

Report on an announced inspection of

HMP Thameside

by HM Chief Inspector of Prisons

1–5 September 2014

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Introduction

HMP Thameside is a new establishment that opened in early 2012. Located adjacent to HMP Belmarsh and HMP Isis, it is a local prison serving East London courts and is run by the private operator Serco. The prison currently holds up to 900 adult and young adults and both convicted and remand prisoners, although this number is set to increase when new accommodation, which is currently being built, opens.

We first inspected Thameside about nine months after it first opened, sooner than we would usually have done, but we were responding to concerns we had about the establishment at the time. We described our findings then as mixed, with improvement required across most aspects of the prison. We commented on the challenges managers and staff faced in bringing stability to the prison, evidenced in particular by the near lockdown restriction that they had in place at the time, largely as a response to violence. Our findings at this inspection, 20 months later, describe a prison that has made considerable progress, with improvement evident across all of our healthy prison tests.

Thameside continued to face significant operational challenges but work to promote safety was very promising. The prison managed about 1,500 movements through its reception each month and arrangements to manage new arrivals had been streamlined and improved. We were confident that attention was properly paid to the potential issues of risk on arrival and there was some good use of peer support. First night cells were properly prepared and induction arrangements were comprehensive.

As we found at our last inspection, levels of violence remained high and yet in our survey prisoners reported positively, and better than in similar establishments, about their feelings and perceptions of safety. The prison was working hard to better understand the challenges of bullying and violence, and was undertaking useful initiatives, including work to tackle gang affiliations, to improve the situation. Consultation with prisoners about the problem of violence was meaningful and the prison was also ensuring that vulnerable prisoners were protected from victimisation.

Work to protect those at risk of self-harm was reasonably good and case management of those at risk had improved. Tragically, there had been a self-inflicted death since we last visited, but the prison was working to implement the recommendations of the Prisons and Probation Ombudsman who had investigated the death. Prisoners in crisis who we spoke to felt well cared for.

Security in the prison was now more proportionate and the near lockdown we observed at our last visit had ceased. Free movement to activities was well supervised and prisoners could now dine in association. Random drug testing suggested illicit drug use was relatively low, although we did identify gaps in the coverage provided by testing. We also identified too much routine strip-searching in the absence of intelligence, or individual risk assessment, to justify the measure. Use of force and the number of disciplinary adjudications was high: both had increased considerably since the last inspection and were reflective of the significant number of violent incidents. About half of all use of force incidents involved the full use of restraint techniques and we were concerned that the supervision of force was not sufficiently robust or accountable. Use of segregation was similarly high, but stays were generally short with most prisoners reintegrated. The segregation environment was reasonable and most prisoners had access to basic amenities, but routines were otherwise limited.

Thameside was a respectful prison. The environment was well maintained and the accommodation was among the best we have seen in any local prison. The improved use of in cell technology was having a real impact in improving communication and in allowing prisoners to take responsibility for their own lives. Relationships between staff and prisoners remained a strength and the inexperienced staff we witnessed at our last inspection had grown in both confidence and competence. Consultation with prisoners was afforded a high priority and prisoners felt their voices were heard. After some neglect the promotion of equality was beginning to improve. There was now a clear

policy and a senior manager had been identified as a lead for each protected characteristic. Consultation was improving but the newness of much of what was being done meant that outcomes for minority groups still remained variable. Exceptions included the very good work to support foreign national prisoners. Health provision was in the process of significant change but overall outcomes were good.

The amount of time prisoners experienced out of cell was reasonable at between four and eight hours, depending on their employment status, and association was available daily, although evening lock up was too early. The management of learning and skills provision was improving, although more improvement was needed. There remained too few activity places and despite some reasonable allocation procedures attendance at what was available was not maximised. About 350 prisoners, approximately a third of the population, had no activity at all. The range of education was adequate but there was little vocational training and work opportunities were limited. More provision was planned but this was likely only to be sufficient to meet the needs of the rising population when the new accommodation opened. Both the quality of provision and the achievements of learners were too variable and too many prisoners failed to complete courses of study, although the introduction of shorter modules was leading to some improvement.

The prison had useful structures in place to manage its resettlement strategy, although the assessment of need was narrow and links to, and support from, offender managers in the community was weak. The offender management caseloads in the prison were manageable but contact between supervisors and prisoners were too often infrequent and reactive. Assessment of the likelihood of reoffending and risk of harm also needed to improve. Public protection arrangements were generally sound but processes to categorise and allocate prisoners onward to training prisons were too slow, meaning that some prisoners spent too long or were retained inappropriately at Thameside. Resettlement need was assessed efficiently on arrival at the prison but pre-release follow up was weaker. Provision across the resettlement pathways was generally good with some useful outcomes for prisoners, particularly in support of contact with children and families.

Opening a new prison is difficult but Thameside was comprehensively better than the establishment we inspected in 2012 and was now arguably one of the better local prisons in the capital. The problem of violence and gang membership remained significant, as did the lack of purposeful activity, but managers and staff were actively addressing these challenges. Facilities and the prison environment were very good; we found a respectful staff culture and there were some good initiatives to engage with and consult prisoners. It is clear that a considerable amount of work has been undertaken and there has been progress on a broad front.

Nick Hardwick
HM Chief Inspector of Prisons

January 2015

Fact page

Task of the establishment

HMP Thameside is a large local category B establishment holding convicted and remanded adult and young adult males.

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

Private; run by Serco

Region/Department

London

Number held

872

Certified normal accommodation

600

Operational capacity

900

Date of last full inspection

14–17 January 2013

Brief history

HMP Thameside opened on 27 March 2012.

Short description of residential units

There are five wings, each divided into two units (upper and lower), with an average unit capacity of 110 prisoners. The first night centre is on A wing (upper unit) and the IDTS wing is on A wing (lower unit). The prison has a dedicated health care unit with inpatient facilities for 20 prisoners, and a care and separation unit which has a capacity for 18 prisoners.

Name of governor/director

John Biggin

Escort contractor

Serco

Health service provider

CareUK

Learning and skills providers

A4e

Independent Monitoring Board chair

Geoffrey Penzer

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 report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.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 Provision during the early days in custody was very good and prisoners were well supported by staff and peer workers. Despite relatively high levels of violence, most prisoners felt safe and arrangements to identify and analyse violent behaviour and make the prison safer were good. Work undertaken with gangs was particularly impressive. Prisoners at risk of suicide or self-harm were reasonably well cared for. Security measures were mostly proportionate. Drug and alcohol availability was relatively low. There were relatively high levels of adjudications, use of force and segregation but governance arrangements had improved and were mostly good. Substance misuse arrangements were good. **Outcomes for prisoners were reasonably good against this healthy prison test.**

S2 At the last inspection in 2013 we found that outcomes for prisoners in Thameside were not sufficiently good against this healthy prison test. We made 21 recommendations in the area of safety. At this follow-up inspection we found that 14 of the recommendations had been achieved, four had been partially achieved and three had not been achieved.

- S3** Most journey times to the prison were short but some prisoners waited for too long in court after their hearings before being transported to the establishment. Vehicles entered the prison reasonably quickly, disembarkation was swift and handcuffing was no longer routine.
- S4** Support for new arrivals was generally very good. Reception offered a pleasant environment, engagement with staff was good, processes were streamlined and most prisoners we saw were there for relatively short periods. Most prisoners felt safe on their first night at the establishment and first night staff were properly sighted on issues of risk and vulnerability, conducted focused first night risk assessments and offered appropriate support to those who needed it. Peer mentors provided support during the early days. Arrangements for induction were satisfactory and we were assured that all prisoners received it.
- S5** Few prisoners felt unsafe. Although they were unlocked more than at the time of the previous inspection, the number of assaults was falling, although remained much higher than elsewhere. Prisoners reported relatively low levels of victimisation. There were robust systems to manage the serious problem of gang affiliations.
- S6** The monthly safer custody meeting closely monitored violent incidents and analysed trends. Prisoner consultation through the violence reduction survey and regular meetings with prisoner representatives identified safety issues and action was taken when necessary. The management of prisoners involved in or suspected of involvement in violent behaviour had improved. They were monitored and set behaviour targets linked to sanctions and incentives, which was a positive attempt to address their behaviour. The prison did a good job of keeping vulnerable prisoners safe within the general population.
- S7** The management of prisoners at risk of suicide or self-harm was reasonable. The number of assessment, care in custody and teamwork (ACCT) case management documents opened for prisoners at risk of suicide or self-harm was lower than at comparable prisons. Prisoners subject to these arrangements felt well cared for and the quality of documentation had improved and was mostly satisfactory. Investigations of serious self-harm incidents were appropriately focused on improvements in practice. Since the previous inspection, there had

been one self-inflicted death of a prisoner and action had been taken to meet the recommendations from the Prisons and Probation Ombudsman's investigation. The Listener scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was well established, with an adequate team and good Listener suites, but prisoners in our survey reported some difficulty in accessing them.

- S8 Security measures were generally sound and many of the previously disproportionate measures had ceased. Links with other departments were good, security information was analysed well and longer-term targets reflected current issues around drugs, violence and gangs.
- S9 Survey results and mandatory drug testing positive rates indicated a relatively low level of drug and alcohol availability. There were few requests for suspicion testing, and tests were not always undertaken within the necessary timescales. Supply reduction was well integrated within the overall drug strategy and there was good information sharing between departments.
- S10 The incentives and earned privileges policy was used appropriately to deal with minor infringements of the rules, and the differentials between the levels of the scheme were sufficient to encourage better behaviour.
- S11 The number of adjudications, use of force and use of segregation were high. However, monitoring and analysis of these areas had been introduced and was thorough, with trends identified and action taken. Adjudication records showed that full investigations were carried out and that punishments were proportionate.
- S12 The quality of use of force paperwork was poor and sometimes failed to provide sufficient information to justify its use. The introduction of prisoner debriefs following the use of force was encouraging and provided useful feedback.
- S13 The segregation unit was clean, with little graffiti, but the regime was very limited. For the few prisoners who had relatively long stays in segregation, reintegration planning was good. Prisoners on ACCT documents were rarely located on the segregation unit; when this was necessary, there was well-recorded justification for holding them there.
- S14 For prisoners with substance misuse and mental health issues, clinical management had improved considerably, with consistent first night treatment, an impressive new dual diagnosis service and more integrated working. There was a wide range of psychosocial support, and the use of peer mentors enhanced service provision. Prisoners were very positive about the help they received.

Respect

- S15** *The quality of communal and residential areas was high, enhanced by in-cell showers and telephones, and were some of the best we have seen. Staff had gained experience and staff-prisoner relationships continued to be a real strength. Equality and diversity arrangements had recently improved, although the needs of some minority groups were still not being fully met. Faith provision was impressive. The number of complaints submitted was not high and quality assurance was effective. Health services had improved and were good. Prisoners were positive about the food provided and they were able to dine communally. **Outcomes for prisoners were good against this healthy prison test.***

S16 At the last inspection in 2013 we found that outcomes for prisoners in Thameside were reasonably good against this healthy prison test. We made 22 recommendations in the area of respect.² At this follow-up inspection we found that 14 of the recommendations had been achieved, five had been partially achieved and three had not been achieved.

- S17** Prisoners were positive about residential services, and the residential areas were some of the best we have seen. Communal areas were clean and bright. Cells, all with integral showers, toilets and telephones, were generally of a good standard. The in-cell information technology system known as the custodial management system (CMS) (see paragraph 2.5) had been developed further and encouraged prisoners to take responsibility for their day-to-day needs. Access to clothing, bedding and cell cleaning materials was reasonable and we were confident that cell call bells were responded to within an acceptable timescale.
- S18** Staff–prisoner relationships continued to be a real strength and were enhanced by the increase in the experience and confidence of the staff group. Engagement between staff and prisoners was overwhelmingly positive. A personal officer scheme had been introduced and staff were reasonably knowledgeable about the personal circumstances of the prisoners in their care, but support for resettlement needs was underdeveloped. Prisoner consultation arrangements had improved and were responsive.
- S19** The strategic management of equality and diversity had recently improved and was now adequate. A range of consultation groups had been established but were too new for us to judge their impact. The prisoner diversity representatives provided valued first-hand support to prisoners and played an integral role in the diversity and equality action team meetings. Monitoring of access to regimes and services across all protected characteristics was comprehensive and had been well utilised to prioritise the completion of equality impact assessments.
- S20** Outcomes for prisoners with protected characteristics were variable. In our survey, the large population of black and minority ethnic prisoners generally reported similarly to their white counterparts and were more positive than at the time of the previous inspection. Provision for foreign national prisoners, who made up a relatively large proportion of the population, had greatly improved and was good. The foreign national wing was a good initiative and provided valuable support for prisoners with limited or no English proficiency. There was effective liaison with Home Office Immigration services and independent immigration advice was regularly available.
- S21** Our survey and the prison’s monitoring indicated that Muslim prisoners were treated less favourably than non-Muslim prisoners in a number of areas.
- S22** Prisoners with disabilities reported less favourable treatment than their able-bodied counterparts across many areas of our survey, and we found that their needs were not always met. There was little care planning and emergency evacuation provision was haphazard and not always in place.
- S23** Older prisoners had access to dedicated gym sessions but there was little additional provision for them. The needs of the young adult population had not been assessed and there was no specific age-related provision for them.

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

- S24 There were no links to support groups for gay or bisexual prisoners but they could access the diversity team through the CMS (see paragraph 2.5). The management of, and support for, transgender prisoners, including individual care plans, was effective.
- S25 Faith provision was very good and services and support groups were well attended. The chaplaincy played an integral part of the wider running of the prison.
- S26 The number of complaints submitted was similar to that at comparator prisons and responses were timely, respectful and generally comprehensive. There was good quality assurance but no formal analysis to identify trends.
- S27 Although our survey was generally positive about health services, we received many negative comments from prisoners during the inspection. Health services were in the process of being transformed. Leadership had changed, the skill mix had been considered and nursing staff competencies were being updated to meet need better. Primary care provision was good, with age-appropriate activities and immunisation programmes. Care of long-term conditions had improved. Did-not-attend rates had improved but were still too high for the optician.
- S28 The inpatient unit offered a sensitive therapeutic regime, with good joint working between custody and health teams. Pharmacy services were good and supervision of medicines administration had improved. Access to dental services was good and the surgery met best practice standards.
- S29 There were unusually high levels of diagnosed mental health problems. Mental health services had improved, although the deployment of staff to non-mental health duties occasionally affected capacity. Transfer to external mental health units was delayed in too many cases.
- S30 Prisoners were positive about the food provided. The supervision of servery queues had improved and prisoners were able to dine communally.
- S31 The prison shop arrangements were mostly satisfactory but non-smokers were not able to obtain reception packs and the restriction of certain items for prisoners on open ACCT documents was unnecessary.

Purposeful activity

- S32** *The amount of time out of cell was reasonable and all prisoners had daily association. Learning and skills provision was improving but still a work in progress. There were too few activity places for the population and these were not utilised effectively, leaving about 350 unemployed. The range of education classes was adequate but there was very little vocational training and a limited range of work. The overall quality of teaching and learning was variable. Too few prisoners completed their education courses, although retention on some of the newer, short courses was better. Peer mentors were used effectively. Library services had improved substantially and were good and well used. PE provision was very good. Outcomes for prisoners were not sufficiently good against this healthy prison test.*
- S33** *At the last inspection in 2013 we found that outcomes for prisoners in Thameside were poor against this healthy prison test. We made 12 recommendations in the area of purposeful activity. At this follow-up inspection we found that two of the recommendations had been achieved, seven had been partially achieved and three had not been achieved.*

- S34 The amount of time unlocked was relatively good; unemployed prisoners were out of their cells for a minimum of four and a half hours a day and employed prisoners for at least eight hours. Outdoor exercise periods were too short and prisoners were locked up as early as 5.30pm in the evenings. Association was provided every day.
- S35 Productive partnership working was a strength of the learning and skills and work provision. The prison had responded positively to the task of improving learning, skills and work but much was a work in progress. There was still no comprehensive needs analysis to inform work, training or curriculum delivery. Quality improvement arrangements had developed substantially but had not yet had a full impact on provision, and the range of data available to monitor the quality of provision was inadequate.
- S36 The number of activity places had increased but remained insufficient, occupying only just over half of the population. Attendance was not maximised and most work places were full time, leaving too many prisoners (around 350) without an activity at all.
- S37 The range of the education provision was adequate but there was too little vocational training available, and the range of work remained of little practical value in developing prisoners' employability skills. Twelve new workshops due to be operational by the spring of 2015 would greatly increase the range of activity places available, but this was to be concurrent with an increase in population. An effective peer mentor programme provided useful experience and responsibility for some prisoners.
- S38 The overall quality of teaching, learning and assessment in education classes was variable, ranging from good to inadequate, but was good in the very little vocational training available. Teaching staff were positive and enthusiastic. Low-level disruption in some classes was tolerated by teachers, causing some prisoners to disengage from learning. There was good individual support for learners with identified needs. Classrooms in the house blocks were not fit for purpose or conducive to learning.
- S39 Overall, too few prisoners (fewer than half) successfully completed their education courses as they were released, transferred or dismissed from their course. However, retention and pass rates on recently introduced short courses in English and mathematics were high. There was no recording or recognition of work skills. Attendance at education sessions had improved.
- S40 The library had improved substantially and was now good and well used. It provided a wide, valuable and popular range of services to prisoners, including a very successful Toe by Toe programme (a mentoring scheme to help prisoners learn to read).
- S41 The range and quality of PE provision were good, and the gym was well used. The range of PE qualifications offered was only adequate and pass rates were variable.

Resettlement

S42 *The absence of an overarching needs assessment and action plan hindered the strategic management of resettlement. Offender management was reasonable but case manager contact with prisoners was largely reactive and the lack of attention given to transferring prisoners on progressive moves was a concern. Too few eligible prisoners were considered for home detention curfew and many were released late. Public protection arrangements were generally sound. Arrangements for indeterminate-sentenced prisoners were good. All prisoners had their resettlement needs assessed on arrival. Resettlement pathway provision had improved. Provision for most pathways was good, but for employment, training and education was weak. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S43 *At the last inspection in 2013 we found that outcomes for prisoners in Thameside were not sufficiently good against this healthy prison test. We made 16 recommendations in the area of resettlement. At this follow-up inspection we found that six of the recommendations had been achieved, seven had been partially achieved and three had not been achieved.*

S44 A good reducing reoffending strategy was managed by a quarterly strategic meeting and bi-monthly resettlement pathway meetings, but there was no overarching needs analysis and the resettlement pathways were still not supported by an overall action plan, making it difficult to see how progress was monitored.

S45 All prisoners, including those on remand, had a case manager and were assessed on arrival. The recent backlog of offender assessment system (OASys) assessments that were the responsibility of the prison had been cleared but too many of those for which the community offender managers were responsible were late. Most of the OASys assessments completed by case managers were of adequate quality but sentence plans needed improving. Case manager contact with prisoners serving over 12 months was generally poor and largely reactive, even in some high risk of harm cases. The lack of probation reports resulted in too many prisoners not being considered for home detention curfew (HDC) and too many others were released late.

S46 Public protection arrangements were well managed, with appropriate restrictions applied and regularly reviewed. The interdepartmental risk management team meeting provided oversight of those due to be released but multi-agency public protection arrangements (MAPPA) levels were not always confirmed well enough ahead of release, limiting the prison's involvement in multi-agency risk planning.

S47 The recent backlog of initial categorisations had been addressed but the delay had directly hindered some prisoners' progression over the previous year. Insufficient attention was given to prioritising transfers and promoting progressive moves, which led to some prisoners staying too long at the establishment. Too many prisoners were inappropriately on an indefinite transfer hold.

S48 Indeterminate-sentenced prisoners were managed by a confident and trained case manager, who had recently introduced a support forum. Those potentially facing an indeterminate sentence received adequate information.

S49 Resettlement needs were assessed on arrival and referrals made as needed, but pre-release planning was not routinely undertaken. Catch 22 (the provider of offender management and some resettlement services) provided a wide range of accommodation support, particularly through the gate. Despite this, the proportion of homeless prisoners remained similar to that at the time of the previous inspection.

- S50 Education, training and employment provision had not improved sufficiently. Too few prisoners were seen by the careers service to help them to plan their time in prison or to search for employment, education or training in readiness for release. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not in operation, which prevented prisoners from undertaking live job searches before release. The quality and content of employability sessions were poor.
- S51 Health care discharge arrangements had improved and were good. For prisoners with substance misuse issues, throughcare links with drug intervention teams in the community were good and a designated through-the-gate worker was available from one London borough.
- S52 Provision under the finance, benefit and debt pathway had improved and included the facility to open bank accounts and help to resolve debts.
- S53 Provision for children and families had developed well. The 'Families First' team provided some good opportunities for prisoners to maintain family relationships and individual support with parenting issues. There were sufficient social visits sessions and the visitors centre was comfortable and welcoming, with some helpful information for visitors. The visits hall was comfortable and had good catering facilities, and prisoners were allowed appropriate contact with their visitors. However, they were required to wear identifying sashes, which was unnecessary.
- S54 A recent needs analysis was directing the development of offending behaviour programmes but at the time of the inspection only one programme was in place, with plans for further provision.

