

Report on an unannounced inspection of

HMP Wymott

by HM Chief Inspector of Prisons

23 June – 4 July 2014

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Introduction

HMP Wymott, located in central Lancashire, is a category C training prison for adult male prisoners. Spread over a large site it holds over 1,100 prisoners, many of whom are on discrete wings for vulnerable prisoners and who were sex offenders. This is the first full inspection at Wymott since 2008, although we undertook a brief visit in 2011. In general we have, in the past, reported positively about this prison, although when we inspected in 2011 progress was mixed and was limited in some important respects. This, however, is a generally positive report. Wymott was reasonably safe and had some very good work and training outcomes.

Prisoners, including the large vulnerable population, reported feeling safe. Levels of recorded violence were much lower than we would expect, although vulnerable prisoners reported verbal abuse from others and in our survey a significant number felt victimised and bullied. The use of force was low and use of segregation was similar to comparable prisons; both however, required improved supervision and accountability.

There was evidence to suggest the amount of self-harm in Wymott was consistent with what we would expect to see in this type of prison but there had been nine deaths, three self-inflicted, since our last visit in 2012. Case management and other arrangements to support those in crisis were inconsistent and we were not assured that the Ombudsman's recommendations, following enquiries into the deaths, had been implemented effectively or that planning was effectively reviewed.

Prisoners were received reasonably well into the prison, but contingencies in place following the temporary closure of the first night centre were not working properly and we were concerned that not all prisoners on their first night received an adequate safety assessment. There was considerable evidence – including the recent hospitalisation of three prisoners who had taken psychoactive substances – to indicate the use of drugs was too prevalent, but clinical and therapeutic initiatives to support prisoners coming off drugs were very good.

Wymott was a reasonably respectful prison. The environment and living accommodation were well maintained and equipped, and prisoners felt respected in their dealings with staff. Consultation with prisoners was, however, surprisingly weak and although our observations indicated very positive interactions between staff and prisoners, there was evidence to suggest that staffing pressures and a lack of continuity in the deployment of staff to wings was undermining confidence in those relationships. The promotion of equality was very weak and structures to support diversity and monitor outcomes for minorities were limited. The exception was for the older prisoners and those with disabilities held on 1 wing, a specialist facility providing excellent care. This care did not, however, extend to older prisoners held elsewhere, although there was an excellent day care facility run by the Salvation Army available to all those over the age of 60 across the prison. The quality of health care was reasonably good when accessed, but it was undermined by long delays and poor access to GPs and the dentist. Medicines management also required improvement.

Time out of cell was reasonably good at just under 10 hours a day for most, but lock up in the evening was very early at 5.45pm. Learning and skills and work provision was well managed, the prison was fulfilling its role as a designated working prison and there were sufficient work and training places for most prisoners. Our colleagues in Ofsted judged the overall effectiveness of learning and skills work to be good. Most prisoners achieved accreditation on their courses, supported by effective teaching in well-planned lessons. There was some useful peer support for learners from qualified mentors. The introduction of a student council to influence quality improvement was an example of good practice. Work opportunities were good and often took place in impressive workshops equipped to industry standards.

There was reasonable oversight of resettlement work but the action plan and strategy did not reflect the prison's latest analysis of need. The profile of offender management within the prison was insufficient and many offender supervisors were new to the role and lacked confidence. They were also too often redeployed to cover staffing shortfalls. The quality of assessments, particularly risk of harm assessments, was mixed and contact with prisoners was reactive. This was a particular concern among a population that contained a number of high risk cases. Work to address resettlement needs was better. Individual need was identified early and reviewed before release. Work across the resettlement pathways ensured reasonable outcomes. However, more needed to be done with those sex offenders judged unsuitable for the sex offender treatment programme and for whom there seemed to be no alternative plan or response.

Overall, while the markings are mixed, the key messages of this report are positive. Wymott is a settled, safe place with many strengths, first of which is its excellent provision of training and work. There are, however, some significant concerns that need to be corrected. The prison cannot continue to ignore the promotion of equality and diversity and poor access to certain key services undermine otherwise good health provision. The prison is settled but a significant proportion of the prison's population, whilst low risk and well behaved in prison, posed significant risks as offenders in society. Structures to address and reduce those risks need to improve.

Nick Hardwick
HM Chief Inspector of Prisons

October 2014

Fact page

Task of the establishment

HMP Wymott is a category C training prison and designated working prison for adult males, holding mainstream prisoners and a large population of vulnerable prisoners.

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

Public

Region/Department

North West

Number held

1,100

Certified normal accommodation

1,103

Operational capacity

1,176

Date of last inspections (full and short follow-up)

Full: 20–24 October 2008

Short follow-up: 15–17 November 2011

Brief history

Wymott opened in 1979 as a short-term category C prison. There was extensive damage to the prison as a result of a disturbance in 1993, following which part of the prison was rebuilt and re-designated to hold vulnerable prisoners. The prison population was expanded in 2003/04 by the addition of two new wings, and again in 2008 with the opening of the therapeutic community.

Short description of residential units

A wing	Vulnerable prisoners
B wing	Vulnerable prisoners
C wing	Drug free
D wing	Drug stabilisation
E/F wing	Mainstream prisoners
G wing	Vulnerable prisoners
H wing	Mainstream prisoners
I wing	Older prisoners and those with a disability
J wing	Mixed population
K wing	Drug and alcohol therapeutic community

Name of governor/director

Terry Williams

Escort contractor

GEOAmey

Health service provider

Lancashire Care Foundation Trust

Learning and skills providers

The Manchester College

Independent Monitoring Board chair

Anne Whalley

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 Reception staff were welcoming but processes took too long. The interim first night arrangements were inadequate. The induction programme was good but not all prisoners benefitted from it. Few prisoners felt unsafe and levels of violence were low, but prisoners reported high levels of victimisation. Arrangements to keep the large number of vulnerable prisoners safe were good. There had been a recent increase in self-inflicted deaths. Some aspects of assessment, care in custody and teamwork (ACCT) processes required improvement. Security arrangements were mostly good. Drug availability was high, despite good supply reduction measures. There was little use of force but oversight was weak. Segregated prisoners lacked management and reintegration planning. Substance misuse arrangements were mostly good and the therapeutic community was an excellent resource. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S2 Escort staff were polite and prisoners reported positively on their treatment. Reception staff were welcoming but processes took too long and prisoners waited a long time before moving to the wings. Trained peer workers were not available to provide immediate advice and support.
- S3 The use of a dedicated first night wing had been suspended temporarily because of maintenance work but the interim arrangements were inadequate. New arrivals were dispersed around the prison and we were not assured that they all received a safety assessment or that any additional support and information from staff or peer workers was provided on their first night.
- S4 The content of the induction programme was good but there was no effective tracking system to ensure that all prisoners undertook it. Some prisoners waited up to 10 days before starting the programme.
- S5 Few prisoners, and fewer than at similar prisons, felt unsafe. Levels of violence were much lower than elsewhere. More prisoners than elsewhere reported victimisation by other prisoners and we found many examples of bullying because of debt. Safer custody meetings considered a wide range of information about bullying and violence, identifying hotspots and taking appropriate action, but there was still work to do on action planning, consulting with prisoners and analysing data to identify trends. The antisocial behaviour monitoring system was well designed but too many plans failed to provide sufficient challenge to perpetrators or support for victims.
- S6 Arrangements to keep the vulnerable prisoner population safe and provide all prisoners with an adequate regime were well developed.
- S7 There had been three self-inflicted deaths in custody in the previous 12 months, which was high. An action plan following the Prisons and Probation Ombudsman's investigation was in place but it was not kept under review through the safer custody meeting. The numbers of incidents of self-harm and of assessment, care in custody and teamwork (ACCT) case management documents opened were similar to those at other category C prisons.
- S8 The quality of ACCT processes was variable. There were some good assessments and interactions recorded but care maps did not always adequately reflect or address the needs identified. Access to Listeners (prisoners trained by the Samaritans to provide confidential

emotional support to fellow prisoners) was good. The location of the constant observation cell on the segregation unit was inappropriate for someone in crisis.

- S9 Physical and procedural security arrangements were mostly proportionate but too many gates were left unlocked during the inspection, and visits restrictions were often unrelated to trafficking through visits. There was a good flow of intelligence from across the prison that was subsequently analysed and acted on. Security systems were sophisticated and provided a wide range of information to staff to reduce emerging threats to the security and safety of the prison, including drugs, mobile telephones and violence.
- S10 More prisoners than at similar prisons said that drugs were easily available. The number of prisoners testing positive through mandatory drug testing was relatively low. However, most intelligence and drug finds related to undetectable substances and diverted medication. The prison was sighted on drugs issues, including the increase in new psychoactive substances, and had a coordinated action plan to reduce supply and demand, although poor supervision of medication queues increased the risks of diversion of medication.
- S11 The incentives and earned privileges policy was well publicised but was not fully applied and was not used as an effective behaviour management tool.
- S12 The number of adjudications was low and procedures were appropriate. Quality assurance procedures were mostly good. Levels of use of force were low and use of force dossiers were mostly complete and of a good standard. However, oversight of use of force was poor, with no committee and limited monitoring or trend analysis. Planned interventions were not video-recorded. Use of special accommodation was not monitored and not always authorised.
- S13 The number of prisoners segregated was similar to that at similar prisons, although poor management and integration planning resulted in some staying on the unit too long. The regime on the unit was too limited.
- S14 For prisoners with substance misuse issues, the quality of both clinical and psychosocial treatments was good, although the range of prescribing options was too limited and clinical reviews did not include psychosocial staff. Prisoners received excellent support, both during and after detoxification, although there was no peer support scheme. The therapeutic community provided an intensive rehabilitation programme for drug- and alcohol-dependent prisoners and achieved excellent outcomes.

Respect

- S15 *External and communal areas were mostly clean and well maintained, with some areas of excellence. Applications were not tracked and prisoners had little confidence in the system. Staff-prisoner relationships were mostly good but prisoner consultation had lapsed. Equality and diversity provision had been neglected and the needs of most minority groups were not being identified or met. Care for older prisoners and those with disabilities on I wing was excellent but less good for those located elsewhere. Faith provision was good. Complaints were poorly managed. Health provision was undermined by delays in medication and very long waits to see the doctor and dentist. Mental health provision was good. Food and shop arrangements were reasonably good. **Outcomes for prisoners are not sufficiently good against this healthy prison test.***

- S16 External areas on the main side of the prison were reasonably clean, despite extensive littering from some cell windows, and were particularly impressive on the vulnerable prisoner side. Internal communal areas were clean, and immaculate on the vulnerable prisoner wings.
- S17 Most cells were reasonably well equipped and maintained, although there was some graffiti, and toilets in many cells were inadequately screened. Some of the communal showers did not provide sufficient privacy and were in poor condition. Access to prison clothing was generally good and laundry facilities were adequate. Applications were not tracked and prisoners had little confidence in the system.
- S18 Most prisoners said that staff treated them respectfully and staff–prisoner interactions were good. The personal officer scheme was not universally applied but most respondents to our survey said that they had someone that they could turn to for help. Prisoner consultation arrangements had lapsed and had only recently been re-launched.
- S19 The strategic management of equality and diversity was weak. The equality policy and action plan were poor and there had only been one equality action team meeting in the previous six months. There were no dedicated forums for protected groups, and data on the treatment of such groups had not been monitored for the previous six months. This left the prison ill-equipped to explain the negative results in our prisoner survey for black and minority ethnic prisoners and those with disabilities.
- S20 Support for foreign national prisoners was poor. There was little use of professional telephone interpreting. Key information for prisoners was not readily available in languages other than English. Monthly Home Office surgeries were provided but there was no independent legal advice available.
- S21 There was very good support and care for older prisoners and those with disabilities on I wing but much less on other wings and we were not assured that their needs were always met. The Cameo centre provided an excellent range of activities for older prisoners across the prison. There was no provision for gay and bisexual prisoners.
- S22 There was satisfactory faith provision. Pastoral care was reasonable and the team was visible and fairly well integrated into the work of the prison.
- S23 Complaint forms were not always available on the wings. There was no quality assurance to monitor the timeliness or quality of replies.
- S24 Prisoners did not receive support in relation to their legal problems and legal visits were not sufficiently confidential.
- S25 The health centre was a good facility and a wide range of primary care and screening clinics was available. Access to outside hospital appointments was good. Access to GP and dental clinics was very poor, with prisoners waiting up to eight weeks and 21 weeks, respectively, for a routine appointment. Movements to and from health care appointments was poor and often resulted in prisoners being held in the waiting rooms for up to four hours. Some pharmacy services were poor. Prisoners did not always receive their medication on time. Medicine queues were not effectively supervised. The quality of care and range of dental services were good.
- S26 Prisoners had good access to an integrated primary and secondary mental health team that provided a good level of care and support.

- S27 Prisoners were relatively positive about the quality of the food provided. There was a reasonable choice of meals and arrangements for Ramadan were good. The prison shop arrangements were effective for most prisoners.

Purposeful activity

S28 *Time out of cell was reasonably good but prisoners were locked up too early in the evening and there were some regime slippages and curtailments. Learning and skills and work provision was good. There was an effective strategy for the implementation of the working prison model and high-quality learning and skills and work places were available. There were sufficient activity places for most and there was little unemployment. The quality and range of education and vocational training were good, with a focus on employability. Teaching and coaching were good. Achievement of qualifications was good in most areas. Library and recreational PE were good but access to both was problematic. **Outcomes for prisoners were good against this healthy prison test.***

- S29 Most prisoners had a reasonably good amount of time out of cell, at over nine hours a day. Evening association finished too early and this severely hindered prisoners' ability to contact family and friends. There were some examples of regime slippages and curtailment, such as late arrival at activities and early ending of exercise, some of which was down to staff shortages. In our spot checks, we found few prisoners locked up during the working day.
- S30 The management of learning and skills and work provision was good. Managers had successfully implemented a working prison model and there was a clear strategy to develop further provision to respond to the changing needs of the prison. The range of education and vocational training was good and provided progression opportunities in many courses. Quality improvement processes were sound. Movement to and from activities was regularly delayed and health care appointments disrupted learning considerably. The development of a student council to influence and effect improvement across learning and skills was an excellent initiative.
- S31 There were sufficient activity places for most of the population to be employed full time and the allocation process was efficient. We found 72% prisoners involved in activity at any one time and those not attending were mostly retired, medically unfit, working part time or shift workers. Few prisoners were unemployed but those refusing to work were not sufficiently challenged.
- S32 Much teaching and training was good and tutors had high expectations of their learners. Behaviour during learning sessions was very good. In education and vocational training, teachers and tutors successfully supported learners' skill development in English and mathematics. Equipment in industrial workshops was of high quality and to current commercial standards. Good use was made of qualified peer mentors to support learners.
- S33 Prisoners mostly achieved well in education and vocational training. In activities, prisoners gained useful skills and made good progress.
- S34 The quality of library provision was good and the activities offered, including the Six-Book Challenge and Storybook Dads (in which prisoners record stories for their children), promoted literacy well. The location of the library in the education department gave learners excellent access. However, access for prisoners who worked interrupted their working day.

- S35 PE facilities were good but participation rates had declined due to limited evening access. The PE department offered good health promotion activities. The range of vocationally accredited PE courses offered was limited and achievements were poor.

Resettlement

S36 *The strategic management of reducing reoffending was reasonably good. Offender management arrangements were compromised by the inexperience and cross-deployment of many offender supervisors. There was too little offender supervisor contact with prisoners, particularly with high risk of harm cases, and a lack of support to assist progression. The high number of public protection issues was managed well. Too many home detention curfew and recategorisation reviews were late. Reintegration planning was good and work across the resettlement pathways was mostly good, although too little was done with sex offenders who were unsuitable for the sex offender treatment programme. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

- S37 The strategic management of reducing reoffending was reasonably good. Regular committee meetings were held and were well attended and this provided oversight of progress made across the resettlement pathways, but the strategy and action plan did not reflect the most recent needs analysis. Links between the offender management unit (OMU) and the wider resettlement provision were underdeveloped and the OMU did not have a high enough profile across the prison.
- S38 Many offender supervisors were new to the role and lacked confidence and experience in managing the large number of high risk of harm prisoners. They were often cross-deployed and contact levels between offender supervisors and prisoners were poor, including some high risk of harm cases due for release. Too many offender assessment system (OASys) reviews were late, with little evidence of a strategy to manage the backlog. Many prisoners were frustrated by the lack of access and support from offender supervisors in helping them to achieve their targets. The quality of likelihood of reoffending assessments was generally good but the quality of risk of harm assessments and risk management plans needed further improvements. Too many releases on home detention curfew were late.
- S39 A large proportion of prisoners presented risks to children. Restrictions were appropriately applied, reviewed and removed at the earliest opportunity. High-risk cases referred to the interdepartmental risk management team received good oversight and risk management planning. When involvement in multi-agency public protection arrangements (MAPPA) was evident, there were some good examples of information sharing and risk management. However, MAPPA levels were not always confirmed far enough in advance of release.
- S40 Too many recategorisation reviews were late, which hindered some prisoners' progression. Some reviews lacked sufficient detail, and reasons for refusal were not always appropriate or clearly explained to the prisoner.
- S41 Prisoners' reintegration needs were assessed on arrival and before release and peer workers assisted in the provision of a number of services.
- S42 Shelter provided an effective accommodation service and few prisoners were released without permanent accommodation.

- S43 Employment, training and education needs were assessed on admission and the resettlement intervention board guided prisoners towards appropriate activities to aid their resettlement. Take-up of the pre-release course was limited.
- S44 Health care discharge planning arrangements were effective and there were good mental health links with the community. All patients with enduring mental health problems continued on the care programme approach. Arrangements for palliative care were well developed.
- S45 Resettlement outcomes for alcohol and drug users were good through effective links between the prison and local, regional and national community treatment and support agencies and networks.
- S46 Support with basic financial issues and debt advice was provided and many prisoners were assisted in opening bank accounts before release.
- S47 Visits were easy to book and generally well organised. The visitors centre was welcoming and the visitor user group was an excellent initiative. A family support worker and parenting courses enhanced provision, although family days were too infrequent.
- S48 The range of accredited offender behaviour programmes reflected the needs of the population. However, waiting lists for the 'healthy relationships' programme were too long. Waiting times for the sex offender treatment programme were not excessive but there was no alternative strategy for dealing with those assessed as unsuitable for it, resulting in some being released without having done any recent offending behaviour work.

