

Report on an unannounced inspection of

# **HMP Doncaster**

by HM Chief Inspector of Prisons

**24 March – 4 April 2014**

## **Glossary of terms**

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# Introduction

HMP Doncaster is a large and relatively modern facility operated by the private contractor SERCO. With an inner city location, it is a local prison serving courts in the south and west Yorkshire areas and holds over a 1000 adult and young adult male prisoners. This report concerns our first full inspection of the establishment since 2010. Previously, our findings have been positive. We described the prison just four years ago as dealing with the challenges it faced well, and a prison that achieved a proper balance between the needs of security and ensuring respect. This inspection however, is troubling. While some outcomes, notably in the provision of training and the resettlement of shorter-term prisoners remain commendable, there is no doubt Doncaster is a less respectful institution and most concerning of all it is a less safe prison. This latter point is most recently exemplified by a serious act of concerted indiscipline just days before our arrival.

Doncaster is a frontline prison receiving most of its prisoners straight from the community. Reception staff were reasonably welcoming, but first night arrangements, a time of heightened risk for new prisoners were poor. Supervision was limited, cells were in a poor condition and not all new arrivals received a first night assessment. Induction arrangements were similarly poor. Drug services were very concerning, the stabilisation unit and arrangements to supervise alcohol detoxification were, in our view, unsafe.

Levels of violence in the prison were high with up to four times more incidents recorded than typically seen in similar establishments. Some of these incidents were also very serious. Support for victims was minimal and intervention to reduce violence was weak. Many staff blamed the dispersal of young adults amongst the population for the difficulties and while there was some evidence to support this theory, the issue has not been analysed properly and there was no coherent strategy to improve matters.

Support for those at risk of self-harm was reasonable, but it was concerning that too many at risk prisoners were on a basic regime or isolated yet further in segregation without proper consideration of their circumstances. Tragically, two prisoners had taken their own lives since we last visited. The prison had responded promptly and with thoroughness to recommendations made by investigating authorities following these deaths, but we were not confident these responses would be sustained.

Security was managed with proportionality although the quality of staff supervision on the residential wings and in thoroughfares around the prison was questionable. There was also a significant amount of evidence of drugs in the prison. Use of force was higher than we would have expected but we were assured it was used as a last resort despite some weaknesses in its supervision. Stays in the segregation unit were not excessive for most but throughput was high, the environment was filthy and the regime was very limited. Staff engagement with segregated prisoners was also poor.

Environmental conditions and cleanliness were poor and too many cells were overcrowded, although access to most amenities was better. Relationships between staff and prisoners were benign, but many staff we observed did not maintain proper boundaries or exercise effective authority. There was recent evidence to suggest the prison was doing more to promote equality and diversity. There was some good use of peer support and the needs of most minority groups were being addressed. Arrangements to deal with prisoner's complaints were timely although responses were too often dismissive and it was concerning that for several months prisoners had been unable to make confidential applications to the Independent Monitoring Board. Many fundamental aspects of healthcare delivery were satisfactory but this was undermined by some unprofessional behaviour by some healthcare staff, poor systems for managing complaints and weaknesses, in at least one case potentially dangerous weakness, in the administration of medications.

One of the prison's main strengths was the provision of activities and, learning and skills. Effective partnerships between the prison and the main providers had overseen improvements in quality. Despite this there was insufficient activity to meet need and many existing places were not filled. The range of work on offer was wide with much support of potential employability beyond release. Provision had taken account of work opportunities in the local community. Access to vocational training and education, leading to qualifications was reasonable. Most prisoners working toward qualifications were successful, although this could have been improved in respect of functional skills such as English and maths. The prison offered good access to PE but very poor library provision.

Most resettlement work was undertaken by a partner organisation called Catch 22 and was linked very closely to a through-the-gate payment by results (PBR) pilot. Work was predicated on a good and up-to-date needs analysis but focused on prisoners sentenced to less than 12 months. Resettlement workers provided a very good service to this group. Outcomes across most of the resettlement pathways were delivered reasonably well but there were significant short-comings in respect of offender management amongst the longer term or higher risk prisoners. While offender assessment systems were up-to-date, risk management was weak. Offender supervision was minimal and reactive. The poor quality and lack of thoroughness of public protection work was a significant concern.

Despite some positive features, Doncaster was a prison with much that had to be put right, some of it urgently. The prison was experiencing real drift and performance was in decline. Some staff seemed overwhelmed by the challenges confronting them and needed more support. This was an issue that needed to be addressed immediately, as was ensuring prisoner safety. There was a clear need for strong, purposeful and visible leadership.

**Nick Hardwick**  
HM Chief Inspector of Prisons

August 2014

# Fact page

**Task of the establishment**

HMP Doncaster is a category B local prison accommodating both young and adult prisoners.

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

Private, Serco

**Region/Department**

The prison contract is currently managed by NOMS Commissioning and Commercial Directorate.

**Number held**

1,132

**Certified normal accommodation**

738

**Operational capacity**

1,145

**Date of last full inspection**

November 2010

**Brief history**

The prison was built by the Prison Service on the site of a former power station in the town centre on an island between a river and a canal. It opened in June 1994.

**Short description of residential units**

Prisoners are accommodated primarily in three identical house blocks, each comprising four separate living areas (wings). Additional accommodation is provided in the annex on the ground floor of the health centre building. Each wing houses prisoners in cells on two levels surrounding an association area. The segregation unit has 22 cells with two dirty protest cells and two unfurnished special cells.

**Name of governor/director**

John Tolland

**Escort contractor**

GeoAmey

**Health service provider**

Nottinghamshire NHS

**Learning and skills providers**

The Manchester College

**Independent Monitoring Board chair**

Lynne Hill



# About this inspection and report

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

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

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

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

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

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

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

## This report

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

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

# Summary

## Safety

S1 *Reception staff were welcoming, but first night procedures and induction were weak. Many prisoners reported feeling unsafe and there were very high levels of violence. Most prisoners at risk of self-harm were reasonably well cared for but there were significant shortcomings in the care for some. Security processes were generally appropriate but staff did not appear fully in control of some wings. Segregation was overused, the environment was poor and the unit was not sufficiently focused on reintegration. The incentives and earned privileges scheme did not operate effectively. Use of force was slightly higher than at similar prisons and special cell use was not subject to sufficient governance. There were substantial finds of drugs. The inadequate support given to prisoners undergoing alcohol detoxification was potentially dangerous. **Outcomes for prisoners were poor against this healthy prison test.***

S2 *At the last inspection in 2010, we found that outcomes for prisoners in Doncaster were reasonably good against this healthy prison test. We made 32 recommendations in the area of safety. At this follow-up inspection we found that eight of the recommendations had been achieved, five had been partially achieved and 19 had not been achieved.*

S3 Prisoners reported positively on treatment by escort staff and escort records were completed to a high standard. Inspected escort vans were clean but poorly ventilated, and some contained graffiti. There were too many late arrivals and some vehicles queued outside reception for long periods.

S4 Most prisoners reported that reception staff were polite and respectful, and a buddy (prisoner peer mentor) reassured and helped new arrivals. Reception interviews were not confidential and it took too long for some prisoners to reach their cells. The reception environment was functional and clean, and the overall atmosphere was calm. Strip-searching in reception was disproportionate. Not all prisoners received first night interviews and first night cells were in very poor condition. Many prisoners did not find induction helpful or informative.

S5 In our survey, prisoners were more negative than the comparator about feelings of safety. The number of assaults on prisoners was very high and over four times the comparator for local prisons. The number of fights was twice the comparator. There was a weekly incident review meeting but no systematic management of violence or bullying. The routine response was 28 days on basic regime. There was no support for victims beyond location on the vulnerable prisoners' wing and there was still no reintegration planning for vulnerable prisoners. Despite a widespread consensus that young adults were mostly responsible for increases in violence, there was no specific strategy to manage this group.

S6 Two prisoners had committed suicide since the previous inspection. Prisons and Probation Ombudsman recommendations had been appropriately implemented but there was no ongoing follow-up. Most prisoners at risk of self-harm said they felt supported. ACCT (assessment, care in custody and teamwork) case management documents for prisoners at risk of suicide or self-harm provided a good picture of events, but care maps were inadequate. Very few wing staff were up to date with ACCT training. There was no Listener scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and insufficient peer supporters to meet the needs of the population. Prisoners on ACCT and the basic level of the incentives scheme spent too long in their cells

without constructive activity. Constant watch arrangements were poor and there was no crisis suite.

- S7 There had been a number of serious violent incidents, and staff were often unable to control the wings, particularly when only two of them were present. One wing had been badly damaged by fire and vandalism during a recent act of concerted indiscipline. A significant amount of security information was analysed well and required actions were usually carried out quickly. Relevant objectives were set and followed up each month. Security was not unduly restrictive overall, but too many prisoners were subject to closed visits for non visits-related activity. Drug availability was high and there had been a large number of finds. There had been some slippage of suspicion testing and the mandatory drug testing (MDT) rate was just above target. There was evidence of a substantial quantity of drugs not detectable by MDT.
- S8 Use of force was slightly more prevalent than in comparator prisons. Incidents were reasonably well documented and gave assurance that prisoners were only restrained as a last resort. However, de-escalation during restraint was not often evident. Planned interventions were poorly video-recorded. Use of special accommodation was poorly documented and required observation levels were not carried out.
- S9 The incentives and earned privileges (IEP) policy was applied inconsistently. Some prisoners were demoted without a board being held or authorisation from a senior manager. Individual targets were not set and reviews did not always take place as prescribed. There were no links with offender management and reviews did not take account of sentence planning targets. Those on basic level spent at least 28 days on restricted regime no matter how they behaved, with little chance to prove themselves. Unauthorised punishments had been used for some prisoners on basic.
- S10 The number of adjudications was higher than at comparator establishments and the previous inspection. There were still a significant number of adjudications for disobedience, as we found at our last inspection, and this number had increased recently.
- S11 The segregation environment was poor. Some cells were filthy and had graffiti; cell toilets and sinks had ingrained dirt. Staff did not challenge poor behaviour enough and the regime was inadequate. Few prisoners remained in the segregation unit for long periods but there was a high throughput and some remained there for many months. Too many prisoners were located in the unit pending adjudications, or on open ACCT documents without evidence of enhanced reviews taking place. Reviews were attended by appropriate departments but lacked meaningful reintegration planning.
- S12 In our survey, significantly fewer prisoners than the comparator said they had received help for drug or alcohol problems. First night arrangements were poor, drug availability was high, prescribing protocols were inappropriate and medication administration was poorly supervised. These factors meant that the stabilisation unit was not a sufficiently safe or therapeutic environment for prisoners trying to start a recovery journey. Some prisoners requiring alcohol detoxification had a dangerously low level of observation and support. By contrast, prisoners on the drug recovery wing were well supported by wing staff and the psychosocial team. Overall, outcomes for prisoners with drug and alcohol problems had deteriorated since the introduction of an integrated service staffed by nurses unqualified to deliver comprehensive substance use assessments, care plans or interventions.

## Respect

- S13 *Many cells were in a poor condition and cleanliness was variable. Prisoners reported that staff were generally respectful. Many staff seemed overwhelmed and lacked management support. Strategic management of diversity had improved and individual needs were mostly met. Faith provision was reasonably good. Prisoners had little confidence in the complaints scheme and too many responses to complaints were dismissive. Legal services were adequate. There were some serious shortcomings in health care: medications administration was weak, the behaviour of some health services staff was unacceptable, and the management of applications and health complaints was poor. Catering and shop provision were good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S14 *At the last inspection in 2010, we found that outcomes for prisoners in Doncaster were reasonably good against this healthy prison test. We made 52 recommendations in the area of respect.<sup>2</sup> At this follow-up inspection we found that 23 of the recommendations had been achieved, seven had been partially achieved, 17 had not been achieved and five were no longer relevant.*
- S15 Several wings on house blocks 1 and 2 were in poor condition, with graffiti in many cells. Privacy curtains were missing throughout most of the prison. Shower rooms all showed signs of wear and the toilets in all of them were badly maintained. Cleanliness in many communal areas was poor and there was a great deal of litter in external areas. Cells designed for one continued to be used for two, with insufficient room for proper furniture. Adequate clothing was available, but most prisoners said they did not get clean bedding every week. On the evidence available, call bells were not answered promptly; there had been no monitoring of response times. After a recent disturbance, prisoners had been locked in cells without electricity or running water, and with very limited time out of cell for several days. Repairs were ongoing with prisoners still on the wing. Access to telephones was very good.
- S16 In our survey, a high proportion of prisoners said that staff treated them with respect. However, we observed a lack of confident and pro-social management of prisoners. Staff often appeared to be overwhelmed on the wings, and some did not maintain clear boundaries between themselves and prisoners. Managers were not on the wings frequently enough, and did not show visible leadership and support for staff. The extra degree of volatility caused by integrating under-21s into the general population appeared to have challenged the confidence of some staff. All prisoners had a nominated personal officer, but the scheme was not working effectively.
- S17 The equality meeting had recently become more focused on strategic oversight and was now considering the needs of all prisoners with protected characteristics. There was a good and committed group of prisoner representatives and equality staff had a high profile. There was no diversity monitoring of access to regime and services. There was still some under-identification of prisoners with protected characteristics, although this had improved since the previous inspection. Prisoners did not have free and confidential access to discrimination incident report forms and few were submitted.
- S18 Prisoners with disabilities were more negative than others across a range of indicators in the survey. However, where needs were known, appropriate support had been offered and the carer scheme was effective. Black and minority ethnic prisoners generally reported similar experiences of prison life to white prisoners. Support for foreign nationals was generally

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

good but there were a number of immigration detainees and one had been held for over a year. There was a clear focus on the needs of older prisoners, but there had been insufficient attempts to identify and meet the needs of young adults across the prison.

- S19 The chaplaincy was visible and helpful. Pastoral support and care was in place for a variety of denominations, and an interfaith group came together bi-monthly to worship with prisoners. There was a good range of classes.
- S20 Responses to complaints were timely, but too many were dismissive in tone. There was little analysis of the type of complaints or emerging themes. Governance and quality assurance was not sufficiently robust. Secure independent monitoring board (IMB) boxes had only recently been put up and it was unacceptable that for several months prisoners had been unable to make confidential applications to the IMB. Legal services were adequate and bail information support was good.
- S21 We heard numerous reports by prisoners and other staff of rude and unprofessional behaviour by health care staff and this was a recognised problem. There were delays in dealing with health care applications, and the system for managing complaints was poor. Uncollected health care complaints in the segregation unit went back as far as six months. Many prisoners were not receiving repeat medications on time and the administration of medicines by nursing staff was inadequately monitored. This was a serious issue in terms of prisoner safety; in one case a man did not receive essential heart medication for 10 days. A wide range of clinics and screening services were available and waiting lists were short. Access to the GP was reasonable. Dental services provided a good level of care. Primary and secondary mental health care was sufficient.
- S22 Prisoners could eat communally and were more positive about the food than at comparator prisons. The quality of food was good but it was not always served with high standards of hygiene. The shop provided a good service and consultation arrangements were effective.

## Purposeful activity

S23 *Time out of cell had reduced since the previous inspection. Management of activities was good and there were some innovative work opportunities. About a third of activity places were unfilled during the inspection. Attendance at education was variable, but the quality of teaching and learning in vocational training and education was generally good. Library provision was poor. PE services were good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S24 *At the last inspection in 2010, we found that outcomes for prisoners in Doncaster were not sufficiently good against this healthy prison test. We made 18 recommendations in the area of purposeful activity. At this follow-up inspection we found that six of the recommendations had been achieved, eight had been partially achieved, three had not been achieved and one was no longer relevant.*

- S25 Time out of cell had reduced and was as little as 1.5 hours for some and up to around eight hours for fully employed prisoners, less than at the previous inspection. Exercise in the open air was regular and usually for a full hour.
- S26 Strategic planning of activities was sound and data were generally used appropriately. Quality improvement actions had raised standards in teaching and vocational training and were being extended to cover prison workshops. Links with external employers were very good and resulted in challenging work in prison workshops, as well as guaranteed interviews for some

prisoners on release. It was positive that ex-offenders were employed in some prison-based training projects.

- S27 There were 900 mostly part-time places in learning and skills and work, but only around two-thirds were filled during the inspection for reasons that were unclear. There was a wide range of work, some very high quality, but too much was wing based. There was a reasonable range of vocational training leading to qualifications. The 'Cascade' project effectively engaged prisoners who had learning needs or other barriers to participating in education. It was one of a number of useful small-scale initiatives across the prison. There was a reasonable and increased range of work and education for vulnerable prisoners, but they did not have access to vocational training leading to qualifications. The allocations process was fragmented and inconsistent.
- S28 Training on vocational programmes was good, and individual coaching in vocational training and work was very effective. Teaching and learning in education were mostly good, and prisoners gave each other good informal peer support. The planning of individual learning had improved. The assessment of skills developed at work was good. There were strong links between vocational training and work and employment available to men on release.
- S29 Rates of achievement in vocational training were high. Skills development was good in workshops and vocational training. Prisoners made at least satisfactory progress in English and mathematics, and good progress in other education and training. Education and training sessions were purposeful and respectful environments. Punctuality and leaving times from training and work and education were erratic, and attendance at too many education classes was low.
- S30 Library facilities were located in small, shabbily furnished rooms in each of the three house blocks. There was only a small stock of books, but a better range of DVDs. The library worked effectively to coordinate Toe by Toe provision (peer mentoring scheme to help prisoners learn to read).
- S31 Access to PE was very good for most prisoners. The department offered a wide range of suitable recreational PE activities that met the needs of all age ranges. There was a good range of programmes leading to accreditation. Links with external agencies and sports clubs were excellent. Staff were well qualified and health and fitness was well promoted.

## Resettlement

- S32 *Strategic management of resettlement was reasonable but did not focus sufficiently on offender management. There was generally good provision for the large number of short-term and remand prisoners, which exceeded what we normally see. Aspects of offender management were weak and there were some shortcomings in public protection work. Re-categorisation was sometimes refused due to non-completion of sentence plan targets which were not achievable in the prison. Resettlement pathway support work was generally good and provision for children and families was particularly impressive. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S33 *At the last inspection in 2010, we found that outcomes for prisoners in Doncaster were good against this healthy prison test. We made 15 recommendations in the area of resettlement. At this follow-up inspection we found that nine of the recommendations had been achieved, none had been partially achieved, five had not been achieved and one was no longer relevant.*

- S34 The reducing re-offending strategy was based on a recent needs analysis and was focused on the payment by results (PBR) pilot and the needs of short-term prisoners. There had been inconsistent attendance by relevant staff at the quarterly reducing reoffending meeting and it gave insufficient attention to offender management. Remand prisoners had their immediate needs assessed and were appropriately signposted to services. There were good links with external statutory and community organisations to facilitate the provision of 'Through the Gate' services to prisoners in the PBR cohort.
- S35 In our survey, more prisoners said they had an offender manager or supervisor than in other prisons and, unusually, offender assessment systems (OASys) were up to date. Allocation to probation offender supervisors was appropriately based on risk. Short-sentence prisoners had an appropriate pathway needs assessment and custody plan. Prisoners sentenced to over 12 months and allocated to Catch 22 (the agency providing resettlement services in the prison) were not supported by them to achieve sentence plan targets. Beyond the completion of an OASys, contact with offender supervisors was reactive, minimal and prisoner led. Assessments relied too heavily on what prisoners told assessors, without sufficiently triangulating evidence.
- S36 Poor information-sharing between key departments compromised OASys assessments and effective risk management. In our case sample, some critical information on risk of harm was inaccurate and could have left staff and other prisoners vulnerable. Home detention curfew assessments were proactively initiated by the prison and were multidisciplinary, but Catch 22 staff were not made aware of which prisoners were being presented to the board until the day before.
- S37 Communications monitoring arrangements were proportionate and reviews were timely. Some MAPPA (multi-agency public protection arrangements) alerts were not flagged on P-NOMIS. For example, we saw a MAPPA level 1 prisoner who was three weeks away from release with no clear arrangements in place; he had apparently not been told the details of a restraining order. Such shortcomings potentially left victims at risk and undermined resettlement planning. The interdepartmental risk management team was not focused enough on prisoners who posed the highest risk of serious concern.
- S38 Initial categorisation decisions and reviews were generally multidisciplinary and timely. Prisoners facing an indeterminate sentence were not identified on remand and supported as necessary. Once sentenced, they were appropriately managed by probation offender supervisors.
- S39 Community Catch 22 workers took over responsibility for prisoners in the identified PBR cohort six to eight weeks before release. They were helpfully co-located with integrated offender management teams in the community, which promoted partnership working. We saw some good examples of pathway-focused support plans and practical support for men pre-release.
- S40 The housing needs of all remand prisoners were assessed shortly after arrival. There were good links with local and national housing providers. In the 11 months to March 2014, 92% of prisoners were released into settled accommodation.
- S41 Finance, benefit and debt needs were identified during induction, and prisoners were helped to address immediate issues such as housing benefit and rent arrears. Citizens' Advice held weekly surgeries and prisoners were able to open an account with Credit Union before release.

- S42 Prisoners received effective education, training and employment help with applications for training and employment and the offer of support for up to 12 months in the community. The National Careers Service provided useful support. Opportunities to develop employability skills pre-release were limited.
- S43 All prisoners receiving treatment were seen by health care staff before release and provided with continued medication as required. There were good links with community mental health teams and drug intervention teams (DIPs). DIP team workers ran helpful monthly prisoner groups about community-based services.
- S44 The visits hall was a welcoming space with good facilities for children and adequate levels of privacy. Prisoners reported positively on visits staff and contact with families. The number of visits had dropped substantially following the cancellation of morning visits between October 2013 and February 2014, and these sessions had appropriately been reintroduced in March 2014. 'Families First' provided a number of innovative and impressive family interventions, supporting a wide range of prisoners, their partners and children of all ages.
- S45 Despite a high level of identified need, the number of prisoners completing accredited drugs and violence programmes was low. Some prisoners had been on a waiting list since late 2013. The current needs analysis had identified victim awareness as one of the most commonly reported offending-related needs, but there was no victim awareness course.

