.16)
- 10.19 All interviews with new arrivals should take place in private and uninterrupted. (1.18)
- 10.20 All prisoners should be given comprehensive and supportive first night information to prepare them for the following few days. (1.19)
- 10.21 Staff should introduce themselves to prisoners and wear identification that displays their name and status. (1.21)
- 10.22 All new arrivals should be able to make one free telephone call and where there are concerns calls should be supervised by a first night officer. (1.24)
- 10.23 Prisoners should be fully occupied through a comprehensive, structured and engaging induction programme. (1.25)
- 10.24 Prisoners should understand how their resettlement needs are assessed and identified during induction and to whom referrals can be made. (1.26)

Accommodation and facilities

- 10.25 Broken cell windows should be repaired quickly. (2.1)

- 10.26 All cell toilets should be adequately screened to allow appropriate privacy. (2.2)
- 10.27 All cells should contain serviceable furniture, including lockable cupboards. (2.3)
- 10.28 All cells should be adequately ventilated. (2.4)
- 10.29 Shower areas should be adequately ventilated and maintained in good condition. (2.5)
- 10.30 Prisoners should have regular access to reliable telephones and should be able to use them in private. (2.7)
- 10.31 Managers should conduct routine checks of the emergency call bell system to ensure that staff respond within five minutes. (2.15)
- 10.32 Sufficient prison clothing should be available to provide prisoners with a full set of correctly sized clothing for the week. (2.16)

Staff-prisoner relationships

- 10.33 There should be a whole prison consultation meeting that should include time for wider discussion on issues of concern to prisoners, such as relationships with staff including preferential treatment, violence reduction, safety and resettlement matters. (2.22)

Personal officers

- 10.34 Weekly entries in prisoners' files should record significant incidents in each prisoner's life including family issues, comment on resettlement needs and progress against targets as well as behaviour. (2.24)

Bullying and violence reduction

- 10.35 A comprehensive survey of prisoners' experiences and perceptions of bullying and violence should be completed. This should be analysed promptly and discussed at the safer custody meetings and findings used to develop the violence reduction strategy so that prisoners would feel safer. (3.2)
- 10.36 All showers should be in cubicles and there should be improved supervision of these areas. (3.3)
- 10.37 Investigations into violent incidents should aim to identify the underlying reasons for violence and conflict between prisoners. (3.4)
- 10.38 All vulnerable prisoners should be held in safe conditions where they are protected from abuse by other prisoners. (3.7)

Self-harm and suicide

- 10.39 Findings from Inquests and learning points from investigations into serious incidents of self-harm should be included in the consolidated safer custody action plan. (3.15)

- 10.40 The use of gated cells for prisoners at risk of self-harm should be monitored by the safer custody meeting. (3.16)
- 10.41 Safer cells should be available on all residential wings. (3.17)
- 10.42 Prisoners in health care should have 24-hour access to Listeners. (3.19)
- 10.43 Efforts should be made to recruit Listeners who speak languages that reflect the foreign national population. (3.32)
- 10.44 Sufficient first aid trained staff should be on duty at all times. (3.33)

Applications and complaints

- 10.45 Wing staff should engage more effectively with prisoners and aim to resolve issues without the need for written applications. (3.34)
- 10.46 All complaints should receive full and detailed responses. (3.35)
- 10.47 There should be formal routine scrutiny of a range of complaints data by senior managers, including information on complaint type, so that any significant patterns are identified and addressed. (3.37)
- 10.48 The application system should be streamlined with fewer forms and all applications should be logged and tracked to measure timeliness of replies. (3.42)
- 10.49 Complaints quality assurance arrangements should effectively address poor standards of replies with regular reports to the senior management team. (3.43)

Legal rights

- 10.50 There should be a full-time trained legal services officer with adequate resources and facilities to do the job. (3.44)
- 10.51 More booths for private legal and professional visits should be provided. (3.46)

Faith and religious activity

- 10.52 The multi-faith room should be housed in decent accommodation with appropriate facilities. (3.51)

Substance use

- 10.53 A dual diagnosis lead should be appointed to ensure appropriate care for prisoners with mental health and substance related problems. (3.58)
- 10.54 The prison should ensure that target testing takes place within the required timeframe. (3.60)

Diversity

- 10.55 There should be regular monitoring to ensure that prisoners from minority groups are not victimised or excluded from any activity. (4.2)
- 10.56 The prison should establish regular consultation with prisoners across each of the main diversity strands. (4.5)
- 10.57 External independent representatives should be identified to contribute to the work of the race equality action team and scrutinise completed racist incident investigations. (4.7)
- 10.58 Investigations into reported racist incidents should be completed promptly. (4.9)
- 10.59 Where appropriate, mediation should be used to help resolve racist complaints. (4.10)
- 10.60 Information about racially aggravated offences should always be used to inform decisions about cell allocation. (4.12)
- 10.61 The diversity awareness programme or other suitable interventions should be delivered to prisoners involved in racist behaviour. (4.13)
- 10.62 The prison should develop support services for Gypsy, Romany and Traveller prisoners. (4.20)
- 10.63 All incidents of racist language or conduct should be challenged. (4.21)
- 10.64 All foreign national prisoners should be made aware of the availability of a monthly international telephone call at public expense, which should be provided irrespective of any visits received. (4.24)
- 10.65 Foreign national liaison officers should attend the monthly workshops. (4.25)
- 10.66 Translated documents should be readily available to foreign national prisoners and an accredited translation or interpreting service should be used whenever matters of accuracy and/or confidentiality are a factor. (4.26)
- 10.67 Regular workshops and surgeries should be run for foreign national prisoners and used to explore the reasons behind different perceptions about treatment and to provide a means of support for prisoners. (4.29)
- 10.68 The foreign national coordinator should receive training for the role. (4.34)
- 10.69 The prison should work with the UK Border Agency to ensure that foreign nationals held under detention orders receive copies of monthly case reviews. Progress of all cases should be routinely monitored by the foreign national coordinator and prisoner equalities meeting. (4.35)
- 10.70 Prisoners with disabilities and older prisoners with identified needs should have a multidisciplinary care plan to which all staff have ready access and about which prisoners are consulted. (4.40)
- 10.71 Prisoners too old to be required to work should receive an increased amount of retirement pay to reflect the need to keep in contact with family and friends and buy some basic provisions. (4.42)

- 10.72 All staff who might need to use them should be aware of personal evacuation plans and how to access them in an emergency. (4.44)
- 10.73 There should be forums for prisoners with disabilities and older prisoners to enable prisoners to meet together and discuss their concerns. (4.49)
- 10.74 There should be a carer/mentor scheme for prisoners with disabilities and older prisoners who need additional support. (4.50)
- 10.75 Prisoners who are unfit for work due to a disability or are retired should be unlocked during the day and provided with regular and appropriate regime activities, including activities for vulnerable prisoners. (4.51)

Health services

- 10.76 All health care areas should be cleaned to a professional standard to ensure that infection control guidelines are met and that all health care areas are clinically clean. There should be regular documented and audited cleaning schedules in all health care areas. (5.4)
- 10.77 The governor and head of health care should review the requirement for all emergency medical equipment throughout the prison and satisfy themselves that they have sufficient equipment and staff trained in cardiopulmonary resuscitation to meet any medical emergency. (5.14)
- 10.78 A health promotion strategy, including oral health, should be introduced and given sufficient importance across all health care areas. (5.21)
- 10.79 The number of walk-in clinics should be increased to ensure that prisoners are seen quickly and treated accordingly. (5.27)
- 10.80 Lockable cabinets should be provided for prisoners receiving medication in possession and in shared cells. (5.29)
- 10.81 The primary care lead and the pharmacist should introduce pre-packed labelled pouches that could be given to each prisoner and avoid the necessity for secondary dispensing. (5.32)
- 10.82 Prisoners should be encouraged to reorder their own medication. (5.33)
- 10.83 Medicine trolleys in the treatment rooms should be secured to the wall when not in use. (5.37)
- 10.84 A washer disinfectant should be installed in the dental surgery. (5.43)
- 10.85 Health care beds should be removed from the prison's certified normal accommodation. (5.47)
- 10.86 The day care centre should be used to its full capacity. (5.52)
- 10.87 Primary mental health services should be improved, including access to talking and other appropriate therapies and guided self-help. (5.54)

Time out of cell

- 10.88 Prisoners involved in activities should have equal access to showers and telephones. (6.2)