Main concerns and recommendations

- S49 Concern: Arrangements for the first night and early days were inadequate. We were not assured that prisoners received a safety risk assessment on arrival. New prisoners were dispersed around the prison, with little access to information and no additional staff or peer support.

Recommendation: All new prisoners should receive a risk assessment to assess their safety and vulnerability on arrival. Relevant information and additional staff and peer support should be provided over the first night and during the early days in the prison.

- S50 Concern: There was little dedicated support, consultation or provision for prisoners with protected characteristics and there was evidence that the needs of many prisoners from minority groups were not being identified or met, yet no data were collected to monitor the equality of their treatment or their access to the regime.

Recommendation: The needs of prisoners with protected characteristics should be identified and met promptly through individual assessment, regular and direct consultation with minority groups, effective care planning and monitoring.

- S51 Concern: The waiting lists to see a doctor and dentist were far too long, at eight and 21 weeks, respectively. Access to medication was frequently delayed because of waits for prescription medicine.

Recommendation: Long waits to see the doctor and dentist should be reduced and prisoners' access should be equivalent to that in the community. Medicines should be available promptly.

S52 Concern: Offender supervisors were often cross-deployed to other work and lacked experience and confidence in managing the large number of high risk of harm offenders. This meant that the assessment of some high-risk offenders was weak and there was too little contact to provide support and monitor progression.

Recommendation: All prisoners should have regular access to an offender supervisor who is confident and experienced in managing risk of harm, provides support, motivation and challenge, and actively monitors progression.

S53 Concern: Too many sex offenders were unable to complete the sex offender treatment programme because of minimising or being in denial of their offence, being too low risk or not having enough time left on their sentence. There was a lack of planning to address their offending behaviour, and some sex offenders were released without having undertaken any recent offending behaviour work.

Recommendation: A detailed strategy for managing sex offenders not suitable for the sex offender treatment programme should be developed which sets out the provision of appropriate offence-focused work.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

1.1 *Prisoners generally travelled in decent conditions and were treated with respect by escort staff. Most prisoners felt safe during transfer and their property was well managed.*

1.2 Prisoners reported positively about their treatment during escort, and 74% of respondents to our survey, in line with the comparator, said that escort staff had treated them well. Journeys from court and other establishments were not excessively long, and only 23% of prisoners in our survey, against the 46% comparator, reported journeys of over two hours.

1.3 In our survey, more prisoners than at comparator prisons said that they had been given adequate comfort breaks, drinks and meals during their transfers. We saw prisoners' property being transferred with them, and 91% of prisoners in our survey said that their property had arrived at the same time as themselves. Property was processed efficiently.

Early days in custody

Expected outcomes:

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

1.4 *Staff in reception were polite and respectful but new arrivals spent too long there. First night and induction procedures were not delivered effectively. Prisoners in our survey reported negatively on first night provision, although most felt safe.*

1.5 The reception area was clean and the holding rooms were adequate. Reception staff were polite and welcoming, and this was reflected in our survey. Prisoners were allowed to make a free telephone call in reception, and in our survey considerably more prisoners than at comparator establishments (66% versus 40%) said that they had been offered this opportunity. Prisoners spent too long in reception; in our survey, 44% of prisoners, against the 51% comparator, said that they had spent less than two hours in reception. The orderlies in reception provided drinks for new arrivals and assisted with property storage, but there were no Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) or trained peer workers based in reception to support the first night process.

- 1.6** Due to maintenance work, there was no dedicated first night unit. Interim arrangements had been put in place but these were not working effectively and prisoners were dispersed around the prison and received little additional support or information from staff or peer workers during their early days in custody. In our survey, most prisoners said that they had felt safe on their first night but reported negatively about access to key information, people and services. For example, only 15% of prisoners, against the 29% comparator, said that they had been offered a shower on arrival and fewer prisoners than in similar prisons said that they had been offered something to eat or basic toiletry items. Due to the inadequacy of the early days' processes, we were not assured that all new prisoners received a face-to-face first night safety assessment by staff before being located in their cell (see main recommendation S49).
- 1.7** Induction started in reception and continued throughout the first week at the prison. The content of the programme was good but the process was confusing and long. Prisoners told us that it was often cut short, and in our survey only 51%, against the 62% comparator, said that it had covered everything they needed to know about the prison. Some prisoners experienced delays in starting the programme, and could wait up to 10 days. Induction material was not available in a range of accessible formats, including different languages. Attendance at induction was difficult to manage as new arrivals were dispersed across the establishment, and we were not assured that all prisoners underwent the programme as there was no effective tracking system.

Recommendation

- 1.8 All new prisoners should receive a full and timely induction programme and attendance should be monitored.**

Housekeeping point

- 1.9** Induction material should be available in a range of languages, to meet the needs of the population.

Bullying and violence reduction

Expected outcomes:

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

- 1.10** *Levels of violence were low but many prisoners reported victimisation. Information about violence was reported appropriately but there was no analysis of trends and prisoners' views were not sought. The tackling antisocial behaviour process was well designed but poorly implemented. Vulnerable prisoners were kept safe and provided with an adequate regime but they reported more negatively than others about victimisation.*

- 1.11** Levels of violence, including fights and assaults on staff and prisoners, were much lower than at comparator prisons. Systems for collecting and recording data on violence were effective, and wing observation books showed that incidents were consistently reported to

the safer custody team. Few prisoners, and fewer than at similar prisons (11% versus 14%), felt unsafe at the time of the inspection.

- 1.12** There was a clear violence reduction policy and the monthly safer custody meeting considered a wide range of information about the type and location of violent incidents. Representation at the meeting was reasonable but joint working with the security department was underdeveloped. Information was used reasonably well to identify hotspots and also the actions required to reduce the number of violent incidents. However, there was no consideration of trends over time and there had been no recent survey or consultation with prisoners to obtain their views of bullying and violence in the prison. The safer custody action plan was limited and did not reflect an analysis of information about violence.
- 1.13** In our survey, more prisoners than elsewhere said that they had been victimised by other prisoners, most frequently involving threats and insulting remarks rather than physical violence, although this was probably a reflection of the large population of vulnerable prisoners (see section on vulnerable prisoners). Wing observation books showed that there were regular incidents of threats and prisoners feeling under threat because of debt. Action was taken to keep such prisoners away from those presenting a risk to them, and the segregation unit was not overused, but some prisoners were reluctant to leave their wings or their cells, so they had a very restricted regime. There was no strategy to tackle the problem of prisoners getting into debt.
- 1.14** There was a well-designed tackling antisocial behaviour case management system to support victims and to monitor the behaviour of perpetrators. It was used extensively, with 125 prisoners monitored in the previous six months. However, it was not used effectively; targets set were formulaic rather than identifying specific actions which could improve safety, challenge perpetrators and support victims, and we found too many with observation entries missing and others with no assessment.

Recommendations

- 1.15 Information about violence, bullying and victimisation should include prisoners' views and be analysed to identify trends and patterns. This analysis should inform a robust action plan which is kept under regular review.**
- 1.16 Implementation of the tackling antisocial behaviour system should be reviewed to support victims and challenge perpetrators effectively.**

Vulnerable prisoners

- 1.17** Approximately 50% of the population were vulnerable prisoners by reason of their offending. There were good facilities to manage their needs and risks. Most were accommodated on two large wings which allowed free access to their landings at all times because of the sanitary arrangements, but those who posed a potential risk to other prisoners were accommodated on a wing with locked cellular accommodation (see also section on residential units).
- 1.18** Older prisoners and those with a disability were over-represented in this population, and special accommodation with a good level of professional social care was provided for them (see section on equality and diversity).

- 1.19** Vulnerable prisoners were mostly kept safe from physical harm and verbal abuse by the design of their accommodation and timing of the regime. However, in our survey, vulnerable prisoners reported more negatively than mainstream prisoners about aspects of victimisation by staff and prisoners alike. The prison did not systematically explore how this experience might be improved (see recommendation 1.15).
- 1.20** Vulnerable prisoners' access to the regime was not compromised and a wide range of equivalent activity and training was available to them, including those with limited physical ability, who were provided with activities on their wing.

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.

1.21 *There was no local self-harm and suicide prevention policy. Information about self-harm and suicide was used but there was no trend analysis. The number of assessment, care in custody and teamwork (ACCT) documents opened was in line with that at other establishments. There were some deficits in the operation of the system. There had been an unusual increase in self-inflicted deaths, and responses to the recommendations from investigations were not sufficiently robust. The location of a constant observation cell in the segregation unit was inappropriate. There were sufficient Listeners, who were well trained and supported, and there was good access to them.*

- 1.22** The prison did not have a local self-harm and suicide prevention policy tailored to the circumstances of the establishment. A wide range of information about self-harm was reported to the monthly safer custody meeting but there was inadequate analysis of trends.
- 1.23** There had been 58 incidents of self-harm recorded in the previous six months and 157 assessment, care in custody and teamwork (ACCT) case management documents opened for prisoners at risk of self-harm or suicide, which was similar to the number at other category C training prisons. The ACCTs we saw had some serious deficits, and there was insufficient quality control. Although there were some good assessments and interactions recorded, too often the quality of care planning was poor, failing to address the identified issues, and in two cases we examined no care plan had been completed. However, attendance of mental health staff at reviews was consistent and helpful. Prisoners subject to ACCT procedures told us that staff were caring and helpful. A third of staff required refresher training in ACCT procedures.
- 1.24** In the previous six months, 20 prisoners had been subject to constant supervision, mostly for short periods, although in two cases for more than five days. Such prisoners were located in the segregation unit, which was not a suitable environment for prisoners in distress requiring extra support.
- 1.25** There had been nine deaths in custody since the previous short follow-up inspection and three self-inflicted deaths in the previous 12 months, which was unusual for the prison. Action plans had been drawn up in response to recommendations from the Prisons and Probation Ombudsman but the plans were not discussed or reviewed at the safer custody meeting and it was not clear how implementation was being assured.

- 1.26** There were sufficient Listeners, and Listener suites were comfortable. In our survey, more prisoners than at comparator prisons said that they were able to speak to a Listener at any time (66% versus 56%). The local Samaritans group supported and managed the turnover of Listeners well.

Recommendations

- 1.27** Information about self-harm should be analysed to identify trends and patterns.
- 1.28** All staff should be appropriately trained in assessment, care in custody and teamwork (ACCT) processes, which should provide effective support to prisoners at risk and address the underlying issues. Quality control of completed ACCT documents should be improved.
- 1.29** Action to implement recommendations from the Prisons and Probation Ombudsman following investigations of deaths in custody should be overseen by the safer custody meeting and its effectiveness kept under review.

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.²

1.30 *There was good provision of social care for prisoners with safeguarding needs and effective planning for their support on release. Links with social services had been initiated but were not fully in place.*

- 1.31** Social care agencies provided good care and support for prisoners with safeguarding needs on I wing. For individuals requiring specialist care, we saw examples where help had been given with providing specialist accommodation and community support on release.
- 1.32** Prison staff had not been trained in identifying and referring prisoners into safeguarding processes, and links with local social services were not fully developed. However, senior managers had participated in an area initiative to set up safeguarding links between prisons and local social services.

Recommendation

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

² 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.

1.34 *Physical security arrangements were mostly proportionate. Systems to manage intelligence were sophisticated and responded well to identified threats. Prisoners told us that drugs were relatively easily available. Positive random drug testing rates were relatively low but this did not reflect true drug usage. The establishment had implemented a strategy to tackle the large-scale issues that presented with prisoners' use of undetectable substances, including 'spice'. Too few suspicion tests were undertaken.*

- 1.35** Physical and procedural security arrangements were mostly proportionate. However, during the inspection we found too many gates and doors left unlocked and unattended. Dynamic security was reasonable but the lack of continuity of staff on the units reduced their ability to build relationships with prisoners in order to monitor patterns of behaviour (see also section on staff–prisoner relationships).
- 1.36** The electronic information report system ('Mercury') was used effectively to record and monitor intelligence but, wisely, the old paper security information report (SIR) system had been retained for agency staff who did not have access to Mercury. Analysis of intelligence was sophisticated and provided a wide range of data which highlighted hotspots and potential threats to the overall safety and stability of the establishment.
- 1.37** A comprehensive range of data, with specific targeted monthly objectives, was delivered to the well-attended monthly security meeting. These objectives were well publicised in staff areas and communicated by managers following the meetings.
- 1.38** In our survey, more prisoners than at comparator establishments (43% versus 32%) said that it was easy to get illegal drugs at the prison. Prisoners in our groups told us that 'spice' (a new psychoactive substance) was easily available and that prisoners often self-medicated for pain relief.
- 1.39** The positive random mandatory drug testing (MDT) rate for the six months to May 2014 was relatively low, at 4.8%, against a key performance target of 6.0%. However, this did not accurately reflect drug usage as there were large-scale issues with 'spice' and diverted medication, which could not be detected by the current MDT testing panel. In the previous six months, there had been 15 acute incidents where prisoners' use of spice had been suspected, three of which had resulted in prisoners being taken to hospital. In response to this, the drug strategy committee had coordinated a series of well-organised initiatives, including the provision of information on the dangers of spice to staff, prisoners and visitors. In the same period, staff had requested 173 tests on prisoners suspected of taking drugs, but very few of these (only 30%) had been completed because of the redeployment of testing staff.
- 1.40** There was a good drug supply reduction action plan to tackle emerging threats and this was updated at the security committee meeting. Although the drugs and therapeutics committee monitored the prescribing of tradable medication satisfactorily, the poor supervision of medication queues increased the risks associated with the diversion of medication (see also section on health services).

- 1.41** At the time of the inspection, there were 25 prisoners subject to visits restrictions. Many of these had been applied inappropriately to prisoners with no evidence of visits-related trafficking activity. Those subject to closed visits were reviewed monthly and restrictions were relaxed when possible.

Recommendations

- 1.42** All gates and doors should be secured at all times.
- 1.43** Suspicion drug testing should be adequately staffed to ensure that all testing is carried out appropriately, within identified timescales and without gaps in provision.
- 1.44** Visits restrictions should be imposed only for visits-related activity.

Good practice

- 1.45** *The retention of paper-based security information reports for agency staff who did not have access to Mercury enabled them to submit their security concerns.*

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.

- 1.46** *The behaviour management scheme was widely publicised but not fully applied.*

- 1.47** The incentives and earned privileges (IEP) scheme was well publicised but not fully applied. Reviews were often late or not held at all, and there was a general lack of oversight from managers, resulting in prisoners remaining on the highest level of the scheme despite evidence of negative behaviour. Electronic case notes demonstrated little evidence of behavioural management, and staff and prisoners alike told us that the process was ineffective.
- 1.48** Differentials in privileges between the levels of the scheme were reasonable but prisoners performing the same work task were paid at differing rates, depending on their IEP level.
- 1.49** The regime for the few prisoners on the lowest level of the scheme was very punitive and allowed less than an hour and a half per day out of cell during the week. There were few opportunities for them to demonstrate improvements in behaviour, and targets in IEP dossiers were generic and insufficiently focused on the individual's behaviour or how this should be improved.

Recommendations

- 1.50** The behaviour management system should be consistently and fully applied and those on the lowest level should have more opportunity to evidence improvements in their behaviour.
- 1.51** Prisoners should be paid at the same rate for doing the same job, irrespective of their incentives and earned privileges level.

Discipline

Expected outcomes:

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

- 1.52** *Adjudications were conducted appropriately and management oversight was reasonable. Governance of use of force was poor and planned interventions were not video-recorded. Special accommodation was used without authorisation or monitoring. Occupancy of the segregation unit was not high but the regime was minimal and reintegration planning was poor.*

Disciplinary procedures

- 1.53** The number of adjudications was low, and much lower than at comparator prisons. The adjudications we observed were appropriate and individual adjudication records were subject to regular quality control. However, there was no adjudication standardisation meeting to review processes and identify emerging trends.
- 1.54** Records showed that a number of charges had been brought for fairly minor offences that, according to the prison's behaviour management policy, should have been managed by wing staff (for example, refusal to attend work).

Recommendation

- 1.55** **Adjudication data should be routinely monitored to identify emerging trends and the most appropriate remedial action.**

The use of force

- 1.56** The level of use of force was low, at around two-thirds that at comparator prisons. Most use of force dossiers were completed to a good standard, including the addition of records of injuries to prisoners. However, there was no use of force committee and only basic statistical data were presented to the security and safer custody meetings, with no analysis undertaken. Planned interventions were not video-recorded.
- 1.57** The special accommodation was dirty. These cells were used regularly for short periods as holding cells and for strip-searching, and we also found two recent instances of longer use without any authorisation or monitoring.

- 1.58** There had been three incidents over the previous six months where batons had been drawn; although we considered each use to have been reasonable and proportionate to the threats posed, there had been no enquiry or consideration of these.

Recommendations

- 1.59** Use of force should be comprehensively monitored to identify patterns and action required.
- 1.60** All planned use of force should be video-recorded and recordings retained for training and evidential purposes.
- 1.61** Special accommodation should be used only in the most extreme of circumstances and it should be appropriately authorised and monitored.

Housekeeping point

- 1.62** All incidences of baton use should be reviewed to ensure proportionality.

Segregation

- 1.63** The large (22-cell) segregation unit was busy during the inspection and staff worked hard to manage some problematic prisoners who were intent on destroying their cells in order to get a transfer out of the prison. The number of prisoners segregated was similar to that at other category C prisons, although poor management and integration planning resulted in some staying on the unit for too long. Despite a drive to avoid rewarding bad behaviour, around 26% of prisoners segregated in the previous six months had been transferred out.
- 1.64** Cells on the unit were reasonably clean but there was a considerable amount of graffiti, often offensive, on cell doors and walls. Toilets were unscreened and most were heavily scaled and dirty. Communal areas were reasonably clean but lacked natural light.
- 1.65** Our survey results about treatment on the unit were more negative than at comparator prisons but all prisoners located there during the inspection said that they were treated well, and we saw respectful interactions.
- 1.66** The regime on the unit was very limited; prisoners did not attend any off-unit activity and they all received exercise individually in small caged yards. They received their meals at their cell doors, regardless of any risk posed.
- 1.67** Daily records of contact and of prisoners' behaviour were good and regularly completed. Rule 45 (good order and/or discipline) boards were held regularly and attendance was reasonable. However, behavioural targets were routine, insufficiently focused on the individual and were pre-printed on a standard form.

Recommendations

- 1.68** Reintegration planning should be routinely carried out for all prisoners located on the segregation unit.

