

Report on an unannounced inspection of

HMP Wormwood Scrubs

by HM Chief Inspector of Prisons

6 – 16 May 2014

Glossary of terms

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Introduction

HMP Wormwood Scrubs, holding nearly 1,300 remand and convicted adult prisoners, is one of the most well-known establishments in the country. As a local prison receiving prisoners from the streets of the capital, it faces a tough operational challenge. The risks associated with running Wormwood Scrubs are great, but at our last inspection we found a prison that had many of the basics right and was improving. Much has changed since then. At this inspection we found a prison that had declined significantly in almost every aspect.

Wormwood Scrubs was not safe enough. About 2,500 prisoners move in and out of the prison each month. Arrangements to receive prisoners were just about adequate but we found most of the first night centre to be dilapidated. Too few prisoners felt safe on their first night. Although induction was good on paper, a significant backlog suggested it was not coping with demand.

In our survey of prisoners, nearly half indicated that they had at some time felt unsafe during their stay in the prison, and 22% felt unsafe at the time of the inspection. Over a third reported victimisation by staff and in the six months before our visit nearly 100 staff or prisoners had been assaulted, which was higher than in similar prisons. Work to reduce violence was poorly resourced and too limited when measured against the challenge.

Since our last inspection in 2011, six prisoners had taken their own lives and five of these tragedies had occurred in 2013. Some of these incidents had been investigated by the Prisons and Probation Ombudsman, who had made repeated recommendations concerning suicide and self-harm prevention measures. Shockingly, these had yet to be implemented. Too many prisoners at risk were held in very poor conditions and we found a few who were subject to extended lock up with nothing to do. Case management of prisoners in this situation was poor.

Security was reasonably well managed but too many prisoners tested positive for illicit drug use, and work to address the problem of drugs was not well coordinated. Use of force had doubled since we last inspected. Although young adults were disproportionately likely to have force used against them compared with older prisoners, nothing had been done to understand or address this. Many prisoners were segregated but lengths of stay were not excessive and staff managed the unit well, although the environment was poor.

In fact, the standard of units across the whole prison was very poor and in many cells unacceptably so. Toilets were often filthy and many cells had missing windows. Improvements had been made to internal communal areas but external areas were strewn with rubbish or overgrown. Relationships between staff and prisoners were mixed, with many officers appearing to be stretched and lacking focus on their core role of caring for prisoners. One-to-one support for prisoners was lacking and more general consultation was limited in its impact. Work to support the promotion of equality was similarly weak, leading to outcomes that were insufficient for some minority groups. One of the better features of the prison was health care which was reasonably good, and mental health provision was particularly impressive.

Following a recent restructuring and resource benchmarking exercise, the daily routine offered to prisoners was more consistent and predictable. However time out of cell was too limited at two to six hours a day depending on the prisoner's employment status. We found up to 40% of prisoners locked up during the working day with nothing to do. Learning and skills provision was inadequate. Weaknesses identified at previous inspections remained; work to improve quality was ineffective, and prisoner access to activity, particularly vocational training, was poor. Success rates were consistently low, notably in respect of basic maths and English. Library usage had declined, as had access to the gym.

The prison was beginning to implement what seemed to be an effective new vision for resettlement. However, at the time of the inspection only 10% of respondents in our survey felt they were being helped in preparation for release. There was a sizeable offender management unit responsible for sentence planning and risk reduction, but many of its staff were diverted to other duties, and many prisoners, notably low and medium risk prisoners, had little or no offender supervision. There were delays and backlogs in undertaking risk of harm assessments and sentence plans, and significant decisions about prisoner progress were being made without this work being done.

Resettlement needs were assessed on reception and prior to discharge. The prison had some good and effective partnerships with organisation such as St Mungo's Broadway (a charity which provides bed and support to people who are either homeless or at risk of homelessness), Jobcentre Plus and Citizens Advice. Some promising 'through the gate' work was also taking place with local authority and voluntary sector partners. But outcomes across a number of the resettlement pathways were not strong. During the previous quarter, for example, over a fifth of prisoners had been released without a suitable address, and work to support education, training and employment on release was very limited.

This is a very disappointing report. Major structural changes in late 2013 had led to a significant reduction of resources. We were told that one consequence of this was that a large tranche of experienced staff had left very quickly and that this had been destabilising, not least because the prison had found it difficult to recruit replacements. There was some recent evidence that important steps had been taken to arrest the decline, but there was still much to be done. We highlight many concerns in this report, not least the safety of prisoners, especially those at risk of self-harm, environmental standards and the need for better access to activities.

Nick Hardwick
HM Chief Inspector of Prisons

September 2014

Fact page

Task of the establishment

The prison holds those on remand from West London courts and London prisoners serving short sentences or coming to the end of long sentences. The prison also holds young adults on remand and is a hub prison for foreign nationals subject to immigration enforcement.

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

Public

Region/Department

Greater London

Number held

1,254 (8 May 2014)

Certified normal accommodation

1,171

Operational capacity

1,279

Date of last inspection (unannounced full follow-up)

June 2011

Brief history

HMP Wormwood Scrubs was built by prisoners from Millbank Gaol between 1875 and 1891. In 1902 the last female prisoner was transferred to HMP Holloway. In 1922 one wing became a borstal. During World War II the prison was used by the War Department. In 1994 a new hospital wing was completed and in 1996 two of the four existing wings were refurbished to modern standards while a new fifth wing was completed.

Short description of residential units

A wing holds 290 prisoners on remand or serving short sentences. B wing holds 176 prisoners, predominantly full-time workers. C wing has 300 prisoners and is the location for the integrated drug treatment system. D wing has single cell accommodation for 244 prisoners and takes most prisoners whose cell-sharing risk has been assessed as high. The remainder are held on E wing in its 144 modern single cells. Other units include the 55-place Conibeere detoxification unit, the 36-place first night centre, the 17-bed in-patient health care unit, the 18-place segregation unit, and the 17-place Jan Wilcox Unit for super-enhanced prisoners.

Name of governor/director

Gary Monaghan

Escort contractor

Serco Wincanton

Health service commissioner and providers

NHS England

Central London Community Healthcare NHS Trust

Central and North West London NHS Foundation Trust

Learning and skills providers

A4e

Independent Monitoring Board chair

Chris Hammond

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:

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

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 inspection follows a short follow-up inspection and does not report directly on progress made against the previous recommendations.

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*. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and II respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix III of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ 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 *The reception process took too long. First night procedures were adequate but too many prisoners waited several weeks for a full induction. There was a high number of violent incidents, and too many were not investigated adequately. We were extremely concerned about the poor care for some prisoners at risk of self-harm. It was unacceptable that repeated Prisons and Probation Ombudsman recommendations had not been implemented following a number of self-inflicted deaths. Security was reasonably well managed, but there were some procedural gaps. Mandatory drug testing (MDT) rates were high. Conditions for prisoners on the basic level of the incentives and earned privileges (IEP) scheme were poor. The segregation unit was well managed and provided good care for prisoners. Use of force had risen substantially since the previous inspection. Substance use services were good. **Outcomes for prisoners were poor against this healthy prison test.***
- S2 *At the last inspection in 2011, we found that outcomes for prisoners in Wormwood Scrubs were reasonably good against this healthy prison test. We made 27 recommendations in the area of safety. At this follow-up inspection we found that 10 of the recommendations had been achieved, four had been partially achieved, 12 had not been achieved and one was no longer relevant.*
- S3 Escort vans were clean and properly equipped, and person escort records were completed to a high standard. The reception area was austere and holding rooms were in poor condition, with graffiti, poor ventilation and nothing to occupy prisoners. Staff-prisoner relationships in reception were relaxed but the reception process took too long for some prisoners. Efforts were made to prioritise at-risk prisoners. The first night centre was calm and prisoners were welcomed by Insiders², but parts of the unit were dilapidated. In our survey, fewer prisoners than the comparator said that they felt safe on their first night. The induction process was good in principle but there was a backlog of at least 100 prisoners who were unable to engage in activities in the meantime.
- S4 The safer custody team had been too poorly resourced to manage the work properly. Most concerning was the significant number of violent incidents that had not been investigated. In our survey, more prisoners than at similar prisons said that they currently felt unsafe and numbers of assaults were high compared with similar prisons. The tackling antisocial attitudes policy had fallen into disuse and there was no formal support for victims.
- S5 There had been five self-inflicted deaths in 2013 and it was wholly unacceptable that some repeated Prisons and Probation Ombudsman recommendations had not been fully implemented. Too many prisoners in crisis were held in unacceptable conditions without sufficient support or activities. Assessment, care in custody and teamwork (ACCT) case management of prisoners at risk of suicide or self-harm was poor and did not provide reassurance that all prisoners in crisis were protected. Listeners³ were mainly concentrated on one wing and prisoners reported poor access to them, especially at night.
- S6 Some links had been established with the local adult social services department, but there was no prison-wide safeguarding policy and wing staff did not fully understand the concept.

² Prisoners who introduce new arrivals to prison life

³ Prisoners trained to support those at risk of self-harm

- S7 Security intelligence was well managed and the flow of information into the security department was good. Risk management systems were proportionate and effective. Procedural security was adequate but we found some gaps, including in the timely completion of suspicion drug tests. The MDT positive rate was too high and links between the security department and drug service providers were weak. There was no overarching drug and alcohol strategy covering demand and supply and reduction.
- S8 Use of force had doubled since the previous inspection and was higher than at comparator prisons. More than 20% of all incidents involved young adult prisoners who represented only 5% of the population. Analysis of information about incidents helped to identify trends and patterns but it was not always used strategically to help reduce the use of force. Managerial scrutiny of use of force had improved since the previous inspection. Documentation was usually completed correctly but accounts from officers did not always demonstrate that de-escalation was used to full effect.
- S9 Adjudications were usually conducted well and punishments were fair and consistent. There was little evidence that the incentives and earned privileges scheme had much impact on encouraging good behaviour. The regime for the few prisoners on basic regime was unacceptably poor.
- S10 The number of prisoners segregated was high but lengths of stay were not excessive. Some segregation cells were very dirty and covered in graffiti, and the exercise yard was stark. Reintegration planning was reasonable and the regime for longer stay prisoners was better than we often see. Monitoring arrangements were effective and staff-prisoner relationships were very good.
- S11 Substance misuse services were generally good. Treatment regimes were flexible and there was good joint working between clinical and psychosocial support teams. There was a good range of psychosocial interventions, but there were regular problems with prisoners not being unlocked to attend appointments. Many prisoners received interventions from RAPt (Rehabilitation of Addicted Prisoners Trust) and there was good use of peer supporters.

Respect

*S12 Many cells were overcrowded and in an unacceptably poor condition and residential areas were in need of substantial investment. Staff-prisoner relationships were mixed and the personal officer scheme was ineffective. Equality and diversity work was weak, although some positive changes had recently been made. Services for the large number of foreign nationals and immigration detainees were particularly poor. Faith provision was good. The food was adequate but all prisoners had to eat in cells, some with unscreened toilets. Prisoners resorted to the complaints system for low-level matters that should have been dealt with by wing staff. Too many complaint responses were poor in tone and quality. Bail information services were good but there was no general legal services work. Health services were good overall. The dental waiting list was unacceptably long. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S13 At the last inspection in 2011, we found that outcomes for prisoners in Wormwood Scrubs were reasonably good against this healthy prison test. We made 51 recommendations in the area of respect. At this follow-up inspection we found that 12 of the recommendations had been achieved, seven had been partially achieved and 32 had not been achieved.

- S14 A number of cells designed for one prisoner held two. The standard of cleanliness and furnishings in many cells was unacceptable. Many windows were broken with some exposed

shards, graffiti was widespread and many toilets were filthy. Overall living conditions for many prisoners were poor, although the ongoing painting programme was helping to brighten up lower landings. Despite daily efforts to deal with litter, outside areas were often strewn with rubbish and other areas in the prison grounds were overgrown and looked neglected. Access to telephones and showers was reasonably good for most prisoners but showers were inadequately screened. The applications system was implemented inconsistently.

- S15 Many staff appeared extremely stretched and some were clearly frustrated that they could not do more; others appeared to have lost focus on prisoners' needs. We observed some positive staff-prisoner interactions and prisoners told us of a number of helpful staff. However, our overall survey results were significantly worse in comparison to the last inspection and similar prisons. Personal officer arrangements were inconsistent and ineffective. Only a fifth of prisoners in our survey said that a member of staff had checked on them in the past week.
- S16 Strategic oversight of equality and diversity work was weak and equality policies were out of date. A newly appointed team was keen and committed, but needed dedicated time to prioritise equality and diversity duties. The number of discrimination incident reports was low and management of those received was poor. Many replies were late and some prisoners had not received a reply at all. Prisoner diversity representatives were on most wings and did some useful work, but they lacked management coordination and support.
- S17 The protected characteristics of new arrivals were not identified systematically and not all prisoners with additional needs were assessed. Consultation forums had recently been established with a few groups, but there was little specialist support for young adults, foreign nationals, gay and bisexual prisoners and prisoners with disabilities. There were no adapted cells and not all disabled prisoners who required them had support plans, although some had individually received good support. Young adults had provided some new challenges and there was a useful policy, but little implementation to date.
- S18 Over a third of foreign national prisoners in our survey said they felt unsafe. Over 50 immigration detainees were held in the prison rather than in immigration detention centres. Translated material was sparse, professional interpretation was not used enough and there was no independent immigration advice.
- S19 Religious provision was good. In our survey, more prisoners than elsewhere said it was easy to attend religious services and that their religious beliefs were respected. The community chaplaincy had good links with faith communities and provided good support to some prisoners.
- S20 Fewer prisoners than the comparator and at our last inspection said the food was good. Meals were served too early, breakfast was issued the day before, and all prisoners ate in their cells, sometimes with unscreened toilets. Food was of a reasonable quality but menu choice was limited and some special diets provision was of poor quality. Arrangements for purchases and the shop were generally good.
- S21 Less than a quarter of prisoners in our survey said complaints were dealt with fairly and too many complaints were about low-level matters that should have been dealt with by wing staff. Not all responses covered the issues raised and some were terse or inappropriately dismissive. Replies to many complaints were late.
- S22 Bail information services were well advertised and most prisoners for whom reports were prepared were released. There was no legal services officer.

- S23 The quality of health services was generally good and we observed good interactions between health care staff and prisoners. The non-attendance rate for appointments was unacceptably high, mainly because prisoners were not being brought to health care from the wings. Care for prisoners with long-term conditions was reasonable, with generally appropriate follow-up of significant clinical needs. Prisoners could wait for very long periods to see the dentist. Medicines management was generally good but safe administration of medicine was compromised by lack of officer supervision. Mental health services were very good and there was an impressive range of brief interventions.

Purposeful activity

S24 *Time out of cell was insufficient. Leadership and management had been ineffective in improving activities provision. There were too few activity places for the population and attendance was poor. Success rates and retention were low, notably on functional skills courses. Vocational training options were limited. The quality of teaching and learning in education was variable. There was limited access to the library. Access to PE was poor. **Outcomes for prisoners were poor against this healthy prison test.***

S25 *At the last inspection in 2011, we found that outcomes for prisoners in Wormwood Scrubs were not sufficiently good against this healthy prison test. We made 14 recommendations in the area of purposeful activity. At this follow-up inspection we found that two of the recommendations had been achieved, three had been partially achieved and nine had not been achieved.*

S26 Fully employed prisoners could have only about six hours out of cell on Monday to Thursday and about four hours on Friday. It was only about three hours for the significant number on wings who did not work. During roll checks we found that over 40% of the population were locked in their cells during the working day. Before April 2014 there had been significant problems with regime predictability; exercise and association were now rarely cancelled and there was less slippage in the regime due to late unlocking.

S27 Joint working, performance management, quality improvement and oversight arrangements involving the prison and the education provider were inadequate and required substantial improvement. Too little attention had been given to resolving the longstanding problems of low success, retention and attendance rates. The range of data available to the prison was very narrow and not used well to monitor and manage quality or effectiveness. The self-assessment process was poor and not sufficiently evaluative, comprehensive or precise. It was unacceptable that many prisoners attending learning and skills activities had not been paid for long periods.

S28 Prisoners had poor access to and experience of activities. Too few activity places were available, sufficient for only just over half the population. Part-time activities were not supplemented with alternative occupations once a session had finished. The range of courses was narrow and cancellations were frequent. The number of vocational training places was low and had declined. Too many workshops were no longer operational, although some work was being done to increase the number of places. There was little education provision for prisoners who were already proficient in literacy and numeracy and the educational needs of too many prisoners were not being met.

S29 The quality of teaching and learning was variable, ranging from good to poor. There were ongoing shortcomings in induction, assessment and allocation arrangements. The allocations process did not link with prisoners' sentence plans. Individual learning plans were used

effectively in painting and decorating vocational training, but not in education. Learning resources were adequate.

- S30 Success rates on the vast majority of courses were consistently low, notably in functional skills English and mathematics courses. Prisoners' retention and attendance on most courses were persistently low and typically only about a third to a half of prisoners allocated actually attended.
- S31 The library was managed effectively and stock levels were good but losses remained high. Prisoners reported problems in getting to the library. Despite slightly longer opening hours in the previous few months, the number of prisoners visiting the library had dropped by about a third. New computers and printers had been bought but were awaiting installation.
- S32 Prisoners' attendance at the gym was low, largely because of difficulty getting to the facilities from the wings. A high number of PE hours had been lost through cancellation and shutdowns. Few PE qualifications were offered. There was adequate provision for specific groups, such as the over-55s and smokers, but take-up was low.

Resettlement

S33 *The strategic vision for resettlement was good and was starting to be implemented. Too many high-risk cases did not have a completed OASys (offender assessment system) and sentence planning was inconsistent. Information sharing was weak. Public protection work was reasonable. Pathway support was variable and outcomes were poor in some pathways. The visitors' centre was excellent, but the visits area was run down and visits were often delayed. There was some good family support work. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S34 *At the last inspection in 2011, we found that outcomes for prisoners in Wormwood Scrubs were reasonably good against this healthy prison test. We made 18 recommendations in the area of resettlement. At this follow-up inspection we found that five of the recommendations had been achieved, two had been partially achieved, nine had not been achieved and two were no longer relevant.*

- S35 Prisoners reported more negatively than the comparator across most resettlement questions in our survey. The reducing re-offending strategy was good. It was detailed and informed by a needs analysis but needed updating and was in the early stages of implementation. There were strategic links between offender management and pathways work but operational links were less evident. 'Focus on resettlement' was the only accredited offending behaviour programme available, and there had been only 52 completions.
- S36 About half the in-scope cases⁴ we looked at did not have an OASys, including those who had been at the prison for some months and some nearing release. Some prisoners were categorised, transferred or released on home detention curfew with no OASys. Sentence planning was not consistent and not effectively integrated with other departments. Cases were not allocated on the basis of risk and were instead managed across the offender supervisor team. Some offender supervisors had limited training and did not receive case management supervision. Key members of staff across the prison did not have easy access to case information on high-risk prisoners recorded by offender supervisors. Out-of-scope

⁴ Prisoners serving 12 months or more and classified as posing a high risk to the public

prisoners⁵ sentenced to over 12 months did not have regular contact with an offender supervisor.

- S37 Public protection checks were undertaken on all newly arriving prisoners, and drew on a good range of information. Monitoring restrictions were implemented quickly and the prisoner was made aware. Twelve per cent (150) of re-categorisation decisions were overdue. There were few indeterminate sentence prisoners but some spent too long in Wormwood Scrubs. Prisoners facing a likely indeterminate sentence were not identified on remand and given information and support.
- S38 Basic resettlement needs were assessed shortly after arrival, but this had happened only since March 2014. There was a new but meaningful pre-discharge assessment process. Identified needs and any resulting referrals to services were not routinely shared with offender supervisors for incorporation into sentence plans. There was some promising but new through-the-gate work.
- S39 Two Citizens' Advice workers provided helpful weekly surgeries on each wing on a broad range of matters, including financial advice and support. Job Centre Plus assisted with benefits applications for prisoners due to be released. Prisoners' financial situations were assessed during induction, but there remained a significant backlog. St Mungo's Broadway provided useful housing advice and support. However, in the previous three months, 22% of prisoners had still been released without a suitable address.
- S40 Prisoners' education, training and employment (ETE) resettlement needs were not met effectively despite efforts to improve provision and recently increased staffing. There was no structured ETE programme. Prisoners' attendance on Job Club courses was intermittent and generally very low.
- S41 Prisoners with complex mental health needs were linked with their community mental health teams and community psychiatric nurses routinely attended review meetings before release. Preparation and through care for prisoners with substance use needs were very good.
- S42 Visitors were received in a bright and welcoming visitors' centre with supportive staff. The visits hall was by contrast shabby. There were considerable delays in the booking of visits. Relatives and staff in the visitors' centre told us of extreme difficulties in getting through on the visits booking line. The identification requirements for visitors were sometimes enforced inflexibly: a visitor with a valid passport had travelled from abroad for a visit with her baby and was turned away. Social visit start times were subject to considerable delay. Family visits were held weekly, were very popular with prisoners and there were welcome plans to expand this provision. A recently held family relationship course had been positively received by prisoners and their families.

Main concerns and recommendations

- S43 **Concern:** Almost half the prisoners said that they had felt unsafe at some time at the prison, violent incidents had increased and there was no strategy for the management of violence. There was no support for victims other than moving them.

Recommendation: An effective violence reduction strategy should be introduced in consultation with prisoners to help ensure that prisoners are safe from bullying and victimisation. (repeated recommendation HP46)

⁵ Those not subject to offender management arrangements

S44 **Concern:** Six prisoners had committed suicide since our previous inspection. We found prisoners at risk of self-harm in very poor conditions with little occupation. Assessment, care in custody and teamwork (ACCT) procedures and documentation gave little assurance that prisoners in crisis were given adequate care.

Recommendation: All prisoners at risk of self-harm should be held in decent conditions with sufficient support and activities. ACCT procedures and documentation should be significantly improved.

S45 **Concern:** Living conditions were poor for too many prisoners. Many cells had broken windows and filthy toilets and contained graffiti. External areas were littered with rubbish and neglected. The grounds were overgrown.

Recommendation: Prison cells and the general environment should provide clean, safe and decent living conditions for all prisoners.

S46 **Concern:** There was an insufficient quantity, quality and range of activity places. Prisoner access to and attendance at most activities, including the gym and library, were poor and cancellations were frequent. Retention and success rates were low.

Recommendation: There should be a sufficient quantity, quality and range of activity places to meet the needs of the population. Attendance and success rates should be substantially increased.

S47 **Concern:** There was little operational integration of offender management and pathways work and reducing reoffending work was significantly compromised by the very limited time that offender supervisors had to work with prisoners.

Recommendation: There should be a coordinated, whole-prison approach to resettlement at an operational level which effectively integrates reducing re-offending and offender management and is driven by the OMU. Offender supervisors should have time to manage prisoners' sentences appropriately.

S48 **Concern:** In the previous three months, over a fifth of prisoners had been released without a suitable address, and education, training and employment pathway provision was poor.