Main concerns and recommendations

- S55 Concern: There was too little learning and skills and work activity available and it was not used effectively, leaving over a third of prisoners without an activity at all. The range of provision was poor, with little activity outside education classes and low-skilled work.
- Recommendation: The amount and range of learning and skills activity should be increased and should include good quality work and vocational training.** (Repeated recommendation HP57)
- S56 Concern: Too many high-risk prisoners, for whom the responsibility for OASys assessments lay with community offender managers, did not have an assessment. Too many prisoners who were eligible for HDC were not considered and many others were released late because of the failure of community probation services to complete an HDC report, or complete it on time.
- Recommendation: Probation staff in the community should complete offender assessment system (OASys) and home detention curfew reports on time. Senior managers should monitor timeliness and produce an action plan to improve it.**
- S57 Concern: Insufficient attention was given to prioritising prisoner transfers. The transfer list was not up to date and too many prisoners were on an indefinite transfer hold. This meant that too many sentenced prisoners waited too long to be transferred out of the establishment, which hindered their progression and ability to work towards their sentence plan targets.

Recommendation: The transfer list should be kept up to date and sentenced prisoners should be transferred swiftly. The number of prisoners on transfer holds should be reduced and all holds should be time bound.

- S58 Concern: Support to find education, work or training for prisoners on release was poor. Too few prisoners were seen by the careers service to help them plan their time in prison or search for employment, education or training in readiness for release. The virtual campus was not operational and prevented prisoners from undertaking live job searches. The quality and content of employability sessions were poor.

Recommendation: Prisoners should be supported in finding suitable employment, education or training on release and this should include timely advice from the careers service and access to virtual campus and job search facilities.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1** *Journeys to the establishment were mostly short. Prisoners were disembarked quickly and without the use of handcuffs. Some prisoners still remained in court cells for too long following the hearing of their cases.*
- I.2** Most journey times to the establishment were short and escort staff were friendly and professional. Although escort vehicles were clean, most cells within them were covered in graffiti. Vehicles generally entered the prison quickly and prisoners were disembarked efficiently, and were no longer routinely handcuffed.
- I.3** Person escort records were sometimes completed poorly, with evidence that some prisoners remained in court cells for too long on completion of their cases before being moved to the establishment.

Recommendation

- I.4** **Person escort records should be fully and properly completed and prisoners should be transferred to prison shortly after the conclusion of their court appearance.** (Repeated recommendation I.5)

Early days in custody

Expected outcomes:

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

- I.5** *Early days arrangements were much improved and provided a generally positive experience for new arrivals. Staff and peer mentors engaged well with new arrivals. The reception area was busy but processes were streamlined. The first night centre afforded a supportive environment, and staff there were properly sighted on issues of risk and vulnerability. Induction was appropriate and received by all prisoners.*
- I.6** With some improvements since the previous inspection, the reception area remained a pleasant environment and holding rooms were generally clean and well equipped. Relationships between staff and prisoners in reception were relaxed and friendly. The area was busy, with around 1,500 movements in and out each month, but was a calm working environment. Reception processes had been streamlined and were much improved.

Prisoners generally spent less than two hours there and there was a robust monitoring system to investigate and act on reasons for longer stays. All new arrivals were strip-searched routinely, without a robust risk assessment to justify it. A range of peer supporters, including Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and violence reduction representatives, were on hand to engage with new arrivals. All new prisoners were given a hot meal and drink and were offered a free telephone call. In our survey, many indicators about the early days experience, including feeling safe on the first night, were more positive than at similar prisons.

- I.7** Although a private consultation room was available for use by health services staff, we saw reception screenings taking place in an open forum which afforded no confidentiality (see also section on health services and recommendation 2.69). Some staff in reception were trained in the completion of cell sharing risk assessments and those we sampled were of a high standard.
- I.8** New arrivals were located on the designated first night centre or on the integrated drug treatment system (IDTS) unit. They were greeted by a range of peer supporters, offered a hot drink and biscuit, and were put at ease. Staff who conducted the first night interviews were properly sighted on issues around risk and vulnerability and conducted appropriately focused assessments. Prisoners identified as requiring extra support were subject to enhanced hourly monitoring for their first 24 hours at the establishment.
- I.9** First night cells were generally clean, well prepared and appropriately equipped, and peer mentors explained the in-cell technology. Additional support was offered at daily peer-led surgeries to ensure that prisoners could use the system to their best advantage.
- I.10** Induction arrangements had improved. Multidisciplinary staff and peer supporters contributed to a daily comprehensive presentation specific to the establishment which was delivered in an appropriate location. Good monitoring records assured us that all prisoners received both this and the initial education assessment.

Recommendation

- I.11** **Prisoners arriving on transfer should only be strip-searched following a robust risk assessment.**

Bullying and violence reduction

Expected outcomes:

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

- I.12** Fewer prisoners than elsewhere felt unsafe at the prison but levels of violence were comparatively high. Violence reduction was well managed and levels of violence were falling. The prison's response to the problem of gang affiliations was impressive. There was good consultation with prisoners about violence reduction. Prisoners potentially at risk by reason of their offending were well cared for.

- I.13** In our survey, 37% of prisoners, against the 41% comparator, said that they had ever felt unsafe at the establishment and only 18% felt unsafe at the time of the inspection. Fewer prisoners than at similar prisons (19% versus 27%) said that they had been victimised by other prisoners. However, the prison recorded comparatively high levels of violence, on staff and prisoners alike, with the number of assaults and fights in the previous six months almost double that found in other local prisons.
- I.14** The prison had a good understanding of the challenges of potential violence within its population. Appropriate levels of resources were devoted to reducing levels of violence and keeping prisoners safe, and this had achieved some success, without resorting to locking up prisoners for the full day, which we had found at the previous inspection. Violence was closely monitored over time and records showed a considerable reduction over the previous six months. There was a monthly safer custody meeting, which considered trends, but attendance by security and health services staff was not reliable. There was also a weekly incident review meeting involving security, residential and visits staff; this identified immediate actions to reduce the number of violent incidents.
- I.15** There was an improved and comprehensive violence reduction policy, outlining a zero tolerance approach, underpinned by effective responses to actual and potential violent behaviour. Prisoners identified or suspected of violent or antisocial behaviour were subject to a three-stage process, linked to the incentives and earned privileges (IEP) scheme. Recorded interactions with such prisoners and observations about their behaviour were detailed and contributed to weekly reviews, where behaviour targets were set and incentives provided to reward good progress. Prisoners who did not comply with the process or who had committed serious acts of violence were segregated but we found no evidence of work being done with prisoners on stage three of the process to address their attitudes to violence.
- I.16** Staff were experienced in dealing with prisoners' violent behaviour and felt well supported by the violence reduction procedures. All violent incidents were investigated by the violence reduction officer and her analysis provided valuable advice to staff on their management of incidents.
- I.17** The prison's approach to the issues of gang affiliations and associated violence was impressive. Two employees from Catch 22 (the provider of offender management services) with experience of working with gangs in the community worked closely with other agencies in the prison and the community sharing relevant information to support violence reduction. They met prisoners on arrival to identify any risks that may be there, and any gang affiliations, which could lead to violence. They liaised with safer custody staff to create a database of gang affiliations to ensure that the location and movement of prisoners avoided conflict as much as possible. They were visible around the prison and also provided a group work programme to address gang-related violent behaviour and offered advice and support for those who wanted to avoid gang involvement on release.
- I.18** There was good consultation with prisoners about violence. There were prisoner violence reduction representatives on each wing, who met the violence reduction officer every week to share any concerns. An annual survey of prisoners provided helpful information about violence reduction, such as a recent finding that a number of prisoners felt unsafe in the gym.
- I.19** Prisoners accused or convicted of sex offences and offences against children were kept safe in the general population without the need for a vulnerable prisoner wing and there had not been any recorded assaults motivated by the nature of their offence. Prisoners with charges or convictions for sexual offences or offences against children were advised by staff about discretion and we found evidence that in residential units they were supported in keeping their charges or convictions confidential. In one case we found prompt disciplinary action had been taken against prisoners who were insulting another prisoner they suspected of

committing sexual offences. Vulnerable prisoners we spoke to told us that they felt safe and well supported by staff.

Recommendation

- I.20 Interventions should be provided to address the attitudes of prisoners on stage three of violence reduction measures.**

Housekeeping point

- I.21 Security and health representatives should attend and contribute to the monthly violence reduction meeting.**

Good practice

- I.22 The partnership with Catch 22 to reduce gang-related violence was innovative and effective.**

Self-harm and suicide prevention

Expected outcomes:

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

- I.23 The policy and management of self-harm were reasonably good. The quality of assessment, care in custody and teamwork (ACCT) documents had improved and the Listener team was well established. Investigations of acts of self-harm were good and action had been taken promptly in response to the recent death in custody.**

- I.24** The policy for managing self-harm and suicide prevention was clear, helpful and well known to staff. There was a safer custody meeting every month to consider deliberate self-harm, with appropriate representation from the security department, the Samaritans and the substance misuse agency working in the prison. The meeting reviewed and analysed data about incidents of self-harm, identifying the immediate actions required and trends. The quality of management of prisoners at risk of self-harm was reasonable and was monitored by the meeting.

- I.25** There had been 208 incidents of self-harm in the previous six months, and acts of serious self-harm were investigated by the designated officer from the safer custody team. The records of investigations we saw were thorough and usefully identified improvements in practice and procedures arising from the analysis.

- I.26** Constant observation of prisoners at severe risk was rarely required and the accommodation provided for this purpose in the health care unit was appropriate.

- I.27** There had been 250 assessment, care in custody and teamwork (ACCT) case management documents opened in the previous six months, which was relatively few. Prisoners we spoke to who were subject to ACCT procedures felt well cared for and the quality of

documentation had improved and was reasonably good. However, attendance at review meetings did not always include representatives from relevant departments. The safer custody team monitored the quality of ACCTs and provided feedback to drive improvements.

- I.28** Since the previous inspection, there had been one self-inflicted death of a prisoner. The report from the Prisons and Probation Ombudsman had been received and an action plan was in place. Actions had been initiated and were monitored through the safer custody meeting.
- I.29** A Listener scheme had been established and there was an adequate team of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), who were represented at the safer custody meeting. The three Listener suites were well appointed. Although prisoners told us that the arrangements for access to the team worked well, in our survey only 47% of prisoners, against the 56% comparator, said that they were able to speak to a Listener at any time.

Recommendation

- I.30** **The reasons for the negative response from prisoners in our survey regarding access to Listeners should be investigated and action taken.**

Housekeeping point

- I.31** Contributions to assessment, care in custody and teamwork (ACCT) review meetings should include all departments relevant to the risks identified.

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.³

- I.32** *Good progress had been made in implementing adult safeguarding procedures in cooperation with local social services.*

- I.33** The prison had a standard operating procedure for adult safeguarding which defined the nature of concerns that should be notified and the procedures for making a referral through the manager responsible. Although no referrals had been made, key staff had been trained in safeguarding and referral processes and a handy practice guide on a card had been issued to staff.
- I.34** Links had been made with the local authority social services and an agreement made for referrals so that assessments could be facilitated.

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

Security

Expected outcomes:

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

- I.35** Security measures were generally proportionate. The very restricted unlock of prisoners seen at our last inspection had ceased as had the controlled unlocking of prisoners at mealtimes had ceased. Prisoners went to activities under free-flow movement and access was not unduly restricted by security risk assessments. Attention was paid to ensuring that prisoners were kept safe and that those in conflict were kept apart. Links with other departments were good. A reasonable amount of security information was analysed well, and longer-term targets reflected current issues.

- I.36** Physical security measures were generally proportionate and supported the prison's category B status but there was too much routine-strip searching in reception without individual assessments of risk (see section on early days in custody and recommendation I.11). The previously restricted regime seen during our last inspection which had been imposed in response to high levels of violence had been lifted, as had the routine locking up of prisoners during the day. The withdrawal of association and controlled unlocking of prisoners at mealtimes had also ceased. Prisoners were able associate during the day (see section on time out of cell) and dine in association (see section on catering). There was well-supervised, free movement to activities and prisoners were escorted outside of these times. Security staff contributed to risk assessments for activities; these were proportionate and prisoners' access to activities was not unduly restricted. Attention was paid to the safety of individual prisoners, with early identification of gang issues and preventative measures taken to keep prisoners in conflict apart (see also section on bullying and violence reduction).
- I.37** In the previous six months, 2,893 information reports (which was a similar number to that at comparator prisons) had been submitted by staff from all departments. Intelligence was analysed well and required actions, such as target searching, were carried out quickly.
- I.38** Key departments were represented at the monthly security meeting, and relevant longer-term objectives were set to reflect the current threats around drugs, gang issues and violence. Relationships with other departments were good, with regular information-sharing meetings. The prison received effective support from the local police and there were adequate anti-corruption procedures in place. The police attended twice weekly meetings with the security and violence reduction teams and Catch 22 to discuss gang issues and violence within the prison. Information was used to avoid and prevent violence and keep prisoners safe.
- I.39** At the time of the inspection, there were eight prisoners subject to closed visits and 21 banned visitors, and all of these measures had been implemented appropriately for visits-related illicit activity. The appeal process was explained to prisoners and visitors, and prisoners were informed of the outcomes of monthly reviews, but visiting restrictions were not lifted unless the visitor contacted the prison at the end of the three-month restricted period and asked for permission to resume open visits.
- I.40** Drug and alcohol availability at the establishment was relatively low. In our survey, only 12% of prisoners said that it was easy to get illegal drugs, against the 33% comparator and 18% at the time of the previous inspection. Only 2% said that it was easy to get alcohol at the establishment, against the 14% comparator and 7% at the time of the previous inspection.

- I.41 The random mandatory drug testing (MDT) positive rate averaged 10.3% during the previous six months, which was relatively low compared with that at similar prisons and the target of 12%. Only 31 suspicion tests had been requested between February and the end of July 2014. Almost a third had exceeded the time limit for completion and there were gaps of up to 12 days when no MDT had taken place.
- I.42 Cannabis was still the main drug used, followed by subutex. There had also been some 'hooch' finds. Supply reduction was part of the overall drug strategy and a supply-reduction action plan had been developed.

Recommendation

- I.43 **The mandatory drug testing programme should be sufficiently resourced to undertake the required level of target testing.**

Housekeeping point

- I.44 Visiting restrictions should be lifted at the end of the specified period unless intelligence suggests that they still pose a risk to security and safety.

Incentives and earned privileges⁴

Expected outcomes:

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

- I.45 *The incentives and earned privileges policy was used appropriately to deal with minor infringements of the rules. Some prisoner had to wait too long for their applications for enhanced status to be considered. Prisoners on the basic regime could receive an incremental restoration of privileges, and the differentials between the levels were sufficient to encourage better behaviour.*

- I.46 The IEP scheme was used by staff to deal with minor infringements of prison rules. The length of time that prisoners had to wait before applying for enhanced status had reduced considerably but applications were not dealt with in a timely manner. We found some that had not been considered nearly two months after prisoners had submitted them.
- I.47 Records of reviews were good but did not state whether the prisoner had attended. Prisoners on the basic level of the scheme were given sufficient time out of cell for meals and association. These prisoners were reviewed every seven days and could receive an incremental restoration of their privileges if their behaviour improved. In our survey, more prisoners than at comparator prisons said that the differentials of the IEP scheme encouraged better behaviour; this was further supported by the views of those in our prisoner consultation groups.

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

- I.48 There was management oversight of the scheme and assurance checks were made of review boards.

Housekeeping point

- I.49 **Prisoner applications for the enhanced regime should be considered quickly and prisoners promoted if appropriate.**

Discipline

Expected outcomes:

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

- I.50 *Monitoring and analysis of adjudications, use of force and segregation had been introduced and was thorough. The number of adjudications was high and had increased considerably. Adjudication records showed that full investigations were carried out and that punishments were proportionate. Levels of use of force were high and had increased. The introduction of staff and prisoner debriefs provided useful feedback. Not enough attention was paid to quality assurance and not all planned incidents were reviewed. Special accommodation was rarely used but was unrecorded. Use of segregation was higher than at comparator prisons but few prisoners remained there for long periods. The unit was generally clean but the regime was poor. For the few prisoners who remained in segregation for longer periods, reintegration planning was good. Staff–prisoner relationships on the unit were reasonable and staff knew their prisoners well.*

Disciplinary procedures

- I.51 Thorough monitoring and analysis of adjudications, use of force and segregation had been introduced at appropriate meetings, where trends and underlying issues were identified and a range of actions had been taken in response. Adjudications were monitored at the monthly segregation monitoring and review group (SMARG) meetings but there was no quality assurance of individual adjudication records by a senior manager. The number of adjudications was high, and had increased considerably since the previous inspection, with 1,056 in the previous six months, reflecting the large number of violent incidents (see section on bullying and violence reduction). The main charges were for assaults, disobedience and possession of unauthorised articles.
- I.52 The adjudications documentation we reviewed showed that prisoners were given adequate opportunity to give their account of events. Records were generally detailed and gave a good account of the proceedings, including a good level of investigation. Punishments were proportionate and in accordance with the published tariff.

The use of force

- I.53 The number of incidents in which force was used was high, and had increased substantially since the previous inspection. Full use of restraint accounted for over half of the 212 incidents that had occurred in the previous six months. Managers had introduced debriefs of staff and younger prisoners following incidents, and some useful feedback had been collected and used to inform future responses.

- I.54** Although managers had raised and dealt appropriately with some issues about individual incidents, overall quality assurance procedures for use of force were poor. Not all planned incidents were reviewed and use of force documentation was not scrutinised. The documentation that we looked at was poorly completed and individual officers' reports were inconsistent, contradictory and some were lacking in detail. We were unable to judge whether force was always used as a last resort and whether or not it was proportionate. Video-recordings of planned interventions that we viewed showed that unnecessary force, including handcuffs and wristlocks, had been used on some prisoners to move them to other locations, even though they had been fully compliant with staff directions.
- I.55** Special accommodation had been used only once since the prison had opened but this use had not been documented. We were also made aware of two instances where prisoners had had their mattresses removed from their cells during the day, thereby making those cells akin to special accommodation, but neither of these was fully recorded and authorised.

Recommendations

- I.56** **Quality assurance procedures for use of force should be developed to ensure that all incidents, including planned interventions, are reviewed quickly to ensure that force was used proportionately and as a last resort, and that reports reflect events accurately and in sufficient detail.**
- I.57** **Use of special accommodation should be properly documented.**

Segregation

- I.58** Use of segregation was higher than at comparator prisons but similar to the level at the time of the previous inspection, with 331 prisoners segregated in the previous six months. Most prisoners were segregated either as punishment or awaiting adjudication (76%). The segregation unit was cleaner than at the time of the previous inspection, with little graffiti in cells. Prisoners had in-cell showers and had access to the custodial management system (see section on residential units) and telephones.
- I.59** Few prisoners remained on the unit for long periods and most returned to normal accommodation. Reviews took place at prescribed intervals and were attended by representatives of appropriate departments. Targets, when they were set, were perfunctory and did not address the reasons for segregation. For the few prisoners who stayed on the unit for relatively long periods, reintegration planning was good, and management plans were developed in conjunction with the prisoner and residential unit staff.
- I.60** The regime on the unit was poor. Limited in-cell education was available but there was no access to off-unit activities, apart from visits and occasional attendance at religious services. Some meals were still served at the cell door rather than allowing prisoners to collect their food from the servery. Those who were segregated for their own safety could attend gym sessions and were able to have a television in their cells. Segregated prisoners we spoke to said that they spent most of their time in their cells with little to do. The exercise yards were clean and contained benches. Prisoners had daily access to them, if required, although exercise was still taken singly.
- I.61** Staff on the unit knew their prisoners reasonably well but did not always challenge them when they shouted out of the windows.

- I.62** Few prisoners subject to ACCT procedures were held on the unit. When this was necessary, there was well-recorded justification which demonstrated consideration of alternative locations.

Recommendation

- I.63** **The regime in the care and separation unit should be improved. Subject to risk assessment, prisoners should be able to collect their meals from the servery, exercise together and have access to suitable regime activities.** (Repeated recommendation I.71)

Substance misuse

Expected outcomes:

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

- I.64** Drug- and/or alcohol-dependent prisoners received first night treatment consistently and were safely managed on the stabilisation unit. Controlled drug administration had improved, the dual diagnosis service was impressive and there was better integration with the psychosocial support team. There was no forum for prisoner consultation and there were delays in confirming existing community prescriptions.