- 1.69 Segregation cells should be free of graffiti and toilets should be descaled and clean.**

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.

1.70 *The quality of clinical and psychosocial treatment was good. Most prisoners who had received support for drug or alcohol misuse said that it had been helpful, but prescribing was insufficiently flexible and the non-involvement of psychosocial workers in clinical reviews limited the integration of service delivery. The therapeutic community achieved excellent outcomes for prisoners.*

- 1.71** The integrated substance use service, named 'Discover', was provided by Greater Manchester West Mental Health NHS Foundation Trust, with psychosocial services, known as the 'Building Futures' team, and the therapeutic community sub-contracted to Phoenix Futures.
- 1.72** Access to these services was good, with clinical needs being screened and assessed on reception and initial psychosocial assessments conducted in a timely manner following referral.
- 1.73** There was a well-attended drug strategy committee, with good representation from appropriate departments and service providers. Monthly action points were closely followed up. An up-to-date needs analysis was in use, and regional and local drug and alcohol strategy documents were in the process of being reviewed.
- 1.74** At the time of the inspection, 45 prisoners were receiving opiate substitution treatment, of whom 93% were on reducing doses, which was appropriate. The daily treatment and support offered were good but clinical reviews did not involve staff from the psychosocial team. Prescribing was insufficiently flexible as it excluded buprenorphine as an opiate substitute. The clinical team provided up to six weeks of post-detoxification support to monitor prisoners' general physical health and sleep patterns.
- 1.75** In our survey, more than at comparator prisons (86% versus 80%) said that the support they had received for drug and alcohol problems had been helpful. Support for prisoners on the drug-free and treatment units (C and D wings, respectively) was effective. A regular team of uniformed officers provided good day-to-day care and supervised medication queues. However, there was no peer support scheme and no access to 12-step fellowships such as Alcoholics Anonymous or Narcotics Anonymous.
- 1.76** The therapeutic community provided an intensive rehabilitation programme for drug- and alcohol-dependent prisoners and achieved excellent outcomes. It was suitably separated from the rest of the prison and, although the building lacked a community meeting room, it offered a more supportive environment than the rest of the prison. Prisoners under the care of the therapeutic community spoke very positively about the levels of support they received and the large extent to which the programme was helping them change their attitudes and behaviour.

Recommendations

- 1.77** A suitable peer support scheme should be established, accessible by vulnerable prisoners and those on main location.
- 1.78** Prisoners from all locations should have access to self-help fellowships such as Alcoholics Anonymous and Narcotics Anonymous.
- 1.79** Prescribing regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to national guidance.

Housekeeping point

- 1.80** Clinical reviews should include staff from the psychosocial team.

Good practice

- 1.81** *The clinical team provided up to six weeks of post-detoxification support to monitor prisoners' general physical health and sleep patterns.*

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** *Some external areas were particularly impressive but the excessive littering of the main site was problematic. The overall quality and cleanliness of accommodation were good. Access to showers and telephones was generally good, although some showers were in a poor condition. The application process was poor. Association areas were adequate and equipment was in good order.*
- 2.2** External areas on the main side of the prison were reasonably clean, despite extensive littering from some cell windows after mealtimes which led to vermin around the grounds. By contrast, external areas on the vulnerable prisoner side of the prison were clean, tidy and attractive.
- 2.3** The type of accommodation varied widely, from the older wings with communal toilets and showers through to the newest unit, housing the therapeutic community, which had integral showers and toilets. The internal communal areas were clean, particularly on the vulnerable prisoner wings. Most of the accommodation was designed for one but held two. Most cells were reasonably well equipped but many of the toilets were inadequately screened, and some had insufficient furniture. There was graffiti in some cells, especially on the main wings, and the offensive display policy was not enforced. There were no lockable cabinets to store valuables and medication. All wings had a range of association equipment that was maintained to a high standard.
- 2.4** Our survey results for residential issues were mixed; they were very good concerning access to clothing, sheets, showers and levels of noise but very poor in relation to obtaining cleaning equipment. Laundry processes were adequate. The weekly kit change process appeared to be well managed and we saw little evidence of poor-quality or ill-fitting clothing.
- 2.5** The quality of some showers was poor. On the larger wings, there was often insufficient pressure and hot water and many were poorly maintained and offered too little privacy.
- 2.6** In our survey, fewer prisoners than at comparator prisons said that it was easy to make an application. Applications were not logged and access to forms on most wings was restricted. Prisoners had little confidence in the process and we saw evidence of poor-quality responses or a lack of response, leading to repeated applications and a high level of frustration.
- 2.7** Access to stored property was problematic and prisoners could wait up to around three weeks from application to obtaining their property. There was no provision to have property sent in and additional property could only be obtained via the prison shop and various catalogues.
- 2.8** Access to telephones was generally good. Mail processes were reasonable and prisoners normally received their letters quickly.

Recommendations

- 2.9** Cells designed for one prisoner should not hold two.
- 2.10** All cells should contain adequate furniture and lockable cabinets, and toilets should be adequately screened.
- 2.11** Showers should be improved, including full privacy screening and sufficient hot water to meet demand.
- 2.12** Applications should be logged and responses monitored to ensure that they are appropriate and timely.
- 2.13** Prisoners should be able to access their stored property within seven days.

Staff-prisoner relationships

Expected outcomes:

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

2.14 *Prisoners in our survey were very positive about being treated respectfully by staff but the lack of continuity of wing staff had begun to undermine these relationships and the personal officer scheme. Electronic case notes were generally reasonable. Consultation had lapsed.*

- 2.15** In our survey, prisoners were very positive about being treated respectfully and having a member of staff to turn to for help. Staff–prisoner interactions across the prison were mostly courteous and helpful, and underpinned the positive atmosphere throughout most of the prison. However, in our survey, only 16% of respondents said that staff interacted with them during association. Prisoners and staff expressed frustration about the lack of continuity of wing staff that had begun to undermine the development of staff–prisoner relationships (see also section on security).
- 2.16** Electronic case notes were reasonable and most of the 30 sets of notes we examined had at least one monthly entry from the identified personal officer. There was little evidence of any effective management oversight of the process.
- 2.17** Prisoner consultation was weak. The consultative committee had only recently been re-established and prisoner wing representatives had, as yet, little confidence in the process.

Recommendation

- 2.18** Prisoner consultation should be improved.

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 characteristic³ 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.

2.19 *The strategic management of equality was weak. There had only been one equality action team meeting in the previous six months and there were no dedicated forums for protected groups. Data on the treatment of prisoners with protected characteristics had not been monitored. There was poor support for foreign national prisoners. Older prisoners and those with disabilities were well supported on I wing but much less so on other wings, and we were not assured that their needs were always met. There was excellent provision of activities for older prisoners. There was no provision for gay and bisexual prisoners.*

Strategic management

- 2.20** The equality policy covered all protected characteristics but lacked detail and was out of date; for example, it did not reflect the new equality monitoring system. The equality action plan was underdeveloped, with only seven actions for 2014; these did not cover all relevant protected groups and some actions were too general to be meaningful.
- 2.21** The policy stated that the prison would ‘endeavour’ to hold a bimonthly equality action team meeting, ‘dependent on the issues that are relevant at the time’, suggesting a lack of systematic approach to the issue. Only one brief meeting had been held in the previous six months and the meeting held shortly before this period had been ineffective. No equality monitoring data had been considered in the previous six months. There were no dedicated forums for protected groups and the general prisoner equality meeting had lapsed (see main recommendation S50).
- 2.22** Discrimination incident report forms (DIRFs) were not available on many of the wings. We were told that 20 DIRFs had been submitted in the previous six months, but it was not possible to reconcile this figure with the DIRFs log, which was confusing, poorly completed and suggested that far fewer had been completed. The DIRF file contained only 13 reports. The quality of responses was mixed. Not all reports were investigated thoroughly, complainants did not receive a written response and it was not always clear if they had been informed of the outcome of the investigation. It was unclear from the DIRF log if responses were prompt, or if follow-up actions were completed.
- 2.23** The prison had no equality partner and there was little engagement with outside support agencies for protected groups.

³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Recommendation

- 2.24** **Discrimination incident report forms (DIRFs) should be readily available to prisoners and staff. They should be monitored effectively to ensure a full and prompt investigation, and complainants should receive a written response of the outcome.**

Protected characteristics

- 2.25** In our survey, black and minority ethnic prisoners and those with disabilities reported less favourably than other prisoners across a range of areas. The lack of dedicated forums and monitoring data left the prison ill-equipped to explain these results or identify other areas of need (see main recommendation S50).
- 2.26** There was no foreign nationals coordinator. We were told that offender management unit (OMU) staff provided support, but we were not satisfied that this was effective as they were not trained to provide it and foreign nationals we spoke to said that they rarely saw them. Home Office staff provided a monthly surgery but this could be attended only by prisoners with less than 12 months left to serve. There was no independent legally aided representation. There were no up-to-date immigration law textbooks in the library.
- 2.27** Our survey suggested that about 20 prisoners did not understand spoken English. The professional telephone interpreting service had been used only seven times in the previous three months. Key information for prisoners was not readily available in languages other than English.
- 2.28** At the time of the inspection, five prisoners were held under immigration powers, having completed their sentence. We spoke to two who had been held under these powers for over a year. Both reported little contact with their offender supervisor and there appeared to have been little, if any, meaningful contact between the prison and the Home Office about the progress of their cases.
- 2.29** Older prisoners and those with disabilities on I wing were well supported. The prison employed a full-time carer on the wing and this was supplemented by additional agency staff who looked after two prisoners with significant need. Carers linked in well with medical staff in the health centre. All prisoners on I wing who required care plans had them. However, on other wings there was much less support for such prisoners. There were three disability liaison officers but prisoners told us that they rarely saw them. No care plans had been prepared for prisoners with care needs on other wings, including for a prisoner who was taken twice a week to I wing to be showered by care staff (see main recommendation S50). Retired older prisoners and those with disabilities were not locked in their cells during the day on I wing, but they were elsewhere.
- 2.30** Noticeboards in wing offices accurately indicated the location of prisoners who would require help in evacuating the building in an emergency. However, there were no written evacuation plans and we were not assured that individual needs would be understood, particularly given the high levels of redeployment across the wings.
- 2.31** The prison was not easy to negotiate for prisoners with disabilities as the library, chapel and multi-faith room were located upstairs. A stair lift in I wing had not been working for several months and some wheelchairs (those of standard width) did not fit through many doors.

- 2.32** Provision of activities for older prisoners was excellent. The Salvation Army ran 'Cameo', a day centre offering a range of activities which prisoners on I wing and those over 60 from other wings could attend.
- 2.33** In our survey, 3% of prisoners said that they were gay or bisexual, suggesting a prison population of over 30. However, no provision had been made for this group. There was no forum or support group and the prison had not made contact with any outside support agencies.

Recommendations

- 2.34 Prisoners and detainees should have good access to legal representation when necessary.**
- 2.35 Greater use should be made of the professional telephone interpreting service. Up-to-date prison information and notices should be translated into common languages and made freely available.**

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.

2.36 *Faith provision was satisfactory. Pastoral care was reasonable and the chaplaincy was fairly well integrated into the work of the prison.*

- 2.37** The small team of chaplains, supported by sessional chaplains and volunteers, provided for the religious affiliations of the prison population. The team was fairly well integrated into the work of the prison – for example, through attendance at the senior management team and other key meetings. At the time of the inspection, only one chaplain participated in assessment, care in custody and teamwork (ACCT) reviews, although a second had just been trained to do so.
- 2.38** In our survey, only 45% of prisoners said that they had had access to a chaplain when they first arrived at the prison. A log completed by the chaplaincy showed that all new arrivals were seen individually. However, group induction sessions had not been taking place consistently owing to problems arising from the relocation of the induction wing (see also section on early days in custody).
- 2.39** Prisoners could attend corporate worship freely, without having to make an application on each occasion. Separate corporate worship was held for the large population of vulnerable prisoners. There was a process for prisoners in the segregation unit to attend corporate worship, subject to risk assessment, but in practice this did not happen. Prisoners throughout the prison said that chaplains were regularly visible on the wings.
- 2.40** There was a reasonable range of faith-related study classes. The team provided reasonable support for the pastoral needs of prisoners, including bereavement and family contact.

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.

2.41 *Complaint forms were not always available on the wings and prisoners in our survey were negative about the ease of use and timeliness of the system. Replies to complaints were generally polite and comprehensive but there was no monitoring of their quality.*

2.42 In our survey, fewer prisoners than at comparator prisons said that complaints were easy to make. Complaint forms were not always available on the wings, and prisoners reported difficulties in accessing them.

2.43 Only 19% of prisoners in our survey said that complaints were answered in a timely manner. There was no monitoring of the quality of responses, although the replies to complaints that we saw were polite and comprehensive. Trends were logged monthly but there was no evidence of analysis or subsequent discussion of identified issues at senior management level. Property issues, categorisation and OMU queries were the most frequent subjects of complaints.

Recommendations

2.44 Prisoners should have easy access to complaint forms.

2.45 Management oversight of the timeliness and quality of complaints should be improved.

Legal rights

Expected outcomes:

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

2.46 *There was no support for prisoners with legal problems. Legal consultations did not take place in a confidential setting.*

2.47 There was no dedicated trained officer providing legal support (see recommendation 2.34). Solicitors and prisoners told us that it was easy to book a legal visit. We were also told that legal visits rarely started on time, and the one we observed started 40 minutes late. Visits took place in the open visits hall, which lacked privacy.

Recommendation

2.48 Legal visits should start on time and provide adequate privacy.

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.

2.49 *A wide range of primary care and screening clinics was available and arrangements for outside hospital appointments were effective. Access to GP clinics was poor, with patients waiting up to eight weeks for a routine appointment. Pharmacy services were not sufficiently robust to ensure that patients received their medicines on time. Access to a dentist was poor and had been disrupted owing to a lack of cover for sickness. The quality of dental care and range of services were good. Prisoners had good access to an integrated primary and secondary mental health care team, which provided a high level of care and support.*

Governance arrangements

- 2.50** Clinical governance arrangements were well established and the governor had an active role with the partnership board. Prisoners in our survey were generally negative about access to health services and the quality of care provided, and we found that health services were undermined by delays in medication and long waits to see the doctor and dentist (see sections below).
- 2.51** All clinical care was provided in the health centre, which was a good facility. The large clinical rooms were bright and clean and there were two large waiting rooms separating mainstream and vulnerable prisoners. All medicines administration was carried out in treatment rooms on the wings.
- 2.52** A health needs assessment had not been completed since 2012 but one had been commissioned for the current year. The head of health care managed the services and had good links with two operational prison managers. She received good support from two senior nurses leading primary care and mental health services. At the time of the inspection, there were two nurse vacancies that were being covered effectively by a nursing bank.
- 2.53** A comprehensive range of services was provided by a team of well-qualified staff, including a nurse practitioner who was also a nurse prescriber. A 24-hour service was available, with one nurse working the night duty. Training opportunities were available through the provider but there were some delays in meeting the annual mandatory elements. Clinical supervision was performed informally and was not documented.
- 2.54** One GP was employed by a locum service to deliver all GP clinics. The out-of-hours service and leave cover were provided by the same service. The GP was valued highly by staff and prisoners but did not receive sufficient support to deliver an effective service. Pharmacy services were provided by a local branch of Lloyds Pharmacy, with two full-time technicians working at the prison. There was no facility for pharmacist-led medicine review appointments.
- 2.55** Clinical records were maintained electronically using SystemOne (the electronic clinical record) and any paper records were managed appropriately. Health services staff were

informed about national guidelines and treatment protocols through regular team meetings and notices.

- 2.56** Prisoners were able to raise health care issues at a monthly health care forum. A newsletter for prisoners was also produced. Approximately 50 complaints were submitted per month but this had risen to over 80 at the time of the inspection, mainly because of medication issues (see below). Responses were handwritten and varied in quality, with some being too brief and perfunctory.
- 2.57** Emergency resuscitation equipment, including automated external defibrillators (AEDs) and oxygen, was located on all wings, in reception and in the health centre, and was well maintained. However, custody staff did not have access to the AEDs and were not trained in their use.
- 2.58** Health promotion screening and specialist clinics were well organised and information was available for prisoners but there was little in languages other than English. Health care noticeboards were widely available throughout the prison but not all useful information was displayed.

Recommendations

- 2.59 All health services staff should complete annual mandatory training in a timely fashion.**
- 2.60 Prisoners should have access to a pharmacist.**
- 2.61 Health care information should be available in a range of languages, and health care noticeboards should display all useful information.**

Housekeeping points

- 2.62** Clinical supervision events should be recorded accurately.
- 2.63** Responses to health care complaints should be detailed, professional and indicate how the issue is to be managed.
- 2.64** Custody staff should have access to and be trained in the use of defibrillators.

Delivery of care (physical health)

- 2.65** All prisoners received a comprehensive health screen in reception and were given information about the health services available.
- 2.66** The locum GP delivered five clinics each week but a large waiting list had developed, resulting in patients waiting up to eight weeks for a routine appointment (see main recommendation S51). Additional GP clinics had started and efforts were being made for the nurse practitioner to see patients in an attempt to reduce the list. Attendance rates for all clinics were reasonable. The range of clinics provided reflected the needs of the prison population and included those for chronic diseases. Older prisoners had access to two designated nurses and the care provided in conjunction with social carers was very good (see also section on equality and diversity).

- 2.67** Patients attended health care appointments initially during free-flow movements but, following their appointment, some could remain in the waiting rooms for up to four hours, with little to occupy them. Televisions had been installed but were not connected.
- 2.68** There were good arrangements for prisoners to attend outside hospital appointments. There were good relationships with local hospitals, and custody staff provided effective escort arrangements.

Recommendation

- 2.69 Long waits in the health care waiting rooms should be avoided.**

Pharmacy

- 2.70** The pharmacy unit in the health centre was hot, cramped and airless, and had no natural light. Medicines were stored securely and controlled drugs registers were accurately maintained. Heat-sensitive products were stored in refrigerators equipped with maximum–minimum thermometers, and temperatures were logged daily.
- 2.71** Medication provision times were appropriate. An in-possession policy was in place and 85–88% of medication was supplied in-possession. Risk assessments were completed appropriately.
- 2.72** Prescriptions were completed in line with legal requirements. Medication administration sessions were not always supervised by custody staff. We saw two queues attending one hatch; this compromised privacy and could potentially lead to errors being made. The transportation of medicines to the treatment rooms was not sufficiently secure.
- 2.73** We saw numerous occasions where medicines were not available (see main recommendation S51). The limited GP access times and early cut-off times for sending requests to the external pharmacy prevented the continuous supply of medication. Prescriptions were issued in accordance with a formulary determined by a medicines and therapeutics committee.