Recommendation: Prisoners should not be released without a suitable address or without effective interventions to support them into employment, training or education.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

I.1 *Journeys to the prison were usually short. Escort vans were clean and appropriately equipped. The area outside reception was filthy. Person escort records were completed to a high standard.*

I.2 Most prisoners arrived from local courts or Heathrow airport and journey times were short. In our survey, fewer prisoners than the comparator said they felt safe or were treated well by escort staff (67% against 75% and 63% against 67% respectively). Prisoners were given gel bags if they wanted to use the toilet. Vans were clean and stocked with first aid kits and water but no food. Prisoners disembarked from vans shortly after arriving outside reception. The area from the vans to reception was strewn with rubbish and arriving prisoners risked having litter thrown on them from the cells above (see main recommendation S45). Person escort records were completed fully and risk factors were clearly documented. There was no written information on reception procedures for prisoners who could not understand English.

Recommendation

I.3 **Written information for prisoners on what they can expect from reception processes should be available in foreign languages.** (Repeated recommendation I.1)

Early days in custody

Expected outcomes:

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

I.4 *The busy reception area was functional but austere. Holding rooms were in poor condition and lacked supervision by staff. All prisoners were strip-searched. Prisoners spent too long in reception before moving to the first night centre. Much of the accommodation on the first night centre was dilapidated. Induction did not meet the needs of all prisoners and there was a backlog of over 100 prisoners waiting to complete it.*

I.5 There were about 2,500 moves in and out of the prison each month. The busy reception area was austere and dingy. Holding rooms were in a decrepit condition. There was poor ventilation, rooms smelled badly and were disfigured with graffiti. There was nothing to occupy prisoners. Staff had poor sight lines of holding rooms and prisoners were not effectively supervised. CCTV had been installed in some holding rooms but was not working

at the time of the inspection. We saw prisoners smoking in non-smoking cells without challenge.

- I.6** Staff focused on processing prisoners quickly and completing documentation. At-risk prisoners were prioritised. Relationships between staff and prisoners were relaxed. However, only 43% of prisoners against the comparator of 64% said they were treated well in reception. Too many prisoners were held for long periods in the holding rooms, sometimes because of staff shortages. Staff assessed prisoners' cell-sharing risks competently. A wide range of data was used to inform the assessment and interviews were conducted in private. All prisoners arriving and departing were strip-searched regardless of individual risk and even if they had arrived from other prisons. Prisoners arriving in the late afternoon and evening received a hot meal.
- I.7** The first night centre comprised three six-bed dormitories, some double and single cells and a Listeners' suite. Three peer mentors welcomed new arrivals. The atmosphere in the centre was calm and relaxed. One dormitory had been refurbished but others were dilapidated and unwelcoming. In our survey, 65% of prisoners said that they felt safe on their first night against the comparator of 74%.
- I.8** The induction process was good in principle but struggled to meet prisoners' needs. In our survey, only 40% of prisoners who had completed induction said that it covered everything they needed to know about the prison against the comparator of 56%. Induction consisted of a short briefing by an Insider on the first night, a non-interactive briefing about prison life, information about the work of different agencies and an education assessment delivered over two half days in a workshop. These workshop sessions were interactive and pitched at an appropriate level. Prisoners were given a helpful booklet called the 'Prisoner's Companion', explaining prison life.
- I.9** Too many had not completed induction and over 100 prisoners were waiting to attend sessions. Prisoners who had not completed their education assessment could not work or attend education and spent most of their day locked up (see section on time out of cell). Difficulties in moving prisoners from wings to the workshop prevented some prisoners from attending their relevant session: only one prisoner instead of eight was present at a session that we attended.

Recommendations

- I.10 Reception holding rooms should be effectively supervised and kept free of graffiti.**
- I.11 Prisoners should only be strip-searched following an individual risk assessment.**
- I.12 The entire first night centre should be refurbished.**
- I.13 Prisoners should receive a full induction which covers everything they need to know about the prison within a week of arrival.**

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.14** *The safer custody team was poorly resourced. Too many prisoners said they felt unsafe. The policy for addressing antisocial attitudes had fallen into disuse. Victims were not supported. Not all violent incidents were fully investigated.*
- I.15** The safer custody team comprised a senior manager, a custodial manager, two officers and an administrator. The senior manager's remit included functions other than safer custody and the officers were frequently redeployed to other tasks. The monthly safer custody meetings were not attended by a wide enough range of staff. A broad range of data relating to violent incidents and bullying was collated by the team and analysed at the meetings. Incidents were monitored by location, ethnicity and age.
- I.16** In our survey, nearly half of prisoners said that they had felt unsafe at some time and 22% that they currently felt unsafe against respective comparators of 39% and 17%. Thirty-five per cent said that they had been victimised by staff compared to 28% at similar prisons. In the six months before our inspection, 93 prisoners and staff had been assaulted, which was higher than at similar prisons.
- I.17** The safer custody team did not investigate all violent incidents. When investigations did take place, not all witnesses, victims and perpetrators were interviewed. There was no overarching strategy for addressing bullying and violence. The prison had not conducted a survey of prisoners' perceptions of safety since 2011. The local tackling antisocial attitudes policy had fallen into disuse. Staff used the incentives and earned privileges scheme instead to manage bullies, which did not take a case management approach or allow for monitoring. There was no support for victims beyond moving them to a different unit.
- I.18** A safer custody telephone number and email address were displayed in the visitors' centre and visits hall for families to use if they had concerns about bullying or the risk of self-harm. We tested the telephone line and email. Our call was answered immediately but the email was not responded to for five days.

Recommendations

- I.19 All bullying and violent incidents should be fully investigated and all relevant parties interviewed.**
- I.20 Bullies should be challenged and their poor behaviour addressed, and victims should be systematically supported.**

Housekeeping points

- I.21 A wide range of staff from key departments should attend the monthly safer custody meetings.
- I.22 The safer custody email inbox should be checked each day.

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.23 *Five prisoners had committed suicide during 2013. Despite this, repeated Prisons and Probation Ombudsman's recommendations had not been implemented. Many prisoners in crisis were held in very poor conditions without enough support or activities. Assessment, care in custody and teamwork (ACCT) processes were poor. It was difficult for prisoners to speak to Listeners, especially at night.*

- I.24 Since our previous inspection in 2011, six prisoners had committed suicide: one in 2012 and five in 2013. Some repeated recommendations by the Prisons and Probation Ombudsman about weaknesses in suicide and self-harm procedures had not been implemented, which was not acceptable.
- I.25 Too many prisoners in crisis were held in very poor conditions (see main recommendation S44). At least three prisoners at risk of suicide were on the basic level of the incentives and earned privileges (IEP) scheme. Two were unemployed and were held in their cells for up to 23 hours a day with little or nothing to do. We talked to one unemployed prisoner at risk of suicide who was held alone for 23 hours a day in a filthy cell covered in graffiti. Despite being on the standard level of the IEP scheme, he had no television, radio or other activities to occupy him. We raised his case with the governor and he was moved to the health care unit. The absence of an effective personal officer scheme compounded the poor care for prisoners at risk of self-harm.
- I.26 ACCT procedures were poor. Many case reviews were poorly attended and some simply involved the prisoner and one officer. We observed one effective review which was attended by representatives from health care, chaplaincy, safer custody and a wing supervising officer. They all knew the prisoner well and had exchanged information before the review started.
- I.27 ACCT documentation was often poor despite regular management checks. Triggers recorded past events rather than future events which might cause risk of self-harm. Some assessments and care plans lacked detail. Observational entries were of variable quality; some captured the mood of the prisoner while others added little value. Not all observations were made within the specified time frames.
- I.28 It was difficult for prisoners to see Listeners, particularly at night. Most of the nine Listeners were held on one wing and could not move freely between wings. Prisoners reported poor access to them. In our survey, only 26% of prisoners said that they were able to speak to a Listener at any time against the comparator of 57%.

Recommendations

- I.29 ACCT procedures should effectively support prisoners at risk of self-harm. Specifically, triggers should describe future events that may cause self-harm; assessments and care plans should be detailed; reviews should be multidisciplinary; observations should be conducted within the specified time frame; and entries in the observation record should describe the prisoner's mood. (See also main recommendation S44)**
- I.30 Prisoners should be able to speak to a Listener at all times.**

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.⁶

- I.31** *There was no prison-wide safeguarding policy and some wing staff did not fully understand the concept. Some links had been made with local social services.*

- I.32** There was a safeguarding policy for health care but no prison-wide policy. A senior manager had attended multi-agency meetings chaired by the local adult social services department. Some wing staff did not fully understand the concept of safeguarding. However, we noted some good work with social services to ensure appropriate care for a prisoner being discharged from the inpatient unit.

Recommendation

- I.33 A prison-wide safeguarding policy should be drawn up and all wing staff should be fully conversant with the concept of safeguarding.**

⁶ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Security

Expected outcomes:

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

- I.34** *Intelligence was well managed and the flow of information into the department was reasonably good. Risk management systems were proportionate and effective but there were gaps in procedural security. The positive drug test rate was too high and links between the security department and drug service providers needed improvement.*
- I.35** The fabric of the prison was old and worn but we saw no obvious deficiencies in physical security, such as walls and fences. Regular checks and routine searches of the perimeter were carried out at appropriate times and communal areas and activities buildings were searched adequately. However, there were fundamental gaps in procedural security. For example, broken windows in many cells, with shards of heavy plastic hanging from window frames, posed threats to security. Requests for target searches were sometimes not acted on quickly enough.
- I.36** Some important elements of dynamic security were weak. Relationships between staff and prisoners were sometimes distant and the supervision of unlocked prisoners was often poor (see staff-prisoner relationships section). Security risk assessments and management systems were generally effective. Information about prisoners' behaviour in custody was used to assess risk. A register was in place to identify risks such as the type of prisoner who could safely attend activities and the measures needed to manage risk. The prison was not risk averse when allocating activity spaces to prisoners and there were some sensible restrictions on areas that higher risk prisoners could attend. The free-flow movement of prisoners around the prison was well managed.
- I.37** The security department managed complex intelligence systems to identify and address the more sophisticated and covert forms of organised crime, including staff corruption and terrorist activities. Security information reports (SIRs), custodial history records and police reports were used to inform interventions. The security department received an average of 350 SIRs each month which were processed and categorised quickly by full-time security collators and analysts. Intelligence was communicated to other areas of the prison effectively, particularly to residential unit custodial managers to help them to make informed decisions about prisoners. A comprehensive monthly intelligence report, which included information on violence reduction, disorder and control and drugs, was presented to the security committee.
- I.38** The mandatory drug testing (MDT) positive rate was high and links with drug services were not well developed. The MDT random rate for the six months to May 2014 was 19% against a key performance target of 11%. There was no drug use reduction strategy linking treatment to supply reduction. Drug service managers did not usually attend the security committee meeting. Although the suspicion testing positive rate for May 2014 was high at 67%, some tests were not completed within the required timeframe and record keeping of requests for tests was poor (see recommendation I.41).

Recommendations

- I.39** Procedural security should be improved and prisoners should not be held in cells with broken windows.
- I.40** Drug service managers should attend security committee meetings and links between the security department and drug service providers should be improved.
- I.41** Target searches and suspicion testing should take place within the required timeframe. Requests for suspicion tests should be recorded.

Incentives and earned privileges

Expected outcomes:

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

I.42 *Most prisoners were on the standard level of the incentives and earned privileges (IEP) scheme. Prisoners remained on entry level for no longer than two weeks. There was little evidence that the scheme encouraged good behaviour. The regime for the small number of prisoners on the basic level was unacceptably poor.*

- I.43** Seventy per cent of prisoners were on the standard level of the IEP scheme; 13% were on enhanced level, 12% on entry level and 3% on basic.
- I.44** The scheme offered the usual differentials, including varying access to private cash, visits and time out of cell. However, prisoners only had to behave reasonably well and apply for promotion to progress to enhanced level rather than show a commitment to their rehabilitation.
- I.45** Individual behaviour improvement plans were not in place and there was no support to help prisoners manage the issues that may have caused poor behaviour. Poor behaviour was not challenged consistently and good behaviour was not encouraged, praised or rewarded.
- I.46** We were told that the scheme was used to support zero tolerance to antisocial and violent behaviour but staff were not clear about this. We saw examples of poor behaviour not being challenged and prisoners being demoted to basic without a thorough investigation following one incident of poor behaviour.
- I.47** In our survey, only 30% of prisoners said that the scheme treated them fairly and only 39% that it encouraged them to change their behaviour against the comparator of 44% in each case.
- I.48** The regime for prisoners on basic level was unacceptably poor. In the cases we examined, prisoners on basic were not employed and did not attend activities. They received half an hour of exercise every day but were restricted to one hour of association during the week, split into two half-hour sessions on separate days when they had access to telephones and domestic periods.

Recommendation

- I.49** The incentives and earned privileges scheme should be applied consistently to support positive behaviour. The regime for prisoners on the basic level should include periods of association, purposeful activity and daily access to showers and telephones.

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.50** *The number of adjudications was not excessive and they were usually well conducted. Punishments were fair and consistent. Managerial scrutiny of force had improved since the last inspection but the number of incidents had doubled and was higher than we find at similar prisons. Information about incidents was analysed to identify trends and patterns but it was not always used strategically to reduce the use of force. Documentation was usually completed correctly but entries by officers did not always demonstrate that de-escalation was used to full effect. The number of prisoners segregated was quite high but lengths of stay were not excessive. Too many cells were very dirty and covered in graffiti. Monitoring arrangements were effective and staff-prisoner relationships were very good.*

Disciplinary procedures

- I.51** During the six months before the inspection, there had been 1,091 adjudications, which was lower than at similar prisons. The most common charges were disobeying lawful orders, threatening behaviour, fights and assaults. A copy of the prison rules, a pen and writing paper was made available to the prisoner. Hearings were conducted fairly and charges were fully investigated. Punishments were fair and there were examples of adjudicating managers dismissing cases for lack of evidence or anomalies in the procedures. A range of data on disciplinary hearings was collated and analysed by senior managers to identify patterns and trends.

The use of force

- I.52** In the previous six months, force had been used in 260 incidents, which was significantly higher than at similar prisons. The average number of incidents per month was almost double the average of 21 incidents a month at the previous inspection. About 20% of incidents of use of force did not involve control and restraint, and about 90% were spontaneous.
- I.53** The management and monitoring of use of force had improved. Links to safer custody, the security committee and the senior management team were better and an experienced full-time coordinator had been appointed. Information on the nature of the incident, its location, and the age of the prisoner was collated each month and presented for analysis. However, this information was not used effectively to inform a strategy to reduce the use of force or to deal with patterns and trends. For example, young adults represented 5% of the population but were involved in 20% of incidents, yet there was no strategy to address this.

- I.54** Use of force documents were completed correctly but some entries by officers did not demonstrate adequate de-escalation. Video recordings of planned incidents reflected well managed interventions that were conducted correctly.
- I.55** Special cells in the segregation unit had been used for short periods to accommodate prisoners six times in the six months before our inspection. Use of the cells was justified and authorised.

Recommendation

- I.56** **Information about trends and patterns should be used strategically to help reduce the use of force, and de-escalation should be used to its fullest extent.**

Segregation

- I.57** The segregation unit comprised 18 single cells located across two landings, two special cells, a staff office, an adjudication room and showers. There was a small exercise yard. At the time of our inspection, 17 prisoners were in segregation: seven under prison rule 45 for good order or discipline, eight for punishment (four of whom had refused to return to the main prison) and two awaiting adjudication.
- I.58** During the six months before the inspection, 315 prisoners had been segregated, about 25 per 100. This was high but segregation was justified in the cases we saw. Prisoners arriving on the unit were strip-searched regardless of risk. Living conditions were mixed: communal landings were reasonably clean but some cells were very dirty and covered in graffiti. Conditions in the two special cells were bleak. Showers were clean but not adequately screened. The small exercise yard was stark and like a cage. The daily regime included showers, exercise and access to telephones and in-cell education. An education officer visited the unit twice a week to provide prisoners with teaching material and individual coaching sessions. Following risk assessments, prisoners were permitted to exercise together.
- I.59** Governance of segregation had improved since the last inspection and was good. A strategy document had been published which described working practices and management arrangements. Relationships between staff and prisoners were very good. Officers were respectful and clearly confident in engaging with prisoners and used high levels of care. Planning to return prisoners to normal location and the daily regime were developing and were better than we often see. Segregation reviews were completed on time and changes to behaviour or circumstances were monitored and acted on. Most prisoners were returned to normal location following segregation. Only about 6% had been transferred from the segregation unit to another prison.

Recommendations

- I.60** **Prisoners should be strip-searched only when justified by a risk assessment.**
(Repeated recommendation 7.15)

- 1.61** Cells on the segregation unit should be clean and free of graffiti, and conditions in the special cells and exercise yard should be improved.

Substance misuse

Expected outcomes:

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

1.62 *Substance use services were responsive to prisoners' needs. There was good attention to immediate risks, excellent integration of clinical and support services and a helpful range of group interventions. Prisoners often had reduced access to services because of the limited time they were unlocked. Some 28-day reviews were overdue. There was no overarching supply and reduction strategy.*

- 1.63** Risk assessment and response to detoxification and withdrawal needs were good and high-risk prisoners were located promptly to the Conibeere unit. There were 151 prisoners receiving opiate substitution, 111 on the two substance misuse wings, Conibeere and C wing, and 40 on other wings, including the first night centre. There was a consistent need to prioritise new arrivals. We noted one prisoner who had not gone directly to the Conibeere unit and had waited five and a half hours from arrival in reception to receiving symptom relief.
- 1.64** Opiate substitution regimes were flexible and prisoners told us they were actively involved in their own care planning. Clinical reviews for prisoners in the early days of treatment were timely and conducted jointly with the RAPt (Rehabilitation of Addicted Prisoners Trust) team. However, reviews to assess the effectiveness of treatment at the one month stage were sometimes delayed, with potentially harmful consequences. There was close collaboration with mental health services and several substance use staff were registered mental health nurses.
- 1.65** In our survey, 71% of prisoners said they were receiving support with drug issues against the comparator of 62%. However, prisoners told us that they regularly had to choose between receiving their medicine or going to work and were then given an IEP sanction for not going to work. All prisoners had access in principle to individual and group psychosocial interventions, but this was significantly compromised by the limited regime.
- 1.66** Four peer supporters worked in the Conibeere unit and C wing and there was an active monthly service user forum. Alcoholics Anonymous and Narcotics Anonymous ran weekly groups in the programmes unit, which prisoners from all wings were able to attend subject to risk assessment.
- 1.67** A strategic action plan on recovery contained priorities for 2013 to 2014 which included performance measures but lacked analysis and was based on old data. There was no strategy for demand and supply reduction and no forum attended by the security department and the offender management unit. Substance use monitoring partnership meetings were held but it was unclear how often. A comprehensive service user survey during 2012 had been largely positive.

Recommendation

- I.68** There should be a formal strategy to identify and monitor the supply and reduction of drugs and alcohol. Regular monitoring should be informed by substance misuse services, security and other relevant prison departments.

Housekeeping point

- I.69** Twenty-eight day reviews should be conducted on time.

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 *Living conditions for too many prisoners were poor. Although some communal areas were reasonably clean, the standard of cleanliness and furnishings in too many cells was unacceptably low. Windows were broken, graffiti was widespread and many toilets were filthy. Despite daily efforts to deal with litter, the external areas by the cells were strewn with rubbish and other areas of the grounds were overgrown and neglected. The applications system was inconsistently managed and its implementation disorganised, with little way of checking the timeliness of responses.*

- 2.2** Five large residential wings accommodated more than 1,200 prisoners. Cells ranged from single and double to dormitories on the first night centre. A number of cells designed to hold one prisoner held two. A painting programme on the four older wings (A, B, C and D) had brightened the lower landings and some areas were clean, but overall the residential environment was poor (see main recommendation S45).
- 2.3** Although some communal landings on the older wings were reasonably clean, much of the flooring was cracked and worn. Walls on landings on the upper floors of A, C and D wings were stained. Bins on many landings overflowed with rubbish and stairwells were dirty. Conditions in communal areas on E wing were better. Landings were quite clean and bright. Sight lines were good and allowed for good observation of prisoners.
- 2.4** Conditions in many cells were unacceptably poor. Many were filthy, covered in graffiti, some of which was offensive, and furniture was broken or missing. Toilets were filthy and inadequately screened. Windows were broken. We found cockroaches in cells on C wing.
- 2.5** Most prisoners could access personal hygiene items but general cleaning materials were provided inconsistently. Wing cleaners often had unsupervised control of the limited supplies. In our survey, only 43% of prisoners said that they could normally receive cleaning materials every week against the comparator of 59%.
- 2.6** Prisoners had reasonable access to showers and telephones but showers were not adequately screened.
- 2.7** We did not observe long delays in answering cell bells, but many prisoners complained to us that they were not answered quickly. In our survey, only 23% of respondents said that their bells were answered quickly against the comparator of 33%.
- 2.8** Monthly prisoner forums enabled prisoner representatives to raise issues about the wing regime and facilities. Minutes were usually taken but it was not always clear if issues were followed up at subsequent meetings.
- 2.9** Conditions in the prison grounds were poor. A cleaning party of prisoners picked up litter outside wings every morning and afternoon but were unable to deal with the constant flow of rubbish thrown from windows. Outside areas near cells were strewn with litter. Other

areas of the grounds were overgrown and neglected. Areas in front of perimeter fences which prisoners did not have access to were scruffy and needed attention (see main recommendation S45).

- 2.10** Most prisoners could wear their own clothes and laundry facilities were satisfactory. Prisoners complained to us of difficulty in retrieving their stored property because of the poor application system. In our survey, only 14% of prisoners said that it was easy to gain access to their stored property.
- 2.11** There was a published policy and a series of instructions to staff about the management of prisoner applications, but practice varied across the residential units and the system was inconsistently managed. There was no way of checking the existence, nature or timeliness of responses.
- 2.12** In our survey, only 61% of prisoners said that it was easy to make an application against the comparator of 76%, 36% that applications were dealt with fairly (comparator 56%) and 22% that they were dealt with quickly (comparator 43%).

Recommendations

- 2.13** **Cells designed to accommodate one prisoner should not be occupied by two.**
(Repeated recommendation 2.1)
- 2.14** **Cell furniture should be in a good state of repair. Defective furniture should be replaced promptly.**
- 2.15** **The timeliness and quality of responses to prisoner applications should be monitored and improved as necessary.**

Housekeeping points

- 2.16** Sufficient cleaning materials should be stocked securely with access controlled by officers to enable prisoners to maintain a good standard of cell cleanliness.
- 2.17** Showers should be screened.

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.

2.18 *Staff-prisoner relationships varied and the personal officer scheme was ineffective. Some staff were slow to deal with routine requests. Prisoner consultation arrangements were underdeveloped.*

- 2.19** Two-thirds of prisoners surveyed said that most staff treated them with respect, against 71% at our last inspection and a comparator of 75%. The personal officer scheme was inconsistent and ineffective; in our survey only a fifth of prisoners said they had a personal officer and that a member of staff had checked on them in the past week. Only 58% of prisoners in our survey said they had a member of staff they could turn to if they had a

problem against the comparator of 72%. The lack of personal officer support had been raised in more than one Prisons and Probation Ombudsman report into self-inflicted deaths.