## Main concerns and recommendations

- S46 **Concern:** There were very high levels of violence and weak systems for managing violence or bullying. Despite clear evidence that young offenders were responsible for a disproportionate number of violent incidents, there was no specific strategy to manage this group.

**Recommendation: Violence should be significantly reduced and there should be rigorous systems for identifying, analysing and following up violent incidents, including in relation to the young adult population.**

- S47 **Concern:** First night arrangements for drug and alcohol users were poor, drug availability was high, prescribing protocols were inflexible, and medication administration was poorly supervised. The stabilisation unit was not a sufficiently safe or therapeutic environment and some prisoners requiring alcohol detoxification had a dangerously low level of support.

**Recommendation: Prisoners undergoing opiate or alcohol detoxification regimes should receive a high level of support to ensure safe outcomes. Prescribing regimes should be flexible, based on individual need and adhere to national guidance, and discipline staff should be suitably trained to supervise medication administration.**

- S48 **Concern:** Staff often appeared to be overwhelmed on the wings, especially when only two were present, and some did not maintain clear boundaries between themselves and prisoners. We observed a lack of confident and pro-social management of prisoners. Managers were not on the wings frequently enough to show visible leadership and support for staff.

**Recommendation: Residential managers should support and monitor their staff on the wings, to ensure consistent, confident management of all prisoners.**

S49 **Concern:** Some prisoners subject to MAPPA monitoring were close to release with no clear arrangements in place, and had no knowledge of relevant restraining orders or licence conditions. This potentially left victims at risk and prisoners liable to non-compliance sanctions.

**Recommendation: MAPPA arrangements should be robust, clear and initiated at the appropriate time. These arrangements, and other pertinent issues such as restraining orders, should be explained in detail to all relevant prisoners and their level of understanding clarified.**

# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

**I.1** *Escort staff treated prisoners well. Person escort records contained relevant risk information. Escort vans were clean but poorly ventilated and some had graffiti. Some prisoners waited too long in vans outside reception and others arrived too late in the evening.*

**I.2** In our survey, 69% of prisoners said they were treated well by escort staff compared with 61% at the previous inspection. Risk information was recorded in escort records which were completed thoroughly. Reception staff opened ACCT (assessment, care in custody and teamwork) case management documents for prisoners at risk of suicide or self-harm on receipt of suicide and self-harm warning forms (see section on suicide and self-harm prevention). Vans were clean and stocked with sandwiches, bottled water and first aid kits. Some had graffiti scratched on metal surfaces. Vans were poorly ventilated and some smelt badly. Prisoners were offered gel bags to use if they wanted to go to the toilet instead of toilet breaks, which contributed to the smell inside vans. Prisoners complained of long waits in court cells and we saw one van waiting for over an hour outside reception. In our survey, 30% of prisoners against the comparator of 20% said that they spent more than two hours in the van. Reception was meant to close at 8pm but continued to accept prisoners, and many arrived after this time.

### Recommendation

**I.3** **Prisoners should not have long waits at court and should disembark from escort vans promptly on arrival at the prison.**

### Housekeeping point

**I.4** Escort vans should be free of graffiti and properly ventilated. Used gel bags should be disposed of promptly and hygienically.

## Early days in custody

### Expected outcomes:

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

- 1.5** *Prisoners were treated well in reception, but the reception procedure was too long and interviews were not conducted in private. A buddy helped to reassure new arrivals. The environment was clean. Prisoners received hot meals and drinks on arrival but were not offered a shower. First night arrangements were unsafe. Induction was poor.*
- 1.6** During the previous six months, 1,861 prisoners had been admitted or discharged through reception. Despite the high number, the atmosphere was calm and prisoners were treated well by staff. In our survey, more prisoners (69%) than the comparator (63%) said that they were treated well in reception. We saw reception staff engage courteously with prisoners. A prisoner who worked on reception as a buddy met all new arrivals to reassure them and offer advice in confidence. The reception environment was functional and clean.
- 1.7** Staff interviewed detainees at an open counter. Glass partitions on the counter afforded little privacy and we were not confident that all prisoners' cell-sharing risks were properly assessed as a result.
- 1.8** The reception procedure sometimes took too long. Staff worked late at night to process prisoners and, during the inspection, one prisoner did not reach his cell until 1.30am. In our survey, fewer prisoners (34%) than at similar prisons (45%) said they were in reception for less than two hours. Two of the five holding rooms were used regularly. Graffiti was scratched into glass and metal surfaces. Interviews with health care staff were conducted privately in a dedicated room. Six cells were used for strip-searching. Prisoners were not offered showers on reception and not all had a shower on their first night. Three prisoner orderlies served new arrivals with hot drinks and meals. The food from the reception servery was good. All prisoners arriving and leaving the prison were strip-searched unless they arrived from another prison, which was disproportionate (see security section).
- 1.9** Most prisoners were located on a first night unit, but first night arrangements were unsafe. Three officers were responsible for the care of over 70 prisoners and were clearly unable to respond to the demands placed on them to manage the unit safely. Staff did not complete first night interviews for all prisoners. Some prisoners were confused and frustrated that their requests were unanswered: for example, three prisoners slept without pillows on their first night. First night cells were unacceptable, with walls and mattresses covered in graffiti, missing toilet seats and ingrained dirt. Communal areas were clean with natural light.
- 1.10** The induction programme was poor and consisted of two sessions, one on prison life and the other on gym facilities. The presentation on prison life consisted of 86 power point slides and audio recordings. It was far too detailed with no opportunity to interact. In our survey, 47% of prisoners who had attended induction found it helpful against the comparator of 57% and 65% at the previous inspection. A booklet contained useful information but it was out of date.

## Recommendations

- I.11 All interviews with newly arrived prisoners should take place in private.** (Repeated recommendation I.13)
- I.12 Prisoners should not remain in reception for long periods.** (Repeated recommendation I.14)
- I.13 First night unit staff should have the time and resources to care for and support newly arrived prisoners. First night cells should be clean, welcoming and free of graffiti.**
- I.14 The induction programme should provide prisoners with an understanding of prison routines and how to access relevant services.**

## Housekeeping point

- I.15 All prisoners should be able to shower on their first day in the prison.**

## Bullying and violence reduction

### Expected outcomes:

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

**I.16** *The level of assaults and fights was very high. The management of violence was arbitrary and not well focused. Support for victims was poor.*

- I.17** There were high levels of violence in the establishment. The reported number of assaults and fights were, respectively, four times and twice that of comparator prisons. Our survey results were significantly worse than comparator prisons with regard to prisoners feeling safe and being victimised by other prisoners. In our groups, prisoners told us that they were particularly concerned about a lack of supervision in corridors and stairwells.
- I.18** Safer custody meetings were well attended but minutes showed little evidence of measures being taken to address violence. A weekly review meeting identified incidents requiring further investigation, but the response was usually to downgrade a prisoner proved or suspected of committing an act of violence to the basic level of the incentives and earned privileges (IEP) scheme for 28 days. There were no interventions or individual targets for these prisoners. They only had about one and a half hours unlocked, which provided little opportunity for staff to engage and promote good behaviour or for prisoners to demonstrate improvements.
- I.19** Some extremely violent incidents had been referred to the police, resulting in some cases in lengthy additional sentences following successful prosecutions. There had been a recent act of concerted indiscipline when staff had withdrawn from a wing which had then been badly damaged by fire and vandalism.

- I.20** Support for victims was minimal. Location on to house block 3A, where vulnerable prisoners were held, was the only option, but some prisoners remained on the unit long after the perceived threat had ceased and there remained a lack of focus on reintegration. Prisoners told us, and our observations confirmed, that high levels of abuse were directed at prisoners from house block 3A. This occurred while they were out on exercise and when collecting medications.
- I.21** Many staff and older prisoners told us of the detrimental effect of spreading young adults across the prison. There was clear evidence that they were responsible for a disproportionate number of violent incidents, but there was no specific strategy to manage this group (see main recommendation S46 and the section on equality and diversity).

## Recommendations

- I.22** **There should be a range of interventions to challenge antisocial behaviour and to support victims.**
- I.23** **Prisoners on the vulnerable prisoner unit should be kept safe and free from abuse at all times, including during periods of exercise or when off the unit.** (Repeated recommendation 3.16)
- I.24** **Prisoners on the vulnerable prisoner unit should be subject to regular review, with a focus on their reintegration where possible.** (Repeated recommendation 3.17)

## Self-harm and suicide prevention

### Expected outcomes:

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

**I.25** *Prisoners subject to self harm monitoring arrangements generally felt well supported. Support documentation was very good but care mapping was poor. Too many prisoners at risk had little constructive activity. Constant watch arrangements were poor. There were too few peer supporters to support prisoners in crisis and there was no Listener scheme*

- I.26** The procedure for identifying risk when prisoners first arrived was rigorous. More ACCTs (assessment, care in custody and teamwork) case management documents were opened at this stage than at comparator prisons
- I.27** There were no Samaritan trained Listeners. Prisoner peer supporters provided some support for prisoners in crisis but did not receive the same level of training as Listeners and, at the time of the inspection, only three peer supporters were in post. This was not enough for a population of over 1,100. Constant watch arrangements in the segregation unit were very poor; cells were filthy and observation panels were damaged. There were no care suites in the prison and peer supporters told us that they often had to see prisoners in their own cells or in shared cells.

- I.28** Entries by day and night staff in ACCT documents gave clear accounts of periods of observation and effective handovers, and demonstrated a good level of care. However, information on triggers and the quality of care maps remained poor and lacked guidance on future care. Reviews were not multidisciplinary and mental health staff were generally not involved, even when mental health had been identified as the primary concern.
- I.29** Too many prisoners on ACCTs were on the basic regime of the IEP scheme with almost 22.5 hours locked up with nothing to do. During the six months before the inspection, over 60 prisoners on ACCTs had been held in segregation with no evidence of enhanced assessment to help address their additional vulnerabilities (see section on segregation and recommendation 1.75).
- I.30** Only about 9% of residential staff were in date for ACCT training. Regular training sessions were available but staff were frequently not released to attend as a result of staff shortages.
- I.31** There had been two self-inflicted deaths since the previous inspection. Initial responses to early findings and subsequent recommendations of the Prisons and Probation Ombudsman had been very thorough and promptly executed. However, there was little subsequent follow-up to ensure that actions were sustained.

## Recommendations

- I.32** **There should be sufficient trained prisoner peer supporters to support prisoners in crisis.**
- I.33** **All relevant staff should be appropriately trained in safer custody and provided with frequent refresher training.**
- I.34** **Care planning should be improved and case reviews should be properly attended by a range of staff who know the prisoner.** (Repeated recommendation 3.28)
- I.35** **All prisoners at risk of self-harm should be appropriately occupied during the day.** (Repeated recommendation 3.29)

## Housekeeping point

- I.36** Actions identified following deaths in custody should be regularly reviewed following implementation to ensure that they have been sustained.

## Safeguarding (protection of adults at risk)

### Expected outcomes:

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

**I.37** *There was no safeguarding strategy and formal procedures to identify and support prisoners were at an early stage of development. Good ad hoc internal services were delivered.*

**I.38** The safer custody manager had made contact with the local community safeguarding partnership but there remained no formal procedure for the identification and support of prisoners subject to safeguarding measures while in custody or on release.

**I.39** High levels of care were provided to elderly and infirm prisoners in the hospital annex, but there was no formal care planning (see sections on residential units and diversity).

### Recommendation

**I.40** **The director should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.**

## Security

### Expected outcomes:

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

**I.41** *Security measures were appropriate for the establishment and prisoners' access to activities was not unduly restricted. A significant quantity of security information was analysed well and relevant objectives were set and followed up. However, staff often appeared unable to control the wings, particularly when only two of them were present. Information-sharing with other departments, particularly safer custody, was well developed. Too many prisoners were subject to the restrictions of closed visits for illicit activity not related to visits. While mandatory drug testing (MDT) rates were just above the target, data on drug finds confirmed prisoners' views that a wide range of drugs was available across the prison.*

**I.42** Physical security measures were proportionate to the risks posed by the population. However, staff found it difficult to identify the location of all prisoners when we carried out roll checks. Staff had difficulty staying in control of the often busy wings, especially when only two of them were present (see section on staff-prisoner relationships). There was limited

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

free movement to activities and prisoners were escorted outside these times. Security staff contributed to risk assessments for activities and education; assessments were proportionate and prisoners' access to activities was not unduly restricted. Rules were not applied consistently across the prison, particularly in relation to the IEP scheme (see section on incentives and earned privileges).

- I.43** During the six months before our inspection, 2,356 information reports had been submitted by staff from all departments. Intelligence was analysed thoroughly and most required actions were completed quickly, with the exception of some mandatory drug tests. The monthly security meeting was well attended and objectives reflected the current issues of mobile phones and drugs. Objectives were followed up monthly and it was obvious that good initiatives had been implemented to counter the identified problems. The prison received good support from the local police and adequate anti-corruption procedures were in place.
- I.44** With the exception of prisoners originating from other prisons, all prisoners arriving and leaving the prison were strip-searched. A log was kept of all strip-searches carried out during cell searches but not of those carried out in reception.
- I.45** At the time of the inspection, 45 prisoners were subject to closed visits restrictions, compared to 12 at our last inspection. Some had been placed under restrictions for being in possession of mobile phones or for failing mandatory drug tests, which was excessive. Fourteen visitors were subject to a three-month ban from visiting the prison followed by three months of closed visits. The appeal procedure was not explained to prisoners or visitors.
- I.46** In our survey, 43% of prisoners said it was easy to get illegal drugs against the comparator of 30% and 33% at the previous inspection; 17% said it was easy to get alcohol against the comparator of 13%. Prisoners told us that the use of new psychoactive substances, such as spice and black mamba, was common, together with illicit Subutex, cannabis and diverted medication. MDT results indicated a similar range of substances. There had been 104 drug finds during the six months before the inspection. A new drug strategy document was in place but it contained no action plan or performance measures for supply or demand reduction.
- I.47** The positive random MDT rate for the period was 9.9% against a target of 8.5%. Weekend testing was completed on target. However, although 86 suspicion tests had been completed in the same period, with a positive rate of 27.8%, an average of nine suspicion test requests a month slipped out of the required 72-hour test window due to staff redeployment. The MDT suite was clean, tidy and appropriately equipped.

## Recommendations

- I.48** **Mandatory and suspicion drug tests should be carried out promptly on receipt of appropriate intelligence.**
- I.49** **Prisoners should only be strip-searched following a risk assessment and all strip-searches should be recorded and appropriately authorised.**
- I.50** **Prisoners should only be subjected to closed visits on the basis of visit-related issues.** (Repeated recommendation 7.11)
- I.51** **The substance use strategy should contain detailed action plans and performance measures for both supply and demand reduction initiatives.** (Repeated recommendation 9.55)

## Housekeeping point

- I.52** Prisoners and visitors should be informed of the appeal procedures for closed visits and banned visitors.

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

### Expected outcomes:

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

- I.53** *The incentives and earned privileges (IEP) scheme was not applied consistently across the prison. Some prisoners were demoted under the zero tolerance policy with no review board or authorisation from a senior manager. Individual targets were not set and reviews did not always take place. Prisoners were not properly monitored and did not have the chance to prove themselves.*

- I.54** The IEP scheme was not operating consistently and wings used different procedures to manage prisoners. Warnings were appropriately given but it was not clear that all prisoners received a copy of the warning. Some prisoners had been demoted without attending a review board. The zero tolerance policy had been extended to include poor behaviour, such as possession of mobile phones, and was often used before adjudications had taken place. Prisoners were automatically demoted, some without authorisation by a manager. Reviews did not always follow the policy and appeal procedures were not clearly explained. Most reviews were attended only by wing staff and information was not sought from other departments, such as offender management. Targets did not reflect the sentence plan and did not address the prisoner's poor behaviour.
- I.55** Prisoners spent at least 28 days on the basic regime with no formal monitoring of their behaviour. They automatically lost their jobs, had their meals served at their door and spent little time out of their cell (see recommendation I.57). The regime gave them little opportunity to prove themselves. We found evidence that prisoners on the basic regime had been subject to unauthorised punishments such as limiting their ability to use in-cell telephones.
- I.56** There was little evidence of management oversight of the scheme or quality assurance checks of review boards.

## Recommendation

- I.57** **The incentives and earned privileges (IEP) scheme should be applied consistently and fairly. Prisoners on basic regime should be given every opportunity to demonstrate improved behaviour and not be subject to unauthorised punishments.**

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

## Discipline

### Expected outcomes:

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

**I.58** *Adjudications were conducted fairly, but the number was higher than comparator establishments and had almost doubled since the last inspection. A significant number of adjudications continued to be held for disobedience and this number had increased recently. Use of force documentation gave assurance that prisoners were only restrained as a last resort but de-escalation during restraint was not often evident. Governance of special accommodation was poor. The segregation environment was poor and the regime was inadequate. There was a lack of meaningful reintegration planning.*

### Disciplinary procedures

- I.59** There had been 1,174 adjudications in the previous six months, higher than in comparator establishments and almost double the number at our last inspection. The main charges were for disobedience, assaults, fights and destroying property. Managers monitored the number of adjudications for disobedience but this number had risen in recent months. We found no evidence of collective punishments as we had at the last inspection.
- I.60** Adjudications were held in the segregation unit and the independent adjudicator attended monthly to hear the more serious charges. Documentation that we reviewed was generally detailed and showed that prisoners were given every chance to give their account of events. Punishments were proportionate and in accordance with the published tariff.
- I.61** Adjudication meetings were held quarterly and attended by adjudicating directors. There was good analysis of statistics and monitoring of trends and action was taken where necessary.

### Recommendation

- I.62** **The reasons for the high incidence of adjudications for refusal to obey a lawful order should be investigated and remedial action taken.** (Repeated recommendation 7.23)

### The use of force

- I.63** Use of force was slightly higher than in comparator prisons. There had been 170 incidents in the previous six months. Incidents were reasonably well documented and showed that force was used as a last resort. There was no record of further de-escalation attempts by staff once a prisoner had been restrained. Planned incidents were video-recorded but recordings were incomplete and of poor quality.
- I.64** Special accommodation had been used five times during the previous six months. Supporting documentation was poorly completed and in one case incomplete. Prisoners were not always managed according to the authorised plan and in all the recorded cases authorised levels of observation were not completed. Prisoners were not always located to normal segregation accommodation when they were no longer refractory.

## Recommendations

- I.65 Accurate and comprehensive video recording of planned use of force incidents should be produced and stored appropriately.**
- I.66 Documentation on the use of special accommodation should be fully completed, authorised plans should be followed precisely and prisoners should be relocated to normal segregation unit accommodation as soon as they are no longer refractory.**

## Segregation

- I.67** The environment in the segregation unit was poor. Cells were dirty and had graffiti, and sinks and toilets had ingrained dirt. Showers were in a poor condition. Some cells had in-cell electricity.
- I.68** The use of segregation was high and almost double that of comparator prisons. In the previous six months, 459 prisoners had been held in the unit, over half before an adjudication had taken place, a measure usually reserved for prisoners who cannot be held safely on the wing. Many cases that we examined showed that this was not always the case. Sixty-two prisoners on ACCTs had been held on the unit and we were unable to find evidence of enhanced reviews to ensure that the segregation unit was the most appropriate place for the prisoner to be held.
- I.69** The average length of stay was five days, but some prisoners remained on the unit for several months, the longest for over 200 days. Most prisoners returned to normal residential units and a few were transferred to other prisons. Several prisoners had been received from other segregation units. These prisoners stayed on the unit for longer periods and most transferred to other prisons.
- I.70** Regular reviews were attended by appropriate departments but they lacked meaningful reintegration planning. The segregation unit policy did not include reintegration planning and staff said that this was not considered until after a prisoner had been on the unit for 28 days. Targets were perfunctory and did not address the reasons for segregation. The regime on the unit was poor. Prisoners could only use the showers every two days and there was limited in-cell education. Those we spoke to told us they spent most of their time in their cells.
- I.71** Staff on the unit knew the prisoners well but they did not always challenge poor behaviour, such as shouting to other cells. We heard some staff use disrespectful language to describe young people held on the unit.
- I.72** Segregation unit monitoring meetings took place quarterly and analysis of statistics was good.

## Recommendations

- I.73 The showers in the segregation unit should be refurbished and all areas should be thoroughly cleaned.**
- I.74 The reason for the large number of prisoners held in the segregation unit pending adjudication should be investigated and action taken to reduce the number.**

- I.75 Prisoners on open ACCTs held in the segregation unit should be the subject of an enhanced review to ensure that it is the most suitable location for them.**
- I.76 All prisoners should have detailed care and reintegration plans with specific, time-bound targets, based on an initial and ongoing assessment of their risks and needs. They should have access to as full a regime as possible.**

## Substance misuse

### Expected outcomes:

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

**I.77** *Inadequate first night arrangements for prisoners with drug and alcohol needs, inappropriate prescribing protocols, high levels of drug availability and poor supervision by staff of medication administration contributed to poor safety on the stabilisation unit. While prisoners on the drug recovery wing reported high levels of satisfaction, outcomes for prisoners on other locations had suffered since the introduction of an integrated service staffed by nurses unskilled in substance use.*

- I.78** Prisoners were assessed in reception by health care nurses and referred to substance use nurses on disclosure of drug or alcohol use. First night prescribing was in place and prisoners with opiate substitution needs were located on the stabilisation wing for the first five days. Prisoners were not guaranteed a consultation with a doctor if they arrived late, and some spent their first night with no opiate substitution. Prisoners on alcohol detoxification were not always located on the stabilisation unit, which had potentially life-threatening consequences when nursing cover was low at night.
- I.79** Prisoners on the stabilisation unit told us that drugs were very easy to obtain. We observed lax supervision of medicine administration on the stabilisation unit and other locations, with officers failing to challenge prisoners jostling at the medicine hatch (see main recommendation S47).
- I.80** At the time of the inspection, 238 prisoners were receiving opiate substitution treatment, of whom 118 were receiving maintenance doses and 120 were reducing; 219 were on methadone and only 19 on Subutex. Prisoners on remand could continue buprenorphine (Subutex) treatment but those sentenced to more than six weeks had the treatment reduced. Prisoners arriving at the prison on more than 50ml of methadone had the dose automatically reduced by 25%. These policies did not reflect individual need or the national guidelines for substance use treatment (see main recommendation S47).
- I.81** In stark contrast to the stabilisation unit, the recently relocated drug recovery wing had a much more supportive, recovery-focused atmosphere. Prisoners told us that discipline staff, drug workers and prisoners worked together to discourage drug use on the wing. An appropriate range of 12 90-minute drug and alcohol courses were delivered, from specific substance awareness to managing relapse and healthy living. Monthly drop-in sessions and fortnightly Alcoholics Anonymous (AA) meetings were available on the unit, but prisoners who were not on the recovery wing could not attend AA groups.