Recommendations

- 2.74 Medicine administration should be supervised and sufficient privacy maintained.**
- 2.75 Medicines should be moved securely around the prison.**

Housekeeping point

- 2.76** The pharmacy and treatment rooms should be temperature controlled to facilitate the optimum storage of medicines.

Dentistry

- 2.77** The dental suite was in excellent order, and comprised a surgery and a separate room for the decontamination of equipment. Lack of cover due to sickness had resulted in a very

long waiting list of over 200 patients, with waiting times up to five months (see main recommendation S51). At the time of the inspection, three dental sessions a week were being provided but it was difficult to see how this would resolve the problem quickly. A full-time dental nurse arranged appointments electronically, using SystemOne. The services of a dental therapist and dental technician were also provided, and the quality of dental care was good. In the sessions we observed, prisoners were treated professionally and had their privacy maintained.

Delivery of care (mental health)

- 2.78** The integrated mental health care team combined primary and secondary mental health care, with all members of the team sharing the caseload. The team included a professional counsellor, and a psychological well-being practitioner was being recruited. A forensic psychiatrist provided two clinics weekly. Working relationships with the substance misuse service were good.
- 2.79** Prisoners had daily access to the service. Each nurse had an average caseload of 20, which was manageable. They worked with a number of sex offenders but had not undergone training to support them with this work.
- 2.80** Care was multidisciplinary and staff attended a range of prison meetings, including safer custody, and the team was represented at all ACCT meetings. They operated a duty system to respond to calls and requests from the wings and referrals from primary health services staff. There was an open referral system, with a single point of access that distributed the work. They told us that this worked well and that there were good working relationships between primary health care and mental health care teams. Transfers to secure mental health units were rare and waiting times reasonable.
- 2.81** Custody staff attended mental health awareness training during their induction but no other training was provided.

Recommendation

- 2.82** **A rolling programme of mental health awareness refresher training should be provided for all custody staff.**

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.

- 2.83** *Prisoners were relatively positive about the quality of the food provided. There was a reasonable choice of meals and the arrangements for Ramadan were good.*

- 2.84** Prisoners were relatively positive about the quality of the food provided. A rolling five-week menu provided a reasonable choice of meals, with dietary options available. Breakfast packs were issued on the day before consumption.

- 2.85** We observed a lack of supervision at serveries during mealtimes. However, in recent months the kitchen had increasingly delivered meals to the wings in pre-packed containers, ensuring that prisoners received fair portions. Prisoners said that food was sometimes left standing for some time before service, and we saw it being taken over to the wings too early.
- 2.86** The prison was well prepared for Ramadan, which started during the inspection, and Muslim prisoners were mainly satisfied by the meal provided to break the Ramadan fast.
- 2.87** Food consultation arrangements were good, with a regular and useful catering committee.
- 2.88** All prisoners working in the kitchen were suitably qualified in food hygiene. The prison was about to start a course providing a National Vocational Qualification, which would improve prisoners' employment opportunities on release.

Recommendation

- 2.89** **Breakfast packs should be issued on the day they are to be eaten.**

Purchases

Expected outcomes:

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

- 2.90** *The prison shop offered an efficient service and catered for most prisoners' needs.*

- 2.91** The number of items on the prison shop list was reasonable. Shop arrangements were effective for most prisoners and new arrivals were offered a reception pack. However, newly arrived prisoners could wait a week to place an order and up to 11 days before receiving it. Prisoners could shop from catalogues and order newspapers and magazines every week.

Recommendation

- 2.92** **Prisoners should be able to place a shop order within 24 hours of arrival.**

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.⁴

3.1 *Good time out of cell was provided and most prisoners were involved in activities during the working day. Association finished too early and outdoor exercise periods were too short. Some regime timings were not adhered to.*

3.2 The amount of time out of cell was good, at just under 10 hours a day for most. There was a high level of purposeful activity (see also section on learning and skills and work activities). In our spot checks, we found few prisoners, around 15%, locked up during the working day.

3.3 Outdoor exercise periods were too short, at a maximum of 45 minutes. Exercise areas around the older wings were attractive but the yards serving the newer wings were large and stark, with minimal seating.

3.4 Evening association finished too early, at around 5.45pm, and this was earlier than published. This severely limited opportunities for prisoners to telephone their families and friends. The only measure which mitigated this restrictive practice was that 10% of the population were allowed an additional 45 minutes unlocked once every few weeks, on a rota basis.

3.5 There were several other examples of restrictions on prisoners' regime, which were often due to staff shortages; these included late return from work, late arrival at activities and early curtailment of exercise sessions.

Recommendations

3.6 Prisoners should be able to spend one hour a day on outdoor exercise.

3.7 Evening association should be extended to allow prisoners sufficient time to maintain family contact.

⁴ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Learning and skills and work activities

Expected outcomes:

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

3.8 *The leadership and management of learning and skills and work were good. There were sufficient activity places for most of the population to be employed full time. Quality improvement processes guided improvement activities well. Attendance was high but issues with regime management disrupted movement to and from activities. There was a wide range of activities, with high-quality education, training and work places. Induction was well planned, with good use of National Careers Service information to inform targets in individual learning plans. Achievement of qualifications was good overall. Skill development and standards of work were good across most activities. The library was managed effectively, and access to it was good for those attending education classes but interrupted the working day for those in work.*

3.9 *Ofsted⁵ made the following assessments about the learning and skills and work provision:*

Overall effectiveness of learning and skills and work: Good

Achievements of prisoners engaged in learning and skills and work: Good

Quality of learning and skills and work provision: Good

Leadership and management of learning and skills and work: Good

Management of learning and skills and work

3.10 The management of learning and skills and work was good. A working prison model had been implemented and there was a clear strategy to develop further provision to respond to the changing needs of the prison. Interagency working between the prison, the education and vocational training provider (The Manchester College (TMC)) and the cluster heads of learning and skills was good and ensured that prisoners' needs were met. The education and vocational training provision, provided by TMC was good.

3.11 Quality improvement processes were sound. The quality improvement group meetings were regular, well attended and focused appropriately on improving performance. The self-assessment process was rigorous and the report largely accurate. Managers had a detailed knowledge of the service's strengths and areas in need of improvement. In education classes, the lesson observation process of TMC was well developed and outcomes were linked directly to action plans for improvement for individual teachers. In industrial workshops, the process was underdeveloped.

⁵ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

- 3.12** The strategy to mandate prisoners' achievement of level 1 functional skills before accessing work or vocational training was effective. The development of a student council to influence and effect improvement was an excellent initiative.
- 3.13** Data collection and analysis for learning and skills were thorough and effective. However, in education courses, managers did not have a sufficient overview of learners' progress towards qualifications in functional skills, and did not use data well enough to monitor the performance of different groups of learners.
- 3.14** Movement to and from activities was often delayed, with some late starts and late collection from activities, mainly because of staffing shortages. Attendance at health care appointments and some sequencing of offending behaviour programmes disrupted learning sessions. Few learners returned to their activity after health care appointments.

Recommendations

- 3.15** **The analysis of data to monitor and identify gaps in the performance of different groups, and prisoners' progress towards achieving functional skills qualifications, should be improved.**
- 3.16** **Disruptions to the working day, including delayed movement to and from activities and health care appointments and poor sequencing of offending behaviour programmes, should be reduced.**

Good practice

- 3.17** *The development of a student council to influence and effect improvement in prisoners' achievement of functional skills was an excellent initiative.*

Provision of activities

- 3.18** There were sufficient activity places for most of the population to be employed full time. Around 72% of prisoners were involved in activity at any one time, with the remainder being retired, medically unfit, working part time or shift workers. Few prisoners were unemployed. However, the few prisoners who refused to work were not sufficiently challenged.
- 3.19** The levels and breadth of provision of education and vocational training were appropriate, providing progression opportunities in many courses up to level 2 and some to level 3. Very good quality work opportunities were provided in engineering, printing, laundry, tailoring, aluminium window fabrication, waste management, warehousing and storage, kitchens and gardens. Vocational training was provided in industrial cleaning, business information technology, brickwork, horticulture, joinery, and painting and decorating. Accredited courses were offered in English, mathematics, English for speakers of other languages (ESOL), information technology (IT), art and design, and Fine Cell Work (a social enterprise that teaches needlework to prisoners). TMC supported 25 learners on distance learning courses. The Salvation Army, Age UK and TMC provided retired prisoners with a good programme of activities. The range of activities for mainstream and vulnerable prisoner populations was not identical but neither group was disadvantaged.

- 3.20** The allocation process was efficient and ensured that prisoners were allocated to their activities swiftly following induction. Induction was well planned, with good use of National Careers Service information to inform targets on individual learning plans.
- 3.21** Pay rates were commensurate to the hours worked and the skill level of the job. In education classes, learners received a bonus when they achieved their functional skills qualification.

Quality of provision

- 3.22** The quality of teaching and learning was good on education courses, vocational training and in industrial workshops. Most prisoners enjoyed their learning sessions, spoke highly of the teachers and trainers, and recognised the value of the skills they had learned.
- 3.23** Teachers and trainers developed a good rapport with learners, set high expectations and motivated them well. Learners' behaviour was very good.
- 3.24** Teachers planned sessions well. Written and verbal feedback on learners' work was positive, encouraging and in most cases helped them to make further improvements. However, written feedback for vocational learners often did not indicate clearly enough what learners needed to do to improve.
- 3.25** In a small minority of lessons, teachers planned tasks that were repetitive or relied too heavily on the completion of worksheets, in particular in mathematics. Teachers made insufficient use of information learning technology in lessons and workshops. In art and design and functional skills lessons, teachers set targets on individual learning plans that linked well to the development of skills. However, in vocational training and IT lessons, individual learning plan targets were focused too much on the completion of tasks rather than challenging learners to improve their skills. While most vocational learners had regular reviews, too many of these were brief and staff did not always clearly record if the learner had achieved their targets or set new targets.
- 3.26** Teachers supported learners well with the development of their English and mathematics. Learners in vocational training had appropriate access to functional skills training. However, this was taught in the education centre and took learners away from their vocational training for two sessions each week. Learners working in industrial workshops had the support of a functional skills specialist, who visited them at work. However, there were too few to ensure a sufficient level of support for all learners.
- 3.27** Staff made good use of qualified peer mentors in all learning and skills settings. Arrangements for identifying learners in need of extra help were suitable and a team of specialist staff provided appropriate support. Prisoners on distance learning courses received effective support in weekly lessons and made good progress towards achieving qualifications.
- 3.28** The accommodation and resources in education were good, including computer facilities and interactive whiteboards. Equipment in industrial workshops was of high quality and to current commercial standards.
- 3.29** Teachers confidently and often effectively integrated themes related to equality and diversity into lessons. Learners in vocational training told us that the atmosphere in workshops was respectful and that tutors dealt with bullying incidents quickly.

Housekeeping points

- 3.30** Teachers should use a wider range of strategies, including information learning technology, in lessons and workshops, to make lessons more interesting.
- 3.31** Targets set by teachers and trainers should be of a consistently good quality and relate to gaining skills.

Education and vocational achievements

- 3.32** Overall achievements were good. In 2012/13, success rates were high in entry-level functional skills in English and mathematics. They were also high in personal and social development, vocational training and IT qualifications. Success rates in English and mathematics qualifications at levels 1 and 2 required improvement. Data from the current year showed an improving picture for English and mathematics, with improved success rates to date when compared with the same time period in the previous year.
- 3.33** The standard of learners' work was good. Those in vocational training worked to a standard that exceeded the requirements of the qualification. In art and design, the standard of learners' work for the Fine Cell Work was very good.
- 3.34** The longer working day in the laundry, print shop and tailoring workshop developed a good work ethic. Prisoners' attendance at activities was mostly good.

Recommendation

- 3.35** **Learners' achievement rates should be raised in English and mathematics functional skills qualifications at levels 1 and 2.**

Library

- 3.36** The library was managed effectively by Lancashire Library Service. Stock levels and the range of books were good. The stock of foreign language books and newspapers was adequate. Reading skills were promoted successfully through the Six-Book Challenge, Storybook Dads (in which prisoners record stories for their children), reading groups on two wings and frequent displays of books related to topical events such as the Tour de France and football World Cup. The number of visits to, and loans from, the library had been high over the previous year and this trend was being maintained.
- 3.37** Access to the library was adequate. All prisoners could attend for half an hour per week and arrangements for longer study periods were available on request. Its location in the education department meant that prisoners undertaking education courses could have extra access during their breaks. However, those in employment had to use work time to attend the library as no evening or weekend sessions were available. There were library outreach services for retired prisoners and those with disabilities.
- 3.38** Induction to the library had recently been disrupted because of temporary regime changes. However, membership remained high. Displays in the library were themed well to raise awareness of diversity-related topics, including Black History Month and Ramadan.

Recommendation

- 3.39 Evening and weekend access to the library should be provided.**

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.

3.40 *PE facilities were good. Access to recreational PE was reasonable for retired prisoners but, because of the prison regime, had reduced considerably for those at work. Participation rates had declined since the previous year. The range of accredited courses was too narrow and achievement of qualifications was low. Links with the health care department and activities to promote health were good. Showers were adequate but did not provide privacy screens.*

- 3.41** PE facilities were good. There was a large sports hall, two well-equipped weights and cardiovascular (CV) suites and a smaller CV suite for those preferring a quieter environment. The wing for older prisoners also had a small, well-used CV suite. Outside facilities included a full-size football pitch and an assault course.
- 3.42** Most prisoners had at least 2.5 hours' access to recreational PE each week. For prisoners who worked or were in education/vocational training, this was offered after activities, at between 4.15pm and 5.45pm, and retired prisoners had access during the day. However, delays in moving prisoners to and from activities meant that, in reality, prisoners in work, education or training rarely arrived before 4.45pm, and had to shower from 5.15pm and leave by 5.30pm, giving them just 30 minutes in the gym. Additional sessions, alternated between mainstream and vulnerable prisoners, were offered from on Friday evenings and at weekends. Since August 2013, participation rates had fallen, and at the time of the inspection were 48% for mainstream and 37% for vulnerable prisoners, which were low.
- 3.43** A narrow range of accredited PE programmes was offered during the core day, primarily Focus gym instructor courses at levels 1 and 2 for mainstream prisoners. Success rates on these programmes were low. Vulnerable prisoners could take an accredited lifestyle improvement programme.
- 3.44** Induction to PE was timely and prisoners were appropriately assessed to ensure their fitness to participate. Those with health issues were referred to the health centre. The department offered a well-man clinic and programmes for smoking cessation and stress management.
- 3.45** Prisoners were given clean gym kit for every session. The showers were clean but did not have privacy screening. The small number of accidents and incidents were suitably reported.

Recommendations

- 3.46 Prisoners should get their allocated PE time each week.**
- 3.47 The range of accredited PE courses should be increased and planned to maximise learners' chances of achieving a qualification.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

4.1 *Strategic oversight was adequate but the reducing reoffending strategy and action plan did not reflect the most recent needs analysis. Offender management did not have a sufficiently high profile across the prison. There was a lack of analysis of the distinct needs of specific groups of prisoners held.*

4.2 Well-attended quarterly meetings provided oversight of reducing reoffending work. The current reducing reoffending strategy covered the period from 2012–2104. It provided adequate detail about provision across the resettlement pathways and was supported by a detailed action plan. However, it did not reflect the most recent needs analysis, completed in December 2013, and did not adequately promote offender management. We found evidence of a lack of joint working between resettlement and offender management unit (OMU) staff, and not all staff in the prison appreciated the important role of offender management in reducing the risk of harm and reoffending. As a result, offender management did not have a high enough profile across the prison.

4.3 There was a lack of analysis of the specific needs of the population, which comprised a complex mix of mainstream and vulnerable prisoners, with some distinct diverse groups such as older prisoners and those with disabilities.

Recommendation

4.4 **The reducing reoffending strategy should specify the distinct needs of groups of prisoners, and ensure that offender management is at the heart of the work and that resettlement services and the action plan are informed by the most recent needs analysis.**

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.

4.5 *The prison population was complex, with most assessed as high risk of harm. Many offender supervisors were new to the role and had received little training or management oversight. Unplanned cross-deployment had a significant impact on their offender management work, and some staff felt overwhelmed by the role. Too many offender assessment system (OASys) assessments were late, with no strategy to address this. The quality of assessments of the likelihood of reoffending was adequate but risk of harm assessments and plans needed improving. Sentence plans were not reviewed to set alternative objectives when the prisoner was assessed as unsuitable for a programme. Contact between offender supervisors and prisoners was reactive and poor, particularly in some high-risk cases. Too many home detention curfew assessments were completed late. Public protection arrangements were sound but multi-agency public protection arrangements (MAPPA) levels in preparation for release had not always been confirmed. Too many recategorisation reviews were late and of inadequate quality. There was no needs analysis of the large population of indeterminate-sentenced prisoners.*

4.6 A large proportion of the 20 offender supervisors were new to the role. Their caseloads were manageable but they were too often cross-deployed to unplanned operational duties. Approximately 30% of their OMU duty time was lost each month, which made it almost impossible to provide high-quality offender management and hindered formal contact with prisoners (see main recommendation S52). Some uniformed offender supervisors felt overwhelmed by the role and inadequately trained. Most had received only basic training in the offender assessment system (OASys) and not in the management of risk of harm, despite managing some high risk of harm cases (see main recommendation S52).

4.7 At the time of the inspection, too many OASys assessments were late; the OMU was responsible for 84 and community-based offender managers for 180 of the late assessments. There was no formal strategy to manage this backlog and delays were having a direct impact on some prisoners' progression. There was no effective system for managers to assess the quality and timeliness of OASys assessments.

4.8 For most of the 12 cases we inspected, there was an adequate and timely assessment of the likelihood of reoffending and a sentence plan. Too few objectives were sufficiently outcome focused and too few prisoners were engaged with achieving their objectives. Sentence plans were not always reviewed when a prisoner was assessed as unsuitable for a specified offending behaviour programme, and alternative objectives were not identified. Risk of serious harm screening was accurate in most of the cases but the analysis was less well developed and too many lacked an up-to-date risk management plan.