10.89 Prisoners should be provided with weatherproof clothing to go outside in all weathers. (6.6)

Learning and skills and work activities

- 10.90 A wider range of education courses and employment opportunities should be provided for vulnerable prisoners. (6.7)
- 10.91 Effective processes should be introduced to recognise and record prisoners' progress and achievement in areas that do not lead to accreditation. (6.8)
- 10.92 Information, advice and guidance resources should be increased to meet the needs of all prisoners. (6.9)
- 10.93 Learning and skills data collection and analysis should be improved to inform decision-making and target-setting for improvement. (6.10)
- 10.94 Prisoners attending education should have access to the library. (6.13)
- 10.95 The prison should carry out an annual self-assessment process and report informed by better analysis of data and information to aid quality improvement planning. (6.17)
- 10.96 The process for enrolling prisoners onto education courses should be clarified and implemented consistently. (6.18)
- 10.97 Quality assurance of all teaching and vocational training should be fully implemented. (6.19)
- 10.98 A cohesive learning and skills induction process should be implemented to give prisoners an equitable overview of all learning and skills activities, with a fully integrated careers, information and advice service and clear information for prisoners about vocational training and work to enable them to make better informed choices. (6.20)
- 10.99 Accredited vocational training should be increased to provide skills that can be developed in short periods of time and be relevant for employment on release. (6.23)
- 10.100 Pass rates on accredited education courses should be improved. (6.27)
- 10.101 Better use should be made of learning and skills places to enable more prisoners to participate. (6.28)
- 10.102 Prisoners should have better access to toilets in the main education facility. (6.29)

Physical education and health promotion

- 10.103 Additional ventilation extractor systems should be installed in the fitness area. (6.32)
- 10.104 All groups of prisoners should have access to at least two PE sessions a week. (6.37)

Security and rules

- 10.105 Information received on security information reports should be actioned within 72 hours. (7.1)

- 10.106 A visitor should not be prevented from entering the prison solely on an indication from a passive drugs dog. Closed visits should routinely be considered but only imposed when there is additional security intelligence to support such a sanction. (7.7)
- 10.107 Prisoners should not be placed on closed visits for breaching prison rules but for illicit or inappropriate activity related to visits or when there is sufficient intelligence to indicate the likelihood of such activity. (7.8)

Discipline

- 10.108 Adjudicators should ensure that all the evidence in fighting charges is heard before reaching a verdict and that those charged have the opportunity to hear and challenge all evidence considered. (7.10)
- 10.109 Senior managers should monitor the quality of adjudications regularly to ensure adjudicators operate fairly and that full enquiries are made into charges before verdicts are reached. (7.13)
- 10.110 Protective or 'strip' clothing should be used only if essential to prevent self-injury or injury to others or the prisoner's clothing is a hazard to health. Reasons for its use should be documented. (7.15)
- 10.111 All recordings of planned use of force should be routinely reviewed by a senior manager. (7.19)
- 10.112 Records of special accommodation use should be thoroughly completed, providing a chronological account of the prisoner's time spent in the cell, including details of when he is relocated to a furnished cell, and evidencing regular reports to show that use is for no longer than necessary. Managers should also ensure that they accurately complete all required sections of the special accommodation records. (7.20)
- 10.113 A multidisciplinary committee should routinely meet to ensure adherence to Prison Service Order 1700 and to monitor emerging trends in use of the segregation unit. (7.25)
- 10.114 Prisoners should be strip searched on locating to the segregation unit only when a risk assessment indicates this is necessary. (7.26)

Incentives and earned privileges

- 10.115 Wing history sheets should include a regular record of prisoners' behaviour and willingness to comply with sentence plan targets to help inform progress or regression through the incentives and earned privileges scheme. (7.27)
- 10.116 Prisoners should be able to attain the enhanced level in a shorter time, with more incentives for prisoners without their own funds. (7.28)
- 10.117 Prisoners should not be downgraded an incentives and earned privileges level solely on suspicion of involvement in a single serious offence. (7.30)
- 10.118 Prisoners on the standard level of the incentives and earned privileges scheme should be considered for demotion to basic only following a review and where a clear pattern of ongoing negative behaviour is demonstrated or there has been such a very serious offence that standard privileges would be unjustified. (7.32)

- 10.119 P-Nomis case notes should provide detailed information about a prisoner's movement within the incentives and earned privileges scheme and the targets set for anyone demoted to basic, as well as recording that seven-day reviews are carried out in line with local policy. (7.33)

Catering

- 10.120 Lunch should not be served before noon and the evening meal not before 5pm. (8.1)
- 10.121 Breakfast should be served on the morning it is eaten. (8.3)
- 10.122 Prisoners should be able to select at least five portions of fruit and vegetables each day. (8.8)

Prison shop

- 10.123 The prison should introduce a regular canteen consultation forum to ensure that the range of products available meets the needs of all prisoners, including minority groups. (8.13)
- 10.124 Prisoners should be able to buy fresh fruit and there should be no routine ban on products in glass jars. (8.14)

Strategic management of resettlement

- 10.125 Information from exit interviews should be analysed and used to inform a reducing reoffending plan. (9.2)
- 10.126 A well-promoted resettlement advice centre should be accessible to all prisoners backed up by formal discharge interviews at least six weeks before release. (9.3)
- 10.127 An up-to-date reducing reoffending strategy should be produced with a clear strategic vision and action plans for development overseen by regular reducing reoffending meetings. (9.9)
- 10.128 The role of B wing in helping prisoners towards effective resettlement should be reviewed and evaluated. (9.10)

Offender management and planning

- 10.129 All eligible prisoners should have an up-to-date OASys, the timeliness of which should be effectively monitored and managed by senior managers. (9.19)
- 10.130 A weekly screening of all new arrivals by a multidisciplinary team should determine whether contact restrictions are necessary and the required level of monitoring. The screening should ensure that fathers are not unnecessarily prevented from contact with their children because of unrelated charges or offences. (9.22)
- 10.131 There should be a system to identify potential life-sentenced prisoners and, where possible, other prisoners facing indeterminate sentences during the first days of custody and information provided about the sentence. (9.27)
- 10.132 There should be regular (bi-monthly) meetings with life-sentenced prisoners to provide a forum to discuss issues. (9.28)

Resettlement pathways

- 10.133 Reintegration services should be better promoted to prisoners so they know who to contact to get help. (9.30)
- 10.134 Accommodation services should match demand. (9.36)
- 10.135 Prisoners should be able to open a bank account before release. (9.42)
- 10.136 Specialist debt advice should continue to be provided to prisoners after April 2011. (9.45)
- 10.137 The drug strategy committee should meet regularly and relevant departments and service providers should attend. (9.46)
- 10.138 The drug strategy document should include alcohol services and contain detailed action plans and performance measures. (9.49)
- 10.139 CARAT service provision should be extended to meet the needs of all prisoners with drug and/or alcohol problems, including those not treated under the integrated drug treatment system. (9.57)
- 10.140 There should be no upper limit on the number of visits a remand prisoner is entitled to. (9.58)
- 10.141 Visits should start for all visitors at the advertised time. (9.59)
- 10.142 The closed visits facility should be moved to a more private location. (9.61)
- 10.143 There should be improved systems for booking visits by telephone or email. (9.62)
- 10.144 The visits room should be staffed, furnished and arranged to ensure easy contact between prisoners and their visitors. Ventilation should be improved. (9.63)
- 10.145 Prisoners should not have to wear bibs in the visits room. (9.64)
- 10.146 The children's play area should be available and supervised during all visits sessions. (9.65)
- 10.147 Prisoners should be encouraged and helped to maintain telephone contact with partners and family members in other establishments. (9.66)
- 10.148 Evening visits should be available. (9.67)
- 10.149 Family visits should be open to all prisoners irrespective of their incentives and earned privileges status. (9.68)
- 10.150 Prisoners should be able to receive additional visits from children or immediate family in venues other than the visits room. (9.69)
- 10.151 Prisoners identified as primary carers should be provided with additional free letters and telephone calls specifically to maintain contact with their children. (9.70)
- 10.152 Prisoners should be able to receive incoming telephone calls from children or to deal with arrangements for them. (9.71)

- 10.153 The role of the family support worker should be more widely advertised to prisoners. (9.72)
- 10.154 The family liaison officer role should be more defined to ensure a qualified worker is available to arrange children's visits when required by court order, arrange for carer representation or attendance at child care hearings, support those undergoing separation and advise on child protection issues and the use of release on temporary licence to fulfil parental responsibilities. (9.80)
- 10.155 Visits staff should receive basic safeguarding and child protection training. (9.81)
- 10.156 There should be robust strategic ownership of the children and families pathway that drives service delivery and achieves identified outcomes. (9.82)
- 10.157 Personal officers should routinely attend post-programme case reviews. (9.85)

Housekeeping points

Courts, escorts and transfers

- 10.158 Personal private cash and valuables should accompany all unsentenced prisoners to court. (1.14)

Accommodation and facilities

- 10.159 Outside areas should be kept free of rubbish. (2.17)
- 10.160 During daily checks of communal areas, staff should check the condition of the entire landing and note and report any graffiti, which should be removed immediately. (2.18)
- 10.161 Toilets should be regularly de-scaled. (2.19)

Staff-prisoner relationships

- 10.162 Prisoners should be addressed by their first name or last name and title. (2.23)

Self-harm and suicide

- 10.163 The Listener room on A2 should be refurbished and used exclusively for Listeners to support prisoners. (3.21)