- I.82** Outcomes for prisoners with drug and alcohol problems had suffered since the introduction of an integrated service staffed mainly by nurses who were not experienced in substance misuse. We were told that a local NHS management group had instructed the five band-4 psychosocial workers that care plans could not be initiated by workers below band 5. As a result, care plans could only be drawn up by band-5 clinical nurses who were not equipped to carry out this specialised work.
- I.83** In our survey, 52% of prisoners said that they had received help for drug problems and 39% alcohol problems against respective comparators of 62% and 59%. Only 72% who had received help said it had been helpful compared with 82% at the previous inspection.

## Recommendations

- I.84** **An up-to-date needs analysis should be completed and service provision adjusted to meet emerging needs.**
- I.85** **Commissioners should ensure a suitably qualified and experienced staff mix to deliver services that will support positive treatment and recovery outcomes for prisoners.**

## Housekeeping point

- I.86** Alcoholics Anonymous meetings should be accessible to all prisoners regardless of location.

## Section 2. Respect

### Residential units

#### Expected outcomes:

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

**2.1** *Much of the living accommodation was in poor condition, with widespread graffiti, and toilets that were not properly maintained and lacked privacy. Single cells were still used for two prisoners and there were failings in the supply of bedding and the response to call bells. There was litter in outside areas. Prisoners had been kept in unacceptable conditions for several days following a disturbance just before the inspection. Access to telephone contact was good.*

**2.2** The condition of several wings, especially on house blocks 1 and 2, was poor, with offensive graffiti in several cells and poorly maintained walls, floors and ceilings. Toilets were stained and unhygienic, especially in the shower rooms, and many cell toilets had no privacy curtains. The offensive displays policy was not enforced. In some wings where there was a less frequent turnover of prisoners, cells were in better condition, but problems persisted in the shower areas, and microwaves on all wings were very dirty. Staff and prisoners told us that mice were frequently seen in the servery areas on the wings, although regular pest control measures were in place. There was a persistent problem of litter in external areas, even though daily cleaning parties had been started for some exercise yards.

**2.3** Cells designed for one person were still routinely used for two, with no room for a chair for both prisoners, no lockable cabinets, waste bins or mirrors. On the wing where a disturbance had taken place immediately before the inspection, prisoners were located in damaged cells. Staff and prisoners told us that some prisoners had been locked in cells with no running water or electricity for more than two days and had spent only short periods out of the cells.

**2.4** There was enough clothing, but the system for clean bedding was not reliable. In our survey, 44% of prisoners said that they normally received clean sheets every week, against a comparator of 80%. Only 17% against the comparator of 34% said that their cell call bell was normally answered within five minutes: a number of prisoners told of long waits for a response, and the promptness of responses was not monitored. The ATM terminals on wings remained a useful resource that gave prisoners the ability to make applications quickly and conduct simple transactions, but they still only operated in English. Prisoners were still less likely than at similar establishments to feel that applications were dealt with fairly or promptly. Access to telephone contact via the in-cell telephone system was very good.

**2.5** Young people aged 18-21 were now integrated into the adult population. Staff and prisoners agreed that mixing the age groups had resulted in a net increase in some of the negative behaviour associated with a younger age group (see sections on violence reduction and staff-prisoner relationships).

## Recommendations

- 2.6 High standards of maintenance and cleanliness of wings and outside areas should be consistently implemented.**
- 2.7 Cells designed for one should not be shared.** (Repeated recommendation 2.12)
- 2.8 No prisoner should be locked in a cell unless the water and electricity are working safely, and the basic fittings are intact.**
- 2.9 Cell call bells should be responded to quickly and there should be management oversight of response times.**

## Staff-prisoner relationships

### Expected outcomes:

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

**2.10** *Most prisoners felt that staff treated them courteously. However, staff lacked confidence in managing the current mix of prisoners effectively, and prisoners who were not familiar with the establishment were less likely to be supported by wing officers. The personal officer scheme was not functioning properly.*

- 2.11** Most prisoners found staff respectful, and 84% in our survey said that most staff treated them with respect against the comparator of 74% and 72% at the previous inspection. We observed a good level of understanding and communication between staff, many of whom had been at Doncaster for some years, and prisoners from the local area who were familiar with the establishment. Others, such as first-timers or foreign nationals, were more likely to escape notice and lack support from staff who occasionally took a reactive approach to the management of prisoners.
- 2.12** We observed a lack of confident and pro-social management of prisoners on some wings; there were sometimes two officers on a wing when 60 men were on association. It was not uncommon for prisoners to lounge across staff desks and look through staff documents, and some staff acted as if they were not empowered to assert their authority. Residential managers' offices had recently been moved back into the house blocks, but managers were rarely visible on the wings, supporting their officers (see main recommendation S48). There was a consensus that integrating the under-21s with the rest of the population had reduced the stability of many wings, and that 21-25 year olds in particular were likely to be negatively influenced by a younger group rather than positively influenced by older prisoners.
- 2.13** Only a third of respondents to our survey said that they had a personal officer, although those who did have one were more positive about their helpfulness than at the previous inspection. The personal officer scheme was not working at all well. Most wing staff had no access to the electronic case management system to make entries on case records.

## Recommendation

- 2.14 Each prisoner should regularly be checked on by a named member of staff, and a record of progress should be maintained based on these conversations..**

## Equality and diversity

### Expected outcomes:

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

**2.15** *The strategic management of equality was improving, with greater involvement of senior managers. The work of the equality action team was underpinned by an up-to-date policy and action plan and a well organised team of prisoner representatives. There was a hiatus in monitoring access to services and regime following the withdrawal of SMART monitoring. The number of reported discrimination incidents was low; investigations were reasonable. Identification of prisoners from minority groups had improved since the previous inspection. Foreign nationals received good support. Prisoners with disabilities and young adults reported more negatively in our survey.*

### Strategic management

- 2.16** The equality manager managed two areas of the prison as well as coordinating equality work. She did not have administrative support and she was also used by prisoners for requests that were not related to diversity. We spoke to a group of prisoner diversity representatives from all the house blocks who were enthusiastic about their role.
- 2.17** The strategic management of equality had recently been strengthened and greater input from senior managers was evident. The equality action team (EAT) met quarterly but it was not clear what actions had been taken as a result of the meetings. However, prisoners told us that the last EAT meeting had been considerably better than previous meetings. In 2014 members of the senior management team had been assigned as leads for individual protected characteristics and equality had been added to the senior management team meeting as a regular agenda item. The equality policy was up to date and was reviewed regularly. A few impact assessments had been completed in the preceding 12 months and were of reasonable quality.
- 2.18** Ethnic monitoring had ceased at the end of 2013 and the prison had no means of identifying under or over representation of minority groups in any area of its regime or services. The identification and recording of prisoners' protected characteristics had improved since the last inspection and more information about the diverse nature of the population was being captured. The process was confidential and follow up offered prisoners the opportunity to talk to the equality manager or a diversity representative.
- 2.19** Only 15 discrimination incident report forms (DIRFs) had been submitted in the six months before the inspection. Blank forms were not available on the house blocks with other complaints forms, but they could be obtained from diversity representatives. One representative said he thought that this helped representatives to resolve problems without the need for incidents to be reported. There was no means of tracking how often this happened, the type of incidents involved or whether prisoners were content with the

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

outcomes. It also made it more difficult for a prisoner to submit a diversity related complaint confidentially. Incidents that had been reported using the DIRF system had been appropriately investigated and replies were informative. There were examples of remedial action being taken when needed. The prison met three other prisons each quarter to quality assure completed DIRFs from all four prisons. These meetings included prisoner representatives.

- 2.20** Training records showed that only 29% of staff were up to date with the requirement to attend diversity refresher training every three years.

## Recommendations

- 2.21** **Access to regime and services by prisoners of all protected characteristics should be monitored and robust action taken to investigate and address anomalies.**
- 2.22** **All staff should undertake regular diversity refresher training.** (Repeated recommendation 4.27)

## Housekeeping point

- 2.23** Blank discrimination incident report forms should be freely available to prisoners on their house blocks alongside other complaint and application forms.

## Protected characteristics

- 2.24** At the time of the inspection, 16% of prisoners were black or minority ethnic. In our survey, they reported generally similar experiences of prison life to white prisoners. Prisoners with a racial or homophobic element to their offending were identified on reception and the information properly flagged and used. Discriminatory behaviour was addressed using the IEP scheme and adjudications.
- 2.25** Our survey indicated that there were over 30 Gypsies and Travellers in the establishment, while the prison was aware of 14. A group for Gypsies and Travellers had been suspended in late 2013, apparently because issues outside the prison had led to friction between members of the community in the prison.
- 2.26** The foreign nationals officer provided good support to the population of about 70 foreign national prisoners, but a lack of translated information, particularly during early days in custody, was a weakness. There were nine immigration detainees, one of whom was 14 months past his sentence expiry date. They were helped to submit bail applications and to re-apply if initially unsuccessful. Overseas phone credit of £10 a month was given to foreign national prisoners who did not receive visits, and to British nationals whose families lived overseas. Free airmail letters were also available.
- 2.27** There were 166 prisoners on the disability database. More were identified than at the previous inspection, but our survey suggested that there could be considerably more than this. Paid carers were available and care plans and personal emergency evacuation plans (PEEPs) were completed for prisoners who needed them. However, not all staff, including night staff, were aware of who had PEEPs or where to find them. In our survey, prisoners with disabilities reported less favourably than prisoners without a disability across a range of indicators. There were no regular forums for prisoners with disabilities.

- 2.28** The prison had identified 16 gay or bisexual prisoners. A gay prisoner we spoke to was positive about his treatment. A policy for the management of transgender prisoners was in place but the prison had had no recent experience of this group.
- 2.29** At the time of our inspection, there were 27 prisoners over the age of 60 and 54 aged between 50 and 59. The eldest was 86. Many of the oldest prisoners were housed on a small unit away from the three main house blocks. Prisoners there told us they preferred the quiet and calm that the unit offered. Retirement pay was available for prisoners who did not work and they did not have to pay for their televisions. Group meetings were held for older prisoners but were better attended on the vulnerable prisoner wing where they were facilitated by two community volunteers. Remedial gym sessions were available.
- 2.30** There was no forum for the 233 young adults in the prison as a distinct group. Some told us they felt they were treated differently to older prisoners, for example in gaining release on home detention curfew. They responded more negatively in our survey across a number of areas. The integration of young adults into the population had presented a range of difficulties that had not yet been effectively addressed (see paragraphs 1.21 and 3.10 and recommendations S46 and 3.15).

## Recommendations

- 2.31** **There should be regular consultation with all minority groups and their concerns should be acted on. In particular, the specific needs of the young adult population should be identified and met, especially in relation to their transition to a mixed-age population.**
- 2.32** **Immigration detainees should be transferred to specialist detention centres and not be held in prisons.**

## Housekeeping point

- 2.33** Residential staff should have greater awareness of and responsibility for personal emergency evacuation plans.

## Faith and religious activity

### Expected outcomes:

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

- 2.34** *The chaplaincy provided a range of services and classes and all major religions were provided for. The chaplaincy was visible and prisoners said they were helpful, but reported some dissatisfaction with their access to religious services.*

- 2.35** The chaplaincy was adequately staffed and provided a range of services, classes and pastoral support for all major faiths. However, in our survey, fewer prisoners said they found it easy to attend religious services than the comparator. Weekend service times had been changed so that prisoners could eat and attend a service, although prisoners told us that they had to

decide between different regime activities at weekends. Some prisoners also reported not being able to see a chaplain on arrival.

- 2.36** Services took place in a large chapel which was adapted for use by non-Christian faiths. There was no longer a separate multi-faith room. The chapel did not have any washing facilities and there were none nearby; we were told that this was sometimes an issue for Friday prayers. A morning Christian prayer session took place Monday to Thursday, which any prisoner could attend. Christian and Muslim classes were held each week and there was one corporate service a week for Anglicans, Catholics and Muslims. An inter-faith group meeting took place bimonthly when chaplaincy representatives and prisoners came together to worship.
- 2.37** Chaplains offered one-to-one bereavement counselling and played an integral part in arrangements for sharing bad news with prisoners. Individual services and prayers were available for prisoners to mark anniversaries or other significant events taking place outside the prison.

## Housekeeping points

- 2.38** All prisoners should have an opportunity to wash before Friday prayers.
- 2.39** Newly arrived prisoners should be able to see a chaplain.

## Complaints

### Expected outcomes:

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

**2.40** *Responses to complaints were timely, but too many were dismissive in tone. There was little analysis of the type of complaints or emerging themes.*

- 2.41** In our survey, fewer prisoners than at comparator prisons or at the last inspection felt that complaints were dealt with fairly and quickly. Although the timeliness of responses was monitored and was reasonable, there was not enough management oversight or analysis of the types of complaints or emerging themes.
- 2.42** Too many of the replies that we examined in our sample were curt and dismissive and some failed to address the issues raised by the prisoner. Guidance for staff had been produced but not all staff were aware of it. Quality assurance had not led to significant improvements.
- 2.43** The full range of complaint forms was available on each residential unit and complaint boxes were emptied daily. Information about the Independent Monitoring Board (IMB) and the Prisons and Probation Ombudsman was available on most wings. Secure IMB boxes had only recently been put up and for several months prisoners had been unable to make confidential applications to the IMB.

## Recommendation

- 2.44** Effective quality assurance systems should ensure that complaint responses are polite and address all salient issues, and overall trends should be analysed.

## Housekeeping point

- 2.45** IMB complaint boxes should be maintained so that complaints remain confidential.

## Legal rights

### Expected outcomes:

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

- 2.46** *The two video courts were well used. Legal services were adequate, support for bail applications was good but information on legal services was poor.*

- 2.47** Video courts were well used for court hearings, legal and probation interviews and inter-prison visits. Between eight and 10 court sessions were facilitated each day. Access to legal visits was good and the facilities met the needs of the population.

- 2.48** Bail services were effective. Good communication with court-based bail staff enabled bail opportunities to be identified. About 20% of bail applications made by the establishment were successful. Adequate legal services were provided by trained staff in the offender management unit, but information about legal services given to prisoners during induction was poor.

## Housekeeping point

- 2.49** All prisoners should be made fully aware of available legal services during induction.

## Health services

### Expected outcomes:

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

- 2.50** *Some aspects of health care were good but the overall service was marred by gaps and delays in the administration of medicines, flawed applications and complaints procedures and rude and unprofessional behaviour by a few of the nursing staff. Clinical governance arrangements with the provider were generally good. Waiting times for clinics were short and attendance rates were good. Dental services were good. Primary and secondary mental health care was adequate.*

## Governance arrangements

- 2.51** The healthcare provider was Nottinghamshire NHS. Commissioning arrangements were developing with NHS England and the new partnership group was chaired by the director of the establishment. The health care manager had a good relationship with the commissioner and represented the services at senior management team meetings. Twenty-four hour care was provided and four health care staff were available at night. Health care services were delivered at the health care centre and on each of the wings and all areas provided a good environment for the care and treatment of patients.
- 2.52** The delivery of services was informed by a health needs assessment completed in 2013. Twenty per cent of the nursing posts were vacant and were being filled by regular agency staff. A few nurses had been subject to disciplinary procedures and unprofessional behaviour remained a problem. With the exception of dental services, prisoners in our survey were more critical of health care services than at comparator prisons.
- 2.53** Initial access to health care services was delayed by a poorly managed application procedure, although waiting times for clinics were short once patients were given an appointment. Specialist chronic disease clinics were held and there were two specialist nurse prescribers. Training and development were monitored by the provider and staff were in date for the mandatory elements. Information was shared at staff meetings and there were good arrangements for clinical supervision.
- 2.54** One GP took most clinics each week and the out-of-hours service was provided by the local community service. Pharmacy supplies were provided by the Co-op pharmacy. Medicines were supplied daily and urgent prescription requests could be made by 6pm for same day delivery. The pharmacist for the prison cluster attended the prison three days a week and regularly reviewed prescribing data, including groups of medication liable to abuse. Six dental sessions were delivered each week with very short waiting times for appointments.
- 2.55** Clinical records were maintained electronically using SystemOne. They were well written and demonstrated appropriate patient involvement. Old paper records were stored effectively.
- 2.56** Emergency resuscitation equipment, including automated external defibrillators (AEDs), was available on each wing, reception and the health care centre. Records were maintained for monitoring the equipment. The AEDs on the wings were located in the wing offices and, despite many discipline staff receiving training in first aid, none had been trained in the use of AEDs.
- 2.57** Prisoners were represented at a monthly health care forum where health care issues were discussed and actions followed up. There were no health care complaint boxes on the wings and in one broken box on the segregation unit we found health care complaints dating back six months. Approximately 25 complaints were received each month, which were dealt with initially by the health care manager. Prisoners received a typed response but holding letters were not sent to those whose complaints were complex and took longer to address. The responses that we saw were detailed and professional.
- 2.58** One of the health care team was responsible for health promotion and events. Health promotion literature was available in reception and the health care centre but not in the health care holding rooms or on the wings. Literature was only available in English.

## Recommendations

- 2.59** Nurse vacancies should be filled.
- 2.60** All patients should be treated professionally by health care staff and reports of unprofessional behaviour should be investigated and rigorously addressed.
- 2.61** The health care application procedure should ensure that patients are informed of their appointments in a timely fashion.
- 2.62** First-aid trained discipline staff should also receive training in the use of automated external defibrillators.
- 2.63** The health care complaints procedure should be effective and confidential.

## Housekeeping point

- 2.64** Prisoners should have access to health promotion information in a range of languages.

## Delivery of care (physical health)

- 2.65** There were good facilities in reception for health care screening of prisoners. Initial screening was carried out by primary care mental health nurses and prisoners were given information about access to health care services and health promotion literature. Interpretation services and written signposting were available to those prisoners who could not speak English. Secondary screening was carried out in the health care centre within three days.
- 2.66** Nurses were accessible to prisoners who reported sick in the wing treatment rooms during the day. Applications could be made using the ATMs. Patients were given an appointment to see a triage nurse in the first instance and were treated or referred to a nurse prescriber or a GP. Waiting times for GP referrals were about three days. Attendance rates for most health care clinics were very good at more than 95%.
- 2.67** Relationships between health care and segregation unit staff were good and the contribution made by the health care teams was valued. All prisoners on the unit were seen by a nurse or GP each day, more than once when required.
- 2.68** A wide range of clinics included chronic disease management, sexual health screening and physiotherapy. An x-ray service was available on site three days a week. Condoms were available from the wing nurses on request.
- 2.69** Twenty escort opportunities were available each week for prisoners attending outside hospital appointments. These were rarely cancelled. Appointments were managed efficiently by one of the health care administration staff.

## Pharmacy

- 2.70** Three full-time pharmacy technicians provided services such as supporting methadone supervision on the wings, supplying in-possession and special sick medicines<sup>6</sup> and providing counselling and advice to prisoners receiving medication.
- 2.71** A range of up-to-date, signed standard operating procedures were in place, with copies in the pharmacy and on the wings. Prescriptions were electronically generated from SystmOne and most medicines were supplied as named patient and appropriately labelled.
- 2.72** Over half the patients received their medication as in possession. They remained unable to secure their medicines in lockable cabinets. An up-to-date in-possession policy included a risk assessment which was sent to the prescriber to authorise in-possession status and the quantity to be supplied. The patient was required to send an electronic request to the administration department for a repeat prescription. The nursing team was alerted via SystmOne and they spoke to the patient before submitting a request to the prescriber. This procedure did not work effectively and many patients experienced delays in receiving their repeat medication. In one case a man did not receive essential heart medication for 10 days, which was unacceptable and dangerous.
- 2.73** Supervised medication supplies took place generally at appropriate times in the day but were not sufficiently flexible to administer medication that required a strict 12-hour gap between doses. A good range of special sick medication was only available before lunch each day following a patient request. We found some gaps in the sample of administration records that we looked at. A range of patient group directions<sup>7</sup> included antibiotics, inhalers and vaccines. The queues for medicine administration on the wings did not allow for adequate confidentiality.
- 2.74** Systems were in place in the pharmacy and on the wings to ensure safe management of pharmaceutical stock. Recorded fridge temperatures were within the accepted range. Waste medicines were appropriately stored and disposed of and a record kept of the disposal. Controlled drug registers were compliant with the requirements of the regulations.