4.9 Contact levels between offender supervisors and the prisoners in their care were purely reactive and poor, particularly for high risk of harm prisoners. In our survey, only 30% (against the 36% comparator) said that he or she was helping them to achieve their targets. In some of the high risk of harm cases we saw, the prisoner had not had regular contact with their offender supervisor. Worryingly, some of these prisoners were released during the inspection. Many prisoners told us that applications to the OMU were not answered, which caused them further frustration (see main recommendation S52). The contact log in

P-Nomis (electronic case notes) was not routinely used by offender supervisors, which hindered information exchange.

- 4.10** Too many prisoners were released on home detention curfew after their eligibility date. Some of the delays were caused by factors outside the control of the prison, such as late probation trust reports, but others were caused by internal factors; for example, in some cases the assessment process had been started too late, and in others late reports from wing staff had caused delays.

Recommendations

- 4.11 All prisoners should have an up-to-date offender assessment system (OASys) assessment and sentence plan.**
- 4.12 Home detention curfew assessments should be completed on time.**

Housekeeping point

- 4.13** P-Nomis should be used to record all contacts with prisoners and other relevant information.

Public protection

- 4.14** There were 700 high risk of harm prisoners, 450 sex offenders, 875 eligible for multi-agency public protection arrangements (MAPPA) and 480 who presented a risk to children. Some of the high risk of harm cases and all of the MAPPA level 2 and 3 cases were appropriately allocated to a specialist group of offender supervisors, which included two probation officers.
- 4.15** Public protection processes were sound. Prisoners' risks to other were identified on arrival and restrictions applied appropriately. These were reviewed by the interdepartmental risk management team (IRMT) after three months and removed at the earliest opportunity. The IRMT was well attended. High-risk cases that were referred to the IRMT received good oversight and risk management planning.
- 4.16** Of the cases we looked at in which MAPPA levels had been reviewed, these were all accurate. Where involvement in MAPPA was evident, there were examples of effective information sharing and risk management. However, MAPPA levels were not always known about far enough in advance of release. We came across 10 prisoners due for release in the next two months who did not have a clear MAPPA level and some of these were high risk of harm. This meant that the offender supervisor had potentially missed the opportunity to be involved in multi-agency public protection (MAPP) meetings and risk of harm information exchange.

Recommendation

- 4.17 Multi-agency public protection arrangements (MAPPA) levels should be confirmed at least six months before release, to enable the offender management unit (OMU) to contribute to more MAPPA release plans.**

Categorisation

- 4.18** Categorisation reviews were completed by offender supervisors and approved by a manager, but at the time of the inspection 133 were late, and in some cases considerably late, which caused the prisoner additional frustration and hindered progression.
- 4.19** Some of the reviews were not completed well enough and we found some inappropriate reasons for rejecting recategorisation. For example, one prisoner was unsuccessful because he had not completed an offending behaviour programme, even though he had been assessed and found unsuitable for that intervention. Reasons given to the prisoner were not sufficiently clear and did not explain what they needed to do to achieve recategorisation.

Recommendation

- 4.20 Recategorisation reviews should be completed on time, to a good standard and clearly explain to the prisoner what he needs to do to achieve a lower categorisation.**

Indeterminate sentence prisoners

- 4.21** At the time of the inspection, there were 92 life-sentenced prisoners and 134 serving indeterminate sentences for public protection. There was no analysis of their needs and few specific services were provided for them. The number of family days had been reduced from two to one in the current year, which was potentially too low to meet demand. There was no support forum for indeterminate-sentenced prisoners (ISPs).
- 4.22** Parole reports for these prisoners were up to date but not all offender supervisors had been trained in the management of ISPs.

Recommendation

- 4.23 The specific needs of indeterminate-sentenced prisoners (ISPs) should be identified and action taken to provide services to meet these needs.**

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.

4.24 *Immediate resettlement needs were assessed on arrival and before release and there was adequate access to resettlement help. Few prisoners were released without permanent accommodation. National Careers Service staff referred prisoners to a range of agencies to help them gain employment or training on release. Limited debt and benefits advice was provided. There were effective health discharge arrangements and good links to community-based drug and alcohol agencies. Visits were easy to book and generally well organised, and the visitor user group was an excellent initiative. The range of accredited offender behaviour programmes was adequate but there was no alternative approach to managing sex offenders who were not suitable for the sex offender treatment programme. Some sex offenders were therefore released without having undertaken any recent offending behaviour work.*

4.25 Immediate resettlement needs were assessed during induction, using a simple checklist. This led to referrals being made to resettlement services. However, the assessment was not routinely shared with the OMU.

4.26 Prisoners could access resettlement support from an adequate range of services (see below). Peer workers were also available to support and signpost prisoners. Resettlement needs were reviewed by the National Careers Service six months before release and checked again two weeks before release.

Recommendation

4.27 The resettlement needs assessment completed during induction should be shared with the OMU.

Accommodation

4.28 Accommodation services were provided by Shelter staff, who assessed all new arrivals. A wide range of support was provided, including closing down tenancies and managing rent arrears as well as help with finding accommodation on release. Shelter staff were supported by trained prisoner orderlies based in the library and on the wings.

4.29 The prison reported a low percentage (2%) of prisoners released without permanent accommodation. Shelter contributed to this low figure by securing accommodation for an average of 17 prisoners a month.

Education, training and employment

4.30 The quality of the National Careers Service provided by Greater Merseyside Connexions Partnership, was good. All prisoners were interviewed at induction to review previous learning and discuss the work, education and training options available. At the end of induction, prisoners attended an interview at the resettlement intervention board, which

guided them to the most appropriate learning and/or work activities to aid their resettlement.

- 4.31** Prisoners were referred to a range of agencies to help them gain employment or training on release. Achieve North West supported a small number with CV writing, disclosure and writing job application letters, both in prison and in the community. The education department offered a pre-release course but take-up was limited.
- 4.32** The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not available at the time of the inspection and this limited opportunities for independent job search.

Recommendation

- 4.33 The virtual campus should be introduced.**

Housekeeping point

- 4.34** Attendance on the resettlement course should be improved.

Health care

- 4.35** There were good arrangements for the health discharge of patients. Information on NHS services was provided and up to seven days of medication supplied when required. Those with enduring mental health problems were referred to community mental health teams and continued using the care programme approach. There were good palliative care and end-of-life procedures.

Drugs and alcohol

- 4.36** There were effective links between Building Futures and local, regional and national community treatment and support agencies and networks, leading to good resettlement outcomes for alcohol and drug users.

Finance, benefit and debt

- 4.37** Shelter staff and trained prisoner orderlies provided basic support for debt problems. Prisoners with more complex debt issues were helped to contact legal representatives or specialist organisations. Benefit advice was provided by Shelter, and Jobcentre Plus attended the prison to set up benefits payments for prisoners before release. Prisoners could open bank accounts before release, and an average of 18 a month were opened.

Children, families and contact with the outside world

- 4.38** It was easy to book visits. Sessions were generally well organised and usually started on time. The number of visits slots available met demand. However, there had been only one family day in the previous six months, which was insufficient.

- 4.39** The visitors centre was bright and welcoming, and visitors were highly complimentary about staff from the charity Partners of Prisoners (POPS), who ran the centre. POPS employed a family support worker, who provided good additional support to prisoners and their families. POPS ran a visitor user group every six weeks. Minutes showed that meetings were purposeful and that action was focused and helped to improve visits facilities and the visits experience. Prison staff were invited to make presentations at the meeting about aspects of prison life. In addition, members of the forum were given an annual tour of the prison.
- 4.40** There were two large, bright visits halls. Although electric fans had recently been installed, they still felt very stuffy in hot weather.
- 4.41** In addition to the family support worker, the prison ran parenting and family relationship courses.

Recommendation

- 4.42** **The number of family days should be increased to meet need.**

Good practice

- 4.43** *Partners of Prisoners (POPS) ran a visitors user group which was purposeful and action focused.*

Attitudes, thinking and behaviour

- 4.44** The sex offender treatment programme (SOTP), 'healthy relationships' (HRP) and thinking skills programmes were available; these adequately reflected the needs of the population. Waiting lists for the SOTP were manageable but there were long waits for HRP places.
- 4.45** Many sex offenders were judged to be unsuitable for the SOTP because they had been assessed as lower risk, did not have enough time to complete the programme or were in denial of, or minimising, their offending behaviour. We were concerned that some of those released during the inspection had not undertaken any recent offending behaviour work. When assessed as unsuitable for an accredited programme, little attention was given to identifying alternative work that needed to be carried out to address denial or minimisation (see main recommendation S53).
- 4.46** Structured victim awareness work had been delivered through a local programme and the Sycamore Tree - a nationally recognised victim awareness course provided through the chaplaincy programme, was about to be reinstated.

Section 5. Summary of recommendations and housekeeping points

The reference number at the end of each recommendation, housekeeping point or example of good practice refers to its paragraph location in the main report.

Main recommendations

To the governor

- 5.1** All new prisoners should receive a risk assessment to assess their safety and vulnerability on arrival. Relevant information and additional staff and peer support should be provided over the first night and during the early days in the prison. (S49)
- 5.2** The needs of prisoners with protected characteristics should be identified and met promptly through individual assessment, regular and direct consultation with minority groups, effective care planning and monitoring. (S50)
- 5.3** Long waits to see the doctor and dentist should be reduced and prisoners' access should be equivalent to that in the community. Medicines should be available promptly. (S51)
- 5.4** All prisoners should have regular access to an offender supervisor who is confident and experienced in managing risk of harm, provides support, motivation and challenge, and actively monitors progression. (S52)
- 5.5** A detailed strategy for managing sex offenders not suitable for the sex offender treatment programme should be developed which sets out the provision of appropriate offence-focused work. (S53)

Recommendations

Early days in custody

- 5.6** All new prisoners should receive a full and timely induction programme and attendance should be monitored. (I.8)

Bullying and violence reduction

- 5.7** Information about violence, bullying and victimisation should include prisoners' views and be analysed to identify trends and patterns. This analysis should inform a robust action plan which is kept under regular review. (I.15)
- 5.8** Implementation of the tackling antisocial behaviour system should be reviewed to support victims and challenge perpetrators effectively. (I.16)

Self-harm and suicide

- 5.9** Information about self-harm should be analysed to identify trends and patterns. (I.27)

- 5.10** All staff should be appropriately trained in assessment, care in custody and teamwork (ACCT) processes, which should provide effective support to prisoners at risk and address the underlying issues. Quality control of completed ACCT documents should be improved. (1.28)
- 5.11** Action to implement recommendations from the Prisons and Probation Ombudsman following investigations of deaths in custody should be overseen by the safer custody meeting and its effectiveness kept under review. (1.29)

Safeguarding

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

Security

- 5.13** All gates and doors should be secured at all times. (1.42)
- 5.14** Suspicion drug testing should be adequately staffed to ensure that all testing is carried out appropriately, within identified timescales and without gaps in provision. (1.43)
- 5.15** Visits restrictions should be imposed only for visits-related activity. (1.44)

Incentives and earned privileges

- 5.16** The behaviour management system should be consistently and fully applied and those on the lowest level should have more opportunity to evidence improvements in their behaviour. (1.50)
- 5.17** Prisoners should be paid at the same rate for doing the same job, irrespective of their incentives and earned privileges level. (1.51)

Discipline

- 5.18** Adjudication data should be routinely monitored to identify emerging trends and the most appropriate remedial action. (1.55)
- 5.19** Use of force should be comprehensively monitored to identify patterns and action required. (1.59)
- 5.20** All planned use of force should be video-recorded and recordings retained for training and evidential purposes. (1.60)
- 5.21** Special accommodation should be used only in the most extreme of circumstances and it should be appropriately authorised and monitored. (1.61)
- 5.22** Reintegration planning should be routinely carried out for all prisoners located on the segregation unit. (1.68)
- 5.23** Segregation cells should be free of graffiti and toilets should be descaled and clean. (1.69)

Substance misuse

- 5.24** A suitable peer support scheme should be established, accessible by vulnerable prisoners and those on main location. (1.77)
- 5.25** Prisoners from all locations should have access to self-help fellowships such as Alcoholics Anonymous and Narcotics Anonymous. (1.78)
- 5.26** Prescribing regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to national guidance. (1.79)

Residential units

- 5.27** Cells designed for one prisoner should not hold two. (2.9)
- 5.28** All cells should contain adequate furniture and lockable cabinets, and toilets should be adequately screened. (2.10)
- 5.29** Showers should be improved, including full privacy screening and sufficient hot water to meet demand. (2.11)
- 5.30** Applications should be logged and responses monitored to ensure that they are appropriate and timely. (2.12)
- 5.31** Prisoners should be able to access their stored property within seven days. (2.13)

Staff-prisoner relationships

- 5.32** Prisoner consultation should be improved. (2.18)

Equality and diversity

- 5.33** Discrimination incident report forms (DIRFs) should be readily available to prisoners and staff. They should be monitored effectively to ensure a full and prompt investigation, and complainants should receive a written response of the outcome. (2.24)
- 5.34** Prisoners and detainees should have good access to legal representation when necessary. (2.34)
- 5.35** Greater use should be made of the professional telephone interpreting service. Up-to-date prison information and notices should be translated into common languages and made freely available. (2.35)

Complaints

- 5.36** Prisoners should have easy access to complaint forms. (2.44)
- 5.37** Management oversight of the timeliness and quality of complaints should be improved. (2.45)

Legal rights

- 5.38** Legal visits should start on time and provide adequate privacy. (2.48)

Health services

- 5.39** All health services staff should complete annual mandatory training in a timely fashion. (2.59)
- 5.40** Prisoners should have access to a pharmacist. (2.60)
- 5.41** Health care information should be available in a range of languages, and health care noticeboards should display all useful information. (2.61)
- 5.42** Long waits in the health care waiting rooms should be avoided. (2.69)
- 5.43** Medicine administration should be supervised and sufficient privacy maintained. (2.74)
- 5.44** Medicines should be moved securely around the prison. (2.75)
- 5.45** A rolling programme of mental health awareness refresher training should be provided for all custody staff. (2.82)

Purchases

- 5.46** Breakfast packs should be issued on the day they are to be eaten. (2.89)
- 5.47** Prisoners should be able to place a shop order within 24 hours of arrival. (2.92)

Time out of cell

- 5.48** Prisoners should be able to spend one hour a day on outdoor exercise. (3.6)
- 5.49** Evening association should be extended to allow prisoners sufficient time to maintain family contact. (3.7)

Learning and skills and work activities

- 5.50** The analysis of data to monitor and identify gaps in the performance of different groups, and prisoners' progress towards achieving functional skills qualifications, should be improved. (3.15)
- 5.51** Disruptions to the working day, including delayed movement to and from activities and health care appointments and poor sequencing of offending behaviour programmes, should be reduced. (3.16)
- 5.52** Learners' achievement rates should be raised in English and mathematics functional skills qualifications at levels 1 and 2. (3.35)
- 5.53** Evening and weekend access to the library should be provided. (3.39)

Physical education and healthy living

- 5.54** Prisoners should get their allocated PE time each week. (3.46)
- 5.55** The range of accredited PE courses should be increased and planned to maximise learners' chances of achieving a qualification. (3.47)

Strategic management of resettlement

- 5.56** The reducing reoffending strategy should specify the distinct needs of groups of prisoners, and ensure that offender management is at the heart of the work and that resettlement services and the action plan are informed by the most recent needs analysis. (4.4)

Offender management and planning

- 5.57** All prisoners should have an up-to-date offender assessment system (OASys) assessment and sentence plan. (4.11)
- 5.58** Home detention curfew assessments should be completed on time. (4.12)
- 5.59** Multi-agency public protection arrangements (MAPPA) levels should be confirmed at least six months before release, to enable the offender management unit (OMU) to contribute to more MAPPA release plans. (4.17)
- 5.60** Recategorisation reviews should be completed on time, to a good standard and clearly explain to the prisoner what he needs to do to achieve a lower categorisation. (4.20)
- 5.61** The specific needs of indeterminate-sentenced prisoners (ISPs) should be identified and action taken to provide services to meet these needs. (4.23)

Reintegration planning

- 5.62** The resettlement needs assessment completed during induction should be shared with the OMU. (4.27)
- 5.63** The virtual campus should be introduced. (4.33)
- 5.64** The number of family days should be increased to meet need. (4.42)

Housekeeping points

Early days in custody

- 5.65** Induction material should be available in a range of languages, to meet the needs of the population. (1.9)

Security

- 5.66** All incidences of baton use should be reviewed to ensure proportionality. (1.62)

Substance misuse

- 5.67** Clinical reviews should include staff from the psychosocial team. (1.80)

Health services

- 5.68** Clinical supervision events should be recorded accurately. (2.62)

- 5.69** Responses to health care complaints should be detailed, professional and indicate how the issue is to be managed. (2.63)
- 5.70** Custody staff should have access to and be trained in the use of defibrillators. (2.64)
- 5.71** The pharmacy and treatment rooms should be temperature controlled to facilitate the optimum storage of medicines. (2.76)

Learning and skills and work activities

- 5.72** Teachers should use a wider range of strategies, including information learning technology, in lessons and workshops, to make lessons more interesting. (3.30)
- 5.73** Targets set by teachers and trainers should be of a consistently good quality and relate to gaining skills. (3.31)

Offender management and planning

- 5.74** P-Nomis should be used to record all contacts with prisoners and other relevant information. (4.13)

Reintegration planning

- 5.75** Attendance on the resettlement course should be improved. (4.34)

Examples of good practice

Security

- 5.76** The retention of paper-based security information reports for agency staff who did not have access to Mercury enabled them to submit their security concerns. (1.45)

Substance misuse

- 5.77** The clinical team provided up to six weeks of post-detoxification support to monitor prisoners' general physical health and sleep patterns. (1.81)

Learning and skills and work activities

- 5.78** The development of a student council to influence and effect improvement in prisoners' achievement of functional skills was an excellent initiative. (3.17)

Reintegration planning

- 5.79** Partners of Prisoners (POPS) ran a visitors user group which was purposeful and action focused. (4.43)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Alison Perry	Team leader
Sandra Fieldhouse	Inspector
Paul Rowlands	Inspector
Andrew Rooke	Inspector
Fionnula Gordon	Inspector
Deri Hughes-Roberts	Inspector
Helen Ranns	Researcher
Alissa Redmond	Researcher
Caroline Elwood	Researcher

