

Report on an unannounced inspection of

# **HMP Guys Marsh**

by HM Chief Inspector of Prisons

**10–21 November 2014**

## **Glossary of terms**

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# Introduction

HMP Guys Marsh is a medium sized category C training prison near Shaftesbury in Dorset that, at the time of this inspection, held 543 adult men. We brought forward this unannounced inspection because of concerning intelligence. We found a prison that was in crisis, where managers and staff had all but lost control. The governor left the prison permanently during the course of the inspection. I wrote to the Chief Executive of the National Offender Management Service (NOMS) immediately after the inspection to set out my concerns.

At the time of the inspection, the prison faced challenges common to many prisons. The governor told us the prison was short-staffed and that the arrival of staff from neighbouring prisons which had closed in 2013 had unsettled the culture and not all those staff wanted to be at Guys Marsh. There was a relatively new senior management team. The prison was overcrowded, holding 543 men compared with its certified normal accommodation of 518.

The prison drew much of its population from Bristol and Gloucester. The governor believed that the reorganisation of prisons in the region, with more clearly defined specialist functions in preparation for the implementation of the transforming rehabilitation agenda, meant that Guys Marsh was holding a significant number of men who were involved in rival gangs and serious organised crime without sufficient flexibility to split them up by dispersing them elsewhere.

Levels of violence in the prison were very high and many prisoners were frightened. Almost a quarter of prisoners told us they did not feel safe at the time of the inspection. In the six months before the inspection there had been 17 assaults on staff, 53 assaults on prisoners and 19 fights – three times the level at our last inspection. The violence was driven by the supply of drugs, particularly synthetic cannabinoids such as ‘Spice’. Subutex, diverted prescribed medication and illicitly brewed alcohol were also problems. Sixty-five per cent of prisoners told us it was easy to get drugs in the prison and 50% alcohol. We were told much of this trade was led by gangs and by organised crime operating outside the prison. Although the price of the drugs on the streets was low, it was very high in prison, so there were attempts to get large quantities in – even if there were significant interceptions, big profits could be made. Most of the drugs were legal outside the prison and there was no effective way to test for them so the risks of supply were low. There had been a number of medical emergencies and hospital admissions associated with the consumption of Spice. The supply of drugs led to debt and debts were enforced by violence or threats of violence to prisoners or their family and associates outside the prison. Gangs operated openly in the prison and I had a civil ‘meeting’ with some prisoners who appeared to be operating unimpeded as a gang with a leader and who boasted to me about the power they wielded in the prison. Security staff and managers were well focused on these challenges and worked hard to address them. There had been some large drug finds and some key players in the violence had been identified and moved elsewhere. However, the prison needed much more support from the Prison Service and other agencies to tackle these problems effectively.

Problems of safety were at their worst on Saxon wing, the drug treatment wing, which contained a mix of men who were there for treatment and those who were there for their own protection – often because of drug debts. Seventy-one per cent of the prisoners there told us they had felt unsafe at some time and 46% felt unsafe at the time of the inspection. Eighty-two per cent said it was easy to get drugs in the prison and 41% said they had developed a drug problem there. The lack of safety on the wing and the ready supply of drugs seriously undermined its treatment role.

Some prisoners sought sanctuary in the segregation unit. There were frequent ‘incidents at height’ where men climbed onto dangerously high structures that were out of the normal reach of staff in the belief that once they were back under control they would be taken down to the segregation unit where they would be safe. There was little attempt to reintegrate these men on the wings and most were moved out of the prison. When I went to the segregation unit, unusually there was one vacant

cell; staff there asked me not to tell anyone about it because they did not want to encourage prisoners to create an incident so that they would be brought down to occupy it. One prisoner was in the segregation unit because he has assaulted a member of staff and he too was due to be moved out of the prison; it would be very dangerous indeed if desperate prisoners got the idea that assaulting staff was a quick way to get a move to another safer prison. Because the segregation was usually full, some prisoners self-isolated on the wings. These men stayed hiding in their cells, in squalid conditions, with abuse shouted through the door and all sorts pushed under it, rarely venturing out and having their food bought to them by staff. I was told by prisoners and staff that they suspected gangs were threatening some prisoners to request a move to a different part of the prison so that they could then be forced to act as distribution points for drugs. Not surprisingly perhaps, levels of use of force by staff were high and we were concerned that force was not properly used or supervised. The high levels of bullying and debt were linked to high levels of self-harm, although care for men at risk was generally good. It was to the staff's credit that despite everything else going on there had been no self-inflicted deaths.

For prisoners who could avoid trouble, conditions were generally reasonable. Most staff relationships with prisoners were good and these prevented the prison from sinking further. We saw some caring interactions, although a minority of staff were disinterested. Eighty-five per cent of prisoners told us staff treated them with respect, compared with 77% in similar prisons. Prisoners from black and minority ethnic backgrounds were less positive and many complained about victimisation by staff. We did not find evidence of this but the prison needed to do more to understand these perceptions and, if necessary, address them. The chaplaincy played an important and effective role in the prison. The external environment and that of the smaller units was good. Seventy per cent of prisoners on the first night unit were sharing cells designed for one, but most prisoners had a reasonable single cell. However, we found some cells in poor condition with unscreened toilets, graffiti and no furniture apart from beds. The offensive display policy was not enforced. Health care was generally good and mental health care, in particular, was good and improving. There were high levels of mental health need and more than one in 10 of prisoners were on the mental health team's caseload.

HMP Guys Marsh was a training prison but provision had deteriorated sharply since the last inspection. Ofsted judged the overall effectiveness of learning and skills and work as inadequate – its lowest grade. The recent appointment of new and experienced staff was beginning to have an impact but plans to improve provision were hampered by staff shortages. We found a third of prisoners locked in their cells during the working day, and 80% of the population on Saxon wing were locked in their cells when I visited in the middle of the working day. There were full time activity places for only about four out of five prisoners. About one in eight were unemployed and they were let out of their cells for less than three hours a day. Almost 100 of the others were employed in low skilled wing work that did not keep them fully occupied. Despite the fact that Guys Marsh was a training prison, only 16% of prisoners were on education or training courses. There was not enough work for some workshops and attendance was poor. For those in real work, learning or skills, the quality of teaching, coaching and learning was generally good and success rates were high in vocational courses but less so in basic skills such as English and maths. There was a good library but access to it was too limited. PE provision was good.

The prison relied heavily on peer mentors for some essential tasks. These prisoners did a good and sometimes vital job but we were concerned that they sometimes had access to confidential information and supervision was weak. In view of the amount of bullying that was going on, there was an obvious risk that mentors would be pressurised to provide information or commit other offences. The overall management of resettlement was disjointed and inadequate. Offender management was exceptionally poor. Staff in the offender unit were new and had insufficient training and supervision. They were frequently redeployed to other duties. As a consequence, offender supervisors had little contact with the prisoners for whom they were responsible, some prisoners had no sentence plans and there was a large backlog of assessments. Offender supervisors used a recording system that was inaccessible to staff in other roles in the prison which meant communication between them was very poor. Some prisoners were recategorised without an up-to-date assessment of their risks and, in at least one case, without ever having met or spoken to their offender supervisor or offender manager.

We were particularly concerned about very weak arrangements for protecting the public from high-risk prisoners after release. Practical resettlement support was variable and while staff in some areas did good work, there were no systematic arrangements to ensure prisoners' needs were identified and addressed before release.

At a time when we are seeing some overall improvement in the system, HMP Guys Marsh stands out as an establishment of great concern. Regional managers began to take decisive action during the inspection but real risks remain and turning the prison round will take sustained support from the Prison Service nationally. The failures of the prison at the time of this inspection posed unacceptable risks to the public, staff and prisoners and this cannot be allowed to continue.

**Nick Hardwick**  
HM Chief Inspector of Prisons

March 2015





# Fact page

## Task of the establishment

Category C resettlement prison for adult males.

## Prison status

Public

## Region

South West

## Number held

543

## Certified normal accommodation

518

## Operational capacity

579

## Date of last inspections

Unannounced short follow-up – February 2013

Last full inspection – January 2010

## Brief history

Opened in 1960 as a borstal, HMP Guys Marsh became a young offender institution (YOI) in 1984. In 1992 it became a closed establishment and started to accommodate adults. In 2008, the young offenders were moved out and Guys Marsh became an adult male category C prison holding both determinate and indeterminate sentence prisoners. Guys Marsh also manages prisoners with substance misuse problems through the integrated substance misuse services (ISMS).

## Short description of residential units

<i><b>Wing</b></i>	<i><b>Type of prisoner</b></i>	<i><b>Operational capacity</b></i>	<i><b>Certified normal accommodation</b></i>
Anglia	First night and induction	86	60
Cambria	Predominantly indeterminate sentence prisoner	65	65
Dorset	Sentenced	67	68
Fontmell	Enhanced	40	40
Jubilee	Enhanced	38	40
Mercia	Living skills/sentenced	62	59
Saxon	ISMS	108	120
	Two spurs, treatment and recovery		
Tarrant	Segregation	11	
Wessex	Sentenced	66	66

**Name of governor**

Duncan Burles

**Escort contractor**

GEOAmey

**Health service provider**

Dorset Health University Foundation Trust

**Learning and skills provider**

Weston College

**Independent Monitoring Board chair**

Paul Gorford

# About this inspection and report

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

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

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

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

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

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

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

## This report

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

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

# Summary

## Safety

*S1 Prisoners had reasonable journeys to the prison and reception procedures were appropriate but some first night cells were poor. Prisoners felt unsafe at the prison, especially on the Saxon wing, and violence against prisoners and staff was very high for the type of prison. Although the prison was sighted on the issues behind this violence it lacked a strategy to resolve them. The management of prisoners at risk of self-harm was mostly good. The levels of violence, drug availability and organised crime seriously affected safety in the prison. The use of all disciplinary measures was relatively high and quality assurance was inadequate. The substance misuse team was developing but the designated drug treatment unit, Saxon, was struggling to provide an appropriate environment. **Outcomes for prisoners were poor against this healthy prison test.***

S2 Cellular escort vehicles transporting prisoners to the prison were clean, and there was good communication between escort and reception staff about prisoners' risk factors. Reception was welcoming with courteous staff, but not all areas were maintained well enough and new arrivals were not offered a free telephone call or refreshments on their first night.

S3 Insiders (prisoner peer supporters) provided good support for and initial welfare checks on all new arrivals in reception and on the first night unit, but these were not sufficiently private or supervised by prison staff. The first night unit accommodated a variety of prisoners, including many with debt problems or those who were there for their own protection. In our survey fewer prisoners than the comparator said that they felt safe on their first night. First night cells were unacceptably dirty, with soiled mattresses and inadequate screening for the toilets. There were no staff checks on prisoners during their first night.

S4 In our survey, prisoners were considerably more negative than the comparators across a range of safety indicators. Results for prisoners from minority groups, especially those with disabilities, were even worse, and were exceptionally poor for those on the Saxon wing, the designated drug unit (which, in fact, held a range of prisoners). We found that these fears were justified. Both prisoners and staff were more likely to be assaulted than at similar establishments and three times more likely to be assaulted than was the case at the last inspection. Comprehensive data on violence, threats and bullying collated by the prison indicated a high level of incidents, although most did not result in serious injury. There were a high number of 'incidents at height' (14 so far in 2014, compared with eight throughout 2013) which often appeared to be committed by prisoners who wanted to be taken to segregation and out of the prison for their own safety. We were particularly concerned about a few prisoners, nine at the time of the inspection, who opted to isolate themselves in their cells for their own safety. They reported continued abuse from some other prisoners, received a poor regime and had insufficient support from staff. The weekly meeting to discuss prisoners with complex needs was a positive initiative, and staff clearly knew their population, but despite the prison's own analysis recognising the problem of safety for both staff and prisoners, it lacked an effective strategic approach to tackling some of the major safety issues it faced.

S5 There was a proper focus on providing good care for prisoners at risk of suicide or self-harm, and there had been no self-inflicted deaths since 2006. However, incidents of self-harm and the number of case management documents opened for those at risk (assessment, care in custody and teamwork, ACCT) was high, with many linked to feeling unsafe and debt or bullying problems. The quality of ACCT documents was mostly good, and prisoners on case

management generally felt cared for and supported by staff. Prisoners had good access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners).

- S6 Security arrangements did not restrict prisoner access to the regime unnecessarily. The prison was aware of high levels of drug and alcohol availability – especially new psychoactive substances (NPS) such as ‘Spice’, a synthetic cannabinoid. In our survey, nearly twice as many prisoners as the comparator said it was easy to get drugs in the prison, and more than twice the comparator that it was easy to get alcohol. Substance supply reduction initiatives had resulted in the interception of some large quantities of drugs, especially NPS, and there had been some medical emergencies associated with their use. Current testing methods were unable to detect NPS but the number of suspicion drug tests was too low. While the prison was sighted on these issues we were not assured it was doing everything it could to tackle the problem actively. There was evidence of some links between drug availability and organised crime outside the prison, and the consequences of this problem included increased violence and debt.
  
- S7 The incentives and earned privileges (IEP) scheme was generally managed appropriately. Prisoners did not spend extensive periods on basic regime and could, if employed, still access work. However, there was insufficient quality assurance of IEP documentation.
  
- S8 The use of all disciplinary measures was relatively high. Many records of adjudications that we sampled indicated inadequate investigation before a finding of guilt, and there was no quality assurance process. Some important aspects of the use of force lacked adequate oversight or governance - particularly some uses of special accommodation, planned interventions and the deployment of batons. We were not assured that all uses of force were as a last resort or de-escalated quickly enough, and there were some shortfalls with documentation. Use of special accommodation was extremely high and not always warranted or for the shortest possible time; a few prisoners had been placed there as a result of self-harming, which was inappropriate.
  
- S9 Too many prisoners sought sanctuary in the segregation unit because they felt unsafe elsewhere and many stayed there for too long, including some with acute mental health problems. There was no reintegration planning and too many prisoners were transferred to other prisons from the unit. There was a reasonable environment where staff generally engaged well with residents, but the regime for prisoners was inadequate.
  
- S10 The substance misuse team was relatively new but had already initiated a good range of interventions. Integration of the clinical and psychosocial teams was developing. The Saxon unit was, however, struggling, and treatment outcomes for prisoners were jeopardised by the availability of drugs, the negative influences of an inappropriate number of prisoners not in treatment, and prisoners not feeling safe. The unit lacked a strategic approach incorporating clinical, safety and residential issues.

## Respect

*S11 External areas were mostly reasonable but some cells were in a poor condition. Relationships between staff and prisoners were generally good although a minority were indifferent and dismissive. The prison monitored the regime for prisoners with protected characteristics but consultation with minority groups was too variable and there was insufficient staff attendance at the equality meeting. Faith provision was good. Quality checks on complaints were ineffective. Physical health care provision was reasonably good, and mental health care was good and improving. The food was reasonably good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S12 External areas were generally well kept, but some residential units and communal areas were in a poor condition, with their effects exacerbated by the length of time some prisoners spent in their cells. Too many cells were dirty and cramped, and some in-cell toilets were inadequately screened. The restricted regime had reduced prisoner access to telephones, which affected their contact with families.

S13 In our survey, more prisoners than the comparator said that staff treated them with respect and also spoke to them during association. We saw some staff working hard to engage with prisoners and address their needs, but we also witnessed a minority who were dismissive and indifferent towards prisoners.

S14 Equality provision was fragmented and led to mixed outcomes for minority groups. Equality meetings were poorly attended by staff, and there was little promotion of equality and diversity. There was good identification of prisoners from most protected characteristics groups but identification of, and support for, gay and bisexual prisoners were poor. Prisoners with disabilities were more negative about safety than those without, and we found evidence to support this. Although the prison monitored the impact of the regime on several protected characteristics groups, it had not addressed some continued negative perceptions of black or minority ethnic prisoners. Consultation arrangements and support were reasonably good for older prisoners, but limited for other groups. Faith provision was good; the chaplaincy was well integrated into the prison and provided valued support for prisoners.

S15 Responses to internal complaints were prompt, but too many prisoners only received an interim response. Around 18% of all complaints related to other establishments and almost all (95%) did not have responses within the required timescale. More prisoners than the comparator said that they had been prevented from making a complaint. There were inappropriate restrictions on how and about what prisoners could complain. In our survey, more prisoners than the comparator said it was easy to communicate with their solicitor, and provision for legal visits was adequate.

S16 Prisoners had mixed views of healthcare provision but we found that the services were reasonably good. Partnership working and clinical governance were effective. Some clinic rooms in the health care centre were excellent but others required refurbishment. Prisoners receiving medication lacked privacy and confidentiality in an area that was not fit for purpose. Prisoners had access to an appropriate range of primary care services, although chronic disease management required improvement. External hospital appointments were well managed, but too many were rescheduled due to emergencies and a lack of escort staff. Pharmacy services were reasonably good, although some areas, including stock management, needed improvement. Dental provision was good. The integrated mental health provision was a good and improving service, although some prisoners waited too long to transfer to external mental health units. Support for those with learning disabilities was good.

- S17 We found that the quality and quantity of the food were reasonably good. Most prisoners could eat communally out of their cell, and some limited self-catering facilities were available and appreciated. Prisoners could purchase a wide range of goods from the prison shop, although they were charged an administration fee on all catalogue orders.

## Purposeful activity

- S18 *The prison had recently introduced a restricted regime and although employed prisoners could spend around nine hours out of their cell on a weekday, too many were locked up for a training prison. There had been slight improvements in learning and skills and work provision shortly before the inspection but much had deteriorated since our last full inspection and its management remained inadequate. There were still not enough activity places for the population, compounded by not enough work in some workshops and poor attendance. The variety of learning and skills and work activities was too limited. Success rates on courses were too variable. The quality of teaching and coaching was mostly good. The library was a good environment but access was too limited. Recent changes to PE access were having a positive impact. **Outcomes for prisoners were poor against this healthy prison test.***

- S19 The prison had recently introduced a restricted regime and although it hoped this would only be temporary, at the time of this inspection we found a third of prisoners locked in their cell during the core day, which was too high for a training prison. Time out of cell ranged from between around nine hours on a weekday for a fully employed prisoner to less than three hours for an unemployed prisoner.
- S20 Despite some recent slight improvements to provision, much had deteriorated since the last full inspection and the management of learning and skills and work was inadequate. The prison's self-assessment report was generally well informed and had accurately identified most of the key strengths and areas for improvement. However, staff shortages and some other issues had hampered plans to improve provision. The appointment of new and experienced staff had already started to have a positive impact, particularly on the quality of provision from Weston College. There were observations of teaching, learning and assessment across most of the provision, but in areas not managed by the college, they were not thorough enough. New provider meetings had helped to galvanise more cohesive working, but the quality improvement group had insufficient discussions about the quality of teaching, learning and assessment. We were not assured that the selection and supervision of prisoners in peer mentor roles was sufficiently safe.
- S21 There were activity places for only around 83% of prisoners, which was insufficient, and a further 109 places were not being utilised. Consequently 33% of the population were without work. Many of those with a job were also not fully occupied, especially those with wing jobs, of which there were too many. There was no enough work for some of the workshops to do and some were affected by a lack of cover for absent staff. The variety of activities that were available was limited and some work was undemanding and repetitive. Courses in barbering, painting and decorating, and catering were not currently running. The allocation of prisoners to the activities available was generally well informed by initial assessment of English and mathematics.
- S22 The proportion of prisoners on education and vocational training courses had declined since the last full inspection and only about 16% of the population were on courses, although participation on Open University and distance learning courses had improved significantly. The quality of teaching, coaching and learning was mainly good, and classroom management was particularly strong. However, some of the more able learners in education classes were



not challenged sufficiently. Outreach support for English and maths in many work or training areas was undeveloped.