## Recommendations

- 2.75 Lockable cupboards should be provided in cells for patients prescribed in-possession medication.** (Repeated recommendation 5.46)
- 2.76 The arrangements for prisoners to request repeat medication should ensure that medication is supplied in a timely manner and that patient safety is not compromised.**
- 2.77 The procedure for obtaining supplies of special sick medication should be reviewed to ensure that such medications are accessible when needed.**
- 2.78 Patient confidentiality should be maintained during the supply of medication.**

<sup>6</sup> When a prisoner attends the health care department for immediate treatment without an appointment

<sup>7</sup> Enable the supply and administration of prescription-only medicine by persons other than a doctor or pharmacist, usually a nurse

## Housekeeping points

- 2.79** A full record should be made of the administration of medicines.
- 2.80** Medications should be administered in accordance with the timescales prescribed, especially when outside the general administration times.

## Dentistry

- 2.81** Access to the dental services was very good. The surgery consisted of one large room located in the health care centre which met the requirements for the care and treatment of patients but needed more storage space. There were 140 patients on the waiting list at the time of our inspection with a maximum waiting time of two weeks. Patients were triaged appropriately and a good range of treatments was available. We observed patients being treated courteously but the surgery door remained open for all patients and compromised their privacy. Oral health promotion, including written material, was provided while patients were being seen. Emergency resuscitation equipment was shared with the health care centre. Dental records were maintained on paper and electronically using SystmOne.

## Housekeeping points

- 2.82** Additional storage facilities should be provided to comply with the control of infection.
- 2.83** Patients should be treated in private.

## Delivery of care (mental health)

- 2.84** An integrated mental health team provided primary and secondary services. The team was based in the health care centre and could see prisoners in consultation rooms or on the wings. There were approximately 150 primary mental health referrals each month and a continuing caseload of 50 patients. This placed a high demand on the service, which had two vacant posts, and patients could wait over seven days to be seen. There were no professional counselling services.
- 2.85** The secondary mental health care caseload averaged 75 patients, half of whom had enduring mental health problems and were managed using the care programme approach<sup>8</sup>. About 20 referrals were made each month. A range of services included psychological therapies and an adapted dialectical behavioural therapy group. A psychiatrist saw patients one day a week and an additional psychiatrist was being recruited.
- 2.86** Care was recorded electronically using SystmOne and managed through weekly multidisciplinary meetings attended by mental health and prison staff, including safer custody.
- 2.87** Transfers to secure mental health units were made promptly. Mental health awareness training for discipline staff was delivered by the team leader.

## Recommendation

- 2.88 Prisoners should have access to professional counselling services.**

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<sup>8</sup> The delivery of community mental health services to individuals diagnosed with a mental illness

## Catering

### Expected outcomes:

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

**2.89** *The food was of reasonable quality and was appreciated by many prisoners. Standards of hygiene during serving were not always adequate. The catering manager was responsive to prisoners' views on the food.*

**2.90** Perceptions of the food in our survey were considerably more positive than in comparable prisons, and the standard of food tasted was reasonable. At weekends the length of time between an 'evening meal', served at 4.30 or 5pm, and 10.30am brunch the following day was too long. Not all wings routinely issued a breakfast pack for the weekend. Prisoners appreciated being able to eat at tables in the large association areas.

**2.91** The catering manager attended a consultation meeting every Friday. Records showed that views and suggestions expressed at these meetings were followed up effectively. The kitchen was well maintained and equipped; the floor was worn with broken tiles, but they were to be replaced in the near future.

**2.92** Acceptable standards were not maintained during the serving of food by prisoners, supervised by staff. We saw prisoners behind serveries who were not properly dressed and eating while serving. We saw an officer kicking into cells the breakfast packs which prisoner orderlies had dropped on to the concrete floor.

### Recommendation

**2.93 Food should be served with acceptable standards of hygiene and decency.**

## Purchases

### Expected outcomes:

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

**2.94** *Prisoners were largely content with the arrangements to buy their own items, and the shop was well run.*

**2.95** In our survey, 59% of prisoners were content with the range of goods available against the comparator of 46%, although this had reduced from 70% at the previous inspection. The shop was efficiently managed, with good communication and weekly consultation about items available and prices. New arrivals received a reception pack of basic items and could make a special order in the early days rather than wait for the routine weekly ordering day.

## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

**All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.<sup>9</sup>**

**3.1** *The amount of time that prisoners were out of cell had reduced since the last inspection. Association and exercise took place regularly and were rarely cancelled.*

**3.2** Fully employed prisoners could achieve about eight hours out of cell each weekday, but some spent as little as one and a half hours out of cell, which was poor. During our roll checks, we found almost 30% of prisoners locked in cells compared with 19.5% at the last inspection. Many had little to do and we observed a general lack of engagement by staff during association.

**3.3** Most prisoners had regular periods of association and a full hour of exercise each day, although access for those who were fully employed was limited. Most exercise yards were consistently filthy, with litter strewn about during the inspection.

**3.4** The regime on the vulnerable prisoners' wing had improved. Access to activities was reasonable and opportunities for reintegration were being developed. Those on basic regime had very little time out of cell (see incentives and earned privileges section).

### Recommendations

**3.5** **Employed prisoners should have regular access to exercise and periods of association, and exercise areas should be kept clean.**

**3.6** **Time out of cell for unemployed prisoners and those on the basic level of the incentives and earned privileges scheme should be increased.** (Repeated recommendation 6.51)

<sup>9</sup> Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

## Learning and skills and work activities

### Expected outcomes:

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

**3.7** *Strategic planning was sound. Partnerships across the prison were strong and productive. Links with external employers were very good. Action to improve teaching and training since the previous inspection had been effective and most was now good. There was a wide range of prison work and a reasonable range of vocational training and education, but the process of allocating prisoners to activities was fragmented. Not enough prisoners were purposefully occupied throughout the day. Rates of achievement in vocational qualifications were high, but achievements in English and mathematics required improvement. Punctuality at activities was erratic and attendance at education classes too low. Library provision was poor.*

**3.8** *Ofsted<sup>10</sup> made the following assessments about the learning and skills and work provision:*

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

### Management of learning and skills and work

**3.9** Partnerships across the prison were strong and productive. The prison used the OLASS 4 contracts with The Manchester College (TMC) and N-ergy (which provided assessment in prison workplaces) effectively to meet prisoners' needs. The education and training provision provided by TMC was good. Strategic and business planning of learning and skills was sound. Plans made suitable use of information about the local and regional labour market received from partners such as the National Careers Service.

**3.10** Data on prisoners' achievement of qualifications were generally accurate and timely. TMC had carried out detailed comparative analysis of how well different groups of prisoners had achieved and appropriate actions were in place to narrow the gaps. However, the achievement of young adults was not monitored separately from those of adults, although they represented an important identifiable minority in the prison (see also recommendations S46 and 2.31).

**3.11** TMC had acted effectively to improve teaching and vocational training since the previous inspection. Their observations of learning sessions were thorough and contributed well to raising standards. Appropriately, a similar scheme was being established to cover instruction in prison workshops. Quality assurance of qualification assessment practice was rigorous.

<sup>10</sup> Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

- 3.12** Self-assessment was broadly accurate. It clearly identified strengths and areas for improvement, particularly in TMC provision. However, consideration of what the prison and other partners provided was not sufficiently evaluative.
- 3.13** Links with external employers were very good. Commercial contracts from a wide range of private and public sector clients ensured that work in the textiles and print workshops was often stretching. Other employer links resulted in guaranteed interviews for some prisoners on release. Two programmes at the prison employed an ex-offender on their staff. They acted as very effective role models for prisoners and for employers considering recruiting offenders.
- 3.14** Managers had identified that attendance at education classes was too low. However, actions to address the problem had not yet been successful, despite a range of initiatives.

## Recommendations

- 3.15** **The achievements of young adult prisoners should be monitored and analysed separately from those of adult prisoners, and effective action taken to remedy any underperformance.**
- 3.16** **The prison should improve self-assessment of all aspects of learning and skills and work so that it is suitably evaluative.**

## Provision of activities

- 3.17** Not enough prisoners were purposefully occupied throughout the day. There were approximately 900 activity places in learning and skills and work, but most of these were part time, every weekday morning or afternoon. Only about two-thirds of these places were filled at the time of the inspection.
- 3.18** There was a wide range of prison work which enabled prisoners to develop occupational and general employability skills. Some was challenging and of high quality, such as roles in the textile workshop. About 40% of work was in wing-based jobs which were not sufficiently purposeful.
- 3.19** The prison offered a good range of qualifications to those in work through the OLASS 4 contract with N-ergy and cleaning qualifications through TMC. Officers noted other skills that prisoners developed, such as team working, on training records. However, this did not lead to accreditation.
- 3.20** The range of vocational training and education leading to qualifications was reasonable and expanding. It included catering, railway track laying and computer use. English and mathematics classes were offered at suitable levels, but there were no classes in English for speakers of other languages despite demand.
- 3.21** A well-conceived pilot programme effectively engaged prisoners who had additional learning needs or other significant barriers to participating in education. It was one of a number of small but useful initiatives, including recreational learning.
- 3.22** The range of work and education for vulnerable prisoners housed on house block 3A had increased since the last inspection and was adequate. It included jobs in horticulture and recycling as well as classes in English and mathematics. However, these prisoners were offered vocational training leading to qualifications only in cleaning.

- 3.23** The process of allocating prisoners to learning and skills and work was fragmented and sometimes slow. Despite some good features, practice in different parts of the prison was inconsistent, unclear and not monitored sufficiently. At induction, prisoners did not receive enough written information about the full range of learning and skills and work available. Pay rates across activity were broadly equitable.

## Recommendations

- 3.24** Participation in learning and skills and work should be increased so that most prisoners are engaged throughout the working day. The content and management of wing-based work should be improved to ensure it is sufficiently purposeful.
- 3.25** The allocation of prisoners to learning and skills and work should be consistently timely, transparent and effective.
- 3.26** The prison should extend the range of vocational qualifications available to men housed in the vulnerable prisoner wing.
- 3.27** Classes and qualifications in English for speakers of other languages should be offered.

## Quality of provision

- 3.28** Training on vocational programmes and progress in learning new skills were good. In the vocational training kitchen, tutors effectively motivated learners with no previous experience of food preparation and service so that they learnt and applied new skills confidently. Individual coaching on these programmes and in workplaces was very effective.
- 3.29** Prisoners employed in workshops progressed rapidly from performing simple to more complex tasks. They often received effective informal support from more experienced prisoners. The assessment of skills developed at work was good. The emphasis placed on manual handling and safe working practices in work areas was strong.
- 3.30** Teaching and learning in education classes was mostly good. Prisoners made at least satisfactory progress in English and mathematics. In better sessions, teachers used question techniques effectively to test and reinforce learners' understanding and routinely provided learners with constructive feedback. They were adept at using materials from the outside world, such as current newspaper stories, in English sessions. In weaker sessions, there was an over reliance on the completion of unchallenging worksheets. These sessions were too slow or dominated by particularly vocal learners, leading to others losing interest.
- 3.31** Peer mentors provided good support in education classes and to newly arrived prisoners at induction. Those trained in Toe-by-Toe<sup>11</sup> worked productively with individual prisoners on the wings.
- 3.32** Initial assessment of prisoners' English and mathematics needs was appropriate and timely. The identification of barriers to learning such as dyslexia or mental ill health was sound. The planning of individual learning had improved but short-term personal targets on learning plans were not always defined effectively.

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<sup>11</sup> Peer mentoring scheme to help prisoners learn to read

- 3.33** There were strong links between vocational training and the work and employment available to men on release. Some workshops and workplaces had effective practices in place to help prisoners develop a suitable work ethic. In the print and copy workshop, prisoners who arrived late were sent back to their wings and had their pay docked.

### Housekeeping point

- 3.34** Short-term personal targets on individual learning plans should improve so that they are consistent, specific and measurable.

### Education and vocational achievements

- 3.35** Rates of achievement in vocational qualifications gained in training or at work were high. About 90% of prisoners working towards these qualifications were successful. Prisoners developed good practical skills. Those following media courses demonstrated strong attainment in areas such as video editing. Prisoners in the textiles workshop achieved good standards while working to tight timescales, which replicated the pressures common to workplaces in the community.
- 3.36** Prisoners' achievements in English and mathematics required improvement. Only about two-thirds of those who studied these subjects achieved a qualification.
- 3.37** Prisoners from identifiable minorities, such as Gypsies and Travellers and those with mental health difficulties, were less successful in achieving qualifications than the population overall. It was too early to assess if actions to narrow these gaps in performance were succeeding.
- 3.38** In education and training sessions prisoners generally treated their tutors and peers with respect. They enjoyed the classroom and training experience and articulated clearly how it would help them on release.
- 3.39** Punctuality and leaving times in training, work and education were erratic. Education classes in the vulnerable prisoner wing often finished 30 minutes earlier than elsewhere, and activity ceased early in some workplaces and training areas for no clear reason. Attendance at many education classes was low.

### Recommendations

- 3.40** **Prisoners' achievement of English and mathematics qualifications should be improved so that it is at least good.**
- 3.41** **All prisoners should arrive on time for learning and skills and work activities and should not leave early. They should attend regularly.**

### Library

- 3.42** Library provision was poor. Library facilities were located in small, unattractive rooms in each of the three house blocks. There was no furniture for private study, nor computers for prisoners visiting the library to use.

- 3.43** The library had an extensive range of DVDs for loan which were very popular. However, the stock of books was very low and poorly displayed. Arrangements for prisoners to select from stock held in house blocks apart from their own were weak, further limiting their book choices. The variety of newspapers and periodicals was narrow. Only 17% responding to our survey said there was a wide enough range of library materials, against 33% in comparable prisons.
- 3.44** Staffing was adequate. A qualified librarian and library assistant were supported well by a team of eight trained orderlies. Computer based systems had recently been set up to manage the library stock, but these were too basic to be effective. Stock loss was high. The library did not routinely obtain books or other materials to support education and vocational training courses across the prison.
- 3.45** Opening hours had improved since the last inspection to include weekends. Monitoring of the number of visits prisoners made to library facilities had become routine but the numbers borrowing books or DVDs were not recorded separately.
- 3.46** The library worked effectively to coordinate Toe by Toe provision across the prison. About 30 trained mentors worked individually with prisoners who had poor reading skills. Training for prisoners wishing to mentor was held regularly. Library staff facilitated a Spanish class and chess club.

## Recommendation

- 3.47** **Library facilities, resources and management systems should be improved to provide a suitable service and at least meet Prison Service library specifications.**

## Physical education and healthy living

### Expected outcomes:

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

**3.48** *The physical education (PE) department provided a very good range of recreational and vocational PE. Staffing and access were good. External links were strong and productive. Health and fitness were well promoted.*

- 3.49** The PE department offered suitable recreational PE activities, catering well for a wide age range. Activity was led by six well-qualified PE instructors and a PE manager, supported by six part-time orderlies. Prisoners could take part in up to five hours of PE each week, including at weekends. In our survey, 40% of prisoners said they used the gym at least three times a week against the comparator of 29%. Appropriate screening at induction ensured prisoners were fit to participate.
- 3.50** Links with community agencies and sports clubs were highly effective. The Prince's Trust offered popular 'get started with' sessions in a range of sports. The Police Clubs of Great Britain supported excellent sports academies in football, cricket, rugby and basketball. It also sponsored an imaginative initiative bringing young people into the prison to deter them from offending. Both organisations helped prisoners on release. A local football club had provided work to a number of prisoners released on temporary licence. The prison was part of local amateur leagues and hosted football games and fundraising charity events.

- 3.51** Health and fitness were well promoted. Fitness sessions for older prisoners, for those wishing to lose weight or in rehabilitation were regular. Well attended healthy living days took place monthly in the sports hall.
- 3.52** A wide range of courses leading to accreditation at levels 1 and 2 ran throughout the year, including awards in coaching, sports leadership, lifestyle management and healthy living. The number of awards achieved was high.
- 3.53** Staff carefully recorded prisoners' attendance at PE, but did not identify those who did not participate. It was therefore not possible to target and encourage non-participants to take up fitness activity.

### **Housekeeping point**

- 3.54** Prisoners who do not participate in PE should be identified and encouraged to take part.



## Section 4. Resettlement

### Strategic management of resettlement

#### Expected outcomes:

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

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

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

**4.1** *Strategic management of resettlement was reasonable but did not focus sufficiently on offender management. There was generally good provision for the large number of short-term and remand prisoners, which exceeded what we normally see. Only 10% of prisoners in our survey said that staff helped them to prepare for release.*

**4.2** Most resettlement work had been contracted out to an agency called Catch 22. An up-to-date reducing re-offending strategy had an associated action plan and was based on a detailed needs analysis undertaken in 2013. It focused on the payment by results (PBR) pilot and the needs of prisoners sentenced to under 12 months. A quarterly reducing re-offending meeting had very recently been combined with the quality improvement group, but attendance by relevant staff, particularly Catch 22 staff, had been noted in the minutes as inconsistent. The meetings focused on pathway provision and short-sentence prisoners and did not pay enough attention to offender management and the needs of prisoners serving over 12 months.

**4.3** Remand prisoners had a helpful immediate needs assessment which focused primarily on accommodation, debt and employment issues, and they were appropriately signposted to services.

**4.4** There were good strategic and operational links with a range of statutory and community organisations to facilitate the provision of 'through the gate' services to prisoners in the PBR cohort. Despite considerable work with this group, in our survey only 10% of prisoners said they had been helped by staff to prepare for their release, against the comparator of 14% and 21% at the previous inspection.

### Recommendation

**4.5** **The reducing re-offending meeting should include in its remit offender management and longer-sentenced prisoners and all relevant staff should attend.**

## Offender management and planning

### Expected outcomes:

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

- 4.6** *Offender management was weak in some areas and there were some shortcomings in public protection work. The prison was up to date with offender assessment systems (OASys). Re-categorisation was generally efficiently managed but sometimes refused because sentence plan targets which were not achievable had not been completed. Indeterminate sentence prisoners were reasonably well supported but those facing a potential indeterminate sentence were not identified on remand.*
- 4.7** In our survey, 69% of prisoners said they had a named offender manager in the probation service against 60% in comparator prisons. The offender management unit (OMU) comprised Catch 22 and probation offender supervisors, and case allocation to the latter was appropriately based on risk. Life-sentence prisoners were also managed by probation. Unusually for a local prison, OASys was up to date.
- 4.8** Most cases that we inspected contained an adequate and timely assessment of the likelihood of reoffending. OASys assessments completed by Catch 22 offender supervisors were well written but relied too much on the prisoner's account. The same was true of 'Meganexus' assessments (the case management system used for short-sentenced prisoners) where evidence was not triangulated effectively. Offender supervisors said the prison did not receive key information to enable them to triangulate evidence, such as Crown Prosecution Service papers, victim and witness statements and restraining orders. In fact both the public protection unit (PPU) and the security department had pertinent information which was not shared with the OMU. This was indicative of a significant lack of coherent and proactive information sharing between key departments which was necessary for informed OASys assessment and effective risk management.
- 4.9** In our case sample, some critical information on risk of harm was inaccurately recorded and could have rendered staff and other prisoners vulnerable. For example, one prisoner was identified on P-NOMIS and on the security screen at the gate lodge area as posing a high risk to staff, while on OASys he was identified as posing a low risk of serious harm. There was no entry on ViSOR (violent and sexual offenders register) despite the prisoner being given a 34-year tariff for murder nine months previously.
- 4.10** Risk management plans were not always of high enough quality, particularly those prepared by offender supervisors in the prison; the latter did not specify the restrictive measures and the offending behaviour work required to keep victims and potential victims safe.
- 4.11** Ten percent of OASys assessments were quality assured by a senior probation officer, a probation officer or by three of the Catch 22 offender supervisors. We saw little subsequent management oversight or challenge of inadequate work.
- 4.12** An appropriate pathway needs assessment and custody plan was generated through Meganexus for short-sentence prisoners. The plans we examined were generally good, and offender supervisors regularly saw prisoners allocated to them. However, prisoners sentenced to over 12 months and allocated to Catch 22 staff were not supported by them to achieve sentence plan targets. Beyond the completion of an OASys, offender supervisors'

contact with prisoners was reactive, minimal and prisoner led. The OASys assessor and offender supervisor were often different people, providing poor continuity for prisoners.

- 4.13 The use of and recording on P-NOMIS was among the weakest we have seen. It was not routinely used by prison officers and important information, such as offence paralleling behaviour, was not captured and shared with offender supervisors. Probation offender supervisors used a different recording system, to which the prison had no access.
- 4.14 Multidisciplinary home detention curfew assessments were proactively initiated by the prison, but Catch 22 staff were not told which prisoners were being presented to the board until the day before. This left little time to address 'through the gate' issues for prisoners whose applications were successful.

## Recommendations

- 4.15 **All key information necessary for effective OASys assessment and risk management plans should be routinely shared with the OMU and used to triangulate evidence.**
- 4.16 **Management oversight, particularly of risk of serious harm assessments and risk management plans, should be robust and inadequate work should be challenged.**
- 4.17 **A common recording system should be used by all staff to record their interactions with prisoners.**
- 4.18 **Offender supervisors should have regular, active contact with prisoners to help them achieve sentence plan objectives.**

## Housekeeping points

- 4.19 The allocated offender supervisor should carry out the OASys assessment to motivate prisoners for whom they are responsible.
- 4.20 Offender supervisors should be given adequate notice of prisoners being presented to the home detention curfew board.

## Public protection

- 4.21 A PPU clerk screened new receptions for MAPPAs (multi-agency public protection arrangements) eligibility and mail or telephone monitoring. Daily checks were made on the police national computer and ViSOR, but ViSOR was not used to share information from the prison.
- 4.22 Communications monitoring was discussed at a weekly inter-departmental risk management team (IRMT) meeting. One hundred and ninety-six prisoners were subject to such monitoring, 94 of whom posed a risk to children, 79 were harassment cases, eight were MAPPAs cases and 15 resulted from intelligence from the PPU. Restrictions were proportionate and reviewed in a timely manner, and prisoners were made aware of monitoring arrangements. All relevant staff attended the meeting except wing staff, who could have contributed important information. There was wider attendance at a monthly IRMT meeting but the meeting did not focus on prisoners who posed the highest risk of serious concern; we noted that only one of the six very high/high risk of serious harm cases

that we inspected had been referred. Some prisoners had never been referred to the IRMT despite meeting the criteria in the prison's public protection policy.