- 2.20** Case notes contained little evidence of daily interaction with prisoners and most entries related to poor behaviour or sanctions. Management checks had recently been introduced on some wings, but there was little evidence of the checks or of subsequent improvements.
- 2.21** We observed some positive interactions between staff and prisoners and some prisoners said that staff were helpful. Many staff appeared extremely stretched and some were clearly frustrated that they could not do more; others appeared to have lost focus on prisoners' needs. Prisoners told us that staff were often slow to deal with routine requests and too many issues were elevated to applications or complaints instead of being resolved by wing staff (see complaints section).
- 2.22** Prisoner consultation was underdeveloped. Monthly meetings were held on some but not all wings. It was not clear whether all issues raised at the wing meetings were followed up. There were welcome early plans to establish a Prison Council in partnership with the voluntary sector organisation User Voice.

Recommendations

- 2.23** **Each prisoner should regularly be checked on by a named member of staff who should be aware of the prisoner's individual needs, provide support and encourage family contact. A good quality record of contact should be maintained.**
- 2.24** **Effective prison-wide prisoner consultation arrangements should be developed.**

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 characteristic⁷ 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.

- 2.25** *Equality policies were out of date and equality meetings were not adequately informed by data or by an effective action plan. Management of discrimination incident investigations was poor and many replies were late. Equality staff did not have enough time to focus on diversity tasks, and not all prisoners with protected characteristics who required support received it. Support was poor for many groups, particularly foreign nationals, prisoners with disabilities, young adults and gay and bisexual prisoners.*

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

Strategic management

- 2.26** A detailed equality policy was in place but it was out of date and did not reflect local provision for each protected group.
- 2.27** Quarterly equality meetings were chaired by the deputy governor but not all relevant information was submitted to the meetings and the equality action plan was not used effectively to inform discussion. Equality monitoring tool data were not discussed fully or used to inform the diversity strategy. Recent links had been established with the Zahid Mubarek Trust and the Prisoner Information Liaison and Advice Service with a view to them attending equality meetings.
- 2.28** Twenty-three discrimination incidents had been reported during the six months before our inspection. The management of investigations was poor and they were not properly documented. The central log was incomplete and was not used to track the timeliness of replies. Many were late and some prisoners had not received a reply at all. There was no regular assessment of patterns or themes arising from investigations. Awareness of the system was low among prisoners and some staff; we found case notes and complaints in which prisoners had raised discrimination issues but they had not been formally investigated.
- 2.29** The new equality manager and the two equality officers were committed but frequent cross-deployment prevented them from giving priority to equality duties. There were prisoner diversity representatives on most wings who provided useful support to prisoners. They had job descriptions but did not meet as a group with staff or regularly attend equality meetings.
- 2.30** All new staff had completed the Civil Service Learning modules on equality and diversity, but there was no rolling refresher training. Equality staff had all completed recent training.

Recommendations

- 2.31** **Equality policies should be up to date and reflect local provision for all protected characteristics.**
- 2.32** **Equality meetings should be informed by equality monitoring data and attended by relevant individuals, including prisoner representatives.**
- 2.33** **Discrimination incidents should be properly logged and investigated. Prisoners should received timely replies after reporting a discrimination incident.**

Protected characteristics

- 2.34** Reception and health care staff identified some protected groups on arrival. Wing staff made some referrals to the equality team but prisoners with additional needs were not always identified or assessed. Monthly consultation forums had recently been established for some groups, but support arrangements were poor for young adults, gay and bisexual prisoners, foreign nationals and prisoners with disabilities. Some prisoners had care support plans but we were not confident that these were shared effectively with wing staff. There were no structured interventions to challenge racist bullying. Just over 60% of prisoners were from a black and minority ethnic background. In our survey, they reported more negatively across a range of issues, including safety, victimisation by staff and having experienced use of force.
- 2.35** In our survey, 9% of prisoners considered themselves to be Gypsy, Traveller or Romany, while the prison had identified only 1%. Prisoners had access to support sessions through the

Irish Council for Prisoners Overseas, and a monthly forum had been established in April 2014.

- 2.36** Foreign national prisoners comprised 31% of the population. In our survey they reported more negatively across a range of issues, including staff contact and access to work: 34% said that they currently felt unsafe against a comparator of 18% for British prisoners. Fifty-three foreign nationals were held under immigration powers, one of whom had been held for 18 months after completing his sentence. Five immigration enforcement officers were based in the prison, and an officer visited most wings weekly. Times of visits were not well advertised and prisoners said it was difficult to see the team. Immigration staff did not always reply to detainees' requests, for example to transfer to an immigration removal centre, and this caused frustration. There was no access to independent immigration advice and a list of solicitors contained only one firm currently accepting clients. Foreign nationals could exchange accumulated visits for a monthly overseas telephone call. Prisoners could request free overseas letters but prisoners we spoke to were unaware of this.
- 2.37** Translated material was very limited. Other prisoners were routinely used to interpret for fellow nationals. We were not confident that professional interpretation was always used in confidential and sensitive situations, including by immigration officers. Two-way handsets were available on wings, but these had only been used 70 times in the previous six months. The library had a reasonable stock of foreign language books, but no newspapers.
- 2.38** Twenty-seven per cent of prisoners were Muslim, the largest religious group. In our survey, 69% of Muslims against 56% of non-Muslims said their religious beliefs were respected. However, 46% of Muslims against 32% of non-Muslims said that they had been victimised by staff. Only 3% said staff normally spoke to them during association. The views of different religious groups were not systematically explored or addressed. Only five staff had received faith awareness training in the previous six months, compared with 92 during 2013.
- 2.39** In our survey, 19% of prisoners identified themselves as having a disability, more than the 14% recorded by the prison. Sixty per cent of prisoners with a disability said they had felt unsafe at some time in the prison and 47% said they had been victimised by staff. Some received good support but not all those who needed it had a support plan. No prisoners in the six months before the inspection had had a paid carer, though an informal buddy scheme was in operation. There were no adapted cells and two wheelchair users were unable to fit their chairs through their cell doors. Most prisoners who needed one had an emergency evacuation plan but not all wing staff knew how to find the plans and there was no centrally maintained log.
- 2.40** There was no mechanism for prisoners to disclose their sexual orientation in confidence, and access to external support groups was not promoted. A transgender prisoner had received good multidisciplinary support in March 2014.
- 2.41** The prison had recently started holding young adults, who comprised about 5% of the population. A useful policy was in place, but had yet to be implemented. Staff had not received training to prepare them for working with young adults. Case notes suggested that not all staff were aware of the distinct needs or maturity levels of young adults, with some dismissive comments about 'childish' and 'sullen' behaviour. Young adults shared cells with other young adults or were located in single cells.
- 2.42** Twenty-six prisoners were over the age of 60 and the oldest was 79. In our survey, older prisoners responded more negatively about access to exercise, showers and association. Prisoners over 65 were charged £1 a week for televisions. A monthly forum had been re-established. Older prisoners did not attend the weekly gym session dedicated to them because it did not coincide with unlock times.

Recommendations

- 2.43** Members of protected groups should be identified systematically and confidentially, and individual support plans developed where needed. They should be consulted about their views and needs, and appropriate action plans implemented.
- 2.44** Immigration detainees should not be held in prisons other than in exceptional circumstances following risk assessment.
- 2.45** Staff should make translated documents readily available to foreign national prisoners and use an accredited translation or interpretation service whenever matters of accuracy and/or confidentiality are a factor. (Repeated recommendation 4.21)
- 2.46** Prisoners who use wheelchairs should be accommodated in cells adapted for the purpose.
- 2.47** Prisoners with disabilities should have up-to-date personal emergency evacuation plans where necessary, and all wing staff should be aware of them.

Housekeeping points

- 2.48** Foreign national prisoners should be made aware of provision for overseas calls and letters.
- 2.49** Prisoners over 65 years old should not be charged for their televisions.
- 2.50** Older prisoners should have access to appropriate exercise.

Faith and religious activity

Expected outcomes:

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

2.51 *Religious provision was good and there were well established links with faith communities. Facilities were adequate, although the multi-faith area needed maintenance. Access to services was reasonably good, but too many prisoners were banned from attending without sufficiently detailed explanations.*

- 2.52** In our survey, more prisoners than the comparator said it was easy to attend religious services and that their religious beliefs were respected.
- 2.53** The well-established community chaplaincy saw all newly arrived prisoners and supported prisoners in crisis. Links with faith communities were good and music, theatre and faith courses were delivered to prisoners in partnership with community groups. A few prisoners had access to a mentoring scheme on release (13 prisoners in the six months before the inspection).

- 2.54** The impressive chapel building was used for Christian worship and a multi-faith area for other services. The multi-faith area had ablution facilities, but was in need of redecoration. Numbers attending Friday prayers were too high to accommodate in one place, so the gym was also used. Ablution facilities had been installed in the gym since our last inspection.
- 2.55** Prisoners had to sign up weekly on the wings to attend services. Some prisoners were confused about the system and frustrated that they had to sign up repeatedly. In April 2014, 30 prisoners had been barred from attending services because of security and behaviour concerns. The bans had been reviewed after three weeks and one-to-one provision arranged in the meantime. The letters to prisoners informing them of the ban lacked detail and did not clarify how the decision could be challenged.

Housekeeping points

- 2.56** The décor of the multi-faith area should be well maintained.
- 2.57** The procedure for attending weekly services should be explained to all prisoners and the chaplaincy should address prisoners' concerns about access to services.
- 2.58** Prisoners who are banned from attending corporate worship should receive a detailed explanation and should be advised of how to challenge this decision.

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.

2.59 *Prisoners resorted to the complaints system for low-level matters that should have been dealt with by wing staff. Too many responses to complaints were poor in tone and quality.*

- 2.60** Complaints guidance and forms were not freely available in languages other than English. Less than a quarter of prisoners in our survey said complaints were dealt with fairly. Most of the complaints that we examined concerned low-level matters which should have been dealt with informally by wing staff. Not all complaints were fully investigated and not all issues raised were addressed in responses. A number of responses accepted the complaint but did not offer an apology. Many responses were terse and some were inappropriately dismissive. Too many responses were late, some by some weeks.
- 2.61** Quality checking of responses was not thorough enough. We saw some poor responses which the quality checker had considered satisfactory.
- 2.62** A thorough complaints monitoring report enabled the senior management team to identify systemic problems, but this had made little difference in practice.

Recommendations

- 2.63** **Prisoners with little or no English should have access to information about applications and complaints in their own language.** (Repeated recommendation 3.33)

- 2.64** Complaints monitoring and quality assurance should ensure that complaints are investigated and responded to fully and promptly and in an appropriate tone.

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.

- 2.65** *Bail information services were good, but there was no general legal services work.*

- 2.66** The well-advertised bail information service for prisoners on remand was good. Most prisoners for whom reports were prepared were released. However, there was no longer a legal services officer and staff and prisoners were confused about the source of help for prisoners with legal problems. Legal visits that we observed started over 25 minutes late, but were extended to the allotted interview time. There were not enough legal visits rooms and legal consultations were not always conducted in a confidential setting.

Recommendation

- 2.67** All legal representatives should be able to have a legal visit with their clients in privacy and legal visits should start on time.

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.

- 2.68** *The quality of health services was reasonable and staff interactions with prisoners were positive. Reception screening was often delayed and arrangements to ensure confidentiality were inadequate. There were too many missed appointments. Care for prisoners with long-term conditions was reasonable. Too many inpatient beds were taken up by prisoners with no clinical need. Prisoners awaiting an urgent appointment with the dentist were not prioritised. Safe administration of medicines was compromised by a lack of officer supervision and some prisoners were not unlocked to collect their medicines. Mental health services were very good with an impressive range of brief interventions, including psychology.*

Governance arrangements

- 2.69** Health service provision was led by Central London Community Healthcare NHS Trust with subcontractors including Central and North West London NHS Foundation Trust. A prison partnership board comprised commissioner, lead provider and the prison, supported by

strong collaborative working arrangements between health providers and the prison. There was an up-to-date health needs assessment to inform service provision.

- 2.70** Prisoners told us in our groups and individually of negative staff attitudes. We observed positive, caring approaches by staff but relentless time pressures. There had been a high number of nursing vacancies partly mitigated by good use of regular bank staff.
- 2.71** Policies and protocols reflected national guidance with suitable attention to specific local considerations. Some policies required review and updating, for example infection control, clinical record-keeping and do not attempt to resuscitate. There was nothing to indicate that staff had read these policies. Staff received a useful range of training and clinical supervision was well established.
- 2.72** Reporting of clinical incidents was good and analysis had been used effectively to review the five deaths in custody in 2013 (see self-harm and suicide prevention section).
- 2.73** There were designated lead nurses for the management of long-term conditions and there were plans to increase nurse-led clinics. Several prisoners scheduled to attend a specially commissioned diabetic retinopathy screening clinic had failed to attend; a review was being completed to determine why.
- 2.74** Clinical records were clear and detailed. Care plans were used appropriately. A useful range of treatment and triage pathways were used, including for dental problems.
- 2.75** Prisoners could make comments or complaints about health care through the prison system and had been signposted to the Patient Advice Liaison Service. A health care focus group enabled prisoners to raise concerns but it was not clear how frequently it met and no actions were identified in the minutes. Innovative work on collating patient stories had enabled prisoners to talk about their health care experiences but it was not clear how this informed services.
- 2.76** Health promotion priorities were identified but there were no clear timescales in the action plan. A suitable range of health information literature was accessible in health care but not elsewhere and there was none in other languages.
- 2.77** There was reasonable individual support for prisoners who wanted to stop smoking. An average of 70 prisoners participated each month, of whom about 20 were still not smoking four weeks after the course had finished.
- 2.78** Health care staff were up to date with resuscitation skills. Kits including automated defibrillators were placed in many locations and were accessible to nursing staff. There was a protocol for response to medical emergencies and clear expectations for the response from nurses. We received no information about the proportion of prison staff trained in resuscitation.

Recommendation

- 2.79** **Prison staff should be trained to respond to medical emergencies, including protocols, basic resuscitation and use of the automated defibrillator.**

Housekeeping points

- 2.80** All policies and procedures should be accessible to staff with a system to show they have read them. (Recommendation 5.11 repeated as housekeeping point)
- 2.81** Prisoners should be able to make a health care complaint internally instead of using the prison system.
- 2.82** Health literature should be accessible on the wings and should be available in other languages.

Delivery of care (physical health)

- 2.83** Prisoners were screened by a nurse on arrival. Two prisoners were often screened at the same time in closely adjoining rooms, compromising confidentiality. Prisoners often arrived very late and received their initial health screen in the early hours of the morning after transfer to the first night centre. Screening was suitably risk focused with appropriate referrals to other services but it was conducted with the treatment room door open. We observed telephone interpretation being used for a prisoner with little English but no dual handset was available.
- 2.84** Secondary screenings were conducted the following day on the first night centre. There was good attention to identification of health issues and needs and appropriate follow-up by nursing staff.
- 2.85** Access to medical advice on arrival was good. A GP was on site until 10pm for initial review and urgent medication needs. In our survey, 17% of prisoners against the comparator of 24% said it was easy to see the GP. We noted waits on most wings of one to six days but there were longer waits on E wing of up to 10 days. Prisoners told us that care was good once they had seen a doctor.
- 2.86** Prisoners could see a nurse each day on the wings but problems with unlock times meant that they regularly had to choose between attending health care or going to work or other essential activities. There was no system for following up missed health care appointments.
- 2.87** Care and follow-up for prisoners with long-term conditions were reasonable. There was a regular diabetic clinic and we noted appropriate review of these patients.
- 2.88** A pilot of nurse-led clinics on A wing was designed to maximise effective use of GP time and enable better access to nurses. It was too early to assess the impact of this. Advanced nurse practitioner clinics had also started to facilitate better use of GP time.
- 2.89** The optician and podiatrist waiting lists appeared long but they had not been recently updated. The mean wait for the optician was three weeks and six patients had waited up to eight weeks.
- 2.90** The 17-bed inpatient unit was managed by the mental health team and primarily used to support prisoners with serious mental health and self-harm needs. At the time of the inspection, there were 16 men in the unit. We spoke to one prisoner who alleged he had been assaulted but there was no record of him being examined by a nurse. There were close working relationships between prison officers and clinical staff to support prisoners with complex needs; officers were able to access some clinical information via a formal information-sharing protocol. Prisoners were supported by a helpful range of therapeutic interventions but were not helped by being regularly locked up for long periods.

- 2.91** The management of external hospital appointments was reasonable and there was good clinical oversight.

Recommendations

- 2.92** Reception health screening of prisoners should be carried out in confidence and at an appropriate time. Telephone interpretation should be available with dual handsets.
- 2.93** Prisoners should be unlocked for health appointments, should not be penalised for system failings or forced to choose between essential health appointments and other necessary activities. Missed appointments should be followed up.
- 2.94** The inpatient unit should be used for prisoners with properly identified clinical needs and prisoners with serious mental health needs should be prioritised.
- 2.95** Prisoners who report injuries or assaults should always be examined by a health professional and the assessment recorded in their clinical record.

Pharmacy

- 2.96** The lead health contractor was responsible for the supply of all medicines, the administration of some medicines and clinical oversight of medicines management.
- 2.97** There was a suitable in-possession policy but some patient records lacked completed risk assessments. Prisoners did not have lockable cabinets in their cells and there were no routine spot checks of prescribed medicines. Medication issues identified during cell searches were referred to the pharmacist.
- 2.98** Electronic prescribing and administration of all medicines were used well and administration charts recorded when and why medicines had not been given. We were told that nurses followed up identified risks. Prescriptions for controlled drugs were signed manually.
- 2.99** A robust reconciliation process with community prescribers ensured that prisoners on medication on arrival had their prescriptions verified for clinical appropriateness. However, this sometimes caused delays in prisoners receiving their medicines.
- 2.100** Medicines were administered three times a day on all wings; night medicines were given at 5pm at weekends. Nurses and pharmacy technicians relied on a verbal check of name, number and date of birth. Prison staff supervised the administration of substance misuse medicines but not other medicines.
- 2.101** Prisoners could ask to see a pharmacist and there was a weekly pharmacist clinic for asthma/respiratory problems.
- 2.102** Patient group directions⁸ and the over-the-counter medicines policy were limited in range and prisoners only had access to a single dose of analgesia. A new pilot on A wing was testing an increase in the available range.

⁸ Enable the supply and administration of prescription-only medicine by persons other than a doctor or pharmacist, usually a nurse

- 2.103** A clear procedure was followed by staff for prisoners needing medicines out of normal hours, including access to a dedicated out-of-hours stock cupboard. Medicines used were appropriately recorded and audited. Most medicines were issued for named patients with suitable arrangements for repeat prescribing. Treatment room stock was not audited.
- 2.104** Pharmacists screened prescriptions and monitored prescribing. They had access to the clinical record system and provided advice to the health care team. Pharmacists undertook medication audits and had recently identified a lack of review of continued prescribing of SSRIs (a type of anti-depressant). New prescribing guidance on treatment for depression had been issued and guidance on pain management was awaiting confirmation.
- 2.105** Some treatment room fridges were not lockable. Medicines were usually transported around the prison in locked boxes but we observed a nurse carrying medicines in a zip-bag when prisoners were unlocked. Controlled drugs were managed effectively and dispensing equipment was suitably maintained. A recently established monthly drugs and therapeutics committee was poorly attended.

Recommendations

- 2.106** Each prisoner record should include a properly documented in-possession risk assessment.
- 2.107** There should be adequate supervision of all medicines administration to ensure safe administration and confidentiality and prevent diversion and bullying. Photo identification should be incorporated on to SystmOne and preferably on prisoner held ID cards.
- 2.108** There should be formal arrangements to enable nurses to administer a wider range of medications to make better use of GP time.

Housekeeping points

- 2.109** Use of all stock in the treatment rooms should be audited.
- 2.110** Treatment room fridges should have locks.
- 2.111** Transportation of all medication around the prison should be suitably secure.
- 2.112** Attendance at the drugs and therapeutics committee should be improved.

Dentistry

- 2.113** There were 300 prisoners on the dental waiting list and until recently about 40% of appointments had been lost through a very high failure to attend rate. Work was being done to reduce this by updating the waiting list regularly, additional sessions and a dental triage pathway which included better quality referral information. The mean wait for a routine appointment was three weeks but it was still not clear that all prisoners with urgent needs were being appropriately prioritised and some were waiting up to 22 weeks for an appointment. The dentist was not available during the inspection.

- 2.114** The dental suite was modern, clean and suitably equipped, with regular maintenance and servicing of specialist equipment recorded. The suite was compliant with national infection control guidance.

Recommendation

- 2.115 Prisoners with urgent dental needs should be seen promptly to ensure their immediate needs are met.**

Delivery of care (mental health)

- 2.116** Mental health services were well integrated through effective joint working between providers. The number of monthly referrals had increased by about 40% in the previous year and the introduction of young adult offenders had increased the complexity of need. A shared application for primary and secondary services helped to ensure that prisoners were seen by the most appropriate clinician. Care for individual prisoners was agreed and planned at a weekly multidisciplinary meeting.
- 2.117** There was an impressive range of focused therapeutic interventions in the Seacole Centre including yoga, relaxation, book group, drama, Good Vibrations (music) and Only Connect (confidence and coping strategies). We saw several first-time prisoners who were enthusiastic about how the interventions might help them. There were advanced plans to provide a counselling service.
- 2.118** Prisoners with severe and enduring mental health needs were well cared for by an established medical and nursing team, including a dedicated learning disabilities nurse and a psychologist. Helpful, targeted work was provided, including for short-term prisoners.
- 2.119** Transfers of prisoners to secure units in the previous year had been regularly delayed and too many prisoners with acute mental health needs had waited more than two weeks from initial assessment to transfer.
- 2.120** Clinical staff told us that officers were good at responding to mental health needs. There had been training sessions for prison staff but we had no information about how many prison staff had received mental health awareness training.

Recommendations

- 2.121 The transfer of prisoners with serious mental health needs should not be delayed.**
- 2.122 Prison staff should receive mental health awareness training to support prisoners with challenging and complex mental ill health and behavioural problems.**

Good practice

- 2.123** *The Seacole Centre provided prisoners with an impressive range of therapeutic interventions to support their mental health needs. Clinical psychology provision supported prisoners' longer-term coping ability and mental wellbeing.*

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.

2.124 *The food was adequate. Meals were served too early and some prisoners ate in cells with unscreened toilets. Consultation arrangements were poor. Kitchen facilities were generally clean. Food for those with special diets was of poor quality.*

2.125 In our survey, 9% of prisoners said the food was good against the comparator of 23% and 13% at our last inspection. All prisoners ate in their cells, including those with unscreened toilets. Breakfast packs were small and issued with the evening meal. Many prisoners ate the breakfast pack the evening it was issued. A cold lunch bag was distributed on the wings from 11am, and the evening meal was served as early as 4.30pm on some wings.

2.126 The food we tasted was of reasonable quality and portion sizes were generally adequate, but menu choice was fairly limited. Prisoners on special diets for medical reasons were provided with alternative meals, but the quality of these meals was poor.