Specialist inspectors

Paul Roberts	Substance misuse inspector
Michael Bowen	Health services inspector
Stan Brandwood	Pharmacist
Kathleen Byrne	CQC
Sheila Willis	Ofsted inspector
Rieks Drijver	Ofsted inspector
Ian Handscombe	Ofsted inspector
Keith Humphries	Offender management inspector
Ian Simpkins	Offender management inspector

Appendix II: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	-	994	90.4
Recall		101	9.2
Convicted unsentenced		0	0
Remand		0	0
Civil prisoners		0	0
Detainees		4	0.4
Other		1	0.1
Total		1,100	100

Sentence	18–20 year-olds	21 and over	%
Unsentenced		0	0
Less than six months		1	0.1
six months to less than 12 months		0	
12 months to less than 2 years		18	1.6
2 years to less than 4 years		132	12
4 years to less than 10 years		625	56.8
10 years and over (not life)		93	8.5
ISPP (indeterminate sentence for public protection)		134	12.2
Life		92	20.5
Total		1,100	100

Age	Number of prisoners	%
Please state minimum age here:		
Under 21 years	0	0
21 years to 29 years	308	28
30 years to 39 years	290	26.4
40 years to 49 years	232	21.1
50 years to 59 years	145	13.2
60 years to 69 years	83	7.5
70 plus years	42	3.8
Please state maximum age here: 85		
Total	1,100	100

Nationality	18–20-year-olds	21 and over	%
British		1047	95.2
Foreign nationals		53	4.8
Total		1,100	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced		0	0
Uncategorised sentenced		0	0
Category A		0	0
Category B		0	0
Category C		1079	98.1

Category D		17	1.5
Other YOI Closed		4	0.4
Total		1,100	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British		938	85.3
Irish		10	0.9
Gypsy/Irish Traveller		0	
Other white		13	1.2
Mixed			
White and black Caribbean		10	0.9
White and black African		6	0.5
White and Asian		3	0.3
Other mixed		7	0.6
Asian or Asian British		3	0.3
Indian		6	0.5
Pakistani		36	3.3
Bangladeshi		0	
Chinese		3	0.3
Other Asian		21	1.9
Black or black British			
Caribbean		20	1.8
African		9	0.8
Other black		10	0.9
Other ethnic group			
Arab		2	0.2
Other ethnic group		2	0.2
Not stated		1	0.1
Total		1,100	100

Religion	18–20-year-olds	21 and over	%
Baptist		1	0.1
Church of England		305	27.7
Roman Catholic		225	20.5
Other Christian denominations		94	8.5
Muslim		85	7.7
Sikh		3	0.3
Hindu		1	0.1
Buddhist		31	2.8
Jewish		2	0.2
Other		14	1.3
No religion		339	30.8
Total		1,100	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)		30	2.7
Total		30	2.7

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			66	6.0
1 month to 3 months			151	13.7
3 months to six months			240	21.8
six months to 1 year			270	24.5
1 year to 2 years			144	13.1
2 years to 4 years			193	17.5
4 years or more			31	2.8
Total			1,095	99.5

Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry		0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).		889	80.8
Total		889	80.8

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			0	0
1 month to 3 months			0	0
3 months to six months			1	.09
six months to 1 year			0	0
1 year to 2 years			1	.09
2 years to 4 years			2	.18
4 years or more			1	.09
Total			5	0.45

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

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

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 23 June 2014 the prisoner population at HMP Wymott was 1,100. Using the method described above, questionnaires were distributed to a sample of 221 prisoners.

We received a total of 199 completed questionnaires, a response rate of 90%. This included six questionnaires completed via interview. Six respondents refused to complete a questionnaire, 11 questionnaires were not returned and five were returned blank.

Wing/Unit	Number of completed survey returns
A	35
B	36
C	20
D	7
E	18

F	13
G	17
H	19
I	13
J	8
K	12
Segregation unit	1

Presentation of survey results and analyses

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

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 has been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Wymott in 2014 compared with responses from prisoners surveyed in all other category C prisons. This comparator is based on all responses from prisoner surveys carried out in 33 category C trainer prisons since April 2008.
- The current survey responses from HMP Wymott in 2014 compared with the responses of prisoners surveyed at HMP Wymott in 2008.
- A comparison within the 2014 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2014 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2014 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2014 survey between A, B, G and I (VP wings) and C, D, E, F, H and K (main population).

Survey summary

Section I: About You

Q1.2	How old are you?		
	<i>Under 21</i>		0 (0%)
	<i>21 - 29</i>		47 (24%)
	<i>30 - 39</i>		57 (29%)
	<i>40 - 49</i>		39 (20%)
	<i>50 - 59</i>		28 (14%)
	<i>60 - 69</i>		19 (10%)
	<i>70 and over</i>		9 (5%)
Q1.3	Are you sentenced?		
	<i>Yes</i>		179 (90%)
	<i>Yes - on recall</i>		20 (10%)
	<i>No - awaiting trial</i>		0 (0%)
	<i>No - awaiting sentence</i>		0 (0%)
	<i>No - awaiting deportation</i>		0 (0%)
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>		0 (0%)
	<i>Less than 6 months</i>		0 (0%)
	<i>6 months to less than 1 year</i>		2 (1%)
	<i>1 year to less than 2 years</i>		9 (5%)
	<i>2 years to less than 4 years</i>		36 (19%)
	<i>4 years to less than 10 years</i>		89 (46%)
	<i>10 years or more</i>		17 (9%)
	<i>IPP (indeterminate sentence for public protection)</i>		20 (10%)
	<i>Life</i>		21 (11%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	<i>Yes</i>		14 (7%)
	<i>No</i>		183 (93%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>		194 (98%)
	<i>No</i>		3 (2%)
Q1.7	Do you understand written English?		
	<i>Yes</i>		194 (98%)
	<i>No</i>		4 (2%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	159 (83%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	3 (2%)	<i>Asian or Asian British - other</i> 0 (0%)
	<i>White - other</i>	7 (4%)	<i>Mixed race - white and black Caribbean</i> 3 (2%)
	<i>Black or black British - Caribbean</i>	4 (2%)	<i>Mixed race - white and black African</i> 0 (0%)
	<i>Black or black British - African</i>	1 (1%)	<i>Mixed race - white and Asian</i> 0 (0%)
	<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i> 1 (1%)
	<i>Asian or Asian British - Indian</i>	3 (2%)	<i>Arab</i> 2 (1%)
	<i>Asian or Asian British - Pakistani</i>	8 (4%)	<i>Other ethnic group</i> 0 (0%)

Asian or Asian British - Bangladeshi 1 (1%)

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

Yes	1 (1%)
No	188 (99%)

Q1.10 What is your religion?

None	49 (26%)	Hindu	0 (0%)
Church of England	60 (31%)	Jewish	1 (1%)
Catholic	39 (20%)	Muslim	15 (8%)
Protestant	7 (4%)	Sikh	1 (1%)
Other Christian denomination	9 (5%)	Other	7 (4%)
Buddhist	4 (2%)		

Q1.11 How would you describe your sexual orientation?

Heterosexual/ Straight	183 (97%)
Homosexual/Gay	1 (1%)
Bisexual	4 (2%)

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

Yes	52 (27%)
No	138 (73%)

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

Yes	10 (5%)
No	179 (95%)

Q1.14 Is this your first time in prison?

Yes	83 (43%)
No	109 (57%)

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

Yes	85 (44%)
No	107 (56%)

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	142 (72%)
2 hours or longer	46 (23%)
Don't remember	10 (5%)

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

My journey was less than two hours	142 (72%)
Yes	45 (23%)
No	8 (4%)
Don't remember	3 (2%)

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

My journey was less than two hours	142 (72%)
Yes	10 (5%)
No	43 (22%)
Don't remember	3 (2%)

Q2.4	On your most recent journey here, was the van clean?		
	Yes		123 (62%)
	No		59 (30%)
	Don't remember		16 (8%)
Q2.5	On your most recent journey here, did you feel safe?		
	Yes		161 (81%)
	No		32 (16%)
	Don't remember		5 (3%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?		
	Very well		50 (25%)
	Well		97 (49%)
	Neither		37 (19%)
	Badly		4 (2%)
	Very badly		3 (2%)
	Don't remember		7 (4%)
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		130 (66%)
	Yes, I received written information		19 (10%)
	No, I was not told anything		49 (25%)
	Don't remember		3 (2%)
Q2.8	When you first arrived here did your property arrive at the same time as you?		
	Yes		179 (91%)
	No		17 (9%)
	Don't remember		1 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?			
	Less than 2 hours		86 (43%)	
	2 hours or longer		103 (52%)	
	Don't remember		9 (5%)	
Q3.2	When you were searched, was this carried out in a respectful way?			
	Yes		174 (89%)	
	No		17 (9%)	
	Don't remember		4 (2%)	
Q3.3	Overall, how were you treated in reception?			
	Very well		53 (27%)	
	Well		100 (51%)	
	Neither		28 (14%)	
	Badly		8 (4%)	
	Very badly		5 (3%)	
	Don't remember		3 (2%)	
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	21 (11%)	Physical health	32 (17%)
	Housing problems	10 (5%)	Mental health	32 (17%)
	Contacting employers	1 (1%)	Needing protection from other prisoners	15 (8%)
	Contacting family	17 (9%)	Getting phone numbers	32 (17%)

	<i>Childcare</i>	1 (1%)	<i>Other</i>	6 (3%)
	<i>Money worries</i>	14 (7%)	<i>Did not have any problems</i>	88 (46%)
	<i>Feeling depressed or suicidal</i>	28 (15%)		
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?			
	<i>Yes</i>			42 (22%)
	<i>No</i>			60 (32%)
	<i>Did not have any problems</i>			88 (46%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you. to you.)			
	<i>Tobacco</i>			145 (74%)
	<i>A shower</i>			30 (15%)
	<i>A free telephone call</i>			129 (65%)
	<i>Something to eat</i>			90 (46%)
	<i>PIN phone credit</i>			87 (44%)
	<i>Toiletries/ basic items</i>			72 (37%)
	<i>Did not receive anything</i>			8 (4%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)			
	<i>Chaplain</i>			87 (45%)
	<i>Someone from health services</i>			124 (64%)
	<i>A Listener/Samaritans</i>			44 (23%)
	<i>Prison shop/ canteen</i>			44 (23%)
	<i>Did not have access to any of these</i>			46 (24%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)			
	<i>What was going to happen to you</i>			93 (50%)
	<i>What support was available for people feeling depressed or suicidal</i>			74 (40%)
	<i>How to make routine requests (applications)</i>			73 (39%)
	<i>Your entitlement to visits</i>			71 (38%)
	<i>Health services</i>			85 (46%)
	<i>Chaplaincy</i>			79 (43%)
	<i>Not offered any information</i>			50 (27%)
Q3.9	Did you feel safe on your first night here?			
	<i>Yes</i>			170 (86%)
	<i>No</i>			24 (12%)
	<i>Don't remember</i>			3 (2%)
Q3.10	How soon after you arrived here did you go on an induction course?			
	<i>Have not been on an induction course</i>			20 (10%)
	<i>Within the first week</i>			123 (63%)
	<i>More than a week</i>			48 (24%)
	<i>Don't remember</i>			5 (3%)
Q3.11	Did the induction course cover everything you needed to know about the prison?			
	<i>Have not been on an induction course</i>			20 (10%)
	<i>Yes</i>			89 (46%)
	<i>No</i>			67 (35%)
	<i>Don't remember</i>			17 (9%)

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

<i>Did not receive an assessment</i>	40 (21%)
<i>Within the first week</i>	65 (34%)
<i>More than a week</i>	61 (32%)
<i>Don't remember</i>	26 (14%)

Section 4: Legal rights and respectful custody**Q4.1 How easy is it to.....**

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
<i>Communicate with your solicitor or legal representative?</i>	37 (20%)	70 (37%)	22 (12%)	21 (11%)	13 (7%)	25 (13%)
<i>Attend legal visits?</i>	33 (19%)	65 (38%)	20 (12%)	6 (4%)	7 (4%)	40 (23%)
<i>Get bail information?</i>	7 (5%)	11 (7%)	17 (11%)	10 (6%)	11 (7%)	98 (64%)

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>	32 (16%)
<i>Yes</i>	76 (39%)
<i>No</i>	87 (45%)

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

<i>Yes</i>	90 (47%)
<i>No</i>	7 (4%)
<i>Don't know</i>	96 (50%)

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

	Yes	No	Don't know
<i>Do you normally have enough clean, suitable clothes for the week?</i>	131 (68%)	61 (32%)	1 (1%)
<i>Are you normally able to have a shower every day?</i>	192 (99%)	2 (1%)	0 (0%)
<i>Do you normally receive clean sheets every week?</i>	169 (87%)	22 (11%)	3 (2%)
<i>Do you normally get cell cleaning materials every week?</i>	87 (45%)	105 (54%)	2 (1%)
<i>Is your cell call bell normally answered within five minutes?</i>	65 (35%)	73 (39%)	48 (26%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	136 (71%)	56 (29%)	0 (0%)
<i>If you need to, can you normally get your stored property?</i>	51 (27%)	79 (41%)	62 (32%)

Q4.5 What is the food like here?

<i>Very good</i>	8 (4%)
<i>Good</i>	52 (27%)
<i>Neither</i>	63 (32%)
<i>Bad</i>	50 (26%)
<i>Very bad</i>	22 (11%)

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>	2 (1%)
<i>Yes</i>	88 (45%)
<i>No</i>	105 (54%)

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

<i>Yes</i>	127 (66%)
<i>No</i>	5 (3%)
<i>Don't know</i>	61 (32%)

Q4.8 Are your religious beliefs respected?

<i>Yes</i>	110 (57%)
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No	18 (9%)
Don't know/ N/A	66 (34%)

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

Yes	114 (59%)
No	12 (6%)
Don't know/ N/A	68 (35%)

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

I don't want to attend	51 (26%)
Very easy	48 (25%)
Easy	51 (26%)
Neither	5 (3%)
Difficult	8 (4%)
Very difficult	2 (1%)
Don't know	29 (15%)

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

Yes	146 (76%)
No	37 (19%)
Don't know	8 (4%)

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

	Not made one	Yes	No
Are applications dealt with fairly?	19 (10%)	95 (52%)	69 (38%)
Are applications dealt with quickly (within seven days)?	19 (11%)	41 (23%)	116 (66%)

Q5.3 Is it easy to make a complaint?

Yes	105 (56%)
No	47 (25%)
Don't know	36 (19%)

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

	Not made one	Yes	No
Are complaints dealt with fairly?	76 (41%)	40 (21%)	71 (38%)
Are complaints dealt with quickly (within seven days)?	76 (42%)	20 (11%)	86 (47%)

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

Yes	31 (17%)
No	150 (83%)

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

Don't know who they are	43 (23%)
Very easy	24 (13%)
Easy	38 (20%)
Neither	39 (20%)
Difficult	29 (15%)
Very difficult	18 (9%)

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>	3 (2%)
	Yes	119 (61%)
	No	51 (26%)
	<i>Don't know</i>	23 (12%)
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>	3 (2%)
	Yes	91 (48%)
	No	75 (40%)
	<i>Don't know</i>	20 (11%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	7 (4%)
	No	187 (96%)
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>	164 (86%)
	Very well	4 (2%)
	Well	4 (2%)
	Neither	7 (4%)
	Badly	7 (4%)
	Very badly	4 (2%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	158 (81%)
	No	38 (19%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	145 (78%)
	No	42 (22%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	59 (30%)
	No	136 (70%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	8 (4%)
	Never	54 (28%)
	Rarely	52 (27%)
	Some of the time	49 (25%)
	Most of the time	21 (11%)
	All of the time	11 (6%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	54 (28%)
	<i>In the first week</i>	49 (25%)
	<i>More than a week</i>	65 (34%)

Don't remember 25 (13%)

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

Do not have a personal officer/ I have not met him/ her 54 (29%)
Very helpful 38 (21%)
Helpful 42 (23%)
Neither 26 (14%)
Not very helpful 14 (8%)
Not at all helpful 11 (6%)

Section 8: Safety

Q8.1 Have you ever felt unsafe here?

Yes 59 (31%)
No 130 (69%)

Q8.2 Do you feel unsafe now?