Substance use

- 10.164 Primary care and mental health services should be involved appropriately in joint meetings with integrated drug treatment system and CARAT staff to coordinate care for prisoners on F wing. (3.56)

Diversity: foreign nationals

- 10.165 The list of staff and prisoners able to act as interpreters should be reviewed and kept up to date. (4.27)
- 10.166 The role of foreign national prisoner representatives should be more widely promoted. (4.36)
- 10.167 Foreign national prisoners should be informed in appropriate languages of the independent immigration advice services available. (4.37)

Diversity: gender and sexual orientation

- 10.168 The single equality scheme should provide information on the internal and external support available for gay, bisexual and transgender prisoners. (4.53)

Health services

- 10.169 Health care staff should check and record equipment daily. (5.15)

Catering

- 10.170 Bread provided for breakfast should be wrapped so that it stays fresh. (8.4)
- 10.171 Prisoners should be able to have the meal they have chosen. (8.9)
- 10.172 Catering staff should check food comments books at least weekly and provide detailed feedback to prisoners. (8.10)
- 10.173 Managers should taste the food daily at the point of service and record their findings. (8.11)

Prison shop

- 10.174 The prison should monitor and take steps to reduce the number of complaints about missing canteen. (8.17)

Offender management and planning

- 10.175 Minutes of public protection meetings should include some detail of continuing risk or reduction of risk for prisoners subject to harassment and child safeguarding procedures. (9.26)

Resettlement pathways

- 10.176 Links between the prison's resettlement team and the CIAS team should be developed to provide an efficient use of information and interview time. (9.38)
- 10.177 The visitors' centre should be open at least an hour before and after advertised visiting times. (9.83)

10.178 Policy and guidance documents should be accurate and up to date, providing a clear and common understanding of visits policy, procedures and prisoner entitlements. (9.84)

Good practice

Health services

10.179 The weekly referral meeting ensured that prisoners with complex medical needs were reviewed by an external specialist in a multidisciplinary forum. (5.28)

10.180 The practice of pharmacy staff administering medicines to prisoners gave prisoners the opportunity to speak to a pharmacy representative every weekday and allowed nurses to concentrate on other areas. (5.41)

Resettlement pathways

10.181 The GP registration clinics managed by the administrative team ensured that every prisoner was given expert support on how to access health, including dental health, before leaving prison. (9.41)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Michael Loughlin	Team leader
Joss Crosbie	Inspector
Martin Owens	Inspector
Lucy Young	Inspector
Paul Fenning	Inspector
Andrea Walker	Inspector
Beverley Alden	Inspector

Sam Booth	Researcher
Laura Nettleingham	Researcher
Helen Wark	Researcher

Specialist inspectors

Sigrid Engelen	Drugs inspector
Bridget McEvilly	Health services inspector

Julia Horsman	Ofsted lead inspector
Nick Crombie	Ofsted inspector
Richard Beaumont	Ofsted inspector

Appendix II: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced		548	45.1
Recall		5	0.4
Convicted unsentenced	2	244	20.2
Remand		215	17.7
Civil prisoners		0	0
Detainees		25	2.1
Other		176	14.5
Total	2	1213	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	2	590	48.7
Less than 6 months		126	10.4
6 months to less than 12 months		58	4.8
12 months to less than 2 years		106	8.7
2 years to less than 4 years		83	6.8
4 years to less than 10 years		67	5.5
10 years and over (not life)		136	11.2
ISPP		18	1.5
Life		29	2.4
Total	2	1213	100

Age	Number of prisoners	%
Please state minimum age		
Under 21 years	2	.2
21 years to 29 years	543	44.7
30 years to 39 years	378	31.1
40 years to 49 years	226	18.6
50 years to 59 years	51	4.2
60 years to 69 years	10	0.8
70 plus years	5	0.4
Please state maximum age 78		
Total	1215	100

Nationality	18–20 yr olds	21 and over	%
British	2	813	67.2
Foreign nationals		348	28.6
Not stated		52	4.3
Total	2	1213	100

Security category	18–20 yr olds	21 and over	%
Uncategorised sentenced male		2	0.2
Unclassified		14	1.2
Unclassified	1	775	63.9
Unsentenced	1	48	4

Cat A		0	0
Cat B		22	1.8
Cat C		346	28.5
Cat D		6	0.5
Total	2	1213	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British		405	33.3
Irish		22	1.8
Other white		165	13.6
Mixed			
White and black Caribbean		36	3
White and black African		4	0.3
White and Asian		5	0.4
Other mixed		19	1.6
Asian or Asian British			
Indian		33	2.7
Pakistani		31	2.6
Bangladeshi		31	2.6
Other Asian		54	4.4
Black or black British			
Caribbean	1	169	14.
African		123	10.1
Other black		66	5.5
Chinese or other ethnic group			
Chinese		7	0.6
Other ethnic group	1	20	1.7
Not stated		22	1.8
Total	2	1213	100

Religion	18–20 yr olds	21 and over	%
Baptist		0	0.5
Church of England		191	15.39
Roman Catholic		207	17
Other Christian denominations		149	10
Muslim	2	255	20.28
Sikh		12	1.06
Hindu		12	0.81
Buddhist		12	1.3
Jewish		5	0.5
Other		9	4.8
No religion		145	11.9
No religion		347	28.66
Total	2	1213	100

Sentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	0.1	187	15.4
1 month to 3 months	1	0.1	216	17.8
3 months to 6 months			148	12.2
6 months to 1 year			114	9.4
1 year to 2 years			15	1.2
2 years to 4 years			2	0.2
4 years or more			0	0
Total	2	0.2	682	56.1

Unsentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			215	17.7
1 month to 3 months			189	15.6
3 months to 6 months			96	7.9
6 months to 1 year			30	2.5
1 year to 2 years			1	0.1
2 years to 4 years			0	0
4 years or more			0	0
Total			531	43.7

No information on the system – Awaiting guidance from EDS

Main offence	18-20 yr olds	21 and over	%
Violence against the person		286	23.5
Sexual offences		103	8
Burglary	1	273	22.4
Robbery	1	117	9.7
Theft and handling		86	7
Fraud and forgery		96	7.9
Drugs offences		117	9.6
Other offences		113	9.3
Civil offences		2	0.16
Offence not recorded/holding warrant		20	1.64
Total	2	1213	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 22 February 2011, the prisoner population at HMP Pentonville was 1228. The sample size was 224. Overall, this represented 18% of the prisoner population.

Selecting the sample

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

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Thirteen respondents refused to complete a questionnaire. Interviews were carried out with any respondents with literacy difficulties. In total, five respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, 188 respondents completed and returned their questionnaires. This represented 15% of the prison population. The response rate was 84%. In addition to the 13 respondents who refused to complete a questionnaire, 10 questionnaires were not returned and 13 were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2011 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 36 local prisons since April 2006.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Pentonville in 2009.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2011 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

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

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

Summary

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

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

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

Survey results

Section 1: About you

Q1.2	How old are you?	
	Under 21.....	1 (1%)
	21 - 29.....	77 (42%)
	30 - 39.....	56 (30%)
	40 - 49.....	40 (22%)
	50 - 59.....	8 (4%)
	60 - 69.....	2 (1%)
	70 and over.....	0 (0%)
Q1.3	Are you sentenced?	
	Yes.....	88 (48%)
	Yes - on recall.....	21 (11%)
	No - awaiting trial.....	47 (25%)
	No - awaiting sentence.....	28 (15%)
	No - awaiting deportation.....	1 (1%)
Q1.4	How long is your sentence?	
	Not sentenced.....	76 (42%)
	Less than 6 months.....	23 (13%)
	6 months to less than 1 year.....	15 (8%)
	1 year to less than 2 years.....	19 (11%)
	2 years to less than 4 years.....	18 (10%)
	4 years to less than 10 years.....	21 (12%)
	10 years or more.....	4 (2%)
	IPP (Indeterminate Sentence for Public Protection).....	2 (1%)
	Life.....	2 (1%)
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	Not sentenced.....	76 (47%)
	6 months or less.....	45 (28%)
	More than 6 months.....	42 (26%)
Q1.6	How long have you been in this prison?	
	Less than 1 month.....	49 (26%)
	1 to less than 3 months.....	51 (28%)
	3 to less than 6 months.....	40 (22%)
	6 to less than 12 months.....	24 (13%)
	12 months to less than 2 years.....	16 (9%)
	2 to less than 4 years.....	1 (1%)
	4 years or more.....	4 (2%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	Yes.....	43 (23%)
	No.....	141 (77%)
Q1.8	Is English your first language?	
	Yes.....	139 (79%)

No..... 38 (21%)

Q1.9 What is your ethnic origin?