- S23 Although attendance at education and vocational training was low, especially for a training prison, punctuality was good. Success rates on some courses, such as bricklaying and ICT, were high, but they were particularly low on English at level 2 and maths at levels 1 and 2, compounded by frequent staff changes. However, current learners were making good progress, particularly in mathematics. Learners on most education and training courses demonstrated good personal and social skills. Work in industrial workshops was often mundane and failed to develop prisoners' practical skills, and some positive skills that prisoners did develop were not sufficiently recorded or accredited.
- S24 The library was a particularly good facility, but few prisoners were able to use it and access was too limited. The library provided the 'six book' reading challenge and support for the Shannon Trust peer mentor-led reading scheme.
- S25 The PE provision was well managed and staff were enthusiastic. A new timetable accommodated all prisoners and revised access arrangements were fair, equitable and a positive initiative. Although no vocational PE courses were offered currently, success rates had been high on a Football Association coaching course run earlier in 2014.

## Resettlement

- S26 *There was insufficient strategic and operational links across resettlement provision, and some plans for development remained aspirational. Offender management was very poor, and there was insufficient quality assurance and oversight of the work. There was infrequent offender supervisor contact with prisoners, too many of whom did not have an up-to-date sentence plan or OASys assessment, which delayed their progress through the prison system. Public protection screening was reasonable but public protection arrangements were inadequate and potentially put the public at risk. Reintegration planning was variable with offender supervisors rarely involved. There was no formal pre-release planning, although provision under most resettlement pathways was adequate. **Outcomes for prisoners were poor against this healthy prison test.***

- S27 The overall management of resettlement was disjointed and inadequate. There were insufficient strategic and operational links between resettlement pathways work and offender management. The reducing reoffending meetings were not sufficiently strategic, and offender management staff did not attend. The prisoner needs analysis required updating, and the reducing reoffending strategy did not adequately identify the needs of specific groups of prisoners, such as those serving an indeterminate sentence or those with protected characteristics. The plans to develop the resettlement function of the prison and better prepare prisoners for release or open conditions were still aspirational. Use of release on temporary licence was low and inefficiently managed.
- S28 Offender management was very poor. Offender supervisors were too often redeployed, were poorly trained, and had insufficient oversight, quality assurance and casework supervision from managers. There was little regular and meaningful contact between prisoners and offender supervisors. Some prisoners had no sentence plans, others had had little input into their sentence plans, and many were unaware of their objectives.

- S29 The OASys (offender assessment system) assessment backlog was high: some prisoners arrived with no OASys; assessments, where not reviewed when required; and the quality of some was insufficient. Home detention curfew decisions were not always timely, and some prisoners were released weeks beyond their eligibility date. Offender supervisors used a separate recording system that was inaccessible to the rest of the prison, further hindering already poor communication between the offender management unit (OMU) and other departments. Risk of harm analysis and risk management plans were not always sufficient.
- S30 Initial screening for public protection was reasonable but had insufficient management oversight, and relied too heavily on the one member of staff trained in using the violent and sex offender register (Visor). Multi agency public protection arrangements (MAPPA) were inadequate: not all prisoners were correctly identified as a MAPPA case, had their MAPPA risk level set in time or had robust release plans and arrangements in place. This potentially put the public at risk.
- S31 Recategorisation decisions were not always timely and most were made without an up-to-date OASys assessment, which was unacceptable. We met one prisoner who had been recategorised to open conditions without having met or spoken to his offender supervisor or offender manager. There was no specific provision for indeterminate sentence prisoners.
- S32 There was no immediate resettlement needs assessment of new arrivals, and needs were not reassessed as part of discharge planning. Although short sentenced prisoners were allocated an offender supervisor they received no input from them. A resettlement orderly provided some good advice and guidance to a large number of prisoners, and helped them to develop meaningful resettlement plans, but his work lacked oversight by the prison.
- S33 A local charity provided a generally effective accommodation service that met needs, although a recent vacancy in the housing team meant that only an average of 82.5% of prisoners, against a target of 90%, were released to settled accommodation. Prisoners received appropriate support in identifying and addressing debt problems, and in obtaining identification documents. Jobcentre Plus provided good support for state benefits.
- S34 The National Careers Service produced a reasonably useful skills action plan for prisoners, but links with employers were weak. The resettlement course run by the education provider failed to engage prisoners and was poorly attended.
- S35 Pre-release planning for prisoners with physical and mental health needs was timely and effective. Appropriate liaison with community services ensured continuity of care. There were good links between the substance misuse service and local and regional community prescribers and support agencies.
- S36 Family days were well organised but heavily oversubscribed. Family support work was reasonably good but there were no parenting or relationship courses. There was little support for visitors. The prison ran an adequate volunteer prison visitor scheme.
- S37 A small number of accredited programmes were available but the prison struggled to engage prisoners to take part in or complete them. There was no domestic violence programme, despite evidenced need. A victim awareness course was well attended but not linked to prisoners' sentence plans or their offending behaviour.

## Main concerns and recommendations

- S38 Concern: The prison was very unsafe. Prison managers and staff did not have sufficient authority and control. In our survey, responses across a range of safety indicators were worse than comparable prisons and particularly poor for some groups of prisoners and in some locations. There were high levels of violence against staff and prisoners. Drugs availability, particularly new psychoactive substances, was high and fuelled debt and associated violence. Some of this was related to gangs and organised crime activity outside the prison. A high number of prisoners 'self-isolated' or committed misconduct so they would be taken to segregation from which they were usually moved out of the prison. High levels of self-harm were linked to debts and bullying.

**Recommendation: Regional and national managers should work with the prison's managers to implement a comprehensive strategy to reduce levels of violence and bring stability back to the prison. This should include:**

1. **intensive and urgent action, in conjunction with other criminal justice agencies, to reduce the supply of drugs into the prison, and national action to ensure effective testing methods and legal penalties are developed to deter and prevent their supply;**
2. **a review of the prison's own violence reduction strategy with clear and consistent action in the prison to discourage, deter and disrupt perpetrators;**
3. **greater support for victims and a clear plan to reduce self-harm associated with medication, bullying and debt;**
4. **action to stop the use of the segregation unit as an exit route from the prison and effective action to reintegrate prisoners seeking protection there, and those self-isolating on the wings, back into the main prison.**

- S39 Concern: Use of force was high for the type of prison, but its oversight and governance was inadequate - particularly some uses of special accommodation, planned interventions and the deployment of batons. Use of special accommodation was extremely high and not always warranted or for the shortest possible time.

**Recommendation: Incidents involving the use of force should be reduced, and its governance and accountability, including documentation, should be improved, including uses of special accommodation, planned interventions and batons.**

- S40 Concern: Too many prisoners were unemployed, and too many were employed as wing workers and were not fully occupied during the core day. Much work was limited and of low quality, and attendance at activities was often low.

**Recommendation: The prison should increase the range and improve the quality of learning, skills and work opportunities, and ensure that all places are used to capacity.**

- S41 Concern: Offender supervisors were often poorly trained, had insufficient management oversight of their work and little casework supervision. As a consequence, much offender management was ineffective.

**Recommendation: Offender supervisors should be adequately trained to manage and undertake their role effectively. There should be regular management oversight, quality assurance and casework supervision of all offender supervisors to ensure their work is consistently delivered to a high standard.**



# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

**I.1** *Conditions for prisoners on cellular vehicles during transfer to the prison were reasonable. Risk information was shared well.*

**I.2** Most prisoners had short journeys to the prison and travelled in decent conditions. The cellular escort vehicles we inspected were clean and secure, with adequate refreshments on board. The documentation travelling with prisoners included the relevant risk information, person escort records were completed well, and any information on risks or concerns about prisoners was relayed before their arrival. In our survey, more prisoners than the comparator said they were given written information in advance.

## 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.3** *Reception was welcoming and new arrivals were treated courteously, but welfare checks were not always carried out by prison staff or in private. Prisoner peer supporters provided good support to new arrivals but there was not enough oversight or supervision of their work. Too many prisoners felt unsafe on their first night in custody.*

**I.4** Reception was a welcoming area with courteous staff. Escort staff passed on sensitive information about new arrivals discreetly, and we observed reception staff treating vulnerable prisoners with courtesy. In our survey, more prisoners than the comparator said that they were treated well in reception. However, not all areas were clean enough and some interview and holding rooms were dirty, poorly maintained and had graffiti and torn seating.

**I.5** Cell sharing risk assessments were completed where necessary by trained staff. However, initial welfare checks of new arrivals were carried out by prisoner Insiders, rather than prison staff. Although the Insiders were organised, enthusiastic and provided much needed support to new arrivals, their work lacked sufficient supervision and oversight from prison staff. The checks also took place in holding rooms, so were not private. Most prisoners did not wait too long in reception – more than the comparator in our survey said they had waited there for less than two hours. Most prisoners were able to get a meal and make a telephone call on their first night.

- I.6** Fewer prisoners than the comparator said that they felt safe on their first night. As well as new arrivals, the first night unit also accommodated prisoners who had been moved there for a variety of reasons, including for debt problems or for their own protection, and was also sometimes used short term for prisoners moving out of the segregation unit, which was an inappropriate and unsafe mix. The first night cells we saw were unacceptably dirty, with inadequate screening for the toilets and soiled mattresses. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) visited all new arrivals on the first night unit to check on their welfare and invite them to the prison induction, which was usually the following morning. The chaplain also visited the unit daily to speak to all new arrivals. There were no staff checks on prisoners on their first night.
- I.7** Insiders had produced a well-designed induction programme, but in our survey, only 54% of prisoners against the comparator of 60% said it told them what they needed to know about the prison. The induction process was well structured and delivered by Insiders with support from Listeners and other prisoner representatives. However, during our inspection there was not enough staff involvement in or oversight of the induction programme, and some prisoners involved in both the first night and induction processes had little or no staff supervision. There was no written information for new arrivals explaining prison rules and regulations.

## Recommendations

- I.8** Initial welfare checks of all new arrivals should be carried out by trained staff in private.
- I.9** Insiders should be properly supervised by prison staff in reception and on the first night unit.
- I.10** All new arrivals should be given written information, available in a range of formats, explaining prison rules and regulations.
- I.11** The first night unit should not be used for temporary accommodation for prisoners moving out of the segregation unit or for prisoners moved there for their own protection.
- I.12** Staff should check new arrivals during their first night.

## Housekeeping point

- I.13** The holding rooms in reception should be clean and properly maintained.

## Bullying and violence reduction

### Expected outcomes:

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

**I.14** *Many prisoners told us they did not feel safe, and we found their fears were justified. There was a high incidence of violence and bullying and incidents at height. 'Self-isolating' prisoners received inadequate support and a poor regime. The prison was not doing enough to tackle the significant safety problems affecting prisoners and staff.*

**I.15** In our survey, prisoner responses across a broad range of safety indicators were worse than similar prisons. Forty per cent told us they had felt unsafe and 23% told us they felt unsafe at the time of the inspection, compared with 33% and 14% respectively in similar prisons. Thirty-one per cent told us they had been victimised by other prisoners and 35% by staff. Results were particularly bad among prisoners with disabilities where 44% told us they felt unsafe at the time of the inspection and on the Saxon unit, the drug treatment unit (which in fact also held a range of prisoners for their own protection), where 46% felt unsafe. Survey results were consistent with what prisoners told us in groups and what prisoners and staff told us individually.

**I.16** Between May and October 2014, the number of violent incidents, including assaults on staff (17) and prisoners (53), and fights (19), was high and three times above the average at our last inspection. There had been a few serious injuries, but most incidents were relatively low level. We were concerned about the number of prisoners, nine at the time of the inspection, who isolated themselves on normal location and refused to come out of their cells. They reported being fearful and of receiving abuse from other prisoners. Although they were identified and known by staff, little was done to improve their regime or diminish their fears. Reported incidents of bullying, and the number of prisoners in the segregation unit due to feeling unsafe were also high. There had been a number of 'incidents at height' where prisoners sometimes climbed dangerously high structures out of the normal reach of staff. During 2013 there had been eight incidents and so far throughout 2014 there had been 14. Prisoners and staff told us that this behaviour was often undertaken because such prisoners felt unsafe and believed, often correctly, that such activity would facilitate a move for them from the prison via the segregation unit. Throughout the inspection we were told that violence and bullying were related to a major drug problem, gangs and an element of organised crime, and there was evidence to support this (see also paragraph I.29 and main recommendation S38).

**I.17** The comprehensive data collated on violence, threats, bullying and other relevant indicators, such as unexplained injuries, confirmed that violence and bullying were prevalent. The prison had commissioned a study into violence and self-harm on Saxon and Wessex wings in early 2014 (responding to data that there were more problems on these units) and completed regular safety surveys, and had concluded that there were major problems affecting the safety of prisoners and staff at Guys Marsh. Despite this, there had been no effective strategy to tackle the problem. Although safety issues were discussed at the monthly joint safer custody meeting and were a focus at security and senior management meetings, there was no comprehensive action plan (see main recommendation S38).

- 1.18** A weekly multidisciplinary complex case meeting discussed a range of prisoners, including those on self-harm case management, those with acute mental health issues and those identified as 'self-isolators'. It was evident from this meeting that staff knew their population but while it seemed effective in the management of some complex cases, it did little to tackle the plight of self-isolators effectively.
- 1.19** At the time of the inspection there were eight self-isolators located across the prison; we were told that this number was sometimes much higher. Those prisoners we spoke to told us they felt unsafe for a variety of reasons, including problems with drugs, debt, gang issues and external influences. While such prisoners might normally have been located in the segregation unit for their own protection, because the unit at Guys Marsh was often full, they remained on normal location with an inadequate regime (see section on segregation). Apart from daily showers and telephone calls, they generally remained locked up for upwards of 23 hours a day. They all told us of continual verbal abuse and threats, and some said urine and lit paper had been put under their cell doors. We saw inadequate staff supervision on some wings and a lack of CCTV, which gave perpetrators opportunities to carry out these acts (see main recommendation S38). Although most self-isolators said staff were friendly, most did not feel supported.

## Self-harm and suicide prevention

### Expected outcomes:

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

- 1.20** *The level of self-harm was high for the type of prison, but there had been no self-inflicted deaths since 2006. Many incidents of self-harm were attributed to prisoners feeling unsafe because of problems with medication, bullying and debt. Prisoners in crisis and on case management felt well cared for and their case documents mostly indicated good support. Access to Listeners was good.*

- 1.21** The prison was properly focused on identifying prisoners at risk of suicide or self-harm, and there had been no self-inflicted deaths since 2006. The prison collated good data on incidents of self-harm. The level of self-harm and number of prisoners at risk of suicide or self-harm on assessment, care in custody and teamwork (ACCT) case management were high for the type of prison. The monthly safer custody meeting had generally focused well on suicide and self-harm prevention (perhaps to the detriment of the significant problem of violence, see above section), and included some sophisticated analysis of data and sharing of national good practice. However, we were not assured that the prison was sighted or acting on the reasons attributed to most self-harm, which were related to prisoners feeling unsafe because of medication, bullying, debt and other problems (see also paragraph 1.32 and main recommendation S38).
- 1.22** Staff, including permanent night staff, were generally trained in safer custody procedures, carried anti-ligature tools, were focused on the preservation of life and were knowledgeable about those in their care.
- 1.23** ACCT documents were mostly of a good quality and indicated appropriate care for prisoners, including encouraging them to engage with purposeful activities. Prisoners we spoke to generally felt well cared for and supported by staff. Quality assurance of ACCTs was effective and highlighted some shortfalls, particularly reviews that were not always



multidisciplinary, which the prison was addressing. In the previous six months, 22 ACCTs had been opened on prisoners held in the segregation unit. This appeared high, but there was additional scrutiny by managers to evaluate alternative locations and authorise segregation, were necessary, which was appropriate.

- I.24** In our survey, prisoners were more positive than the comparator about their access to Listeners, which we found to be good. Nine Listeners worked on a rota and had access to those in crisis when requested. The Listener suite was not particularly welcoming but was not used frequently.

## Safeguarding (protection of adults at risk)

### Expected outcomes:

**The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.<sup>2</sup>**

- I.25** *The prison was currently not focused on or taking consistent action to identify or care for the safeguarding of prisoners at risk because of their physical or mental health or age.*

- I.26** There was no local safeguarding policy or effective mechanism to identify prisoners potentially at risk because of their physical or mental health, disability or age. The prison had not made links with the local safeguarding adults board or local social services. There was no formal 'buddy' system (prisoner carers) to meet the needs of older or disabled prisoners, and we found examples of informal arrangements where prisoners assisted other prisoners without the checks that would have been involved in formal role descriptions, recruitment or appropriate risk assessments (see also paragraph 2.28 and recommendation 2.33).