- I.65** The substance misuse strategy group met monthly and there was good representation from relevant departments. The substance misuse strategy was detailed but lacked an up-to-date action plan for treatment services. Although service providers had completed prisoner surveys, there was no comprehensive needs analysis to inform future developments.
- I.66** Consistent officer availability had improved the supervision of controlled drug administration, although confidentiality was sometimes compromised (see section on pharmacy) and the process was time consuming and occasionally clashed with prisoners' activities. The clinical provider had not yet developed a forum for prisoner consultation.
- I.67** Joint working between clinical and psychosocial teams had led to more integrated services. Psychosocial support was easily accessible and included weekend cover, drop-in sessions and a good use of peer mentors. At the time of the inspection, 279 prisoners with drug and/or alcohol problems actively engaged with the service. Interventions comprised structured one-to-one work, cannabis and 'legal highs' awareness groups, and a two-week 'supporting change and recovery' (SCAR) module. Prisoners could also access Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous self-help groups.
- I.68** The support and care coordination of prisoners with substance use and mental health problems had improved considerably and a designated social worker, together with a mental health nurse, provided a comprehensive new dual diagnosis service.
- I.69** Drug- and/or alcohol-dependent prisoners received first night treatment consistently. In the previous six months, 397 prisoners had received opiate substitute treatment and 409 had completed alcohol detoxification. At the time of the inspection, 91 prisoners were receiving methadone and 23 buprenorphine, with most located on the stabilisation unit, which provided 90 spaces and 24-hour nurse cover. Prescribing regimes were flexible but delays in

confirming existing community prescriptions could disrupt treatment continuation and there was no evidence of secondary detoxification for prisoners who had relapsed.

- I.70** Prisoners were very positive about drug and alcohol interventions, and in our survey 97% said that they had found the support they received helpful, compared with only 61% in 2013 and a local prison comparator of 76%.

Recommendations

- I.71** **The substance misuse strategy should include an annual action plan for treatment services which is informed by a comprehensive needs analysis.**
- I.72** **The clinical substance misuse service should develop secondary detoxification provision.** (Repeated recommendation I.82)
- I.73** **Previous prescribing regimes should be confirmed promptly so as not to interrupt treatment continuity.**
- I.74** **The clinical substance misuse service should develop a mechanism for service user feedback to inform future developments.**

Good practice

- I.75** *Drug and alcohol service providers had developed a comprehensive dual diagnosis service which improved the care of prisoners with substance use and mental health problems.*

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1** *The living environment was pleasant. Residential areas were maintained well and access to services and facilities was generally good. There were in-cell showers and telephones, and the in-cell information technology system, which allowed prisoners to take responsibility for many aspects of their life, now operated more effectively.*
- 2.2** The prison was still reasonably new and in our survey prisoners were generally more positive than at similar prisons across a range of indicators about residential services. External areas were pleasant and well maintained, and communal areas were clean and bright. Cells were located on 10 wings and, although they were designed for one person, half actually held two but all were furnished adequately and were not over-cramped. Residential areas were some of the best we have seen; cells were generally clean, with little evidence of graffiti or offensive displays. All included telephones and integral showers and toilets; although mostly clean, some shower areas were shabby, with peeling paint, and some toilets were grubby.
- 2.3** Prisoners could wear their own clothes and access to laundry facilities was adequate. Clothing and bedding were in good condition and there were reasonable opportunities to exchange them. There was good access to cleaning materials.
- 2.4** Emergency cell call bells were generally responded to within five minutes and there was good management oversight and action when responses fell outside of this period.
- 2.5** The in-cell information technology, known as the custodial management system (CMS), had been developed further and levels of prisoner frustration with it had reduced significantly, although some limitations remained, including the fact that information was still available only in English. The system was generally viewed positively and enabled prisoners to take personal responsibility for many aspects of their life at the establishment, including: overseeing their finances, making prison shop orders, ordering meals, making applications to departments/individuals across the prison and receiving answers electronically, booking visits and ordering additional telephone credit. It still took too long for some telephone numbers to be added to the system. However, there was now additional support available from peer mentors to ensure that prisoners could operate the system effectively and access the range of services available; any necessary repairs to the system were generally conducted quickly, and additional terminals were available on each wing. The CMS provided good management information, including the timeliness of responses to applications, which was acted on accordingly.

Recommendations

- 2.6 Information on the custodial management system should be available in a range of languages to reflect the prison's population.**
- 2.7 The time taken for telephone numbers to be approved should be reduced.**

Housekeeping point

- 2.8 In-cell showers and toilets should be kept clean and maintained well.**

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.

- 2.9 Relationships between staff and prisoners were very good. The positive staff culture was a strength, and engagement was impressive. The personal officer scheme operated reasonably well. Consultation arrangements were effective.**
- 2.10 In our survey, most indicators of respectful treatment by staff were better than at similar prisons. The staff culture was positive and staff experience had developed and improved. Relationships between staff and prisoners continued to be a real strength and we saw overwhelmingly positive engagement throughout the inspection.**
- 2.11 A personal officer scheme had been introduced, was publicised well and operated reasonably effectively. Personal officers we spoke to were generally knowledgeable about the circumstances of the prisoners in their care but had limited understanding of their sentence planning or resettlement needs, and electronic case notes did not reflect positive engagement.**
- 2.12 The well-developed consultation arrangements were afforded a high priority and were generally responsive, and prisoners felt listened to. Most prisoners we spoke to were aware of the identified prisoner representatives and felt confident to take any issues to them to be raised at the regular consultation meetings.**

Recommendation

- 2.13 The personal officer scheme should be further developed to include a focus on sentence planning and resettlement needs, and records of engagement should be recorded in electronic case notes.**

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 characteristic⁵ 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.

- 2.14** Following a period of neglect, the strategic management of equality had recently improved and was now adequate. Provision for those with protected characteristics was new in most areas and the needs of some were not fully met, although arrangements for foreign national and transgender prisoners were good. Consultation processes were in place.

Strategic management

- 2.15** There had been a recent drive to improve the strategic management of equality and diversity following a period of neglect, when there had been no senior lead, irregular meetings and little or no follow-up of identified action points. However, recent meetings had been well structured and attended, and a new and experienced equality manager had been recruited to develop and drive services. The overall policy was clear and outlined expected actions across all areas of diversity, and was further supported by a (very new) consolidated action plan. A wide range of consultative groups had been established but so far too few meetings had been held to enable us to judge their impact. A senior manager had been identified as the lead for each protected characteristic, in an attempt to ensure prison-wide responsibility for the management and delivery of equality and diversity services. In addition, prisoner representatives had been recruited and trained, acting as a direct link to the diversity and equality action team, and assisted in running and recording meetings and in the frontline support of prisoners.
- 2.16** Monitoring of access to regimes and services was very good. The new equality monitoring tool was used comprehensively to identify current and emerging issues across the prison and had been well utilised to prioritise the order and composition of equality impact assessments.
- 2.17** Prisoners used the CMS to contact the diversity team directly; this helped to deal with issues at a day-to-day level, before they escalated to a level that required a discrimination incident report form (DIRF) to be submitted. A total of 40 DIRFs had been submitted during the previous six months. The deputy director reviewed and signed off each one and had identified that the quality of reports was variable, and in some cases poor. Despite this, many were incomplete, failing to show the outcome of subsequent enquiries.

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

Recommendation

- 2.18 All diversity investigation reports should be recorded, investigated fully and completed within timescales, and prisoners should be advised of the outcome.**
 (Repeated recommendation 2.24)

Protected characteristics

- 2.19** Prisoners from black and minority ethnic groups made up around 60% of the population. The survey results for these prisoners were broadly similar to those of white prisoners and better than at the time of the previous inspection. Prisoners in our black and minority ethnic group were very positive about their treatment and experiences at the establishment.
- 2.20** Approximately 5% of prisoners declared themselves to be from a Gypsy/Romany/Traveller background. Their needs had been considered and a prisoner representative met all new inductions in order to offer early support.
- 2.21** Around 30% (274) of prisoners were foreign nationals. There had been a considerable improvement in provision for them. C wing uppers had been designated as a foreign national wing and provided good support for those with little or no proficiency in English. Prisoners on this wing had good access to English for speakers of other languages (ESOL) provision and once they had made progress and attained level 1 an exit plan was drawn up to enable them to integrate into the wider prison. Good use was made of translation and interpretation equipment and services, with an excellent dedicated facility available, including on the segregation unit and health care unit. Liaison with Home Office immigration services was effective and independent immigration advice services were regularly available.
- 2.22** The three main religions at the prison were Muslim (26%), Roman Catholic (18%) and Anglican (10.5%). Our survey results indicated that Muslim prisoners felt that they were treated less favourably in a number of areas, including respect for their religious beliefs. The prison had also identified this and had responded by running a faith-based prisoner meeting during an Islamic faith group. Their responses to questions around their general treatment, access to regime facilities and potential discrimination issues had been very positive and reflected views we received during the inspection, both in our groups and generally across the prison.
- 2.23** Prisoners with disabilities reported less favourably than their able-bodied counterparts across many areas of our survey. Processes to identify prisoners with disabilities were poor and there was no joined-up support and care planning between wing and healthcare staff. Personal emergency evacuation plans were in place for only some of the prisoners requiring them.
- 2.24** Provision for older prisoners (defined locally as over 45) was underdeveloped and consisted mainly of two gym sessions at weekends and an occasional gardening party. Retired prisoners had to pay for their televisions.
- 2.25** The proportion of young adult prisoners had reduced by almost half and there were now just over 100 prisoners under the age of 21 spread across all of the wings. There was a general concern expressed by the prison about the behaviour and impact of the younger population on the prison. Equality monitoring reports supported this view and showed young adults to be more likely to be subject to adjudications, segregation and use of force. Despite this, there had still not been an assessment of their needs or any consideration of how best to manage them within the available regime.

- 2.26** In our survey, around 3% of prisoners declared themselves to be gay or bisexual. There were no links to any external support groups but these prisoners could access the diversity team easily and confidentially through the CMS.
- 2.27** Provision for individual transgender prisoners was effective and we saw good quality care plans in place to ensure equality of access to services and regime facilities. However, there was no wider policy to provide easy reference for staff who were not directly or regularly involved in their care.

Recommendations

- 2.28** **Older prisoners with care needs and those with a disability should have an integrated care plan and a personal emergency and evacuation plan, both of which should be reviewed regularly.** (Repeated recommendation 2.35)
- 2.29** **Prisoners over the age of retirement should not pay for their televisions.**
- 2.30** **The needs of the under-21-year-olds should be assessed and met.**

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.

- 2.31** *The chaplaincy was well integrated into prison life. Survey results were generally good in relation to access to services and chaplains.*
- 2.32** The large and effective chaplaincy was represented and played a part in most areas of the prison, including sentence planning meetings and parole hearings when requested. Survey results were generally good in relation to access to services and chaplains.
- 2.33** Faith services and support classes were universally well attended and took place in one of the two multi-faith rooms, which, although somewhat stark, provided a reasonable environment for worship. Access to services was generally unrestricted; prisoners registered their interest in services and supporting activities using the in-cell CMS.
- 2.34** A wide range of religious festivals was celebrated throughout the year and Muslim prisoners were very positive about the recent Ramadan celebrations. Bereavement support was provided whenever requested and the lead chaplain managed the official prison visitors scheme⁶.

⁶ Official Prison Visitors (OPVs) are members of the community who volunteer to visit prisoners. The scheme is usually managed by the Chaplaincy department and targeted at (but not exclusively) prisoners who do not receive social visits.

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.

- 2.35** *The number of complaints was similar to that at comparator prisons. Responses were timely, respectful and generally comprehensive. There was good quality assurance. There was no formal analysis of complaints to identify trends, although some ad hoc action was taken to address areas attracting high numbers of complaints.*

- 2.36** The number of complaints submitted had increased slightly, with an average of 230 submitted per month, which was similar to the number at comparator prisons. The main subject areas were property and residential issues. Prisoners were able to deal with many minor issues using the CMS, using the complaints system to address more serious matters. In our survey, more prisoners than at the time of the previous inspection said that complaints were dealt with quickly. Complaint forms were available on the wings and the boxes were emptied by the complaints clerk.
- 2.37** The responses we looked at were timely, respectful and addressed the issues raised. There was good quality assurance and individual respondents were advised of any shortcomings. Some ad hoc action had been taken to address areas attracting high numbers of complaints but there was no formal monitoring or analysis of complaints to identify emerging trends.

Recommendation

- 2.38 Analysis of complaints data should be undertaken and any trends or issues identified addressed quickly. (Repeated recommendation 2.46)**

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.

- 2.39** *Legal services provision was appropriate to the needs of the population, and our survey results in this area were very positive.*

- 2.40** There was good access to legal advisers, with provision for legal visits every weekday. These took place in the main visits hall, and there were nine private booths available for interviews requiring a higher degree of privacy. In our survey prisoners were positive about legal rights. There was good access to legal advisers, with provision for legal visits every weekday. These took place in the main visits hall, and there were nine private booths available for interviews requiring a higher degree of privacy.

- 2.41** Prisoners who were pursuing legal cases could make use of a word-processing package on the in-cell CMS when required to represent themselves.
- 2.42** The main issues for prisoners involved bail information and support following recall to prison. Both areas were well catered for by staff from Catch 22 (the provider of offender management services), who saw all new receptions to offer bail support and managed the 'recall pack' process efficiently.

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.

- 2.43** *Health services were in the process of being transformed. Primary care services, the care of patients with long-term conditions, pharmacy, dentistry and mental health services had all improved. There was an appropriate range of primary care clinics and age-appropriate activities; relationships between nurses and patients were professional; and more prisoners than at comparator establishments said that the overall quality of health services was good.*

Governance arrangements

- 2.44** Health services were in the process of being transformed. They were commissioned by NHS-E London and provided by CareUK, which subcontracted some services to other providers. A clear health needs assessment was underpinned by an application plan. A range of governance meetings took place, and the partnership board met quarterly and was routinely attended by health services staff. There had been no serious health-related incidents in 2014. There was an action plan following recommendations from two deaths in custody.
- 2.45** In our survey, 48% of prisoners said that the overall quality of health services was good, against a comparator of 36%. However, prisoners frequently told us of their dissatisfaction with aspects of health services. There was no patient forum; some health care matters were discussed at the prisoner consultation forum, and CareUK undertook patient satisfaction surveys, the outcomes of which were generally good.
- 2.46** There was a new head of health care, supported by a senior clinical nurse. The team structure had been transformed with a re-profiled administrative team and clinical team leaders for primary care, mental health and integrated drug treatment system (IDTS), respectively. The vacancy factor was about 10% and reliance on agency staff had ended. Clinical supervision was in place, although not all staff recorded its receipt.
- 2.47** In our survey, 57% of respondents said that the quality of care provided by the nurses was good or very good, compared with 50% in 2013. There was a lead GP, and all doctors, except for two, were on staff. The pharmacist and lead clinician scrutinised the prescribing of locums, which ensured consistency in practice. The GPs provided out-of-hours cover. Psychiatrists from South London and Maudsley NHS Foundation Trust (SLAM) provided daily psychiatric input.

- 2.48** Care planning was evident and reflected national guidance. Long-term condition registers were accurate and patients had care plans, which were subject to regular clinical audit; audit scores were good and pointed the way to improvements. There were appropriate policies for the management of communicable diseases and information sharing.
- 2.49** The health care unit and wing dispensaries were of a high standard, although the waiting room contained some graffiti. There was sufficient seating for waiting prisoners and they were able to access and leave the health care unit quickly, aided by a dedicated custody officer. The health care unit contained a range of relevant health promotion materials, some in several languages.
- 2.50** We were concerned to see that the X-ray equipment had not been used since installation. Infection control compliance scores had been low in 2013. An infection control lead nurse had been appointed and standards had improved.
- 2.51** Resuscitation equipment in reception, the health care unit and in the residential unit hub was checked daily. All custody officers were trained in first aid but not in the use of automated external defibrillators. Nurse managers were confident of a quick response from the ambulance service.
- 2.52** We saw good-humoured but professional relationships between nurses and patients. There was a lead nurse for the care of older patients and leads for longer-term conditions. Prisoners were given an informative leaflet on health services, which was available in languages other than English.
- 2.53** A new independent health care complaints system had been introduced in May 2014, although envelopes in which to post these were not always available on the wings. A report of complaint trends was shared with the relevant governance forum. There were between 50 and 70 health care complaints submitted per month, 10% of which concerned the late supply of medications. Responses to complaints were generally good. In June and July 2014, none of 138 complaints submitted had been upheld.
- 2.54** There was a systematic approach to health promotion, with a monthly programme of activities and thematic displays in the health care unit and on the wings. There were no organised smoking cessation programmes or group work but individual support in the form of weekly personal motivation meetings was available.
- 2.55** There were appropriate approaches to screening and immunisation. There were 109 (12.2%) prisoners under the age of 21 and they were screened for meningitis C and offered chlamydia testing. All prisoners were screened for infectious diseases such as tetanus, and blood-borne viruses such as hepatitis B. The 82 prisoners (9.1% of the population) over the age of 50 years were offered seasonal influenza vaccination. Condoms were now available from the library, in response to advice from prisoner representatives at the prisoner consultation forum.

Recommendations

- 2.56** **The X-ray facilities should be brought into use immediately.**
- 2.57** **Custody officers should be trained to use automated external defibrillators.**
- 2.58** **Complaints responses should be regularly quality assured.**
- 2.59** **Smoking cessation programmes should be available to patients.**

Housekeeping points

- 2.60** There should be a forum where patients are consulted about health services.
- 2.61** Staff members should record receipt of clinical supervision.
- 2.62** Envelopes should be supplied on the wings to accompany health complaint forms.

Delivery of care (physical health)

- 2.63** All new receptions were screened in reception, where new rooms had been suitably equipped; however, we saw some prisoners being asked medical questions at the reception desk, where others could overhear. Prisoners could be seen by the GP on the evening of arrival if required. Comprehensive assessment was offered in the ensuing 48 hours, with a good focus on the identification of persons with learning disabilities.
- 2.64** Prisoners applied to see a health care professional via the custodial management system (CMS; see section on residential units). About 40 electronic messages were received each day. Health care professionals acknowledged them promptly and responded, with appointments, through the CMS. Prisoners could be seen by a nurse or were booked to see the GP directly. The wait for the GP was usually no more than three to four days. The GP did-not-attend rate had substantially improved in 2014, from 13.8% in March to 4.4% in July.
- 2.65** There was an appropriate range of primary care clinics and age-appropriate activities; for example, the over-50s were offered regular health checks and specific gym sessions. However, there were difficulties in getting an appointment with an optician; at the time of the inspection, there were 52 patients waiting, 18 of whom had waited longer than six weeks, and the did-not-attend rate of 37% was unacceptable.
- 2.66** The 18-bed inpatient unit was staffed by custody officers and nurses. Beds remained on the certified normal accommodation, although non-clinical admissions were uncommon. The regime on the unit was relaxed; patients were unlocked for most of the day and a wide range of therapeutic and communal diversionary activities took place.
- 2.67** Efforts had been made to enhance joint working between nurses and custody staff, including mental health training. Custody staff patient records were used with medical records to inform ward rounds. Health care plans for inpatients were comprehensive.
- 2.68** The lead administrator ensured that external health appointments were fully utilised and cancellations for security reasons had occurred only twice in the previous six months. The use of telemedicine had yet to be fully explored.

Recommendations

- 2.69** **Health care consultations in reception should be conducted in private.**
- 2.70** **Waiting times and did-not-attend rates for the optician should be improved.**

Pharmacy

- 2.71** The pharmacist ran a clinic, where patients could receive medicine use reviews and treatment for minor ailments, and the pharmacy ran a shop offering the purchase of over-the-counter remedies.
- 2.72** Patients received medications from three treatment rooms, three times a day, and medicines were supplied to the cells at night if necessary. At the substance misuse treatment room, we saw three patients waiting to be seen at the same time, within each other's hearing, with one officer supervising the queue; confidentiality was therefore compromised. Some prescribing benefited the regime rather than the patient; for example, we saw painkillers being prescribed three times a day when the conventional distribution should be four times a day.
- 2.73** In-possession risk assessments were completed and reviewed regularly, and were available on SystmOne (the electronic clinical record), although the assessment form had not been formally reviewed for over two years.
- 2.74** The storage of medicines was generally good but there were a few unlabelled medicines present. The refrigerator in the inpatient treatment room was monitored daily but the recorded temperatures were outside the normal range and it was unclear what action had been taken to rectify non-compliance issues. We found some medicine trolleys that were not secured to the walls; immediate action was taken to rectify these lapses.
- 2.75** There was a reasonable range of patient group directions in use. Instances of patients not collecting medicines for supervised consumption were not always recorded or followed up, including one patient who had missed three days of methadone treatment. Patients were supposed to reorder their in-possession medicines before they ran out but this was not always done promptly, sometimes leading to missed doses. There was an out-of-hours cupboard, which contained a stock of medicines used when the pharmacy was closed; this stock was audited.
- 2.76** A medicines and therapeutics committee met regularly and ensured that standard operating procedures were in place and monitored the prescribing of potentially tradable medications.