- 4.23** MAPPA minutes were kept on the only ViSOR terminal in the PPU; there was no printer and so minutes were not readily accessible to offender supervisors. Some MAPPA alerts were not flagged on NOMIS as required. We saw a MAPPA level I domestic violence perpetrator who had been at the prison for nine months and was three weeks short of discharge with no clear arrangements in place for his release. He had a restraining order which he did not know the details of, potentially leaving the victim at risk and the prisoner liable to non-compliance action. An out-of-scope sex offender to be released in five weeks did not know what his licence conditions were likely to be, the details of his restraining order or how he should register himself as a sex offender (see main recommendation S49). The prison did not know that he had a ViSOR record and probation staff were not using ViSOR to check or record information about the prisoner.

## Recommendations

- 4.24** **The monthly IRMT should focus on all prisoners who pose the highest risk of serious harm and all relevant staff should attend.**
- 4.25** **ViSOR should be used to read and record relevant information in applicable cases.**

## Housekeeping points

- 4.26** MAPPA minutes should be readily accessible to offender supervisors.
- 4.27** MAPPA alerts should be recorded on NOMIS as required.

## Categorisation

- 4.28** At the time of the inspection, 115 of the sentenced prisoners were category B prisoners, 528 category C and 11 category D. A further 136 prisoners had been categorised as YOI (young offender institution) closed and three as YOI open. Initial categorisation assessments were timely, based on an algorithm and undertaken by case support staff or offender supervisors. All categorisation recommendations were signed off by a manager.
- 4.29** Re-categorisation reviews were multidisciplinary and timely. Information from a range of sources was included, such as wing staff and security, and progress on sentence plan targets was considered. Prisoners were able to make written contributions and were informed of the outcome in writing. Progression was sometimes hindered because prisoners could not achieve sentence plan targets in Doncaster, for example completion of a victim awareness course, and there were insufficient places elsewhere (see recommendation 4.55).

## Indeterminate sentence prisoners

- 4.30** There were 14 indeterminate sentence for public protection prisoners and 29 life-sentence prisoners at the time of the inspection. Those facing an indeterminate sentence were not identified on remand and supported as necessary. However, once sentenced, prisoners were appropriately managed by probation offender supervisors who explained the sentence and its implications. There was no specific provision for indeterminate sentence prisoners, such as

consultation groups or family days; we were told that efforts had been made to consult prisoners in the previous year but they had not wished to engage with the process.

## Recommendation

- 4.31 Prisoners facing an indeterminate sentence should be identified on remand and supported as necessary.**

## Reintegration planning

### Expected outcomes:

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

- 4.32** *Pathway support work was generally very good, providing significant help for the large number of short-stay prisoners. Provision for children and families was particularly impressive and visiting arrangements were generally responsive to need.*

- 4.33** Six community Catch 22 workers took responsibility for prisoners in the identified payment by results cohort six to eight weeks before their release. They were co-located with integrated offender management teams in the community, which promoted partnership working. We saw some good examples of pathway-focused support plans, practical support for men pre-release and continuing support post-release, for example facilitating a change in curfew hours to enable the prisoner to take up a new job. In our survey, more prisoners than the comparator were aware of who could help them with education and benefits support.

## Accommodation

- 4.34** Catch 22 helped prisoners with housing needs. The housing team comprised a co-ordinator and two support workers, who were assisted by five prisoner orderlies. A prisoner orderly assessed the initial needs of all newly arrived remand prisoners and offered follow-up appointments for those with housing needs. Case managers referred sentenced prisoners to the housing team where necessary. Prisoners could refer themselves to the service at any time in their sentence. The team saw approximately 35 prisoners a day.
- 4.35** In the 11 months to March 2014, 92% of prisoners were released into settled accommodation. Prisoners discharged without accommodation were given two nights in a bed and breakfast at a cost of up to £50. The team had close links with local and national housing providers. One prisoner orderly was released two days a week to work for a local housing provider.

## Education, training and employment

- 4.36** Catch 22 routinely assessed all prisoners' needs before release and helped them to apply for training and education courses in the community. They contacted prisoners' previous employers to see if they would re-employ them and offered continuing support in the community for up to 12 months following release.

- 4.37** Partners involved in providing advice and guidance to prisoners worked together well during the prison's introduction to training and employment services procedure for new arrivals and subsequently. The quality of the National Careers Service provided by Careers Yorkshire and Humberside through their agent, Prospects, was good.
- 4.38** Citizens' Advice offered prisoners debt advice and help through Job Centre Plus to apply for benefits and the work programme. The prison's data indicated that typically 16% of prisoners secured employment and 17% participated in further education or training on release.
- 4.39** The opportunities for prisoners to develop job search skills needed to secure a job were too limited. Prospects had recently introduced a relevant programme, but it did not adequately meet prisoners' needs.

## Recommendation

- 4.40** **A suitable course should be delivered to all prisoners with imminent release to develop the skills needed to find employment.**

## Health care

- 4.41** Sufficient time was given to prepare patients being released or transferred and any necessary medicines were supplied. The care programme approach<sup>12</sup> was used for prisoners with enduring mental health problems and there were good links with the community. Palliative care and end-of-life policies and protocols were available but had not been required.

## Drugs and alcohol

- 4.42** Links with local and regional drug intervention teams (DIPs) were good. DIP team workers from Sheffield and Barnsley ran monthly group sessions with prisoners to tell them about community services. There was a 'building skills for recovery' programme and the substance use team made referrals to it.

## Finance, benefit and debt

- 4.43** Appropriate finance, benefit and debt support was available. Needs were assessed when prisoners arrived and they were supported with arranging housing benefit and dealing with rent arrears. Prisoners were able to open a Credit Union account before release; 83 had been opened in the 10 months before the inspection. Prisoners were given advice on budgeting and avoiding expensive loans. Appointments were made for prisoners to attend benefits offices after release, accompanied by a community worker if required.

## Children, families and contact with the outside world

- 4.44** In our survey, prisoners reported more positively than the comparator across a range of questions relating to communication with their families, including help given by staff to sustain family contact. Prisoners were generally content with visits provision and the treatment of their visitors, although the number of visits had dropped by around 20% in the first three months of 2014 compared to the same period in 2013. This seemed to be mainly

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<sup>12</sup> The delivery of community mental health services to individuals diagnosed with a mental illness

as a result of morning visits being cancelled between October 2013 and February 2014; these sessions were appropriately reintroduced in March 2014.

- 4.45** Visits took place each day, with a flexible session in the mornings and two sessions each afternoon. Each prisoner had a 90-minute visit. All sentenced prisoners were entitled to at least one visit a week and those on higher levels of the incentives and earned privileges scheme could have a maximum of three visits a week. The number of visits that unconvicted prisoners could have was limited, which was inappropriate. Prisoners told us that their visits usually started on time. The visits hall was large and bright and the tea bar, partly staffed by prisoners, offered hot and cold food and drinks for families. Staff supervision was unobtrusive. A play area was available for children. Levels of privacy were adequate in the visits hall, but not in the closed visits facility, which had only partial wall dividers between booths.
- 4.46** Prisoners booked their own visits using the ATM system. Visitors had to be registered with the prison and to provide a telephone or email address for notification of a booked visit. Some visitors we spoke to did not know about this procedure and relied on the prisoner contacting them with a visit date.
- 4.47** Prisoners were able to use their weekly visits entitlement during one day over two or three sessions if that met the needs of their visitors. A visitor could visit more than one prisoner at a time if they had two or more family members in the prison.
- 4.48** The visits centre was large, clean and open throughout the day. The centre was staffed by two visits clerks. There was no family support worker and little information, and there was nothing to occupy children while they waited for their visit.
- 4.49** Prisoners reported very positively on family support work. Family First, a families interventions service run by Serco, delivered seven relationship and family interventions in the establishment. These included parenting skills, bonding with newborns, toddler mornings, cooking as a family and sessions for prisoners to help their children with homework. The service was well used and 436 prisoners had taken part in a family intervention between October 2013 and February 2014. Family days were held regularly through the year and were open to all prisoners.

## Housekeeping points

- 4.50** Visits booking arrangements should be clearly communicated to families.
- 4.51** There should be no restrictions on the number of visits that unconvicted prisoners can have.

## Attitudes, thinking and behaviour

- 4.52** Only two accredited programmes were delivered: building skills for recovery and resolve. Despite the high level of need identified in the needs analysis, the number of prisoners completing these drugs and violence programmes in the previous six months was low at 20 and 13 respectively. Some prisoners had been on a waiting list for the programmes since late 2013.
- 4.53** The needs analysis had identified victim awareness as one of the most commonly reported offending-related needs. There was no victim awareness course at the prison, although we saw examples of good one-to-one victim work being delivered by probation officers.

**4.54** Efforts were made to move longer sentenced prisoners to other establishments to progress with their sentence plans. We were told that a national shortage of places made this particularly difficult for category B prisoners and sex offenders.

### **Recommendation**

**4.55** Programmes should meet the identified needs of the population and should include a victim awareness programme.

## Section 5. Summary of recommendations and housekeeping points

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

### Main recommendations

To the director

- 5.1 Violence should be significantly reduced and there should be rigorous systems for identifying, analysing and following up violent incidents, including in relation to the young adult population. (S46)
- 5.2 Prisoners undergoing opiate or alcohol detoxification regimes should receive a high level of support to ensure safe outcomes. Prescribing regimes should be flexible, based on individual need and adhere to national guidance, and discipline staff should be suitably trained to supervise medication administration. (S47)
- 5.3 Residential managers should support and monitor their staff on the wings, to ensure consistent, confident management of all prisoners. (S48)
- 5.4 MAPPA arrangements should be robust, clear and initiated at the appropriate time. These arrangements, and other pertinent issues such as restraining orders, should be explained in detail to all relevant prisoners and their level of understanding clarified. (S49)

### Recommendation

To the escort contractor

#### Courts, escort and transfers

- 5.5 Prisoners should not have long waits at court and should disembark from escort vans promptly on arrival at the prison. (1.3)

### Recommendations

To the director

#### Early days in custody

- 5.6 All interviews with newly arrived prisoners should take place in private. (1.11)
- 5.7 Prisoners should not remain in reception for long periods. (1.12)
- 5.8 First night unit staff should have the time and resources to care for and support newly arrived prisoners. First night cells should be clean, welcoming and free of graffiti. (1.13)
- 5.9 The induction programme should provide prisoners with an understanding of prison routines and how to access relevant services. (1.14)

### **Bullying and violence reduction**

- 5.10** There should be a range of interventions to challenge antisocial behaviour and to support victims. (1.22)
- 5.11** Prisoners on the vulnerable prisoner unit should be kept safe and free from abuse at all times, including during periods of exercise or when off the unit. (1.23)
- 5.12** Prisoners on the vulnerable prisoner unit should be subject to regular review, with a focus on their reintegration where possible. (1.24)

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

- 5.13** There should be sufficient trained prisoner peer supporters to support prisoners in crisis. (1.32)
- 5.14** All relevant staff should be appropriately trained in safer custody and provided with frequent refresher training. (1.33)
- 5.15** Care planning should be improved and case reviews should be properly attended by a range of staff who know the prisoner. (1.34)
- 5.16** All prisoners at risk of self-harm should be appropriately occupied during the day. (1.35)

### **Safeguarding**

- 5.17** The director should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.40)

### **Security**

- 5.18** Mandatory and suspicion drug tests should be carried out promptly on receipt of appropriate intelligence. (1.48)
- 5.19** Prisoners should only be strip-searched following a risk assessment and all strip-searches should be recorded and appropriately authorised. (1.49)
- 5.20** Prisoners should only be subjected to closed visits on the basis of visit-related issues. (1.50)
- 5.21** The substance use strategy should contain detailed action plans and performance measures for both supply and demand reduction initiatives. (1.51)

### **Incentives and earned privileges**

- 5.22** The incentives and earned privileges (IEP) scheme should be applied consistently and fairly. Prisoners on basic regime should be given every opportunity to demonstrate improved behaviour and not be subject to unauthorised punishments. (1.57)

### **Discipline**

- 5.23** The reasons for the high incidence of adjudications for refusal to obey a lawful order should be investigated and remedial action taken. (1.62)

- 5.24** Accurate and comprehensive video recording of planned use of force incidents should be produced and stored appropriately. (1.65)
- 5.25** Documentation on the use of special accommodation should be fully completed, authorised plans should be followed precisely and prisoners should be relocated to normal segregation unit accommodation as soon as they are no longer refractory. (1.66)
- 5.26** The showers in the segregation unit should be refurbished and all areas should be thoroughly cleaned. (1.73)
- 5.27** The reason for the large number of prisoners held in the segregation unit pending adjudication should be investigated and action taken to reduce the number. (1.74)
- 5.28** Prisoners on open ACCTs held in the segregation unit should be the subject of an enhanced review to ensure that it is the most suitable location for them. (1.75)
- 5.29** All prisoners should have detailed care and reintegration plans with specific, time-bound targets, based on an initial and ongoing assessment of their risks and needs. They should have access to as full a regime as possible. (1.76)

#### Substance misuse

- 5.30** An up-to-date needs analysis should be completed and service provision adjusted to meet emerging needs. (1.84)
- 5.31** Commissioners should ensure a suitably qualified and experienced staff mix to deliver services that will support positive treatment and recovery outcomes for prisoners. (1.85)

#### Residential units

- 5.32** High standards of maintenance and cleanliness of wings and outside areas should be consistently implemented. (2.6)
- 5.33** Cells designed for one should not be shared. (2.7)
- 5.34** No prisoner should be locked in a cell unless the water and electricity are working safely, and the basic fittings are intact. (2.8)
- 5.35** Cell call bells should be responded to quickly and there should be management oversight of response times. (2.9)

#### Staff-prisoner relationships

- 5.36** Each prisoner should regularly be checked on by a named member of staff, and a record of progress should be maintained based on these conversations. (2.14)

#### Equality and diversity

- 5.37** Access to regime and services by prisoners of all protected characteristics should be monitored and robust action taken to investigate and address anomalies. (2.21)
- 5.38** All staff should undertake regular diversity refresher training. (2.22)

**5.39** There should be regular consultation with all minority groups and their concerns should be acted on. In particular, the specific needs of the young adult population should be identified and met, especially in relation to their transition to a mixed-age population. (2.31)

**5.40** Immigration detainees should be transferred to specialist detention centres and not be held in prisons. (2.32)

### Complaints

**5.41** Effective quality assurance systems should ensure that complaint responses are polite and address all salient issues, and overall trends should be analysed. (2.44)

### Health services

**5.42** Nurse vacancies should be filled. (2.59)

**5.43** All patients should be treated professionally by health care staff and reports of unprofessional behaviour should be investigated and rigorously addressed. (2.60)

**5.44** The health care application procedure should ensure that patients are informed of their appointments in a timely fashion. (2.61)

**5.45** First-aid trained discipline staff should also receive training in the use of automated external defibrillators. (2.62)

**5.46** The health care complaints procedure should be effective and confidential. (2.63)

**5.47** Lockable cupboards should be provided in cells for patients prescribed in-possession medication. (2.75)

**5.48** The arrangements for prisoners to request repeat medication should ensure that medication is supplied in a timely manner and that patient safety is not compromised. (2.76)

**5.49** The procedure for obtaining supplies of special sick medication should be reviewed to ensure that such medications are accessible when needed. (2.77)

**5.50** Patient confidentiality should be maintained during the supply of medication. (2.78)

**5.51** Prisoners should have access to professional counselling services. (2.88)

### Catering

**5.52** Food should be served with acceptable standards of hygiene and decency. (2.93)

### Time out of cell

**5.53** Employed prisoners should have regular access to exercise and periods of association, and exercise areas should be kept clean. (3.5)

**5.54** Time out of cell for unemployed prisoners and those on the basic level of the incentives and earned privileges scheme should be increased. (3.6)

### Learning and skills and work activities

- 5.55** The achievements of young adult prisoners should be monitored and analysed separately from those of adult prisoners, and effective action taken to remedy any underperformance. (3.15)
- 5.56** The prison should improve self-assessment of all aspects of learning and skills and work so that it is suitably evaluative. (3.16)
- 5.57** Participation in learning and skills and work should be increased so that most prisoners are engaged throughout the working day. The content and management of wing-based work should be improved to ensure it is sufficiently purposeful. (3.24)
- 5.58** The allocation of prisoners to learning and skills and work should be consistently timely, transparent and effective. (3.25)
- 5.59** The prison should extend the range of vocational qualifications available to men housed in the vulnerable prisoner wing. (3.26)
- 5.60** Classes and qualifications in English for speakers of other languages should be offered. (3.27)
- 5.61** Prisoners' achievement of English and mathematics qualifications should be improved so that it is at least good. (3.40)
- 5.62** All prisoners should arrive on time for learning and skills and work activities and should not leave early. They should attend regularly. (3.41)
- 5.63** Library facilities, resources and management systems should be improved to provide a suitable service and at least meet Prison Service library specifications. (3.47)

### Strategic management of resettlement

- 5.64** The reducing re-offending meeting should include in its remit offender management and longer-sentenced prisoners and all relevant staff should attend. (4.5)

### Offender management and planning

- 5.65** All key information necessary for effective OASys assessment and risk management plans should be routinely shared with the OMU and used to triangulate evidence. (4.15)
- 5.66** Management oversight, particularly of risk of serious harm assessments and risk management plans, should be robust and inadequate work should be challenged. (4.16)
- 5.67** A common recording system should be used by all staff to record their interactions with prisoners. (4.17)
- 5.68** Offender supervisors should have regular, active contact with prisoners to help them achieve sentence plan objectives. (4.18)
- 5.69** The monthly IRMT should focus on all prisoners who pose the highest risk of serious harm and all relevant staff should attend. (4.24)
- 5.70** ViSOR should be used to read and record relevant information in applicable cases. (4.25)

- 5.71** Prisoners facing an indeterminate sentence should be identified on remand and supported as necessary. (4.31)

### Reintegration planning

- 5.72** A suitable course should be delivered to all prisoners with imminent release to develop the skills needed to find employment. (4.40)
- 5.73** Programmes should meet the identified needs of the population and should include a victim awareness programme. (4.55)

## Housekeeping points

### Courts, escort and transfers

- 5.74** Escort vans should be free of graffiti and properly ventilated. Used gel bags should be disposed of promptly and hygienically. (1.4)

### Early days in custody

- 5.75** All prisoners should be able to shower on their first day in the prison. (1.15)

### Self-harm and suicide

- 5.76** Actions identified following deaths in custody should be regularly reviewed following implementation to ensure that they have been sustained. (1.36)

### Security

- 5.77** Prisoners and visitors should be informed of the appeal procedures for closed visits and banned visitors. (1.52)

### Substance misuse

- 5.78** Alcoholics Anonymous meetings should be accessible to all prisoners regardless of location. (1.86)

### Equality and diversity

- 5.79** Blank discrimination incident report forms should be freely available to prisoners on their house blocks alongside other complaint and application forms. (2.23)
- 5.80** Residential staff should have greater awareness of and responsibility for personal emergency evacuation plans. (2.33)

### Faith and religious activity

- 5.81** All prisoners should have an opportunity to wash before Friday prayers. (2.38)
- 5.82** Newly arrived prisoners should be able to see a chaplain. (2.39)

## Complaints

**5.83** IMB complaint boxes should be maintained so that complaints remain confidential. (2.45)

## Legal rights

**5.84** All prisoners should be made fully aware of available legal services during induction. (2.49)

## Health services

**5.85** Prisoners should have access to health promotion information in a range of languages. (2.64)

**5.86** A full record should be made of the administration of medicines. (2.79)

**5.87** Medications should be administered in accordance with the timescales prescribed, especially when outside the general administration times. (2.80)

**5.88** Additional storage facilities should be provided to comply with the control of infection. (2.82)

**5.89** Patients should be treated in private. (2.83)

## Learning and skills and work activities

**5.90** Short-term personal targets on individual learning plans should improve so that they are consistent, specific and measurable. (3.34)

## Physical education and healthy living

**5.91** Prisoners who do not participate in PE should be identified and encouraged to take part. (3.54)

## Offender management and planning

**5.92** The allocated offender supervisor should carry out the OASys assessment to motivate prisoners for whom they are responsible. (4.19)

**5.93** Offender supervisors should be given adequate notice of prisoners being presented to the home detention curfew board. (4.20)

**5.94** MAPPA minutes should be readily accessible to offender supervisors. (4.26)

**5.95** MAPPA alerts should be recorded on NOMIS as required. (4.27)

## Reintegration planning

**5.96** Visits booking arrangements should be clearly communicated to families. (4.50)

**5.97** There should be no restrictions on the number of visits that unconvicted prisoners can have. (4.51)



## Section 6. Appendices

### Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Hindpal Singh Bhui	Team leader
Colin Carroll	Inspector
Bev Alden	Inspector
Karen Dillon	Inspector
Paul Rowlands	Inspector
Angela Johnson	Inspector
Fionnuala Gordon	Inspector
Martin Kettle	Inspector
Lucy Higgins	Researcher
Helen Ranns	Researcher
Ewan Kennedy	Researcher

#### **Specialist inspectors**

Paul Roberts	Substance misuse inspector
Mick Bowen	Health services inspector
Elizabeth Wands-Murray	Care Quality Commission
Helen Jackson	Pharmacist
Alistair Pearson	Ofsted inspector
Nigel Bragg	Ofsted inspector
Sheila Willis	Ofsted inspector
Helen Rinaldi	Offender management inspector
Tony Rolley	Offender management inspector
Mike Lane	Offender management inspector