### Recommendation

- I.27** **The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.**

<sup>2</sup> We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

## 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.28** *Staff were not sufficiently in control of the prison. Although the prison was focused on the major challenges of drug availability, violence, gangs and some organised crime, measures taken had not been effective and they continued to affect the safety of prisoners and staff.*
- I.29** The prison managed a complex population and faced major challenges of drug and alcohol availability, which we were told was sometimes linked to the activity of organised crime and gangs. This had led to increased violence, bullying and threats, which were sometimes directed at prisoners' families or associates outside the prison (see also section above on bullying and violence reduction). The security committee was informed by a comprehensive intelligence report from which it set and monitored appropriate objectives focused on keeping the prison safe and reducing the availability of drugs, although it had only limited success in achieving this (see main recommendation S38).
- I.30** The prison received a high level of information, with almost 2,000 intelligence reports submitted between May and October 2014. Although there were sometimes delays in acting on intelligence received promptly, the prison intercepted large quantities of drugs, sometimes in very large packages, and illicitly brewed alcohol. However, despite this, both staff and prisoners indicated that high levels of drugs continued to be available – especially Spice (synthetic cannabinoid) – and Subutex (buprenorphine) and illicitly brewed alcohol were also problems. In our survey, around twice as many prisoners as the comparator said it was easy to get drugs and alcohol in the prison.
- I.31** Mandatory drug testing (MDT) rates had fallen and in the six months to September 2014, the average random positive rate was 9.1% against a target of 12.5%. Despite this, in our survey, more than twice as many prisoners as the comparator said they had developed a drug problem in the jail. The MDT rate was clearly not an accurate reflection of drug use in the establishment, as Spice was currently not detected under the testing panel. Although Subutex was detectable, not enough suspicion tests took place and they were not always properly monitored.
- I.32** The prison worked closely with police to tackle some of the problems of drugs, gangs and organised crime. The prison also identified key players and tried to disrupt their activities, including movement out of the prison. Although the prison was focused on the problems, we were not assured that it was doing everything possible to tackle the problem actively, to the detriment of the safety of prisoners and staff: some of the considerable perimeter fence remained vulnerable to packages being thrown over due to some insufficient preventive netting, and there was a lack of CCTV coverage. There was also inadequate staff supervision in some areas, including the administration of medication, increasing the potential for the diversion of medication. We were told by prisoners and staff that some prisoners were pressured to seek a move to another part of the prison, where they could then be forced to act as a distribution point for drugs.
- I.33** Closed visits had been applied 41 times in the previous six months, frequently for reasons not directly related to the trafficking of unauthorised items through visits. When we raised this, the prison reviewed the prisoners currently affected by closed visits and removed the

sanction from four – the remaining two prisoners were on closed visits for appropriate reasons. However, prisoners did remain on closed visits for a minimum of three months, often in the absence of further supporting intelligence. With the exception of the routine strip searching of prisoners entering the segregation unit and 5% after visits, with no supporting intelligence, most other security measures were appropriate for a category C prison. Despite the challenges faced, it was appropriate that the prison did not restrict prisoner access to the regime unnecessarily.

## Recommendations

- I.34 The mandatory drug testing programme should be sufficiently resourced to ensure a robust suspicion testing programme.**
- I.35 Closed visits should only be applied and continue to be used for reasons directly related to the trafficking of illicit items into visits, and when there is sufficient intelligence to support their use.**

## Incentives and earned privileges

### Expected outcomes:

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

- I.36 *The incentives and earned privileges (IEP) scheme operated reasonably well, but stronger governance was needed.***

- I.37** Most prisoners were on the standard level of the IEP scheme, with 42% on the enhanced level and 6% on basic. The scheme offered the standard differentials, including access to private cash, visits, computer games and time out of cell. Prisoners generally progressed or regressed as a result of a pattern of behaviour but could be demoted immediately following acts of serious poor behaviour. We were not assured that the reasons for the behaviour were always fully investigated before demotion.
- I.38** Prisoners on the basic regime could attend work activities and had daily access to showers and telephones; they had less association at weekends than other prisoners. Few prisoners spent extended periods on basic level. Some staff were not aware of the procedures to follow when men were placed on to basic, and staff entries in prisoner electronic case notes often gave little evidence of behavioural management. Although there was a process to monitor the timeliness of IEP reviews, the overall governance required strengthening.

## Recommendations

- I.39 The governance and oversight of incentives and earned privileges reviews and documentation should be improved.**
- I.40 The full circumstances of a prisoner's poor behaviour should be investigated before a demotion to the basic level.**

## Discipline

### Expected outcomes:

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

**I.41** *The use of all disciplinary measures was high for the type of prison. Many adjudication records showed insufficient investigation before a finding of guilt, and there was no quality assurance process. There was inadequate oversight of and accountability for all aspects of use of force. Too many records were incomplete and force was not always de-escalated quickly enough. Use of special accommodation was extremely high and we were not assured that all uses were warranted or for the shortest time. The environment in the segregation unit was mostly reasonable but the regime was inadequate. Not all unit staff were knowledgeable about those in their care but mostly engaged well with prisoners.*

### Disciplinary procedures

**I.42** There had been 716 adjudications between May and October 2014, which was high for the type of prison. A minority of charges could have been better dealt with less formally. Prisoners were given sufficient time to prepare their case and could request legal advice. The records of hearings that we reviewed varied in quality, and many showed insufficient exploration of the charge before a finding of guilt. There was no quality assurance process.

### Recommendation

**I.43 All disciplinary charges should be fully investigated, with clear reasons given for the decisions reached, and a quality assurance process should be implemented.**

### The use of force

**I.44** Force had been used on 68 occasions between May and October 2014, which was high for the type of prison. In the records we sampled, control and restraint had been applied in around two-thirds of incidents, with full and sustained use in about 20% of cases. In around two-thirds of the records, force had been used because of non-compliance with staff orders and we were not assured that it was always used as a last resort. Many records were incomplete, lacked detail and, even when there was opportunity, did not show de-escalation quickly enough.

**I.45** Planned interventions were not routinely filmed or reviewed. Those we were able to watch confirmed that incidents were not always de-escalated quickly enough. We were not assured that all the four incidents between May and October where staff had drawn, but not used, batons were proportionate responses. The prison was not focused on all these incidents and there was no additional scrutiny to ensure proportionality.

**I.46** Use of special accommodation was extremely high at 16 recorded incidents between May and October 2014, and we found evidence of a further unrecorded use. We were not assured that all uses were justified or for the shortest time. Much of the documentation authorising the use of special accommodation was completed poorly. At least four prisoners had been placed in special accommodation as a result of self-harm and at least one had his

clothes replaced with strip clothing. There was no record of the exceptional reasons required to justify this extreme response to a prisoner in crisis.

- I.47** The use of force committee met quarterly. Its analysis of data for trends and patterns was perfunctory and not focused on the incomplete records or their quality, the quality of planned interventions, proportionality of baton use or use of special accommodation. Oversight of and governance for the use of force was inadequate (see main recommendation S39).

## Recommendation

- I.48 Prisoners on assessment, care in custody and teamwork (ACCT) case management or actively self-harming should only be placed in special accommodation as a last resort and where there are exceptional circumstances to justify it.**

## Segregation

- I.49** In the six months to the end of October 2014, there had been 98 periods of segregation, which was high. Figures indicated that more prisoners were segregated for reasons of good order than for their own protection, but staff and prisoners told us that many prisoners who engaged in disruptive activities, such as climbing on to roofs, did so because they felt unsafe and wanted to be moved into segregation and out of the prison; this was also confirmed in the documentation we reviewed. The average length of stay in the segregation unit was about 20 days, which was very long, and many prisoners spent far longer there. Some prisoners with acute mental health problems, including some waiting to transfer to a secure hospital, were held in the segregation unit for unacceptable periods (see also paragraph 2.81). The high use and long stays in the segregation unit meant that it was almost always full and many prisoners who needed protection had to be held unsafely elsewhere (see paragraph I.20).
- I.50** Most prisoners in segregation were moved out to other prisons. In the previous six months this was 61, approximately two-thirds of those prisoners located to the unit. A number of prisoners had been located in the segregation unit prior to the inspection and remained there throughout our visit. Comparatively few were reintegrated back into locations at Guys Marsh. Formal reintegration planning was non-existent. Multidisciplinary reviews of prisoners in segregation were timely but authorising documentation was often completed poorly and many targets were perfunctory. Although segregation was monitored, the data was not used meaningfully to identify and address trends.
- I.51** Communal areas in the segregation unit were clean but the shower was old and worn. Cells were generally clean but some were cold. The exercise yard was austere with no seating.
- I.52** New arrivals on the unit were routinely strip searched, often without a robust risk assessment. However, protocols for unlocking individual prisoners were proportionate. All segregated prisoners had access to a daily regime, including showers and telephone calls, but the exercise period was an insufficient 30 minutes. Education staff visited the unit infrequently, and there were insufficient opportunities for off-unit activities. Some segregated prisoners were permitted to have a television in their cell, and most had a radio. The addition of a rowing machine to the unit during the inspection was positive but had not been used. Many prisoners complained of a lack of meaningful activity.

- I.53** Prisoners were mostly complimentary about their treatment by unit staff. However, not all staff we spoke to were knowledgeable about prisoners in their care, although we observed some relaxed and friendly engagement.

## Recommendations

- I.54** Segregation review documentation should be completed thoroughly and include meaningful targets.
- I.55** The quality of the regime, shower and exercise yard in the segregation unit should be improved.

## Housekeeping point

- I.56** Prisoners should only be strip-searched on entry to the segregation unit when there is sufficient intelligence to justify this.

## 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.57** *The substance misuse team had set up a good range of interventions, and the integration of the clinical and psychosocial teams was developing. The drug treatment unit was struggling, with outcomes for prisoners jeopardised by the availability of drugs, the negative influence of an inappropriate number of prisoners not in treatment, and prisoner perceptions of not feeling safe. The development of the unit as a substance misuse project lacked a strategic approach incorporating clinical, safety and residential issues.*

- I.58** Clinical and psychosocial services were delivered by Dorset Healthcare University Foundation Trust and EDP Drug and Alcohol Services respectively. The EDP team had been in place for just six weeks, but in that time had established a good range of drug and alcohol recovery groups, including the Inside Out programme, Alcohol Action, an alcohol and violence programme and weekly SMART (self-management and recovery training) recovery groups. Brief interventions covering relapse prevention, overdose and other harm reduction issues were delivered one-to-one.
- I.59** The Saxon wing was the drug treatment unit, but as a project it was struggling. Its development had lacked a coordinated strategic approach between departments. Treatment outcomes for prisoners were jeopardised by the availability of drugs and the negative influences of an inappropriate number of prisoners on the unit not in treatment - only 50% were on the substance misuse service's caseload. In our survey, nearly three times as many prisoners on Saxon than in the rest of the prison (41% against 14%) said they had developed a drug problem in the prison. Prisoners on Saxon also told us that the negative attitudes and behaviour of some discipline staff, especially those redeployed from other wings, added to tension and feelings of a lack of safety on the unit. Nearly twice as many prisoners on Saxon than in the rest of the prison (21% v 11%) said they had been threatened or intimidated by staff.

- I.60** The absorption of the drug strategy committee into the reducing reoffending meeting had reduced the time spent on the strategic planning of an effective whole-prison approach to substance misuse. Substance misuse had become one agenda item among others in a busy reporting forum, and the meeting minutes showed little evidence of strategic action planning.
- I.61** Forty prisoners were receiving opiate substitution treatment, of whom 31 were maintained and nine were reducing. The relatively high numbers on maintenance appropriately reflected the risk of illicit use on the Saxon wing, as well as high levels of dual diagnosis (prisoners with both mental health and substance misuse problems). Other prisoners near to release who had been assessed as at high risk of overdose were also maintained.
- I.62** The integration of the clinical and psychosocial teams was developing, but joint care planning and clinical record keeping needed improvement. The treatment pathway for secondary detoxification (for drug problems developed in the prison) was not sufficiently well publicised or understood by prisoners. We also found evidence of prisoners denied secondary detoxification with no alternatives offered.

## Recommendations

- I.63** The prison should take a strategic approach to all aspects of tackling substance misuse, including the treatment needs of prisoners, that involves all relevant departments and providers.
- I.64** The role of Saxon wing as a substance misuse treatment wing should be urgently revised, and the safety of prisoners and therapeutic integrity of the unit should be prioritised.
- I.65** Discipline staff working on the revised substance misuse treatment unit should be specially selected and trained. The cross-deployment of other staff to the unit should be reduced to a minimum.
- I.66** The treatment pathway for secondary detoxification should be explained to prisoners and staff to ensure a consistent approach to treatment and successful outcomes for prisoners.





## 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 outside areas were well maintained. Except for three specialist units, much of the living accommodation was in poor condition. There was widespread graffiti and too many toilets lacked privacy. The central heating system and water supply were inefficient. Prisoner access to telephones was too limited.*
- 2.2** The outside areas and prison grounds were well maintained and prisoners had access to them during daily movements. The standard of accommodation varied significantly across the establishment. The smaller lifer unit (Cambria) and two resettlement units (Fontmell and Jubilee) offered a higher standard of accommodation, well-maintained communal spaces and good cooking facilities, with two units providing in-cell showers. In contrast, many cells and communal areas in the other five units, which held 72% of the population, were in poor condition, with their effects exacerbated by the length of time some prisoners spent in their cells (see paragraph 3.3).
- 2.3** Too many cells were dirty and cramped, and in some in-cell toilets were not screened and prisoners used bed sheets as toilet screens. During our inspection, 70% of prisoners on the first night unit were sharing accommodation designed for one person. On three units, there were no lockable cupboards in the cells inspected, and storage for personal belongings was inadequate. Some cells on Wessex had no furniture at all apart from beds, so items were stored under beds. Graffiti in cells was a problem, and the offensive displays policy was not consistently enforced.
- 2.4** Poorly maintained showers and drainage problems had resulted in flooding and leaks, damaging residential accommodation. Prisoners complained about broken central heating and lack of hot water in the showers. In our survey, fewer prisoners than the comparator said that they were normally able to have a shower every day.
- 2.5** All residential units had laundry facilities but prisoners complained of delays in fixing broken washing machines and dryers, and we saw out of service machines. Prisoners on the three specialist units were encouraged to take responsibility for their own needs and activities, washing their own clothes and cooking meals together.
- 2.6** Information for prisoners was displayed prominently around the residential units, but not in a wide enough range of formats or languages. Some prisoners said that responses to applications were prompt, and in our survey more prisoners than the comparator said it was easy to make an application. However, there was no regular monitoring or trend analysis to assure the quality of applications arrangements.
- 2.7** The restricted regime reduced prisoners' time to use the telephones, as they were locked up at 6pm, which affected their contact with families. This was especially a problem for prisoners employed during the day who could not then use the telephones after work (see recommendation 3.4).

## Recommendations

- 2.8 High standards of maintenance and cleanliness of wings should be consistently implemented.**
- 2.9 Cells designed for one prisoner should not be shared.**
- 2.10 The offensive displays policy should be consistently enforced.**
- 2.11 The central heating system and hot water supply should be properly maintained.**

## Housekeeping point

- 2.12 Broken washing machines and dryers should be fixed.**

## 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.**

- 2.13** *Staff-prisoner relationships were generally good, although a minority of staff treated prisoners with indifference, especially those who had been redeployed. There was good support for lifers and those on the resettlement units. The personal officer scheme was in place but recording of engagement was too variable.*

- 2.14** We observed courteous relations between prisoners and staff. In our survey, more prisoners than the comparator said they were treated with respect by staff, and we saw some good, caring interactions. However, some staff addressed prisoners by their surname, rather than their preferred name. Although some staff worked hard to engage with prisoners and address their needs, especially with lifers and on the resettlement units, we also witnessed a minority who were dismissive and indifferent towards prisoners. In our survey, more prisoners than the comparator said that staff normally spoke to them during association, but the new restricted regime had reduced this contact time. Redeployed staff from within the prison and other prisons were not always aware of the personal circumstances of the men in their care and were sometimes reticent in their management of prisoners. A personal officer scheme was in place, and in our survey 75% of respondents, against the 69% comparator, said they knew who their personal officer was. However, staff entries in prisoner files on the wings were not up to date, and entries in electronic records were brief, basic and, while they recorded bad behaviour, did not always record that which was positive.
- 2.15** Regular prisoner consultation meetings were well attended by prisoners and the deputy governor. However, the minutes showed that agenda items were regularly carried over and not dealt with, and issues raised, such as no hot water in the showers, were not resolved promptly.

## Recommendation

- 2.16 Personal officers should know the personal circumstances of their prisoners.**

## Housekeeping point

- 2.17** Personal officers and other wing staff should maintain a regular accurate record of contact with their prisoners.

## Equality and diversity

### Expected outcomes:

**The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>3</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.**

- 2.18** *Equality and diversity provision was fragmented with mixed outcomes for minority groups. Equality meetings were poorly attended and equality and diversity were not promoted. Discrimination reports were investigated adequately but some responses took too long. In our survey over half the respondents from black and minority ethnic groups said they had been victimised by staff, although we did not find evidence to support this. Prisoners from most protected characteristics were identified well, but identification of and support for gay and bisexual prisoners were poor. Prisoners with disabilities were negative about their safety and there was some evidence to support this. Consultation and support were reasonably good for older prisoners but limited for other groups.*

## Strategic management

- 2.19** The equality and diversity policy and action plan were specific to the population and covered all the protected characteristics. The equality action team (EAT) was meant to meet quarterly but had met only twice in 2014 to date. EAT meetings were chaired by the deputy governor or head of safer custody and, although prisoner equality representatives attended, attendance from staff was insufficient. EAT minutes showed the meetings considered a report covering all protected characteristics, as well as comprehensive equality monitoring data covering faith, ethnicity, age, sexual orientation and disability. The data showed that younger prisoners had been over-represented in adjudication charges for the previous six months, but these findings had not been investigated. There had been no needs analysis to identify the support needed for minority groups.
- 2.20** Equality work was fragmented. The three members of the equality team were also responsible for safer custody and some management of residence. The equality officer was given no time to carry out this role and, as a result, there was no promotion of equality throughout the prison. Despite this, the prison had good systems for identifying new arrivals from most protected groups, although prisoners who identified as gay or bisexual were often reluctant to disclose this.
- 2.21** There was an active group of prisoner equality representatives, although none had received specific training in their role. They were known by most prisoners and met all new arrivals on the first night unit. There were good consultation arrangements for prisoners over 50

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

who attended weekly sessions run by Recoop (Resettlement and care for older ex-offenders and prisoners), but limited consultation with other groups.

- 2.22** The operation of the discrimination incident report form (DIRF) system was reasonable. The prison had received 17 DIRFs in the previous six months. Those we sampled had been appropriately investigated, but many prisoners had to wait too long for a response. Recoop carried out an annual 10% quality assurance check. DIRFs were not available on all wings and some prisoners we spoke to were not aware of the system. Among the regular complaints that we examined, we saw several that had concerned discrimination and been transferred appropriately to a DIRF.

## Recommendations

- 2.23** The prison should investigate results of its equality monitoring data that are out of range and take remedial action where appropriate.
- 2.24** The prison should carry out regular consultation with prisoners from minority groups and address the issues raised, and promote and celebrate diversity.
- 2.25** Discrimination incident report forms (DIRFs) should be freely available, and reports should be responded to promptly.