White - British.....	62 (34%)	Asian or Asian British - Bangladeshi	11 (6%)
White - Irish.....	7 (4%)	Asian or Asian British - Other	1 (1%)
White - Other.....	19 (10%)	Mixed race - White and black Caribbean.....	15 (8%)
Black or black British - Caribbean	27 (15%)	Mixed race - White and black African	2 (1%)
Black or black British - African.....	22 (12%)	Mixed race - White and Asian.....	1 (1%)
Black or black British - Other.....	3 (2%)	Mixed race - Other.....	2 (1%)
Asian or Asian British - Indian	4 (2%)	Chinese	3 (2%)
Asian or Asian British - Pakistani	1 (1%)	Other ethnic group.....	2 (1%)

Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?

Yes..... 8 (5%)
 No..... 169 (95%)

Q1.11 What is your religion?

None.....	25 (14%)	Hindu	4 (2%)
Church of England	39 (22%)	Jewish	0 (0%)
Catholic	51 (28%)	Muslim	43 (24%)
Protestant.....	3 (2%)	Sikh	1 (1%)
Other Christian denomination.....	13 (7%)	Other	0 (0%)
Buddhist.....	1 (1%)		

Q1.12 How would you describe your sexual orientation?

Heterosexual/straight 168 (97%)
 Homosexual/gay..... 1 (1%)
 Bisexual..... 3 (2%)
 Other 2 (1%)

Q1.13 Do you consider yourself to have a disability?

Yes..... 40 (22%)
 No..... 145 (78%)

Q1.14 How many times have you been in prison before?

0	1	2 to 5	More than 5
52 (28%)	31 (17%)	54 (29%)	50 (27%)

Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?

1	2 to 5	More than 5
104 (58%)	61 (34%)	14 (8%)

Q1.16 Do you have any children under the age of 18?

Yes..... 106 (57%)
 No..... 80 (43%)

Section 2: Courts, transfers and escorts

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

	Very good	Good	Neither	Bad	Very Bad	Don't remember	N/A
The cleanliness of the van?	10 (5%)	73 (40%)	35 (19%)	39 (21%)	19 (10%)	7 (4%)	0 (0%)

Your personal safety during the journey?	11 (6%)	80 (47%)	32 (19%)	26 (15%)	17 (10%)	4 (2%)	0 (0%)
The comfort of the van?	4 (2%)	14 (8%)	16 (9%)	67 (38%)	73 (41%)	3 (2%)	0 (0%)
The attention paid to your health needs?	12 (7%)	25 (14%)	50 (29%)	39 (23%)	34 (20%)	7 (4%)	6 (3%)
The frequency of toilet breaks?	8 (5%)	17 (10%)	35 (21%)	38 (22%)	45 (26%)	5 (3%)	22 (13%)

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

Less than 1 hour	Over 1 hour to 2 hours	Over 2 hours to 4 hours	More than 4 hours	Don't remember
64 (35%)	83 (45%)	27 (15%)	4 (2%)	7 (4%)

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

Very well	Well	Neither	Badly	Very badly	Don't remember
14 (7%)	89 (48%)	53 (28%)	20 (11%)	6 (3%)	5 (3%)

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

	Yes	No	Don't remember
Did you know where you were going when you left court or when transferred from another prison?	144 (77%)	37 (20%)	5 (3%)
Before you arrived here did you receive any written information about what would happen to you?	18 (10%)	151 (85%)	8 (5%)
When you first arrived here did your property arrive at the same time as you?	150 (85%)	20 (11%)	7 (4%)

Section 3: Reception, first night and induction

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

Didn't ask about any of these	42 (24%)	Money worries	19 (11%)
Loss of property	22 (13%)	Feeling depressed or suicidal.....	83 (48%)
Housing problems	43 (25%)	Health problems	102 (59%)
Contacting employers	19 (11%)	Needing protection from other prisoners.....	26 (15%)
Contacting family.....	49 (28%)	Accessing phone numbers	50 (29%)
Ensuring dependants were being looked after	19 (11%)	Other	8 (5%)

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

Didn't have any problems.....	32 (18%)	Money worries	41 (24%)
Loss of property	36 (21%)	Feeling depressed or suicidal.....	45 (26%)
Housing problems	56 (32%)	Health problems	56 (32%)
Contacting employers	18 (10%)	Needing protection from other prisoners	17 (10%)
Contacting family.....	79 (46%)	Accessing phone numbers	69 (40%)
Ensuring dependants were looked after	17 (10%)	Other	5 (3%)

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	152 (82%)	24 (13%)	9 (5%)
When you were searched, was this carried out in a respectful way?	103 (59%)	64 (37%)	8 (5%)

Q3.4	Overall, how well did you feel you were treated in reception?	Very well 12 (7%)	Well 58 (32%)	Neither 58 (32%)	Badly 35 (19%)	Very badly 16 (9%)	Don't remember 3 (2%)
Q3.5	On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)						
	Information about what was going to happen to you.....	50 (30%)					
	Information about what support was available for people feeling depressed or suicidal.....	61 (36%)					
	Information about how to make routine requests.....	47 (28%)					
	Information about your entitlement to visits.....	58 (35%)					
	Information about health services.....	74 (44%)					
	Information about the chaplaincy.....	66 (39%)					
	Not offered anything.....	60 (36%)					
Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)						
	A smokers/non-smokers pack.....	157 (85%)					
	The opportunity to have a shower.....	26 (14%)					
	The opportunity to make a free telephone call.....	59 (32%)					
	Something to eat.....	155 (84%)					
	Did not receive anything.....	6 (3%)					
Q3.7	Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)						
	Chaplain or religious leader.....	54 (30%)					
	Someone from health services.....	133 (75%)					
	A listener/Samaritans.....	22 (12%)					
	Did not meet any of these people.....	31 (17%)					
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?						
	Yes.....	19 (11%)					
	No.....	160 (89%)					
Q3.9	Did you feel safe on your first night here?						
	Yes.....	102 (55%)					
	No.....	63 (34%)					
	Don't remember.....	19 (10%)					
Q3.10	How soon after your arrival did you go on an induction course?						
	Have not been on an induction course.....	50 (27%)					
	Within the first week.....	98 (54%)					
	More than a week.....	24 (13%)					
	Don't remember.....	11 (6%)					
Q3.11	Did the induction course cover everything you needed to know about the prison?						
	Have not been on an induction course.....	50 (28%)					
	Yes.....	55 (31%)					
	No.....	65 (36%)					
	Don't remember.....	10 (6%)					

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to:						N/A
		Very easy	Easy	Neither	Difficult	Very difficult	N/A
	Communicate with your solicitor or legal representative?	8 (4%)	44 (25%)	40 (22%)	40 (22%)	33 (18%)	14 (8%)
	Attend legal visits?	10 (6%)	63 (37%)	39 (23%)	26 (15%)	8 (5%)	23 (14%)

Obtain bail information? 5 (3%) 21 (14%) 33 (22%) 32 (21%) 26 (17%) 35 (23%)

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

Not had any letters 23 (13%)
 Yes 73 (42%)
 No 76 (44%)

Q4.3 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	81 (45%)	90 (50%)	4 (2%)	4 (2%)
Are you normally able to have a shower every day?	123 (69%)	55 (31%)	0 (0%)	0 (0%)
Do you normally receive clean sheets every week?	136 (76%)	38 (21%)	4 (2%)	0 (0%)
Do you normally get cell cleaning materials every week?	99 (57%)	68 (39%)	5 (3%)	1 (1%)
Is your cell call bell normally answered within five minutes?	65 (37%)	93 (53%)	12 (7%)	6 (3%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75 (44%)	90 (53%)	2 (1%)	3 (2%)
Can you normally get your stored property if you need to?	27 (16%)	86 (49%)	45 (26%)	16 (9%)

Q4.4 What is the food like here?

Very good	Good	Neither	Bad	Very bad
1 (1%)	27 (15%)	44 (24%)	56 (31%)	54 (30%)

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

Have not bought anything yet 13 (7%)
 Yes 63 (36%)
 No 99 (57%)

Q4.6 Is it easy or difficult to get:

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	52 (30%)	78 (44%)	16 (9%)	13 (7%)	6 (3%)	11 (6%)
An application form	49 (29%)	79 (47%)	12 (7%)	17 (10%)	3 (2%)	7 (4%)

Q4.7 Have you made an application?

Yes 149 (84%)
 No 28 (16%)

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

	Not made one	Yes	No
Do you feel applications are dealt with fairly?	28 (16%)	56 (32%)	90 (52%)
Do you feel applications are dealt with promptly (within seven days)?	28 (17%)	56 (34%)	82 (49%)

Q4.9 Have you made a complaint?