2.127 We observed reasonable supervision of servery workers. Seventeen prisoners were employed in the kitchen, and all had completed food hygiene training. Some servery areas were grubby. Food preparation and storage areas were generally clean. New kitchen equipment had been purchased but not yet installed to address a problem with mice. Separate food preparation, storage and servery equipment was allocated to Halal and non-Halal food.

2.128 Consultation arrangements with prisoners were poor: there were no regular food forums, and although there had been a food survey in August 2013, the results had not been analysed. Comments books on the wings were not used effectively. Food issues raised in wing meetings were followed up.

Recommendations

2.129 **Lunch should not be served before midday and the evening meal not before 5pm. Breakfast should be served on the day it is eaten and should be of adequate quality and quantity.**

2.130 **Prisoners on special diets should be given adequate quality and variety of food.**

2.131 **Prisoners' views on food should be sought and responded to at regular intervals.**

Housekeeping point

2.132 Servery areas should be kept clean.

Purchases

Expected outcomes:

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

2.133 *The shop arrangements were reasonably good. Distribution was well supervised and there were consultation arrangements. Some newly arrived prisoners had poor access to the shop in their first week.*

2.134 Lists of shop products were issued weekly. Distribution of purchases on wings was generally well supervised. Shop managers visited wings regularly the day after goods had been issued so that prisoners could raise any concerns.

2.135 Newly arrived prisoners could buy smokers' or non-smokers' shop packs at reception. However, prisoners arriving after the list had been issued had to wait until the following week to make other purchases.

2.136 Despite reasonable consultation through quarterly meetings, 45% of prisoners in our survey said that the shop did not provide a wide enough range of goods to meet their needs. Catalogue orders could be made but there was a 50p administration charge per item. Prisoners could request a copy of their spending account balance and purchase daily newspapers.

Recommendation

2.137 **Newly arrived prisoners should be able to buy items from the shop.**

Housekeeping point

2.138 Prisoners should be able to buy catalogue items without incurring an administration charge.

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.⁹

3.1 *Many prisoners spent too long locked in their cells during the day. Fully employed prisoners were only unlocked for six hours a day during the week. Unemployed prisoners spent considerably more time locked in their cells.*

3.2 The core day routine was displayed on notice boards on all residential units. The core day listed unlock times and indicated that a fully employed prisoner spent about six hours out of his cell on Monday to Thursday, and four hours on Fridays and weekends.

3.3 There had been slippage in unlock times. The regime had been very unpredictable until April 2014; exercise and association were now rarely cancelled and there was less slippage in the regime due to late unlocking. We calculated that employed prisoners spent about four to six hours, and unemployed two to three hours, out of their cells. During roll checks, we found that over 40% of prisoners were locked in their cells.

Recommendation

3.4 **Prisoners should have at least 10 hours out of their cells on weekdays and be able to access a full regime every day.**

Learning and skills and work activities

Expected outcomes:

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

3.5 *Leadership and management did not effectively promote improvements in the provision of activities. There were too few activity places for the population and attendance was poor. Success rates and retention were low, notably on functional English and mathematics courses. Vocational training options were limited. The quality of teaching and learning in education was variable. There was limited access to the library. Access to physical education was poor.*

3.6 *Ofsted¹⁰ made the following assessments about the learning and skills and work provision:*

⁹ 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.

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

Management of learning and skills and work

- 3.7** The coordination, management, monitoring and improvement of learning and skills provision were inadequate. Most areas for improvement identified at the last inspection had not been tackled effectively. Two major weaknesses identified at the 2008 and 2011 inspections, quality improvement arrangements and the allocations system, remained. Education and vocational training provision was inadequate.
- 3.8** The prison and the education and training provider, A4e, had worked together to promote improvement in recent months, but with little discernible outcome. For example, while the induction, initial assessment and allocations processes had been revised, none of them worked well. The education provider and the prison each had a quality improvement plan, but had not produced a coherent joint plan or agreed effective actions. They had not prioritised longstanding, key problems such as prisoners' low success, retention and attendance rates. The education provider had recently identified these as particular issues. A4e used a structured monitoring and reporting process to promote improvement, but this was in isolation from the prison's own improvement, monitoring and management arrangements.
- 3.9** The prison did not use data well to monitor and manage the quality or effectiveness of the provision. The data were narrow and lacked detail. The education provider produced detailed data, including success and retention rates for each course, but did not routinely disseminate or discuss them with prison managers. The only course with substantial waiting lists was English for speakers of other languages. Neither A4e nor prison managers collected data to monitor whether foreign national prisoners were being allocated to education, training and work places fairly and equitably. In our survey, fewer foreign nationals (12%) than British prisoners (35%) said they were working in the prison.
- 3.10** A4e's observation of teaching and learning was accurate and developmental, providing good, practical insight to teaching staff on how they might improve. The prison's observation process was not functioning.
- 3.11** The self-assessment procedure was inadequate. None of the contributory elements from the prison or A4e was sufficiently evaluative, detailed or accurate. The key areas for improvement identified in the self-assessment report did not include improving prisoners' success rates, raising retention or more effective use of data. However, it identified the need to embed a quality improvement culture throughout the establishment.

¹⁰ 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>.

Recommendations

- 3.12** Quality improvement systems should use a wide range of data to coordinate, manage, monitor and improve all aspects of learning, skills and work.
- 3.13** The self-assessment process should identify what is working well and what needs to be improved. Self-assessment action plans should have specific, measurable, achievable, realistic and time-bound objectives.

Provision of activities

- 3.14** Prisoners' access to and experience of activities was poor (see main recommendation S46). Activity places only occupied about half the population. There were very few alternatives for prisoners once a part-time session had finished. Courses were frequently cancelled at short notice. The number of vocational training places was low and had declined since the last inspection. Too few qualified assessors were employed. Too many workshops were no longer operational, although new initiatives were under way with community partners to increase the number of vocational training places. It was unacceptable that many prisoners attending learning and skills activities had not been paid for long periods as a result of administrative failures.
- 3.15** Most education provision was targeted at prisoners whose levels of attainment were below level one in English or mathematics. However, about half the population already had skills at or above level one and little meaningful activity was available for them. A4e were analysing training needs to identify a more relevant curriculum.

Recommendation

- 3.16** Prisoners should be paid on time.

Quality of provision

- 3.17** The quality of teaching and learning was variable, ranging from outstanding to inadequate. The better teaching and learning sessions included well-planned and interactive activities, and there was some good use of information learning technologies.
- 3.18** The Toe-by-Toe programme¹¹ involved nine mentors and 45 mentees but it was small in relation to the size of the prison population.
- 3.19** New induction, assessment and allocation arrangements had been introduced in the past month and were a work in progress. Numerous aspects were not working well, notably a lack of integrated working. The allocations process was still not informed by or focused on meeting prisoners' needs and did not link with prisoners' sentence plans.
- 3.20** The number of prisoners allocated to induction sessions was high, in an attempt to ensure that a reasonable number actually attended. In one session that we observed, only 12 prisoners attended out of 23 allocated. Over 100 prisoners were awaiting induction for education and industries and unable to work as a result. In total about 30% of prisoners were unemployed.

¹¹ Peer mentoring scheme to help prisoners learn to read

- 3.21** Recently revised individual learning plans (ILPs) were not used well by teachers to identify and record learners' attainment, although the ILPs were used more effectively in painting and decorating classes. Teachers' reviews of prisoners' progress were not completed in a timely or consistent manner or recorded in sufficient detail. Target setting was weak.
- 3.22** In most sessions, tutors and classroom assistants provided adequate support to meet prisoners' needs. A good peer mentoring programme helped prisoners to develop their skills as classroom assistants and gain a level two award. Specialist support for additional learning needs was appropriate, but too few prisoners received it. A4e had plans to review, restructure and expand this aspect of provision.
- 3.23** The accommodation for education sessions was fit for purpose but generally stuffy; ventilation was particularly poor in the induction area and prisoners lost concentration. Resources to support learning were adequate but some computer equipment and software needed updating. A4e and prison staff provided good support to prisoners using the virtual campus¹².
- 3.24** Prisoners and staff in education and vocational training treated each other with respect and politeness. Prisoners were well behaved and considerate of others.

Recommendations

- 3.25** **The quality of teaching and learning should be improved by sharing best practice. Sessions should be meaningful, interactive, engaging and challenging.**
- 3.26** **The induction, assessment and allocation process should meet prisoners' needs and be linked to their sentence plans.**
- 3.27** **The implementation of individual learning plans should be strengthened with training on setting targets. ILPs should be completed fully and progress reviews carried out regularly.**
- 3.28** **Prisoners should be set detailed, measurable and short-term targets. Their progress against these targets should be accurately recorded.**
- 3.29** **There should be sufficient specialist support for all prisoners with additional learning needs.**

Housekeeping point

- 3.30** Classrooms should be well ventilated.

Education and vocational achievements

- 3.31** Success rates on the vast majority of courses in 2012 to 2013 and in the year to date were consistently low, notably on the large number of functional English and mathematics courses. Success rates on the only long vocational course offered were also low. Success rates on short courses in ICT were high. The number of prisoners progressing to successive levels was low.

¹² Enables prisoners to have internet access to community education, training and employment opportunities

- 3.32** Prisoners' retention and attendance on most courses were low. In the previous eight months, only between half and two-thirds of prisoners allocated to education or training sessions actually attended (see main recommendation S46). Prisoners' punctuality was poor. Many classes started half an hour later than scheduled.
- 3.33** The standard of work in vocational training sessions was variable. Standards were good in painting and decorating. The progress prisoners made on biological hazards and industrial cleaning courses was satisfactory. The standard of work in education sessions was adequate overall, but very good in business enterprise and ICT sessions.
- 3.34** Some groups of black and minority ethnic prisoners historically attained qualifications at a higher rate than white prisoners, although the gap in achievement was closing. The prison had not identified the reasons for this imbalance.

Recommendations

- 3.35 Prisoners' retention, success rates and standards of work should be improved in education and vocational training.**
- 3.36 Variations in attainment between different protected groups should be monitored. Any attainment gaps should be reduced.**

Library

- 3.37** The London Borough of Hammersmith and Fulham library service managed the library effectively. Stock levels were good, but losses remained high at around 8%. The range of books offered was satisfactory, including legal texts and Prison Service Instructions. Foreign language books accounted for 21% of stock, which was adequate. Reading skills were promoted effectively through Story Book Dads.¹³
- 3.38** Opening hours had increased slightly since January 2014 to accommodate prisoners in full-time work. Despite this, the number of visits to the library had declined by about a third during 2013 to 2014, largely because staff were not bringing prisoners from the wings. The number of books issued had declined slightly. Library membership remained low at 60% of prisoners. Prisoners in the segregation unit had adequate access to a small stock of books. Those in health care had scheduled weekly library visits.
- 3.39** Library orderlies had completed peer mentoring qualifications. Sixty prisoners had successfully completed the 'six book challenge' and about 200 were registered. Four computers and a printer had been purchased but not installed.

Recommendation

- 3.40 A weekly schedule of visits to the library from education should be implemented. These should be spread equitably across the week and prisoners should be brought to the library on time.**

¹³ Prisoners record stories for their children

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.

3.41 *Access to and the quality and range of physical education for prisoners had declined since the previous inspection. Too many prisoners had inadequate access to the gym and PE. The range of facilities was satisfactory, generally clean and well maintained, but shower and changing facilities required improvement. Very few accredited courses were offered. Too many gym sessions were cancelled.*

3.42 The range of PE facilities was satisfactory and included a sports hall, weights room and gym equipped with cardiovascular machines. All prisoners had access to clean gym kit. It was not clear why prisoners were not allowed to use an Astro turf pitch that staff used for lunchtime football matches. Few qualifications were offered. There were no private changing areas or modesty screens in the showers. As at the last inspection, ventilation in the weights room and multi-purpose gym was inadequate.

3.43 A lack of PE staff and inadequate arrangements to cover for staff absence reduced the prison's ability to deliver its planned level of service. Prisoners' attendance was very low (see main recommendation S46). Opening hours were adequate in principle, but a very significant number of hours were lost through cancellation and shutdowns. Many prisoners did not get their minimum expected hours in the gym. Prisoners received an adequate induction before using the gym and exercise equipment. The prison promoted healthy lifestyles appropriately for gym users.

Recommendation

3.44 **The showers and changing rooms should be refurbished in all the PE venues to enable prisoners to shower in private, and all areas should be well ventilated.**

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 *Prisoners reported negatively on resettlement provision. The strategic vision for resettlement was good and was starting to be implemented. Reducing re-offending meetings were generally well attended and multidisciplinary. There were strategic links between offender management and pathways work but operational links were less evident.*

4.2 Prisoners responded more negatively than the comparator across most resettlement questions in our survey. Only 10% of prisoners said they had been helped to prepare for their release, and awareness of accommodation, finance and substance use resettlement services was significantly lower than the comparator.

4.3 However, the long-term strategic vision for resettlement was good, although it was in the early stages of implementation. The detailed reducing re-offending strategy was informed by a good needs analysis and reflected the prison population.

4.4 The head of reducing reoffending chaired multidisciplinary reducing re-offending meetings, which were generally well attended, including by the deputy governor. A 'pathways to reducing re-offending' action plan was in place with pathway leads, but up-to-date reports were not always provided. This strategic meeting considered offender management and resettlement provision, but a lack of integration at operational levels undermined some of this work.

4.5 Focus on resettlement was the only accredited offending behaviour programme and only 52 prisoners had completed it (see recommendation 4.71). In our survey, 51% of respondents said that they had done something or something had happened at the prison to make them less likely to reoffend in the future.

Housekeeping point

4.6 Up-to-date information should be available at reducing re-offending meetings.

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.

4.7 *Too many high-risk cases did not have a completed OASys (offender assessment system) and sentence planning was inconsistent, including for some prisoners who were nearing release. Information-sharing between the offender management unit and the rest of the prison was weak. Sixty per cent of prisoners approved for home detention curfew were released beyond their eligibility date. Public protection work was reasonable. Twelve per cent of re-categorisation decisions were overdue. There were few indeterminate sentence prisoners (ISPs) but some were at the prison for too long.*

4.8 There were eight operational (uniformed), six civilian and eight probation employed offender supervisors. A hub manager and a senior probation officer managed the offender supervisors and reported to the head of the offender management unit (OMU). As a result of recent staff shortages, they spent about 90% of their working time deployed away from the OMU, significantly reducing their ability to manage prisoners (see main recommendation S47).

4.9 Offender supervisors only had continuing contact with prisoners in scope of the offender management model, of whom there were 130 high risk, very high risk, indeterminate sentence for public protection and lifer prisoners. Low and medium risk prisoners sentenced to over 12 months and short sentenced prisoners (under 12 months) had no contact with an offender supervisor unless they specifically requested it. In our survey, only 18% of prisoners said they had a named offender supervisor and 64% said nobody was working with them to help them achieve sentence plan targets against respective comparators of 31% and 44%. Cases were allocated in turn to any offender supervisor, irrespective of risk level or complexity. Some prison employed offender supervisors had undertaken limited training and none received case supervision. Caseloads were not high at about 12 to 15.

4.10 Probation inspectors looked in detail at 20 cases in scope of the offender management model. Only half had an OASys start of custody assessment or sentence plan; in some a concerted but unsuccessful effort had been made to contact the community offender manager responsible for the OASys, but in others little had been done other than sending a reminder email. There was no routine management oversight of the completion of assessments and sentence boards in these cases, which included prisoners who had been at the prison for some months and some who were nearing release. When sentence planning boards did take place, there was little or no involvement by other departments in the prison. Some prisoners were categorised, transferred or released on home detention curfew (HDC) with no OASys, which was inappropriate. In our survey, 27% of prisoners said they had a sentence plan against the comparator of 38% and 46% at the previous inspection.

4.11 Without an OASys there was no assessment of the prisoner's risk of serious harm to others in prison and on release. Nobody working with these prisoners knew their level of risk of harm and it was impossible to make an accurate assessment of how to reduce that level of risk. The lack of risk management plans and the poor quality of some plans that had been completed indicated that the risk of harm posed by prisoners was not being effectively managed.

- 4.12** In far too many OASys assessments, sentence plans contained objectives that were not focused on outcomes or logically sequenced, or did not contain objectives to manage the prisoner's risk of harm. In only a quarter of the cases we looked at were there signs that the prisoner had made some progress against factors identified as making him more likely to reoffend. In three cases, there were clear indications that there had been deterioration in those factors.
- 4.13** On arrival at the prison and about two months before release, the reducing re-offending pathway needs of prisoners were assessed and referrals made to other departments and community agencies. This was a welcome initiative, but these assessments were not fed back to the OMU nor integrated with prisoners' sentence plans. This did not facilitate oversight of a coordinated, inclusive plan by offender supervisors, some of whom said they did not feel the OMU was central to offender management and the reducing re-offending agenda.
- 4.14** The primary recording system used in the OMU was a probation case management tool. This shared information effectively with offender managers in the community, but it was not available to other relevant prison staff who did not have easy access to case information on high-risk prisoners recorded by offender supervisors.
- 4.15** During the previous six months, 217 applications for HDC had been considered, of which 84 had been approved. Information from a range of sources informed the decision, but delays in receiving home circumstances reports from probation in the community resulted in about 60% of approved prisoners being released beyond their HDC eligibility date. There were no HDC boards; the head of custody considered applications as they arrived and they were all signed off by a governor.

Recommendations

- 4.16** The case allocation procedure should ensure that prisoners who pose the highest risk of harm to the public are managed by the most appropriate offender supervisor.
- 4.17** All relevant prisoners should have a timely OASys and sentence planning boards and reviews should be undertaken. Boards should include contributions from the offender manager, offender supervisor and relevant staff from the prison.
- 4.18** All relevant prisoners should have a good quality risk management plan which addresses the risk they pose in prison and on release.
- 4.19** There should be a single recording system which all relevant staff are able to use.
- 4.20** Prisoners approved for home detention curfew should have a timely release which coincides with their eligibility date.

Housekeeping points

- 4.21** All offender supervisors should receive regular case management supervision, particularly in relation to high or very high risk cases they are managing.
- 4.22** Sentence plan objectives should be outcome focused and sequenced and should manage the risk of harm appropriately.

Public protection

- 4.23** Public protection work was reasonable, although the policy was out of date and the lack of an OASys in some in-scope cases was a concern with respect to risk management.
- 4.24** There were 63 MAPPA (multi-agency public protection arrangements) level one prisoners, 152 level two and two level three. There were 86 VISOR (violent and sexual offenders register) nominals, 116 prisoners were subject to harassment procedures, 41 were identified as a risk to children, and 37 unsentenced prisoners were on remand for sexual offences or offences against children.
- 4.25** A probation officer acting as the dedicated public protection coordinator was responsible for initial checks on all new arrivals and the imposition of monitoring restrictions, to which 175 prisoners were subject at the time of the inspection. Restrictions were implemented quickly and reviewed regularly and prisoners were made aware of them.
- 4.26** Probation staff in the OMU contributed to MAPPA meetings in person or by submitting a report. Monthly interagency risk management team meetings were not always well attended, particularly by community agencies. The meetings did not address broader issues of risk management and it was difficult to determine the full extent of discussions from the sparse minutes. One scheduled meeting in November 2013 had been used for a presentation on an unrelated matter, which was inappropriate.

Recommendation

- 4.27 Risk management meetings should address broader issues of risk, including risks to staff and other prisoners, and should not be cancelled.**

Housekeeping points

- 4.28** The public protection policy should be kept up to date.
- 4.29** Minutes of risk management meetings should accurately reflect the discussions and decisions on each case.

Categorisation

- 4.30** Initial categorisation was determined quickly and appropriately. However, 12% (150) of re-categorisation decisions were overdue. During the previous three months, 44 prisoners had been considered for re-categorisation, of whom seven had been successful. Most decisions were informed by a range of multidisciplinary information. However, we saw one case of a MAPPA prisoner approved for re-categorisation from category C to D with a move to open conditions, with no evidence of input by the community offender manager. Prisoners were informed in writing of the outcome of re-categorisation decisions.

Recommendation

- 4.31 Community offender managers should contribute to re-categorisation decisions where applicable.**

Indeterminate sentence prisoners

- 4.32** There was no specific provision for ISPs but given the small number – 11 ISPs and 12 lifers – this was not unreasonable. No information or support was provided for remand prisoners to help them come to terms with the implications of a potential indeterminate sentence. Some lifer prisoners had been moved to the establishment months earlier following the closure of another prison, and had remained there despite little opportunity to progress with their sentence plans.

Recommendations

- 4.33** **Remand prisoners facing a potential indeterminate sentence should be identified and offered information and support.**
- 4.34** **Indeterminate and longer sentence prisoners should be moved to an appropriate prison as quickly as possible so that they can progress with their sentence plans.**

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.

4.35 *Basic resettlement needs were assessed on arrival and pre discharge, although this approach was still in the early stages of implementation. Resettlement needs were not shared with the OMU. There was some promising through-the-gate work. Too many prisoners were released without a suitable address. The backlog of prisoners awaiting an initial assessment of their financial needs was mitigated by the high profile of Citizens' Advice and Job Centre Plus staff on the wings. The organisation of prison visits required considerable improvement. However, there was some good family support work. Only one accredited programme was available.*

- 4.36** Since March 2014, the basic resettlement needs of all prisoners had been assessed shortly after arrival and referrals made to appropriate support (see section on early days in custody). This assessment was intended to form the basis of a custody plan for short-sentenced prisoners (under 12 months), although this had yet to be fully implemented (see main recommendation S47). Identified needs and referrals to services were not routinely shared with offender supervisors for incorporation into sentence plans.
- 4.37** A meaningful pre-discharge assessment procedure had recently been initiated. The pathway needs of all prisoners were re-assessed about three months before release and they were referred to a range of partners who attended the prison, including Job Centre Plus, St Mungo's Broadway and Citizens Advice. Some promising through-the-gate work included the tri-borough project, a partnership between three London boroughs, the prison and the voluntary sector which resembled the integrated offender management model. The prison chaplaincy operated a through-the-gate 'meet and greet' mentor scheme (see section on faith).

Accommodation

- 4.38** Housing advice and support was provided by St Mungo's Broadway Housing Information and Advice Service (HIAS). The HIAS team worked to secure tenancies for prisoners on remand or short sentences, and to relinquish tenancies for those on longer sentences to avoid the build up of debt. They also supported prisoners before release to secure accommodation.
- 4.39** HIAS did not make direct referrals to accommodation but referred prisoners to housing associations, private landlords and local authorities. The percentage of prisoners released without a suitable address was high: 22% in the final quarter of 2013 to 2014, compared with 14% at our last inspection. HIAS attributed this to a reduction in available housing stock, although numbers were much higher than we usually find in London prisons (see main recommendation S48).
- 4.40** HIAS provided prisoners who were discharged homeless with details of day centres, temporary accommodation and advice services in the community.

Education, training and employment

- 4.41** Training, advice and information to support prisoners' resettlement needs was not operating effectively. A comprehensive improvement programme had started, which included scheduling, communication and coordination with the wings and individual prisoners, but it was at a very early stage.
- 4.42** Too few staff were available to manage the operational requirements of this pathway efficiently. Prisoners' attendance on resettlement courses was intermittent and generally very low. There was no effective appointments system; prisoners frequently waited for many hours to meet a representative from a community agency and the prison did not know when or if an agency representative would attend (see main recommendation S48).
- 4.43** Most service level agreements with community agencies had expired. The virtual campus was used effectively to enhance learning but was used by too few prisoners searching for a job. The quality of the careers service required improvement.