Yes 21 (11%)
No 164 (89%)

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

<i>Never felt unsafe</i>	130 (71%)	<i>At meal times</i>	9 (5%)
<i>Everywhere</i>	11 (6%)	<i>At health services</i>	7 (4%)
<i>Segregation unit</i>	3 (2%)	<i>Visits area</i>	9 (5%)
<i>Association areas</i>	13 (7%)	<i>In wing showers</i>	12 (7%)
<i>Reception area</i>	7 (4%)	<i>In gym showers</i>	5 (3%)
<i>At the gym</i>	14 (8%)	<i>In corridors/stairwells</i>	7 (4%)
<i>In an exercise yard</i>	12 (7%)	<i>On your landing/wing</i>	18 (10%)
<i>At work</i>	17 (9%)	<i>In your cell</i>	10 (5%)
<i>During movement</i>	27 (15%)	<i>At religious services</i>	2 (1%)
<i>At education</i>	3 (2%)		

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

Yes 56 (29%)
No 137 (71%)

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

<i>Insulting remarks (about you or your family or friends)</i>	34 (18%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	12 (6%)
<i>Sexual abuse</i>	6 (3%)
<i>Feeling threatened or intimidated</i>	33 (17%)
<i>Having your canteen/property taken</i>	4 (2%)
<i>Medication</i>	9 (5%)
<i>Debt</i>	2 (1%)
<i>Drugs</i>	3 (2%)
<i>Your race or ethnic origin</i>	3 (2%)
<i>Your religion/religious beliefs</i>	3 (2%)
<i>Your nationality</i>	2 (1%)
<i>You are from a different part of the country than others</i>	3 (2%)
<i>You are from a traveller community</i>	1 (1%)
<i>Your sexual orientation</i>	5 (3%)
<i>Your age</i>	4 (2%)
<i>You have a disability</i>	6 (3%)
<i>You were new here</i>	12 (6%)
<i>Your offence/ crime</i>	21 (11%)
<i>Gang related issues</i>	3 (2%)

Q8.6	Have you been victimised by staff here?	
	Yes	51 (27%)
	No	139 (73%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	19 (10%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	6 (3%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	27 (14%)
	<i>Medication</i>	5 (3%)
	<i>Debt</i>	1 (1%)
	<i>Drugs</i>	0 (0%)
	<i>Your race or ethnic origin</i>	4 (2%)
	<i>Your religion/religious beliefs</i>	2 (1%)
	<i>Your nationality</i>	2 (1%)
	<i>You are from a different part of the country than others</i>	5 (3%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	0 (0%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	3 (2%)
	<i>You were new here</i>	6 (3%)
	<i>Your offence/ crime</i>	12 (6%)
	<i>Gang related issues</i>	1 (1%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	115 (66%)
	Yes	28 (16%)
	No	30 (17%)

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	11 (6%)	6 (3%)	17 (9%)	15 (8%)	68 (36%)	74 (39%)
	The nurse	8 (4%)	19 (10%)	39 (21%)	28 (15%)	54 (29%)	38 (20%)
	The dentist	20 (11%)	4 (2%)	12 (6%)	14 (7%)	51 (27%)	88 (47%)
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	31 (16%)	28 (15%)	46 (24%)	20 (11%)	31 (16%)	32 (17%)
	The nurse	25 (13%)	29 (15%)	56 (30%)	32 (17%)	21 (11%)	25 (13%)
	The dentist	66 (36%)	25 (14%)	34 (18%)	22 (12%)	9 (5%)	28 (15%)
Q9.3	What do you think of the overall quality of the health services here?						
	Not been					19 (10%)	
	Very good					11 (6%)	
	Good					49 (26%)	
	Neither					29 (15%)	
	Bad					38 (20%)	
	Very bad					44 (23%)	
Q9.4	Are you currently taking medication?						
	Yes					119 (62%)	
	No					74 (38%)	

Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	<i>Not taking medication</i>	74 (39%)
	<i>Yes, all my meds</i>	87 (45%)
	<i>Yes, some of my meds</i>	17 (9%)
	<i>No</i>	14 (7%)
Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	63 (33%)
	<i>No</i>	127 (67%)
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 (69%)
	<i>Yes</i>	28 (15%)
	<i>No</i>	29 (16%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	39 (20%)
	<i>No</i>	154 (80%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	41 (21%)
	<i>No</i>	150 (79%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	41 (21%)
	<i>Easy</i>	41 (21%)
	<i>Neither</i>	12 (6%)
	<i>Difficult</i>	4 (2%)
	<i>Very difficult</i>	3 (2%)
	<i>Don't know</i>	90 (47%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	12 (6%)
	<i>Easy</i>	16 (8%)
	<i>Neither</i>	17 (9%)
	<i>Difficult</i>	8 (4%)
	<i>Very difficult</i>	23 (12%)
	<i>Don't know</i>	117 (61%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	11 (6%)
	<i>No</i>	181 (94%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	2 (1%)
	<i>No</i>	190 (99%)
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>	148 (80%)
	<i>Yes</i>	22 (12%)
	<i>No</i>	16 (9%)

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>	150 (80%)
	Yes	28 (15%)
	No	10 (5%)
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>	146 (80%)
	Yes	31 (17%)
	No	5 (3%)

Section II: 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	15 (8%)	48 (26%)	68 (37%)	25 (13%)	22(12%)	8 (4%)
	Vocational or skills training	34 (19%)	29 (16%)	53 (29%)	25 (14%)	26(14%)	16 (9%)
	Education (including basic skills)	25 (14%)	37 (21%)	66 (37%)	23 (13%)	16 (9%)	11 (6%)
	Offending behaviour programmes	34 (18%)	16 (9%)	35 (19%)	23 (13%)	37(20%)	39 (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>						24 (13%)
	Prison job						126 (67%)
	Vocational or skills training						34 (18%)
	Education (including basic skills)						48 (26%)
	Offending behaviour programmes						41 (22%)
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	18 (11%)	54 (33%)	75 (45%)	18 (11%)		
	Vocational or skills training	34 (27%)	52 (41%)	30 (24%)	11 (9%)		
	Education (including basic skills)	24 (17%)	77 (54%)	27 (19%)	14 (10%)		
	Offending behaviour programmes	39 (27%)	59 (40%)	32 (22%)	16 (11%)		
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>						23 (12%)
	Never						28 (15%)
	<i>Less than once a week</i>						45 (23%)
	<i>About once a week</i>						83 (43%)
	<i>More than once a week</i>						14 (7%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?						
	<i>Don't use it</i>						39 (21%)
	Yes						104 (55%)
	No						46 (24%)
Q11.6	How many times do you usually go to the gym each week?						
	<i>Don't want to go</i>						42 (24%)
	0						43 (25%)
	1 to 2						46 (26%)
	3 to 5						38 (22%)
	More than 5						5 (3%)
Q11.7	How many times do you usually go outside for exercise each week?						
	<i>Don't want to go</i>						15 (9%)

0	18 (10%)
1 to 2	38 (22%)
3 to 5	53 (30%)
More than 5	50 (29%)

Q11.8 How many times do you usually have association each week?

<i>Don't want to go</i>	12 (7%)
0	3 (2%)
1 to 2	9 (5%)
3 to 5	27 (16%)
More than 5	119 (70%)

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>	15 (9%)
<i>2 to less than 4 hours</i>	16 (9%)
<i>4 to less than 6 hours</i>	16 (9%)
<i>6 to less than 8 hours</i>	37 (21%)
<i>8 to less than 10 hours</i>	40 (23%)
<i>10 hours or more</i>	36 (21%)
<i>Don't know</i>	14 (8%)

Section 12: Contact with family and friends**Q12.1 Have staff supported you and helped you to maintain contact with your family/friends while in this prison?**

Yes	60 (35%)
No	110 (65%)

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

Yes	90 (48%)
No	98 (52%)

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

Yes	24 (13%)
No	165 (87%)

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

<i>I don't get visits</i>	33 (17%)
<i>Very easy</i>	26 (14%)
<i>Easy</i>	39 (21%)
<i>Neither</i>	19 (10%)
<i>Difficult</i>	42 (22%)
<i>Very difficult</i>	26 (14%)
<i>Don't know</i>	4 (2%)

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>	0 (0%)
Yes	160 (87%)
No	24 (13%)

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>	24 (13%)
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	<i>No contact</i>	69 (38%)
	<i>Letter</i>	58 (32%)
	<i>Phone</i>	32 (17%)
	<i>Visit</i>	53 (29%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	160 (86%)
	<i>No</i>	27 (14%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	139 (75%)
	<i>No</i>	46 (25%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	46 (26%)
	<i>Very involved</i>	32 (18%)
	<i>Involved</i>	36 (20%)
	<i>Neither</i>	16 (9%)
	<i>Not very involved</i>	15 (8%)
	<i>Not at all involved</i>	34 (19%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	46 (26%)
	<i>Nobody</i>	72 (41%)
	<i>Offender supervisor</i>	39 (22%)
	<i>Offender manager</i>	34 (19%)
	<i>Named/ personal officer</i>	21 (12%)
	<i>Staff from other departments</i>	26 (15%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	46 (25%)
	<i>Yes</i>	84 (46%)
	<i>No</i>	30 (16%)
	<i>Don't know</i>	23 (13%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	46 (26%)
	<i>Yes</i>	14 (8%)
	<i>No</i>	89 (49%)
	<i>Don't know</i>	31 (17%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	46 (25%)
	<i>Yes</i>	33 (18%)
	<i>No</i>	54 (30%)
	<i>Don't know</i>	49 (27%)
Q13.10	Do you have a needs based custody plan?	
	<i>Yes</i>	12 (7%)
	<i>No</i>	67 (37%)
	<i>Don't know</i>	101 (56%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	31 (18%)

No

145 (82%)

**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	39 (23%)	41 (24%)	92 (53%)
Accommodation	37 (22%)	53 (31%)	80 (47%)
Benefits	32 (18%)	60 (35%)	81 (47%)
Finances	39 (25%)	33 (21%)	87 (55%)
Education	45 (27%)	43 (26%)	76 (46%)
Drugs and alcohol	59 (37%)	35 (22%)	65 (41%)

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

<i>Not sentenced</i>	0 (0%)
<i>Yes</i>	103 (58%)
<i>No</i>	76 (42%)

Main comparator and comparator to last time



Prisoner survey responses HMP Wymott 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 Wymott 2014	Category C trainer prisons comparator	HMP Wymott 2014	HMP Wymott 2008
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		199	5633	199	104
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	2%	0%	1%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	10%	10%	10%	12%
1.4	Is your sentence less than 12 months?	1%	6%	1%	1%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	10%	10%	10%	7%
1.5	Are you a foreign national?	7%	9%	7%	6%
1.6	Do you understand spoken English?	98%	99%	98%	
1.7	Do you understand written English?	98%	98%	98%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	12%	27%	12%	11%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	1%	4%	1%	
1.1	Are you Muslim?	8%	13%	8%	6%
1.11	Are you homosexual/gay or bisexual?	3%	3%	3%	8%
1.12	Do you consider yourself to have a disability?	27%	19%	27%	19%
1.13	Are you a veteran (ex-armed services)?	5%	6%	5%	
1.14	Is this your first time in prison?	43%	37%	43%	42%
1.15	Do you have any children under the age of 18?	44%	52%	44%	45%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	23%	46%	23%	32%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	80%	73%	80%	
2.3	Were you offered a toilet break?	18%	8%	18%	
2.4	Was the van clean?	62%	66%	62%	
2.5	Did you feel safe?	81%	82%	81%	
2.6	Were you treated well/very well by the escort staff?	74%	72%	74%	55%
2.7	Before you arrived here were you told that you were coming here?	66%	62%	66%	
2.7	Before you arrived here did you receive any written information about coming here?	10%	17%	10%	
2.8	When you first arrived here did your property arrive at the same time as you?	91%	89%	91%	93%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	44%	51%	44%	

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
3.2	When you were searched in reception, was this carried out in a respectful way?	89%	84%	89%	78%
3.3	Were you treated well/very well in reception?	78%	74%	78%	71%
When you first arrived:					
3.4	Did you have any problems?	54%	61%	54%	71%
3.4	Did you have any problems with loss of property?	11%	16%	11%	15%
3.4	Did you have any housing problems?	5%	14%	5%	23%
3.4	Did you have any problems contacting employers?	1%	3%	1%	6%
3.4	Did you have any problems contacting family?	9%	20%	9%	27%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	2%	1%	8%
3.4	Did you have any money worries?	7%	14%	7%	20%
3.4	Did you have any problems with feeling depressed or suicidal?	15%	13%	15%	18%
3.4	Did you have any physical health problems?	17%	11%	17%	
3.4	Did you have any mental health problems?	17%	13%	17%	
3.4	Did you have any problems with needing protection from other prisoners?	8%	4%	8%	10%
3.4	Did you have problems accessing phone numbers?	17%	18%	17%	27%
For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	41%	37%	41%	
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	74%	74%	74%	87%
3.6	A shower?	15%	29%	15%	24%
3.6	A free telephone call?	66%	40%	66%	64%
3.6	Something to eat?	46%	61%	46%	68%
3.6	PIN phone credit?	44%	49%	44%	
3.6	Toiletries/ basic items?	37%	43%	37%	
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?	45%	51%	45%	
3.7	Someone from health services?	64%	69%	64%	
3.7	A Listener/Samaritans?	23%	31%	23%	
3.7	Prison shop/ canteen?	23%	21%	23%	18%
When you first arrived here were you offered information about any of the following:					
3.8	What was going to happen to you?	50%	51%	50%	47%
3.8	Support was available for people feeling depressed or suicidal?	40%	41%	40%	45%
3.8	How to make routine requests?	40%	45%	40%	36%
3.8	Your entitlement to visits?	38%	44%	38%	37%
3.8	Health services?	46%	54%	46%	47%
3.8	The chaplaincy?	43%	49%	43%	43%

Main comparator and comparator to last time

Key to tables

		HMP Wymott 2014	Category C trainer prisons comparator	HMP Wymott 2014	HMP Wymott 2008
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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
3.9	Did you feel safe on your first night here?	86%	83%	86%	72%
3.10	Have you been on an induction course?	90%	91%	90%	88%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	51%	62%	51%	63%
3.12	Did you receive an education (skills for life) assessment?	79%	83%	79%	
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?	57%	48%	57%	48%
4.1	Attend legal visits?	57%	51%	57%	57%
4.1	Get bail information?	12%	15%	12%	14%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	39%	41%	39%	44%
4.3	Can you get legal books in the library?	47%	43%	47%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	68%	68%	68%	61%
4.4	Are you normally able to have a shower every day?	99%	94%	99%	97%
4.4	Do you normally receive clean sheets every week?	87%	79%	87%	92%
4.4	Do you normally get cell cleaning materials every week?	45%	70%	45%	60%
4.4	Is your cell call bell normally answered within five minutes?	35%	36%	35%	29%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	71%	68%	71%	74%
4.4	Can you normally get your stored property, if you need to?	27%	25%	27%	26%
4.5	Is the food in this prison good/very good?	31%	25%	31%	39%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	44%	45%	63%
4.7	Are you able to speak to a Listener at any time, if you want to?	66%	56%	66%	69%
4.8	Are your religious beliefs are respected?	57%	52%	57%	64%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	59%	58%	59%	61%
4.10	Is it easy/very easy to attend religious services?	51%	49%	51%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	76%	82%	76%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	58%	60%	58%	57%
5.2	Do you feel applications are dealt with quickly (within seven days)?	26%	47%	26%	45%
5.3	Is it easy to make a complaint?	56%	60%	56%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	36%	33%	36%	35%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	19%	34%	19%	36%
5.5	Have you ever been prevented from making a complaint when you wanted to?	17%	18%	17%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	33%	29%	33%	33%

Main comparator and comparator to last time

Key to tables

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Percentages which are not highlighted show there is no significant difference					
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	61%	53%	61%	
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	48%	48%	
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	5%	4%	
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	31%	40%	31%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	81%	77%	81%	62%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	78%	75%	78%	74%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	30%	29%	30%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	16%	20%	16%	18%
7.5	Do you have a personal officer?	72%	70%	72%	76%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	61%	63%	61%	57%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	31%	32%	31%	36%
8.2	Do you feel unsafe now?	11%	14%	11%	9%
8.4	Have you been victimised by other prisoners here?	29%	24%	29%	28%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	18%	10%	18%	17%
8.5	Hit, kicked or assaulted you?	6%	6%	6%	7%
8.5	Sexually abused you?	3%	1%	3%	1%
8.5	Threatened or intimidated you?	17%	15%	17%	
8.5	Taken your canteen/property?	2%	5%	2%	4%
8.5	Victimised you because of medication?	5%	4%	5%	
8.5	Victimised you because of debt?	1%	3%	1%	
8.5	Victimised you because of drugs?	2%	3%	2%	3%
8.5	Victimised you because of your race or ethnic origin?	2%	3%	2%	2%
8.5	Victimised you because of your religion/religious beliefs?	2%	3%	2%	1%
8.5	Victimised you because of your nationality?	1%	2%	1%	
8.5	Victimised you because you were from a different part of the country?	2%	4%	2%	8%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	3%	1%	3%	1%
8.5	Victimised you because of your age?	2%	2%	2%	
8.5	Victimised you because you have a disability?	3%	3%	3%	3%
8.5	Victimised you because you were new here?	6%	4%	6%	5%
8.5	Victimised you because of your offence/crime?	11%	4%	11%	7%
8.5	Victimised you because of gang related issues?	2%	4%	2%	

Main comparator and comparator to last time

Key to tables

		HMP Wymott 2014	Category C, trainer prisons comparator	HMP Wymott 2014	HMP Wymott 2008
	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 8: Safety continued					
8.6	Have you been victimised by staff here?	27%	28%	27%	30%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	10%	10%	10%	16%
8.7	Hit, kicked or assaulted you?	3%	3%	3%	4%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	14%	12%	14%	
8.7	Victimised you because of medication?	3%	4%	3%	
8.7	Victimised you because of debt?	1%	2%	1%	
8.7	Victimised you because of drugs?	0%	3%	0%	5%
8.7	Victimised you because of your race or ethnic origin?	2%	4%	2%	3%
8.7	Victimised you because of your religion/religious beliefs?	1%	3%	1%	3%
8.7	Victimised you because of your nationality?	1%	3%	1%	
8.7	Victimised you because you were from a different part of the country?	3%	3%	3%	2%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.7	Victimised you because of your sexual orientation?	0%	1%	0%	1%
8.7	Victimised you because of your age?	1%	2%	1%	
8.7	Victimised you because you have a disability?	2%	2%	2%	2%
8.7	Victimised you because you were new here?	3%	4%	3%	8%
8.7	Victimised you because of your offence/crime?	6%	4%	6%	11%
8.7	Victimised you because of gang related issues?	1%	2%	1%	
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	48%	40%	48%	38%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	12%	32%	12%	22%
9.1	Is it easy/very easy to see the nurse?	31%	55%	31%	55%
9.1	Is it easy/very easy to see the dentist?	8%	13%	8%	8%
	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?	47%	47%	47%	35%
9.2	The nurse?	52%	58%	52%	62%
9.2	The dentist?	50%	42%	50%	23%
9.3	The overall quality of health services?	35%	43%	35%	34%
9.4	Are you currently taking medication?	62%	47%	62%	51%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	88%	84%	88%	
9.6	Do you have any emotional well being or mental health problems?	33%	27%	33%	27%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	49%	50%	49%	