Recommendations

- 2.77** **Patients should be able to receive their medications in a confidential manner.**
- 2.78** **Prescribing of medicines, and administration times, should optimise therapeutic effect.**

Housekeeping points

- 2.79** The medicines in-possession risk assessment should be reviewed.
- 2.80** Patients who do not appear for the administration of prescribed medications should be followed up.

Dentistry

- 2.81** A local dentist provided four sessions per week. At the time of the inspection, there were 33 prisoners on the waiting list; appointments were available within one week of application and the did-not-attend rate had substantially improved, from 20.4% in March 2014 to 7.8% in July. Prisoners were able to receive a full range of dental treatments.
- 2.82** The surgery was modern and met best practice standards. Required certifications were up to date.

Delivery of care (mental health)

- 2.83** There were unusually high levels of diagnosed mental health problems, compared with those at similar prisons. For example, in the period April to July 2014, 900 prisoners had identified mental health problems; 250 of these were diagnosed with schizophrenia and just under 600 had a potential learning disability.
- 2.84** The mental health team comprised psychiatrists, nurses and an occupational therapist. There were sufficient staff to meet demand, although the occasional redeployment of nurses to general duties sometimes affected capacity. The introduction of improving access to psychological therapies (IAPT) services was under consideration at the time of the inspection.
- 2.85** The team provided an integrated approach, with an open referral system. Urgent referrals were seen within a day and non-urgent referrals within five days. There was a combined caseload of approximately 123 patients with mild-to-severe forms of illness. There was an appropriate range of solution-based individual therapies and support, some group activities and an expanded dual diagnosis service (see also section on substance misuse). Mental health workers acted as care programme approach (CPA) case coordinators and supported prison complex case reviews. Links with London CPA managers were well established and said to offer good continuity.
- 2.86** From January to August 2014, 20 patients had been transferred to external mental health beds. Although some of these took place within one week, the average wait was 33 days and 64% waited longer than the transfer guideline of 14 days – the longest being 97 days, which was unacceptable.

Recommendation

- 2.87** **Prisoners assessed as requiring external mental health beds in the community should be transferred expeditiously.**

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.

- 2.88** *The food provided was generally good but breakfast packs were inadequate. There was good consultation with prisoners. Food was prepared and served in hygienic conditions. Prisoners could dine communally.*
- 2.89** In our survey, more prisoners than elsewhere said that the food provided was good or very good (58% versus 20%). A varied and nutritious menu was provided which catered for religious and dietary requirements. However, the breakfast pack, which was distributed on the day before it was to be eaten, was inadequate. Mealtimes were appropriate.
- 2.90** There was good consultation with prisoners about the food. They had access to food comments books but many chose to send their views to the prison via the CMS. The catering manager attended the prisoner consultation forum, where food was discussed, and he attended the serveries regularly.
- 2.91** Servery and kitchen staff wore appropriate clean clothing and were trained in food hygiene. Food was stored and prepared in a clean environment and the kitchen had been awarded the top rating for food hygiene by local authority inspectors. The supervision of food preparation and serving had improved and was now satisfactory.
- 2.92** Each wing had tables for prisoners to dine together and they were well used.

Recommendation

- 2.93** **Prisoners should be provided with an adequate breakfast on the day it is 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.

- 2.94** *The prison shop was generally well run but non-smokers were not able to obtain reception grocery packs. The restriction of items for prisoners on open assessment, care in custody and teamwork (ACCT) documents was not based on individual risk assessments.*
- 2.95** The prison shop was onsite and, although the storage area was limited, provision was mostly satisfactory. The prison had implemented some restrictions on the number of goods that prisoners could purchase, to ensure that they all had equal access to all goods.

- 2.96** Prisoners ordered shop items using the CMS up to midnight on the day before goods were delivered to the residential units. New arrivals were able to request smoker's packs but there was no general reception grocery pack⁷ for others. All prisoners were given PIN telephone credit on arrival. Consultation took place through the prisoner consultation forum and changes were made according to prisoners' requests where possible. Prisoners were able to order newspapers and magazines. A wide range of catalogues was available and prisoners did not have to pay an administration charge for the service.
- 2.97** There was a list of items that prisoners on open assessment, care in custody and teamwork (ACCT) documents were not able purchase; this was not based on individual risk assessments and unfairly restricted access to goods.

Recommendations

- 2.98** **All new arrivals should be provided with suitable reception packs.**
- 2.99** **Restrictions on the purchase of items by prisoners on assessment, care in custody and teamwork (ACCT) documents should be based on an individual assessment of risk.**

⁷ Reception packs usually contain basic food and drink items such as tea, milk, sugar and sweets.

Section 3. Purposeful activity

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.⁸

- 3.1** *The very restricted regime in place during the previous inspection had gone and the amount of time out of cell was reasonable. Although exercise periods were too short, they were reliably provided and well supervised.*

- 3.2** The amount of time out of cell was reasonable, with a minimum of four hours 30 minutes a day for unemployed prisoners and eight hours for full-time employed prisoners. Enhanced prisoners were unlocked for an additional hour on weekdays. Prisoners were locked up too early in the evenings, at 6pm during the week and 5.30pm at weekends.
- 3.3** Association was provided every day. In our survey, 61% of respondents said that they went on association five times a week, which was far better than at other local prisons and than at the time of the previous inspection (47% and 2%, respectively).
- 3.4** There was not enough employment for prisoners (see main recommendation S55); in our spot checks we found an average of 36% locked in their cells, which was too high but much better than the 60% recorded at the time of the previous inspection.
- 3.5** Outdoor exercise was offered every day, and 56% of prisoners in our survey said that they participated three or more times a week, but it was too short, at 45 minutes. Outdoor exercise was well supervised, staff interacted with prisoners on the yards, and the exercise equipment and seating provided were well used.

Recommendations

- 3.6** **Prisoners should have access to evening association.**
- 3.7** **All prisoners should have access to one hour of outdoor exercise a day.** (Repeated recommendation 3.6)

⁸ 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 *Learning and skills provision had improved but required further improvement. There were still too few activity places for the population and these were not utilised effectively, leaving around 350 unemployed. The range of education was adequate but there was too little vocational training and only a limited range of work. The quality of teaching and learning was variable. Too few prisoners completed their education courses, although retention and pass rates on most of the newer short courses were better. Peer mentors were used effectively. Library services had improved substantially, and were good and well used.*

3.9 *Ofsted⁹ made the following assessments about the learning and skills and work provision:*

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

- 3.10** The education and vocational training provision provided by A4e required improvement. Productive partnership working was a strength of the provision and was still evolving. However, there was still no overall needs analysis to inform work, training or curriculum delivery. A transparent and well-informed allocations process had been introduced and all relevant partners were involved. Data on allocations were collated and analysed well by the prison, to monitor whether the allocations process was fair and equitable.
- 3.11** Quality improvement arrangements had improved substantially, and were accorded a high priority within the prison, although were nonetheless a work in progress. A quality improvement group had been established and met regularly but had become sidetracked with operational matters rather than implementing and monitoring specific actions for improvement.
- 3.12** Managers had introduced an ambitious and inclusive self-assessment process, which was wide ranging in scope and content but not yet sufficiently evaluative or concise. The prison's overall self-assessment report drew on self-assessments from most partners but, although it accurately judged the overall effectiveness of the provision, it was too descriptive and not critical enough to be an effective tool for strategic improvement planning.

⁹ 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>.

- 3.13** An observation of teaching and learning system had been introduced and was reasonably effective in developing teachers' skills. Areas for individual teachers' development were identified clearly and effective actions were taken to support improvement, but too many actions focused on classroom management and the use of resources rather than on improving learning or prisoners' progress during sessions.
- 3.14** The range of data available to prison managers to manage, monitor and strategically develop the provision had improved but was still inadequate for monitoring and curriculum planning purposes. For example, a training needs analysis had sought prisoners' preferences for new courses and activities but did not use data analysis of their previous achievements and experience, or their English and mathematics skills and educational starting points on entry to the prison. Detailed data on learners' pass rates and non-completion by course and level were not routinely available to prison managers.

Recommendations

- 3.15** **The education provider should complete a thorough analysis of prisoner needs to inform the planning of learning and skills across the prison and develop a clear plan for the implementation of vocational training and work activities.** (Repeated recommendation 3.12).
- 3.16** **The quality improvement group should generate action plans which are specific, realistic and measurable.**
- 3.17** **Self-assessment practice should involve a critical and concise evaluation, which forms a succinct basis for strategic improvement action planning.**
- 3.18** **The observation of teaching and learning system should focus on the impact of teaching on learning and the progress made by prisoners during learning sessions in order to determine the grade awarded and their professional development needs.**
- 3.19** **Managers should identify and regularly analyse the most appropriate range of data, to improve the management, monitoring and planning of the learning, skills and work provision.**

Provision of activities

- 3.20** The number of activity places had increased but remained insufficient, at 351 full-time work and 151 full-time education places – sufficient to keep just over half of the prison occupied.
- 3.21** The prison was making reasonable efforts to allocate prisoners to an activity but attendance was not maximised and most work places were full time, leaving too many prisoners (around 350) without any activity. There were waiting lists for most work activities and some education courses.
- 3.22** The prison had responded well to feedback from prisoners. A new barbering training facility was about to be opened, and a music production course was planned to start in the autumn. A peer mentoring programme for prisoners had been developed, enabling prisoners to work alongside and support prison staff effectively in a number of activities, notably the violence reduction programme, providing them with useful experience and a high level of responsibility. A large number of prisoners, around 50, were doing Open University and other distance learning courses.

- 3.23** The range of education offered was adequate. Three entry-level courses were provided in English for speakers of other languages (ESOL), and attendance was adequate.
- 3.24** Too little vocational training was offered and was still limited to the kitchen and gym. Twelve vocational training workshops were at an advanced stage of construction and due to be operational by the spring of 2015. Although the workshops would increase the number of activity places substantially, it was likely that the increase would at best be proportionate to the planned increase in prisoner numbers and would not meet the current shortfall (see main recommendation S55).
- 3.25** The range of work available remained limited and was largely of little value in developing prisoners' employability skills. The only training on offer in most of the work available comprised statutory elements such as health and safety (see main recommendation S55).

Quality of provision

- 3.26** The quality of teaching, learning and assessment in education sessions was too variable, ranging from good to inadequate.
- 3.27** Prisoners' induction to education was functional in content and approach, but provided prisoners with adequate information about learning, training and work options. Initial assessment and the use of individual learning plans (ILPs) on long courses and vocational training were satisfactory. Initial assessment and ILPs on short courses were cursory in approach and content, and not used by teachers to improve individuals' learning or promote higher achievement.
- 3.28** The little vocational training available was of a high quality. Prisoners' standard of work in catering and fitness qualifications was high, and portfolios and assessment practice were good. Prisoners doing Open University and distance learning courses were supported well to progress towards qualifications in subjects ranging from motor vehicle studies to academic degrees.
- 3.29** Teaching staff were generally positive, professionally engaged and enthusiastic. In the education department, learners' work, course information and learning resources were displayed prominently in classrooms, helping to create a positive environment for learning.
- 3.30** In the better sessions, prisoners were all motivated and made good progress. Teachers tested the depth of their understanding using detailed and directed questions. The planning of individual learning was good and resources were used well. There was an adequate focus on the development of employability skills in teaching sessions generally.
- 3.31** In the less successful lessons, teachers did not focus enough on the impact of teaching on learning or the progress made by prisoners generally or individually. Too much teaching did not take sufficient account of individual prisoners' aspirations and existing expertise or their identified barriers to learning, or challenge those who could excel. ESOL teaching required improvement. Low-level disruption in classes was tolerated by some teachers and caused some prisoners to disengage from learning.
- 3.32** Prisoners used innovative in-cell information technology adequately for completing and submitting homework, but the system was not used to its full potential. A4e teachers and mentors provided satisfactory in-cell support to prisoners who could not physically attend education sessions.

- 3.33** Prisoners with identified learning needs, such as dyslexia, received good support from specialists to achieve. Such prisoners were broadly as successful as their peers, although the data showing this were not generated routinely by A4e.
- 3.34** Some classrooms, particularly in the house blocks, were not fit for purpose or conducive to learning. They were hot, airless and not large enough to accommodate the numbers allocated to a session.

Recommendations

- 3.35** **The education provider should improve the quality of teaching and learning.**
- 3.36** **Teachers should make better use of information about each prisoner to plan lessons that challenge all learners to reach their potential.**
- 3.37** **The classrooms in the house block should be better ventilated and cooled.**
- 3.38** **Class sizes should be reduced to an appropriate number for the size of classroom.**

Education and vocational achievements

- 3.39** Attendance at education sessions had greatly improved over the previous year as a consequence of well-considered management actions, rising from a low average of 55% to 78% in July 2014, although this was still not high enough. Sentenced prisoners' attendance was now good but around a third of remand prisoners did not go to sessions they had elected to attend.
- 3.40** Pass rates in education classes varied widely, being very high on a number of courses such as food safety, health and safety, and creative crafts but low on all long mathematics courses, and ESOL courses at all levels. Retention and pass rates on recently introduced short, unit-based courses in English and mathematics were generally high. A large proportion of prisoners progressed to successive units of learning on the short English courses and around two-thirds achieved a full functional skills qualification, but far fewer did so in mathematics. Prisoners' development of personal, social and employability skills through education sessions was adequate.
- 3.41** On average, only slightly fewer than half of those who started an education course stayed long enough to gain a qualification. Too many non-achievers were released, transferred out of the prison or dismissed from their course before they could complete it. On ESOL and long functional skills English and mathematics courses, up to two-thirds left early.
- 3.42** Prisoners developed good skills in catering, and most of those who stayed for the duration of the course achieved national vocational qualification units.
- 3.43** There was no recording or formal recognition of skills developed by prisoners as a consequence of their work activities across the prison

Recommendations

- 3.44** **Overall attendance rates, particularly by remand prisoners at education sessions, should be improved.**

- 3.45 Pass rates on all courses should be raised to a consistently high level.**
- 3.46 The number of prisoners who start but do not complete their course should be reduced substantially.**
- 3.47 The prison should provide qualifications and other mechanisms to record and recognise the skills that prisoners gain at work.**

Library

- 3.48** The library service, provided by Serco, was very well managed. The service had improved substantially and was now good. Opening hours and access were now good and prisoners who could not access the library directly were accommodated through a monthly trolley service to the accommodation wings. Links with the education department were strong and complemented education courses.
- 3.49** The range of stock was wide, up to date and met the varied needs of the disparate prisoner population, including foreign nationals. Loan rates and the number of prisoners using the facilities were high.
- 3.50** A wide range of popular and well-attended activities to promote literacy had been introduced, such as book and film clubs, creative writing sessions, Storybook Dads (in which detainees record stories for their children) and a schedule of visiting lecturers. Prisoners had sufficient access to the four computers in the library and arrangements to introduce additional computers were well advanced. The Toe by Toe programme (a mentoring scheme to help prisoners learn to read) was highly successful, with seven mentors and 80 mentees.
- 3.51** A range of data was generated and analysed to monitor library usage but the system for generating reports was cumbersome and the reports were basic.

Recommendation

- 3.52 Managers should introduce a more efficient and more detailed data reporting system.**

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.

- 3.53** The PE provision was well managed. There was good access to the gym, and a wide range of activities was offered. The provision was integrated well with other services across the prison. The range of PE qualifications offered was adequate but pass rates were variable. There was a lack of formal collation or analysis of PE data.
- 3.54** The PE and healthy living provision was good and well managed. The gym was large, well used and open seven days a week. Prisoners had good access to a range of activities, and the facilities were good and well maintained. Participation and attendance rates were high. The induction to the gym was effective.

- 3.55** PE staff made good use of the all-weather sports pitch for four sessions each day and inter-wing football competitions at weekends. The team of eight PE officers held a wide range of appropriate specialist sports qualifications and all had teacher training awards. Two staff were qualified to assess prisoners with declared health conditions. All orderlies were appropriately qualified.
- 3.56** An effective booking system ensured that all prisoners could attend for at least the required minimum of two sessions, totalling three hours, weekly. Gym sessions did not interrupt work or education and those working during the day could attend before work or during non-working time.
- 3.57** The range of accredited PE qualifications available had improved but was still only adequate; it included fitness instructor, health and safety, and basketball coaching at level 2. Prisoners' achievement of accredited qualifications required improvement. Success rates were high on courses delivered by gym staff but low on the level 2 fitness instructor award provided by A4e.
- 3.58** The gym integrated well with other services across the prison. Recently introduced well-being days promoted healthy living in conjunction with the prison's health care department and were used constructively to introduce prisoners to a wide range of prison activities. Good links had been developed with a sports charity and the offender management unit, giving prisoners the opportunity to continue their fitness programmes and work as volunteers in sports facilities on release.
- 3.59** The manager made good use of attendance data to identify any under-represented groups and had introduced sessions for older prisoners. However, data analysis overall was not sufficiently rigorous and PE staff were unable to identify trends over time or measure accurately the impact of improvement actions.

Recommendation

- 3.60** **The gym should develop structured and routine reports providing key information, such as the different groups of prisoners using the gym, to identify trends and improvements in performance.**

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** A good reducing reoffending strategy was supported by regular meetings but there was no overarching action plan for the resettlement pathways. Needs analyses had been completed but not all used a wide enough range of information or analysed the needs of specific groups, and they had not yet been put together to provide an overarching profile of the establishment. Some case managers had not received sufficient training, particularly in risk of harm. Links with offender managers in the community and communication within the offender management unit were inadequate.

- 4.2** Adequate strategic oversight of reducing reoffending was provided by a strategy group which met quarterly and a resettlement pathways group which met bimonthly. Both meetings were adequately attended and had a clear focus.

- 4.3** The reducing reoffending strategy had been reviewed and set clear priorities for the establishment, alongside an overview of specific functions such as offender management and public protection.

- 4.4** Each resettlement pathway lead manager had coordinated a recent needs analysis. This was prepared by Catch 22 (the provider of offender management services) and was clear and useful, but it over-relied on prisoner views and did not make use of data from offender assessment system (OASys) assessments or P-Nomis (electronic case notes) to provide a more robust picture of needs. In addition, it did not analyse the needs of specific types of prisoner such as indeterminate-sentenced prisoners (ISPs) or young adults. At the time of the inspection, there was no overarching needs analysis or action plan, although they were in development. This gap made it difficult to see how the strategic meetings monitored progress against priorities.

- 4.5** Catch 22 case managers had received basic training, such as in OASys, but we were not assured that all relevant staff had the appropriate knowledge and skills confidently to assess and manage risk of harm.

- 4.6** Links with resettlement agencies in the community had developed and case managers in Catch 22 were clearer about who to turn to for help with individual problems. However, links with offender managers in the community were more variable. In some cases, we saw evidence of good liaison but in others there had been little contact. There was no strategy about how best to communicate with Probation Services. Although letters were sent to seek input from offender managers, there was no process to escalate issues of non-response and in many instances this resulted in delays in case progression (see paragraph 4.17) or the absence of important risk of harm information (see section on public protection).

- 4.7** Catch 22 and the custody office were separate teams and there was a lack of joint working in some important aspects which negatively affected progression (see section on

categorisation). Some residential staff had a good understanding of what Catch 22 provided but others were less certain. The introduction of residential 'champions' to promote this and raise the profile of offender management was a good initiative.

Recommendations

- 4.8 An overarching analysis of need should be developed, based on an adequate range of sources and exploring the needs of specific types of prisoners, such as young adults or those serving long sentences. A comprehensive action plan should be developed and monitored.**
- 4.9 All Catch 22 case managers should have the appropriate knowledge and skills to assess and manage risk of harm confidently.**
- 4.10 Joint working and communication between the custody office and Catch 22 should be improved.**

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.

- 4.11 Offender assessment system (OASys) assessments that were the responsibility of the prison were up to date but too many of those for which the community offender managers were responsible were late. Caseloads in the offender management unit had become more manageable but contact levels were inadequate and reactive, even in some high risk of harm cases. The quality of the likelihood of reoffending assessment carried out by Catch 22 was generally adequate but the quality of sentence and risk management plans was not. Too few applications for home detention curfew were considered by the board and too many prisoners were released late. Public protection processes were sound but multi-agency public protection arrangements (MAPPA) levels were not always confirmed far enough ahead of release. Categorisation processes had improved but the lack of progressive transfers was a serious concern. Indeterminate-sentenced prisoners were managed well and had a support forum but some stayed at the establishment for too long, with little to do.**
- 4.12 Prisoners' needs were assessed on arrival and they were all allocated a case manager. Those on remand or serving less than 12 months contacted their case manager by application. Contact by case managers with those serving over 12 months was too infrequent, reactive and informal. In the cases we reviewed, the level of contact was generally more frequent in high risk of harm cases but in at least one of these there had been no contact for almost eight months, which reflected differential performance among case managers. Although some prisoners we spoke to were enthusiastic about their relationship with their case manager and praised their efforts to keep them up to date and supported, too many felt neglected because of the lack of contact.**
- 4.13 The offender management team had experienced staff shortages over the previous year, so caseloads had been very high. At the time of the inspection, staffing levels had improved and caseloads had become more manageable, at about 60 each. Some case managers had**

specialist caseloads, which enabled them to develop confidence and expertise in that area – for example, recalled prisoners, integrated offender management or ISPs.