Recommendation

- 4.44 All aspects of the education, training and employment resettlement pathway should be improved, including effective coordination and liaison with wings and prisoners, the provision of appropriate and timely courses and efficient scheduling of appointments.**

Housekeeping point

- 4.45** The service level agreements with support and information agencies should be renegotiated to meet the resettlement needs of prisoners.

Health care

- 4.46** Prisoners were seen on release or transfer by a nurse in reception and a health care discharge summary was forwarded to their registered GP. A short supply of prescribed

medication was provided and condoms were offered. There were no formal arrangements to support prisoners with continuing social care needs.

- 4.47** An identified clinical team supported prisoners with palliative and/or end of life needs; there were established links with a local community specialist palliative care team but no formal policy. Prisoners with complex mental health needs were linked with their community mental health teams and community psychiatric nurses were routinely invited to attend review meetings before release.

Recommendation

- 4.48** **Prisoners with continuing social care needs should be linked with appropriate support services.**

Housekeeping point

- 4.49** A formal palliative/end of life care policy should reflect the particular needs of prisoners.

Drugs and alcohol

- 4.50** In our survey, 36% of prisoners against the comparator of 45% said they knew someone in the prison who could help them on release with drug or alcohol issues.
- 4.51** Community service contacts were verified on arrival. Prisoners being discharged were linked with their community services and provided with dosage information. Prisoners going to court on Fridays were given summary prescriptions so that they could get treatment if they were released.
- 4.52** RAPt hosted a useful 'meet and greet' service through local community services. Links with local drug intervention programme and criminal justice integrated teams were good and attendance was improving at the monthly forum to strengthen links between prison and community services.

Finance, benefit and debt

- 4.53** Prisoners received presentations from Citizens Advice, St Mungo's Broadway and Job Centre Plus during induction. The financial needs and awareness of prisoners were assessed individually. The presentations and assessments informed appropriate referrals, for example opening a bank account or attending a money management course. However, these induction presentations had not happened during the six months to March 2014. These problems were somewhat mitigated by the high profile of Citizens' Advice and Job Centre Plus staff on the wings.
- 4.54** Citizens' Advice held weekly surgeries on each wing, in the segregation unit and in the health care department. The surgeries embraced a broad range of legal issues, including financial and debt advice. They had conducted 614 advice sessions in the three months to the end of April 2014. Job Centre Plus had a daily presence on each wing and gave benefits advice and support to all prisoners due to be released.

Children, families and contact with the outside world

- 4.55** Only 19% of prisoners in our survey said they received help from staff to maintain contact with families and friends compared with 33% in similar prisons.
- 4.56** There were considerable delays in the booking of visits, which in practice often meant that prisoners had little influence over the date of each visit. Relatives and staff in the visitors' centre told us of extreme difficulties in getting through to the visits booking line and staff in the visitors' centre told us they had received a large number of complaints in the previous six weeks.
- 4.57** Not all prisoners were entitled to a visit each week. There were no visits on a Friday and no evening visits. Remand prisoners were allowed an unbooked visit within 72 hours of arrival. However, these sessions were sometimes oversubscribed and at other times there were not enough staff to take prisoners to the visits hall and visitors had to be turned away. Visits were limited to three adults per prisoner, and a child over 10 was classed as an adult. Closed visits could be authorised on a single drug dog indication.
- 4.58** Visitors were received in a bright and welcoming visitors' centre run by supportive staff from the charity, Spurgeons. In contrast, the visits hall was shabby. Prisoners had to wear a yellow bib and could not use the toilet during the visit. A visits session that we observed started 40 minutes late and the time available for the visit was curtailed.
- 4.59** Many visitors were confused about the identification requirements which were enforced inflexibly. On the first day of our inspection, seven visitors were turned away because they did not bring all the necessary documentation to verify their identity. One visitor who said she had travelled from Romania with her baby was turned away, despite having a valid passport as identification.
- 4.60** Special children's visits for one to 12-year olds were held weekly for 12 couples. They were less formal than social visits and prisoners could play with their children. They were popular with prisoners and there were welcome plans to run more of them.
- 4.61** Spurgeons employed a family support worker who provided good support to family visitors. A visits development officer provided support to prisoners. There was adequate monitoring of visits data and a children's and families' action plan. There was no visitors' user group.
- 4.62** The prison ran some good parenting and family relationship courses. During the inspection the Prison Advice and Care Trust held a training day for six couples, 'Building Strong Families'. Family members were extremely complimentary about the course and its capacity was due to increase to 12. A regular course run by the visits development officer, 'Developing Parenting Skills', was well planned and popular; 23 prisoners had completed the most recent one'.

Recommendations

- 4.63 All prisoners should have at least one weekly visit and daily visits should be run, including some evening sessions.**
- 4.64 Children should not be treated as adults for the purpose of visits.** (Repeated recommendation 9.55)
- 4.65 Visits should start on time and visitors should not be turned away if they have valid identification.**

- 4.66** The visits user group should be reinstated and convened frequently to improve communications between Spurgeons, the prison and prisoners' families. (Repeated recommendation 9.56)

Housekeeping points

- 4.67** Closed visits should not be authorised on a single drug dog indication unless there is additional security intelligence. (recommendation 9.71 repeated as housekeeping point)
- 4.68** The visits booking line should be easily accessed. (recommendation 9.70 repeated as housekeeping point)

Attitudes, thinking and behaviour

- 4.69** During the last three months of their sentence, prisoners were referred to Focus on Resettlement, the only accredited programme available. During 2013 to 2014 there had only been 54 completions. A two-hour victim awareness session was delivered to some prisoners by Victim Support.
- 4.70** No general offending behaviour, thinking skills or harm reduction programmes were available. Staff were clearly frustrated that they were unable to refer prisoners to programmes to address their likelihood of reoffending or risk of harm. In our survey, 35% of respondents said there were plans for them to achieve their sentence plan targets at another prison, but the prison was unable to provide details of how many prisoners were waiting to be transferred for programmes, or how long they had been waiting.

Recommendation

- 4.71** Accredited programmes should be provided to meet the offending behaviour needs of the population. Where this is not possible, prisoners should be transferred to an appropriate establishment as soon as practicable.

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 governor

- 5.1** An effective violence reduction strategy should be introduced in consultation with prisoners to help ensure that prisoners are safe from bullying and victimisation. (S43)
- 5.2** All prisoners at risk of self-harm should be held in decent conditions with sufficient support and activities. ACCT procedures and documentation should be significantly improved. (S44)
- 5.3** Prison cells and the general environment should provide clean, safe and decent living conditions for all prisoners. (S45)
- 5.4** There should be a sufficient quantity, quality and range of activity places to meet the needs of the population. Attendance and success rates should be substantially increased. (S46)
- 5.5** There should be a coordinated, whole-prison approach to resettlement at an operational level which effectively integrates reducing re-offending and offender management and is driven by the OMU. Offender supervisors should have time to manage prisoners' sentences appropriately.(S47)
- 5.6** Prisoners should not be released without a suitable address or without effective interventions to support them into employment, training or education. (S48)

Recommendations

To the governor

Courts, escort and transfers

- 5.7** Written information for prisoners on what they can expect from reception processes should be available in foreign languages. (1.3)

Early days in custody

- 5.8** Reception holding rooms should be effectively supervised and kept free of graffiti. (1.10)
- 5.9** Prisoners should only be strip-searched following an individual risk assessment. (1.11)
- 5.10** The entire first night centre should be refurbished. (1.12)
- 5.11** Prisoners should receive a full induction which covers everything they need to know about the prison within a week of arrival. (1.13)

Bullying and violence reduction

- 5.12** All bullying and violent incidents should be fully investigated and all relevant parties interviewed. (I.19)
- 5.13** Bullies should be challenged and their poor behaviour addressed, and victims should be systematically supported. (I.20)

Self-harm and suicide prevention

- 5.14** ACCT procedures should effectively support prisoners at risk of self-harm. Specifically, triggers should describe future events that may cause self-harm; assessments and care plans should be detailed; reviews should be multidisciplinary; observations should be conducted within the specified time frame; and entries in the observation record should describe the prisoner's mood. (I.29)
- 5.15** Prisoners should be able to speak to a listener at all times. (I.30)

Safeguarding

- 5.16** A prison-wide safeguarding policy should be drawn up and all wing staff should be fully conversant with the concept of safeguarding. (I.33)

Security

- 5.17** Procedural security should be improved and prisoners should not be held in cells with broken windows. (I.39)
- 5.18** Drug service managers should attend security committee meetings and links between the security department and drug service providers should be improved. (I.40)
- 5.19** Target searches and suspicion testing should take place within the required timeframe. Requests for suspicion tests should be recorded. (I.41)

Incentives and earned privileges

- 5.20** The incentives and earned privileges scheme should be applied consistently to support positive behaviour. The regime for prisoners on the basic level should include periods of association, purposeful activity and daily access to showers and telephones. (I.49)

Discipline

- 5.21** Information about trends and patterns should be used strategically to help reduce the use of force, and de-escalation should be used to its fullest extent. (I.56)
- 5.22** Prisoners should be strip-searched only when justified by a risk assessment. (I.60)
- 5.23** Cells on the segregation unit should be clean and free of graffiti, and conditions in the special cells and exercise yard should be improved. (I.61)

Substance misuse

- 5.24** There should be a formal strategy to identify and monitor the supply and reduction of drugs and alcohol. Regular monitoring should be informed by substance misuse services, security and other relevant prison departments. (1.68)

Residential units

- 5.25** Cells designed to accommodate one prisoner should not be occupied by two. (2.13)
- 5.26** Cell furniture should be in a good state of repair. Defective furniture should be replaced promptly. (2.14)
- 5.27** The timeliness and quality of responses to prisoner applications should be monitored and improved as necessary. (2.15)

Staff-prisoner relationships

- 5.28** Each prisoner should regularly be checked on by a named member of staff who should be aware of the prisoner's individual needs, provide support and encourage family contact. A good quality record of contact should be maintained. (2.23)
- 5.29** Effective prison-wide prisoner consultation arrangements should be developed. (2.24)

Equality and diversity

- 5.30** Equality policies should be up to date and reflect local provision for all protected characteristics. (2.31)
- 5.31** Equality meetings should be informed by equality monitoring data and attended by relevant individuals, including prisoner representatives. (2.32)
- 5.32** Discrimination incidents should be properly logged and investigated. Prisoners should receive timely replies after reporting a discrimination incident. (2.33)
- 5.33** Members of protected groups should be identified systematically and confidentially, and individual support plans developed where needed. They should be consulted about their views and needs, and appropriate action plans implemented. (2.43)
- 5.34** Immigration detainees should not be held in prisons other than in exceptional circumstances following risk assessment. (2.44)
- 5.35** Staff should make translated documents readily available to foreign national prisoners and use an accredited translation or interpretation service whenever matters of accuracy and/or confidentiality are a factor. (2.45)
- 5.36** Prisoners who use wheelchairs should be accommodated in cells adapted for the purpose. (2.46)
- 5.37** Prisoners with disabilities should have up-to-date personal emergency evacuation plans where necessary, and all wing staff should be aware of them. (2.47)

Complaints

- 5.38** Prisoners with little or no English should have access to information about applications and complaints in their own language. (2.63)
- 5.39** Complaints monitoring and quality assurance should ensure that complaints are investigated and responded to fully and promptly and in an appropriate tone. (2.64)

Legal rights

- 5.40** All legal representatives should be able to have a legal visit with their clients in privacy and legal visits should start on time. (2.67)

Health services

- 5.41** Prison staff should be trained to respond to medical emergencies, including protocols, basic resuscitation and use of the automated defibrillator. (2.79)
- 5.42** Reception health screening of prisoners should be carried out in confidence and at an appropriate time. Telephone interpretation should be available with dual handsets. (2.92)
- 5.43** Prisoners should be unlocked for health appointments, should not be penalised for system failings or forced to choose between essential health appointments and other necessary activities. Missed appointments should be followed up. (2.93)
- 5.44** The inpatient unit should be used for prisoners with properly identified clinical needs and prisoners with serious mental health needs should be prioritised. (2.94)
- 5.45** Prisoners who report injuries or assaults should always be examined by a health professional and the assessment recorded in their clinical record. (2.95)
- 5.46** Each prisoner record should include a properly documented in-possession risk assessment. (2.106)
- 5.47** There should be adequate supervision of all medicines administration to ensure safe administration and confidentiality and prevent diversion and bullying. Photo identification should be incorporated on to SystemOne and preferably on prisoner held ID cards. (2.107)
- 5.48** There should be formal arrangements to enable nurses to administer a wider range of medications to make better use of GP time. (2.108)
- 5.49** Prisoners with urgent dental needs should be seen promptly to ensure their immediate needs are met. (2.115)
- 5.50** The transfer of prisoners with serious mental health needs should not be delayed. (2.121)
- 5.51** Prison staff should receive mental health awareness training to support prisoners with challenging and complex mental ill health and behavioural problems. (2.122)

Catering

- 5.52** Lunch should not be served before midday and the evening meal not before 5pm. Breakfast should be served on the day it is eaten and should be of adequate quality and quantity. (2.129)

- 5.53** Prisoners on special diets should be given adequate quality and variety of food. (2.130)
- 5.54** Prisoners' views on food should be sought and responded to at regular intervals. (2.131)

Purchases

- 5.55** Newly arrived prisoners should be able to buy items from the shop. (2.137)

Time out of cell

- 5.56** Prisoners should have at least 10 hours out of their cells on weekdays and be able to access a full regime every day. (3.4)

Learning and skills and work activities

- 5.57** Quality improvement systems should use a wide range of data to coordinate, manage, monitor and improve all aspects of learning, skills and work. (3.12)
- 5.58** The self-assessment process should identify what is working well and what needs to be improved. Self-assessment action plans should have specific, measurable, achievable, realistic and time-bound objectives. (3.13)
- 5.59** Prisoners should be paid on time. (3.16)
- 5.60** The quality of teaching and learning should be improved by sharing best practice. Sessions should be meaningful, interactive, engaging and challenging. (3.25)
- 5.61** The induction, assessment and allocation process should meet prisoners' needs and be linked to their sentence plans. (3.26)
- 5.62** The implementation of individual learning plans should be strengthened with training on setting targets. ILPs should be completed fully and progress reviews carried out regularly. (3.27)
- 5.63** Prisoners should be set detailed, measurable and short-term targets. Their progress against these targets should be accurately recorded. (3.28)
- 5.64** There should be sufficient specialist support for all prisoners with additional learning needs. (3.29)
- 5.65** Prisoners' retention, success rates and standards of work should be improved in education and vocational training. (3.35)
- 5.66** Variations in attainment between different protected groups should be monitored. Any attainment gaps should be reduced. (3.36)
- 5.67** A weekly schedule of visits to the library from education should be implemented. These should be spread equitably across the week and prisoners should be brought to the library on time. (3.40)

Physical education and healthy living

- 5.68** The showers and changing rooms should be refurbished in all the PE venues to enable prisoners to shower in private, and all areas should be well ventilated. (3.44)

Offender management and planning

- 5.69** The case allocation procedure should ensure that prisoners who pose the highest risk of harm to the public are managed by the most appropriate offender supervisor. (4.16)
- 5.70** All relevant prisoners should have a timely OASys and sentence planning boards and reviews should be undertaken. Boards should include contributions from the offender manager, offender supervisor and relevant staff from the prison. (4.17)
- 5.71** All relevant prisoners should have a good quality risk management plan which addresses the risk they pose in prison and on release. (4.18)
- 5.72** There should be a single recording system which all relevant staff are able to use. (4.19)
- 5.73** Prisoners approved for home detention curfew should have a timely release which coincides with their eligibility date. (4.20)
- 5.74** Risk management meetings should address broader issues of risk, including risks to staff and other prisoners, and should not be cancelled. (4.27)
- 5.75** Community offender managers should contribute to re-categorisation decisions where applicable. (4.31)
- 5.76** Remand prisoners facing a potential indeterminate sentence should be identified and offered information and support. (4.33)
- 5.77** Indeterminate and longer sentence prisoners should be moved to an appropriate prison as quickly as possible so that they can progress with their sentence plans. (4.34)

Reintegration planning

- 5.78** All aspects of the education, training and employment resettlement pathway should be improved, including effective coordination and liaison with wings and prisoners, the provision of appropriate and timely courses and efficient scheduling of appointments. (4.44)
- 5.79** Prisoners with continuing social care needs should be linked with appropriate support services. (4.48)
- 5.80** All prisoners should have at least one weekly visit and daily visits should be run, including some evening sessions. (4.63)
- 5.81** Children should not be treated as adults for the purpose of visits. (4.64)
- 5.82** Visits should start on time and visitors should not be turned away if they have valid identification. (4.65)
- 5.83** The visits user group should be reinstated and convened frequently to improve communications between Spurgeons, the prison and prisoners' families. (4.66)
- 5.84** Accredited programmes should be provided to meet the offending behaviour needs of the population. Where this is not possible, prisoners should be transferred to an appropriate establishment as soon as practicable.(4.71)

Housekeeping points

Bullying and violence reduction

- 5.85** A wide range of staff from key departments should attend the monthly safer custody meetings. (1.21)
- 5.86** The safer custody email inbox should be checked each day. (1.22)

Substance misuse

- 5.87** Twenty-eight day reviews should be conducted on time. (1.69)

Residential units

- 5.88** Sufficient cleaning materials should be stocked securely with access controlled by officers to enable prisoners to maintain a good standard of cell cleanliness. (2.16)
- 5.89** Showers should be screened. (2.17)

Equality and diversity

- 5.90** Foreign national prisoners should be made aware of provision for overseas calls and letters. (2.48)
- 5.91** Prisoners over 65 years old should not be charged for their televisions. (2.49)
- 5.92** Older prisoners should have access to appropriate exercise. (2.50)

Faith and religious activity

- 5.93** The décor of the multi-faith area should be well maintained. (2.56)
- 5.94** The procedure for attending weekly services should be explained to all prisoners and the chaplaincy should address prisoners' concerns about access to services. (2.57)
- 5.95** Prisoners who are banned from attending corporate worship should receive a detailed explanation and should be advised of how to challenge this decision. (2.58)

Health services

- 5.96** All policies and procedures should be accessible to staff with a system to show they have read them. (2.80, recommendation 5.11 repeated as housekeeping point)
- 5.97** Prisoners should be able to make a health care complaint internally instead of using the prison system. (2.81)
- 5.98** Health literature should be accessible on the wings and should be available in other languages. (2.82)
- 5.99** Use of all stock in the treatment rooms should be audited. (2.109)

5.100 Treatment room fridges should have locks. (2.110)

5.101 Transportation of all medication around the prison should be suitably secure. (2.111)

5.102 Attendance at the drugs and therapeutics committee should be improved. (2.112)

Catering

5.103 Servery areas should be kept clean. (2.132)

Purchases

5.104 Prisoners should be able to buy catalogue items without incurring an administration charge. (2.138)

Learning and skills and work activities

5.105 Classrooms should be well ventilated. (3.30)

Strategic management of resettlement

5.106 Up-to-date information should be available at reducing re-offending meetings. (4.6)

Offender management and planning

5.107 All offender supervisors should receive regular case management supervision, particularly in relation to high or very high risk cases they are managing. (4.21)

5.108 Sentence plan objectives should be outcome focused and sequenced and should manage the risk of harm appropriately. (4.22)

5.109 The public protection policy should be kept up to date. (4.28)

5.110 Minutes of risk management meetings should accurately reflect the discussions and decisions on each case. (4.29)

Reintegration planning

5.111 The service level agreements with support and information agencies should be renegotiated to meet the resettlement needs of prisoners. (4.45)

5.112 A formal palliative/end of life care policy should reflect the particular needs of prisoners. (4.49)

5.113 Closed visits should not be authorised on a single drug dog indication unless there is additional security intelligence. (4.67)

5.114 The visits booking line should be easily accessed. (4.68)

Good practice

Health services

- 5.115** The Seacole Centre provided prisoners with an impressive range of therapeutic interventions to support their mental health needs. Clinical psychology provision supported prisoners' longer-term coping ability and mental wellbeing. (2.123)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Hindpal Singh Bhui	Team leader
Bev Alden	Inspector
Colin Carroll	Inspector
Sarah Cutler	Inspector
Deri Hughes-Roberts	Inspector
Gordon Riach	Inspector
Sam Booth	Senior researcher
Helen Ranns	Researcher
Rachel Prime	Researcher
Gemma Quayle	Researcher

Specialist inspectors

Sigrid Engelen	Substance misuse inspector
Nicola Rabjohns	Health services inspector
Sharon Monks	Pharmacist
Crissi Cousins	Care Quality Commission
Nick Crombie	Ofsted inspector
Shahram Safavi	Ofsted inspector
Margaret Hobson	Ofsted inspector
Les Smith	Offender management inspector
Gary Smallman	Offender management inspector
Avtar Singh	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 2011, escort arrangements were more efficient than previously. Reception was austere but clean. First night and induction procedures were now generally appropriate, with good arrangements to ensure drug and alcohol dependent prisoners received quick treatment. Violence reduction and anti-bullying procedures remained underdeveloped. Support for those at risk of suicide and self-harm was reasonably good. The segregation unit was well managed but the regime was very basic for prisoners held for their own protection. Use of force and adjudications needed greater management scrutiny to identify learning points. The positive mandatory drug testing rate had fallen significantly since our last inspection. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

An effective violence reduction strategy should be introduced in consultation with prisoners to help ensure that prisoners are safe from bullying and victimisation. (HP46)

Not achieved (Recommendation repeated, S43)

All indicators of violence specified in the violence reduction policy should be monitored, and the violence reduction committee should fully consider identified patterns and trends in order to monitor and evaluate the effectiveness of the policy. (MR3)

Achieved

Recommendations

Written information for prisoners on what they can expect from reception processes should be available in foreign languages. (1.1)

Not achieved (Recommendation repeated, 1.3)

The escort service should ensure that prisoners arrive at the prison as early as possible after a court appearance. (1.2)

Achieved

Holding rooms should be effectively supervised to ensure safety. (1.9)

Not achieved

New arrivals should not be held in holding rooms for excessive periods. (1.10)

Not achieved

New arrivals should be interviewed in private. (1.11)

Achieved

There should be a separate, discrete holding room, with its own toilet facilities, for new arrivals who are vulnerable or who have requested protection. (1.12)

Not achieved

Unconvicted prisoners should be allowed to keep their own clothes. (1.15)

Achieved

The individual needs of all prisoners should be properly identified during a private meeting with an officer on the first night centre. (1.25)

Achieved

Newly arrived prisoners on B wing should receive appropriate ongoing support. (1.31)

No longer relevant

Anti-bullying investigations should be thorough and fully documented. Completed investigations should be subject to quality assurance by the violence reduction coordinator and safety managers. (3.2)

Not achieved

Wing managers should ensure that bullying monitoring forms contain quality entries, which evidence interaction with the prisoner and challenge and address the causes of bullying behaviour. (3.3)