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

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

### Safety

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

*At the last inspection in 2010, reception lacked privacy but staff were welcoming to new arrivals. There were delays in moving new prisoners to the induction unit for their first night. The induction process was comprehensive. Violence reduction and suicide prevention measures were sound and most prisoners reported feeling safe, although the quality of some assessment, care in custody and teamwork (ACCT) documents was poor. Vulnerable prisoners were disadvantaged. There was good care of segregated prisoners and most were reintegrated. There was an overuse of overnight segregation pending adjudications. Clinical management of substance misuse had improved and there was an effective supply reduction strategy. Outcomes for prisoners were reasonably good against this healthy prison test.*

#### **Main recommendations**

A full activities regime should be introduced for vulnerable prisoners. (HP51)

##### **Partially achieved**

The incentives and earned privileges (IEP) scheme should be consistent in its policy and application. The prison should establish governance arrangements to monitor the use of IEP and ensure consistency and fairness in its application. (HP52)

##### **Not achieved**

#### **Recommendations**

All interviews with newly arrived prisoners should take place in private. (1.13)

##### **Not achieved** (recommendation repeated, 1.11)

Prisoners should not remain in reception for long periods. (1.14)

##### **Not achieved** (recommendation repeated, 1.12)

Handover procedures should be introduced and include information on the location and status of all new prisoners. (1.18)

##### **Partially achieved**

Prisoners on the vulnerable prisoner unit should be kept safe and free from abuse at all times, including during periods of exercise or when off the unit. (3.16)

##### **Not achieved** (recommendation repeated, 1.23)

Prisoners on the vulnerable prisoner unit should be subject to regular review, with a focus on their reintegration where possible. (3.17)

##### **Not achieved** (Recommendation repeated, 1.24)

Entries in assessment, care in custody and teamwork (ACCT) documents should reflect a high standard of prisoner care. (3.27)

**Achieved**

Care planning should be improved and case reviews should be properly attended by a range of staff who know the prisoner. (3.28)

**Not achieved** (Recommendation repeated, 1.34)

All prisoners at risk of self-harm should be appropriately occupied during the day. (3.29)

**Not achieved** (Recommendation repeated, 1.35)

The establishment should ensure that weekend mandatory drug testing takes place consistently. (3.73)

**Achieved**

Information from security information reports should be acted on promptly, in line with its importance. (7.10)

**Partially achieved**

Prisoners should only be subjected to closed visits on the basis of visit-related issues. (7.11)

**Not achieved** (Recommendation repeated, 1.50)

Rules should be applied consistently across the prison. (7.12)

**Not achieved**

The reasons behind the high incidence of adjudications for refusal to obey a lawful order should be investigated and remedial action taken. (7.23)

**Not achieved** (Recommendation repeated, 1.62)

Staff should not use collective punishments to deal with disciplinary issues. (7.24)

**Achieved**

All adjudications should be recorded clearly and in full. (7.25)

**Achieved**

Prisoners should not routinely be handcuffed when being taken to the segregation unit. (7.30)

**Achieved**

Accurate and comprehensive video recording of incidents should be produced, with appropriate storage of completed recordings. (7.31)

**Not achieved**

Prisoners located in the special accommodation should be relocated to normal segregation unit accommodation as soon as they are no longer refractory. (7.32)

**Not achieved**

Cells on the segregation (reorientation) unit should have an electricity supply. (7.45)

**Achieved**

The segregation (reorientation) unit showers should be refurbished. (7.46)

**Not achieved**

The prison should analyse the reason for the large number of prisoners held pending adjudication and take action to reduce the number. (7.47)

**Not achieved**

Prisoners on the basic regime should be allowed to attend work. (7.59)

**Not achieved**

Prisoners on the basic regime should be set clear behavioural improvement targets, which are monitored. (7.60)

**Not achieved**

Reviews and hearing of appeals should involve a full board, as described in the policy, and include the prisoner. (7.61)

**Not achieved**

Application of the zero tolerance policy should be reserved only for violence and substance misuse. (7.62)

**Partially achieved**

The IEP system should not be used to punish infringements that should more appropriately be dealt with by adjudication, or as an interim measure for allegations which lead to an adjudication before the charge has been proven. (7.63)

**Partially achieved**

Prescribing regimes for alcohol- and opiate-dependent prisoners should be flexible, based on individual need and adhere to national guidance. Clinical management protocols should be finalised. (3.64)

**Not achieved**

Additional support should be provided to prisoners undergoing opiate or alcohol detoxification regimes. (3.65)

**Not achieved**

Clinical substance misuse and counselling, assessment, referral, advice and throughcare (CARAT) services should improve joint work and provide fully integrated care. (3.66)

**Achieved**

A dual diagnosis service should be developed for prisoners who experience both mental health and substance-related problems. (3.67)

**Achieved**

## Respect

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

*At the last inspection in 2010, the external environment was littered but internal areas were generally well decorated and clean. Staff–prisoner relationships were good but the key officer scheme operated only nominally. Wing files were poor. The structure and application of the incentives and earned privileges scheme required attention. Wider diversity provision was undeveloped. Primary health care services had improved and mental health services were responsive. Outcomes for prisoners were good against this healthy prison test.*

## Recommendations

External areas should be kept free of litter. (2.11)

**Not achieved**

Cells designed for one should not be shared. (2.12)

**Not achieved** (Recommendation repeated, 2.7)

There should be a means for staff on the wings to be alerted that cell call bells have been rung and managers should ensure that staff are able to respond swiftly to these. (2.13)

**Not achieved**

Prisoners should be able to telephone friends and family in the evening. (2.14)

**Achieved**

Prisoners should have ready access to prison-issue clothing. (2.19)

**Achieved**

Staff should challenge the strong demarcation of geographical groups and ensure that arrangements do not exclude young men. (2.27)

**No longer relevant**

Residential staff should engage directly with all prisoners in their care, encourage them to participate in activities and support them in applying for employment, using interpreters where necessary. (2.34)

**Not achieved**

Wider consultation of prisoners should be undertaken in key areas. (2.35)

**Partially achieved**

The role of the personal officer/key worker scheme should be reviewed to ensure the effective and consistent provision of support to individual prisoners in relation to their sentence plans and other aspects of resettlement provision. (2.41)

**Not achieved**

All strands of the diversity strategy should be represented at the diversity meeting. (4.7)

**Partially achieved**

Prisoner discussion and support forums should be introduced for all aspects of diversity, to identify emerging issues and offer support, using professional interpreting where necessary. (4.8)

**Not achieved**

Diversity liaison officers should be afforded time to carry out their roles. (4.9)

**No longer relevant**

The race equality action team should be attended by a range of senior managers. (4.25)

**Achieved**

There should be monthly analysis of racist incident report forms. (4.26)

**Partially achieved**

All staff should undergo regular race/diversity refresher training. (4.27)

**Not achieved** (Recommendation repeated, 2.22)

The negative perceptions of black and minority ethnic prisoners in relation to being victimised because of their faith should be explored. (4.31)

**Achieved**

There should be a policy in relation to the monitoring and promotion of faith which includes monthly monitoring of access to religious activities. (4.32)

**Not achieved**

The role of representative should be promoted to foreign nationals. (4.40)

**Partially achieved**

There should be more information readily available in languages other than English. (4.41)

**Not achieved**

Prisoners should not be used to interpret at adjudications or other sensitive procedures. (4.42)

**Achieved**

All older prisoners and those with disabilities should be assessed to establish the requirements for personal emergency evacuation plans (PEEPS) or other means of support. (4.55)

**Achieved**

PEEPS should be prisoner specific and include consideration beyond residential units. (4.56)

**Partially achieved**

The location of prisoners requiring assistance in an emergency should be easily identifiable. (4.57)

**Not achieved**

The benches on the exercise yard should be re-sited. (4.58)

**Not achieved**

A gay, bisexual and transgender policy should be developed and publicised on residential units. (4.64)

**Partially achieved**

Weekend regime activities should not clash with corporate worship. (3.55)

**Achieved**

Prisoners' perceptions of the length of time taken to deal with applications should be investigated. (3.37)

**Not achieved**

Automated transaction machines should be programmed in languages in addition to English. (3.38)

**Not achieved**

The environment of the health centre waiting rooms should be improved. (5.7)

**Achieved**

The initial health screen and secondary assessment should not be combined. (5.27)

**Achieved**

The application process should be accessible to health services staff only. (5.28)

**Achieved**

Waiting times to see the optician should be reduced. (5.29)

**Achieved**

The level of pharmacy staffing should be improved and prisoners should be able to consult with a pharmacist. (5.40)

**Achieved**

The medicines and therapeutics committee (MTC) should receive prescribing data and use it to demonstrate value for money, and to promote effective medicines management. (5.41)

**Achieved**

Controlled drugs should not be stored with other medicines in the stabilisation unit. (5.42)

**Achieved**

Care should be taken to make full and complete records of administration of medicines. This should include records of all occasions where a patient has refused medication or failed to attend, and issues relating to drug compliance should be followed up where appropriate. (5.43)

**Not achieved**

The administration or supply of a prescription-only medicine without a valid prescription should cease. (5.44)

**Achieved**

The timing of medication rounds should be reviewed to ensure that patients get the best treatment possible. (5.45)

**Not achieved**

Lockable cupboards should be provided in cells for patients prescribed in-possession medication. (5.46)

**Not achieved** (Recommendation repeated, 2.75)

A dental surgery inspection should be undertaken. (5.56)

**Achieved**

There should be provision of dental treatment to the level available in the NHS for all prisoners. (5.57)

**Achieved**

Further dental sessions should be provided, to reduce waiting lists permanently. (5.58)

**Achieved**

Record keeping should be reviewed with reference to current good practice guidelines published by the Faculty of General Dental Practice (UK). (5.59)

**Achieved**

There should be provision to cover the dentist's annual leave. (5.60)

**Achieved**

The inpatient area should be decorated to provide a more therapeutic environment for patients. (5.67)

**No longer relevant**

Inpatient beds should not be used to accommodate prisoners with disabilities unless there is a clinical need. (5.68)

**No longer relevant**

Inpatients should have access to day care that provides constructive activity, including education. (5.69)

**No longer relevant**

Primary mental health services, including brief group therapy options, should be provided for prisoners with mild-to-moderate mental health problems. (5.74)

**Achieved**

Prisoners needing assessment and treatment in NHS mental health inpatient services should be transferred expeditiously. (5.75)

**Achieved**

All serveries should have the designated Perspex screens in place. (8.11)

**Achieved**

Black and minority ethnic prisoners should be consulted about the food, to investigate their negative perceptions and improve them. (8.12)

**Achieved**

Breakfast packs should be issued on the morning they are to be eaten. (8.13)

**Not achieved**

## Purposeful activity

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

*At the last inspection in 2010, there was insufficient work, training and education activity. Although attendance was recorded as being good, during the inspection it was poor. The quality of the training and education available had improved. Time out of cell was good but restricted to the daytime. The library offered basic services. Access to PE was good, as was the quality of the opportunities there. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

### Main recommendation

The quantity and quality of activity places should be increased so that all prisoners have at least part-time education, training or work. (HP53)

**Partially achieved**

### Recommendations

Quality assurance systems across all learning and skills activities should continue to be developed. (6.6)

**Achieved**

Literacy and numeracy support for prisoners in work should be introduced. (6.12)

**Not achieved**

The prison should record and recognise unaccredited skills that are developed by prisoners. (6.13)

**Partially achieved**

The accommodation in the workshops should be improved to reflect a commercial environment. (6.14)

**No longer relevant**

The use of data should be improved, to provide reliable information on learners' progress to inform planning. (6.23)

**Achieved**

The quality of target setting and individual learning plans should be improved for education, work and vocational activities, and progress recorded. (6.24)

**Partially achieved**

More links should be made with external employers, to help to inform training and improve prisoners' employment prospects. (6.25)

**Achieved**

Education managers should reassess prisoner attendance in education in light of the findings of the inspection team. (6.26)

**Partially achieved**

Library opening hours should be improved. (6.31)

**Achieved**

Data on the use of the library should be collected and analysed to inform management decisions. (6.32)

**Partially achieved**

The library stock for young prisoners and emergent readers should be improved. (6.33)

**Partially achieved**

Prisoners engaged in off-wing work should have improved access to the PE academy. (6.40)

**Achieved**

The prison should monitor the use of the PE by individual prisoners and target more effectively those prisoners who do not exercise regularly. (6.41)

**Partially achieved**

The all-weather surface should be replaced. (6.42)

**Achieved**

Time out of cell for unemployed prisoners and those on the basic level of the IEP scheme should be increased. (6.51)

**Not achieved** (Recommendation repeated, 3.6)

Association should be available in the evenings. (6.52)

**Not achieved**

Prisoners should have clean areas in which to take exercise. (6.53)

**Partially achieved**

## Resettlement

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

*At the last inspection in 2010, the resettlement policy had limited circulation and was not based on a needs analysis. Layered offender management ensured that all prisoners received a basic assessment of need but planning for subsequent interventions needed greater attention. Offender assessment system (OASys) assessments and sentence plans were up to date. Pathway provision was generally good, with some excellent and innovative work, particularly relating to contact with families. Some prisoners were released without having completed courses identified as needed. Outcomes for prisoners were good against this healthy prison test.*

## Recommendations

A resettlement needs analysis should be carried out and the findings reflected in the reducing reoffending strategy. (9.7)

**Achieved**

Data relating to resettlement provision should be analysed at the reducing reoffending meeting to monitor current outcomes and inform future provision. This meeting should be attended by pathway leads and community agencies. (9.8)

**Not achieved**

The resettlement action plan should reflect all aspects of resettlement and be monitored for completion and ongoing compliance. (9.9)

**Not achieved**

Prisoners should be referred to appropriate agencies for needs identified during all resettlement assessments. (9.22)

**Achieved**

The use of video-link and telephone conferencing should be increased for those cases where offender managers are unable to attend in person. (9.23)

**Achieved**

The prison should increase the number of employers it works with, to improve the employment opportunities for prisoners on release. (9.39)

**Achieved**

The substance use strategy should contain detailed action plans and performance measures for both supply and demand reduction initiatives. (9.55)

**Not achieved** (Recommendation repeated, 1.51)

The remit of the counselling, assessment, referral, advice and throughcare (CARAT) service should include ongoing work with prisoners whose primary problem is alcohol. (9.56)

**Achieved**

A peer support scheme should be developed to offer additional support to prisoners who have completed the short duration drug programme. (9.57)

**No longer relevant**

The visits booking telephone contract should be renegotiated, to ensure that it is both efficient and economical in terms of costs to family and friends. (9.72)

**Achieved**

The policy on bringing in spare baby clothes into the visits hall should be clarified and applied consistently. (9.73)

**Achieved**

Prisoners should be brought to the visits hall on time, so that visits sessions start at the advertised time. (9.74)

**Achieved**

There should be no upper limit on the number of visits to which a remand prisoner is entitled. (9.75)

**Not achieved**

The furniture in the visits hall should be conducive to holding toddler sessions and provide sufficient space to allow privacy during general visits sessions. (9.76)

**Achieved**

Prisoners should be able to access the accredited programmes required in their sentence plan.

**Not achieved**

## Appendix III: Prison population profile

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

### Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	120	558	60.2
Recall	17	80	8.6
Convicted unsentenced	28	93	10.7
Remand	33	188	19.6
Civil prisoners	0	0	0.0
Detainees	1	6	0.6
Other	1	2	0.3
<b>Total</b>	<b>200</b>	<b>927</b>	<b>100</b>

Sentence	18–20 yr olds	21 and over	%
Unsentenced	65	302	32.6
Less than six months	29	114	12.7
six months to less than 12 months	22	90	9.9
12 months to less than 2 years	28	89	10.4
2 years to less than 3 years	20	65	7.5
3 years to less than 4 years	14	34	4.3
4 years to less than 10 years	15	111	11.2
10 years and over (not life)	0	86	7.6
ISPP (indeterminate sentence for public protection)	1	13	1.2
Life (non ISPP)	6	23	3.8
<b>Total</b>	<b>200</b>	<b>927</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here:	18	
Under 21 years	200	17.7
21 years to 29 years	374	33.2
30 years to 39 years	316	28.0
40 years to 49 years	157	13.9
50 years to 59 years	54	4.8
60 years to 69 years	19	1.7
70 plus years	7	0.6
Please state maximum age here:	77	
<b>Total</b>	<b>1127, unlock 27 March 2014</b>	<b>100</b>

Nationality	18–20 yr olds	21 and over	%
British	189	864	93.4
Foreign nationals	10	62	6.4
Not stated	1	1	0.2
<b>Total</b>	<b>200</b>	<b>927</b>	<b>100</b>

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	17	52	6.1
Uncategorised sentenced	52	231	25.1
Category A	0	0	0

Category B	0	114	10.1
Category C	0	519	46.1
Category D	0	9	0.8
Other YOI CLOSED	127	2	11.4
Other YOI OPEN	4	0	0.4
<b>Total</b>	<b>200</b>	<b>927</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
White			
British	159	746	80.3
Irish	0	2	0.2
Gypsy/Irish Traveller	3	11	1.2
Other white	5	31	3.2
Mixed			
White and black Caribbean	9	18	2.4
White and black African	0	3	0.3
White and Asian	1	3	0.4
Other mixed	3	5	0.7
Asian or Asian British			
Indian	0	6	0.5
Pakistani	11	32	3.8
Bangladeshi	0	4	0.4
Chinese	0	3	0.3
Other Asian	1	17	1.6
Black or black British			
Caribbean	2	16	1.6
African	3	17	1.8
Other black	1	9	0.9
Other ethnic group			
Arab	0	0	0
Other ethnic group	2	3	0.4
Not stated	0	0	0
<b>Total</b>	<b>200</b>	<b>927</b>	<b>100</b>

<b>Religion</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Baptist	0	0	0
Church of England	13	258	24
Roman Catholic	31	123	13.7
Other Christian denominations	22	78	8.9
Muslim	23	88	9.8
Sikh	0	1	0.1
Hindu	0	0	0
Buddhist	0	5	0.4
Jewish	0	1	0.1
Other	1	1	0.2
No religion	110	372	42.8
<b>Total</b>	<b>200</b>	<b>927</b>	<b>100</b>

<b>Other demographics</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Veteran (ex-armed services)	0	3	
<b>Total</b>	<b>0</b>	<b>3</b>	

**Sentenced prisoners only**

<b>Length of stay</b>	<b>18–20 yr olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	45	4	162	14.4
1 month to 3 months	52	4.6	206	18.3
3 months to six months	20	1.8	97	8.6
six months to 1 year	13	1.2	95	8.4
1 year to 2 years	5	0.4	49	4.3
2 years to 4 years	0	0	16	1.4
4 years or more	0	0	0	0
<b>Total</b>	<b>135</b>	<b>12</b>	<b>625</b>	<b>55.5</b>

**Sentenced prisoners only**

	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	25	164	16.8
<b>Total</b>	<b>25</b>	<b>164</b>	<b>16.8</b>

**Unsentenced prisoners only**

<b>Length of stay</b>	<b>18–20 yr olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	29	2.6	117	10.4
1 month to 3 months	21	1.9	90	8
3 months to six months	12	1.1	74	6.6
six months to 1 year	2	0.2	16	1.4
1 year to 2 years	1	0.1	5	0.4
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
<b>Total</b>	<b>65</b>	<b>5.8</b>	<b>302</b>	<b>26.8</b>



## Appendix IV: Summary of prisoner questionnaires and interviews

### Prisoner survey methodology

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

### Sampling

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

### Distributing and collecting questionnaires

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

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

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

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

### Survey response

At the time of the survey on 24 March 2014 the prisoner population at HMP Doncaster was 1,132. Using the method described above, questionnaires were distributed to a sample of 226 prisoners.

We received a total of 179 completed questionnaires, a response rate of 79%. This included five questionnaires completed via interview. Twenty-one respondents refused to complete a questionnaire, 14 questionnaires were not returned and 12 were returned blank.

Wing/unit	Number of completed survey returns
House block 1	54
House block 2	61
House block 3	57
Annex	5
Segregation unit	2

## Presentation of survey results and analyses

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

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

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

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Doncaster in 2014 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 35 local prisons since April 2009.
- The current survey responses from HMP Doncaster in 2014 compared with the responses of prisoners surveyed at HMP Doncaster in 2010.
- A comparison within the 2014 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2014 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2014 survey between those who are aged 21 and under and those over 21.