- 4.14** The backlog of OASys assessments that were the responsibility of the prison had been addressed over the previous few months and they were completed to an adequate standard, but too many cases for which the community offender managers were responsible lacked an up-to-date assessment, which impacted on prisoners' progress and level of engagement (see main recommendation S56.)
- 4.15** Assessments of the likelihood of reoffending were variable in too many cases but the quality of those completed by Catch 22 staff were better than those carried out by community offender managers. In some cases, there was no up-to-date sentence plan, and boards had not been held. Several plans we looked at were based on interventions available at the establishment rather than the actual offending-related needs of the prisoner.
- 4.16** The risk of serious harm analysis was not always thorough and we had concerns about practice in a few cases. Worryingly, there were gaps in assessments prepared by community offender managers, where there were potentially more risks to be analysed. Risk management plans generally took account of the custodial and community phases of the sentence, although they were not reviewed following new evidence.
- 4.17** Too many home detention curfew assessments were not considered by the board owing to the lack of a report from the community offender manager, which meant that these prisoners potentially missed out on the opportunity for early release. Too many of those approved by the board were released late (19 out of the 25 in our sample) – again, mainly due to late reports from the community offender manager (see main recommendation S56). There was no monitoring of these issues by senior managers or an action plan to make improvements.

Recommendations

- 4.18** **Prioritisation of work should ensure that case managers have meaningful contact with prisoners who are most at risk of harm or likely to reoffend.** (Repeated recommendation 4.15).
- 4.19** **Offender assessment system (OASys) assessments, including sentence and risk management plans, should be of a consistently high quality and reviewed as necessary, particularly when circumstances change or new information comes to light.**

Public protection

- 4.20** Public protection arrangements and developments were overseen by a regular policy group and contact restrictions were well managed. Issues were identified on arrival at the establishment and appropriate restrictions applied. Mail and telephone monitoring was used effectively, discussed at the monitoring group and removed if evidence supported it. The prisoner was fully informed about the restrictions and could apply for child contact. Assessments for contact were robust.
- 4.21** The use of the violent and sexual offenders register had improved but there was a slight backlog of data inputting.

- 4.22** The interdepartmental risk management team provided oversight of those due to be released. However, it was too often not informed of the multi-agency public protection arrangements (MAPPA) level far enough in advance of release, which potentially limited its involvement in multi-agency release planning. Of 19 MAPPA prisoners due for release in the following two months, 13 did not have a MAPPA level set, five of which were high risk of harm cases. One MAPPA prisoner was released at the end of the inspection week and the case manager had been unaware of his MAPPA level until the day before. When case managers knew that a prisoner was being managed under MAPPA, they submitted regular reports. They met regularly and reviewed all MAPPA cases six months before the prisoner's release; however, this was of limited effectiveness when they did not know the accurate MAPPA level.

Recommendation

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

Categorisation

- 4.24** The recent backlog of initial categorisations and reviews had been cleared but in some cases extensive delays had hindered prisoners' progression.
- 4.25** Prisoners were involved in the recategorisation process and could appeal the decision. Completed reviews were detailed and of a good quality, leading to defensible decisions, but management oversight and approval of the recommendation sometimes took too long.
- 4.26** At the time of the inspection, the prison held 184 category C prisoners and 33 category D, the latter figure being comparatively high. We had serious concerns about the lack of progression in many of these cases. Transfers were managed by the custody office and links to case managers in the Catch 22 office were ineffective. The transfer list held by the custody team was out of date, omitting over half of the category C prisoners. Too many prisoners waiting for a transfer were on an indefinite transfer hold, which meant that they would not be prioritised. Case managers did not focus on transfer and did not actively pursue this with the custody office or the prisoner. The custody office did not know the reception date or sentence plan targets for those on the transfer list so were unable to prioritise in a meaningful way. As a result, some prisoners remained at the establishment for too long (see main recommendation S57).

Indeterminate sentence prisoners

- 4.27** The number of ISPs held at the establishment had increased to 26. They were all allocated to a senior Catch 22 worker, who was confident and appropriately trained. Although some were recalled, others had been at the establishment for too long, with little to do. There was a lack of focus on transferring these prisoners to more suitable prisons (see section on categorisation and main recommendation S57).
- 4.28** An ISP support forum had recently been set up and those on remand who were potentially facing an indeterminate sentence were given adequate information. Parole reports were up to date.

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.

- 4.29** Resettlement needs assessments on arrival led to appropriate referrals and support, but pre-release planning was less well developed. The accommodation support was good. Too few sentenced prisoners received an interview with the careers service during induction to help them plan their time in prison and beyond. Pre-release health care arrangements had improved and were effective, and there was good provision pre- and post-release for those with substance use problems. The finance, benefit and debt pathway had improved and included the facility to open bank accounts. Family support provision had progressed well and further developments were planned, informed by prisoner and visitor consultation. Some prisoners did not receive enough offending behaviour work but more interventions were being developed to begin to address this.

- 4.30** All prisoners were interviewed by a Catch 22 worker during induction. This interview broadly identified the key resettlement issues. Referrals were made as appropriate following the initial interviews, and Catch 22 provided resettlement support for accommodation; finance, benefit and debts; and attitudes, thinking and behaviour needs. Support with other resettlement needs was available and provided by other contracted services.

- 4.31** Newly sentenced prisoners received a further basic custody screen, to highlight additional resettlement issues further. This was supposed to be carried out within four days of sentence but in about a fifth of cases sentenced in the previous month, it had either been done late or not at all.

- 4.32** Pre-release planning was less well developed and not all sentenced prisoners had their existing or new problems assessed or followed before release.

Recommendation

- 4.33** **All sentenced prisoners should have their resettlement needs reassessed before release and plans made to address outstanding issues.**

Housekeeping point

- 4.34** The basic custody screen should be completed on time for all sentenced prisoners.

Accommodation

- 4.35** Catch 22 provided help with housing problems. The senior adviser was appropriately trained and supported other case managers in their work. Community case managers provided through-the-gate support with accommodation.

- 4.36** A wide range of support was provided, including help with closing down housing benefits, managing rent arrears and contacting landlords. A recent resettlement event for prisoners had been attended by a large number of housing providers.

- 4.37** About 12% of prisoners were released without accommodation, which was similar to the percentage at the time of the previous inspection. Catch 22 staff did not monitor the number of homeless prisoners helped into settled accommodation on release.

Recommendation

- 4.38** **The number of prisoners helped into settled accommodation should be monitored, to evidence the effectiveness of the service.**

Education, training and employment

- 4.39** Staffing levels had increased and the education, training and employment service was better able to respond to prisoners' needs. However, the quality of the National Careers Service, provided by Prospects, required improvement. Only around 40% of sentenced prisoners received an interview with the careers service during induction to help them plan their time in prison and beyond, although this was a greater proportion than at the time of the previous inspection. Prospects had developed a range of useful partnerships within and outside the prison to support prisoners before and after release. However, too few prisoners had interviews with Prospects staff before release, to support them in their search for employment, education or training (see main recommendation S58).
- 4.40** The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not in operation, which prevented prisoners from undertaking live job searches before release (see main recommendation S58). The quality and content of employability sessions offered by the education provider were compromised by tight timetabling, and some of the course content was out of date.
- 4.41** Prospects did not analyse or evaluate the effectiveness and impact of its services rigorously enough. Self-assessment was too descriptive and based on assertions rather than judgements.

Health care

- 4.42** Pre-release health care arrangements had improved and were good. Health services staff were notified in advance of releases and prisoners were offered health care interviews, take-home medication for up to seven days, letters for GPs or care providers, and harm minimisation packs. There was a good end-of-life and palliative care policy, which had been formulated with Bexley Community Hospice.

Drugs and alcohol

- 4.43** Transfer plans for those with substance misuse issues were detailed and prisoners received appropriate harm reduction information before release. The psychosocial support team met community drug intervention programme representatives monthly. One London borough had funded a through-the-gate worker, who made contact with prisoners pre-release, escorted them to community appointments and offered six-week community follow-up support.

Finance, benefit and debt

- 4.44** Support with finance, benefit and debts had improved and Catch 22 had received 81 referrals for such issues in the previous three months. Sentenced prisoners could open bank accounts before release and 26 had been opened since June 2014, with another 12 in the process of being opened and 19 pending.
- 4.45** A wide range of support was provided, including closing down contracts and resolving debts. The previous money management course in the education department had ended but Catch 22 was in the process of developing a work book to support prisoners. A workshop about gambling had been held recently, which had received positive feedback. Jobcentre Plus opened benefit claims in preparation for release.

Children, families and contact with the outside world

- 4.46** Family support had developed well, and in our survey 38% of prisoners, more than at other local prisons, said that staff supported them in maintaining contact with their friends and families. There was an emphasis on family involvement and we observed, for example, an event to mark the completion of training for Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), to which families had been invited.
- 4.47** There was a dedicated team of four family workers ('Families First') to provide family support activities, and a manager who gave individual support and advice to prisoners on family problems such as contact with children and liaison with local authority childcare services.
- 4.48** Family days were run monthly, with extra sessions in the school holidays. A 'Baby Bonding' course for prisoners with newly arrived children, which included weekly contact sessions, had been initiated and there were 12 'Toddler Time' events a year, where prisoners with very young children were supported in learning how to interact with them.
- 4.49** There were three one-hour visits sessions a day, which met the requirements for visits, and prisoners could easily book them through the CMS. The visitors centre outside the gate was modern and comfortable, with some helpful information for visitors, but no family support services were offered. Visitors were treated respectfully and there were no unreasonable restrictions on contact between prisoners and visitors.
- 4.50** Facilities in the comfortable visits hall were good, with a supervised play area for children and a hot food bar. However, prisoners were required to wear identifying sashes, which was unnecessary with the other identification systems in place.
- 4.51** Prisoner violence reduction representatives attended visits sessions and provided valuable support for staff and prisoners in maintaining a calm environment and communicating any concerns. There was information in the visitors leaflet and in notices about how to report any concerns by telephone to the safer custody team.
- 4.52** A survey of visitors and prisoners had informed the development of family support and monitored satisfaction with visits arrangements.

Attitudes, thinking and behaviour

- 4.53** Too many prisoners stayed at the establishment for too long without completing sufficient offending behaviour work. In one high risk of harm case we reviewed, no offence-focused work had been undertaken and the prisoner was due for release at the end of the inspection, after serving over eight months.
- 4.54** A needs analysis had recently been completed by Catch 22, and the Circles Programme (a structured programme aimed at changing attitudes, thinking and behaviour) had been introduced as a result. Feedback suggested that it was having a positive impact on attitudes, thinking and behaviour, and there were sufficient places planned for the current year, with a good level of completions so far. ‘Supporting change and recovery’ (SCAR), a drug and alcohol course, was also available (see section on substance misuse).
- 4.55** Catch 22 was developing two more structured programmes, one addressing thinking skills and the other looking at resettlement, both of which were appropriate for the population but were taking a long time to be introduced. A range of in-cell work packs were also being developed to help prisoners look at their offending and other related issues, and these looked promising.

Recommendation

- 4.56** **Sufficient offending behaviour courses should be introduced, to meet the immediate needs of the population.**

Additional resettlement services

- 4.57** The chaplain ran a support group for veterans in custody and liaised well with a number of forces-focused charities to improve the opportunities for former servicemen to resettle post-release.

Section 5. Summary of recommendations and housekeeping points

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

Main recommendation To NOMS and the governor

- 5.1** Recommendation: Probation staff in the community should complete offender assessment system (OASys) and home detention curfew reports on time. Senior managers should monitor timeliness and produce an action plan to improve it. (S56)

Main recommendations To the governor

- 5.2** The amount and range of learning and skills activity should be increased and should include good quality work and vocational training. (S55, repeated recommendation HP57)
- 5.3** The transfer list should be kept up to date and sentenced prisoners should be transferred swiftly. The number of prisoners on transfer holds should be reduced and all holds should be time bound. (S57)
- 5.4** Prisoners should be supported in finding suitable employment, education or training on release and this should include timely advice from the careers service and access to virtual campus and job search facilities. (S58)

Recommendation To the Prison Escort and Custody Services

Courts, escort and transfers

- 5.5** Person escort records should be fully and properly completed and prisoners should be transferred to prison shortly after the conclusion of their court appearance. (I.4, repeated recommendation I.5)

Recommendations To the governor

Early days in custody

- 5.6** Prisoners arriving on transfer should only be strip-searched following a robust risk assessment. (I.11)

Bullying and violence reduction

- 5.7** Interventions should be provided to address the attitudes of prisoners on stage three of violence reduction measures. (I.20)

Self-harm and suicide

- 5.8** The reasons for the negative response from prisoners in our survey regarding access to listeners should be investigated and action taken. (1.30)

Security

- 5.9** The mandatory drug testing programme should be sufficiently resourced to undertake the required level of target testing. (1.43)

Discipline

- 5.10** Quality assurance procedures for use of force should be developed to ensure that all incidents, including planned interventions, are reviewed quickly to ensure that force was used proportionately and as a last resort, and that reports reflect events accurately and in sufficient detail. (1.56)

- 5.11** Use of special accommodation should be properly documented. (1.57)

- 5.12** The regime in the care and separation unit should be improved. Subject to risk assessment, prisoners should be able to collect their meals from the servery, exercise together and have access to suitable regime activities. (1.63, repeated recommendation 1.71)

Substance misuse

- 5.13** The substance misuse strategy should include an annual action plan for treatment services which is informed by a comprehensive needs analysis. (1.71)

- 5.14** The clinical substance misuse service should develop secondary detoxification provision. (1.72, repeated recommendation 1.82)

- 5.15** Previous prescribing regimes should be confirmed promptly so as not to interrupt treatment continuity. (1.73)

- 5.16** The clinical substance misuse service should develop a mechanism for service user feedback to inform future developments. (1.74)

Residential units

- 5.17** Information on the custodial management system should be available in a range of languages to reflect the prison's population. (2.6)

- 5.18** The time taken for telephone numbers to be approved should be reduced. (2.7)

Staff-prisoner relationships

- 5.19** The personal officer scheme should be further developed to include a focus on sentence planning and resettlement needs, and records of engagement should be recorded in electronic case notes. (2.13)

Equality and diversity

- 5.20** All diversity investigation reports should be recorded, investigated fully and completed within timescales, and prisoners should be advised of the outcome. (2.18, repeated recommendation 2.24)
- 5.21** Older prisoners with care needs and those with a disability should have an integrated care plan and a personal emergency and evacuation plan, both of which should be reviewed regularly. (2.28, repeated recommendation 2.35)
- 5.22** Prisoners over the age of retirement should not pay for their televisions. (2.29)
- 5.23** The needs of the under-21-year-olds should be assessed and met. (2.30)

Complaints

- 5.24** Analysis of complaints data should be undertaken and any trends or issues identified addressed quickly. (2.38, repeated recommendation 2.46)

Health services

- 5.25** The X-ray facilities should be brought into use immediately. (2.56)
- 5.26** Custody officers should be trained to use automated external defibrillators. (2.57)
- 5.27** Complaints responses should be regularly quality assured. (2.58)
- 5.28** Smoking cessation programmes should be available to patients. (2.59)
- 5.29** Health care consultations in reception should be conducted in private. (2.69)
- 5.30** Waiting times and did-not-attend rates for the optician should be improved. (2.70)
- 5.31** Patients should be able to receive their medications in a confidential manner. (2.77)
- 5.32** Prescribing of medicines, and administration times, should optimise therapeutic effect. (2.78)
- 5.33** Prisoners assessed as requiring external mental health beds in the community should be transferred expeditiously. (2.87)

Catering

- 5.34** Prisoners should be provided with an adequate breakfast on the day it is to be eaten. (2.93)

Purchases

- 5.35** All new arrivals should be provided with suitable reception packs. (2.98)
- 5.36** Restrictions on the purchase of items by prisoners on assessment, care in custody and teamwork (ACCT) documents should be based on an individual assessment of risk. (2.99)

Time out of cell

- 5.37** Prisoners should have access to evening association. (3.6)
- 5.38** All prisoners should have access to one hour of outdoor exercise a day. (3.7, repeated recommendation 3.6)

Learning and skills and work activities

- 5.39** The education provider should complete a thorough analysis of prisoner needs to inform the planning of learning and skills across the prison and develop a clear plan for the implementation of vocational training and work activities. (3.15, repeated recommendation 3.12).
- 5.40** The quality improvement group should generate action plans which are specific, realistic and measurable. (3.16)
- 5.41** Self-assessment practice should involve a critical and concise evaluation, which forms a succinct basis for strategic improvement action planning. (3.17)
- 5.42** The observation of teaching and learning system should focus on the impact of teaching on learning and the progress made by prisoners during learning sessions in order to determine the grade awarded and their professional development needs. (3.18)
- 5.43** Managers should identify and regularly analyse the most appropriate range of data, to improve the management, monitoring and planning of the learning, skills and work provision. (3.19)
- 5.44** The education provider should improve the quality of teaching and learning. (3.35)
- 5.45** Teachers should make better use of information about each prisoner to plan lessons that challenge all learners to reach their potential. (3.36)
- 5.46** The classrooms in the house block should be better ventilated and cooled. (3.37)
- 5.47** Class sizes should be reduced to an appropriate number for the size of classroom. (3.38)
- 5.48** Overall attendance rates, particularly by remand prisoners at education sessions, should be improved. (3.44)
- 5.49** Pass rates on all courses should be raised to a consistently high level. (3.45)
- 5.50** The number of prisoners who start but do not complete their course should be reduced substantially. (3.46)
- 5.51** The prison should provide qualifications and other mechanisms to record and recognise the skills that prisoners gain at work. (3.47)
- 5.52** Managers should introduce a more efficient and more detailed data reporting system. (3.52)

Physical education and healthy living

- 5.53** The gym should develop structured and routine reports providing key information, such as the different groups of prisoners using the gym, to identify trends and improvements in performance. (3.60)

Strategic management of resettlement

- 5.54** An overarching analysis of need should be developed, based on an adequate range of sources and exploring the needs of specific types of prisoners, such as young adults or those serving long sentences. A comprehensive action plan should be developed and monitored. (4.8)
- 5.55** All Catch 22 case managers should have the appropriate knowledge and skills to assess and manage risk of harm confidently. (4.9)
- 5.56** Joint working and communication between the custody office and Catch 22 should be improved. (4.10)

Offender management and planning

- 5.57** Prioritisation of work should ensure that case managers have meaningful contact with prisoners who are most at risk of harm or likely to reoffend. (4.18, repeated recommendation 4.15).
- 5.58** Offender assessment system (OASys) assessments, including sentence and risk management plans, should be of a consistently high quality and reviewed as necessary, particularly when circumstances change or new information comes to light. (4.19)
- 5.59** Multi-agency public protection arrangements (MAPPA) levels should be confirmed at least six months before a prisoner's release, to enable the offender management unit to contribute to more MAPPA release plans. (4.23)

Reintegration planning

- 5.60** All sentenced prisoners should have their resettlement needs reassessed before release and plans made to address outstanding issues. (4.33)
- 5.61** The number of prisoners helped into settled accommodation should be monitored, to evidence the effectiveness of the service. (4.38)
- 5.62** Sufficient offending behaviour courses should be introduced, to meet the immediate needs of the population. (4.56)

Housekeeping points

Bullying and violence reduction

- 5.63** Security and health representatives should attend and contribute to the monthly violence reduction meeting. (1.21)

Self-harm and suicide

- 5.64** Contributions to assessment, care in custody and teamwork (ACCT) review meetings should include all departments relevant to the risks identified. (1.31)

Security

- 5.65** Visiting restrictions should be lifted at the end of the specified period unless intelligence suggests that they still pose a risk to security and safety. (1.44)

Incentives and earned privileges

- 5.66** Prisoner applications for the enhanced regime should be considered quickly and prisoners promoted if appropriate. (1.49)

Residential units

- 5.67** In-cell showers and toilets should be kept clean and maintained well. (2.8)

Health services

- 5.68** There should be a forum where patients are consulted about health services. (2.60)

- 5.69** Staff members should record receipt of clinical supervision. (2.61)

- 5.70** Envelopes should be supplied on the wings to accompany health complaint forms. (2.62)

- 5.71** The medicines in-possession risk assessment should be reviewed. (2.79)

- 5.72** Patients who do not appear for the administration of prescribed medications should be followed up. (2.80)

Reintegration planning

- 5.73** The basic custody screen should be completed on time for all sentenced prisoners. (4.34)

Examples of good practice

Bullying and violence reduction

- 5.74** The partnership with Catch 22 to reduce gang-related violence was innovative and effective. (1.22)