Not achieved

The intervention for bullies and support for victims should be re-introduced. (3.4)

Not achieved

Managers should ensure that all cell-sharing risk assessments are properly and thoroughly completed and that decisions to identify a prisoner as high risk are proportionate and substantiated. (3.5)

Achieved

Assessment, care in custody and teamwork documents should accompany prisoners to activities and staff leading the activity should make entries in the ongoing record. (3.15)

Achieved

Suicide prevention meetings should include Listeners and take place regularly and all key departments should be represented. (3.27)

Partially achieved

There should be more identification of and focus on the needs of foreign national prisoners at risk of self-harm and the resources to support them. (3.28)

Not achieved

Prisoners undertaking buprenorphine regimes should be able to engage with psychosocial groups. (3.55)

Achieved

The CARAT team should increase service accessibility to prisoners not located on C wing. (3.60)

Partially achieved

Prisoners found in possession of a mobile telephone should only be placed on closed visits if there is corroborating intelligence. (7.2)

Not achieved

Senior managers should monitor the quality of adjudications regularly to ensure they are fair and that full enquiries are made into charges before verdicts are reached. (7.9)

Achieved

The violence reduction committee should analyse information on the use of force to identify trends and possible problem areas. (7.10)

Partially achieved

Records of use of force and special accommodation should be reviewed regularly by senior managers to ensure such use is appropriate. (7.14)

Achieved

Prisoners entering the segregation unit should only be strip searched following an assessment of risk. (7.15)

Not achieved (Recommendation repeated, 1.61)

Special cells should be equipped with a plinth and a rip-proof mattress. (7.18)

Not achieved

The regime in the segregation unit for longer stay prisoners should be improved to include some out of cell purposeful activity. (7.19)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2011, relationships were reasonably good. More prisoners than previously said that most staff treated them with respect but there was no scheme to ensure prisoners received support from specific officers. The prison was generally clean but many men had to share cells with inadequately screened toilets. There was little satisfaction with food. Race relations were generally good and the perceptions of foreign national prisoners were much better than previously. There had been little progress in wider diversity areas, including support for men with disabilities. Health services were satisfactory but mental health services were too stretched. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

A named officer should be aware of the individual needs of prisoners for whom they are responsible. They should provide input and advice on matters relating to their prisoners, encourage family contact and keep a regular record of contact in P-Nomis case notes identifying any significant events. (HP47)

Not achieved

There should be a full review of mental health services. (HP48)

Achieved

All prison policies and procedures should provide for the specific needs of foreign nationals. (MR7)

Not achieved

Recommendations

The UK Border Agency (UKBA) should provide immigration documentation in a range of languages. (4.25)

Not achieved

Cells designed to accommodate one prisoner should not be occupied by two. (2.1)

Not achieved (Recommendation repeated, 2.13)

Cells should be properly furnished. (2.3)

Not achieved

Prisoners should receive their mail on the day it arrives in the prison. (2.5)

Achieved

All prisoners should have access to telephones that provide sufficient insulation from background noise. (2.7)

Not achieved

All prisoners should be allowed to wear their own clothes. (2.8)

Achieved

There should be enough clean prison-issue clothing for all prisoners who require it. (2.9)

Partially achieved

All prisoners should have adequately heated and ventilated cells. (2.16)

Not achieved

Cells holding two prisoners should have appropriately screened toilets. (2.17)

Not achieved

The quality of staff entries in prisoner wing history files should be improved and effectively monitored. (2.19)

Partially achieved (Recommendation repeated,

Prisoners should have confidential access to application forms and always receive an acknowledgement of submitted applications. (3.31)

Not achieved

The application system should be applied consistently, and prisoners should receive a response within three working days. (3.32)

Not achieved

Prisoners with little or no English should have access to information about applications and complaints in their own language. (3.33)

Not achieved (Recommendation repeated, 2.63)

Prison managers should analyse complaints each month by ethnicity, nationality, prisoner type and other criteria, and if necessary take action when any patterns or trends emerge. (3.35)

Achieved

Effective quality assurance of complaints should be introduced. (3.38)

Partially achieved

All legal representatives should be able to have a legal visit with their clients in privacy. (3.42)

Not achieved

There should be adequate facilities for Muslim worship, including ablutions. (3.46)

Achieved

All staff should attend diversity training and be given guidance to enable them to understand and respond appropriately to all diversity issues. (4.1)

Partially achieved

There should be monitoring to ensure that prisoners from all minority groups are not being victimised or excluded from any activity. (4.3)

Partially achieved

Each prisoner who requires assistance in an emergency should have an evacuation plan and these should be known to all staff on duty on their wing. (4.5)

Not achieved

There should be greater use of displays and artwork throughout the prison to promote positive images of the diversity of the population and the local community. (4.8)

Not achieved

External and independent representatives should be identified to contribute to the work of the race equality action team and validate completed racist incident investigations. (4.9)

Partially achieved

Managers should investigate and act on evidence of differential treatment of minority groups and their perceptions. (4.15)

Not achieved

Specific provision should be made to identify and support members of Gypsy, Romany and Traveller communities. (4.16)

Achieved

There should be a needs analysis of foreign national prisoners and routine monitoring to ensure their needs are properly identified and met, and that they do not suffer discrimination. (4.20)

Not achieved

Staff should make translated documents readily available to foreign national prisoners and use an accredited translation or interpretation service whenever matters of accuracy and/or confidentiality are a factor. (4.21)

Not achieved (Recommendation repeated, 2.45)

Sufficient dedicated staff time should be allocated to foreign national prisoner work. (4.23)

Not achieved

Staff should receive training and guidance to ensure that they understand and can respond to the needs of foreign national prisoners. (4.24)

Not achieved

Contact with accredited, independent immigration advice and support services should be sufficient to meet demand. (4.26)

Not achieved

All foreign national prisoners should receive a free monthly five-minute call to their family overseas. (4.32)

Achieved

The needs of prisoners with disabilities and older prisoners should be systematically assessed, including through regular consultation with them, and appropriate facilities provided. (4.35)

Not achieved

Robust infection control procedures should be in place for all clinical areas and outcomes of audits implemented. (5.8)

Achieved

All policies and procedures should be easily accessible to staff, who should sign to indicate that they have read and understood them. (5.11)

Partially achieved (Repeated as housekeeping point, 2.80)

All paper clinical records should be archived in accordance with local policies and procedures, with a system to ensure their easy retrieval. (5.14)

Achieved

Records should be made of all occasions where the patient refuses medication, fails to attend or does not receive medication. Issues relating to drug compliance should be followed up where appropriate. (5.15)

Achieved

Complaints about clinical care should be linked to the NHS complaints system. (5.16)

Not achieved

Medicine queues should be managed so prisoners present themselves one at a time for medicines and show their identification before administration. (5.30)

Not achieved

There should be a full range of patient group directions (PGDs). A copy of the original signed PGD should be present in the pharmacy and treatment rooms, read and signed by all relevant staff. (5.31)

Not achieved

Action should be taken to reduce the long wait for dental appointments so men can see the dentist expeditiously and as clinically indicated. (5.37)

Not achieved

The inpatient beds should not be on the certified normal accommodation. (5.38)

Not achieved

Action should be taken to ensure timely access to external hospital appointments. (5.42)

Achieved

A full range of mental health services should be provided to meet needs. (5.45)

Achieved

Breakfast should be served in the morning. (8.1)

Not achieved

Meals should be served at appropriate times, and not before noon for lunch and 5pm for the evening meal. (8.2)

Not achieved

There should be a prisoner survey about the catering, and the results should be used to inform further changes. (8.3)

Not achieved

Procedures to allow prisoners to express their views on the quality of food should be better advertised. (8.4)

Not achieved

Minutes of meetings should include feedback from previous action points and the catering department should be represented at wing consultation meetings. (8.8)

Not achieved

Prisoners should be able to buy shop items within their first 24 hours. (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 2011, there were still too few activity places and too many men spent most of their time locked in cells. Not all prisoners got daily exercise and association periods were very restricted. The quality of education and training was satisfactory but more focused strategic management and coordinated development was needed to improve the provision. Not all activity places were used effectively. Access to the library was better but further improvements were still needed. PE provision was reasonably good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Sufficient activity places should be provided to enable all prisoners to participate in some purposeful activity during the working day. (HP49)

Not achieved

The number of activity places should be increased and fully utilised. (MR8)

Not achieved

There should be more vocational training. (MR9)

Not achieved

Recommendations

Prisoners attending activity during the day should also be able to access association. (6.1)

Achieved

All prisoners should be unlocked during the morning. (6.2)

Not achieved

Access to evening association should be increased. (6.3)

Not achieved

Curtailement of regime should be properly justified. (6.5)

Achieved

Learning and skills quality assurance processes should be further developed and implemented effectively. (6.7)

Not achieved

The education, training and work allocation system should be improved. (6.10)

Partially achieved

A clearly defined overarching strategy should be developed and implemented to shape the delivery and sustained improvement of all learning and skills activities. (6.19)

Not achieved

The separate plans produced during induction and the subsequent initial assessment of prisoners' literacy, numeracy and English language skills should be merged to provide a single individual action plan that includes a full assessment of each prisoner's learning needs or barriers to learning, informs their allocation to activities in the prison and clearly sets out the skills needed to improve their prospects for employment on release. (6.20)

Not achieved

Individual learning plans should be improved to provide targets that can be used to support effective reviews of each prisoner's progress and set further realistic and challenging targets for improvement. (6.21)

Not achieved

All education staff should complete safeguarding awareness training. (6.22)

Partially achieved

Prisoners in full-time activities should have scheduled opportunities to use the library. (6.29)

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 2011, strategic oversight of resettlement provision was better coordinated than previously. Offender management arrangements were good and custody planning for short-term prisoners had just been introduced. Public protection arrangements were sound. Appropriate referrals were made to reintegration services, although these were stretched to meet demand. A Job Club carried out some very useful resettlement work. Appropriately, most offending behaviour needs were expected to be met in training prisons but there were good interventions for those with drug and alcohol problems, with links to community services. Visits arrangements were generally satisfactory but some aspects of family work needed further development. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

Custody planning should ensure that all men, including those on remand and serving short sentences, have their resettlement needs and risks assessed and followed up as part of a case management system. (HP50)

Not achieved

Recommendations

All relevant departments should provide information for sentence planning boards. (9.9)

Not achieved

London initial screening and referral (LISaR) assessments should be completed in a respectful and appropriate setting. (9.11)

No longer relevant

There should be pre-release boards to ensure that resettlement needs have been addressed before release. (9.13)

Partially achieved

Referrals made through the LISARRT process should be monitored and their effectiveness verified. (9.22)

No longer relevant

Staffing levels for information, advice and guidance (IAG) provision should be improved. (9.34)

Achieved

Action should be taken to ensure all prisoners requiring social or health care support on release are helped to access the services they need. (9.36)

Partially achieved

The prison should monitor the level of programme provision and ensure that drug and alcohol interventions meet prisoners' needs. (9.52)

Achieved

Children should not be treated as adults for the purpose of visits. (9.55)

Not achieved (Recommendation repeated, 4.64)

The visits user group should be reinstated and convened frequently to improve communications between PACT, the prison and prisoners' families. (9.56)

Not achieved

There should be a children and families pathway action plan, based on a prisoner needs analysis, to monitor the delivery and effectiveness of proposed initiatives. (9.59)

Achieved

Prisoners' distance from home, frequency of visits, parental status and number of dependents should be recorded and monitored to inform the development of services. (9.67)

Achieved

Daily visits should be run, including some evening sessions and sufficient to accommodate reception visits. (9.68)

Not achieved

All prisoners should be able to have at least one weekly visit. (9.69)

Not achieved

The visit booking line should be easily accessed. (9.70)

Not achieved (Recommendation repeated as housekeeping point, 4.68)

Closed visits should not be authorised on a single drug dog indication unless there is additional security intelligence. (9.71)

Not achieved (Recommendation repeated as housekeeping point, 4.69)

A qualified family support worker should be employed to help prisoners maintain or rebuild family relationships. (9.72)

Achieved

A range of interventions suitable for the number and needs of the prison's population should be provided. (9.80)

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	11	568	45.7
Recall	0	75	5.9
Convicted unsentenced	16	140	12.3
Remand	32	353	30.4
Civil prisoners	0	0	0.0
Detainees	0	54	4.3
Other	1	16	1.3
Total	60	1,206	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	49	552	47.5
Less than 6 months	3	137	11.1
6 months to less than 12 months	1	59	4.7
12 months to less than 2 years	2	107	8.6
2 years to less than 4 years	4	156	12.6
4 years to less than 10 years	1	145	11.5
10 years and over (not life)	0	27	2.1
ISPP (indeterminate sentence for public protection)	0	11	0.9
Life	0	12	1.8
Total	60	1,206	100

Age	Number of prisoners	%
Please state minimum age here: 18		
Under 21 years	60	4.7
21 years to 29 years	470	37.1
30 years to 39 years	381	30.1
40 years to 49 years	225	17.8
50 years to 59 years	104	8.2
60 years to 69 years	19	1.5
70 plus years	7	0.6
Please state maximum age here: 79		
Total	1,266	100

Nationality	18–20 yr olds	21 and over	%
British	38	616	51.7
Foreign nationals	8	389	31.4
Not stated	14	201	17.0
Total	60	1,206	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	10	123	10.5
Uncategorised sentenced	43	731	61.1
Category A	-	-	-

Category B	0	21	1.7
Category C	0	319	25.2
Category D	0	2	0.2
Other	7	10	1.4
Total	60	1,206	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British	11	262	21.6
Irish	1	28	2.3
Gypsy/Irish Traveller	1	13	1.1
Other white	4	198	16.0
	17	501	40.9
Mixed			
White and black Caribbean	3	26	2.3
White and black African	2	9	0.9
White and Asian	0	3	0.2
Other mixed	1	18	1.5
	6	56	4.9
Asian or Asian British			
Indian	1	92	6.6
Pakistani	2	41	3.4
Bangladeshi	0	8	0.6
Chinese	0	2	0.2
Other Asian	2	57	4.7
	5	190	15.4
Black or black British			
Caribbean	13	144	12.4
African	9	140	11.8
Other black	2	36	3.0
	24	320	27.2
Other ethnic group			
Arab	2	8	0.8
Other ethnic group	0	22	1.7
	2	30	2.5
Not stated	6	109	9.1
Total	60	1,206	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	0.0
Church of England	3	143	11.5
Roman Catholic	17	301	25.1
Other Christian denominations	7	169	13.9
Muslim	23	315	26.7
Sikh	1	52	4.2
Hindu	1	32	2.6
Buddhist	1	14	1.2
Jewish	0	4	0.2
Other	0	6	0.5
No religion	7	171	14.0
Total	60	1,206	100

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)			
Total			

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	6	0.5	187	14.8
1 month to 3 months	2	0.2	205	16.2
3 months to 6 months	3	0.2	131	10.3
6 months to 1 year	0	0.0	112	8.8
1 year to 2 years	0	0.0	18	1.4
2 years to 4 years	0	0.0	1	0.1
4 years or more	0	0.0	0	0.0
Total	11	0.9	654	51.7

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	51	4.0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	1	175	13.9
Total	1	175	17.9

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	18	1.4	193	15.2
1 month to 3 months	21	1.7	180	14.2
3 months to 6 months	10	0.8	110	8.7
6 months to 1 year	0	0.0	54	4.3
1 year to 2 years	0	0.0	13	1.0
2 years to 4 years	0	0.0	2	0.2
4 years or more	0	0.0	0	0.0
Total	49	3.9	552	43.6

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

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

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 6 May 2014, the prisoner population at HMP Wormwood Scrubs was 1,272. Using the method described above, questionnaires were distributed to a sample of 231 prisoners.

We received a total of 189 completed questionnaires, a response rate of 82%. This included seven questionnaires completed via interview. Fourteen respondents refused to complete a questionnaire, 21 questionnaires were not returned and seven were returned blank.

Wing/Unit	Number of completed survey returns
A	47
B	26
C	48
D	33
E	19
P	3

R	7
X	2
Healthcare	3
Segregation Unit	1

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Wormwood Scrubs.

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 Wormwood Scrubs 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 2008.
- The current survey responses from HMP Wormwood Scrubs in 2014 compared with the responses of prisoners surveyed at HMP Wormwood Scrubs in 2011.
- 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 those who are British and those who are foreign nationals.
- A comparison within the 2014 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- 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 50 and over and those under 50.
- A comparison within the 2014 survey between D wing and the rest of the establishment.

Survey summary

Section I: About You

Q1.2	How old are you?		
	Under 21	7 (4%)	
	21 - 29.....	74 (40%)	
	30 - 39.....	49 (26%)	
	40 - 49.....	34 (18%)	
	50 - 59.....	16 (9%)	
	60 - 69.....	3 (2%)	
	70 and over.....	2 (1%)	
Q1.3	Are you sentenced?		
	Yes.....	86 (46%)	
	Yes - on recall.....	20 (11%)	
	No - awaiting trial.....	47 (25%)	
	No - awaiting sentence	21 (11%)	
	No - awaiting deportation.....	12 (6%)	
Q1.4	How long is your sentence?		
	Not sentenced.....	80 (43%)	
	Less than 6 months.....	26 (14%)	
	6 months to less than 1 year	16 (9%)	
	1 year to less than 2 years.....	16 (9%)	
	2 years to less than 4 years	20 (11%)	
	4 years to less than 10 years.....	18 (10%)	
	10 years or more.....	3 (2%)	
	IPP (indeterminate sentence for public protection).....	3 (2%)	
	Life.....	2 (1%)	
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	Yes.....	45 (25%)	
	No.....	136 (75%)	
Q1.6	Do you understand spoken English?		
	Yes.....	172 (93%)	
	No.....	13 (7%)	
Q1.7	Do you understand written English?		
	Yes.....	161 (88%)	
	No.....	23 (13%)	
Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	42 (23%)	Asian or Asian British - Chinese..... 1 (1%)
	White - Irish	12 (7%)	Asian or Asian British - other
	White - other.....	32 (17%)	Mixed race - white and black Caribbean 6 (3%)
	Black or black British - Caribbean	22 (12%)	Mixed race - white and black African... 2 (1%)
	Black or black British - African	29 (16%)	Mixed race - white and Asian..... 3 (2%)
	Black or black British - other.....	5 (3%)	Mixed race - other
	Asian or Asian British - Indian	12 (7%)	Arab
	Asian or Asian British - Pakistani.....	2 (1%)	Other ethnic group..... 7 (4%)
	Asian or Asian British - Bangladeshi	0 (0%)	

Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes	16 (9%)	
	No.....	160 (91%)	
Q1.10	What is your religion?		
	None	22 (12%)	Hindu..... 7 (4%)
	Church of England.....	28 (15%)	Jewish..... 2 (1%)
	Catholic.....	51 (28%)	Muslim..... 44 (24%)
	Protestant.....	1 (1%)	Sikh..... 3 (2%)
	Other Christian denomination.....	18 (10%)	Other..... 6 (3%)
	Buddhist.....	2 (1%)	
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight.....	176 (97%)	
	Homosexual/Gay.....	2 (1%)	
	Bisexual.....	3 (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.....	35 (19%)	
	No.....	148 (81%)	
Q1.13	Are you a veteran (ex- armed services)?		
	Yes.....	8 (4%)	
	No.....	174 (96%)	
Q1.14	Is this your first time in prison?		
	Yes.....	67 (36%)	
	No.....	121 (64%)	
Q1.15	Do you have children under the age of 18?		
	Yes.....	87 (47%)	
	No.....	99 (53%)	

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?		
	Less than 2 hours	138 (75%)	
	2 hours or longer	24 (13%)	
	Don't remember	23 (12%)	
Q2.2	On your most recent journey here, were you offered anything to eat or drink?		
	My journey was less than two hours	138 (76%)	
	Yes.....	15 (8%)	
	No.....	22 (12%)	
	Don't remember	7 (4%)	
Q2.3	On your most recent journey here, were you offered a toilet break?		
	My journey was less than two hours	138 (75%)	
	Yes.....	0 (0%)	
	No.....	38 (21%)	
	Don't remember	7 (4%)	
Q2.4	On your most recent journey here, was the van clean?		
	Yes.....	101 (54%)	
	No.....	71 (38%)	
	Don't remember	14 (8%)	

Q2.5	On your most recent journey here, did you feel safe?	
	Yes	124 (67%)
	No.....	52 (28%)
	Don't remember	10 (5%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	34 (18%)
	Well.....	83 (44%)
	Neither.....	46 (25%)
	Badly.....	19 (10%)
	Very badly	3 (2%)
	Don't remember	2 (1%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	Yes, someone told me	120 (65%)
	Yes, I received written information	5 (3%)
	No, I was not told anything	56 (30%)
	Don't remember	8 (4%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	137 (75%)
	No.....	35 (19%)
	Don't remember	10 (5%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?			
	Less than 2 hours	35 (19%)		
	2 hours or longer	140 (76%)		
	Don't remember	9 (5%)		
Q3.2	When you were searched, was this carried out in a respectful way?			
	Yes.....	126 (70%)		
	No	46 (25%)		
	Don't remember	9 (5%)		
Q3.3	Overall, how were you treated in reception?			
	Very well	20 (11%)		
	Well.....	58 (32%)		
	Neither	44 (24%)		
	Badly.....	35 (19%)		
	Very badly.....	18 (10%)		
	Don't remember	6 (3%)		
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)			
	Loss of property	33 (18%)	Physical health	36 (20%)
	Housing problems.....	45 (25%)	Mental health	34 (19%)
	Contacting employers.....	13 (7%)	Needing protection from other prisoners	11 (6%)
	Contacting family.....	60 (33%)	Getting phone numbers.....	64 (35%)
	Childcare.....	6 (3%)	Other	14 (8%)
	Money worries.....	48 (26%)	Did not have any problems.....	38 (21%)
	Feeling depressed or suicidal.....	39 (21%)		
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?			