## Protected characteristics

- 2.26** Over a fifth of the population (22.3%) were from a black or minority ethnic background. Although in our survey fewer (11% against 23% of white prisoners) said they had been intimidated by other prisoners, in our structured groups, black and minority ethnic prisoners were generally more negative than white prisoners about prison life, and in our survey more, 52% against 31%, said they had been victimised by staff, and only 8%, against 28%, said that staff normally spoke to them during association. Although we found no evidence to support these perceptions, they had also been identified at our previous inspection and had not been addressed. The prison had a good prisoner-led system of identifying Gypsy, Romany or Traveller prisoners, and a prisoner equality representative had consulted with this group to identify needs.
- 2.27** There were 26 foreign national prisoners, of whom three were held beyond the end of their sentence awaiting deportation – one waiting for over nine months. Home Office immigration staff attended the prison but prisoners did not have access to independent immigration advice (see recommendation 2.44). Most foreign nationals understood English and professional telephone interpreting was used for those who did not. Foreign national prisoners who did not receive visits could make a free monthly telephone call and could apply to have photographs taken and sent to family members overseas.
- 2.28** In our survey, prisoners with disabilities said they felt less safe and reported higher levels of victimisation, both from other prisoners and staff, than those without disabilities. As 71% of prisoners with disabilities, compared with 39% of those without a disability, said they were currently taking medication, this would make them more likely to be bullied for their medication (see paragraph 1.32). The identification of new arrivals with disabilities was good, and they were referred to health care where necessary. Although some disabled prisoners had care plans, much subsequent work was more limited (see paragraph 2.51 and recommendation 2.55). There was no dedicated disability liaison officer and we found that many prisoners with disabilities waited too long for reasonable adaptations to be made. There was no formal prisoner 'buddy' system to assist disabled prisoners with daily tasks,

and wing staff informally appointed prisoners to provide assistance without adequately assessing their suitability for the role (see also paragraph 1.26). Prisoners with limited mobility had suitable personal emergency evacuation plans.

- 2.29** At the time of the inspection, 53 prisoners were over 50. Recoop had secured funding for a worker to provide support for this group, including regular consultation, a volunteering programme and basic cookery skills, and there was also a weekly gym session for older prisoners. All prisoners over retirement age were left unlocked during the day (see also paragraph 2.51).
- 2.30** In our survey, around 2% of prisoners identified as gay or bisexual, equating to 11 prisoners, but the prison had only identified three. There was no specific support provided or consultation meetings to understand their needs. The gay and bisexual prisoners we spoke to felt unsupported by the prison and were negative about their experience of Guys Marsh.

## Recommendations

- 2.31** The prison should consult with prisoners from black and minority ethnic groups to understand and address perceptions of victimisation and negative perceptions about staff.
- 2.32** Immigration detainees should not be held in prisons other than in exceptional circumstances following risk assessment.
- 2.33** The prison should develop a formal buddy scheme to assist prisoners with disabilities.
- 2.34** The equality action plan should be developed to identify and support gay, bisexual and transgender prisoners more effectively.

## 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.**

- 2.35** *Faith provision was good. The chaplaincy was well integrated into the prison and provided valuable support to prisoners.*

- 2.36** In our survey, more prisoners than the comparator said they were able to speak to a religious leader of their faith in private although fewer said it was easy to attend religious services. We found that provision for religious activities was good, with an active chaplaincy supported by sessional chaplains meeting the needs of all faiths.
- 2.37** The chaplaincy saw all new arrivals, who could apply to attend services. Worship facilities were good in the main chapel and, although the multi-faith room was small, both were well equipped with facilities and resources for all faiths. The chaplaincy facilitated a variety of well-advertised religious services and groups, including Bible study and Qur'an study, as well as actively promoting religious festivals.

- 2.38** The chaplaincy was well integrated into prison life and attended a range of meetings. Chaplains also attended ACCT reviews, provided support for those who had experienced bereavement and managed an active group of volunteer prison visitors. The chaplaincy had also developed links with external faith organisations.

## 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.**

- 2.39** *Responses to internal complaints were prompt but too many prisoners received only an interim response. Nearly all responses to external complaint were late.*

- 2.40** Responses to internal complaints were prompt but too many prisoners only received an interim response that did not adequately address the issue raised. In our survey, more prisoners than the comparator said they had been prevented from making a complaint, and we found that the prison was sending back complaints unanswered if they were not signed or dated, made on the wrong form or if they were about the food; this was inappropriate. A 10% quality assurance check was carried out but not recorded, and had not addressed these issues. Senior managers considered a monthly report of trends in complaints and followed up those that had not been responded to in the required timescale. In the previous six months, 127 of the 695 complaints received had to be sent to other prisons to receive a response, but 95% of these were not responded to within the required timescale.

### Recommendation

- 2.41** **Complaints should be considered, even if forms are unsigned or undated, prisoners should be able to complain about the quality of food, and all responses should be prompt and fully address the issues raised.**

## 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.**

- 2.42** *Prisoners had limited access to legal advice in the prison. Legal visits arrangements were adequate.*

- 2.43** There were no trained legal services officers and advice was often given by a prisoner peer worker who had no training and little staff oversight (see paragraph 4.35). Prisoners did not have free access to the Community Legal Advice helpline and there was no independent immigration advice. In our survey, more prisoners than the comparator said it was easy to communicate with their solicitor. Legal visits took place in the main visits hall at specific legal

visits sessions, and prisoners confirmed there were adequate slots to meet demand. Prisoners without legal representation could access laptops to work on their case.

## Recommendation

- 2.44 Prisoners should have access to trained legal services staff and independent immigration advice.**

## 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.**

- 2.45** *Prisoners had mixed views of health care provision but we found that the services were reasonably good. Partnership working and clinical governance were effective. The health care environment was variable, but the medication administration area was poor. Prisoners had access to an appropriate range of primary care services, although there were gaps in chronic disease management. External hospital appointments were well managed, but too many were rescheduled. Pharmacy services were reasonably good although some areas, including stock management, needed improvement. Dental provision was good. Integrated mental health provision was a good and improving service, although some prisoners waited too long to transfer to external mental health units. Support for those with learning disabilities was good.*

## Governance arrangements

- 2.46** Dorset Healthcare University Foundation Trust was the provider for health services. A comprehensive health needs assessment had been completed in April 2014. Effective partnership board meetings covered all essential areas. There was regular reporting and learning from clinical incidents. Service user feedback and audits were shared with health staff and informed service delivery.
- 2.47** Experienced clinical managers led the service delivery and improvement. The health team had a good skill mix and managed staff shortages effectively. The staff-patient interactions we observed were very good, although not all staff wore their name badges.
- 2.48** Staff had access to a range of professional development opportunities, and the uptake of formal clinical and managerial supervision was good. The clinical records we examined were generally good, but formal care planning for some prisoners with complex health needs required more detail. Staff used an appropriate range of policies, including communicable disease management and safeguarding.
- 2.49** The main health care centre was a mixed environment with a few excellent clinic rooms and some that did not meet infection control standards. Some clinic doors were routinely left open during primary nurse consultations, and privacy screens were not used. The waiting area was cramped and stark with graffiti carved into the doors. The area was regularly overcrowded and prisoners receiving medication in this area lacked privacy and confidentiality.

- 2.50** The emergency equipment in the health care unit was well organised and checked regularly. Many of the custodial staff were first aid trained, including all the night operational support grades. Staff had easy access to defibrillators, although the pads were out of date in the gym and the administration building. An ambulance was called promptly in emergencies.
- 2.51** Older prisoners had access to relevant community screening and immunisation programmes. There was a lead nurse for older prisoners, but annual health checks had not yet started. There were good links with external occupational therapy services. There were systems for ordering health and mobility aids, although there had been delays in receiving equipment and links with the prison on disability work were underdeveloped.
- 2.52** There had been 32 health care complaints in the five months to October 2014. There was a separate confidential health care complaint system and the responses we sampled were prompt, polite and appropriate, although health care complaint forms and information on how to complain were not easily accessible.
- 2.53** There was a well-attended quarterly prison health action group involving prisoners and health staff. Although health promotion was available during clinics, there were no health displays on the residential units or in the health care waiting area. Waiting times for smoking cessation services were short. Prisoners had good access to immunisations, screening for blood-borne viruses and barrier protection.

## Recommendations

- 2.54** **All clinical areas should fully comply with current infection control standards and have adequate privacy screening, and the waiting area should be fit for purpose.**
- 2.55** **Older prisoners and prisoners with disabilities should receive regular assessment by a health care professional and individual support in partnership with the prison's disability liaison officer.**
- 2.56** **Relevant health information, including health promotion and how to make a complaint, should be available on every unit and in the health care waiting area.**

## Housekeeping points

- 2.57** All health staff should wear identification that clearly displays their name and status.
- 2.58** All health consultations should take place in private with the door closed, unless an individual risk assessment indicates otherwise.
- 2.59** Automated defibrillators accessible to custodial staff should receive daily recorded checks and be ready for use.

## Delivery of care (physical health)

- 2.60** All new arrivals received a comprehensive health assessment, and appropriate referrals and follow-up appointments were made. There was an effective health care appointments system and a range of primary care clinics, including podiatry and access to a physiotherapist. However, there were gaps in the provision of clinics for prisoners with long-term conditions, including diabetes and asthma. Prisoners had good access to GP appointments and other



primary care clinics, but waited too long for routine ophthalmology appointments. Non-attendance was well monitored and generally within acceptable standards.

- 2.61** External health care appointments were well managed by health staff in consultation with the prison, but too many routine appointments continued to be cancelled due to emergencies or lack of escort staff.

## Recommendations

- 2.62** Prisoners with lifelong conditions should receive regular reviews that generate an evidence-based care plan from appropriately trained and supervised staff.
- 2.63** Waiting times for primary care services, including the optician, should not exceed clinically acceptable waiting times in the community.
- 2.64** The escort arrangements for external hospital appointments should avoid unnecessary cancellations.

## Pharmacy

- 2.65** Medicines were supplied promptly by Yeovil District Hospital pharmacy, and a pharmacy technician visited weekly to audit stock. The Trust senior pharmacist provided governance oversight of all pharmacy services. Pharmacist-led clinics had recently started. There was a full range of policies and procedures, and errors and drug alerts were managed effectively. The regular medicines management meetings were well attended.
- 2.66** Stock medicines were generally managed well in the health care pharmacy, but we found many date-expired items and loose blister strips on Saxon wing, and discontinued medicines in both treatment rooms. The freestanding drug cupboards in the health care pharmacy were not secured to the wall, which created a health and safety risk. Drug cupboard keys were routinely left unattended in the cupboard doors, which was poor practice. The management of controlled drugs was generally appropriate, but we observed the controlled drugs cabinet on Saxon left unlocked while the nurse was absent and a substance misuse worker remained. Refrigerators were regularly left unlocked and temperatures were not consistently recorded.
- 2.67** Medication was prescribed and administered on SystmOne (the clinical IT system), but staff reported several problems with the system, which created a risk that the wrong dose could be administered. The medication administration records we checked were complete, although we observed methadone being incorrectly administered before the printed prescription was signed by the doctor.
- 2.68** Medicines were administered from the health care unit three times daily from two adjacent hatches. Nurses checked prisoners' identity and we observed good interactions, but prisoners crowded around the hatches and officer supervision was inconsistent, which created too many opportunities to divert medication. However the supervision of methadone and buprenorphine administration on Saxon was good. Nurses prepared medication for prisoners in the segregation unit in health care and transported it to the unit, which did not meet the required administration standards.
- 2.69** Most prisoners had some or all of their medication in possession, with secure in-cell storage for these. In-possession risk assessments were not routinely completed, although a senior nurse completed comprehensive in-possession risk assessments when a prisoner moved from supervised to in-possession medication.

- 2.70** Nurses could administer an adequate range of medication to prisoners without a prescription, although several patient group directions (authorising them to do so) had expired.

## Recommendations

- 2.71 Medicines should be stored and administered in line with professional standards underpinned by in-date protocols.**
- 2.72 Staff should be trained to prescribe, administer and cease prescriptions correctly on SystemOne.**
- 2.73 All medication should be administered with sufficient officer supervision and privacy.**

## Housekeeping points

- 2.74** Medicines cabinets in the health care unit should be secured to the walls.
- 2.75** Medicines refrigerator temperatures should be recorded daily and appropriate remedial action taken if they are out of range.

## Dentistry

- 2.76** In our survey, more prisoners than the comparators were positive about the access to and quality of dental services (19% against 13% and 49% against 43% respectively). Somerset Partnership NHS Foundation Trust provided four dental clinics a week. Waiting times were generally short, despite a current reduced service due to faulty equipment. Appointments were prioritised appropriately on clinical need, and a full range of NHS-equivalent dental treatment was available. The clinical records we examined were good. We were unable to observe any consultations during our inspection. The dental facility was good, although there was no separate decontamination suite.

## Recommendation

- 2.77 The dental surgery should have a separate decontamination room to comply fully with infection control standards and meet best practice guidelines.**

## Delivery of care (mental health)

- 2.78** In our survey, more prisoners than the comparator, 32% against 28%, reported mental health problems, but fewer than the comparator, 40% against 50%, said they had been helped with these.
- 2.79** The mental health team was well integrated into the prison. The mental health in-reach team provided mental health awareness training for custodial staff.
- 2.80** The primary mental health service offered further triage and assessment following reception screening, medication monitoring and access to guided self-help to individuals with anxiety or stress-related disorders. They referred to secondary mental health services and had a

caseload of 31. The secondary mental health team had a caseload of 60. The team included community psychiatric nurses, psychiatry, clinical psychology and occupational therapy. The care programme approach was continued for patients with severe and enduring mental illness. The team also coordinated care for individuals with a learning disability and, where appropriate, referred prisoners to the external learning disability intensive support team for specialist assessment and care planning, which was a positive initiative.

- 2.81** Too many prisoners experienced delays in transfer to external mental health facilities. Between April 2013 and September 2014, only one of the eight people transferred had been within the specified 14 days.

## Recommendation

- 2.82** Patients requiring mental health inpatient care should be transferred without delay.

## Catering

### Expected outcomes:

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

- 2.83** *The quality and quantity of the food were reasonably good. Prisoners could eat communally and there were limited self-catering facilities on some wings. Food comment books were not available on all wings, and it was unacceptable that prisoners could not complain about the food.*

- 2.84** In our survey, the proportion of prisoners who said the food was good was now similar to the comparator. We found the quality and quantity of lunch and the evening meal to be reasonably good, although breakfast packs were meagre and issued the evening before they were to be eaten. The four-week menu cycle catered for religious and medical diets. Five options, including hot dishes, were available at lunch and the evening meal.
- 2.85** The kitchen was clean and well equipped. Although it employed 32 prisoners, they could not currently attain vocational qualifications in catering (see recommendation 3.17). Kitchen and servery workers were adequately trained and correctly dressed. Serveries were supervised during meal times but some were not clean. Two wings had had limited self-catering facilities, which were very popular and well maintained, but the toasters and microwaves available elsewhere were dirty. Prisoners were able to eat communally on all wings. Some prisoners were unable to make a hot drink after lock up.
- 2.86** The prison carried out two food surveys a year and responded to the results. However, not all wings had food comment books, food consultation meetings were poorly attended and it was unacceptable that prisoners were not able to make formal complaints about the food, especially where food comments books were missing (see paragraph 2.40 and recommendation 2.41).

## Recommendation

- 2.87** Breakfast should be served on the day it is to be eaten.

## Housekeeping points

**2.88** Staff should ensure that serveries are properly cleaned.

**2.89** Food comments books should be available on all wings.

## Purchases

### Expected outcomes:

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

**2.90** *Prisoners could buy a wide range of goods from the prison shop although they were charged a processing fee on all catalogue orders. Consultation about the shop was regular and responsive.*

**2.91** In our survey, more prisoners than the comparator were satisfied with the range of items in the prison shop. Packs for smokers and non-smokers were available for new arrivals, although they could wait up to 10 days to receive their first shop order. Prisoners could order items from a wide range of catalogues but were charged a processing fee on all orders. Consultation about the shop was regular and prisoners could make changes to the shop list each quarter.

## Recommendations

**2.92** **All prisoners, including new arrivals, should have weekly access to the prison shop.**

**2.93** **Prisoners should not be charged a processing fee on catalogue orders.**

## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

**All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.<sup>4</sup>**

**3.1** *Although employed prisoners could spend around nine hours a day out of their cell on weekdays, too many were locked up during the core day.*

**3.2** The prison had recently introduced a restricted regime and, although this was due to be only temporary, at the time of the inspection time out of cell on a weekday ranged from 10 hours for a minority of fully employed prisoners living on Fontmell and Jubilee wings to around nine hours a day for the majority living on other wings. An unemployed prisoner could expect less than three hours a day out of their cell. At the weekend, prisoners spent 7.5 hours out of their cell on one day and 3.75 hours on the other. Prisoners received an hour for association each evening but only half an hour for exercise in the open air, which was insufficient.

**3.3** The regime generally operated to schedule, although we saw occasional slippage with late unlocking. At roll checks during the morning and afternoon, we found an average of 34% of prisoners locked in their cells, which was too high for a training prison.

### Recommendation

**3.4** **All prisoners should receive 10 hours a day out of their cell, including an hour for outside exercise.**

## Learning and skills and work activities

#### Expected outcomes:

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

**3.5** *Despite recent improvements in provision, the management of learning and skills and work remained inadequate. There were still not enough activity places for the population, compounded by a lack of work in some workshops and poor attendance. Prisoner allocation to activities was appropriate but the variety of activities was limited. Success rates on courses were too variable. The quality of teaching and coaching was mostly good overall. The library was good but access was poor.*

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

**3.6** *Ofsted<sup>5</sup> made the following assessments about the learning and skills and work provision:*

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

**Management of learning and skills and work**

- 3.7** The management of learning and skills and work was inadequate. Although there had been slight improvements to the provision, much had deteriorated since the last full inspection. The education and vocational training provision from Weston College required improvement. The prison's self-assessment report was well informed and had accurately identified most of the key strengths and areas for improvement. Improvements to the provision had been hampered by a shortage of staff, poor management of the education provision, security issues and a lack of clear leadership and strategic direction. The recent appointment of new and experienced staff had started to have a positive impact, particularly on the quality of the Weston College provision. Managers now had a well-defined strategic plan for learning and skills and were taking action to address the main concerns. A new advanced teaching practitioner from Weston College provided good support for tutors and new staff, although it was too early to measure the effects on prisoner outcomes.
- 3.8** There were observations of teaching, learning and assessment across much of the provision, but these were not thorough enough in the areas not managed by Weston College. Data were clearly analysed and used appropriately to inform self-assessment. New provider meetings had helped to galvanise learning and skills providers into working more cohesively. However, quality improvement group meetings were poorly attended and had insufficient discussions about the quality of teaching, learning and assessment.
- 3.9** New pay rates for prisoners were suitably matched to their roles and responsibilities and did not disadvantage attendance at education courses. The prison's links with employers were weak, and the use of release on temporary licence (ROTL) to provide work opportunities for prisoners was undeveloped. Promotion of safeguarding of learners and equality and diversity were appropriate, and staff had been adequately trained.