Main comparator and comparator to last time

Key to tables

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Percentages which are not highlighted show there is no significant difference					
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	20%	23%	20%	26%
10.2	Did you have a problem with alcohol when you came into this prison?	22%	17%	22%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	43%	32%	43%	31%
10.4	Is it easy/very easy to get alcohol in this prison?	15%	20%	15%	
10.5	Have you developed a problem with drugs since you have been in this prison?	6%	8%	6%	9%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	1%	7%	1%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	58%	63%	58%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	74%	62%	74%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	86%	80%	86%	67%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	62%	43%	62%	
11.1	Vocational or skills training?	45%	38%	45%	
11.1	Education (including basic skills)?	58%	53%	58%	
11.1	Offending behaviour programmes?	28%	21%	28%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	67%	59%	67%	75%
11.2	Vocational or skills training?	18%	16%	18%	20%
11.2	Education (including basic skills)?	26%	24%	26%	37%
11.2	Offending behaviour programmes?	22%	12%	22%	23%
11.3	Have you had a job while in this prison?	89%	82%	89%	
	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%	42%	37%	
11.3	Have you been involved in vocational or skills training while in this prison?	73%	72%	73%	
	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?	56%	58%	56%	
11.3	Have you been involved in education while in this prison?	83%	78%	83%	
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	65%	59%	65%	
11.3	Have you been involved in offending behaviour programmes while in this prison?	73%	70%	73%	
	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?	55%	52%	55%	
11.4	Do you go to the library at least once a week?	50%	45%	50%	61%
11.5	Does the library have a wide enough range of materials to meet your needs?	55%	46%	55%	
11.6	Do you go to the gym three or more times a week?	25%	35%	25%	22%
11.7	Do you go outside for exercise three or more times a week?	59%	48%	59%	51%
11.8	Do you go on association more than five times each week?	70%	74%	70%	84%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
11.9	Do you spend ten or more hours out of your cell on a weekday?	21%	16%	21%	14%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	35%	34%	35%	38%
12.2	Have you had any problems with sending or receiving mail?	48%	45%	48%	44%
12.3	Have you had any problems getting access to the telephones?	13%	23%	13%	19%
12.4	Is it easy/ very easy for your friends and family to get here?	34%	27%	34%	
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?	87%	83%	87%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	43%	34%	43%	
13.2	Contact by letter?	36%	38%	36%	
13.2	Contact by phone?	20%	25%	20%	
13.2	Contact by visit?	33%	33%	33%	
13.3	Do you have a named offender supervisor in this prison?	86%	69%	86%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	75%	69%	75%	69%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	51%	55%	51%	47%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	55%	47%	55%	
13.6	Offender supervisor?	30%	36%	30%	
13.6	Offender manager?	26%	26%	26%	
13.6	Named/ personal officer?	15%	13%	15%	
13.6	Staff from other departments?	20%	16%	20%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	61%	65%	61%	59%
13.8	Are there plans for you to achieve any of your targets in another prison?	10%	22%	10%	
13.9	Are there plans for you to achieve any of your targets in the community?	24%	29%	24%	
13.10	Do you have a needs based custody plan?	7%	6%	7%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	18%	16%	18%	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?	31%	33%	31%	
13.12	Accommodation?	40%	36%	40%	
13.12	Benefits?	43%	38%	43%	
13.12	Finances?	28%	25%	28%	
13.12	Education?	36%	34%	36%	
13.12	Drugs and alcohol?	35%	44%	35%	
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?	58%	55%	58%	62%

Diversity analysis



Key question responses (ethnicity) HMP Wymott 2014

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

Key to tables

		Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		23	169
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	17%	5%
1.6	Do you understand spoken English?	100%	98%
1.7	Do you understand written English?	100%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)		
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	1%
1.1	Are you Muslim?	61%	1%
1.12	Do you consider yourself to have a disability?	17%	29%
1.13	Are you a veteran (ex-armed services)?	5%	6%
1.14	Is this your first time in prison?	43%	44%
2.6	Were you treated well/very well by the escort staff?	57%	77%
2.7	Before you arrived here were you told that you were coming here?	65%	66%
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	90%
3.3	Were you treated well/very well in reception?	61%	80%
3.4	Did you have any problems when you first arrived?	46%	55%
3.7	Did you have access to someone from health care when you first arrived here?	68%	65%
3.9	Did you feel safe on your first night here?	74%	88%
3.10	Have you been on an induction course?	100%	88%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	55%	57%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	65%	69%
4.4	Are you normally able to have a shower every day?	100%	99%
4.4	Is your cell call bell normally answered within five minutes?	32%	36%
4.5	Is the food in this prison good/very good?	23%	32%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	27%	48%
4.7	Are you able to speak to a Listener at any time, if you want to?	55%	68%
4.8	Do you feel your religious beliefs are respected?	59%	56%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	73%	57%
5.1	Is it easy to make an application?	76%	78%
5.3	Is it easy to make a complaint?	50%	57%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	64%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	55%	47%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	4%
7.1	Do most staff, in this prison, treat you with respect?	77%	81%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	76%	77%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	0%	18%
7.4	Do you have a personal officer?	55%	74%
8.1	Have you ever felt unsafe here?	50%	29%
8.2	Do you feel unsafe now?	10%	12%
8.3	Have you been victimised by other prisoners?	32%	29%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	14%	18%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	14%	0%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	9%	0%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	4%
8.6	Have you been victimised by a member of staff?	36%	26%
8.7	Have you ever felt threatened or intimidated by staff here?	14%	15%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	14%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	1%
8.7	Have you been victimised because of your nationality? (By staff)	9%	0%
8.7	Have you been victimised because you have a disability? (By staff)	0%	2%
9.1	Is it easy/very easy to see the doctor?	15%	12%
9.1	Is it easy/ very easy to see the nurse?	20%	33%
9.4	Are you currently taking medication?	53%	62%
9.6	Do you feel you have any emotional well being/mental health issues?	24%	35%
10.3	Is it easy/very easy to get illegal drugs in this prison?	19%	46%
11.2	Are you currently working in the prison?	55%	68%
11.2	Are you currently undertaking vocational or skills training?	9%	19%
11.2	Are you currently in education (including basic skills)?	41%	24%
11.2	Are you currently taking part in an offending behaviour programme?	14%	24%
11.4	Do you go to the library at least once a week?	41%	52%
11.6	Do you go to the gym three or more times a week?	15%	26%
11.7	Do you go outside for exercise three or more times a week?	47%	60%
11.8	On average, do you go on association more than five times each week?	72%	70%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	19%	21%
12.2	Have you had any problems sending or receiving mail?	46%	48%
12.3	Have you had any problems getting access to the telephones?	23%	11%

Diversity Analysis



Key question responses (disability and age over 50) HMP Wymott 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		52	138	56	143
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	10%	6%	6%	8%
1.6	Do you understand spoken English?	98%	99%	98%	99%
1.7	Do you understand written English?	94%	99%	98%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	8%	14%	8%	14%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	0%	0%	1%
1.1	Are you Muslim?	4%	9%	0%	11%
1.12	Do you consider yourself to have a disability?			37%	24%
1.13	Are you a veteran (ex-armed services)?	10%	4%	10%	4%
1.14	Is this your first time in prison?	43%	44%	53%	40%
2.6	Were you treated well/very well by the escort staff?	71%	75%	87%	69%
2.7	Before you arrived here were you told that you were coming here?	60%	70%	68%	65%
3.2	When you were searched in reception, was this carried out in a respectful way?	86%	90%	94%	87%
3.3	Were you treated well/very well in reception?	74%	78%	87%	74%
3.4	Did you have any problems when you first arrived?	82%	43%	63%	50%
3.7	Did you have access to someone from health care when you first arrived here?	60%	67%	57%	66%
3.9	Did you feel safe on your first night here?	73%	92%	86%	87%
3.10	Have you been on an induction course?	86%	90%	86%	92%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	57%	57%	62%	55%

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?	67%	69%	90%	59%
4.4	Are you normally able to have a shower every day?	98%	99%	98%	99%
4.4	Is your cell call bell normally answered within five minutes?	37%	34%	31%	37%
4.5	Is the food in this prison good/very good?	22%	34%	33%	30%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	53%	43%	46%	45%
4.7	Are you able to speak to a Listener at any time, if you want to?	72%	63%	81%	60%
4.8	Do you feel your religious beliefs are respected?	54%	57%	70%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	56%	59%	60%	58%
5.1	Is it easy to make an application?	74%	78%	78%	76%
5.3	Is it easy to make a complaint?	58%	55%	65%	53%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	65%	67%	59%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	50%	49%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	4%	0%	5%
7.1	Do most staff, in this prison, treat you with respect?	86%	79%	87%	78%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	72%	79%	84%	75%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	24%	12%	20%	15%
7.4	Do you have a personal officer?	77%	70%	83%	68%
8.1	Have you ever felt unsafe here?	52%	25%	26%	33%
8.2	Do you feel unsafe now?	24%	7%	16%	10%
8.3	Have you been victimised by other prisoners?	49%	22%	27%	30%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	29%	13%	19%	16%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	2%	0%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	2%	0%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	2%	1%	0%	1%
8.5	Have you been victimised because of your age? (By prisoners)	6%	1%	4%	1%

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)	12%	0%	2%	4%
8.6	Have you been victimised by a member of staff?	40%	24%	25%	28%
8.7	Have you ever felt threatened or intimidated by staff here?	27%	11%	15%	14%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	2%	0%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	1%	0%	1%
8.7	Have you been victimised because of your nationality? (By staff)	2%	1%	0%	1%
8.7	Have you been victimised because of your age? (By staff)	0%	2%	2%	1%
8.7	Have you been victimised because you have a disability? (By staff)	6%	0%	0%	2%
9.1	Is it easy/very easy to see the doctor?	17%	10%	14%	12%
9.1	Is it easy/ very easy to see the nurse?	33%	31%	40%	28%
9.4	Are you currently taking medication?	81%	53%	85%	53%
9.6	Do you feel you have any emotional well being/mental health issues?	56%	25%	15%	40%
10.3	Is it easy/very easy to get illegal drugs in this prison?	47%	42%	34%	46%
11.2	Are you currently working in the prison?	60%	70%	73%	65%
11.2	Are you currently undertaking vocational or skills training?	15%	20%	12%	21%
11.2	Are you currently in education (including basic skills)?	28%	25%	23%	27%
11.2	Are you currently taking part in an offending behaviour programme?	15%	25%	14%	25%
11.4	Do you go to the library at least once a week?	49%	51%	60%	46%
11.6	Do you go to the gym three or more times a week?	9%	29%	21%	26%
11.7	Do you go outside for exercise three or more times a week?	46%	63%	62%	58%
11.8	On average, do you go on association more than five times each week?	63%	72%	62%	73%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	12%	24%	17%	22%
12.2	Have you had any problems sending or receiving mail?	50%	48%	43%	50%
12.3	Have you had any problems getting access to the telephones?	11%	13%	11%	13%



Prisoner survey responses HMP Wymott 2014 VP Wing comparator

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	VP wings A,B,G,I	Main wings C,D,E,F,H,K
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	101	89
SECTION 1: General information		
1.2 Are you under 21 years of age?	0%	0%
1.3 Are you sentenced?	100%	100%
1.3 Are you on recall?	13%	8%
1.4 Is your sentence less than 12 months?	0%	2%
1.4 Are you here under an indeterminate sentence for public protection (IPP prisoner)?	11%	7%
1.5 Are you a foreign national?	10%	3%
1.6 Do you understand spoken English?	99%	98%
1.7 Do you understand written English?	98%	98%
1.8 Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	16%	7%
1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	1%
1.1 Are you Muslim?	10%	6%
1.11 Are you homosexual/gay or bisexual?	5%	0%
1.12 Do you consider yourself to have a disability?	35%	20%
1.13 Are you a veteran (ex-armed services)?	7%	4%
1.14 Is this your first time in prison?	55%	28%
1.15 Do you have any children under the age of 18?	38%	48%
SECTION 2: Transfers and escorts		
On your most recent journey here:		
2.1 Did you spend more than 2 hours in the van?	30%	16%
2.5 Did you feel safe?	77%	85%
2.6 Were you treated well/very well by the escort staff?	74%	74%
2.7 Before you arrived here were you told that you were coming here?	65%	64%
2.8 When you first arrived here did your property arrive at the same time as you?	91%	91%
SECTION 3: Reception, first night and induction		
3.1 Were you in reception for less than 2 hours?	46%	42%
3.2 When you were searched in reception, was this carried out in a respectful way?	86%	92%
3.3 Were you treated well/very well in reception?	74%	81%
When you first arrived:		
3.4 Did you have any problems?	62%	44%
3.4 Did you have any problems with loss of property?	10%	10%
3.4 Did you have any housing problems?	6%	5%
3.4 Did you have any problems contacting employers?	0%	1%
3.4 Did you have any problems contacting family?	13%	5%

Key to tables

	Any percentage highlighted in green is significantly better	YP wings A,B,G,I	Main wings C,D,E,F,H,K
	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 ensuring dependants were being looked after?	1%	0%
3.4	Did you have any money worries?	8%	6%
3.4	Did you have any problems with feeling depressed or suicidal?	16%	12%
3.4	Did you have any physical health problems?	21%	14%
3.4	Did you have any mental health problems?	18%	18%
3.4	Did you have any problems with needing protection from other prisoners?	14%	0%
3.4	Did you have problems accessing phone numbers?	25%	10%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	64%	85%
3.6	A shower?	14%	17%
3.6	A free telephone call?	61%	73%
3.6	Something to eat?	43%	47%
3.6	PIN phone credit?	35%	54%
3.6	Toiletries/ basic items?	39%	33%
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?	38%	52%
3.7	Someone from health services?	62%	65%
3.7	A Listener/Samaritans?	21%	24%
3.7	Prison shop/ canteen?	21%	24%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	51%	49%
3.8	Support was available for people feeling depressed or suicidal?	35%	44%
3.8	How to make routine requests?	30%	48%
3.8	Your entitlement to visits?	35%	40%
3.8	Health services?	47%	41%
3.8	The chaplaincy?	39%	46%
3.9	Did you feel safe on your first night here?	84%	90%
3.10	Have you been on an induction course?	89%	91%
3.12	Did you receive an education (skills for life) assessment?	76%	81%
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?	59%	54%
4.1	Attend legal visits?	60%	54%
4.1	Get bail information?	14%	9%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	34%	44%
4.3	Can you get legal books in the library?	49%	41%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	71%	62%

Key to tables

	Any percentage highlighted in green is significantly better	VP wings A,B,G,I	Main wings C,D,E,F,H,K
	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 able to have a shower every day?	99%	99%
4.4	Do you normally receive clean sheets every week?	90%	85%
4.4	Do you normally get cell cleaning materials every week?	41%	47%
4.4	Is your cell call bell normally answered within five minutes?	37%	33%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	64%
4.4	Can you normally get your stored property, if you need to?	27%	25%
4.5	Is the food in this prison good/very good?	27%	32%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	45%
4.7	Are you able to speak to a Listener at any time, if you want to?	73%	54%
4.8	Are your religious beliefs are respected?	58%	55%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	58%	57%
4.10	Is it easy/very easy to attend religious services?	53%	47%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	78%	74%
5.3	Is it easy to make a complaint?	59%	50%
5.5	Have you ever been prevented from making a complaint when you wanted to?	14%	22%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	33%	30%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	56%	63%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	54%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	2%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	82%	78%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	80%	73%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	33%	28%
7.4	Do staff normally speak to you most of the time/all of the time during association?	14%	19%
7.5	Do you have a personal officer?	76%	65%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	38%	22%
8.2	Do you feel unsafe now?	12%	11%
8.4	Have you been victimised by other prisoners here?	44%	11%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	25%	8%
8.5	Hit, kicked or assaulted you?	10%	2%
8.5	Sexually abused you?	6%	0%
8.5	Threatened or intimidated you?	27%	4%
8.5	Taken your canteen/property?	1%	4%

Key to tables

	Any percentage highlighted in green is significantly better	VP wings A, B, G, I	Main wings C, D, E, F, H, K
	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	Victimised you because of medication?	8%	0%
8.5	Victimised you because of debt?	0%	2%
8.5	Victimised you because of drugs?	2%	1%
8.5	Victimised you because of your race or ethnic origin?	3%	0%
8.5	Victimised you because of your religion/religious beliefs?	3%	0%
8.5	Victimised you because of your nationality?	2%	0%
8.5	Victimised you because you were from a different part of the country?	3%	0%
8.5	Victimised you because you are from a traveller community?	0%	1%
8.5	Victimised you because of your sexual orientation?	5%	0%
8.5	Victimised you because of your age?	3%	0%
8.5	Victimised you because you have a disability?	5%	0%
8.5	Victimised you because you were new here?	9%	2%
8.5	Victimised you because of your offence/crime?	20%	0%
8.5	Victimised you because of gang related issues?	2%	1%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	36%	17%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	12%	7%
8.7	Hit, kicked or assaulted you?	5%	1%
8.7	Sexually abused you?	1%	0%
8.7	Threatened or intimidated you?	23%	6%
8.7	Victimised you because of medication?	4%	1%
8.7	Victimised you because of debt?	1%	0%
8.7	Victimised you because of drugs?	0%	0%
8.7	Victimised you because of your race or ethnic origin?	4%	0%
8.7	Victimised you because of your religion/religious beliefs?	2%	0%
8.7	Victimised you because of your nationality?	2%	0%
8.7	Victimised you because you were from a different part of the country?	4%	1%
8.7	Victimised you because you are from a traveller community?	1%	1%
8.7	Victimised you because of your sexual orientation?	0%	0%
8.7	Victimised you because of your age?	1%	0%
8.7	Victimised you because you have a disability?	3%	0%
8.7	Victimised you because you were new here?	5%	1%
8.7	Victimised you because of your offence/crime?	10%	0%
8.7	Victimised you because of gang related issues?	0%	1%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	16%	9%

Key to tables

	Any percentage highlighted in green is significantly better	VP wings A,B,C,I	Main wings C,D,E,F,H,K
	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		
9.1	Is it easy/very easy to see the nurse?	41%	21%
9.1	Is it easy/very easy to see the dentist?	14%	2%
9.4	Are you currently taking medication?	70%	48%
9.6	Do you have any emotional well being or mental health problems?	36%	31%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	7%	36%
10.2	Did you have a problem with alcohol when you came into this prison?	18%	26%
10.3	Is it easy/very easy to get illegal drugs in this prison?	26%	62%
10.4	Is it easy/very easy to get alcohol in this prison?	12%	17%
10.5	Have you developed a problem with drugs since you have been in this prison?	3%	9%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	1%	1%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	63%	59%
11.1	Vocational or skills training?	41%	48%
11.1	Education (including basic skills)?	57%	60%
11.1	Offending Behaviour Programmes?	30%	27%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	74%	58%
11.2	Vocational or skills training?	14%	23%
11.2	Education (including basic skills)?	23%	30%
11.2	Offending Behaviour Programmes?	21%	23%
11.4	Do you go to the library at least once a week?	58%	43%
11.5	Does the library have a wide enough range of materials to meet your needs?	59%	48%
11.6	Do you go to the gym three or more times a week?	20%	29%
11.7	Do you go outside for exercise three or more times a week?	54%	62%
11.8	Do you go on association more than five times each week?	56%	83%
11.9	Do you spend ten or more hours out of your cell on a weekday?	24%	11%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	35%	36%
12.2	Have you had any problems with sending or receiving mail?	41%	55%
12.3	Have you had any problems getting access to the telephones?	15%	10%
12.4	Is it easy/ very easy for your friends and family to get here?	31%	40%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	88%	84%
13.10	Do you have a needs based custody plan?	6%	9%
13.11	Do you feel that any member of staff has helped you to prepare for release?	16%	19%