Yes.....	32 (19%)
No.....	100 (59%)
Did not have any problems	38 (22%)

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

Tobacco.....	133 (72%)
A shower	56 (30%)
A free telephone call	128 (69%)
Something to eat	138 (75%)
PIN phone credit.....	101 (55%)
Toiletries/ basic items.....	116 (63%)
Did not receive anything	9 (5%)

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	81 (46%)
Someone from health services	117 (67%)
A Listener/Samaritans	39 (22%)
Prison shop/ canteen	33 (19%)
Did not have access to any of these.....	39 (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	63 (36%)
What support was available for people feeling depressed or suicidal.....	48 (27%)
How to make routine requests (applications)	60 (34%)
Your entitlement to visits	74 (42%)
Health services	77 (44%)
Chaplaincy	73 (41%)
Not offered any information.....	56 (32%)

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

Yes.....	115 (65%)
No.....	53 (30%)
Don't remember	8 (5%)

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

Have not been on an induction course	68 (39%)
Within the first week.....	39 (22%)
More than a week.....	55 (31%)
Don't remember	14 (8%)

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

Have not been on an induction course	68 (39%)
Yes.....	43 (24%)
No.....	52 (30%)
Don't remember	13 (7%)

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

Did not receive an assessment.....	73 (41%)
Within the first week.....	16 (9%)
More than a week.....	75 (42%)
Don't remember	13 (7%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to...						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	18 (10%)	36 (20%)	28 (16%)	37 (21%)	40 (23%)	17 (10%)
	<i>Attend legal visits?</i>	8 (5%)	51 (32%)	28 (18%)	16 (10%)	26 (16%)	31 (19%)
	<i>Get bail information?</i>	4 (3%)	14 (9%)	26 (17%)	23 (15%)	36 (24%)	47 (31%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters</i>						39 (22%)
	<i>Yes</i>						73 (41%)
	<i>No</i>						66 (37%)
Q4.3	Can you get legal books in the library?						
	<i>Yes</i>						56 (31%)
	<i>No</i>						33 (18%)
	<i>Don't know</i>						94 (51%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	80 (44%)	97 (54%)	4 (2%)			
	<i>Are you normally able to have a shower every day?</i>	120 (67%)	58 (32%)	2 (1%)			
	<i>Do you normally receive clean sheets every week?</i>	145 (80%)	30 (17%)	6 (3%)			
	<i>Do you normally get cell cleaning materials every week?</i>	79 (43%)	93 (51%)	10 (5%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	40 (23%)	128 (73%)	8 (5%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	97 (55%)	76 (43%)	4 (2%)			
	<i>If you need to, can you normally get your stored property?</i>	25 (14%)	112 (63%)	41 (23%)			
Q4.5	What is the food like here?						
	<i>Very good</i>						4 (2%)
	<i>Good</i>						13 (7%)
	<i>Neither</i>						38 (21%)
	<i>Bad</i>						46 (25%)
	<i>Very bad</i>						81 (45%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?						
	<i>Have not bought anything yet/ don't know</i>						23 (13%)
	<i>Yes</i>						75 (42%)
	<i>No</i>						80 (45%)
Q4.7	Can you speak to a Listener at any time, if you want to?						
	<i>Yes</i>						47 (26%)
	<i>No</i>						34 (19%)
	<i>Don't know</i>						100 (55%)
Q4.8	Are your religious beliefs respected?						
	<i>Yes</i>						108 (60%)
	<i>No</i>						23 (13%)
	<i>Don't know/ N/A</i>						50 (28%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?						
	<i>Yes</i>						79 (43%)
	<i>No</i>						21 (12%)
	<i>Don't know/ N/A</i>						82 (45%)

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

<i>I don't want to attend</i>	22 (12%)
<i>Very easy</i>	43 (24%)
<i>Easy</i>	59 (33%)
<i>Neither</i>	18 (10%)
<i>Difficult</i>	13 (7%)
<i>Very difficult</i>	9 (5%)
<i>Don't know</i>	15 (8%)

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

<i>Yes</i>	108 (61%)
<i>No</i>	50 (28%)
<i>Don't know</i>	18 (10%)

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

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
<i>Are applications dealt with fairly?</i>	31 (19%)	48 (29%)	85 (52%)
<i>Are applications dealt with quickly (within seven days)?</i>	31 (19%)	28 (18%)	101 (63%)

Q5.3 Is it easy to make a complaint?

<i>Yes</i>	62 (35%)
<i>No</i>	45 (26%)
<i>Don't know</i>	69 (39%)

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

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
<i>Are complaints dealt with fairly?</i>	89 (50%)	21 (12%)	67 (38%)
<i>Are complaints dealt with quickly (within seven days)?</i>	89 (54%)	11 (7%)	66 (40%)

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

<i>Yes</i>	32 (20%)
<i>No</i>	131 (80%)

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

<i>Don't know who they are</i>	82 (48%)
<i>Very easy</i>	10 (6%)
<i>Easy</i>	17 (10%)
<i>Neither</i>	25 (15%)
<i>Difficult</i>	23 (14%)
<i>Very difficult</i>	13 (8%)

Section 6: Incentive and earned privileges scheme**Q6.1 Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)**

<i>Don't know what the IEP scheme is</i>	36 (20%)
<i>Yes</i>	54 (30%)
<i>No</i>	56 (31%)
<i>Don't know</i>	33 (18%)

Q6.2 Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)

<i>Don't know what the IEP scheme is</i>	36 (20%)
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Yes	69 (39%)
No.....	50 (28%)
Don't know	21 (12%)

Q6.3 In the last six months have any members of staff physically restrained you (C&R)?

Yes	17 (10%)
No.....	159 (90%)

Q6.4 If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?

<i>I have not been to segregation in the last 6 months</i>	138 (78%)
Very well	5 (3%)
Well.....	6 (3%)
Neither	16 (9%)
Badly.....	3 (2%)
Very badly	8 (5%)

Section 7: Relationships with staff**Q7.1 Do most staff treat you with respect?**

Yes	112 (65%)
No.....	61 (35%)

Q7.2 Is there a member of staff you can turn to for help if you have a problem?

Yes	104 (58%)
No.....	74 (42%)

Q7.3 Has a member of staff checked on you personally in the last week to see how you are getting on?

Yes	34 (19%)
No.....	148 (81%)

Q7.4 How often do staff normally speak to you during association?

<i>Do not go on association</i>	14 (8%)
Never	56 (32%)
Rarely	56 (32%)
Some of the time	33 (19%)
Most of the time.....	14 (8%)
All of the time.....	4 (2%)

Q7.5 When did you first meet your personal (named) officer?

<i>I have not met him/her</i>	142 (79%)
<i>In the first week</i>	13 (7%)
<i>More than a week</i>	10 (6%)
<i>Don't remember</i>	14 (8%)

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

<i>Do not have a personal officer/ I have not met him/ her</i>	142 (82%)
Very helpful	6 (3%)
Helpful	7 (4%)
Neither	9 (5%)
Not very helpful	6 (3%)
Not at all helpful.....	3 (2%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?		
	Yes	89 (49%)	
	No.....	93 (51%)	
Q8.2	Do you feel unsafe now?		
	Yes	39 (22%)	
	No.....	135 (78%)	
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)		
	Never felt unsafe	93 (56%)	At meal times..... 22 (13%)
	Everywhere	27 (16%)	At health services..... 9 (5%)
	Segregation unit.....	6 (4%)	Visits area..... 14 (8%)
	Association areas	34 (20%)	In wing showers
	Reception area.....	20 (12%)	In gym showers
	At the gym.....	11 (7%)	In corridors/stairwells
	In an exercise yard	20 (12%)	On your landing/wing
	At work	5 (3%)	In your cell.....
	During movement.....	22 (13%)	At religious services.....
	At education	9 (5%)	
Q8.4	Have you been victimised by other prisoners here?		
	Yes	44 (24%)	
	No.....	138 (76%)	
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).....	13 (7%)	
	Physical abuse (being hit, kicked or assaulted)	12 (7%)	
	Sexual abuse	0 (0%)	
	Feeling threatened or intimidated.....	20 (11%)	
	Having your canteen/property taken.....	10 (6%)	
	Medication.....	7 (4%)	
	Debt	4 (2%)	
	Drugs.....	3 (2%)	
	Your race or ethnic origin	9 (5%)	
	Your religion/religious beliefs	6 (3%)	
	Your nationality	6 (3%)	
	You are from a different part of the country than others.....	5 (3%)	
	You are from a traveller community	3 (2%)	
	Your sexual orientation	1 (1%)	
	Your age.....	5 (3%)	
	You have a disability.....	3 (2%)	
	You were new here.....	9 (5%)	
	Your offence/ crime	5 (3%)	
	Gang related issues	6 (3%)	
Q8.6	Have you been victimised by staff here?		
	Yes	64 (35%)	
	No.....	117 (65%)	
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).....	19 (11%)	
	Physical abuse (being hit, kicked or assaulted).....	8 (4%)	
	Sexual abuse.....	3 (2%)	
	Feeling threatened or intimidated	27 (15%)	

Medication	6 (3%)
Debt.....	2 (1%)
Drugs	3 (3%)
Your race or ethnic origin.....	9 (5%)
Your religion/religious beliefs.....	7 (4%)
Your nationality.....	9 (5%)
You are from a different part of the country than others	4 (2%)
You are from a traveller community	6 (3%)
Your sexual orientation.....	1 (1%)
Your age.....	4 (2%)
You have a disability	5 (3%)
You were new here.....	11 (6%)
Your offence/ crime.....	8 (4%)
Gang related issues.....	6 (3%)

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

Not been victimised.....	102 (63%)
Yes.....	21 (13%)
No.....	39 (24%)

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

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	23 (13%)	3 (2%)	26 (15%)	17 (10%)	51 (29%)	55 (31%)
The nurse	14 (9%)	20 (12%)	62 (38%)	26 (16%)	16 (10%)	26 (16%)
The dentist	34 (21%)	0 (0%)	7 (4%)	8 (5%)	27 (16%)	89 (54%)

Q9.2 What do you think of the quality of the health service from the following people?

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	37 (22%)	10 (6%)	23 (13%)	37 (22%)	30 (18%)	34 (20%)
The nurse	26 (16%)	17 (10%)	44 (27%)	42 (25%)	15 (9%)	21 (13%)
The dentist	74 (45%)	5 (3%)	18 (11%)	18 (11%)	16 (10%)	35 (21%)

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

Not been	19 (12%)
Very good.....	6 (4%)
Good.....	21 (13%)
Neither.....	42 (25%)
Bad.....	36 (22%)
Very bad.....	41 (25%)

Q9.4 Are you currently taking medication?

Yes.....	68 (38%)
No.....	112 (62%)

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

Not taking medication.....	112 (63%)
Yes, all my meds.....	14 (8%)
Yes, some of my meds	18 (10%)
No.....	35 (20%)

Q9.6	Do you have any emotional or mental health problems?	
	Yes	52 (29%)
	No.....	127 (71%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)	
	<i>Do not have any emotional or mental health problems</i>	127 (75%)
	Yes	13 (8%)
	No.....	30 (18%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	44 (25%)
	No.....	131 (75%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	32 (18%)
	No.....	147 (82%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy.....	25 (14%)
	Easy	20 (11%)
	Neither	13 (7%)
	Difficult.....	4 (2%)
	Very difficult.....	7 (4%)
	Don't know	109 (61%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	10 (6%)
	Easy	7 (4%)
	Neither	14 (8%)
	Difficult.....	8 (5%)
	Very difficult.....	11 (6%)
	Don't know	126 (72%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	10 (6%)
	No.....	163 (94%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	10 (6%)
	No.....	163 (94%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	121 (73%)
	Yes	32 (19%)
	No.....	13 (8%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	<i>Did not / do not have an alcohol problem</i>	147 (84%)
	Yes	17 (10%)
	No.....	11 (6%)

Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	125 (78%)
	Yes.....	29 (18%)
	No.....	7 (4%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	37 (21%)	3 (2%)	22 (13%)	11 (6%)	51 (29%)	49 (28%)
	Vocational or skills training	44 (27%)	3 (2%)	25 (16%)	18 (11%)	40 (25%)	31 (19%)
	Education (including basic skills)	35 (21%)	5 (3%)	51 (31%)	22 (13%)	30 (18%)	24 (14%)
	Offending behaviour programmes	74 (45%)	2 (1%)	6 (4%)	17 (10%)	31 (19%)	35 (21%)

Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)	
	<i>Not involved in any of these</i>	77 (46%)
	Prison job.....	49 (29%)
	Vocational or skills training.....	14 (8%)
	Education (including basic skills).....	37 (22%)
	Offending behaviour programmes.....	8 (5%)

Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	61 (41%)	32 (22%)	37 (25%)	17 (12%)
	Vocational or skills training	64 (47%)	38 (28%)	16 (12%)	17 (13%)
	Education (including basic skills)	57 (39%)	45 (30%)	25 (17%)	21 (14%)
	Offending behaviour programmes	69 (52%)	23 (17%)	21 (16%)	19 (14%)

Q11.4	How often do you usually go to the library?	
	<i>Don't want to go</i>	23 (13%)
	<i>Never</i>	64 (37%)
	<i>Less than once a week</i>	47 (27%)
	<i>About once a week</i>	34 (20%)
	<i>More than once a week</i>	5 (3%)

Q11.5	Does the library have a wide enough range of materials to meet your needs?	
	<i>Don't use it</i>	63 (38%)
	Yes.....	53 (32%)
	No.....	50 (30%)

Q11.6	How many times do you usually go to the gym each week?	
	<i>Don't want to go</i>	34 (20%)
	<i>0</i>	67 (39%)
	<i>1 to 2</i>	47 (27%)
	<i>3 to 5</i>	23 (13%)
	<i>More than 5</i>	1 (1%)

Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	13 (8%)
	<i>0</i>	26 (15%)
	<i>1 to 2</i>	49 (28%)
	<i>3 to 5</i>	59 (34%)
	<i>More than 5</i>	26 (15%)

Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	4 (2%)
	<i>0</i>	13 (8%)
	<i>1 to 2</i>	19 (11%)
	<i>3 to 5</i>	56 (33%)
	<i>More than 5</i>	77 (46%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	<i>Less than 2 hours</i>	97 (55%)
	<i>2 to less than 4 hours</i>	24 (14%)
	<i>4 to less than 6 hours</i>	18 (10%)
	<i>6 to less than 8 hours</i>	16 (9%)
	<i>8 to less than 10 hours</i>	5 (3%)
	<i>10 hours or more</i>	3 (2%)
	<i>Don't know</i>	12 (7%)

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?	
	<i>Yes</i>	32 (19%)
	<i>No</i>	136 (81%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	84 (49%)
	<i>No</i>	88 (51%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	70 (41%)
	<i>No</i>	100 (59%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	39 (23%)
	<i>Very easy</i>	11 (6%)
	<i>Easy</i>	43 (25%)
	<i>Neither</i>	16 (9%)
	<i>Difficult</i>	26 (15%)
	<i>Very difficult</i>	28 (16%)
	<i>Don't know</i>	9 (5%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	80 (44%)
	<i>Yes</i>	42 (23%)
	<i>No</i>	59 (33%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	139 (77%)
	<i>No contact</i>	20 (11%)
	<i>Letter</i>	11 (6%)
	<i>Phone</i>	8 (4%)
	<i>Visit</i>	10 (6%)

Q13.3	Do you have a named offender supervisor in this prison?	
	Yes.....	30 (18%)
	No.....	140 (82%)
Q13.4	Do you have a sentence plan?	
	Not sentenced.....	80 (44%)
	Yes.....	27 (15%)
	No.....	74 (41%)
Q13.5	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/ not sentenced.....	154 (86%)
	Very involved.....	7 (4%)
	Involved.....	6 (3%)
	Neither.....	3 (2%)
	Not very involved.....	3 (2%)
	Not at all involved.....	7 (4%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	Do not have a sentence plan/ not sentenced.....	154 (86%)
	Nobody.....	16 (9%)
	Offender supervisor.....	3 (2%)
	Offender manager.....	2 (1%)
	Named/ personal officer.....	3 (2%)
	Staff from other departments.....	2 (1%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	Do not have a sentence plan/ not sentenced.....	154 (85%)
	Yes.....	6 (3%)
	No.....	13 (7%)
	Don't know.....	8 (4%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	Do not have a sentence plan/ not sentenced.....	154 (86%)
	Yes.....	9 (5%)
	No.....	8 (4%)
	Don't know.....	9 (5%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	Do not have a sentence plan/ not sentenced.....	154 (85%)
	Yes.....	5 (3%)
	No.....	9 (5%)
	Don't know.....	13 (7%)
Q13.10	Do you have a needs based custody plan?	
	Yes.....	12 (7%)
	No.....	68 (42%)
	Don't know.....	82 (51%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes.....	16 (10%)
	No.....	147 (90%)

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

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	36 (23%)	33 (21%)	89 (56%)
Accommodation	40 (25%)	35 (22%)	84 (53%)
Benefits	35 (22%)	42 (27%)	80 (51%)
Finances	40 (26%)	22 (15%)	89 (59%)
Education	42 (28%)	32 (21%)	75 (50%)
Drugs and alcohol	50 (33%)	36 (24%)	64 (43%)

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>	80 (46%)
<i>Yes</i>	47 (27%)
<i>No</i>	46 (27%)

Main comparator and comparator to last time



Prisoner survey responses HMP Wormwood Scrubs 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

Any percentage highlighted in green is significantly better		HMP Wormwood Scrubs 2014	Local prisons comparator	HMP Wormwood Scrubs 2014	HMP Wormwood Scrubs 2011
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		189	6,000	189	188
SECTION 1: General information					
1.2	Are you under 21 years of age?	4%	6%	4%	1%
1.3	Are you sentenced?	57%	68%	57%	63%
1.3	Are you on recall?	11%	9%	11%	5%
1.4	Is your sentence less than 12 months?	23%	21%	23%	25%
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?	25%	13%	25%	25%
1.6	Do you understand spoken English?	93%	98%	93%	
1.7	Do you understand written English?	88%	96%	88%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	53%	23%	53%	55%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	9%	5%	9%	9%
1.1	Are you Muslim?	24%	11%	24%	27%
1.11	Are you homosexual/gay or bisexual?	3%	3%	3%	3%
1.12	Do you consider yourself to have a disability?	19%	23%	19%	17%
1.13	Are you a veteran (ex-armed services)?	4%	5%	4%	
1.14	Is this your first time in prison?	36%	32%	36%	34%
1.15	Do you have any children under the age of 18?	47%	55%	47%	51%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	13%	20%	13%	9%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	34%	37%	34%	
2.3	Were you offered a toilet break?	0%	9%	0%	
2.4	Was the van clean?	54%	60%	54%	
2.5	Did you feel safe?	67%	75%	67%	
2.6	Were you treated well/very well by the escort staff?	63%	67%	63%	62%
2.7	Before you arrived here were you told that you were coming here?	65%	64%	65%	
2.7	Before you arrived here did you receive any written information about coming here?	3%	4%	3%	
2.8	When you first arrived here did your property arrive at the same time as you?	75%	81%	75%	76%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	19%	45%	19%	

Main comparator and comparator to last time

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3.2	When you were searched in reception, was this carried out in a respectful way?	70%	77%	70%	71%
3.3	Were you treated well/very well in reception?	43%	64%	43%	50%
	When you first arrived:				
3.4	Did you have any problems?	79%	74%	79%	81%
3.4	Did you have any problems with loss of property?	18%	14%	18%	20%
3.4	Did you have any housing problems?	25%	21%	25%	35%
3.4	Did you have any problems contacting employers?	7%	5%	7%	9%
3.4	Did you have any problems contacting family?	33%	31%	33%	31%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	3%	3%	10%
3.4	Did you have any money worries?	26%	23%	26%	31%
3.4	Did you have any problems with feeling depressed or suicidal?	21%	22%	21%	22%
3.4	Did you have any physical health problems?	20%	17%	20%	
3.4	Did you have any mental health problems?	19%	21%	19%	
3.4	Did you have any problems with needing protection from other prisoners?	6%	7%	6%	9%
3.4	Did you have problems accessing phone numbers?	35%	30%	35%	29%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	24%	35%	24%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	72%	84%	72%	87%
3.6	A shower?	30%	33%	30%	40%
3.6	A free telephone call?	69%	58%	69%	79%
3.6	Something to eat?	75%	74%	75%	83%
3.6	PIN phone credit?	55%	57%	55%	
3.6	Toiletries/ basic items?	63%	61%	63%	
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	46%	45%	46%	
3.7	Someone from health services?	67%	69%	67%	
3.7	A Listener/Samaritans?	22%	35%	22%	
3.7	Prison shop/ canteen?	19%	20%	19%	10%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	36%	47%	36%	51%
3.8	Support was available for people feeling depressed or suicidal?	27%	44%	27%	42%
3.8	How to make routine requests?	34%	40%	34%	38%
3.8	Your entitlement to visits?	42%	42%	42%	49%
3.8	Health services?	44%	50%	44%	51%
3.8	The chaplaincy?	42%	44%	42%	59%
3.9	Did you feel safe on your first night here?	65%	74%	65%	69%

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3.10	Have you been on an induction course?	61%	79%	61%	67%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	40%	56%	40%	56%
3.12	Did you receive an education (skills for life) assessment?	59%	74%	59%	
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	31%	40%	31%	31%
4.1	Attend legal visits?	37%	57%	37%	43%
4.1	Get bail information?	12%	21%	12%	18%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	41%	40%	41%	36%
4.3	Can you get legal books in the library?	31%	37%	31%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	44%	55%	44%	43%
4.4	Are you normally able to have a shower every day?	67%	79%	67%	78%
4.4	Do you normally receive clean sheets every week?	80%	78%	80%	81%
4.4	Do you normally get cell cleaning materials every week?	43%	59%	43%	64%
4.4	Is your cell call bell normally answered within five minutes?	23%	33%	23%	48%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	55%	64%	55%	55%
4.4	Can you normally get your stored property, if you need to?	14%	24%	14%	26%
4.5	Is the food in this prison good/very good?	9%	23%	9%	13%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	42%	47%	42%	34%
4.7	Are you able to speak to a Listener at any time, if you want to?	26%	57%	26%	29%
4.8	Are your religious beliefs are respected?	60%	51%	60%	61%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	43%	52%	43%	60%
4.10	Is it easy/very easy to attend religious services?	57%	45%	57%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	61%	76%	61%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	36%	56%	36%	46%
5.2	Do you feel applications are dealt with quickly (within seven days)?	22%	43%	22%	31%
5.3	Is it easy to make a complaint?	35%	51%	35%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	24%	32%	24%	19%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	14%	32%	14%	35%
5.5	Have you ever been prevented from making a complaint when you wanted to?	20%	19%	20%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	16%	21%	16%	14%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	30%	44%	30%	47%

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6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	44%	39%	40%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	8%	10%	6%
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?	29%	35%	29%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	65%	75%	65%	71%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	58%	72%	58%	71%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	19%	28%	19%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	10%	18%	10%	16%
7.5	Do you have a personal officer?	21%	44%	21%	26%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	42%	67%	42%	67%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	49%	39%	49%	45%
8.2	Do you feel unsafe now?	22%	17%	22%	19%
8.4	Have you been victimised by other prisoners here?	24%	25%	24%	20%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	7%	11%	7%	7%
8.5	Hit, kicked or assaulted you?	7%	7%	7%	5%
8.5	Sexually abused you?	0%	1%	0%	1%
8.5	Threatened or intimidated you?	11%	14%	11%	
8.5	Taken your canteen/property?	6%	6%	6%	6%
8.5	Victimised you because of medication?	4%	5%	4%	
8.5	Victimised you because of debt?	2%	3%	2%	
8.5	Victimised you because of drugs?	2%	4%	2%	0%
8.5	Victimised you because of your race or ethnic origin?	5%	3%	5%	6%
8.5	Victimised you because of your religion/religious beliefs?	3%	3%	3%	3%
8.5	Victimised you because of your nationality?	3%	3%	3%	
8.5	Victimised you because you were from a different part of the country?	3%	4%	3%	3%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.5	Victimised you because of your age?	3%	2%	3%	1%
8.5	Victimised you because you have a disability?	2%	3%	2%	2%
8.5	Victimised you because you were new here?	5%	6%	5%	6%
8.5	Victimised you because of your offence/crime?	3%	5%	3%	2%
8.5	Victimised you because of gang related issues?	3%	4%	3%	5%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	35%	28%	35%	25%