Substance misuse

- 5.75** Drug and alcohol service providers had developed a comprehensive dual diagnosis service which improved the care of prisoners with substance use and mental health problems. (1.75)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Alison Perry	Team leader
Paul Rowlands	Inspector
Karen Dillon	Inspector
Sandra Fieldhouse	Inspector
Kellie Reeve	Inspector
Andrew Rooke	Inspector
Joe Simmonds	Researcher
Gemma Quayle	Researcher
Amy Radford	Researcher

Specialist inspectors

Sigrid Engelen	Substance misuse inspector
Paul Tarbuck	Health services inspector
Sue Melvin	Pharmacist
Nick Crombie	Ofsted inspector
Phil Romain	Ofsted inspector
Richard Beaumont	Ofsted inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2013, Staff in reception were welcoming but processes sometimes took too long. First night accommodation was very good and prisoners felt well supported in their early days. Induction was rushed. Prisoners generally reported feeling safe but levels of assaults were relatively high. Arrangements to identify and analyse violent incidents and improve safety were poor. Suicide and self-harm prevention procedures were reasonable and prisoners generally felt well cared for. Some security arrangements were disproportionate to the risks posed. Use of force was relatively high and governance was underdeveloped. Use of segregation was high and the regime poor but few prisoners stayed on the unit for long periods. Levels of drug availability and use were similar to those at comparator prisons. Clinical support for prisoners on the integrated drug treatment system was undermined by poor drug administration procedures but psychosocial support was good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

All data relating to violence should be collated and analysed to identify trends, and action should be taken to improve safety. (HP53)

Achieved

Recommendations

Prisoners should only be handcuffed to and from escort vehicles subject to a risk assessment. (I.4)

Achieved

Person escort records should be fully and properly completed and prisoners should be transferred to prison shortly after the conclusion of their court appearance. (I.5)

Not achieved (recommendation repeated, I.4)

All staff completing cell sharing risk assessments and first night risk assessments should be properly trained and the quality of assessments should be improved. (I.13)

Achieved

The content and delivery of induction should be reviewed to ensure that it covers everything that prisoners need to know, and it should be subject to proper staff oversight and quality assurance. (I.14)

Achieved

All unexplained injuries should be investigated. (I.25)

Achieved

There should be effective interventions to address bullying behaviour and to support victims, and staff should deal effectively with violent behaviour. (I.26)

Achieved

Prisoners' views on bullying and violence should be regularly and systematically sought to inform strategy. (I.27)

Achieved

Assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures should be improved to a consistently high standard. (I.36)

Partially achieved

Prisoners should have access to a Listener at all times. (I.37)

Partially achieved

The director should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (I.42)

Achieved

The incentives and earned privileges (IEP) policy should give more encouragement to prisoners to improve their behaviour, with greater differentials between the levels of the scheme. (I.54)

Achieved

The IEP policy should require a shorter period of good behaviour before prisoners gain enhanced status. (I.55)

Achieved

Staff should fully record the reasons why prisoners on open ACCT documents are kept in segregation, with an explanation as to why it is the most appropriate place for them. (I.70)

Achieved

The regime in the care and separation unit should be improved. Subject to risk assessment, prisoners should be able to collect their meals from the servery, exercise together and have access to suitable regime activities. (I.71)

Not achieved (recommendation repeated, 164)

Governance of adjudications, use of force and segregation should be improved with the implementation of regular quality assurance and analysis of data, to ensure that adjudication and segregation are appropriate and that force is always used appropriately and as a last resort. (I.72)

Partially achieved

There should be consistency in issuing first night substance misuse treatment and in admitting prisoners to the stabilisation unit. (I.81)

Achieved

The clinical substance misuse service should develop secondary detoxification provision. (I.82)

Not achieved (recommendation repeated, 1.73)

Controlled medication should be administered in a safe and suitable environment and appropriate supervision arrangements should be made to prevent the diversion of medication. (I.83)

Achieved

A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems. (I.84)

Achieved

Clinical and psychosocial support services should further improve joint work and provide fully integrated care. A mechanism for service user feedback should be developed to inform future service provision. (1.85)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2013, areas of the prison were clean and well maintained. The standard of residential accommodation was very high. Staff were inexperienced but relationships with prisoners were positive and a real strength. Diversity was extremely underdeveloped and the needs of some minorities were not met. The chaplaincy delivered good faith provision. The number of complaints was not high and they were quality assured effectively. Health services were developing slowly but were undermined by some poor nursing staff. The mental health team were under-resourced. Food was very good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

Governance and management oversight of diversity should be prioritised to ensure that the needs of all prisoners with protected characteristics are identified, assessed and met and that any negative perceptions of particular groups are understood. (HP54)

Partially achieved

A health needs assessment which reflects the specific needs of the population should be completed. (HP55)

Achieved

Recommendations

All cell call bells should be responded to within five minutes. (2.7)

Achieved

The custodial management system should be reviewed and its shortfalls addressed, and the time taken for approval of telephone numbers should be reduced. (2.8)

Partially achieved

A personal officer or similar scheme should be introduced and records of engagement should be improved. (2.16)

Partially achieved

The diversity strategy and accompanying action plan should describe the specific and diverse population, and action to be taken to identify and meet need. (2.23)

Achieved

All diversity investigation reports should be recorded, investigated fully and completed within timescales, and prisoners should be advised of the outcome. (2.24)

Not achieved (recommendation repeated, 2.18)

Key information should be available in an appropriate range of foreign languages, and more use should be made of interpreting and translation services, both formal and informal. (2.34)

Achieved

Older prisoners with care needs and those with a disability should have an integrated care plan and a personal emergency and evacuation plan, both of which should be reviewed regularly. (2.35)

Not achieved (recommendation repeated, 2.28)

Prisoners over the age of retirement should not be routinely locked up all day. (2.36)

Achieved

Analysis of complaints data should be undertaken and any trends or issues identified addressed quickly. (2.46)

Not achieved (recommendation repeated, 2.38)

Legal services provision should meet the needs of the population, especially those remanded in custody. (2.50)

Achieved

There should be effective management and care of prisoners with lifelong conditions, in line with good practice. (2.66)

Achieved

All prisoners should have access to disease prevention programmes, in line with national guidance. (2.67)

Achieved

Prisoners requiring outside hospital appointments should be able to attend them. (2.68)

Achieved

Prisoners should have access to a pharmacist. (2.79)

Achieved

The prescribing of medications liable to abuse should be carefully controlled. (2.80)

Achieved

All medications should be stored securely at all times. (2.81)

Partially achieved

There should be a range of services for prisoners with primary mental health issues. (2.90)

Achieved

Prisoners assessed as requiring secure mental health beds in the community should be transferred expeditiously. (2.91)

Partially achieved

Food queues should be supervised effectively. (2.97)

Achieved

Prisoners should be allowed to dine in association. (2.98)

Achieved

Purposeful activity

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

At the last inspection, in 2013, The regime was severely restricted. Prisoners had no association during the week and far too many prisoners were locked up for too long. There were insufficient activity places for the population and even these were not fully utilised. The management of learning and skills was weak. The range of education was suitable but there was hardly any vocational training and only low-skilled work. Few work skills were accredited. The quality of teaching and learning was only satisfactory. Pass rates for exams were high but few prisoners took them. Library services were poor. PE provision was very good. Outcomes for prisoners were poor against this healthy prison test.

Main recommendations

All prisoners should have access to weekday association. (HP56)

Achieved

The amount and range of learning and skills activity should be increased and should include good-quality work and vocational training. (HP57)

Partially achieved (recommendation repeated, S55)

Recommendations

All prisoners should have access to one hour of outdoor exercise a day. (3.6)

Not achieved (recommendation repeated, 3.7)

The education provider should complete a thorough analysis of prisoner needs to inform the planning of learning and skills across the prison and develop a clear plan for the implementation of vocational training and work activities. (3.12)

Partially achieved (recommendation repeated, 3.15)

The education provider should ensure that managers have clear and accurate data about the quality and performance of learning and skills activities and use these to monitor and improve provision.

(3.13)

Not achieved

The education provider should improve the quality of teaching, training, learning and assessment.

(3.28)

Partially achieved

Attendance at education should be improved and education prioritised as an activity, to minimise disruptions to classes. (3.29)

Partially achieved

The virtual campus should be introduced across the prison. (3.30)

Not achieved

The number of prisoners achieving essential qualifications in English and mathematics should be increased. (3.34)

Partially achieved

Appropriately trained staff should be employed in the library. (3.36)

Achieved

Links with a wider library service should be established, to ensure that a wider range of literature is available. (3.37)

Partially achieved

The prison should introduce a broader range of qualifications, and collect and use data to evaluate the impact of the facilities and to assess whether the needs of all groups of prisoners are being met. (3.45)

Partially achieved

Resettlement

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

At the last inspection, in 2013, the management of reducing reoffending was developing but some key aspects of the strategy had not yet been achieved. Case manager workloads were very high and they had little face-to-face contact with prisoners. They had received insufficient training in the assessment and management of risk of harm. Too few eligible prisoners were granted home detention curfew and too many were released late. Public protection arrangements were sound. Too many prisoners were not categorised because of the lack of availability of information on previous convictions. All prisoners received a custody plan but there were too few resources to provide comprehensive resettlement help. Resettlement pathway provision was mainly poor but prisoners with substance misuse problems received good support. Visits and family provision was good and developing well. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Specialist resettlement support should be offered, and the services available should be monitored to establish how many prisoners are helped. (HP58)

Partially achieved

Recommendations

Offender management and resettlement work should be based on a comprehensive needs analysis of the population, and resettlement work should be actively monitored through comprehensive actions plans for each pathway. (4.7)

Partially achieved

Case managers should receive adequate training, including in the assessment and management of the risk of harm to others, to fulfil their role. (4.8)

Partially achieved

Prioritisation of work should ensure that case managers have meaningful contact with prisoners who are most at risk of harm or likely to reoffend. (4.15)

Not achieved (recommendation repeated, 4.18)

Staff using offender assessment system (OASys) assessments should accurately record the risk of harm compared with the likelihood of reoffending, and develop plans that comprehensively address the issues. (4.16)

Partially achieved

A review of the home detention curfew processes and assessments should ensure that all suitable prisoners are identified and released at their earliest possible date. The timeliness of release should be monitored. (4.17)

Partially achieved

OASys assessments should be of a consistently high quality and processes should fully engage prisoners in their sentence plan. (4.18)

Partially achieved

All sentenced prisoners should be categorised and reviewed at the required intervals. (4.25)

Achieved

The categorisation process should be reviewed and measures taken to ensure quality of assessment. (4.26)

Achieved

The prison should ensure that careers service staff are aware of which prisoners are due for release, in time to provide appropriate levels of support. (4.37)

Not achieved

Prisoners should be given information and assistance in accessing community health services on release. (4.41)

Achieved

More support with finance and debt problems should be available, including access to bank accounts before release. (4.44)

Achieved

The range of parenting and family support services should be further developed. (4.52)

Achieved

Prisoners should not be required to wear distinguishing sashes in visits. (4.53)

Not achieved

A survey of visitors and prisoners should be conducted to identify how far their needs are being met. (4.54)

Achieved

A needs-based strategy for the development and delivery of offending behaviour work should be developed and implemented. (4.58)

Partially achieved

Appendix III: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	31	364	44.0
Recall	4	47	5.7
Convicted unsentenced	2	1	0.3
Remand	70	363	48.3
Civil prisoners	0	0	0.0
Detainees	2	8	1.1
Total	109	783	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	73	372	51.68
Less than six months	12	101	13.12
six months to less than 12 months	4	35	4.53
12 months to less than 2 years	6	65	8.25
2 years to less than 4 years	6	33	4.53
4 years to less than 10 years	6	91	11.27
10 years and over (not life)	0	33	3.83
ISPP (indeterminate sentence for public protection)	0	11	1.28
Life	0	13	1.51
Total	107	754	100

Age	Number of prisoners	%
Please state minimum age here: 18	-	-
Under 21 years	109	12.2
21 years to 29 years	300	33.4
30 years to 39 years	260	29.0
40 years to 49 years	146	16.3
50 years to 59 years	63	7.0
60 years to 69 years	15	1.7
70 plus years	4	0.4
Please state maximum age here: 75	-	-
Total	897	100

Nationality	18–20-year-olds	21 and over	%
British	81	532	68.3
Foreign nationals	24	250	30.5
Total	105	782	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	76	458	59.5
Uncategorised sentenced	0	0	0.0
Category A	0	0	0.0
Category B	0	32	3.6

Category C	0	184	20.5
Category D	0	33	3.7
Other	33	81	12.7
Total	109	788	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British	20	221	26.9
Irish	1	12	1.4
Gypsy/Irish Traveller	0	5	0.6
Other white	3	113	12.9
Mixed			
White and black Caribbean	4	26	3.3
White and black African	1	4	0.6
White and Asian	0	0	0.0
Other mixed	4	23	3.0
Asian or Asian British			
Indian	1	15	1.8
Pakistani	2	14	1.8
Bangladeshi	3	22	2.8
Chinese	1	1	0.2
Other Asian	4	30	3.8
Black or black British			
Caribbean	31	114	16.2
African	16	89	11.7
Other black	7	51	6.5
Other ethnic group			
Arab	3	5	0.9
Other ethnic group	7	39	5.1
Not stated	0	2	0.2
Total	108	786	100

Religion	18–20-year-olds	21 and over	%
Baptist	0	1	0.1
Church of England	5	89	10.5
Roman Catholic	13	149	18.1
Other Christian denominations	27	138	18.4
Muslim	41	198	26.6
Sikh	0	5	0.6
Hindu	1	5	0.7
Buddhist	1	6	0.8
Jewish	0	5	0.6
Other	1	12	1.4
No religion	18	155	19.3
Total	107	763	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)	0	1	100
Total	0	1	100

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	14	1.6%	118	13.2
1 month to 3 months	9	1.0%	122	13.6
3 months to six months	10	1.1%	84	9.4
six months to 1 year	3	0.3%	64	7.1
1 year to 2 years	0	0.0%	24	2.7
2 years to 4 years	0	0.0%	4	0.4
4 years or more	0	0.0%	0	0.0
Total	36	4.0%	416	46.4

Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry	0	2	0.2
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	12	141	17.1
Total	12	143	17.3

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	27	3	147	16.4
1 month to 3 months	27	3	135	15.1
3 months to six months	17	1.9	81	9.0
six months to 1 year	2	0.2	7	0.8
1 year to 2 years	0	0.0	2	0.2
2 years to 4 years	0	0.0	0	0.0
4 years or more	0	0.0	0	0.0
Total	73	8.1	372	41.5

Main offence	18–20-year-olds	21 and over	%
Violence against the person	22	199	24.76
Sexual offences	10	40	5.61
Burglary	11	96	12.00
Robbery	11	87	10.99
Theft and handling	12	95	12.00
Fraud and forgery	2	21	2.58
Drugs offences	12	69	9.08
Other offences	29	176	0
Civil offences	0	0	0
Offence not recorded/holding warrant	0	0	0
Total	109	783	100

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

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

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 4 August 2014 the prisoner population at HMP Thameside was 898. Using the method described above, questionnaires were distributed to a sample of 206 prisoners.

We received a total of 162 completed questionnaires, a response rate of 79%. This included six questionnaires completed via interview. Eleven respondents refused to complete a questionnaire, 25 questionnaires were not returned and eight were returned blank.

Wing/Unit	Number of completed survey returns
A	31
B	27
C	33
D	36
E	32
Segregation unit	3

Presentation of survey results and analyses

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

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 Thameside in 2014 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 34 local prisons since October 2008.
- The current survey responses from HMP Thameside in 2014 compared with the responses of prisoners surveyed at HMP Thameside in 2013.
- A comparison within the 2014 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2014 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2014 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2014 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2014 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2014 survey between those who are aged 21 and under and those over 21.

Survey summary

Section I: About You

In order for us to ensure that everyone is treated equally within this prison, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for everyone across all areas of prison life. Your responses to these questions will remain both anonymous and confidential.

Q1.2	How old are you?	
	<i>Under 21</i>	16 (10%)
	<i>21 - 29</i>	50 (32%)
	<i>30 - 39</i>	47 (30%)
	<i>40 - 49</i>	27 (17%)
	<i>50 - 59</i>	14 (9%)
	<i>60 - 69</i>	2 (1%)
	<i>70 and over</i>	2 (1%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	57 (36%)
	<i>Yes - on recall</i>	10 (6%)
	<i>No - awaiting trial</i>	51 (32%)
	<i>No - awaiting sentence</i>	33 (21%)
	<i>No - awaiting deportation</i>	6 (4%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	90 (58%)
	<i>Less than 6 months</i>	14 (9%)
	<i>6 months to less than 1 year</i>	9 (6%)
	<i>1 year to less than 2 years</i>	12 (8%)
	<i>2 years to less than 4 years</i>	15 (10%)
	<i>4 years to less than 10 years</i>	8 (5%)
	<i>10 years or more</i>	3 (2%)
	<i>IPP (indeterminate sentence for public protection)</i>	1 (1%)
	<i>Life</i>	4 (3%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)	
	<i>Yes</i>	37 (24%)
	<i>No</i>	120 (76%)
Q1.6	Do you understand spoken English?	
	<i>Yes</i>	150 (94%)
	<i>No</i>	10 (6%)
Q1.7	Do you understand written English?	
	<i>Yes</i>	144 (91%)
	<i>No</i>	14 (9%)

Q1.8	What is your ethnic origin?			
	White - British (English/ Welsh/ Scottish/ Northern Irish)	36 (23%)	Asian or Asian British - Chinese	0 (0%)
	White - Irish	6 (4%)	Asian or Asian British - other	2 (1%)
	White - other	28 (18%)	Mixed race - white and black Caribbean	12 (8%)
	Black or black British - Caribbean	27 (17%)	Mixed race - white and black African	2 (1%)
	Black or black British - African	14 (9%)	Mixed race - white and Asian	1 (1%)
	Black or black British - other	3 (2%)	Mixed race - other	3 (2%)
	Asian or Asian British - Indian	2 (1%)	Arab	4 (3%)
	Asian or Asian British - Pakistani	4 (3%)	Other ethnic group	9 (6%)
	Asian or Asian British - Bangladeshi	7 (4%)		
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?			
	Yes			8 (5%)
	No			147 (95%)
Q1.10	What is your religion?			
	None	23 (15%)	Hindu	3 (2%)
	Church of England	24 (15%)	Jewish	2 (1%)
	Catholic	42 (27%)	Muslim	43 (28%)
	Protestant	2 (1%)	Sikh	0 (0%)
	Other Christian denomination	12 (8%)	Other	4 (3%)
	Buddhist	1 (1%)		
Q1.11	How would you describe your sexual orientation?			
	Heterosexual/ Straight			152 (97%)
	Homosexual/Gay			1 (1%)
	Bisexual			3 (2%)
Q1.12	Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs.)			
	Yes			35 (22%)
	No			124 (78%)
Q1.13	Are you a veteran (ex- armed services)?			
	Yes			10 (6%)
	No			146 (94%)
Q1.14	Is this your first time in prison?			
	Yes			60 (38%)
	No			100 (63%)
Q1.15	Do you have children under the age of 18?			
	Yes			75 (47%)
	No			83 (53%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?		
	Less than 2 hours		105 (68%)
	2 hours or longer		32 (21%)
	Don't remember		18 (12%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	My journey was less than two hours	105 (71%)
	Yes	18 (12%)
	No	19 (13%)
	Don't remember	6 (4%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	My journey was less than two hours	105 (69%)
	Yes	5 (3%)
	No	37 (24%)
	Don't remember	5 (3%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	92 (61%)
	No	49 (33%)
	Don't remember	9 (6%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	112 (75%)
	No	31 (21%)
	Don't remember	7 (5%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	29 (18%)
	Well	76 (48%)
	Neither	37 (24%)
	Badly	6 (4%)
	Very badly	4 (3%)
	Don't remember	5 (3%)
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	103 (64%)
	Yes, I received written information	6 (4%)
	No, I was not told anything	44 (28%)
	Don't remember	8 (5%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	121 (79%)
	No	26 (17%)
	Don't remember	6 (4%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	58 (38%)
	2 hours or longer	81 (54%)
	Don't remember	12 (8%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	124 (81%)
	No	25 (16%)
	Don't remember	5 (3%)