**Recommendations**

- 3.10** **Managers should improve the observation of teaching and learning across the provision to provide clear information about the quality and share best practice.**
- 3.11** **Attendance at quality improvement group meeting should be improved, and discussion about the quality of teaching, learning and assessment should be more robust.**

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

## Provision of activities

- 3.12** There were insufficient activity places for all prisoners, catering for only around 83% of the population, and the places that were available were underused. Only around half of all prisoners were in work, vocational training or education. Of the rest, too many (around 98 prisoners) were wing workers who were mostly not fully occupied, and an exceptionally high number, over 70 prisoners, were unemployed full time (see main recommendation S40).
- 3.13** Prisoner allocation to activities was generally well informed by the initial assessment of their English and mathematics. The variety of activities was poor and work in most workshops was of low quality. Some workshops had limited production work and/or insufficient cover for absent staff. The proportion of prisoners on education and vocational training courses, approximately 24%, had declined since the last full inspection. However, participation on Open University and distance learning courses had improved significantly with about 50 prisoners on courses, many at level 3 and above.
- 3.14** There was a restricted range of education courses, mostly part time, in English, mathematics and information and communications technology (ICT). Courses in English for speakers of other languages (ESOL) were provided when required. Vocational training was limited to industrial cleaning, bricklaying and horticulture. Courses in customer service and performing management operations provided by the training provider N-ergy had an exceptionally low number of learners due to staff shortages. Previous courses in barbering, painting and decorating, and catering were no longer running due to lack of staff. Weston College had recently appointed staff to restart vocational training in barbering and painting and decorating.

## Recommendations

- 3.15** **There should be suitable cover for any staff shortages to ensure continuity of learning, skills and work provision.**
- 3.16** **Courses in barbering, painting and decorating, and catering should be restarted as soon as possible.**

## Quality of provision

- 3.17** For the very small proportion of prisoners on education and vocational training courses, the quality of teaching, coaching and learning was mostly good, and classroom management was particularly strong. Teaching staff were appropriately qualified and resources were generally good. On education courses, the majority of tutors used a wide range of teaching and learning strategies to stimulate and maintain learners' interests. They made good use of technology to promote discussion, such as interactive quizzes in mathematics classes. Verbal feedback during sessions was mostly positive and encouraging. Nonetheless, some of the more able learners in education classes were not challenged to their full ability. Tutors managed learners' behaviour well, and mutual respect enabled effective collaborative working and sharing of ideas. Vocational courses were well planned and assessment procedures were good. However, attendance was exceptionally poor, especially for a training prison, with only around 16% of the population attending courses. Teaching on the bricklaying course was particularly good and supported the development of good quality craft skills. Initial assessment of prisoners' English and mathematics support needs, completed using the 'virtual campus' (internet access to community education and training), was robust and used effectively to inform the allocation process. Individual learning plans were not used effectively

across the provision to ensure learners fully understood what they needed to do to improve further.

- 3.18** Additional learning support in English and mathematics for learners on education courses met need. However, despite the recent appointment of new English and mathematics staff, the progress of many prisoners had been inhibited by frequent staff changes. Outreach support on the wings, in work areas and on vocational courses was poorly planned and undeveloped. There was good use of prisoner peer mentors in education and training sessions, and prisoner 'quality controllers' in workshops to support learning, although we were not assured that the selection and supervision of peer mentors was sufficiently robust. Learners on Open University and distance learning courses were well supported by staff from Weston College and the library. Induction to learning and skills was adequate and most prisoners were seen by college staff and staff from the National Careers Service provider. National Career Service staff provided a limited range of advice and guidance to prisoners at induction, and many prisoners commented that they had insufficient information about the variety of education and training courses available in the prison.
- 3.19** Much of the work in the industrial workshops was mundane, repetitive and failed to develop prisoners' practical skills, although one workshop provided reasonable quality semi-skilled assembly work. Most prisoners employed in these areas worked industriously and at a pace to meet production targets, and the rapport between prisoners and instructors was good. The few prisoners employed by the prison works department worked as skilled painters or on general maintenance. They developed good practical skills, and in some cases continued to maintain the skills they had acquired before coming into prison. However, the work and practical skills that prisoners developed were not recorded or accredited.

## Recommendations

- 3.20** Tutors should ensure that all learners, particularly the more able, are suitably challenged to achieve their full potential.
- 3.21** Prisoners should be clear about the targets set in their individual learning plans so that they are fully aware of their progress and what they need to do to achieve their learning aim.
- 3.22** There should be more outreach support for prisoners with additional learning needs to enable them to develop their skills, particularly in English and mathematics.
- 3.23** The selection and supervision of peer mentors should be more rigorous to promote learning better across the prison.
- 3.24** The work and practical skills that prisoners develop in work areas should be recorded and recognised.

## Education and vocational achievements

- 3.25** Success rates were high on most vocational courses at 80% and over, and particularly high in bricklaying and ICT, which most learners completed successfully. Although success rates overall were low on English level 2 and mathematics levels 1 and 2, current learners were making good progress and success rates had started to improve, particularly in mathematics. Success rates were also low on the level 1 industrial cleaning course. Punctuality was very good, but attendance across the provision was poor. Attendance in workshops was



exceptionally low at around 49%. Attendance in education had started to improve to just over 80%, but required further improvement.

- 3.26** On education courses the development of learners' social and interpersonal skills was good. Standards of learners' written work were generally satisfactory. On vocational training courses, most learners demonstrated good standards of work. In horticulture, they grew vegetables on a commercial scale for use in the prison kitchen and maintained the prison gardens to a high standard. Learners in brickwork demonstrated high levels of bricklaying skills, and in industrial workshops they developed good employability and interpersonal skills.

## Recommendations

- 3.27** **Managers should ensure that success rates improve to at least good for all qualifications, and in particular in English and mathematics.**
- 3.28** **Attendance in education, vocational training and work provision should be better managed to ensure that prisoners participate fully.**

## Library

- 3.29** The library services were provided by Dorset County Council and managed by a full-time library manager, supported by a part-time library assistant; a relief manager covered staff absences. Three well-trained prisoner orderlies provided good additional support. The library was spacious, welcoming and well laid out, with small areas for group work and larger areas for meetings. There were comfortable spaces for prisoners to sit and read, and they could use computers during opening hours. The library had a good range of fiction and non-fiction, easy readers, large print and audio books, along with reference sources, legal material and Prison Service Instructions, and access to the inter-library loan service.
- 3.30** Employed and unemployed prisoners were scheduled to visit on two half-days during the week and all prisoners could use the library on Saturdays. However, the library was rarely used due to the complexity of gaining access and limited opening hours. All prisoners had to complete an application form and be given a movement slip to visit the library, which caused delays and severely restricted access. There were no data on the number of regular library users.
- 3.31** Staff used the library well for the Shannon Trust 'Toe by Toe' reading mentoring scheme, and prisoners who did access the library made effective use of the computers to develop their writing skills. Several prisoners were taking part in the 'six book' reading challenge. The library manager had acquired book cupboards for the residential wings so that prisoners could access books if they were unable to visit the library.

## Recommendations

- 3.32** **Library staff should collect and analyse accurate data about the number of prisoners accessing and using the library.**
- 3.33** **Prison managers should improve prisoner access to the library, including the extension of opening hours.**

## 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.**

**3.34** *Recreational PE was appropriately managed and staff were enthusiastic, although previous cross-deployment of staff had affected the provision. Facilities were good and particularly well maintained by prisoner orderlies. A new timetable accommodated all prisoners well, and new arrangements to improve access were fair, equitable and working well. No vocational PE courses were currently offered although some were due to restart.*

**3.35** Physical education (PE) was appropriately managed and promoted. Under new arrangements, every prisoner was allocated to at least two general PE sessions and one mixed sports session a week. More prisoners were now using the facility than previously and around 60% used it regularly. A new recreational PE timetable provided a variety of PE each week, including sessions for older prisoners. However, recreational sessions were sometimes cancelled when staff were deployed for other duties.

**3.36** No vocational PE courses had been provided since a Football Association coaching award had finished in February 2014. Success rates on this course had been exceptionally high. Funding and exam board approval had recently been acquired to provide a range of gym instructor awards.

**3.37** PE facilities were good and included a well-equipped weights room and separate cardiovascular suite, spacious sports hall, all-weather outside pitch and a large PE classroom and treatment facility. Changing rooms and showers were spotlessly clean. Prisoners could use appropriate PE kit and trainers but most used their own. PE equipment was particularly well maintained by a qualified prisoner orderly. Other orderlies provided good support for prisoners during recreational sessions and induction.

**3.38** Prisoners received an appropriate induction to PE, including clear information on the range of programmes available. Healthy living and the importance of exercise were suitably promoted, although there was insufficient reinforcement of the dangers of using alcohol, steroids and other drugs to enhance sports performance. PE staff were well qualified and gave good remedial support to prisoners referred from health care as unsuitable for standard physical activities.

### Recommendations

**3.39** **Wherever possible, PE staff should not be cross-deployed for other duties.**

**3.40** **PE staff should reinstate a range of accredited PE courses.**

### Housekeeping point

**3.41** **Staff should effectively reinforce the dangers of using alcohol, drugs and steroids in sport.**

## 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** *The overall management of resettlement was disjointed and inadequate. There were insufficient strategic and operational links between resettlement pathways and offender management. The reducing reoffending meetings were not sufficiently strategic. The needs analysis required updating and the reducing reoffending strategy did not adequately identify the needs of specific groups of prisoners. The plans to develop the resettlement function of the prison were still aspirational. Use of release on temporary licence was low.*

**4.2** The overall management of resettlement was disjointed and inadequate, and there were insufficient strategic and operational links between resettlement pathways work and offender management. The prisoner needs analysis that informed the reducing reoffending strategy was a year old and required updating. The strategy itself did not clearly set out the strategic vision of the prison or adequately identify the needs of specific groups of prisoners, such as those serving an indeterminate sentence or with protected characteristics.

**4.3** Monthly reducing reoffending meetings, chaired by the functional head, were attended by staff from a wide range of departments and some community partners, but the offender management unit (OMU) was not represented. The meetings were not sufficiently strategic and focused on some (but not all) pathways rather than strategy to drive delivery; offender management was not discussed.

**4.4** In preparation for transition to becoming a resettlement prison, Jubilee wing had become a designated resettlement unit and accommodated men in the last 10 months of their sentence, although this was still being embedded. There were also good plans to further develop the resettlement function by preparing prisoners for release (both final and on temporary licence) or open conditions through four new locally developed courses. While promising, these plans were still aspirational, and they were led by a residential manager, rather than the head of reducing reoffending, further emphasising the disjointed strategy for the management of resettlement.

**4.5** Use of release on temporary licence (ROTL) was low for the type of prison; in the previous six months, only eight prisoners had secured ROTL for 359 occasions. The prison was unable to clarify the purpose of each ROTL granted and whether it was to facilitate going out to work or to spend time with family.

### Recommendations

**4.6** **The strategic management of resettlement should be better coordinated, incorporate both offender management and resettlement pathways provision and be led by a strategic meeting attended by senior management.**

#### 4.7 The reducing reoffending strategy should reflect the specific needs of the population.

## 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.**

**4.8** *Offender management was very poor. Offender supervisors were too often redeployed, were poorly trained, had insufficient oversight by managers and had little regular and meaningful contact with prisoners. The OASys (offender assessment system) backlog was high, and the quality of some assessments was insufficient. Home detention curfew (HDC) decisions were not always timely. Communication between the OMU and other departments was poor. Management of public protection arrangements was inadequate, with potential risks to the public. Recategorisation reviews were not always prompt and almost all of those approved had no up-to-date OASys. There was no specific provision for indeterminate sentence prisoners.*

- 4.9** Offender management was very poor. The 12 uniformed offender supervisors also worked as wing officers for 40% of their time, and there were three seconded probation staff. Most of the uniformed offender supervisors were new to the role and had received no training, apart from the completion of OASys assessments. They were also routinely cross-deployed to other duties, so in practice only worked as offender supervisors for around 30% of the time allocated for offender management. While probation staff received some input from a senior probation officer on basic employment and personnel matters, there was insufficient oversight, quality assurance and casework supervision by managers for all offender supervisors (see main recommendation S41).
- 4.10** In our survey, 76% of prisoners said they had a named offender supervisor in the prison, better than the 70% comparator. However, in practice there was little regular and meaningful contact between the two. Some prisoners who had been at the establishment for several months had never met their offender supervisor.
- 4.11** There were 246 OASys assessments overdue – 124 of which were out of scope for offender management and the responsibility of the prison, and 122 that were in scope and the responsibility of external offender managers; 53 were more than two years late. Since the beginning of August 2014, 48 prisoners had arrived with no OASys assessment, which compounded the problem. In our survey, 51% of prisoners, against the comparator of 68%, said they had a sentence plan, but only 47% of these said they were involved in its development, against the comparator of 54%. Many prisoners we spoke to were unaware of their sentence plan objectives.
- 4.12** Offender supervisors did not review OASys assessments and sentence plans when needed, such as on arrival, or to note the completion of programmes or new objectives, and had no effective system to ensure that home probation officers undertook reviews of in-scope cases when needed. We were concerned to find that some prisoners had been recategorised to category D and approved for ROTL with no up-to-date OASys in place, or had received a memo from the OMU asking questions with the written answers used to review the OASys. Both practices were unacceptable.

- 4.13** The quality of some OASys assessments we saw was insufficient, including some completed by seconded probation staff. Analysis of the risk of harm was not always sufficient; in one case the risks to children and the use of firearms were not fully considered, and in another the full range of previous convictions and risks to children had not been taken into account. Risk management plans did not always cover risks for both the custodial and post-release periods, including risks to other prisoners.
- 4.14** OMU staff used a separate system to record their work with prisoners, which was inaccessible to the rest of the prison, further hindering the unit's already poor communications with other departments.
- 4.15** In the previous six months, 34 applications for release on HDC had been considered, of which nine had been successful. Some prisoners arrived at the prison either very close to, or beyond, their HDC eligibility date, but almost all decisions were late, which meant that some prisoners were released weeks beyond their eligibility date.

## Recommendations

- 4.16 All prisoners should have an up to date OASys assessment and sentence plan.**
- 4.17 The offender management unit should be sufficiently resourced to ensure that prisoners receive timely and sufficient offender management to enable them to progress through their sentence.**
- 4.18 Recategorisation, release on temporary licence and home detention curfew decisions should always be informed by an up-to-date OASys assessment that identifies risk adequately.**
- 4.19 All staff in the prison should use one common system to record their work with prisoners.**

## Housekeeping points

- 4.20** Offender supervisors should undertake OASys reviews at face-to-face meetings with prisoners.
- 4.21** Home detention curfew decisions should be timely.

## Public protection

- 4.22** There were 260 prisoners subject to mail and/or telephone monitoring. Initial screening of new arrivals for public protection purposes was reasonable. However, there was too much reliance on one case administrator, who was the only person in the OMU trained to use the violent and sexual offenders register (Visor), and there was insufficient management oversight to check that no mistakes were made (see also recommendations 4.16 and 4.17).
- 4.23** There were 22 prisoners subject to MAPPA (multi agency public protection arrangements), including 11 who were medium risk and one who was high risk. MAPPA processes were inadequate. The identification of MAPPA prisoners' status and level was not robust and this potentially put the public at risk. There was conflicting information about MAPPA status on P-Nomis (the Prison Service IT system), OASys and in OMU records, and offender supervisors did not always understand the factors that had led to MAPPA eligibility. As a

result, some cases that should have been identified as MAPPA had not been. In others, prisoners coming up to their release date had not had their MAPPA level confirmed by the external offender manager, and offender supervisors had not made sufficient efforts to chase this up.

- 4.24** We saw one case where a report for a MAPPA meeting had been completed and was of a sufficient standard, but there were no such reports for other cases that were medium or high risk and the case records could not confirm whether the offender supervisor had attended MAPPA meetings or sent in a report.
- 4.25** Interdepartmental risk management meetings were held monthly, but not all relevant high risk of harm cases were routinely referred. The meeting notes recorded inaccurate information, and the few actions set mostly focused on risks in custody rather than planning robust release arrangements to manage risks into the community phase of the sentence. Offender supervisors did not routinely attend these meetings.

## Recommendations

- 4.26** **More staff in the OMU should be trained to use the violent and sexual offenders register (Visor) and they should be properly supervised.**
- 4.27** **The management of MAPPA (multi agency public protection arrangements) should be robust, and all relevant prisoners should be correctly identified, have their MAPPA level set in good time, and have robust release plans and arrangements in place.**
- 4.28** **The prison should be represented at MAPPA meetings, either through attendance or the submission of a good quality report.**

## Housekeeping point

- 4.29** All relevant staff should attend the interdepartmental risk management meetings, including case responsible offender supervisors.

## Categorisation

- 4.30** There were 520 category C prisoners and 30 category D prisoners at the prison. Recategorisation decisions were not always timely (see recommendation 4.16). Most were made without an up-to-date OASys assessment but had still been signed off by a manager, which was unacceptable and resulted in transfer to open conditions being refused by the receiving prison. We met one prisoner who had been recategorised to open conditions without ever having met or spoken to his offender supervisor or offender manager (see recommendation 4.17).

## Indeterminate sentence prisoners

- 4.31** There were 110 indeterminate sentence prisoners at the establishment; 27 lifers and 83 subject to an indeterminate sentence for public protection. There was no specific provision or support for these prisoners, such as lifer days or forums. Longer term prisoners and lifers were generally all accommodated on one wing, which they appreciated. However, the function of the wing was due to change, with plans to integrate these prisoners throughout

the prison, and some who we spoke to were concerned about this. Some also felt unsupported by the OMU and frustrated about their ability to progress due to lack of contact with their offender supervisor (see also recommendation 4.17).

## Recommendation

- 4.32 The prison should consult indeterminate sentence prisoners to identify their concerns and needs, and address these through provision such as forums or family days.**

## 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.**

**4.33** *Prisoners' overarching needs were not assessed on their arrival or before release. Short sentenced prisoners received no input from offender supervisors. A resettlement orderly provided some good support to prisoners but had insufficient oversight by the prison. Accommodation support had been hindered recently by a staff vacancy. Arrangements for employment, training and education resettlement were weak. The pre-discharge health needs assessment offered appropriate support, as did the EDP service for substance misusers. Prisoners could obtain help with debt and benefit advice. The support available for work with families was reasonable but not sufficiently extensive. Completion of accredited offending behaviour programmes was below target. There was no designated domestic violence programme, despite an evidenced need, and not all programmes were linked to sentence plans and offending behaviour.*

- 4.34** There was no overarching needs assessment undertaken with new arrivals, and their needs were not systematically reassessed as part of discharge planning. Prisoners were seen on the day of release to check release address and employment plans, but this was too late for any prisoners with outstanding concerns. Short sentenced prisoners were allocated an offender supervisor and made aware of who this was, but received no input from them in practice, even if they submitted an application to see them.
- 4.35** A resettlement orderly provided some good advice and guidance to a large number of prisoners, and helped them to develop meaningful resettlement plans. However, one record showed that he had provided legal advice to a prisoner, which was inappropriate, and there was limited oversight by the prison of his role.