Yes 69 (39%)
 No 110 (61%)

Q4.10	Please answer the following questions concerning complaints: (If you have not made a complaint please tick the 'not made one' option.)			Not made one	Yes	No
	Do you feel complaints are dealt with fairly?	110 (62%)	17 (10%)	50 (28%)		
	Do you feel complaints are dealt with promptly (within seven days)?	110 (63%)	20 (11%)	45 (26%)		
	Were you given information about how to make an appeal?	57 (35%)	36 (22%)	69 (43%)		
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?					
	Not made a complaint			110 (63%)		
	Yes			15 (9%)		
	No			50 (29%)		
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?					
	Don't know who they are	Very easy	Easy	Neither	Difficult	Very difficult
	74 (42%)	4 (2%)	17 (10%)	38 (21%)	26 (15%)	19 (11%)
Q4.13	What level of the IEP scheme are you on now?					
	Don't know what the IEP scheme is			31 (17%)		
	Enhanced			42 (23%)		
	Standard			96 (53%)		
	Basic			4 (2%)		
	Don't know			7 (4%)		
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?					
	Don't know what the IEP scheme is			31 (17%)		
	Yes			74 (41%)		
	No			49 (27%)		
	Don't know			25 (14%)		
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?					
	Don't know what the IEP scheme is			31 (18%)		
	Yes			69 (40%)		
	No			51 (29%)		
	Don't know			22 (13%)		
Q4.16	Please answer the following questions about this prison?					
	In the last six months have any members of staff physically restrained you (C&R)?	10 (6%)		166 (94%)		
	In the last six months have you spent a night in the segregation/care and separation unit?	8 (5%)		162 (95%)		
Q4.17	Please answer the following questions about your religious beliefs?					
	Do you feel your religious beliefs are respected?	99 (57%)	28 (16%)	47 (27%)		
	Are you able to speak to a religious leader of your faith in private if you want to?	83 (51%)	22 (13%)	59 (36%)		
Q4.18	Can you speak to a listener at any time if you want to?					
	Yes	No		Don't know		
	79 (45%)	23 (13%)		73 (42%)		

Q4.19	Please answer the following questions about staff in this prison?		
	Is there a member of staff you can turn to for help if you have a problem?	Yes 121 (69%)	No 54 (31%)
	Do most staff treat you with respect?	112 (64%)	62 (36%)

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?		
	Yes.....	105 (58%)	
	No.....	77 (42%)	
Q5.2	Do you feel unsafe in this prison at the moment?		
	Yes.....	49 (27%)	
	No.....	131 (73%)	
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)		
	Never felt unsafe.....	77 (46%)	At mealtimes..... 21 (13%)
	Everywhere.....	32 (19%)	At health services..... 10 (6%)
	Segregation unit.....	7 (4%)	Visit's area..... 15 (9%)
	Association areas.....	22 (13%)	In wing showers..... 30 (18%)
	Reception area.....	12 (7%)	In gym showers..... 18 (11%)
	At the gym.....	15 (9%)	In corridors/stairwells..... 20 (12%)
	In an exercise yard.....	25 (15%)	On your landing/wing..... 24 (14%)
	At work.....	11 (7%)	In your cell..... 19 (11%)
	During movement.....	24 (14%)	At religious services..... 5 (3%)
	At education.....	9 (5%)	
Q5.4	Have you been victimised by another prisoner or group of prisoners here?		
	Yes.....	41 (23%)	
	No.....	135 (77%)	
Q5.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)		
	Insulting remarks (about you or your family or friends).....	12 (7%)	Because of your sexuality..... 2 (1%)
	Physical abuse (being hit, kicked or assaulted).....	11 (6%)	Because you have a disability..... 2 (1%)
	Sexual abuse.....	0 (0%)	Because of your religion/religious beliefs..... 3 (2%)
	Because of your race or ethnic origin....	9 (5%)	Because of your age..... 6 (3%)
	Because of drugs.....	6 (3%)	Being from a different part of the country than others..... 10 (6%)
	Having your canteen/property taken	10 (6%)	Because of your offence/crime..... 4 (2%)
	Because you were new here.....	11 (6%)	Because of gang related issues..... 8 (5%)
Q5.6	Have you been victimised by a member of staff or group of staff here?		
	Yes.....	56 (32%)	
	No.....	121 (68%)	
Q5.7	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)		
	Insulting remarks (about you or your family or friends).....	19 (11%)	Because you have a disability..... 4 (2%)
	Physical abuse (being hit, kicked or assaulted).....	6 (3%)	Because of your religion/religious beliefs..... 8 (5%)
	Sexual abuse.....	1 (1%)	Because of your age..... 7 (4%)

Because of your race or ethnic origin....	18 (10%)	Being from a different part of the country than others.....	6 (3%)
Because of drugs	8 (5%)	Because of your offence/crime.....	10 (6%)
Because you were new here.....	20 (11%)	Because of gang related issues	3 (2%)
Because of your sexuality	2 (1%)		

Q5.8 If you have been victimised by prisoners or staff, did you report it?
 Not been victimised..... 106 (65%)
 Yes..... 13 (8%)
 No..... 45 (27%)

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?
 Yes..... 42 (23%)
 No..... 138 (77%)

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?
 Yes..... 50 (28%)
 No..... 127 (72%)

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

Very easy	Easy	Neither	Difficult	Very difficult	Don't know
40 (23%)	16 (9%)	16 (9%)	10 (6%)	13 (8%)	77 (45%)

Section 6: Health services

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

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	24 (14%)	4 (2%)	32 (18%)	18 (10%)	64 (36%)	35 (20%)
The nurse	19 (11%)	16 (10%)	58 (35%)	29 (17%)	35 (21%)	10 (6%)
The dentist	31 (18%)	4 (2%)	9 (5%)	12 (7%)	53 (32%)	59 (35%)
The optician	44 (27%)	6 (4%)	19 (12%)	19 (12%)	36 (22%)	38 (23%)

Q6.2 Are you able to see a pharmacist?
 Yes..... 92 (57%)
 No..... 69 (43%)

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

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	37 (21%)	10 (6%)	43 (24%)	29 (16%)	30 (17%)	30 (17%)
The nurse	22 (13%)	17 (10%)	58 (35%)	23 (14%)	23 (14%)	22 (13%)
The dentist	67 (41%)	12 (7%)	15 (9%)	19 (12%)	16 (10%)	34 (21%)
The optician	76 (49%)	14 (9%)	14 (9%)	21 (13%)	8 (5%)	23 (15%)

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

Not been	Very good	Good	Neither	Bad	Very bad
17 (10%)	6 (3%)	51 (30%)	32 (19%)	36 (21%)	30 (17%)

Q6.5 Are you currently taking medication?
 Yes..... 82 (46%)
 No..... 97 (54%)

Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?
 Not taking medication..... 97 (54%)
 Yes..... 41 (23%)
 No..... 40 (22%)

Q6.7	Do you feel you have any emotional well being/ mental health issues?			
	Yes	53 (30%)		
	No.....	125 (70%)		
Q6.8	Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)			
	Do not have any issues/not receiving any help	149 (86%)		
	Doctor.....	11 (6%)		
	Nurse.....	5 (3%)		
	Psychiatrist.....	15 (9%)		
	Mental health in-reach team.....	7 (4%)		
	Counsellor	3 (2%)		
	Other	4 (2%)		
Q6.9	Did you have a problem with either of the following when you came into this prison?			
		Yes	No	
	Drugs	78 (48%)	86 (52%)	
	Alcohol	42 (29%)	105 (71%)	
Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes	14 (8%)		
	No.....	158 (92%)		
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes	79 (46%)		
	No.....	16 (9%)		
	Did not/do not have a drug or alcohol problem	76 (44%)		
Q6.12	Have you received any intervention or help (including CARATs, health services etc) for your drug/alcohol problem while in this prison?			
	Yes	68 (39%)		
	No.....	30 (17%)		
	Did not/do not have a drug or alcohol problem	76 (44%)		
Q6.13	Was the intervention or help you received while in this prison helpful?			
	Yes	48 (28%)		
	No.....	18 (10%)		
	Did not have a problem/have not received help	106 (62%)		
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes	No	Don't know
	Drugs	27 (16%)	101 (60%)	41 (24%)
	Alcohol	22 (14%)	107 (69%)	25 (16%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes	40 (24%)		
	No.....	37 (22%)		
	N/A	88 (53%)		

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)	
	Prison job	62 (35%)
	Vocational or skills training.....	15 (9%)
	Education (including basic skills).....	50 (29%)

Offending behaviour programmes.....	8 (5%)
Not involved in any of these	66 (38%)

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

	Not been involved	Yes	No	Don't know
Prison job	52 (35%)	34 (23%)	42 (29%)	19 (13%)
Vocational or skills training	55 (47%)	27 (23%)	18 (15%)	17 (15%)
Education (including basic skills)	47 (39%)	40 (33%)	23 (19%)	12 (10%)
Offending behaviour programmes	59 (56%)	17 (16%)	15 (14%)	14 (13%)

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

Don't want to go	22 (13%)
Never.....	55 (32%)
Less than once a week	43 (25%)
About once a week.....	35 (20%)
More than once a week.....	7 (4%)
Don't know	10 (6%)

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

Don't want to go	0	1	2	3 to 5	More than 5	Don't know
30 (17%)	39 (22%)	22 (13%)	37 (21%)	34 (19%)	1 (1%)	12 (7%)

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

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
35 (20%)	20 (12%)	52 (30%)	29 (17%)	23 (13%)	12 (7%)

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

Less than 2 hours.....	66 (38%)
2 to less than 4 hours.....	41 (23%)
4 to less than 6 hours.....	30 (17%)
6 to less than 8 hours.....	12 (7%)
8 to less than 10 hours.....	7 (4%)
10 hours or more.....	11 (6%)
Don't know	9 (5%)

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

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
2 (1%)	7 (4%)	32 (19%)	60 (35%)	54 (32%)	16 (9%)

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

Do not go on association.....	7 (4%)
Never.....	37 (21%)
Rarely.....	56 (32%)
Some of the time	57 (33%)
Most of the time.....	12 (7%)
All of the time	5 (3%)

Section 8: Resettlement

Q8.1 When did you first meet your personal officer?