Q3.3	Overall, how were you treated in reception?	
	Very well	29 (19%)
	Well	80 (52%)
	Neither	29 (19%)
	Badly	12 (8%)
	Very badly	5 (3%)
	Don't remember	0 (0%)
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	24 (16%)
	Housing problems	42 (27%)
	Contacting employers	11 (7%)
	Contacting family	42 (27%)
	Childcare	0 (0%)
	Money worries	43 (28%)
	Feeling depressed or suicidal	29 (19%)
	Physical health	29 (19%)
	Mental health	31 (20%)
	Needing protection from other prisoners	8 (5%)
	Getting phone numbers	48 (31%)
	Other	8 (5%)
	Did not have any problems	39 (25%)
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?	
	Yes	31 (22%)
	No	71 (50%)
	Did not have any problems	39 (28%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)	
	Tobacco	121 (79%)
	A shower	71 (46%)
	A free telephone call	135 (88%)
	Something to eat	128 (84%)
	PIN phone credit	91 (59%)
	Toiletries/ basic items	99 (65%)
	Did not receive anything	2 (1%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)	
	Chaplain	45 (31%)
	Someone from health services	104 (71%)
	A Listener/Samaritans	40 (27%)
	Prison shop/ canteen	58 (40%)
	Did not have access to any of these	17 (12%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)	
	What was going to happen to you	55 (38%)
	What support was available for people feeling depressed or suicidal	53 (37%)
	How to make routine requests (applications)	60 (41%)
	Your entitlement to visits	52 (36%)
	Health services	72 (50%)
	Chaplaincy	43 (30%)
	Not offered any information	38 (26%)
Q3.9	Did you feel safe on your first night here?	
	Yes	128 (82%)
	No	27 (17%)
	Don't remember	1 (1%)

Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	14 (9%)
	Within the first week	103 (68%)
	More than a week	27 (18%)
	Don't remember	8 (5%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	14 (10%)
	Yes	78 (53%)
	No	43 (29%)
	Don't remember	12 (8%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment	15 (10%)
	Within the first week	75 (51%)
	More than a week	38 (26%)
	Don't remember	18 (12%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
	Very easy	Easy	Neither	Difficult	Very difficult	N/A	
	Communicate with your solicitor or legal representative?	30 (21%)	46 (32%)	19 (13%)	20 (14%)	23 (16%)	7 (5%)
	Attend legal visits?	26 (21%)	52 (42%)	17 (14%)	11 (9%)	7 (6%)	12 (10%)
	Get bail information?	7 (6%)	17 (15%)	22 (19%)	19 (16%)	28 (24%)	24 (21%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	Not had any letters	29 (20%)					
	Yes	39 (27%)					
	No	77 (53%)					
Q4.3	Can you get legal books in the library?						
	Yes	69 (48%)					
	No	14 (10%)					
	Don't know	60 (42%)					
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
	Yes	No	Don't know				
	Do you normally have enough clean, suitable clothes for the week?	92 (60%)	56 (37%)	5 (3%)			
	Are you normally able to have a shower every day?	149 (97%)	3 (2%)	1 (1%)			
	Do you normally receive clean sheets every week?	123 (81%)	24 (16%)	4 (3%)			
	Do you normally get cell cleaning materials every week?	113 (77%)	29 (20%)	4 (3%)			
	Is your cell call bell normally answered within five minutes?	84 (56%)	41 (28%)	24 (16%)			
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	102 (69%)	43 (29%)	3 (2%)			
	If you need to, can you normally get your stored property?	35 (24%)	61 (42%)	49 (34%)			
Q4.5	What is the food like here?						
	Very good	16 (10%)					
	Good	75 (48%)					
	Neither	43 (28%)					
	Bad	15 (10%)					
	Very bad	7 (4%)					

Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet/ don't know	6 (4%)
	Yes	77 (52%)
	No	65 (44%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	73 (47%)
	No	29 (19%)
	Don't know	52 (34%)
Q4.8	Are your religious beliefs respected?	
	Yes	90 (58%)
	No	21 (14%)
	Don't know/ N/A	43 (28%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	85 (55%)
	No	10 (6%)
	Don't know/ N/A	59 (38%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	I don't want to attend	18 (12%)
	Very easy	50 (33%)
	Easy	40 (27%)
	Neither	8 (5%)
	Difficult	9 (6%)
	Very difficult	4 (3%)
	Don't know	21 (14%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	115 (77%)
	No	22 (15%)
	Don't know	13 (9%)
Q5.2	Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option</i>)	
	Are applications dealt with fairly?	Not made one Yes No
	Are applications dealt with quickly (within seven days)?	31 (23%) 63 (48%) 38 (29%)
		31 (24%) 58 (46%) 38 (30%)
Q5.3	Is it easy to make a complaint?	
	Yes	88 (60%)
	No	19 (13%)
	Don't know	40 (27%)
Q5.4	Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option</i>)	
	Are complaints dealt with fairly?	Not made one Yes No
	Are complaints dealt with quickly (within seven days)?	64 (47%) 23 (17%) 48 (36%)
		64 (49%) 22 (17%) 44 (34%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	29 (21%)
	No	108 (79%)

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

<i>Don't know who they are</i>	64 (45%)
<i>Very easy</i>	10 (7%)
<i>Easy</i>	15 (10%)
<i>Neither</i>	25 (17%)
<i>Difficult</i>	18 (13%)
<i>Very difficult</i>	11 (8%)

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

<i>Don't know what the IEP scheme is</i>	26 (18%)
<i>Yes</i>	59 (41%)
<i>No</i>	40 (28%)
<i>Don't know</i>	18 (13%)

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>	26 (18%)
<i>Yes</i>	73 (52%)
<i>No</i>	28 (20%)
<i>Don't know</i>	14 (10%)

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

<i>Yes</i>	9 (6%)
<i>No</i>	136 (94%)

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>	113 (82%)
<i>Very well</i>	7 (5%)
<i>Well</i>	7 (5%)
<i>Neither</i>	7 (5%)
<i>Badly</i>	2 (1%)
<i>Very badly</i>	1 (1%)

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

<i>Yes</i>	126 (83%)
<i>No</i>	25 (17%)

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

<i>Yes</i>	113 (76%)
<i>No</i>	36 (24%)

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

<i>Yes</i>	56 (38%)
<i>No</i>	93 (62%)

Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	13 (9%)
	<i>Never</i>	29 (19%)
	<i>Rarely</i>	31 (21%)
	<i>Some of the time</i>	39 (26%)
	<i>Most of the time</i>	22 (15%)
	<i>All of the time</i>	15 (10%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	63 (43%)
	<i>In the first week</i>	23 (16%)
	<i>More than a week</i>	23 (16%)
	<i>Don't remember</i>	39 (26%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	63 (46%)
	<i>Very helpful</i>	17 (12%)
	<i>Helpful</i>	27 (20%)
	<i>Neither</i>	18 (13%)
	<i>Not very helpful</i>	8 (6%)
	<i>Not at all helpful</i>	5 (4%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	<i>Yes</i>	58 (37%)
	<i>No</i>	97 (63%)
Q8.2	Do you feel unsafe now?	
	<i>Yes</i>	28 (18%)
	<i>No</i>	125 (82%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	97 (67%)
	<i>Everywhere</i>	12 (8%)
	<i>Segregation unit</i>	3 (2%)
	<i>Association areas</i>	16 (11%)
	<i>Reception area</i>	5 (3%)
	<i>At the gym</i>	9 (6%)
	<i>In an exercise yard</i>	9 (6%)
	<i>At work</i>	3 (2%)
	<i>During movement</i>	12 (8%)
	<i>At education</i>	7 (5%)
	<i>At meal times</i>	9 (6%)
	<i>At health services</i>	8 (6%)
	<i>Visits area</i>	4 (3%)
	<i>In wing showers</i>	2 (1%)
	<i>In gym showers</i>	2 (1%)
	<i>In corridors/stairwells</i>	9 (6%)
	<i>On your landing/wing</i>	12 (8%)
	<i>In your cell</i>	10 (7%)
	<i>At religious services</i>	3 (2%)
Q8.4	Have you been victimised by other prisoners here?	
	<i>Yes</i>	29 (19%)
	<i>No</i>	123 (81%)

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)
	Insulting remarks (about you or your family or friends) 8 (5%)
	Physical abuse (being hit, kicked or assaulted) 6 (4%)
	Sexual abuse 3 (2%)
	Feeling threatened or intimidated 13 (9%)
	Having your canteen/property taken 4 (3%)
	Medication 7 (5%)
	Debt 1 (1%)
	Drugs 1 (1%)
	Your race or ethnic origin 5 (3%)
	Your religion/religious beliefs 3 (2%)
	Your nationality 4 (3%)
	You are from a different part of the country than others 2 (1%)
	You are from a traveller community 3 (2%)
	Your sexual orientation 1 (1%)
	Your age 0 (0%)
	You have a disability 5 (3%)
	You were new here 9 (6%)
	Your offence/ crime 5 (3%)
	Gang related issues 4 (3%)
Q8.6	Have you been victimised by staff here?
	Yes 37 (25%)
	No 110 (75%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)
	Insulting remarks (about you or your family or friends) 7 (5%)
	Physical abuse (being hit, kicked or assaulted) 1 (1%)
	Sexual abuse 0 (0%)
	Feeling threatened or intimidated 12 (8%)
	Medication 6 (4%)
	Debt 2 (1%)
	Drugs 1 (1%)
	Your race or ethnic origin 10 (7%)
	Your religion/religious beliefs 10 (7%)
	Your nationality 3 (2%)
	You are from a different part of the country than others 1 (1%)
	You are from a traveller community 3 (2%)
	Your sexual orientation 3 (2%)
	Your age 2 (1%)
	You have a disability 4 (3%)
	You were new here 7 (5%)
	Your offence/ crime 3 (2%)
	Gang related issues 7 (5%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?
	Not been victimised 86 (64%)
	Yes 17 (13%)
	No 32 (24%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?					
	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	27 (18%)	12 (8%)	32 (21%)	21 (14%)	36 (24%)	22 (15%)
The nurse	25 (18%)	18 (13%)	46 (33%)	18 (13%)	20 (14%)	13 (9%)
The dentist	42 (29%)	0 (0%)	12 (8%)	15 (10%)	34 (23%)	42 (29%)

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	30 (21%)	14 (10%)	40 (28%)	23 (16%)	23 (16%)	12 (8%)
The nurse	21 (16%)	20 (15%)	45 (33%)	20 (15%)	14 (10%)	15 (11%)
The dentist	66 (50%)	6 (5%)	18 (14%)	13 (10%)	12 (9%)	16 (12%)

Q9.3	What do you think of the overall quality of the health services here?					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
Not been						17 (12%)
Very good						14 (10%)
Good						46 (32%)
Neither						21 (15%)
Bad						31 (22%)
Very bad						13 (9%)

Q9.4	Are you currently taking medication?					
	<i>Yes</i>	<i>No</i>				
Yes			76 (50%)			
No			75 (50%)			

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>	<i>Yes, all my meds</i>	<i>Yes, some of my meds</i>	<i>No</i>		
Not taking medication					75 (50%)	
Yes, all my meds					12 (8%)	
Yes, some of my meds					18 (12%)	
No					44 (30%)	

Q9.6	Do you have any emotional or mental health problems?					
	<i>Yes</i>	<i>No</i>				
Yes			46 (30%)			
No			108 (70%)			

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>	<i>Yes</i>	<i>No</i>			
Do not have any emotional or mental health problems				108 (73%)		
Yes				15 (10%)		
No				24 (16%)		

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?					
	<i>Yes</i>	<i>No</i>				
Yes			50 (34%)			
No			99 (66%)			

Q10.2	Did you have a problem with alcohol when you came into this prison?					
	<i>Yes</i>	<i>No</i>				
Yes			23 (16%)			
No			125 (84%)			

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	7 (5%)
	Easy	10 (7%)
	Neither	7 (5%)
	Difficult	10 (7%)
	Very difficult	14 (10%)
	Don't know	99 (67%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	2 (1%)
	Easy	1 (1%)
	Neither	6 (4%)
	Difficult	12 (8%)
	Very difficult	19 (13%)
	Don't know	106 (73%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	5 (3%)
	No	141 (97%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	8 (6%)
	No	137 (94%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem	91 (64%)
	Yes	35 (25%)
	No	16 (11%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	Did not / do not have an alcohol problem	125 (86%)
	Yes	14 (10%)
	No	7 (5%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	Did not have a problem/ did not receive help	103 (73%)
	Yes	37 (26%)
	No	1 (1%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
	Don't know	Very difficult					
	Very Easy	Easy					
	Neither	Difficult					
		Very difficult					
	Prison job	25 (18%)	9 (6%)	21 (15%)	14 (10%)	38 (27%)	35 (25%)
	Vocational or skills training	29 (22%)	13 (10%)	28 (21%)	23 (17%)	22 (17%)	18 (14%)
	Education (including basic skills)	19 (14%)	23 (17%)	52 (38%)	22 (16%)	11 (8%)	10 (7%)
	Offending behaviour programmes	46 (35%)	12 (9%)	20 (15%)	24 (18%)	15 (11%)	14 (11%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	Not involved in any of these	53 (38%)					
	Prison job	47 (34%)					
	Vocational or skills training	16 (12%)					
	Education (including basic skills)	48 (35%)					
	Offending behaviour programmes	11 (8%)					

	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	52 (43%)	34 (28%)	18 (15%)	17 (14%)
	Vocational or skills training	51 (49%)	30 (29%)	12 (12%)	11 (11%)
	Education (including basic skills)	32 (29%)	51 (46%)	16 (14%)	13 (12%)
	Offending behaviour programmes	51 (50%)	31 (30%)	9 (9%)	11 (11%)
Q11.4	How often do you usually go to the library?				
	Don't want to go				21 (14%)
	Never				31 (21%)
	Less than once a week				39 (27%)
	About once a week				34 (23%)
	More than once a week				20 (14%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	Don't use it				42 (30%)
	Yes				67 (48%)
	No				30 (22%)
Q11.6	How many times do you usually go to the gym each week?				
	Don't want to go				12 (8%)
	0				34 (24%)
	1 to 2				26 (18%)
	3 to 5				57 (40%)
	More than 5				15 (10%)
Q11.7	How many times do you usually go outside for exercise each week?				
	Don't want to go				8 (5%)
	0				18 (12%)
	1 to 2				38 (26%)
	3 to 5				30 (21%)
	More than 5				52 (36%)
Q11.8	How many times do you usually have association each week?				
	Don't want to go				3 (2%)
	0				13 (9%)
	1 to 2				12 (8%)
	3 to 5				28 (20%)
	More than 5				87 (61%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)				
	Less than 2 hours				23 (16%)
	2 to less than 4 hours				51 (36%)
	4 to less than 6 hours				27 (19%)
	6 to less than 8 hours				10 (7%)
	8 to less than 10 hours				7 (5%)
	10 hours or more				15 (10%)
	Don't know				10 (7%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	52 (38%)
	No	86 (62%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	56 (39%)
	No	88 (61%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	18 (12%)
	No	128 (88%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	31 (22%)
	<i>Very easy</i>	16 (11%)
	<i>Easy</i>	39 (27%)
	<i>Neither</i>	16 (11%)
	<i>Difficult</i>	18 (13%)
	<i>Very difficult</i>	12 (8%)
	<i>Don't know</i>	12 (8%)

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>	90 (58%)
	<i>Yes</i>	41 (26%)
	<i>No</i>	25 (16%)
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>	115 (74%)
	<i>No contact</i>	20 (13%)
	<i>Letter</i>	6 (4%)
	<i>Phone</i>	8 (5%)
	<i>Visit</i>	10 (6%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	42 (31%)
	<i>No</i>	93 (69%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	90 (58%)
	<i>Yes</i>	26 (17%)
	<i>No</i>	39 (25%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	129 (84%)
	<i>Very involved</i>	6 (4%)
	<i>Involved</i>	10 (6%)
	<i>Neither</i>	5 (3%)
	<i>Not very involved</i>	3 (2%)
	<i>Not at all involved</i>	1 (1%)

Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	Do not have a sentence plan/ not sentenced	129 (85%)
	Nobody	7 (5%)
	Offender supervisor	7 (5%)
	Offender manager	6 (4%)
	Named/ personal officer	4 (3%)
	Staff from other departments	5 (3%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	Do not have a sentence plan/ not sentenced	129 (85%)
	Yes	16 (11%)
	No	1 (1%)
	Don't know	6 (4%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	Do not have a sentence plan/ not sentenced	129 (84%)
	Yes	5 (3%)
	No	11 (7%)
	Don't know	8 (5%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	Do not have a sentence plan/ not sentenced	129 (84%)
	Yes	9 (6%)
	No	4 (3%)
	Don't know	11 (7%)
Q13.10	Do you have a needs based custody plan?	
	Yes	13 (9%)
	No	49 (35%)
	Don't know	77 (55%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	16 (12%)
	No	114 (88%)
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.)	
		Do not need help Yes No
	Employment	29 (23%) 36 (29%) 60 (48%)
	Accommodation	28 (23%) 36 (29%) 60 (48%)
	Benefits	28 (23%) 38 (31%) 57 (46%)
	Finances	33 (28%) 21 (18%) 63 (54%)
	Education	37 (31%) 34 (28%) 50 (41%)
	Drugs and alcohol	44 (37%) 37 (31%) 39 (33%)
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?	
	Not sentenced	90 (60%)
	Yes	36 (24%)
	No	24 (16%)



Prisoner survey responses HMP Thameside 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

		HMP Thameside 2014	Local prisons comparator	HMP Thameside 2014	HMP Thameside 2013
	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		162	5776	162	157
SECTION 1: General information					
1.2 Are you under 21 years of age?		10%	5%	10%	18%
1.3 Are you sentenced?		43%	67%	43%	56%
1.3 Are you on recall?		6%	9%	6%	11%
1.4 Is your sentence less than 12 months?		15%	20%	15%	19%
1.4 Are you here under an indeterminate sentence for public protection (IPP prisoner)?		1%	3%	1%	3%
1.5 Are you a foreign national?		24%	13%	24%	20%
1.6 Do you understand spoken English?		94%	97%	94%	96%
1.7 Do you understand written English?		91%	96%	91%	94%
1.8 Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)		56%	23%	56%	55%
1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?		5%	5%	5%	6%
1.1 Are you Muslim?		28%	11%	28%	30%
1.11 Are you homosexual/gay or bisexual?		3%	3%	3%	3%
1.12 Do you consider yourself to have a disability?		22%	23%	22%	27%
1.13 Are you a veteran (ex-armed services)?		6%	5%	6%	1%
1.14 Is this your first time in prison?		38%	32%	38%	34%
1.15 Do you have any children under the age of 18?		48%	54%	48%	52%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1 Did you spend more than 2 hours in the van?		21%	21%	21%	14%
For those who spent two or more hours in the escort van:					
2.2 Were you offered anything to eat or drink?		42%	36%	42%	34%
2.3 Were you offered a toilet break?		11%	9%	11%	5%
2.4 Was the van clean?		61%	58%	61%	61%
2.5 Did you feel safe?		75%	74%	75%	73%
2.6 Were you treated well/very well by the escort staff?		67%	66%	67%	71%
2.7 Before you arrived here were you told that you were coming here?		64%	64%	64%	64%
2.7 Before you arrived here did you receive any written information about coming here?		4%	3%	4%	3%
2.8 When you first arrived here did your property arrive at the same time as you?		79%	80%	79%	78%
SECTION 3: Reception, first night and induction					
3.1 Were you in reception for less than 2 hours?		38%	43%	38%	35%
3.2 When you were searched in reception, was this carried out in a respectful way?		81%	77%	81%	83%
3.3 Were you treated well/very well in reception?		70%	62%	70%	73%

Main comparator and comparator to last time

Key to tables

		HMP Thameside 2014	Local prisons comparator	HMP Thameside 2014	HMP Thameside 2013
	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				
	When you first arrived:				
3.4	Did you have any problems?	75%	75%	75%	74%
3.4	Did you have any problems with loss of property?	16%	15%	16%	16%
3.4	Did you have any housing problems?	28%	20%	28%	30%
3.4	Did you have any problems contacting employers?	7%	5%	7%	7%
3.4	Did you have any problems contacting family?	28%	32%	28%	26%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	3%	0%	3%
3.4	Did you have any money worries?	28%	23%	28%	24%
3.4	Did you have any problems with feeling depressed or suicidal?	19%	22%	19%	19%
3.4	Did you have any physical health problems?	19%	17%	19%	22%
3.4	Did you have any mental health problems?	20%	21%	20%	21%
3.4	Did you have any problems with needing protection from other prisoners?	5%	8%	5%	5%
3.4	Did you have problems accessing phone numbers?	31%	31%	31%	26%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	30%	34%	30%	37%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	79%	82%	79%	90%
3.6	A shower?	46%	30%	46%	47%
3.6	A free telephone call?	88%	57%	88%	75%
3.6	Something to eat?	84%	73%	84%	81%
3.6	PIN phone credit?	60%	55%	60%	69%
3.6	Toiletries/ basic items?	65%	60%	65%	74%
	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?	31%	46%	31%	32%
3.7	Someone from health services?	71%	69%	71%	78%
3.7	A Listener/Samaritans?	27%	34%	27%	33%
3.7	Prison shop/ canteen?	40%	20%	40%	40%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	38%	45%	38%	38%
3.8	Support was available for people feeling depressed or suicidal?	37%	42%	37%	38%
3.8	How to make routine requests?	41%	38%	41%	49%
3.8	Your entitlement to visits?	36%	40%	36%	45%
3.8	Health services?	50%	48%	50%	52%
3.8	The chaplaincy?	30%	42%	30%	39%
3.9	Did you feel safe on your first night here?	82%	73%	82%	80%
3.10	Have you been on an induction course?	91%	77%	91%	91%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	59%	54%	59%	62%