## Recommendations

- 4.36 There should be an immediate needs assessment of all new arrivals, with referrals to relevant support within the prison, and any unmet needs should be identified as part of discharge planning.**
- 4.37 All prisoners working as resettlement orderlies should have clear roles and adequate supervision.**

## Accommodation

- 4.38** The Footprints project, a local voluntary organisation, provided a housing support service to prisoners being released from Guys Marsh. The housing team was led by a housing officer based in the prison and supported by volunteers and a prison orderly. The housing officer identified all discharges three months before their release date, and new arrivals were flagged if they had a problem with their accommodation; prisoners could also self-refer to the project. The project was well promoted on the residential units and the housing officer visited wings daily with referral forms. Footprints was also developing a mentoring project to support men on release, and had mentored five prisoners since the beginning of September 2014. The team had close links with local and national housing providers.
- 4.39** In the eight months to October 2014, the prison exceeded its 90% target for settled accommodation each month, except when there had been a staff vacancy during August and September. This reduced the overall average for prisoners released to settled accommodation to 82.5% for the period. The no fixed accommodation rate overall for the six months to the end of October 2014 was around 7%, which was higher than at the last two inspections, although nine of these 15 prisoners were released in September. In the same period, the project had worked with 547 prisoners and secured accommodation on release for 212.

## Education, training and employment

- 4.40** Arrangements for resettlement into employment, education or training were generally weak. Jobcentre Plus staff visited the prison one day a week, but mainly focused on benefits needs. The resettlement course run by Weston College was poorly attended, did not involve external partners or agencies, and failed to engage prisoners.
- 4.41** The quality of the National Careers Service provided by the CfBT Education Trust required improvement. This was a new contract and staff were enthusiastic and very able, but processes had not yet been fully established and there were insufficient links between staff from CfBT and the OMU. CfBT staff had produced a reasonable skills action plan for prisoners, which was used appropriately to inform the allocations process. The 'virtual campus' (giving prisoners internet access to community education, training and employment opportunities) was used primarily for the initial assessment of English and mathematics support needs rather than job search and other employability activity. Prison data indicated that only a small proportion of prisoners (around 22%) went into employment, education or training on release.

## Recommendations

- 4.42** The resettlement course should link more effectively with external partners and agencies to ensure that prisoners' needs are fully met before their release.
- 4.43** The links between staff from CfBT and other resettlement functions should be improved.
- 4.44** The use of the virtual campus should be extended to allow prisoners who are near release to search for jobs and to support other employability activities.



## Health care

- 4.45** All prisoners were seen at a pre-discharge health clinic and given a discharge letter summarising their prescribed medications, immunisation history and any outstanding appointments with community services. They were discharged with seven days of medication, where applicable, and offered information on how to access community services. Referrals were made to community services where continuity of treatment was required. There were good links with community mental health teams through the care programme approach for prisoners with enduring mental health needs. There were policies and procedures for palliative and end-of-life care.

## Drugs and alcohol

- 4.46** There were good links between the substance misuse service and local and regional community prescribers and support agencies. The EDP service was appointing a family worker to the psychosocial team to improve reintegration outcomes.

## Finance, benefit and debt

- 4.47** Appropriate finance, benefit and debt support was available. Prisoners had access to a specialist worker employed by Citizens Advice, who told us that the main issues for new arrivals were unpaid court fines, multiple debts with housing and credit cards, and loan debts. He could facilitate a credit check report, provide standard letters for creditors and put prisoners in touch with external advisers to help with individual voluntary and/or bankruptcy arrangements. He also helped prisoners to obtain appropriate identification documents before their release. Prisoners were able to open a bank account, although few had done so in recent months. Jobcentre Plus attended regularly and enabled prisoners to set up benefits before release.

## Children, families and contact with the outside world

- 4.48** There were six well-organised family days a year, but these were not enough to meet demand – for the last two events, there had been 119 applications for the 30 available places. Some prisoners believed that enhanced prisoners were given priority, and this was mostly the case in the list of attendees that we saw. Family support work provided by Barnardo's was good and included design and delivery of the family day activities, and prisoner preparation for the day. No parenting or relationship courses were currently available.
- 4.49** Visits were limited to Friday, Saturday and Sunday. The visits booking system was accessible online and through a telephone booking line. Some prisoners reported delays in visiting start times. The chaplaincy ran a volunteer prison visitor scheme, with seven trained volunteers a week visiting prisoners who did not otherwise receive visitors.
- 4.50** The visitors' centre provided a limited service, offering hot drinks and toilet facilities, which was inadequate for those visitors who had travelled long distances. Although it opened at 11.30am on visiting days, there were no staff to provide support and advice to visitors who arrived before 1pm. A local charity provided subsidised transport to bring visitors from a nearby train station.
- 4.51** The visits hall had enough accommodation to meet visits needs, but the fixed plastic seating was uncomfortable and not suitable for children. The small play area in the hall only offered supervised play facilities during one of the three weekly visiting sessions. The visits hall also

had a refreshments bar staffed by five prisoners. All prisoners had to wear bright orange bibs during visits, which was disrespectful and not always proportionate. Closed visits booths were not private enough and poorly maintained.

## Recommendations

- 4.52** Family support provision should be increased to meet the demands of the population, and should include more family day spaces and parenting courses.
- 4.53** The facilities in the visitors' centre should be improved and it should be staffed before and after visiting times.

## Housekeeping points

- 4.54** The visits hall should offer comfortable seating.
- 4.55** Prisoners should not have to wear bibs in visits.

## Attitudes, thinking and behaviour

- 4.56** There were a small number of accredited programmes but the prison struggled to fill all the places and some prisoners dropped out before completion. In the financial year to date, 34 prisoners had completed the Thinking Skills Programme (TSP) with completions for the year predicted as 61 against a target of 72. One planned TSP had been cancelled due to staff shortages. The Resolve cognitive-behavioural intervention for violent offenders had been completed by 33 prisoners, with predicted completions of 69 against a target of 72. Nine men had completed the Challenge to Change programme, a structured six-month programme looking at behaviour, attitudes and beliefs, with predicted completions of 39 against a target of 60. The needs analysis had identified that over 30% of the population were perpetrators of domestic violence, but there was no designated programme to address this. The Becoming Victim Aware course was delivered in education and was well attended, but was not linked to prisoners' sentence plans or their offending behaviour.

## Recommendations

- 4.57** There should be a range of programmes to meet the identified needs of the population, and referral should be on the basis of evidenced offending behaviour need set out in the prisoner's sentence plan.
- 4.58** The prison should make every effort to ensure that prisoners complete the offending behaviour courses that are identified for them.

## Section 5. Summary of recommendations and housekeeping points

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

### Main recommendations

To the governor

- 5.1** Regional and national managers should work with the prison's managers to implement a comprehensive strategy to reduce levels of violence and bring stability back to the prison. This should include:
1. intensive and urgent action, in conjunction with other criminal justice agencies, to reduce the supply of drugs into the prison, and national action to ensure effective testing methods and legal penalties are developed to deter and prevent their supply;
  2. a review of the prison's own violence reduction strategy with clear and consistent action in the prison to discourage, deter and disrupt perpetrators;
  3. greater support for victims and a clear plan to reduce self-harm associated with medication, bullying and debt;
  4. action to stop the use of the segregation unit as an exit route from the prison and effective action to reintegrate prisoners seeking protection there, and those self-isolating on the wings, back into the main prison. (S38)
- 5.2** Incidents involving the use of force should be reduced, and its governance and accountability, including documentation, should be improved, including uses of special accommodation, planned interventions and batons. (S39)
- 5.3** The prison should increase the range and improve the quality of learning, skills and work opportunities, and ensure that all places are used to capacity. (S40)
- 5.4** Offender supervisors should be adequately trained to manage and undertake their role effectively. There should be regular management oversight, quality assurance and casework supervision of all offender supervisors to ensure their work is consistently delivered to a high standard. (S41)

### Recommendation

To the Home Office

- 5.5** Immigration detainees should not be held in prisons other than in exceptional circumstances following risk assessment. (2.32)

### Recommendations

To the governor

#### Early days in custody

- 5.6** Initial welfare checks of all new arrivals should be carried out by trained staff in private. (1.8)

- 5.7** Insiders should be properly supervised by prison staff in reception and on the first night unit. (1.9)
- 5.8** All new arrivals should be given written information, available in a range of formats, explaining prison rules and regulations. (1.10)
- 5.9** The first night unit should not be used for temporary accommodation for prisoners moving out of the segregation unit or for prisoners moved there for their own protection. (1.11)
- 5.10** Staff should check new arrivals during their first night. (1.12)

### Safeguarding

- 5.11** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.27)

### Security

- 5.12** The mandatory drug testing programme should be sufficiently resourced to ensure a robust suspicion testing programme. (1.34)
- 5.13** Closed visits should only be applied and continue to be used for reasons directly related to the trafficking of illicit items into visits, and when there is sufficient intelligence to support their use. (1.35)

### Incentives and earned privileges

- 5.14** The governance and oversight of incentives and earned privileges reviews and documentation should be improved. (1.39)
- 5.15** The full circumstances of a prisoner's poor behaviour should be investigated before a demotion to the basic level. (1.40)

### Discipline

- 5.16** All disciplinary charges should be fully investigated, with clear reasons given for the decisions reached, and a quality assurance process should be implemented. (1.43)
- 5.17** Prisoners on assessment, care in custody and teamwork (ACCT) case management or actively self-harming should only be placed in special accommodation as a last resort and where there are exceptional circumstances to justify it. (1.48)
- 5.18** Segregation review documentation should be completed thoroughly and include meaningful targets. (1.54)
- 5.19** The quality of the regime, shower and exercise yard in the segregation unit should be improved. (1.55)

### Substance misuse

- 5.20** The prison should take a strategic approach to all aspects of tackling substance misuse, including the treatment needs of prisoners, that involves all relevant departments and providers. (1.63)
- 5.21** The role of Saxon wing as a substance misuse treatment wing should be urgently revised, and the safety of prisoners and therapeutic integrity of the unit should be prioritised. (1.64)
- 5.22** Discipline staff working on the revised substance misuse treatment unit should be specially selected and trained. The cross-deployment of other staff to the unit should be reduced to a minimum. (1.65)
- 5.23** The treatment pathway for secondary detoxification should be explained to prisoners and staff to ensure a consistent approach to treatment and successful outcomes for prisoners. (1.66)

### Residential units

- 5.24** High standards of maintenance and cleanliness of wings should be consistently implemented. (2.8)
- 5.25** Cells designed for one prisoner should not be shared. (2.9)
- 5.26** The offensive displays policy should be consistently enforced. (2.10)
- 5.27** The central heating system and hot water supply should be properly maintained. (2.11)

### Staff-prisoner relationships

- 5.28** Personal officers should know the personal circumstances of their prisoners. (2.16)

### Equality and diversity

- 5.29** The prison should investigate results of its equality monitoring data that are out of range and take remedial action where appropriate. (2.23)
- 5.30** The prison should carry out regular consultation with prisoners from minority groups and address the issues raised, and promote and celebrate diversity. (2.24)
- 5.31** Discrimination incident report forms (DIRFs) should be freely available, and reports should be responded to promptly. (2.25)
- 5.32** The prison should consult with prisoners from black and minority ethnic groups to understand and address perceptions of victimisation and negative perceptions about staff. (2.31)
- 5.33** The prison should develop a formal buddy scheme to assist prisoners with disabilities. (2.33)
- 5.34** The equality action plan should be developed to identify and support gay, bisexual and transgender prisoners more effectively. (2.34)

## Complaints

- 5.35** Complaints should be considered, even if forms are unsigned or undated, prisoners should be able to complain about the quality of food, and all responses should be prompt and fully address the issues raised. (2.41)

## Legal rights

- 5.36** Prisoners should have access to trained legal services staff and independent immigration advice. (2.44)

## Health services

- 5.37** All clinical areas should fully comply with current infection control standards and have adequate privacy screening, and the waiting area should be fit for purpose. (2.54)
- 5.38** Older prisoners and prisoners with disabilities should receive regular assessment by a health care professional and individual support in partnership with the prison's disability liaison officer. (2.55)
- 5.39** Relevant health information, including health promotion and how to make a complaint, should be available on every unit and in the health care waiting area. (2.56)
- 5.40** Prisoners with lifelong conditions should receive regular reviews that generate an evidence-based care plan from appropriately trained and supervised staff. (2.62)
- 5.41** Waiting times for primary care services, including the optician, should not exceed clinically acceptable waiting times in the community. (2.63)
- 5.42** The escort arrangements for external hospital appointments should avoid unnecessary cancellations. (2.64)
- 5.43** Medicines should be stored and administered in line with professional standards underpinned by in-date protocols. (2.71)
- 5.44** Staff should be trained to prescribe, administer and cease prescriptions correctly on SystmOne. (2.72)
- 5.45** All medication should be administered with sufficient officer supervision and privacy. (2.73)
- 5.46** The dental surgery should have a separate decontamination room to comply fully with infection control standards and meet best practice guidelines. (2.77)
- 5.47** Patients requiring mental health inpatient care should be transferred without delay. (2.82)

## Catering

- 5.48** Breakfast should be served on the day it is to be eaten. (2.87)

## Purchases

- 5.49** All prisoners, including new arrivals, should have weekly access to the prison shop. (2.92)
- 5.50** Prisoners should not be charged a processing fee on catalogue orders. (2.93)

### Time out of cell

- 5.51** All prisoners should receive 10 hours a day out of their cell, including an hour for outside exercise. (3.4)

### Learning and skills and work activities

- 5.52** Managers should improve the observation of teaching and learning across the provision to provide clear information about the quality and share best practice. (3.10)
- 5.53** Attendance at quality improvement group meeting should be improved, and discussion about the quality of teaching, learning and assessment should be more robust. (3.11)
- 5.54** There should be suitable cover for any staff shortages to ensure continuity of learning, skills and work provision. (3.15)
- 5.55** Courses in barbering, painting and decorating, and catering should be restarted as soon as possible. (3.16)
- 5.56** Tutors should ensure that all learners, particularly the more able, are suitably challenged to achieve their full potential. (3.20)
- 5.57** Prisoners should be clear about the targets set in their individual learning plans so that they are fully aware of their progress and what they need to do to achieve their learning aim. (3.21)
- 5.58** There should be more outreach support for prisoners with additional learning needs to enable them to develop their skills, particularly in English and mathematics. (3.22)
- 5.59** The selection and supervision of peer mentors should be more rigorous to promote learning better across the prison. (3.23)
- 5.60** The work and practical skills that prisoners develop in work areas should be recorded and recognised. (3.24)
- 5.61** Managers should ensure that success rates improve to at least good for all qualifications, and in particular in English and mathematics. (3.27)
- 5.62** Attendance in education, vocational training and work provision should be better managed to ensure that prisoners participate fully. (3.28)
- 5.63** Library staff should collect and analyse accurate data about the number of prisoners accessing and using the library. (3.32)
- 5.64** Prison managers should improve prisoner access to the library, including the extension of opening hours. (3.33)

### Physical education and healthy living

- 5.65** Wherever possible, PE staff should not be cross-deployed for other duties. (3.39)
- 5.66** PE staff should reinstate a range of accredited PE courses. (3.40)

### Strategic management of resettlement

- 5.67** The strategic management of resettlement should be better coordinated, incorporate both offender management and resettlement pathways provision and be led by a strategic meeting attended by senior management. (4.6)
- 5.68** The reducing reoffending strategy should reflect the specific needs of the population. (4.7)

### Offender management and planning

- 5.69** All prisoners should have an up to date OASys assessment and sentence plan. (4.16)
- 5.70** The offender management unit should be sufficiently resourced to ensure that prisoners receive timely and sufficient offender management to enable them to progress through their sentence. (4.17)
- 5.71** Recategorisation, release on temporary licence and home detention curfew decisions should always be informed by an up-to-date OASys assessment that identifies risk adequately. (4.18)
- 5.72** All staff in the prison should use one common system to record their work with prisoners. (4.19)
- 5.73** More staff in the OMU should be trained to use the violent and sexual offenders register (Visor) and they should be properly supervised. (4.26)
- 5.74** The management of MAPPA (multi agency public protection arrangements) should be robust, and all relevant prisoners should be correctly identified, have their MAPPA level set in good time, and have robust release plans and arrangements in place. (4.27)
- 5.75** The prison should be represented at MAPPA meetings, either through attendance or the submission of a good quality report. (4.28)
- 5.76** The prison should consult indeterminate sentence prisoners to identify their concerns and needs, and address these through provision such as forums or family days. (4.32)

### Reintegration planning

- 5.77** There should be an immediate needs assessment of all new arrivals, with referrals to relevant support within the prison, and any unmet needs should be identified as part of discharge planning. (4.36)
- 5.78** All prisoners working as resettlement orderlies should have clear roles and adequate supervision. (4.37)
- 5.79** The resettlement course should link more effectively with external partners and agencies to ensure that prisoners' needs are fully met before their release. (4.42)
- 5.80** The links between staff from CfBT and other resettlement functions should be improved. (4.43)
- 5.81** The use of the virtual campus should be extended to allow prisoners who are near release to search for jobs and to support other employability activities. (4.44)
- 5.82** Family support provision should be increased to meet the demands of the population, and should include more family day spaces and parenting courses. (4.52)



- 5.83** The facilities in the visitors' centre should be improved and it should be staffed before and after visiting times. (4.53)
- 5.84** There should be a range of programmes to meet the identified needs of the population, and referral should be on the basis of evidenced offending behaviour need set out in the prisoner's sentence plan. (4.57)
- 5.85** The prison should make every effort to ensure that prisoners complete the offending behaviour courses that are identified for them. (4.58)

## Housekeeping points

### Early days in custody

- 5.86** The holding rooms in reception should be clean and properly maintained. (1.13)

### Discipline

- 5.87** Prisoners should only be strip-searched on entry to the segregation unit when there is sufficient intelligence to justify this. (1.56)

### Residential units

- 5.88** Broken washing machines and dryers should be fixed. (2.12)

### Staff-prisoner relationships

- 5.89** Personal officers and other wing staff should maintain a regular accurate record of contact with their prisoners. (2.17)

### Health services

- 5.90** All health staff should wear identification that clearly displays their name and status. (2.57)
- 5.91** All health consultations should take place in private with the door closed, unless an individual risk assessment indicates otherwise. (2.58)
- 5.92** Automated defibrillators accessible to custodial staff should receive daily recorded checks and be ready for use. (2.59)
- 5.93** Medicines cabinets in the health care unit should be secured to the walls. (2.74)
- 5.94** Medicines refrigerator temperatures should be recorded daily and appropriate remedial action taken if they are out of range. (2.75)

### Catering

- 5.95** Staff should ensure that serveries are properly cleaned. (2.88)
- 5.96** Food comments books should be available on all wings. (2.89)

### **Physical education and healthy living**

- 5.97** Staff should effectively reinforce the dangers of using alcohol, drugs and steroids in sport. (3.41)

### **Offender management and planning**

- 5.98** Offender supervisors should undertake OASys reviews at face-to-face meetings with prisoners. (4.20)
- 5.99** Home detention curfew decisions should be timely. (4.21)
- 5.100** All relevant staff should attend the interdepartmental risk management meetings, including case responsible offender supervisors. (4.29)