Still have not met him/her.....	132 (76%)
In the first week.....	17 (10%)
More than a week.....	9 (5%)

	Don't remember.....					15 (9%)
Q8.2	How helpful do you think your personal officer is?					
	Do not have a personal officer/ still have not met him/her	Very helpful	Helpful	Neither	Not very helpful	Not at all helpful
	132 (76%)	11 (6%)	17 (10%)	8 (5%)	3 (2%)	2 (1%)
Q8.3	Do you have a sentence plan/OASys?					
	Not sentenced.....					76 (43%)
	Yes.....					18 (10%)
	No.....					84 (47%)
Q8.4	How involved were you in the development of your sentence plan?					
	Do not have a sentence plan/OASys					160 (91%)
	Very involved.....					3 (2%)
	Involved.....					7 (4%)
	Neither.....					2 (1%)
	Not very involved.....					1 (1%)
	Not at all involved.....					3 (2%)
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?					
	Do not have a sentence plan/OASys					160 (90%)
	Yes.....					8 (4%)
	No.....					10 (6%)
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?					
	Do not have a sentence plan/OASys					160 (90%)
	Yes.....					11 (6%)
	No.....					6 (3%)
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?					
	Not sentenced.....					76 (44%)
	Yes.....					18 (10%)
	No.....					79 (46%)
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	Yes.....					19 (11%)
	No.....					147 (89%)
Q8.9	Have you had any problems with sending or receiving mail?					
	Yes.....					67 (38%)
	No.....					86 (49%)
	Don't know					24 (14%)
Q8.10	Have you had any problems getting access to the telephones?					
	Yes.....					85 (49%)
	No.....					83 (47%)
	Don't know					7 (4%)
Q8.11	Did you have a visit in the first week that you were here?					
	Not been here a week yet					15 (9%)
	Yes.....					51 (29%)

No..... 100 (57%)
 Don't remember..... 9 (5%)

Q8.12 How many visits did you receive in the last week?

Not been in a week	0	1 to 2	3 to 4	5 or more
15 (9%)	85 (49%)	73 (42%)	0 (0%)	0 (0%)

Q8.13 How are you and your family/friends usually treated by visits staff?

Not had any visits	37 (21%)
Very well.....	12 (7%)
Well	41 (24%)
Neither.....	38 (22%)
Badly	16 (9%)
Very badly	10 (6%)
Don't know	20 (11%)

Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?

Yes..... 53 (31%)
 No..... 119 (69%)

Q8.15 Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)

Don't know who to contact	104 (68%)	Help with your finances in preparation for release	15 (10%)
Maintaining good relationships.....	19 (12%)	Claiming benefits on release	25 (16%)
Avoiding bad relationships	11 (7%)	Arranging a place at college/continuing education on release	19 (12%)
Finding a job on release.....	25 (16%)	Continuity of health services on release	16 (10%)
Finding accommodation on release	26 (17%)	Opening a bank account.....	8 (5%)

Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)

No problems.....	48 (29%)	Help with your finances in preparation for release	51 (31%)
Maintaining good relationships.....	32 (19%)	Claiming benefits on release	54 (33%)
Avoiding bad relationships	31 (19%)	Arranging a place at college/continuing education on release	29 (18%)
Finding a job on release.....	93 (56%)	Continuity of health services on release	32 (19%)
Finding accommodation on release	80 (48%)	Opening a bank account.....	41 (25%)

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

Not sentenced..... 76 (45%)
 Yes..... 36 (21%)
 No..... 58 (34%)

Main comparator and comparator to last time



Prisoner survey responses HMP Pentonville 2011

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

Key to tables

		HMP Pentonville	Local prisons comparator	HMP Pentonville 2011	HMP Pentonville 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		188	4817	188	161
SECTION 1: General information					
2	Are you under 21 years of age?	1%	6%	1%	2%
3a	Are you sentenced?	59%	67%	59%	55%
3b	Are you on recall?	11%	11%	11%	10%
4a	Is your sentence less than 12 months?	21%	18%	21%	21%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	4%	1%	3%
5	Do you have six months or less to serve?	28%	33%	28%	31%
6	Have you been in this prison less than a month?	27%	20%	27%	24%
7	Are you a foreign national?	23%	13%	23%	27%
8	Is English your first language?	79%	88%	79%	73%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	52%	25%	52%	53%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	5%	5%	
11	Are you Muslim?	24%	11%	24%	21%
12	Are you homosexual/gay or bisexual?	3%	3%	3%	5%
13	Do you consider yourself to have a disability?	22%	20%	22%	25%
14	Is this your first time in prison?	28%	28%	28%	33%
15	Have you been in more than five prisons this time?	8%	9%	8%	7%
16	Do you have any children under the age of 18?	57%	55%	57%	57%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	45%	50%	45%	51%
1b	Was your personal safety during the journey good/very good?	54%	60%	54%	56%
1c	Was the comfort of the van good/very good?	10%	13%	10%	13%
1d	Was the attention paid to your health needs good/very good?	21%	29%	21%	21%
1e	Was the frequency of toilet breaks good/very good?	15%	16%	15%	15%
2	Did you spend more than four hours in the van?	2%	4%	2%	2%
3	Were you treated well/very well by the escort staff?	55%	65%	55%	63%
4a	Did you know where you were going when you left court or when transferred from another prison?	77%	73%	77%	70%
4b	Before you arrived here did you receive any written information about what would happen to you?	10%	15%	10%	13%
4c	When you first arrived here did your property arrive at the same time as you?	85%	81%	85%	81%

Main comparator and comparator to last time

Key to tables

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Any percentage highlighted in orange shows a significant difference in prisoners' background details				
Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction				
1	In the first 24 hours, did staff ask you if you needed help/support with the following:			
1b	13%	13%	13%	6%
1c	25%	31%	25%	22%
1d	11%	13%	11%	7%
1e	28%	51%	28%	27%
1f	11%	15%	11%	7%
1g	11%	18%	11%	11%
1h	48%	54%	48%	45%
1i	59%	62%	59%	52%
1j	15%	21%	15%	10%
1k	29%	41%	29%	27%
2	When you first arrived:			
2a	82%	76%	82%	82%
2b	21%	13%	21%	18%
2c	32%	24%	32%	36%
2d	10%	7%	10%	12%
2e	46%	34%	46%	41%
2f	10%	8%	10%	11%
2g	24%	23%	24%	28%
2h	26%	21%	26%	23%
2i	32%	30%	32%	30%
2j	10%	9%	10%	10%
2k	40%	31%	40%	34%
3a	82%	88%	82%	84%
3b	59%	73%	59%	66%
4	39%	58%	39%	42%
5	On your day of arrival, were you offered information about any of the following:			
5a	30%	46%	30%	32%
5b	36%	45%	36%	39%
5c	28%	37%	28%	26%
5d	35%	44%	35%	29%
5e	44%	49%	44%	37%
5f	39%	47%	39%	35%

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction continued					
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	85%	85%	85%	94%
6b	The opportunity to have a shower?	14%	35%	14%	19%
6c	The opportunity to make a free telephone call?	32%	57%	32%	25%
6d	Something to eat?	84%	80%	84%	81%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	30%	47%	30%	42%
7b	Someone from health services?	75%	74%	75%	70%
7c	A Listener/Samaritans?	12%	23%	12%	7%
8	Did you have access to the prison shop/canteen within the first 24 hours?	11%	15%	11%	8%
9	Did you feel safe on your first night here?	56%	71%	56%	56%
10	Have you been on an induction course?	73%	76%	73%	65%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	42%	58%	42%	33%
SECTION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	29%	41%	29%	28%
1b	Attend legal visits?	43%	60%	43%	46%
1c	Obtain bail information?	17%	25%	17%	16%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	39%	43%	38%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	45%	50%	45%	45%
3b	Are you normally able to have a shower every day?	69%	79%	69%	66%
3c	Do you normally receive clean sheets every week?	76%	81%	76%	69%
3d	Do you normally get cell cleaning materials every week?	57%	62%	57%	43%
3e	Is your cell call bell normally answered within five minutes?	37%	35%	37%	38%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	44%	65%	44%	51%
3g	Can you normally get your stored property, if you need to?	16%	26%	16%	21%
4	Is the food in this prison good/very good?	15%	24%	15%	15%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	36%	44%	36%	21%
6a	Is it easy/very easy to get a complaints form?	74%	79%	74%	76%
6b	Is it easy/very easy to get an application form?	77%	85%	77%	83%
7	Have you made an application?	84%	85%	84%	87%