Main comparator and comparator to last time

Key to tables

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3.12	Did you receive an education (skills for life) assessment?	90%	73%	90%	83%
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?	52%	39%	52%	43%
4.1	Attend legal visits?	62%	55%	62%	56%
4.1	Get bail information?	21%	20%	21%	12%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	27%	41%	27%	26%
4.3	Can you get legal books in the library?	48%	37%	48%	16%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	60%	54%	60%	58%
4.4	Are you normally able to have a shower every day?	97%	77%	97%	100%
4.4	Do you normally receive clean sheets every week?	82%	76%	82%	54%
4.4	Do you normally get cell cleaning materials every week?	77%	56%	77%	52%
4.4	Is your cell call bell normally answered within five minutes?	56%	30%	56%	26%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	69%	63%	69%	57%
4.4	Can you normally get your stored property, if you need to?	24%	23%	24%	21%
4.5	Is the food in this prison good/very good?	58%	20%	58%	47%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	47%	52%	50%
4.7	Are you able to speak to a Listener at any time, if you want to?	47%	56%	47%	39%
4.8	Are your religious beliefs are respected?	58%	50%	58%	73%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	55%	51%	55%	54%
4.10	Is it easy/very easy to attend religious services?	60%	44%	60%	64%
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	77%	75%	77%	72%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	62%	53%	62%	65%
5.2	Do you feel applications are dealt with quickly (within seven days)?	60%	40%	60%	48%
5.3	Is it easy to make a complaint?	60%	51%	60%	37%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	32%	31%	32%	31%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	33%	29%	33%	16%
5.5	Have you ever been prevented from making a complaint when you wanted to?	21%	20%	21%	17%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	18%	20%	18%	13%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	42%	41%	34%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	52%	43%	52%	38%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	8%	6%	5%
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?	59%	35%	59%	42%

Main comparator and comparator to last time

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SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	83%	74%		
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	76%	71%		
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	38%	27%		
7.4	Do staff normally speak to you most of the time/all of the time during association?	25%	17%		
7.5	Do you have a personal officer?	57%	40%		
For those with a personal officer:					
7.6	Do you think your personal officer is helpful/very helpful?	59%	67%		
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	37%	41%		
8.2	Do you feel unsafe now?	18%	18%		
8.4	Have you been victimised by other prisoners here?	19%	27%		
Since you have been here, have other prisoners:					
8.5	Made insulting remarks about you, your family or friends?	5%	12%		
8.5	Hit, kicked or assaulted you?	4%	8%		
8.5	Sexually abused you?	2%	2%		
8.5	Threatened or intimidated you?	9%	15%		
8.5	Taken your canteen/property?	3%	6%		
8.5	Victimised you because of medication?	5%	5%		
8.5	Victimised you because of debt?	1%	4%		
8.5	Victimised you because of drugs?	1%	4%		
8.5	Victimised you because of your race or ethnic origin?	3%	3%		
8.5	Victimised you because of your religion/religious beliefs?	2%	3%		
8.5	Victimised you because of your nationality?	3%	3%		
8.5	Victimised you because you were from a different part of the country?	1%	4%		
8.5	Victimised you because you are from a Traveller community?	2%	1%		
8.5	Victimised you because of your sexual orientation?	1%	1%		
8.5	Victimised you because of your age?	0%	2%		
8.5	Victimised you because you have a disability?	3%	3%		
8.5	Victimised you because you were new here?	6%	6%		
8.5	Victimised you because of your offence/crime?	3%	5%		
8.5	Victimised you because of gang related issues?	3%	4%		
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	25%	30%		
Since you have been here, have staff:					
8.7	Made insulting remarks about you, your family or friends?	5%	11%		

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				
8.7	Hit, kicked or assaulted you?	1%	5%	1%	3%
8.7	Sexually abused you?	0%	1%	0%	0%
8.7	Threatened or intimidated you?	8%	12%	8%	6%
8.7	Victimised you because of medication?	4%	5%	4%	4%
8.7	Victimised you because of debt?	1%	2%	1%	0%
8.7	Victimised you because of drugs?	1%	3%	1%	3%
8.7	Victimised you because of your race or ethnic origin?	7%	4%	7%	4%
8.7	Victimised you because of your religion/religious beliefs?	7%	3%	7%	1%
8.7	Victimised you because of your nationality?	2%	3%	2%	2%
8.7	Victimised you because you were from a different part of the country?	1%	3%	1%	1%
8.7	Victimised you because you are from a Traveller community?	2%	2%	2%	0%
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	1%
8.7	Victimised you because of your age?	1%	2%	1%	5%
8.7	Victimised you because you have a disability?	3%	3%	3%	3%
8.7	Victimised you because you were new here?	5%	5%	5%	4%
8.7	Victimised you because of your offence/crime?	2%	5%	2%	3%
8.7	Victimised you because of gang related issues?	5%	2%	5%	2%
For those who have been victimised by staff or other prisoners:					
8.8	Did you report any victimisation that you have experienced?	35%	32%	35%	32%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	29%	22%	29%	31%
9.1	Is it easy/very easy to see the nurse?	46%	46%	46%	44%
9.1	Is it easy/very easy to see the dentist?	8%	9%	8%	12%
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?	48%	40%	48%	42%
9.2	The nurse?	57%	53%	57%	50%
9.2	The dentist?	37%	30%	37%	36%
9.3	The overall quality of health services?	48%	36%	48%	40%
9.4	Are you currently taking medication?	50%	51%	50%	58%
For those currently taking medication:					
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	41%	61%	41%	50%
9.6	Do you have any emotional well being or mental health problems?	30%	37%	30%	39%
For those who have problems:					
9.7	Are you being helped or supported by anyone in this prison?	38%	44%	38%	42%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	34%	34%	34%	32%

Main comparator and comparator to last time

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10.2	Did you have a problem with alcohol when you came into this prison?	16%	23%	16%	26%
10.3	Is it easy/very easy to get illegal drugs in this prison?	12%	33%	12%	18%
10.4	Is it easy/very easy to get alcohol in this prison?	2%	14%	2%	7%
10.5	Have you developed a problem with drugs since you have been in this prison?	4%	8%	4%	3%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	9%	6%	5%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	69%	61%	69%	67%
10.8	Have you received any support or help with your alcohol problem while in this prison?	67%	58%	67%	61%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	97%	76%	97%	61%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	21%	30%	21%	18%
11.1	Vocational or skills training?	31%	30%	31%	25%
11.1	Education (including basic skills)?	55%	45%	55%	47%
11.1	Offending behaviour programmes?	24%	18%	24%	12%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	34%	44%	34%	25%
11.2	Vocational or skills training?	12%	9%	12%	8%
11.2	Education (including basic skills)?	35%	25%	35%	44%
11.2	Offending behaviour programmes?	8%	7%	8%	3%
11.3	Have you had a job while in this prison?	57%	69%	57%	53%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	49%	40%	49%	51%
11.3	Have you been involved in vocational or skills training while in this prison?	51%	56%	51%	45%
	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?	57%	47%	57%	61%
11.3	Have you been involved in education while in this prison?	72%	67%	72%	71%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	64%	52%	64%	68%
11.3	Have you been involved in offending behaviour programmes while in this prison?	50%	53%	50%	42%
	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?	61%	44%	61%	45%
11.4	Do you go to the library at least once a week?	37%	31%	37%	18%
11.5	Does the library have a wide enough range of materials to meet your needs?	48%	33%	48%	23%
11.6	Do you go to the gym three or more times a week?	50%	26%	50%	53%
11.7	Do you go outside for exercise three or more times a week?	56%	39%	56%	46%
11.8	Do you go on association more than five times each week?	61%	47%	61%	2%
11.9	Do you spend ten or more hours out of your cell on a weekday?	11%	10%	11%	4%

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 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	38%	32%	38%	38%
12.2	Have you had any problems with sending or receiving mail?	39%	48%	39%	41%
12.3	Have you had any problems getting access to the telephones?	12%	34%	12%	17%
12.4	Is it easy/ very easy for your friends and family to get here?	38%	37%	38%	49%
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?	62%	61%	62%	57%
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	50%	41%	50%	46%
13.2	Contact by letter?	15%	29%	15%	9%
13.2	Contact by phone?	20%	13%	20%	27%
13.2	Contact by visit?	25%	37%	25%	25%
13.3	Do you have a named offender supervisor in this prison?	31%	29%	31%	35%
	For those who are sentenced:				
13.4	Do you have a sentence plan?	40%	37%	40%	32%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	64%	56%	64%	58%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	31%	45%	31%	39%
13.6	Offender supervisor?	31%	32%	31%	35%
13.6	Offender manager?	26%	27%	26%	17%
13.6	Named/ personal officer?	17%	10%	17%	4%
13.6	Staff from other departments?	22%	17%	22%	17%
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	70%	56%	70%	46%
13.8	Are there plans for you to achieve any of your targets in another prison?	21%	27%	21%	39%
13.9	Are there plans for you to achieve any of your targets in the community?	38%	33%	38%	29%
13.10	Do you have a needs based custody plan?	9%	7%	9%	15%
13.11	Do you feel that any member of staff has helped you to prepare for release?	12%	12%	12%	9%
	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?	38%	29%	38%	33%
13.12	Accommodation?	38%	36%	38%	35%
13.12	Benefits?	40%	40%	40%	32%
13.12	Finances?	25%	24%	25%	22%
13.12	Education?	40%	29%	40%	34%
13.12	Drugs and alcohol?	49%	45%	49%	45%
	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?	60%	48%	60%	46%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Thameside 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	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		90	70	37	120	43	113
1.3	Are you sentenced?	38%	49%	41%	42%	36%	46%
1.5	Are you a foreign national?	22%	25%			30%	21%
1.6	Do you understand spoken English?	96%	93%	76%	99%	93%	95%
1.7	Do you understand written English?	93%	90%	64%	99%	88%	93%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			53%	57%	86%	45%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	5%	12%	3%	3%	6%
1.1	Are you Muslim?	41%	9%	36%	26%		
1.12	Do you consider yourself to have a disability?	20%	26%	28%	20%	19%	23%
1.13	Are you a veteran (ex-armed services)?	1%	14%	14%	4%	5%	7%
1.14	Is this your first time in prison?	36%	40%	57%	31%	40%	38%
2.6	Were you treated well/very well by the escort staff?	67%	69%	56%	70%	59%	69%
2.7	Before you arrived here were you told that you were coming here?	64%	66%	43%	70%	52%	67%
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	87%	82%	80%	69%	85%
3.3	Were you treated well/very well in reception?	70%	73%	73%	70%	66%	73%
3.4	Did you have any problems when you first arrived?	74%	75%	70%	77%	80%	72%
3.7	Did you have access to someone from health care when you first arrived here?	65%	78%	67%	72%	70%	71%
3.9	Did you feel safe on your first night here?	80%	85%	77%	83%	78%	84%
3.10	Have you been on an induction course?	91%	91%	90%	91%	95%	89%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	51%	55%	50%	52%	53%	52%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	61%	61%	71%	57%	58%	62%
4.4	Are you normally able to have a shower every day?	98%	98%	94%	98%	95%	98%
4.4	Is your cell call bell normally answered within five minutes?	56%	58%	68%	53%	53%	56%
4.5	Is the food in this prison good/very good?	52%	69%	49%	62%	53%	62%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	48%	58%	56%	52%	49%	53%
4.7	Are you able to speak to a Listener at any time, if you want to?	45%	52%	38%	51%	38%	51%
4.8	Do you feel your religious beliefs are respected?	57%	61%	56%	59%	58%	59%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	52%	61%	53%	55%	54%	57%
5.1	Is it easy to make an application?	74%	79%	74%	77%	78%	77%
5.3	Is it easy to make a complaint?	56%	64%	57%	60%	54%	63%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	44%	40%	33%	42%	31%	47%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	54%	50%	37%	55%	56%	53%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	0%	11%	5%	14%	3%
7.1	Do most staff, in this prison, treat you with respect?	80%	91%	87%	82%	78%	86%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	69%	85%	67%	78%	72%	78%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	23%	27%	32%	23%	28%	24%
7.4	Do you have a personal officer?	56%	62%	50%	60%	49%	62%
8.1	Have you ever felt unsafe here?	38%	35%	36%	38%	42%	33%
8.2	Do you feel unsafe now?	17%	19%	27%	16%	27%	15%
8.3	Have you been victimised by other prisoners?	16%	22%	10%	23%	20%	18%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	7%	9%	0%	11%	11%	6%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	5%	0%	4%	3%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	1%	3%	0%	3%	0%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	2%	3%	3%	3%	0%	3%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
8.5	Have you been victimised because you have a disability? (By prisoners)	2%	5%	3%	4%	3%	3%
8.6	Have you been victimised by a member of staff?	24%	25%	11%	30%	28%	24%
8.7	Have you ever felt threatened or intimidated by staff here?	9%	6%	0%	11%	11%	7%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	6%	0%	9%	9%	6%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	9%	5%	4%	8%	20%	2%
8.7	Have you been victimised because of your nationality? (By staff)	4%	0%	4%	2%	3%	1%
8.7	Have you been victimised because you have a disability? (By staff)	4%	2%	0%	4%	6%	1%
9.1	Is it easy/very easy to see the doctor?	29%	30%	13%	32%	28%	31%
9.1	Is it easy/ very easy to see the nurse?	42%	51%	27%	51%	35%	50%
9.4	Are you currently taking medication?	47%	55%	31%	55%	38%	55%
9.6	Do you feel you have any emotional well being/mental health issues?	24%	35%	25%	32%	30%	29%
10.3	Is it easy/very easy to get illegal drugs in this prison?	10%	12%	11%	12%	17%	11%
11.2	Are you currently working in the prison?	36%	32%	32%	35%	33%	34%
11.2	Are you currently undertaking vocational or skills training?	11%	13%	21%	9%	6%	12%
11.2	Are you currently in education (including basic skills)?	33%	38%	50%	31%	43%	31%
11.2	Are you currently taking part in an offending behaviour programme?	7%	10%	7%	8%	9%	7%
11.4	Do you go to the library at least once a week?	38%	38%	48%	35%	38%	38%
11.6	Do you go to the gym three or more times a week?	55%	44%	45%	51%	56%	49%
11.7	Do you go outside for exercise three or more times a week?	60%	54%	60%	55%	53%	58%
11.8	On average, do you go on association more than five times each week?	60%	65%	55%	62%	55%	64%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	8%	14%	7%	12%	15%	10%
12.2	Have you had any problems sending or receiving mail?	33%	44%	37%	41%	33%	39%
12.3	Have you had any problems getting access to the telephones?	15%	9%	23%	10%	6%	12%

Diversity Analysis



Key question responses (disability, aged over 50, aged under 21) HMP Thameside 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

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability <hr/> Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse	
	Any percentage highlighted in orange shows a significant difference in prisoners' background details	
	Percentages which are not highlighted show there is no significant difference	
Number of completed questionnaires returned		35 124
1.3	Are you sentenced?	47% 42%
1.5	Are you a foreign national?	29% 21%
1.6	Do you understand spoken English?	91% 94%
1.7	Do you understand written English?	85% 93%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	49% 57%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7% 5%
1.1	Are you Muslim?	23% 28%
1.12	Do you consider yourself to have a disability?	
1.13	Are you a veteran (ex-armed services)?	6% 7%
1.14	Is this your first time in prison?	32% 37%
2.6	Were you treated well/very well by the escort staff?	68% 67%
2.7	Before you arrived here were you told that you were coming here?	59% 65%
3.2	When you were searched in reception, was this carried out in a respectful way?	77% 82%
3.3	Were you treated well/very well in reception?	74% 70%
3.4	Did you have any problems when you first arrived?	91% 69%
3.7	Did you have access to someone from health care when you first arrived here?	81% 70%
3.9	Did you feel safe on your first night here?	73% 85%
3.10	Have you been on an induction course?	84% 92%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	47% 54%

Prisoners aged 50 and over	Prisoners under the age of 50
18	140
61%	41%
12%	24%
100%	93%
100%	90%
67%	54%
12%	4%
12%	29%
39%	20%
6%	7%
42%	37%
81%	65%
72%	63%
82%	81%
69%	70%
88%	73%
82%	70%
89%	81%
100%	90%
64%	51%

Prisoners under the age of 21	Prisoners aged 21 and over
16	142
12%	46%
38%	22%
93%	94%
88%	91%
69%	54%
0%	6%
32%	26%
29%	21%
0%	7%
50%	37%
60%	67%
86%	62%
74%	81%
69%	70%
53%	77%
31%	76%
63%	84%
92%	91%
43%	53%

Diversity Analysis

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	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in green is significantly better							
	Any percentage highlighted in blue is significantly worse							
	Any percentage highlighted in orange shows a significant difference in prisoners' background details							
	Percentages which are not highlighted show there is no significant difference							
4.4	Are you normally offered enough clean, suitable clothes for the week?	62%	60%	53%	60%	63%	59%	
4.4	Are you normally able to have a shower every day?	97%	97%	88%	99%	100%	97%	
4.4	Is your cell call bell normally answered within five minutes?	70%	53%	53%	57%	50%	57%	
4.5	Is the food in this prison good/very good?	50%	61%	53%	59%	56%	59%	
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	48%	53%	27%	54%	64%	50%	
4.7	Are you able to speak to a Listener at any time, if you want to?	55%	46%	33%	50%	50%	48%	
4.8	Do you feel your religious beliefs are respected?	50%	61%	59%	58%	56%	59%	
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	56%	56%	38%	57%	53%	55%	
5.1	Is it easy to make an application?	73%	78%	75%	78%	75%	78%	
5.3	Is it easy to make a complaint?	61%	60%	80%	58%	50%	62%	
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	62%	37%	63%	38%	29%	42%	
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	61%	51%	46%	52%	29%	54%	
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	6%	0%	7%	14%	6%	
7.1	Do most staff, in this prison, treat you with respect?	84%	84%	100%	82%	66%	86%	
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	84%	74%	77%	76%	64%	77%	
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	30%	24%	18%	26%	15%	26%	
7.4	Do you have a personal officer?	66%	55%	65%	57%	39%	60%	
8.1	Have you ever felt unsafe here?	41%	37%	35%	37%	27%	38%	
8.2	Do you feel unsafe now?	21%	18%	12%	19%	21%	18%	
8.3	Have you been victimised by other prisoners?	35%	15%	6%	21%	8%	21%	
8.5	Have you ever felt threatened or intimidated by other prisoners here?	15%	7%	0%	10%	0%	10%	
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	12%	1%	0%	4%	0%	4%	
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	0%	0%	2%	0%	2%	
8.5	Have you been victimised because of your nationality? (By prisoners)	12%	0%	6%	2%	0%	3%	
8.5	Have you been victimised because of your age? (By prisoners)	0%	0%	0%	0%	0%	0%	

Diversity Analysis

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	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
8.5	Have you been victimised because you have a disability? (By prisoners)	12%	1%	0%	4%	0%	4%
8.6	Have you been victimised by a member of staff?	25%	26%	7%	28%	40%	24%
8.7	Have you ever felt threatened or intimidated by staff here?	10%	8%	0%	9%	13%	8%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	5%	7%	7%	13%	6%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	12%	5%	7%	7%	0%	8%
8.7	Have you been victimised because of your nationality? (By staff)	6%	1%	0%	2%	0%	2%
8.7	Have you been victimised because of your age? (By staff)	3%	1%	0%	2%	0%	2%
8.7	Have you been victimised because you have a disability? (By staff)	6%	2%	0%	3%	0%	3%
9.1	Is it easy/very easy to see the doctor?	23%	31%	27%	29%	29%	29%
9.1	Is it easy/ very easy to see the nurse?	47%	46%	57%	45%	29%	48%
9.4	Are you currently taking medication?	77%	44%	75%	47%	27%	53%
9.6	Do you feel you have any emotional well being/mental health issues?	64%	21%	47%	28%	13%	32%
10.3	Is it easy/very easy to get illegal drugs in this prison?	21%	10%	6%	13%	0%	13%
11.2	Are you currently working in the prison?	38%	33%	44%	33%	9%	37%
11.2	Are you currently undertaking vocational or skills training?	19%	10%	7%	12%	0%	13%
11.2	Are you currently in education (including basic skills)?	31%	36%	25%	36%	9%	38%
11.2	Are you currently taking part in an offending behaviour programme?	15%	6%	0%	9%	0%	9%
11.4	Do you go to the library at least once a week?	33%	39%	30%	38%	24%	39%
11.6	Do you go to the gym three or more times a week?	37%	54%	32%	52%	50%	50%
11.7	Do you go outside for exercise three or more times a week?	48%	59%	53%	56%	78%	53%
11.8	On average, do you go on association more than five times each week?	65%	61%	69%	61%	60%	62%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	15%	10%	12%	11%	0%	12%
12.2	Have you had any problems sending or receiving mail?	39%	39%	34%	41%	31%	41%
12.3	Have you had any problems getting access to the telephones?	7%	14%	13%	13%	15%	12%