## Survey summary

### Section I: About You

<b>Q1.2</b>	<b>How old are you?</b>		
	Under 21 .....	28	(16%)
	21 - 29.....	63	(35%)
	30 - 39.....	46	(26%)
	40 - 49.....	27	(15%)
	50 - 59.....	10	(6%)
	60 - 69.....	2	(1%)
	70 and over .....	2	(1%)
<b>Q1.3</b>	<b>Are you sentenced?</b>		
	Yes .....	96	(54%)
	Yes - on recall.....	23	(13%)
	No - awaiting trial.....	38	(21%)
	No - awaiting sentence .....	21	(12%)
	No - awaiting deportation.....	0	(0%)
<b>Q1.4</b>	<b>How long is your sentence?</b>		
	Not sentenced .....	59	(34%)
	Less than 6 months .....	16	(9%)
	6 months to less than 1 year .....	25	(15%)
	1 year to less than 2 years .....	26	(15%)
	2 years to less than 4 years .....	12	(7%)
	4 years to less than 10 years .....	17	(10%)
	10 years or more.....	12	(7%)
	IPP (indeterminate sentence for public protection) .....	4	(2%)
	Life.....	1	(1%)
<b>Q1.5</b>	<b>Are you a foreign national? (i.e. do not have UK citizenship.)</b>		
	Yes .....	10	(6%)
	No.....	164	(94%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>		
	Yes .....	169	(97%)
	No.....	5	(3%)
<b>Q1.7</b>	<b>Do you understand written English?</b>		
	Yes .....	168	(95%)
	No.....	8	(5%)
<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	139	(79%)
	White - Irish .....	0	(0%)
	White - other.....	8	(5%)
	Black or black British - Caribbean.....	3	(2%)
	Black or black British - African.....	2	(1%)
	Black or black British - other.....	0	(0%)
	Asian or Asian British - Indian .....	0	(0%)
	Asian or Asian British - Pakistani.....	7	(4%)
	Asian or Asian British - Chinese .....	1	(1%)
	Asian or Asian British - other.....	1	(1%)
	Mixed race - white and black Caribbean .....	7	(4%)
	Mixed race - white and black African ..	1	(1%)
	Mixed race - white and Asian .....	2	(1%)
	Mixed race - other.....	1	(1%)
	Arab.....	0	(0%)
	Other ethnic group .....	4	(2%)

Asian or Asian British - Bangladeshi..... 0 (0%)

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

Yes ..... 6 (3%)  
No..... 169 (97%)

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

None.....	64 (37%)	Hindu .....	0 (0%)
Church of England .....	62 (35%)	Jewish .....	0 (0%)
Catholic .....	22 (13%)	Muslim .....	16 (9%)
Protestant.....	0 (0%)	Sikh .....	0 (0%)
Other Christian denomination .....	3 (2%)	Other.....	7 (4%)
Buddhist.....	1 (1%)		

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

Heterosexual/ Straight ..... 169 (97%)  
Homosexual/Gay..... 1 (1%)  
Bisexual..... 4 (2%)

**Q1.12 Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs)**

Yes ..... 52 (30%)  
No..... 123 (70%)

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

Yes ..... 7 (4%)  
No..... 168 (96%)

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

Yes ..... 40 (23%)  
No..... 132 (77%)

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

Yes ..... 86 (49%)  
No..... 88 (51%)

**Section 2: Courts, transfers and escorts**

**Q2.1 On your most recent journey here, how long did you spend in the van?**

Less than 2 hours ..... 115 (65%)  
2 hours or longer ..... 53 (30%)  
Don't remember ..... 9 (5%)

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

My journey was less than two hours ..... 115 (65%)  
Yes ..... 16 (9%)  
No..... 41 (23%)  
Don't remember ..... 5 (3%)

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

My journey was less than two hours ..... 115 (65%)  
Yes ..... 6 (3%)  
No..... 50 (28%)  
Don't remember ..... 5 (3%)

**Q2.4 On your most recent journey here, was the van clean?**

Yes ..... 102 (58%)

No.....	64 (37%)
Don't remember .....	9 (5%)

<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes .....	137 (77%)
	No.....	36 (20%)
	Don't remember .....	4 (2%)

<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	Very well.....	37 (21%)
	Well.....	85 (48%)
	Neither .....	42 (24%)
	Badly.....	5 (3%)
	Very badly .....	5 (3%)
	Don't remember .....	2 (1%)

<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)</b>	
	Yes, someone told me .....	114 (66%)
	Yes, I received written information .....	4 (2%)
	No, I was not told anything .....	47 (27%)
	Don't remember .....	9 (5%)

<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes .....	139 (80%)
	No.....	32 (18%)
	Don't remember .....	3 (2%)

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

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	Less than 2 hours .....	59 (34%)
	2 hours or longer .....	107 (61%)
	Don't remember .....	9 (5%)

<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	Yes.....	147 (85%)
	No .....	21 (12%)
	Don't remember .....	5 (3%)

<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>	
	Very well.....	35 (20%)
	Well.....	87 (49%)
	Neither .....	36 (20%)
	Badly.....	11 (6%)
	Very badly.....	6 (3%)
	Don't remember .....	2 (1%)

<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>	
	Loss of property .....	13 (8%)
	Housing problems.....	30 (18%)
	Contacting employers.....	5 (3%)
	Contacting family.....	47 (27%)
	Childcare .....	0 (0%)
	Money worries.....	55 (32%)
	Physical health .....	32 (19%)
	Mental health.....	39 (23%)
	Needing protection from other prisoners .....	19 (11%)
	Getting phone numbers .....	44 (26%)
	Other.....	16 (9%)
	Did not have any problems .....	50 (29%)

Feeling depressed or suicidal ..... 32 (19%)

- Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?**
- Yes ..... 45 (26%)  
 No ..... 78 (45%)  
 Did not have any problems ..... 50 (29%)
- Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)**
- Tobacco ..... 153 (87%)  
 A shower ..... 30 (17%)  
 A free telephone call ..... 142 (81%)  
 Something to eat ..... 136 (78%)  
 PIN phone credit ..... 58 (33%)  
 Toiletries/ basic items ..... 121 (69%)  
 Did not receive anything ..... 4 (2%)
- Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)**
- Chaplain ..... 50 (30%)  
 Someone from health services ..... 114 (67%)  
 A Listener/Samaritans ..... 44 (26%)  
 Prison shop/ canteen ..... 47 (28%)  
 Did not have access to any of these ..... 38 (22%)
- Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)**
- What was going to happen to you ..... 71 (42%)  
 What support was available for people feeling depressed or suicidal ..... 66 (39%)  
 How to make routine requests (applications) ..... 51 (30%)  
 Your entitlement to visits ..... 62 (36%)  
 Health services ..... 77 (45%)  
 Chaplaincy ..... 51 (30%)  
 Not offered any information ..... 51 (30%)
- Q3.9 Did you feel safe on your first night here?**
- Yes ..... 132 (75%)  
 No ..... 36 (21%)  
 Don't remember ..... 7 (4%)
- Q3.10 How soon after you arrived here did you go on an induction course?**
- Have not been on an induction course ..... 41 (23%)  
 Within the first week ..... 71 (40%)  
 More than a week ..... 57 (32%)  
 Don't remember ..... 9 (5%)
- Q3.11 Did the induction course cover everything you needed to know about the prison?**
- Have not been on an induction course ..... 41 (24%)  
 Yes ..... 60 (36%)  
 No ..... 50 (30%)  
 Don't remember ..... 18 (11%)
- Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?**
- Did not receive an assessment ..... 42 (25%)  
 Within the first week ..... 43 (26%)  
 More than a week ..... 63 (38%)

Don't remember ..... 20 (12%)

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

##### Q4.1 How easy is it to.....

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	24 (14%)	58 (34%)	27 (16%)	30 (17%)	24 (14%)	9 (5%)
Attend legal visits?	23 (14%)	68 (42%)	21 (13%)	22 (14%)	6 (4%)	21 (13%)
Get bail information?	7 (5%)	30 (19%)	28 (18%)	30 (19%)	26 (17%)	34 (22%)

##### 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.....	17 (10%)
Yes.....	53 (30%)
No.....	104 (60%)

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

Yes.....	45 (26%)
No.....	28 (16%)
Don't know.....	102 (58%)

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

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	104 (59%)	69 (39%)	3 (2%)
Are you normally able to have a shower every day?	154 (88%)	20 (11%)	2 (1%)
Do you normally receive clean sheets every week?	77 (44%)	91 (52%)	8 (5%)
Do you normally get cell cleaning materials every week?	91 (53%)	72 (42%)	9 (5%)
Is your cell call bell normally answered within five minutes?	30 (17%)	130 (75%)	13 (8%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	91 (54%)	74 (44%)	5 (3%)
If you need to, can you normally get your stored property?	47 (28%)	69 (41%)	54 (32%)

##### Q4.5 What is the food like here?

Very good.....	6 (3%)
Good.....	67 (38%)
Neither.....	54 (31%)
Bad.....	24 (14%)
Very bad.....	25 (14%)

##### Q4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?

Have not bought anything yet/ don't know.....	14 (8%)
Yes.....	103 (59%)
No.....	59 (34%)

##### Q4.7 Can you speak to a Listener at any time, if you want to?

Yes.....	70 (41%)
No.....	29 (17%)
Don't know.....	73 (42%)

##### Q4.8 Are your religious beliefs respected?

Yes.....	72 (42%)
No.....	31 (18%)
Don't know/ N/A.....	70 (40%)

<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>	
	Yes .....	87 (51%)
	No.....	15 (9%)
	Don't know/ N/A.....	70 (41%)

<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	<i>I don't want to attend</i> .....	50 (29%)
	Very easy.....	31 (18%)
	Easy .....	39 (23%)
	Neither .....	8 (5%)
	Difficult.....	11 (6%)
	Very difficult.....	4 (2%)
	Don't know .....	27 (16%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>	
	Yes .....	116 (69%)
	No .....	31 (18%)
	Don't know .....	22 (13%)

<b>Q5.2</b>	<b>Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option).</b>			
		Not made one	Yes	No
	Are applications dealt with fairly?	36 (22%)	61 (38%)	64 (40%)
	Are applications dealt with quickly (within seven days)?	36 (24%)	38 (25%)	76 (51%)

<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>	
	Yes .....	73 (45%)
	No .....	38 (23%)
	Don't know .....	53 (32%)

<b>Q5.4</b>	<b>Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option).</b>			
		Not made one	Yes	No
	Are complaints dealt with fairly?	88 (54%)	17 (10%)	57 (35%)
	Are complaints dealt with quickly (within seven days)?	88 (54%)	19 (12%)	55 (34%)

<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>	
	Yes .....	26 (17%)
	No.....	130 (83%)

<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	
	<i>Don't know who they are</i> .....	67 (41%)
	Very easy.....	13 (8%)
	Easy .....	25 (15%)
	Neither .....	21 (13%)
	Difficult.....	24 (15%)
	Very difficult.....	15 (9%)

### Section 6: Incentive and earned privileges scheme

<b>Q6.1</b>	<b>Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)</b>	
	<i>Don't know what the IEP scheme is</i> .....	30 (18%)
	Yes .....	78 (46%)
	No .....	38 (22%)

	<i>Don't know</i> .....	23 (14%)
<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)</b>	
	<i>Don't know what the IEP scheme is</i> .....	30 (18%)
	<i>Yes</i> .....	71 (43%)
	<i>No</i> .....	50 (30%)
	<i>Don't know</i> .....	15 (9%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	<i>Yes</i> .....	17 (10%)
	<i>No</i> .....	147 (90%)
<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>	
	<i>I have not been to segregation in the last 6 months</i> .....	127 (79%)
	<i>Very well</i> .....	9 (6%)
	<i>Well</i> .....	4 (3%)
	<i>Neither</i> .....	6 (4%)
	<i>Badly</i> .....	6 (4%)
	<i>Very badly</i> .....	8 (5%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	<i>Yes</i> .....	138 (84%)
	<i>No</i> .....	26 (16%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	<i>Yes</i> .....	129 (78%)
	<i>No</i> .....	36 (22%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	<i>Yes</i> .....	44 (26%)
	<i>No</i> .....	123 (74%)
<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i> .....	9 (5%)
	<i>Never</i> .....	28 (17%)
	<i>Rarely</i> .....	35 (21%)
	<i>Some of the time</i> .....	50 (30%)
	<i>Most of the time</i> .....	29 (17%)
	<i>All of the time</i> .....	15 (9%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i> .....	114 (67%)
	<i>In the first week</i> .....	31 (18%)
	<i>More than a week</i> .....	10 (6%)
	<i>Don't remember</i> .....	14 (8%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<i>Do not have a personal officer/ I have not met him/ her</i> .....	114 (71%)
	<i>Very helpful</i> .....	15 (9%)
	<i>Helpful</i> .....	16 (10%)
	<i>Neither</i> .....	6 (4%)
	<i>Not very helpful</i> .....	6 (4%)

Not at all helpful..... 3 (2%)

### Section 8: Safety

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

Yes ..... 74 (44%)  
No..... 93 (56%)

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

Yes ..... 31 (19%)  
No..... 131 (81%)

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

Never felt unsafe .....	93 (57%)	At meal times.....	14 (9%)
Everywhere .....	24 (15%)	At health services.....	13 (8%)
Segregation unit .....	3 (2%)	Visits area .....	16 (10%)
Association areas .....	20 (12%)	In wing showers .....	17 (10%)
Reception area .....	15 (9%)	In gym showers .....	10 (6%)
At the gym .....	12 (7%)	In corridors/stairwells.....	26 (16%)
In an exercise yard .....	16 (10%)	On your landing/wing .....	19 (12%)
At work.....	6 (4%)	In your cell.....	10 (6%)
During movement.....	26 (16%)	At religious services.....	6 (4%)
At education .....	9 (6%)		

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

Yes ..... 50 (30%)  
No..... 117 (70%)

#### Q8.5 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) .....	9 (5%)
Physical abuse (being hit, kicked or assaulted) .....	15 (9%)
Sexual abuse .....	0 (0%)
Feeling threatened or intimidated .....	21 (13%)
Having your canteen/property taken.....	12 (7%)
Medication.....	5 (3%)
Debt .....	5 (3%)
Drugs.....	7 (4%)
Your race or ethnic origin.....	0 (0%)
Your religion/religious beliefs .....	1 (1%)
Your nationality .....	0 (0%)
You are from a different part of the country than others.....	7 (4%)
You are from a traveller community .....	1 (1%)
Your sexual orientation .....	0 (0%)
Your age.....	1 (1%)
You have a disability.....	4 (2%)
You were new here.....	8 (5%)
Your offence/ crime .....	11 (7%)
Gang related issues.....	8 (5%)

#### Q8.6 Have you been victimised by staff here?

Yes ..... 36 (22%)  
No..... 129 (78%)

#### Q8.7 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) .....	13 (8%)
Physical abuse (being hit, kicked or assaulted) .....	7 (4%)
Sexual abuse .....	0 (0%)

Feeling threatened or intimidated .....	12 (7%)
Medication .....	4 (2%)
Debt .....	3 (2%)
Drugs .....	4 (2%)
Your race or ethnic origin .....	0 (0%)
Your religion/religious beliefs .....	0 (0%)
Your nationality .....	0 (0%)
You are from a different part of the country than others .....	6 (4%)
You are from a traveller community .....	0 (0%)
Your sexual orientation .....	2 (1%)
Your age .....	1 (1%)
You have a disability .....	1 (1%)
You were new here .....	5 (3%)
Your offence/ crime .....	6 (4%)
Gang related issues .....	2 (1%)

**Q8.8 If you have been victimised by prisoners or staff, did you report it?**

Not been victimised .....	105 (70%)
Yes .....	18 (12%)
No .....	27 (18%)

**Section 9: Health services****Q9.1 How easy or difficult is it to see the following people?**

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	17 (10%)	4 (2%)	32 (20%)	12 (7%)	51 (31%)	46 (28%)
The nurse	10 (7%)	18 (12%)	51 (33%)	17 (11%)	33 (22%)	24 (16%)
The dentist	23 (15%)	3 (2%)	14 (9%)	16 (11%)	48 (32%)	48 (32%)

**Q9.2 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	34 (21%)	5 (3%)	30 (19%)	23 (14%)	36 (23%)	31 (19%)
The nurse	22 (14%)	14 (9%)	41 (26%)	20 (13%)	30 (19%)	29 (19%)
The dentist	47 (31%)	9 (6%)	26 (17%)	19 (13%)	31 (20%)	20 (13%)

**Q9.3 What do you think of the overall quality of the health services here?**

Not been .....	19 (12%)
Very good .....	7 (4%)
Good .....	36 (23%)
Neither .....	25 (16%)
Bad .....	34 (21%)
Very bad .....	38 (24%)

**Q9.4 Are you currently taking medication?**

Yes .....	85 (52%)
No .....	78 (48%)

**Q9.5 If you are taking medication, are you allowed to keep some/ all of it in your own cell?**

Not taking medication .....	78 (48%)
Yes, all my meds .....	33 (20%)
Yes, some of my meds .....	19 (12%)
No .....	31 (19%)

**Q9.6 Do you have any emotional or mental health problems?**

Yes .....	70 (43%)
No .....	92 (57%)

<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)</b>	
	<i>Do not have any emotional or mental health problems</i> .....	92 (57%)
	Yes .....	22 (14%)
	No.....	46 (29%)

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	Yes .....	64 (40%)
	No.....	95 (60%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	Yes .....	30 (19%)
	No.....	129 (81%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	Very easy.....	43 (27%)
	Easy .....	25 (16%)
	Neither .....	11 (7%)
	Difficult.....	1 (1%)
	Very difficult.....	7 (4%)
	Don't know .....	73 (46%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy.....	11 (7%)
	Easy .....	17 (11%)
	Neither .....	13 (8%)
	Difficult.....	16 (10%)
	Very difficult.....	18 (11%)
	Don't know .....	86 (53%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes .....	14 (9%)
	No.....	147 (91%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes .....	14 (9%)
	No.....	144 (91%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	<i>Did not / do not have a drug problem</i> .....	92 (59%)
	Yes .....	33 (21%)
	No.....	31 (20%)
<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams for your alcohol problem, whilst in this prison?</b>	
	<i>Did not / do not have an alcohol problem</i> .....	129 (81%)
	Yes .....	12 (8%)
	No.....	19 (12%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	<i>Did not have a problem/ did not receive help</i> .....	122 (77%)
	Yes .....	26 (16%)
	No.....	10 (6%)

## Section II: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>					
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>
		<i>Very difficult</i>				
	Prison job	24 (15%)	9 (6%)	28 (17%)	16 (10%)	44 (27%)
	Vocational or skills training	36 (24%)	7 (5%)	35 (23%)	20 (13%)	31 (21%)
	Education (including basic skills)	28 (18%)	15 (10%)	58 (37%)	19 (12%)	25 (16%)
	Offending behaviour programmes	51 (33%)	5 (3%)	19 (12%)	22 (14%)	35 (23%)
		23 (15%)				
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>					
	<i>Not involved in any of these</i> .....					71 (45%)
	Prison job .....					63 (40%)
	Vocational or skills training.....					10 (6%)
	Education (including basic skills).....					35 (22%)
	Offending behaviour programmes .....					3 (2%)
<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>					
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>	
	Prison job	64 (44%)	35 (24%)	30 (21%)	17 (12%)	
	Vocational or skills training	75 (62%)	16 (13%)	20 (17%)	10 (8%)	
	Education (including basic skills)	62 (46%)	33 (24%)	29 (21%)	12 (9%)	
	Offending behaviour programmes	73 (61%)	17 (14%)	21 (18%)	9 (8%)	
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>					
	<i>Don't want to go</i> .....					47 (30%)
	<i>Never</i> .....					51 (33%)
	<i>Less than once a week</i> .....					32 (21%)
	<i>About once a week</i> .....					21 (13%)
	<i>More than once a week</i> .....					5 (3%)
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>					
	<i>Don't use it</i> .....					82 (53%)
	<i>Yes</i> .....					27 (17%)
	<i>No</i> .....					46 (30%)
<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>					
	<i>Don't want to go</i> .....					40 (25%)
	<i>0</i> .....					33 (20%)
	<i>1 to 2</i> .....					25 (15%)
	<i>3 to 5</i> .....					60 (37%)
	<i>More than 5</i> .....					5 (3%)
<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>					
	<i>Don't want to go</i> .....					23 (14%)
	<i>0</i> .....					22 (14%)
	<i>1 to 2</i> .....					52 (32%)
	<i>3 to 5</i> .....					32 (20%)
	<i>More than 5</i> .....					33 (20%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>					
	<i>Don't want to go</i> .....					10 (6%)
	<i>0</i> .....					6 (4%)
	<i>1 to 2</i> .....					15 (9%)

3 to 5 .....	24 (15%)
More than 5 .....	103 (65%)

**Q11.9 How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)**

Less than 2 hours .....	23 (14%)
2 to less than 4 hours .....	53 (33%)
4 to less than 6 hours .....	29 (18%)
6 to less than 8 hours .....	18 (11%)
8 to less than 10 hours.....	17 (10%)
10 hours or more .....	12 (7%)
Don't know .....	10 (6%)

### Section 12: Contact with family and friends

**Q12.1 Have staff supported you and helped you to maintain contact with your family/friends while in this prison?**

Yes .....	58 (37%)
No.....	99 (63%)

**Q12.2 Have you had any problems with sending or receiving mail (letters or parcels)?**

Yes .....	67 (42%)
No.....	93 (58%)

**Q12.3 Have you had any problems getting access to the telephones?**

Yes .....	29 (18%)
No.....	131 (82%)

**Q12.4 How easy or difficult is it for your family and friends to get here?**

I don't get visits .....	30 (19%)
Very easy.....	30 (19%)
Easy .....	35 (22%)
Neither .....	18 (11%)
Difficult.....	24 (15%)
Very difficult.....	21 (13%)
Don't know .....	4 (2%)

### Section 13: Preparation for release

**Q13.1 Do you have a named offender manager (home probation officer) in the probation service?**

Not sentenced .....	59 (36%)
Yes .....	72 (44%)
No.....	32 (20%)

**Q13.2 What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)**

Not sentenced/ NA.....	91 (56%)
No contact.....	28 (17%)
Letter .....	24 (15%)
Phone .....	6 (4%)
Visit.....	25 (15%)

**Q13.3 Do you have a named offender supervisor in this prison?**

Yes .....	54 (34%)
No.....	103 (66%)