Main comparator and comparator to last time

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SECTION 4: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	38%	55%	38%	45%
8b	Do you feel applications are dealt with promptly (within seven days)?	41%	46%	41%	35%
9	Have you made a complaint?	39%	42%	39%	41%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	25%	30%	25%	25%
10b	Do you feel complaints are dealt with promptly (within seven days)?	31%	33%	31%	31%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	23%	26%	23%	30%
10c	Were you given information about how to make an appeal?	22%	22%	22%	16%
12	Is it easy/very easy to see the Independent Monitoring Board?	12%	24%	12%	15%
13	Are you on the enhanced (top) level of the IEP scheme?	23%	26%	23%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	50%	41%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	44%	40%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	6%	8%	6%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	5%	11%	5%	
13a	Do you feel your religious beliefs are respected?	57%	54%	57%	61%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	51%	55%	51%	51%
14	Are you able to speak to a Listener at any time if you want to?	45%	58%	45%	42%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	69%	69%	69%	75%
15b	Do most staff, in this prison, treat you with respect?	64%	68%	64%	66%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	58%	41%	58%	51%
2	Do you feel unsafe in this prison at the moment?	27%	18%	27%	23%
4	Have you been victimised by another prisoner?	23%	22%	23%	19%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	7%	11%	7%	5%
5b	Hit, kicked or assaulted you?	6%	7%	6%	9%
5c	Sexually abused you?	0%	1%	0%	1%
5d	Victimised you because of your race or ethnic origin?	5%	4%	5%	5%
5e	Victimised you because of drugs?	3%	4%	3%	3%
5f	Taken your canteen/property?	6%	5%	6%	3%
5g	Victimised you because you were new here?	6%	6%	6%	7%
5h	Victimised you because of your sexuality?	1%	1%	1%	1%
5i	Victimised you because you have a disability?	1%	3%	1%	3%
5j	Victimised you because of your religion/religious beliefs?	2%	2%	2%	1%
5k	Victimised you because of your age?	3%	2%	3%	
5l	Victimised you because you were from a different part of the country?	6%	4%	6%	4%
5m	Victimised you because of your offence/crime?	2%	5%	2%	4%
5n	Victimised you because of gang related issues?	5%	4%	5%	

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SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	32%	26%	32%	29%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	11%	12%	11%	12%
7b	Hit, kicked or assaulted you?	3%	5%	3%	4%
7c	Sexually abused you?	1%	1%	1%	1%
7d	Victimised you because of your race or ethnic origin?	10%	5%	10%	12%
7e	Victimised you because of drugs?	5%	5%	5%	2%
7f	Victimised you because you were new here?	11%	6%	11%	8%
7g	Victimised you because of your sexuality?	1%	1%	1%	1%
7h	Victimised you because you have a disability?	2%	3%	2%	4%
7i	Victimised you because of your religion/religious beliefs?	5%	3%	5%	5%
7j	Victimised you because of your age?	4%	2%	4%	
7k	Victimised you because you were from a different part of the country?	3%	4%	3%	3%
7l	Victimised you because of your offence/crime?	6%	5%	6%	7%
7m	Victimised you because of gang related issues?	2%	2%	2%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	22%	34%	22%	25%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	23%	24%	23%	26%
10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	23%	28%	25%
11	Is it easy/very easy to get illegal drugs in this prison?	33%	31%	33%	37%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	20%	26%	20%	23%
1b	Is it easy/very easy to see the nurse?	44%	50%	44%	51%
1c	Is it easy/very easy to see the dentist?	8%	11%	8%	7%
1d	Is it easy/very easy to see the optician?	15%	12%	15%	12%
2	Are you able to see a pharmacist?	57%	44%	57%	34%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	37%	45%	37%	36%
3b	The nurse?	53%	58%	53%	41%
3c	The dentist?	28%	33%	28%	24%
3d	The optician?	35%	35%	35%	29%
4	The overall quality of health services?	37%	40%	37%	28%

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	Percentages which are not highlighted show there is no significant difference				
Health services continued					
5	Are you currently taking medication?	46%	49%	46%	49%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	51%	57%	51%	40%
7	Do you feel you have any emotional well-being/mental health issues?	30%	34%	30%	32%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	50%	40%	50%	42%
8b	A doctor?	21%	33%	21%	33%
8c	A nurse?	11%	18%	11%	13%
8d	A psychiatrist?	31%	18%	31%	33%
8e	The mental health in-reach team?	15%	27%	15%	27%
8f	A counsellor?	4%	12%	4%	9%
9a	Did you have a drug problem when you came into this prison?	48%	34%	48%	38%
9b	Did you have an alcohol problem when you came into this prison?	29%	25%	29%	24%
10a	Have you developed a drug problem since you have been in this prison?	8%	9%	8%	13%
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	83%	80%	83%	74%
12	Have you received any help or intervention while in this prison?	69%	67%	69%	62%
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	73%	77%	73%	63%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	40%	32%	40%	34%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	31%	26%	31%	27%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	52%	59%	52%	58%

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SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	35%	42%	35%	43%
1b	Vocational or skills training?	9%	10%	9%	11%
1c	Education (including basic skills)?	29%	25%	29%	28%
1d	Offending behaviour programmes?	5%	7%	5%	5%
2ai	Have you had a job while in this prison?	65%	66%	65%	68%
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	36%	41%	36%	41%
2bi	Have you been involved in vocational or skills training while in this prison?	53%	52%	53%	55%
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	44%	51%	44%	53%
2ci	Have you been involved in education while in this prison?	62%	62%	62%	66%
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	53%	59%	53%	63%
2di	Have you been involved in offending behaviour programmes while in this prison?	44%	49%	44%	52%
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	37%	49%	37%	49%
3	Do you go to the library at least once a week?	24%	37%	24%	13%
4	On average, do you go to the gym at least twice a week?	41%	43%	41%	23%
5	On average, do you go outside for exercise three or more times a week?	30%	38%	30%	41%
6	On average, do you spend ten or more hours out of your cell on a weekday?	6%	9%	6%	10%
7	On average, do you go on association more than five times each week?	32%	49%	32%	28%
8	Do staff normally speak to you most of the time/all of the time during association?	10%	17%	10%	19%
SECTION 8: Resettlement					
1	Do you have a personal officer?	24%	45%	24%	13%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	68%	62%	68%	56%
For those who are sentenced:					
3	Do you have a sentence plan?	18%	42%	18%	15%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	63%	58%	63%	64%
5	Can you achieve some/all of your sentence plan targets in this prison?	44%	62%	44%	78%
6	Are there plans for you to achieve some/all your targets in another prison?	65%	45%	65%	60%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	19%	26%	19%	22%
8	Do you feel that any member of staff has helped you to prepare for release?	11%	14%	11%	17%
9	Have you had any problems with sending or receiving mail?	38%	45%	38%	39%
10	Have you had any problems getting access to the telephones?	49%	31%	49%	38%
11	Did you have a visit in the first week that you were here?	29%	35%	29%	21%
12	Did you receive one or more visits in the last week?	42%	41%	42%	36%

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Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	39%	49%	39%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	31%	34%	31%	36%
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	12%	13%	12%	14%
15c	Avoiding bad relationships?	7%	10%	7%	7%
15d	Finding a job on release?	16%	27%	16%	15%
15e	Finding accommodation on release?	17%	30%	17%	21%
15f	With money/finances on release?	10%	18%	10%	8%
15g	Claiming benefits on release?	16%	33%	16%	16%
15h	Arranging a place at college/continuing education on release?	12%	17%	12%	7%
15i	Accessing health services on release?	10%	22%	10%	6%
15j	Opening a bank account on release?	5%	17%	5%	4%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	19%	14%	19%	16%
16c	Avoiding bad relationships?	19%	14%	19%	16%
16d	Finding a job?	56%	49%	56%	49%
16e	Finding accommodation?	49%	41%	49%	49%
16f	Money/finances?	31%	36%	31%	38%
16g	Claiming benefits?	33%	33%	33%	35%
16h	Arranging a place at college/continuing education?	18%	22%	18%	16%
16i	Accessing health services?	19%	19%	19%	21%
16j	Opening a bank account?	25%	31%	25%	30%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	38%	47%	38%	38%

Diversity Analysis



Key question responses (ethnicity, nationality and religion) HMP Pentonville 2011