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	Percentages which are not highlighted show there is no significant difference				
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	11%	11%	11%	10%
8.7	Hit, kicked or assaulted you?	4%	5%	4%	3%
8.7	Sexually abused you?	2%	1%	2%	0%
8.7	Threatened or intimidated you?	15%	12%	15%	
8.7	Victimised you because of medication?	3%	5%	3%	
8.7	Victimised you because of debt?	1%	2%	1%	
8.7	Victimised you because of drugs?	2%	3%	2%	3%
8.7	Victimised you because of your race or ethnic origin?	5%	4%	5%	8%
8.7	Victimised you because of your religion/religious beliefs?	4%	3%	4%	5%
8.7	Victimised you because of your nationality?	5%	3%	5%	
8.7	Victimised you because you were from a different part of the country?	2%	3%	2%	2%
8.7	Victimised you because you are from a Traveller community?	3%	1%	3%	
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.7	Victimised you because of your age?	2%	2%	2%	2%
8.7	Victimised you because you have a disability?	3%	3%	3%	1%
8.7	Victimised you because you were new here?	6%	5%	6%	8%
8.7	Victimised you because of your offence/crime?	4%	4%	4%	2%
8.7	Victimised you because of gang related issues?	3%	2%	3%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	35%	32%	35%	28%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	17%	24%	17%	32%
9.1	Is it easy/very easy to see the nurse?	50%	47%	50%	65%
9.1	Is it easy/very easy to see the dentist?	4%	10%	4%	7%
	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?	25%	43%	25%	42%
9.2	The nurse?	44%	54%	44%	54%
9.2	The dentist?	25%	31%	25%	26%
9.3	The overall quality of health services?	19%	38%	19%	37%
9.4	Are you currently taking medication?	38%	50%	38%	46%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	48%	61%	48%	
9.6	Do you have any emotional well being or mental health problems?	29%	36%	29%	30%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	30%	43%	30%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	25%	34%	25%	35%

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10.2	Did you have a problem with alcohol when you came into this prison?	18%	25%	18%	26%
10.3	Is it easy/very easy to get illegal drugs in this prison?	25%	31%	25%	25%
10.4	Is it easy/very easy to get alcohol in this prison?	10%	13%	10%	
10.5	Have you developed a problem with drugs since you have been in this prison?	6%	8%	6%	6%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	8%	6%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	71%	62%	71%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	61%	58%	61%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	81%	76%	81%	88%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	14%	30%	14%	
11.1	Vocational or skills training?	17%	29%	17%	
11.1	Education (including basic skills)?	34%	44%	34%	
11.1	Offending behaviour programmes?	5%	18%	5%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	29%	43%	29%	31%
11.2	Vocational or skills training?	8%	10%	8%	12%
11.2	Education (including basic skills)?	22%	26%	22%	27%
11.2	Offending behaviour programmes?	5%	8%	5%	12%
11.3	Have you had a job while in this prison?	59%	68%	59%	65%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	37%	41%	37%	45%
11.3	Have you been involved in vocational or skills training while in this prison?	53%	55%	53%	54%
	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?	54%	49%	54%	44%
11.3	Have you been involved in education while in this prison?	61%	66%	61%	64%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	49%	54%	49%	64%
11.3	Have you been involved in offending behaviour programmes while in this prison?	48%	52%	48%	53%
	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?	37%	45%	37%	53%
11.4	Do you go to the library at least once a week?	23%	32%	23%	36%
11.5	Does the library have a wide enough range of materials to meet your needs?	32%	33%	32%	
11.6	Do you go to the gym three or more times a week?	14%	29%	14%	25%
11.7	Do you go outside for exercise three or more times a week?	49%	37%	49%	52%
11.8	Do you go on association more than five times each week?	46%	44%	46%	27%
11.9	Do you spend ten or more hours out of your cell on a weekday?	2%	10%	2%	7%

Main comparator and comparator to last time

Key to tables

		HMP Wormwood Scrubs 2014	Local prisons comparator	HMP Wormwood Scrubs 2014	HMP Wormwood Scrubs 2011
	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				
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	19%	33%	19%	34%
12.2	Have you had any problems with sending or receiving mail?	49%	47%	49%	50%
12.3	Have you had any problems getting access to the telephones?	41%	32%	41%	41%
12.4	Is it easy/ very easy for your friends and family to get here?	31%	37%	31%	
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	42%	61%	42%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	49%	42%	49%	
13.2	Contact by letter?	27%	28%	27%	
13.2	Contact by phone?	20%	12%	20%	
13.2	Contact by visit?	24%	36%	24%	
13.3	Do you have a named offender supervisor in this prison?	18%	31%	18%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	27%	38%	27%	46%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	50%	57%	50%	56%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	64%	44%	64%	
13.6	Offender supervisor?	12%	32%	12%	
13.6	Offender manager?	8%	27%	8%	
13.6	Named/ personal officer?	12%	11%	12%	
13.6	Staff from other departments?	8%	18%	8%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	22%	58%	22%	71%
13.8	Are there plans for you to achieve any of your targets in another prison?	35%	25%	35%	
13.9	Are there plans for you to achieve any of your targets in the community?	19%	32%	19%	
13.10	Do you have a needs based custody plan?	7%	7%	7%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	10%	13%	10%	18%
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?	27%	29%	27%	
13.12	Accommodation?	30%	38%	30%	
13.12	Benefits?	35%	40%	35%	
13.12	Finances?	20%	24%	20%	
13.12	Education?	30%	29%	30%	
13.12	Drugs and alcohol?	36%	45%	36%	
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?	51%	47%	51%	51%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Wormwood Scrubs 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	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		98	86	45	136	44	140
1.3	Are you sentenced?	52%	62%	51%	59%	55%	58%
1.5	Are you a foreign national?	21%	30%			18%	28%
1.6	Do you understand spoken English?	96%	89%	80%	98%	93%	93%
1.7	Do you understand written English?	93%	81%	71%	93%	89%	87%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			45%	56%	89%	43%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	13%	14%	6%	5%	11%
1.1	Are you Muslim?	40%	6%	18%	28%		
1.12	Do you consider yourself to have a disability?	18%	21%	23%	19%	19%	19%
1.13	Are you a veteran (ex-armed services)?	0%	10%	7%	3%	2%	5%
1.14	Is this your first time in prison?	35%	38%	60%	28%	37%	36%
2.6	Were you treated well/very well by the escort staff?	61%	65%	62%	62%	57%	64%
2.7	Before you arrived here were you told that you were coming here?	63%	66%	62%	66%	71%	62%
3.2	When you were searched in reception, was this carried out in a respectful way?	69%	69%	77%	66%	65%	70%
3.3	Were you treated well/very well in reception?	40%	45%	45%	41%	37%	43%
3.4	Did you have any problems when you first arrived?	80%	77%	77%	79%	76%	81%
3.7	Did you have access to someone from health care when you first arrived here?	69%	67%	71%	67%	67%	66%
3.9	Did you feel safe on your first night here?	60%	70%	66%	66%	58%	67%
3.10	Have you been on an induction course?	63%	59%	59%	62%	54%	64%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	26%	32%	29%	31%	28%	31%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
4.4	Are you normally offered enough clean, suitable clothes for the week?	41%	48%	52%	42%	43%	43%
4.4	Are you normally able to have a shower every day?	67%	66%	67%	65%	78%	62%
4.4	Is your cell call bell normally answered within five minutes?	20%	26%	33%	20%	28%	21%
4.5	Is the food in this prison good/very good?	12%	6%	18%	7%	12%	8%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	42%	42%	43%	42%	44%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	24%	29%	14%	30%	23%	26%
4.8	Do you feel your religious beliefs are respected?	58%	60%	73%	55%	69%	56%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	39%	47%	46%	44%	62%	38%
5.1	Is it easy to make an application?	56%	66%	63%	62%	57%	63%
5.3	Is it easy to make a complaint?	36%	35%	38%	35%	40%	34%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	31%	28%	25%	32%	34%	29%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	35%	32%	43%	43%	38%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	13%	6%	14%	9%	17%	8%
7.1	Do most staff, in this prison, treat you with respect?	65%	64%	59%	68%	61%	65%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	56%	60%	57%	59%	58%	58%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	6%	15%	5%	12%	3%	13%
7.4	Do you have a personal officer?	14%	27%	32%	17%	5%	25%
8.1	Have you ever felt unsafe here?	49%	49%	58%	46%	46%	49%
8.2	Do you feel unsafe now?	22%	24%	34%	18%	18%	24%
8.3	Have you been victimised by other prisoners?	20%	28%	26%	23%	20%	25%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	10%	12%	9%	12%	10%	11%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	2%	5%	5%	7%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	1%	2%	4%	7%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	1%	6%	5%	2%	0%	4%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
8.5	Have you been victimised because you have a disability? (By prisoners)	1%	2%	0%	2%	3%	1%
8.6	Have you been victimised by a member of staff?	39%	30%	33%	36%	46%	32%
8.7	Have you ever felt threatened or intimidated by staff here?	16%	13%	12%	16%	17%	15%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	4%	2%	5%	5%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	5%	2%	5%	10%	2%
8.7	Have you been victimised because of your nationality? (By staff)	3%	7%	7%	5%	3%	6%
8.7	Have you been victimised because you have a disability? (By staff)	3%	1%	0%	3%	3%	3%
9.1	Is it easy/very easy to see the doctor?	17%	18%	24%	15%	12%	17%
9.1	Is it easy/ very easy to see the nurse?	50%	49%	36%	55%	49%	49%
9.4	Are you currently taking medication?	34%	43%	38%	38%	29%	41%
9.6	Do you feel you have any emotional well being/mental health issues?	33%	22%	28%	28%	29%	29%
10.3	Is it easy/very easy to get illegal drugs in this prison?	26%	23%	21%	27%	24%	25%
11.2	Are you currently working in the prison?	30%	29%	12%	35%	32%	29%
11.2	Are you currently undertaking vocational or skills training?	7%	10%	5%	8%	8%	9%
11.2	Are you currently in education (including basic skills)?	22%	23%	33%	18%	21%	22%
11.2	Are you currently taking part in an offending behaviour programme?	2%	7%	7%	3%	3%	6%
11.4	Do you go to the library at least once a week?	22%	23%	21%	23%	19%	23%
11.6	Do you go to the gym three or more times a week?	15%	13%	12%	15%	15%	14%
11.7	Do you go outside for exercise three or more times a week?	49%	49%	46%	50%	55%	46%
11.8	On average, do you go on association more than five times each week?	51%	41%	48%	45%	55%	43%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	1%	3%	0%	2%	0%	2%
12.2	Have you had any problems sending or receiving mail?	48%	51%	38%	53%	52%	49%
12.3	Have you had any problems getting access to the telephones?	40%	43%	49%	38%	41%	42%

Diversity Analysis



Key question responses (disability, over 50) HMP Wormwood Scrubs 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 aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		35	148	21	164
1.3	Are you sentenced?	52%	58%	67%	56%
1.5	Are you a foreign national?	29%	23%	32%	24%
1.6	Do you understand spoken English?	92%	94%	91%	94%
1.7	Do you understand written English?	83%	89%	91%	88%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	49%	54%	30%	57%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	13%	7%	10%	9%
1.1	Are you Muslim?	24%	24%	5%	27%
1.12	Do you consider yourself to have a disability?			48%	16%
1.13	Are you a veteran (ex-armed services)?	13%	3%	15%	3%
1.14	Is this your first time in prison?	29%	39%	48%	35%
2.6	Were you treated well/very well by the escort staff?	57%	65%	90%	59%
2.7	Before you arrived here were you told that you were coming here?	61%	65%	62%	65%
3.2	When you were searched in reception, was this carried out in a respectful way?	55%	73%	80%	68%
3.3	Were you treated well/very well in reception?	37%	44%	63%	40%
3.4	Did you have any problems when you first arrived?	97%	74%	95%	76%
3.7	Did you have access to someone from health care when you first arrived here?	58%	69%	58%	68%
3.9	Did you feel safe on your first night here?	61%	65%	67%	65%
3.10	Have you been on an induction course?	62%	61%	63%	61%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	29%	30%	37%	30%

Key to tables

Diversity Analysis

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	41%	43%	55%	43%
4.4	Are you normally able to have a shower every day?	60%	69%	42%	69%
4.4	Is your cell call bell normally answered within five minutes?	19%	21%	17%	23%
4.5	Is the food in this prison good/very good?	13%	9%	10%	9%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	44%	41%	45%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	15%	28%	15%	27%
4.8	Do you feel your religious beliefs are respected?	48%	61%	69%	58%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	51%	41%	37%	44%
5.1	Is it easy to make an application?	55%	63%	63%	62%
5.3	Is it easy to make a complaint?	38%	35%	39%	35%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	13%	34%	32%	30%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	21%	43%	32%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	13%	9%	6%	10%
7.1	Do most staff, in this prison, treat you with respect?	74%	63%	84%	62%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	58%	59%	52%	59%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	3%	12%	15%	10%
7.4	Do you have a personal officer?	23%	20%	33%	19%
8.1	Have you ever felt unsafe here?	60%	45%	45%	50%
8.2	Do you feel unsafe now?	35%	19%	30%	22%
8.3	Have you been victimised by other prisoners?	44%	19%	22%	24%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	16%	10%	0%	13%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	4%	0%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	3%	0%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	3%	0%	3%
8.5	Have you been victimised because of your age? (By prisoners)	6%	1%	6%	2%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	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)	9%	0%	0%	2%
8.6	Have you been victimised by a member of staff?	47%	32%	28%	36%
8.7	Have you ever felt threatened or intimidated by staff here?	22%	13%	17%	15%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	4%	0%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	9%	3%	0%	4%
8.7	Have you been victimised because of your nationality? (By staff)	6%	5%	0%	6%
8.7	Have you been victimised because of your age? (By staff)	3%	2%	0%	3%
8.7	Have you been victimised because you have a disability? (By staff)	6%	1%	6%	2%
9.1	Is it easy/very easy to see the doctor?	16%	17%	28%	16%
9.1	Is it easy/ very easy to see the nurse?	37%	52%	61%	48%
9.4	Are you currently taking medication?	77%	29%	58%	35%
9.6	Do you feel you have any emotional well being/mental health issues?	63%	20%	32%	28%
10.3	Is it easy/very easy to get illegal drugs in this prison?	26%	25%	22%	26%
11.2	Are you currently working in the prison?	21%	32%	35%	29%
11.2	Are you currently undertaking vocational or skills training?	4%	10%	18%	7%
11.2	Are you currently in education (including basic skills)?	24%	20%	24%	22%
11.2	Are you currently taking part in an offending behaviour programme?	4%	5%	6%	5%
11.4	Do you go to the library at least once a week?	27%	21%	35%	21%
11.6	Do you go to the gym three or more times a week?	0%	17%	17%	13%
11.7	Do you go outside for exercise three or more times a week?	42%	50%	30%	52%
11.8	On average, do you go on association more than five times each week?	37%	47%	35%	46%
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%	1%	11%	1%
12.2	Have you had any problems sending or receiving mail?	60%	47%	41%	49%
12.3	Have you had any problems getting access to the telephones?	50%	39%	50%	40%



Prisoner survey responses HMP Wormwood Scrubs 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

	Any percentage highlighted in green is significantly better	D wing	A, B, C, E, P, R, X wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		33	152
SECTION 1: General information			
1.2	Are you under 21 years of age?	3%	3%
1.3	Are you sentenced?	53%	59%
1.3	Are you on recall?	6%	12%
1.4	Is your sentence less than 12 months?	25%	23%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	1%
1.5	Are you a foreign national?	16%	27%
1.6	Do you understand spoken English?	91%	94%
1.7	Do you understand written English?	81%	89%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	66%	50%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	10%	9%
1.1	Are you Muslim?	24%	23%
1.11	Are you homosexual/gay or bisexual?	0%	3%
1.12	Do you consider yourself to have a disability?	37%	15%
1.13	Are you a veteran (ex-armed services)?	3%	5%
1.14	Is this your first time in prison?	21%	38%
1.15	Do you have any children under the age of 18?	46%	47%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	7%	14%
2.5	Did you feel safe?	75%	67%
2.6	Were you treated well/very well by the escort staff?	66%	62%
2.7	Before you arrived here were you told that you were coming here?	68%	64%
2.8	When you first arrived here did your property arrive at the same time as you?	76%	76%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	30%	17%
3.2	When you were searched in reception, was this carried out in a respectful way?	76%	70%
3.3	Were you treated well/very well in reception?	50%	43%
When you first arrived:			
3.4	Did you have any problems?	87%	77%
3.4	Did you have any problems with loss of property?	33%	16%
3.4	Did you have any housing problems?	33%	24%
3.4	Did you have any problems contacting employers?	7%	7%

Key to tables

	Any percentage highlighted in green is significantly better	D wing	A, B, C, E, P, R, X wings
	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		
3.4	Did you have any problems contacting family?	37%	32%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	4%
3.4	Did you have any money worries?	23%	28%
3.4	Did you have any problems with feeling depressed or suicidal?	23%	20%
3.4	Did you have any physical health problems?	30%	18%
3.4	Did you have any mental health problems?	27%	17%
3.4	Did you have any problems with needing protection from other prisoners?	4%	6%
3.4	Did you have problems accessing phone numbers?	37%	34%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	78%	71%
3.6	A shower?	19%	33%
3.6	A free telephone call?	68%	71%
3.6	Something to eat?	68%	77%
3.6	PIN phone credit?	55%	54%
3.6	Toiletries/ basic items?	61%	63%
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	47%	46%
3.7	Someone from health services?	63%	68%
3.7	A Listener/Samaritans?	17%	24%
3.7	Prison shop/ canteen?	20%	19%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	39%	36%
3.8	Support was available for people feeling depressed or suicidal?	18%	30%
3.8	How to make routine requests?	39%	33%
3.8	Your entitlement to visits?	36%	43%
3.8	Health services?	46%	43%
3.8	The chaplaincy?	39%	42%
3.9	Did you feel safe on your first night here?	74%	65%
3.10	Have you been on an induction course?	70%	60%
3.12	Did you receive an education (skills for life) assessment?	55%	60%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	32%	30%
4.1	Attend legal visits?	40%	35%
4.1	Get bail information?	5%	13%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	45%	40%
4.3	Can you get legal books in the library?	26%	32%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	58%	42%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally able to have a shower every day?	63%	67%
4.4	Do you normally receive clean sheets every week?	84%	80%
4.4	Do you normally get cell cleaning materials every week?	30%	47%
4.4	Is your cell call bell normally answered within five minutes?	27%	21%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	61%	55%
4.4	Can you normally get your stored property, if you need to?	17%	14%
4.5	Is the food in this prison good/very good?	6%	10%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	23%	27%
4.8	Are your religious beliefs are respected?	50%	62%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	39%	44%
4.10	Is it easy/very easy to attend religious services?	57%	58%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	70%	60%
5.3	Is it easy to make a complaint?	52%	32%
5.5	Have you ever been prevented from making a complaint when you wanted to?	24%	18%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	11%	16%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	28%	31%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	8%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	78%	63%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	57%	59%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	20%	19%
7.4	Do staff normally speak to you most of the time/all of the time during association?	7%	10%
7.5	Do you have a personal officer?	16%	22%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	50%	48%
8.2	Do you feel unsafe now?	29%	21%
8.4	Have you been victimised by other prisoners here?	25%	22%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	9%	6%
8.5	Hit, kicked or assaulted you?	3%	7%
8.5	Sexually abused you?	0%	0%
8.5	Threatened or intimidated you?	9%	12%
8.5	Taken your canteen/property?	6%	5%

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8.5	Victimised you because of medication?	0%	3%
8.5	Victimised you because of debt?	0%	3%
8.5	Victimised you because of drugs?	0%	2%
8.5	Victimised you because of your race or ethnic origin?	3%	5%
8.5	Victimised you because of your religion/religious beliefs?	3%	3%
8.5	Victimised you because of your nationality?	3%	3%
8.5	Victimised you because you were from a different part of the country?	0%	3%
8.5	Victimised you because you are from a traveller community?	0%	2%
8.5	Victimised you because of your sexual orientation?	0%	1%
8.5	Victimised you because of your age?	3%	2%
8.5	Victimised you because you have a disability?	6%	1%
8.5	Victimised you because you were new here?	3%	6%
8.5	Victimised you because of your offence/crime?	0%	3%
8.5	Victimised you because of gang related issues?	0%	4%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	37%	34%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	13%	10%
8.7	Hit, kicked or assaulted you?	7%	3%
8.7	Sexually abused you?	4%	1%
8.7	Threatened or intimidated you?	20%	14%
8.7	Victimised you because of medication?	10%	2%
8.7	Victimised you because of debt?	4%	1%
8.7	Victimised you because of drugs?	0%	2%
8.7	Victimised you because of your race or ethnic origin?	7%	4%
8.7	Victimised you because of your religion/religious beliefs?	7%	3%
8.7	Victimised you because of your nationality?	0%	6%
8.7	Victimised you because you were from a different part of the country?	0%	3%
8.7	Victimised you because you are from a traveller community?	0%	4%
8.7	Victimised you because of your sexual orientation?	4%	0%
8.7	Victimised you because of your age?	0%	3%
8.7	Victimised you because you have a disability?	10%	1%
8.7	Victimised you because you were new here?	10%	5%
8.7	Victimised you because of your offence/crime?	4%	5%
8.7	Victimised you because of gang related issues?	4%	3%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	19%	16%

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9.1	Is it easy/very easy to see the nurse?	42%	51%
9.1	Is it easy/very easy to see the dentist?	4%	4%
9.4	Are you currently taking medication?	43%	36%
9.6	Do you have any emotional well being or mental health problems?	47%	24%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	14%	27%
10.2	Did you have a problem with alcohol when you came into this prison?	14%	18%
10.3	Is it easy/very easy to get illegal drugs in this prison?	17%	26%
10.4	Is it easy/very easy to get alcohol in this prison?	4%	11%
10.5	Have you developed a problem with drugs since you have been in this prison?	7%	5%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	11%	5%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	7%	15%
11.1	Vocational or skills training?	11%	19%
11.1	Education (including basic skills)?	35%	34%
11.1	Offending Behaviour Programmes?	0%	6%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	21%	31%
11.2	Vocational or skills training?	4%	9%
11.2	Education (including basic skills)?	29%	21%
11.2	Offending Behaviour Programmes?	0%	5%
11.4	Do you go to the library at least once a week?	25%	22%
11.5	Does the library have a wide enough range of materials to meet your needs?	38%	31%
11.6	Do you go to the gym three or more times a week?	0%	17%
11.7	Do you go outside for exercise three or more times a week?	47%	51%
11.8	Do you go on association more than five times each week?	46%	46%
11.9	Do you spend ten or more hours out of your cell on a weekday?	3%	1%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	19%	19%
12.2	Have you had any problems with sending or receiving mail?	43%	50%
12.3	Have you had any problems getting access to the telephones?	32%	44%
12.4	Is it easy/ very easy for your friends and family to get here?	32%	31%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	25%	16%
13.10	Do you have a needs based custody plan?	4%	8%
13.11	Do you feel that any member of staff has helped you to prepare for release?	8%	10%