<b>Q13.4</b>	<b>Do you have a sentence plan?</b>			
	Not sentenced.....	59	(38%)	
	Yes.....	35	(22%)	
	No.....	63	(40%)	
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>			
	Do not have a sentence plan/ not sentenced.....	122	(78%)	
	Very involved.....	6	(4%)	
	Involved.....	16	(10%)	
	Neither.....	4	(3%)	
	Not very involved.....	8	(5%)	
	Not at all involved.....	1	(1%)	
<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)</b>			
	Do not have a sentence plan/ not sentenced.....	122	(78%)	
	Nobody.....	18	(11%)	
	Offender supervisor.....	12	(8%)	
	Offender manager.....	9	(6%)	
	Named/ personal officer.....	3	(2%)	
	Staff from other departments.....	5	(3%)	
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>			
	Do not have a sentence plan/ not sentenced.....	122	(76%)	
	Yes.....	20	(13%)	
	No.....	11	(7%)	
	Don't know.....	7	(4%)	
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>			
	Do not have a sentence plan/ not sentenced.....	122	(76%)	
	Yes.....	7	(4%)	
	No.....	22	(14%)	
	Don't know.....	9	(6%)	
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>			
	Do not have a sentence plan/ not sentenced.....	122	(76%)	
	Yes.....	13	(8%)	
	No.....	13	(8%)	
	Don't know.....	12	(8%)	
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>			
	Yes.....	14	(9%)	
	No.....	70	(45%)	
	Don't know.....	70	(45%)	
<b>Q13.11</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>			
	Yes.....	15	(10%)	
	No.....	134	(90%)	
<b>Q13.12</b>	<b>Do you know of anyone in this prison who can help you with the following on release? (please tick all that apply to you.)</b>			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	33 (22%)	35 (23%)	82 (55%)
	Accommodation	31 (21%)	48 (32%)	71 (47%)
	Benefits	30 (20%)	58 (39%)	60 (41%)
	Finances	31 (22%)	29 (21%)	80 (57%)
	Education	31 (22%)	37 (26%)	73 (52%)

Drugs and alcohol	40 (28%)	48 (33%)	56 (39%)
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**Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?**

<i>Not sentenced</i> .....	59 (38%)
<i>Yes</i> .....	46 (29%)
<i>No</i> .....	52 (33%)

## Main comparator and comparator to last time



### Prisoner survey responses HMP Doncaster 2014

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

#### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
		179	5958	179	186
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	16%	6%	16%	27%
1.3	Are you sentenced?	67%	67%	67%	68%
1.3	Are you on recall?	13%	9%	13%	6%
1.4	Is your sentence less than 12 months?	24%	21%	24%	31%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	3%	2%	2%
1.5	Are you a foreign national?	6%	14%	6%	7%
1.6	Do you understand spoken English?	97%	98%	97%	
1.7	Do you understand written English?	95%	96%	95%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	17%	25%	17%	15%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	5%	3%	2%
1.1	Are you Muslim?	9%	12%	9%	7%
1.11	Are you homosexual/gay or bisexual?	3%	3%	3%	1%
1.12	Do you consider yourself to have a disability?	30%	22%	30%	20%
1.13	Are you a veteran (ex-armed services)?	4%	5%	4%	
1.14	Is this your first time in prison?	23%	32%	23%	21%
1.15	Do you have any children under the age of 18?	50%	55%	50%	44%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	30%	20%	30%	14%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	26%	37%	26%	
2.3	Were you offered a toilet break?	10%	9%	10%	
2.4	Was the van clean?	58%	60%	58%	
2.5	Did you feel safe?	77%	75%	77%	
2.6	Were you treated well/very well by the escort staff?	69%	67%	69%	61%
2.7	Before you arrived here were you told that you were coming here?	66%	65%	66%	
2.7	Before you arrived here did you receive any written information about coming here?	2%	4%	2%	
2.8	When you first arrived here did your property arrive at the same time as you?	80%	81%	80%	80%

## Main comparator and comparator to last time

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<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	34%	45%	34%	
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	77%	85%	85%
3.3	Were you treated well/very well in reception?	69%	63%	69%	73%
When you first arrived:					
3.4	Did you have any problems?	71%	74%	71%	67%
3.4	Did you have any problems with loss of property?	8%	14%	8%	11%
3.4	Did you have any housing problems?	18%	22%	18%	24%
3.4	Did you have any problems contacting employers?	3%	6%	3%	5%
3.4	Did you have any problems contacting family?	28%	31%	28%	25%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	4%	0%	7%
3.4	Did you have any money worries?	32%	23%	32%	23%
3.4	Did you have any problems with feeling depressed or suicidal?	19%	22%	19%	14%
3.4	Did you have any physical health problems?	19%	17%	19%	
3.4	Did you have any mental health problems?	23%	21%	23%	
3.4	Did you have any problems with needing protection from other prisoners?	11%	7%	11%	11%
3.4	Did you have problems accessing phone numbers?	26%	30%	26%	27%
For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	37%	35%	37%	
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	87%	84%	87%	96%
3.6	A shower?	17%	33%	17%	22%
3.6	A free telephone call?	81%	58%	81%	87%
3.6	Something to eat?	78%	75%	78%	79%
3.6	PIN phone credit?	33%	58%	33%	
3.6	Toiletries/ basic items?	69%	61%	69%	
<b>SECTION 3: Reception, first night and induction continued</b>					
When you first arrived here did you have access to the following people:					
3.7	The chaplain or a religious leader?	30%	46%	30%	
3.7	Someone from health services?	67%	70%	67%	
3.7	A Listener/Samaritans?	26%	35%	26%	
3.7	Prison shop/ canteen?	28%	19%	28%	32%
When you first arrived here were you offered information about any of the following:					
3.8	What was going to happen to you?	42%	47%	42%	67%
3.8	Support was available for people feeling depressed or suicidal?	39%	45%	39%	61%
3.8	How to make routine requests?	30%	40%	30%	51%
3.8	Your entitlement to visits?	37%	43%	37%	70%

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3.8	Health services?	45%	50%	45%	68%
3.8	The chaplaincy?	30%	45%	30%	58%
3.9	Did you feel safe on your first night here?	75%	74%	75%	80%
3.10	Have you been on an induction course?	77%	79%	77%	87%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	47%	57%	47%	65%
3.12	Did you receive an education (skills for life) assessment?	75%	73%	75%	
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	48%	40%	48%	54%
4.1	Attend legal visits?	57%	56%	57%	72%
4.1	Get bail information?	24%	21%	24%	34%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	31%	40%	31%	33%
4.3	Can you get legal books in the library?	26%	38%	26%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	59%	55%	59%	52%
4.4	Are you normally able to have a shower every day?	88%	79%	88%	94%
4.4	Do you normally receive clean sheets every week?	44%	80%	44%	56%
4.4	Do you normally get cell cleaning materials every week?	53%	59%	53%	57%
4.4	Is your cell call bell normally answered within five minutes?	17%	34%	17%	30%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	54%	64%	54%	61%
4.4	Can you normally get your stored property, if you need to?	28%	24%	28%	31%
4.5	Is the food in this prison good/very good?	42%	22%	42%	34%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	59%	46%	59%	70%
4.7	Are you able to speak to a Listener at any time, if you want to?	41%	57%	41%	44%
4.8	Are your religious beliefs are respected?	42%	52%	42%	53%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	51%	52%	51%	53%
4.10	Is it easy/very easy to attend religious services?	41%	45%	41%	
<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	69%	76%	69%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	49%	56%	49%	54%
5.2	Do you feel applications are dealt with quickly (within seven days)?	33%	44%	33%	38%
5.3	Is it easy to make a complaint?	45%	51%	45%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	23%	32%	23%	37%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	26%	33%	26%	34%
5.5	Have you ever been prevented from making a complaint when you wanted to?	17%	19%	17%	

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5.6	Is it easy/very easy to see the Independent Monitoring Board?	23%	21%	23%	27%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	46%	45%	46%	49%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	44%	43%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	7%	10%	8%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	39%	36%	39%	
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	84%	74%	84%	72%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	78%	73%	78%	75%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	26%	28%	26%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	27%	18%	27%	33%
7.5	Do you have a personal officer?	33%	44%	33%	47%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	67%	67%	67%	49%
<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	44%	39%	44%	42%
8.2	Do you feel unsafe now?	19%	17%	19%	19%
8.4	Have you been victimised by other prisoners here?	30%	25%	30%	22%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	5%	11%	5%	15%
8.5	Hit, kicked or assaulted you?	9%	7%	9%	12%
8.5	Sexually abused you?	0%	1%	0%	2%
8.5	Threatened or intimidated you?	13%	14%	13%	
8.5	Taken your canteen/property?	7%	6%	7%	7%
8.5	Victimised you because of medication?	3%	5%	3%	
8.5	Victimised you because of debt?	3%	3%	3%	
8.5	Victimised you because of drugs?	4%	4%	4%	5%
8.5	Victimised you because of your race or ethnic origin?	0%	3%	0%	1%
8.5	Victimised you because of your religion/religious beliefs?	1%	3%	1%	2%
8.5	Victimised you because of your nationality?	0%	3%	0%	
8.5	Victimised you because you were from a different part of the country?	4%	3%	4%	5%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	0%	1%	0%	1%
8.5	Victimised you because of your age?	1%	2%	1%	1%
8.5	Victimised you because you have a disability?	2%	3%	2%	1%
8.5	Victimised you because you were new here?	5%	6%	5%	8%
8.5	Victimised you because of your offence/crime?	7%	5%	7%	6%
8.5	Victimised you because of gang related issues?	5%	4%	5%	6%

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	22%	28%	22%	21%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	8%	11%	8%	8%
8.7	Hit, kicked or assaulted you?	4%	4%	4%	4%
8.7	Sexually abused you?	0%	1%	0%	1%
8.7	Threatened or intimidated you?	7%	12%	7%	
8.7	Victimised you because of medication?	2%	5%	2%	
8.7	Victimised you because of debt?	2%	2%	2%	
8.7	Victimised you because of drugs?	2%	3%	2%	4%
8.7	Victimised you because of your race or ethnic origin?	0%	4%	0%	2%
8.7	Victimised you because of your religion/religious beliefs?	0%	3%	0%	1%
8.7	Victimised you because of your nationality?	0%	3%	0%	
8.7	Victimised you because you were from a different part of the country?	4%	3%	4%	3%
8.7	Victimised you because you are from a Traveller community?	0%	1%	0%	
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.7	Victimised you because of your age?	1%	2%	1%	1%
8.7	Victimised you because you have a disability?	1%	2%	1%	0%
8.7	Victimised you because you were new here?	3%	5%	3%	4%
8.7	Victimised you because of your offence/crime?	4%	4%	4%	2%
8.7	Victimised you because of gang related issues?	1%	2%	1%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	40%	32%	40%	35%
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	22%	25%	22%	28%
9.1	Is it easy/very easy to see the nurse?	45%	48%	45%	56%
9.1	Is it easy/very easy to see the dentist?	11%	10%	11%	6%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	28%	44%	28%	41%
9.2	The nurse?	41%	55%	41%	61%
9.2	The dentist?	33%	31%	33%	18%
9.3	The overall quality of health services?	31%	38%	31%	42%
9.4	Are you currently taking medication?	52%	50%	52%	52%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	63%	61%	63%	
9.6	Do you have any emotional well being or mental health problems?	43%	36%	43%	34%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	32%	43%	32%	

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<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	40%	31%	40%	44%
10.2	Did you have a problem with alcohol when you came into this prison?	19%	25%	19%	37%
10.3	Is it easy/very easy to get illegal drugs in this prison?	43%	30%	43%	33%
10.4	Is it easy/very easy to get alcohol in this prison?	17%	13%	17%	
10.5	Have you developed a problem with drugs since you have been in this prison?	9%	8%	9%	11%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	9%	8%	9%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	52%	62%	52%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	39%	59%	39%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	72%	77%	72%	82%
<b>SECTION 11: Activities</b>					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	23%	30%	23%	
11.1	Vocational or skills training?	28%	29%	28%	
11.1	Education (including basic skills)?	47%	44%	47%	
11.1	Offending behaviour programmes?	16%	18%	16%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	40%	43%	40%	39%
11.2	Vocational or skills training?	6%	10%	6%	7%
11.2	Education (including basic skills)?	22%	26%	22%	20%
11.2	Offending behaviour programmes?	2%	8%	2%	7%
11.3	Have you had a job while in this prison?	56%	68%	56%	70%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	43%	41%	43%	41%
11.3	Have you been involved in vocational or skills training while in this prison?	38%	55%	38%	49%
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	35%	48%	35%	45%
11.3	Have you been involved in education while in this prison?	54%	67%	54%	65%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	45%	54%	45%	51%
11.3	Have you been involved in offending behaviour programmes while in this prison?	39%	53%	39%	51%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	36%	46%	36%	43%
11.4	Do you go to the library at least once a week?	17%	33%	17%	25%
11.5	Does the library have a wide enough range of materials to meet your needs?	17%	33%	17%	
11.6	Do you go to the gym three or more times a week?	40%	29%	40%	57%
11.7	Do you go outside for exercise three or more times a week?	40%	37%	40%	60%
11.8	Do you go on association more than five times each week?	65%	43%	65%	77%

## Main comparator and comparator to last time

### Key to tables

		HMP Doncaster 2014	Local prisons comparator	HMP Doncaster 2014	HMP Doncaster 2010
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
11.9	Do you spend ten or more hours out of your cell on a weekday?	7%	10%	7%	9%
<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	37%	33%	37%	41%
12.2	Have you had any problems with sending or receiving mail?	42%	47%	42%	42%
12.3	Have you had any problems getting access to the telephones?	18%	32%	18%	26%
12.4	Is it easy/ very easy for your friends and family to get here?	40%	37%	40%	
<b>SECTION 13: Preparation for release</b>					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	69%	60%	69%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	39%	43%	39%	
13.2	Contact by letter?	34%	28%	34%	
13.2	Contact by phone?	9%	13%	9%	
13.2	Contact by visit?	35%	36%	35%	
13.3	Do you have a named offender supervisor in this prison?	34%	30%	34%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	36%	39%	36%	55%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	63%	57%	63%	60%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	52%	44%	52%	
13.6	Offender supervisor?	34%	31%	34%	
13.6	Offender manager?	26%	27%	26%	
13.6	Named/ personal officer?	9%	11%	9%	
13.6	Staff from other departments?	14%	18%	14%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	53%	58%	53%	71%
13.8	Are there plans for you to achieve any of your targets in another prison?	18%	26%	18%	
13.9	Are there plans for you to achieve any of your targets in the community?	34%	32%	34%	
13.10	Do you have a needs based custody plan?	9%	7%	9%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	10%	14%	10%	21%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	30%	29%	30%	
13.12	Accommodation?	40%	37%	40%	
13.12	Benefits?	49%	39%	49%	
13.12	Finances?	27%	24%	27%	
13.12	Education?	34%	29%	34%	
13.12	Drugs and alcohol?	46%	45%	46%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	47%	47%	47%	40%

## Diversity analysis



### Key question responses (ethnicity) HMP Doncaster 2014

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

#### Key to tables

		Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>29</b>	<b>147</b>
1.3	Are you sentenced?	55%	69%
1.5	Are you a foreign national?	19%	4%
1.6	Do you understand spoken English?	93%	99%
1.7	Do you understand written English?	86%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)		
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	3%
1.1	Are you Muslim?	54%	1%
1.12	Do you consider yourself to have a disability?	19%	31%
1.13	Are you a veteran (ex-armed services)?	0%	5%
1.14	Is this your first time in prison?	44%	20%
2.6	Were you treated well/very well by the escort staff?	79%	68%
2.7	Before you arrived here were you told that you were coming here?	54%	68%
3.2	When you were searched in reception, was this carried out in a respectful way?	92%	84%
3.3	Were you treated well/very well in reception?	79%	68%
3.4	Did you have any problems when you first arrived?	64%	72%
3.7	Did you have access to someone from health care when you first arrived here?	68%	68%
3.9	Did you feel safe on your first night here?	72%	77%
3.10	Have you been on an induction course?	79%	78%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	48%	48%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	64%	59%
4.4	Are you normally able to have a shower every day?	90%	87%
4.4	Is your cell call bell normally answered within five minutes?	22%	17%
4.5	Is the food in this prison good/very good?	42%	42%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	66%	57%
4.7	Are you able to speak to a Listener at any time, if you want to?	45%	40%
4.8	Do you feel your religious beliefs are respected?	57%	39%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	63%	49%
5.1	Is it easy to make an application?	63%	70%
5.3	Is it easy to make a complaint?	44%	44%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	42%	47%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	43%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	17%	9%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	89%	84%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	85%	77%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	12%	30%
7.4	Do you have a personal officer?	33%	32%
8.1	Have you ever felt unsafe here?	37%	45%
8.2	Do you feel unsafe now?	8%	21%
8.3	Have you been victimised by other prisoners?	19%	32%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	4%	14%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	0%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	0%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	3%
8.6	Have you been victimised by a member of staff?	11%	23%
8.7	Have you ever felt threatened or intimidated by staff here?	0%	7%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	0%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	0%
8.7	Have you been victimised because of your nationality? (By staff)	0%	0%
8.7	Have you been victimised because you have a disability? (By staff)	0%	1%
9.1	Is it easy/very easy to see the doctor?	28%	22%
9.1	Is it easy/ very easy to see the nurse?	58%	42%
9.4	Are you currently taking medication?	23%	58%
9.6	Do you feel you have any emotional well being/mental health issues?	34%	45%
10.3	Is it easy/very easy to get illegal drugs in this prison?	15%	47%
11.2	Are you currently working in the prison?	40%	40%
11.2	Are you currently undertaking vocational or skills training?	4%	7%
11.2	Are you currently in education (including basic skills)?	12%	25%
11.2	Are you currently taking part in an offending behaviour programme?	4%	2%
11.4	Do you go to the library at least once a week?	17%	17%
11.6	Do you go to the gym three or more times a week?	67%	34%
11.7	Do you go outside for exercise three or more times a week?	48%	38%
11.8	On average, do you go on association more than five times each week?	56%	66%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	0%	9%
12.2	Have you had any problems sending or receiving mail?	42%	41%
12.3	Have you had any problems getting access to the telephones?	23%	17%

## Diversity Analysis



### Key question responses (disability and age under 21) HMP Doncaster 2014

**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

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>52</b>	<b>123</b>	<b>28</b>	<b>150</b>
1.3	Are you sentenced?	69%	66%	61%	68%
1.5	Are you a foreign national?	12%	3%	12%	5%
1.6	Do you understand spoken English?	96%	98%	96%	97%
1.7	Do you understand written English?	94%	98%	100%	95%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	10%	18%	29%	14%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	8%	2%	0%	4%
1.1	Are you Muslim?	6%	10%	22%	7%
1.12	Do you consider yourself to have a disability?			29%	30%
1.13	Are you a veteran (ex-armed services)?	2%	5%	4%	4%
1.14	Is this your first time in prison?	24%	23%	44%	20%
2.6	Were you treated well/very well by the escort staff?	71%	68%	61%	72%
2.7	Before you arrived here were you told that you were coming here?	61%	69%	64%	67%
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	85%	82%	86%
3.3	Were you treated well/very well in reception?	67%	70%	68%	70%
3.4	Did you have any problems when you first arrived?	88%	64%	63%	73%
3.7	Did you have access to someone from health care when you first arrived here?	70%	67%	67%	68%
3.9	Did you feel safe on your first night here?	69%	78%	63%	78%
3.10	Have you been on an induction course?	71%	80%	79%	77%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	33%	55%	44%	49%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	48%	65%	52%	61%
4.4	Are you normally able to have a shower every day?	87%	88%	78%	90%
4.4	Is your cell call bell normally answered within five minutes?	8%	22%	12%	19%
4.5	Is the food in this prison good/very good?	24%	49%	33%	43%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	53%	60%	59%	58%
4.7	Are you able to speak to a Listener at any time, if you want to?	32%	45%	26%	44%
4.8	Do you feel your religious beliefs are respected?	29%	48%	58%	39%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	37%	57%	38%	52%
5.1	Is it easy to make an application?	62%	71%	68%	69%
5.3	Is it easy to make a complaint?	49%	42%	35%	47%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	49%	24%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	43%	27%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	10%	17%	9%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	84%	84%	80%	86%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	77%	78%	72%	80%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	24%	28%	20%	27%
7.4	Do you have a personal officer?	40%	30%	44%	31%
8.1	Have you ever felt unsafe here?	52%	41%	44%	44%
8.2	Do you feel unsafe now?	24%	17%	9%	20%
8.3	Have you been victimised by other prisoners?	49%	21%	34%	29%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	14%	11%	4%	14%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	0%	0%	0%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	0%	0%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	0%	0%	0%

## Key to tables

## Diversity Analysis

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners under the age of 21	Prisoners aged 21 and over
	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				
8.5	Have you been victimised because of your age? (By prisoners)	2%	0%	0%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	8%	0%	0%	3%
8.6	Have you been victimised by a member of staff?	24%	21%	17%	22%
8.7	Have you ever felt threatened or intimidated by staff here?	8%	6%	4%	8%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	0%	0%	0%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	0%	0%	0%
8.7	Have you been victimised because of your nationality? (By staff)	0%	0%	0%	0%
8.7	Have you been victimised because of your age? (By staff)	0%	1%	4%	0%
8.7	Have you been victimised because you have a disability? (By staff)	2%	0%	0%	1%
9.1	Is it easy/very easy to see the doctor?	21%	22%	30%	21%
9.1	Is it easy/ very easy to see the nurse?	48%	43%	39%	47%
9.4	Are you currently taking medication?	75%	43%	22%	57%
9.6	Do you feel you have any emotional well being/mental health issues?	75%	29%	32%	45%
10.3	Is it easy/very easy to get illegal drugs in this prison?	41%	43%	26%	46%
11.2	Are you currently working in the prison?	33%	44%	18%	44%
11.2	Are you currently undertaking vocational or skills training?	4%	8%	4%	7%
11.2	Are you currently in education (including basic skills)?	23%	23%	23%	22%
11.2	Are you currently taking part in an offending behaviour programme?	2%	2%	9%	1%
11.4	Do you go to the library at least once a week?	6%	22%	0%	20%
11.6	Do you go to the gym three or more times a week?	20%	49%	65%	36%
11.7	Do you go outside for exercise three or more times a week?	36%	42%	65%	36%
11.8	On average, do you go on association more than five times each week?	63%	66%	62%	65%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	2%	10%	0%	9%
12.2	Have you had any problems sending or receiving mail?	33%	46%	35%	43%
12.3	Have you had any problems getting access to the telephones?	18%	17%	32%	16%