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
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	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		94	88	43	141	43	137
1.3	Are you sentenced?	55%	63%	56%	61%	52%	60%
1.7	Are you a foreign national?	22%	25%			24%	23%
1.8	Is English your first language?	79%	78%	38%	91%	60%	84%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			49%	53%	74%	44%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	1%	9%	5%	4%	0%	6%
1.11	Are you Muslim?	36%	13%	24%	24%		
1.12	Do you consider yourself to have a disability?	16%	26%	10%	24%	9%	25%
1.13	Is this your first time in prison?	33%	22%	44%	22%	40%	25%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	22%	19%	23%	20%	21%	22%
2.3	Were you treated well/very well by the escort staff?	56%	52%	58%	55%	53%	56%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	74%	82%	61%	84%	82%	76%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	33%	24%	30%	28%	22%	31%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	48%	46%	45%	48%	42%	50%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	65%	51%	63%	58%	53%	61%
3.2a	Did you have any problems when you first arrived?	86%	78%	85%	81%	77%	82%
3.3a	Were you seen by a member of health care staff in reception?	83%	82%	77%	83%	81%	83%
3.3b	When you were searched in reception, was this carried out in a respectful way?	59%	56%	55%	61%	49%	61%
3.4	Were you treated well/very well in reception?	36%	38%	45%	37%	26%	43%
3.7b	Did you have access to someone from health care within the first 24 hours?	78%	70%	76%	75%	72%	77%
3.9	Did you feel safe on your first night here?	52%	59%	59%	55%	51%	56%
3.10	Have you been on an induction course?	80%	64%	76%	72%	78%	69%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	29%	31%	18%	33%	23%	31%

Diversity Analysis

Key to tables

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	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	50%	40%	60%	41%	53%	42%
4.3b	Are you normally able to have a shower every day?	67%	71%	73%	67%	77%	66%
4.3e	Is your cell call bell normally answered within five minutes?	34%	37%	53%	32%	36%	36%
4.4	Is the food in this prison good/very good?	14%	16%	27%	12%	12%	17%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	26%	45%	40%	35%	26%	38%
4.6a	Is it easy/very easy to get a complaints form?	71%	77%	69%	75%	61%	78%
4.6b	Is it easy/very easy to get an application form?	73%	80%	73%	78%	63%	81%
4.9	Have you made a complaint?	42%	38%	28%	42%	50%	37%
4.13	Are you on the enhanced (top) level of the IEP scheme?	24%	25%	21%	25%	31%	22%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	35%	48%	34%	44%	36%	43%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	33%	49%	21%	46%	41%	41%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	6%	6%	8%	5%	9%	5%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	4%	6%	0%	6%	9%	4%
4.17a	Do you feel your religious beliefs are respected?	62%	52%	54%	59%	67%	54%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	61%	42%	38%	54%	78%	43%
4.18	Are you able to speak to a Listener at any time if you want to?	51%	40%	26%	52%	45%	47%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	77%	61%	69%	69%	69%	70%
4.19b	Do most staff in this prison treat you with respect?	60%	67%	64%	65%	66%	64%
5.1	Have you ever felt unsafe in this prison?	62%	54%	51%	59%	63%	56%
5.2	Do you feel unsafe in this prison at the moment?	28%	27%	20%	28%	28%	27%
5.4	Have you been victimised by another prisoner?	24%	22%	31%	22%	26%	21%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	5%	10%	4%	5%	5%
5.5i	Have you been victimised because you have a disability? (By prisoners)	2%	0%	0%	2%	0%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	1%	3%	2%	5%	1%
5.6	Have you been victimised by a member of staff?	36%	29%	31%	33%	43%	29%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	15%	5%	9%	11%	19%	8%

Diversity Analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
5.7h	Have you been victimised because you have a disability? (By staff)	1%	4%	9%	1%	3%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	2%	6%	4%	14%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	28%	19%	17%	26%	30%	21%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	32%	27%	23%	30%	29%	28%
5.11	Is it easy/very easy to get illegal drugs in this prison?	26%	41%	20%	37%	41%	30%
6.1a	Is it easy/very easy to see the doctor?	23%	17%	28%	18%	18%	21%
6.1b	Is it easy/ very easy to see the nurse?	48%	41%	49%	43%	43%	45%
6.2	Are you able to see a pharmacist?	55%	60%	50%	59%	51%	61%
6.5	Are you currently taking medication?	47%	45%	27%	51%	38%	48%
6.7	Do you feel you have any emotional well-being/mental health issues?	25%	32%	26%	31%	23%	29%
7.1a	Are you currently working in the prison?	33%	39%	23%	39%	38%	35%
7.1b	Are you currently undertaking vocational or skills training?	10%	7%	10%	8%	14%	8%
7.1c	Are you currently in education (including basic skills)?	32%	23%	65%	18%	27%	28%
7.1d	Are you currently taking part in an offending behaviour programme?	6%	4%	5%	5%	3%	5%
7.3	Do you go to the library at least once a week?	21%	28%	28%	24%	16%	25%
7.4	On average, do you go to the gym at least twice a week?	51%	29%	30%	44%	49%	38%
7.5	On average, do you go outside for exercise three or more times a week?	25%	35%	30%	31%	36%	29%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	6%	6%	5%	7%	0%	8%
7.7	On average, do you go on association more than five times each week?	29%	36%	21%	35%	40%	30%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	9%	10%	10%	10%	10%	10%
8.1	Do you have a personal officer?	24%	23%	26%	24%	26%	22%
8.9	Have you had any problems sending or receiving mail?	34%	43%	36%	39%	33%	41%
8.10	Have you had any problems getting access to the telephones?	51%	46%	51%	47%	50%	48%

Diversity Analysis - Disability



Key questions (disability analysis) HMP Pentonville 2011

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 have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		40	145
1.3	Are you sentenced?	67%	57%
1.7	Are you a foreign national?	11%	26%
1.8	Is English your first language?	92%	75%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	41%	56%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	11%	3%
1.11	Are you Muslim?	11%	28%
1.14	Is this your first time in prison?	15%	32%
2.1d	Was the attention paid to your health needs good/very good?	21%	22%
2.3	Were you treated well/very well by the escort staff?	57%	56%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	74%	80%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	24%	29%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	53%	46%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	55%	60%
3.2a	Did you have any problems when you first arrived?	92%	78%
3.3a	Were you seen by a member of health care staff in reception?	87%	82%
3.3b	When you were searched in reception, was this carried out in a respectful way?	60%	58%
3.4	Were you treated well/very well in reception?	53%	35%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	77%	76%
3.9	Did you feel safe on your first night here?	53%	57%
3.10	Have you been on an induction course?	65%	75%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	32%	29%

Diversity Analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	49%	45%
4.3b	Are you normally able to have a shower every day?	63%	72%
4.3e	Is your cell call bell normally answered within five minutes?	38%	37%
4.4	Is the food in this prison good/very good?	21%	14%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	34%
4.6a	Is it easy/very easy to get a complaints form?	73%	74%
4.6b	Is it easy/very easy to get an application form?	72%	79%
4.9	Have you made a complaint?	44%	37%
4.13	Are you on the enhanced (top) level of the IEP scheme?	16%	25%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	43%	41%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	40%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	6%	6%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	6%	5%
4.17a	Do you feel your religious beliefs are respected?	64%	55%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	59%	48%
4.18	Are you able to speak to a Listener at any time if you want to?	50%	44%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	73%	68%
4.19b	Do most staff, in this prison, treat you with respect?	72%	62%
5.1	Have you ever felt unsafe in this prison?	69%	55%
5.2	Do you feel unsafe in this prison at the moment?	43%	23%
5.4	Have you been victimised by another prisoner?	40%	18%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	11%	3%
5.5i	Victimised you because you have a disability?	5%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	2%
5.6	Have you been victimised by a member of staff?	32%	31%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	11%
5.7h	Victimised you because you have a disability?	5%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	5%

Diversity Analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	31%	22%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	33%	27%
5.11	Is it easy/very easy to get illegal drugs in this prison?	46%	30%
6.1a	Is it easy/very easy to see the doctor?	26%	19%
6.1b	Is it easy/ very easy to see the nurse?	61%	40%
6.2	Are you able to see a pharmacist?	53%	58%
6.5	Are you currently taking medication?	69%	39%
6.7	Do you feel you have any emotional well-being/mental health issues?	51%	23%
7.1a	Are you currently working in the prison?	38%	34%
7.1b	Are you currently undertaking vocational or skills training?	8%	9%
7.1c	Are you currently in education (including basic skills)?	30%	28%
7.1d	Are you currently taking part in an offending behaviour programme?	8%	4%
7.3	Do you go to the library at least once a week?	32%	23%
7.4	On average, do you go to the gym at least twice a week?	28%	45%
7.5	On average, do you go outside for exercise three or more times a week?	26%	32%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	9%	6%
7.7	On average, do you go on association more than five times each week?	36%	31%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	14%	9%
8.1	Do you have a personal officer?	21%	24%
8.9	Have you had any problems sending or receiving mail?	38%	37%
8.10	Have you had any problems getting access to the telephones?	47%	49%