### **Reintegration planning**

- 5.101** The visits hall should offer comfortable seating. (4.54)
- 5.102** Prisoners should not have to wear bibs in visits. (4.55)

## Section 6. Appendices

### Appendix I: Inspection team

Nick Hardwick	Chief inspector
Keith McInnis	Team leader
Beverley Alden	Inspector
Fionnuala Gordon	Inspector
Angela Johnson	Inspector
Angus Mulready-Jones	Inspector
Kellie Reeve	Inspector
Helen Ranns	Researcher
Jessica Kelly	Researcher
Njilan Morris-Jarra	Research trainee

#### **Specialist inspectors**

Paul Roberts	Substance misuse inspector
Maureen Jamieson	Health services inspector
Barry Cohen	Pharmacist
Bob Cowdrey	Ofsted inspector
Neil Edwards	Ofsted inspector
Stephen Oliver-Watts	Ofsted inspector
Jo Hewitt	Offender management inspector
Liz Smith	Offender management inspector



## Appendix II: Prison population profile

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

### Population breakdown by:

Status	21 and over	%
Sentenced	494	89.5
Recall	58	10.5
<b>Total</b>	<b>552</b>	<b>100</b>

Sentence	21 and over	%
Unsentenced	1	0.2
Less than six months	7	1.3
Six months to less than 12 months	10	1.8
12 months to less than 2 years	46	8.3
2 years to less than 4 years	179	32.4
4 years to less than 10 years	177	32.1
10 years and over (not life)	22	4.0
ISPP (indeterminate sentence for public protection)	83	19.9
Life	27	4.9
<b>Total</b>	<b>552</b>	<b>100</b>

Age	Number of prisoners	%
21 years to 29 years	211	38.2
30 years to 39 years	169	30.6
40 years to 49 years	121	21.9
50 years to 59 years	39	7.1
60 years to 69 years	7	1.3
70 plus years: maximum age=82	5	0.9
<b>Total</b>	<b>552</b>	<b>100</b>

Nationality	21 and over	%
British	523	94.7
Foreign nationals	28	5.1
Not stated	1	0.2
<b>Total</b>	<b>552</b>	<b>100</b>

Security category	21 and over	%
Category C	520	94.2
Category D	30	5.4
Other (unclassified)	2	0.4
<b>Total</b>	<b>552</b>	<b>100</b>

Ethnicity	21 and over	%
White		
British	429	77.7
Irish	5	0.9
Gypsy/Irish Traveller	8	1.4
Other white	20	3.6
	<b>462</b>	<b>83.7</b>
Mixed		
White and black Caribbean	10	1.8

White and black African	1	0.2
White and Asian	3	0.5
Other mixed	5	0.9
	<b>19</b>	<b>3.4</b>
Asian or Asian British		
Indian	4	0.7
Pakistani	4	0.7
Bangladeshi	2	0.4
Other Asian	6	1.1
	<b>16</b>	<b>2.9</b>
Black or black British		
Caribbean	31	5.6
African	13	2.4
Other black	8	1.4
	<b>52</b>	<b>9.4</b>
Other ethnic group		
Arab	1	0.2
Other ethnic group	2	0.4
	<b>3</b>	<b>0.5</b>
<b>Total</b>	<b>552</b>	<b>100</b>

<b>Religion</b>	<b>21 and over</b>	<b>%</b>
Church of England	111	20.1
Roman Catholic	82	14.9
Other Christian denominations	79	14.3
Muslim	46	8.3
Sikh	3	0.5
Hindu	3	0.5
Buddhist	16	2.9
Jewish	2	0.4
Other	10	1.8
No religion	197	35.7
Not stated	3	0.5
<b>Total</b>	<b>552</b>	<b>100</b>

**Sentenced prisoners only**

<b>Length of stay</b>	<b>21 and over</b>	
	<b>Number</b>	<b>%</b>
Less than 1 month	92	16.7
1 month to 3 months	101	18.3
3 months to six months	108	19.6
Six months to 1 year	93	16.8
1 year to 2 years	30	5.4
2 years to 4 years	127	23.0
<b>Total</b>	<b>551</b>	<b>99.8</b>

**Sentenced prisoners only**

	<b>21 and over</b>	<b>%</b>
Foreign nationals detained post sentence expiry	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/ restrictions).	260	47.1
<b>Total</b>	<b>260</b>	<b>47.1</b>

## Appendix III: Summary of prisoner questionnaires and interviews

### Prisoner survey methodology

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

#### Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment<sup>6</sup>. 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 10 November 2014, the prisoner population at HMP Guys Marsh was 550. Using the method described above, questionnaires were distributed to a sample of 207 prisoners.

We received a total of 166 completed questionnaires, a response rate of 80%. No questionnaires were completed via interview. Nineteen respondents refused to complete a questionnaire, eight questionnaires were not returned and 14 were returned blank.

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<sup>6</sup> 95% confidence interval with a sampling error of 3%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
Anglia	23
Cambria	21
Dorset	21
Fontmell	15
Jubilee	12
Mercia	13
Saxon	37
Wessex	21
Tarrant (segregation unit)	3

### Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Guys Marsh.

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<sup>7</sup> 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 Guys Marsh in 2014 compared with responses from prisoners surveyed in all other category C trainers. This comparator is based on all responses from prisoner surveys carried out in 34 category C training prisons since April 2008.
- The current survey responses from HMP Guys Marsh in 2014 compared with the responses of prisoners surveyed at HMP Guys Marsh in 2009.
- A comparison within the 2014 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2014 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2014 survey between Wessex wing and the rest of the establishment (there had been concerted indiscipline on Wessex in the week before our inspection).
- A comparison within the 2014 survey between Saxon wing (integrated substance misuse services) and the rest of the establishment.

<sup>7</sup> A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.



## Survey summary

### Section I: About you

<b>Q1.2</b>	<b>How old are you?</b>	
	<i>Under 21</i>	1 (1%)
	<i>21 - 29</i>	61 (37%)
	<i>30 - 39</i>	57 (34%)
	<i>40 - 49</i>	35 (21%)
	<i>50 - 59</i>	11 (7%)
	<i>60 - 69</i>	0 (0%)
	<i>70 and over</i>	1 (1%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	<i>Yes</i>	135 (82%)
	<i>Yes - on recall</i>	28 (17%)
	<i>No - awaiting trial</i>	1 (1%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	0 (0%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<i>Not sentenced</i>	1 (1%)
	<i>Less than 6 months</i>	1 (1%)
	<i>6 months to less than 1 year</i>	5 (3%)
	<i>1 year to less than 2 years</i>	21 (13%)
	<i>2 years to less than 4 years</i>	47 (29%)
	<i>4 years to less than 10 years</i>	53 (33%)
	<i>10 years or more</i>	8 (5%)
	<i>IPP (indeterminate sentence for public protection)</i>	6 (4%)
	<i>Life</i>	21 (13%)
<b>Q1.5</b>	<b>Are you a foreign national? (i.e. do not have UK citizenship.)</b>	
	<i>Yes</i>	8 (5%)
	<i>No</i>	154 (95%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>	
	<i>Yes</i>	162 (99%)
	<i>No</i>	1 (1%)
<b>Q1.7</b>	<b>Do you understand written English?</b>	
	<i>Yes</i>	163 (99%)
	<i>No</i>	1 (1%)

<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	White - British (English/ Welsh/ Scottish/ Northern Irish)	125 (77%)	Asian or Asian British - Chinese 0 (0%)
	White - Irish	4 (2%)	Asian or Asian British - other 0 (0%)
	White - other	6 (4%)	Mixed race - white and black Caribbean 5 (3%)
	Black or black British - Caribbean	9 (6%)	Mixed race - white and black African 0 (0%)
	Black or black British - African	4 (2%)	Mixed race - white and Asian 0 (0%)
	Black or black British - other	2 (1%)	Mixed race - other 2 (1%)
	Asian or Asian British - Indian	2 (1%)	Arab 0 (0%)
	Asian or Asian British - Pakistani	3 (2%)	Other ethnic group 1 (1%)
	Asian or Asian British - Bangladeshi	0 (0%)	
<b>Q1.9</b>	<b>Do you consider yourself to be Gypsy/ Romany/ Traveller?</b>		
	Yes		8 (5%)
	No		154 (95%)
<b>Q1.10</b>	<b>What is your religion?</b>		
	None	67 (43%)	Hindu 1 (1%)
	Church of England	45 (29%)	Jewish 0 (0%)
	Catholic	16 (10%)	Muslim 12 (8%)
	Protestant	0 (0%)	Sikh 1 (1%)
	Other Christian denomination	4 (3%)	Other 7 (4%)
	Buddhist	4 (3%)	
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>		
	Heterosexual/ Straight		159 (98%)
	Homosexual/Gay		1 (1%)
	Bisexual		3 (2%)
<b>Q1.12</b>	<b>Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs.)</b>		
	Yes		31 (19%)
	No		134 (81%)
<b>Q1.13</b>	<b>Are you a veteran (ex-armed services)?</b>		
	Yes		9 (6%)
	No		152 (94%)
<b>Q1.14</b>	<b>Is this your first time in prison?</b>		
	Yes		43 (26%)
	No		122 (74%)
<b>Q1.15</b>	<b>Do you have children under the age of 18?</b>		
	Yes		91 (56%)
	No		72 (44%)

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>On your most recent journey here, how long did you spend in the van?</b>	
	Less than 2 hours	57 (35%)
	2 hours or longer	95 (58%)
	Don't remember	12 (7%)

<b>Q2.2</b>	<b>On your most recent journey here, were you offered anything to eat or drink?</b>	
	<i>My journey was less than two hours</i>	57 (35%)
	Yes	86 (52%)
	No	18 (11%)
	Don't remember	3 (2%)
<b>Q2.3</b>	<b>On your most recent journey here, were you offered a toilet break?</b>	
	<i>My journey was less than two hours</i>	57 (35%)
	Yes	3 (2%)
	No	101 (62%)
	Don't remember	3 (2%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>	
	Yes	98 (60%)
	No	56 (34%)
	Don't remember	10 (6%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes	130 (79%)
	No	32 (20%)
	Don't remember	2 (1%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	Very well	46 (28%)
	Well	77 (47%)
	Neither	32 (19%)
	Badly	6 (4%)
	Very badly	1 (1%)
	Don't remember	3 (2%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (please tick all that applies to you.)</b>	
	Yes, someone told me	100 (61%)
	Yes, I received written information	32 (19%)
	No, I was not told anything	36 (22%)
	Don't remember	1 (1%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes	133 (81%)
	No	29 (18%)
	Don't remember	2 (1%)

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

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	<i>Less than 2 hours</i>	114 (69%)
	<i>2 hours or longer</i>	45 (27%)
	Don't remember	6 (4%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	Yes	132 (83%)
	No	18 (11%)
	Don't remember	10 (6%)

<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>			
	Very well		47 (29%)	
	Well		83 (51%)	
	Neither		23 (14%)	
	Badly		7 (4%)	
	Very badly		3 (2%)	
	Don't remember		1 (1%)	
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that applies to you.)</b>			
	Loss of property	35 (23%)	Physical health	19 (12%)
	Housing problems	25 (16%)	Mental health	29 (19%)
	Contacting employers	5 (3%)	Needing protection from other prisoners	11 (7%)
	Contacting family	29 (19%)	Getting phone numbers	20 (13%)
	Childcare	5 (3%)	Other	9 (6%)
	Money worries	22 (14%)	Did not have any problems	60 (39%)
	Feeling depressed or suicidal	25 (16%)		
<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>			
	Yes		38 (25%)	
	No		55 (36%)	
	Did not have any problems		60 (39%)	
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that applies to you.)</b>			
	Tobacco		140 (85%)	
	A shower		43 (26%)	
	A free telephone call		44 (27%)	
	Something to eat		76 (46%)	
	PIN phone credit		91 (55%)	
	Toiletries/ basic items		77 (47%)	
	Did not receive anything		10 (6%)	
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that applies to you.)</b>			
	Chaplain		95 (60%)	
	Someone from health services		112 (71%)	
	A Listener/Samaritans		64 (41%)	
	Prison shop/ canteen		35 (22%)	
	Did not have access to any of these		21 (13%)	
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that applies to you.)</b>			
	What was going to happen to you		81 (51%)	
	What support was available for people feeling depressed or suicidal		56 (35%)	
	How to make routine requests (applications)		58 (37%)	
	Your entitlement to visits		52 (33%)	
	Health services		73 (46%)	
	Chaplaincy		78 (49%)	
	Not offered any information		42 (27%)	
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>			
	Yes		131 (79%)	
	No		31 (19%)	
	Don't remember		3 (2%)	

<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>	
	<i>Have not been on an induction course</i>	12 (7%)
	<i>Within the first week</i>	57 (35%)
	<i>More than a week</i>	89 (54%)
	<i>Don't remember</i>	6 (4%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	<i>Have not been on an induction course</i>	12 (8%)
	<i>Yes</i>	77 (49%)
	<i>No</i>	59 (38%)
	<i>Don't remember</i>	8 (5%)
<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	<i>Did not receive an assessment</i>	26 (16%)
	<i>Within the first week</i>	30 (19%)
	<i>More than a week</i>	88 (55%)
	<i>Don't remember</i>	17 (11%)

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

<b>Q4.1</b>	<b>How easy is it to.....</b>						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	22 (14%)	64 (40%)	14 (9%)	24 (15%)	13 (8%)	22 (14%)
	<i>Attend legal visits?</i>	21 (14%)	51 (35%)	18 (12%)	6 (4%)	9 (6%)	42 (29%)
	<i>Get bail information?</i>	5 (4%)	19 (13%)	18 (13%)	13 (9%)	16 (11%)	70 (50%)
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>						
	<i>Not had any letters</i>						27 (17%)
	<i>Yes</i>						67 (41%)
	<i>No</i>						68 (42%)
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>						
	<i>Yes</i>						76 (47%)
	<i>No</i>						6 (4%)
	<i>Don't know</i>						80 (49%)
<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	106 (66%)	52 (33%)	2 (1%)			
	<i>Are you normally able to have a shower every day?</i>	147 (91%)	14 (9%)	0 (0%)			
	<i>Do you normally receive clean sheets every week?</i>	110 (71%)	38 (25%)	7 (5%)			
	<i>Do you normally get cell cleaning materials every week?</i>	127 (80%)	32 (20%)	0 (0%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	63 (41%)	66 (43%)	25 (16%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	119 (76%)	38 (24%)	0 (0%)			
	<i>If you need to, can you normally get your stored property?</i>	37 (24%)	66 (43%)	52 (34%)			
<b>Q4.5</b>	<b>What is the food like here?</b>						
	<i>Very good</i>						5 (3%)
	<i>Good</i>						30 (19%)
	<i>Neither</i>						46 (29%)
	<i>Bad</i>						51 (32%)
	<i>Very bad</i>						29 (18%)

<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>	
	<i>Have not bought anything yet/ don't know</i>	1 (1%)
	Yes	85 (52%)
	No	76 (47%)
<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>	
	Yes	104 (65%)
	No	5 (3%)
	Don't know	52 (32%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>	
	Yes	78 (49%)
	No	22 (14%)
	Don't know/ N/A	58 (37%)
<b>Q4.9</b>	<b>Are you able to speak to a chaplain of your faith in private if you want to?</b>	
	Yes	113 (71%)
	No	5 (3%)
	Don't know/ N/A	42 (26%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	<i>I don't want to attend</i>	44 (28%)
	Very easy	42 (26%)
	Easy	23 (14%)
	Neither	16 (10%)
	Difficult	7 (4%)
	Very difficult	2 (1%)
	Don't know	26 (16%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>	
	Yes	135 (87%)
	No	18 (12%)
	Don't know	2 (1%)
<b>Q5.2</b>	<b>Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option.</i>)</b>	
		<i>Not made one</i> <i>Yes</i> <i>No</i>
	Are applications dealt with fairly?	6 (4%)      91 (61%)      53 (35%)
	Are applications dealt with quickly (within seven days)?	6 (4%)      59 (44%)      70 (52%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>	
	Yes	91 (60%)
	No	34 (22%)
	Don't know	27 (18%)
<b>Q5.4</b>	<b>Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option.</i>)</b>	
		<i>Not made one</i> <i>Yes</i> <i>No</i>
	Are complaints dealt with fairly?	46 (31%)      34 (23%)      68 (46%)
	Are complaints dealt with quickly (within seven days)?	46 (32%)      33 (23%)      63 (44%)
<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>	
	Yes	38 (25%)
	No	114 (75%)

<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	
	<i>Don't know who they are</i>	37 (25%)
	<i>Very easy</i>	15 (10%)
	<i>Easy</i>	40 (27%)
	<i>Neither</i>	31 (21%)
	<i>Difficult</i>	18 (12%)
	<i>Very difficult</i>	9 (6%)

### Section 6: Incentive and earned privileges scheme

<b>Q6.1</b>	<b>Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)</b>	
	<i>Don't know what the IEP scheme is</i>	2 (1%)
	<i>Yes</i>	84 (54%)
	<i>No</i>	58 (37%)
	<i>Don't know</i>	11 (7%)
<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)</b>	
	<i>Don't know what the IEP scheme is</i>	2 (1%)
	<i>Yes</i>	63 (42%)
	<i>No</i>	77 (51%)
	<i>Don't know</i>	8 (5%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	<i>Yes</i>	11 (7%)
	<i>No</i>	144 (93%)
<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>	
	<i>I have not been to segregation in the last 6 months</i>	119 (80%)
	<i>Very well</i>	4 (3%)
	<i>Well</i>	6 (4%)
	<i>Neither</i>	9 (6%)
	<i>Badly</i>	6 (4%)
	<i>Very badly</i>	4 (3%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	<i>Yes</i>	132 (85%)
	<i>No</i>	23 (15%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	<i>Yes</i>	117 (75%)
	<i>No</i>	38 (25%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	<i>Yes</i>	47 (30%)
	<i>No</i>	110 (70%)

<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i>	3 (2%)
	<i>Never</i>	25 (16%)
	<i>Rarely</i>	41 (26%)
	<i>Some of the time</i>	48 (31%)
	<i>Most of the time</i>	22 (14%)
	<i>All of the time</i>	16 (10%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i>	39 (25%)
	<i>In the first week</i>	45 (29%)
	<i>More than a week</i>	48 (31%)
	<i>Don't remember</i>	22 (14%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<i>Do not have a personal officer/ I have not met him/ her</i>	39 (26%)
	<i>Very helpful</i>	26 (17%)
	<i>Helpful</i>	46 (30%)
	<i>Neither</i>	17 (11%)
	<i>Not very helpful</i>	9 (6%)
	<i>Not at all helpful</i>	15 (10%)

### Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>	
	<i>Yes</i>	63 (40%)
	<i>No</i>	94 (60%)
<b>Q8.2</b>	<b>Do you feel unsafe now?</b>	
	<i>Yes</i>	36 (23%)
	<i>No</i>	120 (77%)
<b>Q8.3</b>	<b>In which areas have you felt unsafe? (Please tick all that applies to you.)</b>	
	<i>Never felt unsafe</i>	94 (61%)
	<i>Everywhere</i>	25 (16%)
	<i>Segregation unit</i>	3 (2%)
	<i>Association areas</i>	19 (12%)
	<i>Reception area</i>	3 (2%)
	<i>At the gym</i>	9 (6%)
	<i>In an exercise yard</i>	23 (15%)
	<i>At work</i>	14 (9%)
	<i>During movement</i>	27 (18%)
	<i>At education</i>	11 (7%)
	<i>At meal times</i>	18 (12%)
	<i>At health services</i>	25 (16%)
	<i>Visits area</i>	4 (3%)
	<i>In wing showers</i>	19 (12%)
	<i>In gym showers</i>	10 (6%)
	<i>In corridors/stairwells</i>	17 (11%)
	<i>On your landing/wing</i>	23 (15%)
	<i>In your cell</i>	17 (11%)
	<i>At religious services</i>	5 (3%)
<b>Q8.4</b>	<b>Have you been victimised by other prisoners here?</b>	
	<i>Yes</i>	49 (31%)
	<i>No</i>	107 (69%)



<b>Q8.5</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that applies to you.)</b>	
	<i>Insulting remarks (about you or your family or friends)</i>	23 (15%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	23 (15%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	32 (21%)
	<i>Having your canteen/property taken</i>	15 (10%)
	<i>Medication</i>	10 (6%)
	<i>Debt</i>	12 (8%)
	<i>Drugs</i>	13 (8%)
	<i>Your race or ethnic origin</i>	7 (4%)
	<i>Your religion/religious beliefs</i>	6 (4%)
	<i>Your nationality</i>	7 (4%)
	<i>You are from a different part of the country than others</i>	7 (4%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	2 (1%)
	<i>Your age</i>	3 (2%)
	<i>You have a disability</i>	4 (3%)
	<i>You were new here</i>	9 (6%)
	<i>Your offence/ crime</i>	6 (4%)
	<i>Gang related issues</i>	8 (5%)
<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>	
	Yes	53 (35%)
	No	100 (65%)
<b>Q8.7</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that applies to you.)</b>	
	<i>Insulting remarks (about you or your family or friends)</i>	17 (11%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	8 (5%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	22 (14%)
	<i>Medication</i>	4 (3%)
	<i>Debt</i>	5 (3%)
	<i>Drugs</i>	3 (2%)
	<i>Your race or ethnic origin</i>	5 (3%)
	<i>Your religion/religious beliefs</i>	8 (5%)
	<i>Your nationality</i>	3 (2%)
	<i>You are from a different part of the country than others</i>	8 (5%)
	<i>You are from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	0 (0%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	3 (2%)
	<i>You were new here</i>	5 (3%)
	<i>Your offence/ crime</i>	6 (4%)
	<i>Gang related issues</i>	3 (2%)
<b>Q8.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	Not been victimised	82 (59%)
	Yes	21 (15%)
	No	35 (25%)

## Section 9: Health services

<b>Q9.1</b>	<b>How easy or difficult is it to see the following people?</b>						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	16 (10%)	10 (6%)	50 (32%)	23 (15%)	39 (25%)	17 (11%)
	The nurse	14 (10%)	15 (10%)	68 (46%)	20 (14%)	20 (14%)	10 (7%)
	The dentist	25 (17%)	5 (3%)	23 (15%)	11 (7%)	33 (22%)	53 (35%)
<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people?</b>						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	17 (11%)	15 (10%)	45 (29%)	25 (16%)	23 (15%)	29 (19%)
	The nurse	19 (12%)	18 (12%)	68 (44%)	20 (13%)	13 (8%)	15 (10%)
	The dentist	46 (30%)	19 (13%)	33 (22%)	13 (9%)	14 (9%)	27 (18%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<i>Not been</i>						10 (6%)
	<i>Very good</i>						14 (9%)
	<i>Good</i>						48 (31%)
	<i>Neither</i>						24 (16%)
	<i>Bad</i>						27 (18%)
	<i>Very bad</i>						31 (20%)
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	<i>Yes</i>						68 (44%)
	<i>No</i>						86 (56%)
<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>						
	<i>Not taking medication</i>						86 (55%)
	<i>Yes, all my meds</i>						34 (22%)
	<i>Yes, some of my meds</i>						20 (13%)
	<i>No</i>						16 (10%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>						
	<i>Yes</i>						50 (32%)
	<i>No</i>						106 (68%)
<b>Q9.7</b>	<b>Are your being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)</b>						
	<i>Do not have any emotional or mental health problems</i>						106 (70%)
	<i>Yes</i>						18 (12%)
	<i>No</i>						27 (18%)

## Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	<i>Yes</i>	50 (32%)
	<i>No</i>	105 (68%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	<i>Yes</i>	33 (21%)
	<i>No</i>	122 (79%)

<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	Very easy	84 (54%)
	Easy	14 (9%)
	Neither	7 (5%)
	Difficult	5 (3%)
	Very difficult	1 (1%)
	Don't know	44 (28%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy	45 (29%)
	Easy	33 (21%)
	Neither	18 (12%)
	Difficult	5 (3%)
	Very difficult	3 (2%)
	Don't know	52 (33%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes	30 (19%)
	No	125 (81%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes	15 (10%)
	No	139 (90%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	Did not / do not have a drug problem	92 (61%)
	Yes	37 (24%)
	No	23 (15%)
<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?</b>	
	Did not / do not have an alcohol problem	122 (79%)
	Yes	18 (12%)
	No	14 (9%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	Did not have a problem/ did not receive help	108 (71%)
	Yes	32 (21%)
	No	12 (8%)

### Section 11: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	7 (5%)	29 (19%)	56 (37%)	18 (12%)	32 (21%)	10 (7%)
	Vocational or skills training	27 (18%)	19 (13%)	51 (35%)	18 (12%)	21 (14%)	11 (7%)
	Education (including basic skills)	24 (16%)	24 (16%)	58 (39%)	19 (13%)	12 (8%)	10 (7%)
	Offending behaviour programmes	29 (19%)	15 (10%)	39 (26%)	33 (22%)	23 (15%)	11 (7%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that applies to you.)</b>						
	<i>Not involved in any of these</i>						28 (19%)
	Prison job						113 (75%)
	Vocational or skills training						10 (7%)
	Education (including basic skills)						18 (12%)
	Offending behaviour programmes						19 (13%)

**Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?**

	<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
Prison job	16 (11%)	59 (41%)	52 (36%)	16 (11%)
Vocational or skills training	23 (21%)	44 (40%)	29 (26%)	15 (14%)
Education (including basic skills)	23 (19%)	48 (40%)	34 (28%)	15 (13%)
Offending behaviour programmes	23 (20%)	46 (40%)	32 (28%)	14 (12%)

**Q11.4 How often do you usually go to the library?**

<i>Don't want to go</i>	26 (17%)
<i>Never</i>	51 (34%)
<i>Less than once a week</i>	31 (20%)
<i>About once a week</i>	33 (22%)
<i>More than once a week</i>	11 (7%)

**Q11.5 Does the library have a wide enough range of materials to meet your needs?**

<i>Don't use it</i>	60 (40%)
<i>Yes</i>	56 (37%)
<i>No</i>	34 (23%)

**Q11.6 How many times do you usually go to the gym each week?**

<i>Don't want to go</i>	37 (25%)
<i>0</i>	32 (21%)
<i>1 to 2</i>	43 (29%)
<i>3 to 5</i>	34 (23%)
<i>More than 5</i>	4 (3%)

**Q11.7 How many times do you usually go outside for exercise each week?**

<i>Don't want to go</i>	15 (10%)
<i>0</i>	11 (7%)
<i>1 to 2</i>	35 (23%)
<i>3 to 5</i>	29 (19%)
<i>More than 5</i>	61 (40%)

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

<i>Don't want to go</i>	6 (4%)
<i>0</i>	8 (5%)
<i>1 to 2</i>	9 (6%)
<i>3 to 5</i>	24 (16%)
<i>More than 5</i>	103 (69%)

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

<i>Less than 2 hours</i>	14 (9%)
<i>2 to less than 4 hours</i>	25 (17%)
<i>4 to less than 6 hours</i>	25 (17%)
<i>6 to less than 8 hours</i>	37 (25%)
<i>8 to less than 10 hours</i>	18 (12%)
<i>10 hours or more</i>	21 (14%)
<i>Don't know</i>	10 (7%)

## Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	Yes	44 (30%)
	No	103 (70%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes	68 (45%)
	No	84 (55%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes	36 (24%)
	No	116 (76%)
<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i>	32 (21%)
	<i>Very easy</i>	11 (7%)
	<i>Easy</i>	16 (11%)
	<i>Neither</i>	14 (9%)
	<i>Difficult</i>	30 (20%)
	<i>Very difficult</i>	44 (29%)
	<i>Don't know</i>	3 (2%)

## Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<i>Not sentenced</i>	1 (1%)
	Yes	126 (84%)
	No	23 (15%)
<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (please tick all that applies to you.)</b>	
	<i>Not sentenced/ NA</i>	24 (16%)
	<i>No contact</i>	45 (30%)
	<i>Letter</i>	43 (29%)
	<i>Phone</i>	38 (25%)
	<i>Visit</i>	32 (21%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes	112 (76%)
	No	36 (24%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<i>Not sentenced</i>	1 (1%)
	Yes	75 (50%)
	No	73 (49%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	74 (48%)
	<i>Very involved</i>	14 (9%)
	<i>Involved</i>	24 (15%)
	<i>Neither</i>	10 (6%)
	<i>Not very involved</i>	15 (10%)
	<i>Not at all involved</i>	18 (12%)

<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (please tick all that applies to you.)</b>			
	<i>Do not have a sentence plan/ not sentenced</i>			74 (49%)
	<i>Nobody</i>			34 (22%)
	<i>Offender supervisor</i>			29 (19%)
	<i>Offender manager</i>			24 (16%)
	<i>Named/ personal officer</i>			9 (6%)
	<i>Staff from other departments</i>			11 (7%)
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>			
	<i>Do not have a sentence plan/ not sentenced</i>			74 (49%)
	<i>Yes</i>			46 (30%)
	<i>No</i>			22 (14%)
	<i>Don't know</i>			10 (7%)
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>			
	<i>Do not have a sentence plan/ not sentenced</i>			74 (48%)
	<i>Yes</i>			22 (14%)
	<i>No</i>			47 (31%)
	<i>Don't know</i>			10 (7%)
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>			
	<i>Do not have a sentence plan/ not sentenced</i>			74 (48%)
	<i>Yes</i>			21 (14%)
	<i>No</i>			38 (25%)
	<i>Don't know</i>			20 (13%)
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>			
	<i>Yes</i>			13 (9%)
	<i>No</i>			76 (51%)
	<i>Don't know</i>			61 (41%)
<b>Q13.11</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>			
	<i>Yes</i>			28 (19%)
	<i>No</i>			122 (81%)
<b>Q13.12</b>	<b>Do you know of anyone in this prison who can help you with the following on release? (please tick all that applies to you.)</b>			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	25 (17%)	45 (30%)	78 (53%)
	Accommodation	31 (21%)	44 (30%)	74 (50%)
	Benefits	30 (20%)	49 (33%)	68 (46%)
	Finances	33 (23%)	32 (22%)	78 (55%)
	Education	35 (24%)	37 (26%)	71 (50%)
	Drugs and alcohol	32 (22%)	52 (36%)	60 (42%)
<b>Q13.13</b>	<b>Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?</b>			
	<i>Not sentenced</i>			1 (1%)
	<i>Yes</i>			77 (52%)
	<i>No</i>			71 (48%)



## Prisoner survey responses HMP Guys Marsh 2014

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

## Key to tables

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	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>166</b>	<b>5894</b>	<b>166</b>	<b>98</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	1%	3%	1%	0%
1.3	Are you sentenced?	99%	100%	99%	100%
1.3	Are you on recall?	17%	9%	17%	11%
1.4	Is your sentence less than 12 months?	4%	6%	4%	8%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	10%	4%	11%
1.5	Are you a foreign national?	5%	9%	5%	16%
1.6	Do you understand spoken English?	99%	99%	99%	
1.7	Do you understand written English?	99%	98%	99%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	17%	26%	17%	20%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	4%	5%	6%
1.1	Are you Muslim?	8%	13%	8%	8%
1.11	Are you homosexual/gay or bisexual?	2%	3%	2%	1%
1.12	Do you consider yourself to have a disability?	19%	19%	19%	10%
1.13	Are you a veteran (ex-armed services)?	6%	6%	6%	
1.14	Is this your first time in prison?	26%	37%	26%	22%
1.15	Do you have any children under the age of 18?	56%	51%	56%	53%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	58%	45%	58%	49%
	For those who spent two or more hours in the escort van:				
2.2	Were you offered anything to eat or drink?	80%	73%	80%	
2.3	Were you offered a toilet break?	3%	8%	3%	
2.4	Was the van clean?	60%	65%	60%	
2.5	Did you feel safe?	79%	81%	79%	
2.6	Were you treated well/very well by the escort staff?	75%	72%	75%	70%
2.7	Before you arrived here were you told that you were coming here?	61%	62%	61%	
2.7	Before you arrived here did you receive any written information about coming here?	19%	16%	19%	
2.8	When you first arrived here did your property arrive at the same time as you?	81%	88%	81%	91%

## Main comparator and comparator to last time

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<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	69%	51%	69%	
3.2	When you were searched in reception, was this carried out in a respectful way?	83%	84%	83%	88%
3.3	Were you treated well/very well in reception?	79%	74%	79%	80%
	When you first arrived:				
3.4	Did you have any problems?	61%	61%	61%	60%
3.4	Did you have any problems with loss of property?	23%	17%	23%	18%
3.4	Did you have any housing problems?	16%	14%	16%	21%
3.4	Did you have any problems contacting employers?	3%	3%	3%	7%
3.4	Did you have any problems contacting family?	19%	20%	19%	18%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	2%	3%	4%
3.4	Did you have any money worries?	14%	15%	14%	16%
3.4	Did you have any problems with feeling depressed or suicidal?	16%	14%	16%	10%
3.4	Did you have any physical health problems?	12%	12%	12%	
3.4	Did you have any mental health problems?	19%	13%	19%	
3.4	Did you have any problems with needing protection from other prisoners?	7%	5%	7%	6%
3.4	Did you have problems accessing phone numbers?	13%	18%	13%	22%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	41%	36%	41%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	85%	75%	85%	93%
3.6	A shower?	26%	28%	26%	46%
3.6	A free telephone call?	27%	42%	27%	37%
3.6	Something to eat?	46%	59%	46%	75%
3.6	PIN phone credit?	55%	50%	55%	
3.6	Toiletries/ basic items?	47%	43%	47%	
<b>SECTION 3: Reception, first night and induction continued</b>					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	60%	50%	60%	
3.7	Someone from health services?	71%	68%	71%	
3.7	A Listener/Samaritans?	41%	31%	41%	
3.7	Prison shop/ canteen?	22%	21%	22%	15%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	51%	51%	51%	66%



## Main comparator and comparator to last time

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3.8	Support was available for people feeling depressed or suicidal?	35%	41%	35%	51%
3.8	How to make routine requests?	37%	44%	37%	58%
3.8	Your entitlement to visits?	33%	43%	33%	57%
3.8	Health services?	46%	54%	46%	57%
3.8	The chaplaincy?	49%	48%	49%	54%
3.9	Did you feel safe on your first night here?	79%	83%	79%	85%
3.10	Have you been on an induction course?	93%	91%	93%	92%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	54%	60%	54%	74%
3.12	Did you receive an education (skills for life) assessment?	84%	83%	84%	
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	54%	47%	54%	53%
4.1	Attend legal visits?	49%	51%	49%	54%
4.1	Get bail information?	17%	14%	17%	29%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	41%	42%	41%	36%
4.3	Can you get legal books in the library?	47%	43%	47%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	66%	67%	66%	66%
4.4	Are you normally able to have a shower every day?	91%	94%	91%	97%
4.4	Do you normally receive clean sheets every week?	71%	78%	71%	86%
4.4	Do you normally get cell cleaning materials every week?	80%	67%	80%	89%
4.4	Is your cell call bell normally answered within five minutes?	41%	36%	41%	77%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	76%	68%	76%	86%
4.4	Can you normally get your stored property, if you need to?	24%	24%	24%	47%
4.5	Is the food in this prison good/very good?	22%	25%	22%	29%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	44%	52%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	65%	56%	65%	72%
4.8	Are your religious beliefs are respected?	49%	52%	49%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	71%	58%	71%	55%
4.10	Is it easy/very easy to attend religious services?	41%	49%	41%	
<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	87%	82%	87%	

## Main comparator and comparator to last time

### Key to tables

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	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	63%	59%	63%	67%
5.2	Do you feel applications are dealt with quickly (within seven days)?	46%	44%	46%	61%
5.3	Is it easy to make a complaint?	60%	59%	60%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	33%	32%	33%	35%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	34%	31%	34%	50%
5.5	Have you ever been prevented from making a complaint when you wanted to?	25%	19%	25%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	37%	29%	37%	42%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	54%	52%	54%	70%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	47%	42%	62%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	6%	7%	4%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	34%	39%	34%	
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	85%	77%	85%	88%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	75%	74%	75%	81%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	30%	29%	30%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	25%	20%	25%	32%
7.5	Do you have a personal officer?	75%	69%	75%	84%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	64%	63%	64%	62%
<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	40%	33%	40%	24%
8.2	Do you feel unsafe now?	23%	14%	23%	8%
8.4	Have you been victimised by other prisoners here?	31%	25%	31%	17%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	15%	11%	15%	4%
8.5	Hit, kicked or assaulted you?	15%	6%	15%	6%
8.5	Sexually abused you?	1%	1%	1%	2%
8.5	Threatened or intimidated you?	21%	15%	21%	
8.5	Taken your canteen/property?	10%	5%	10%	3%
8.5	Victimised you because of medication?	6%	4%	6%	

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8.5	Victimised you because of debt?	8%	3%	8%	
8.5	Victimised you because of drugs?	8%	3%	8%	2%
8.5	Victimised you because of your race or ethnic origin?	5%	4%	5%	5%
8.5	Victimised you because of your religion/religious beliefs?	4%	3%	4%	5%
8.5	Victimised you because of your nationality?	5%	2%	5%	
8.5	Victimised you because you were from a different part of the country?	5%	4%	5%	6%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.5	Victimised you because of your age?	2%	3%	2%	1%
8.5	Victimised you because you have a disability?	3%	3%	3%	1%
8.5	Victimised you because you were new here?	6%	5%	6%	3%
8.5	Victimised you because of your offence/crime?	4%	4%	4%	3%
8.5	Victimised you because of gang related issues?	5%	4%	5%	5%
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	35%	29%	35%	16%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	11%	11%	11%	7%
8.7	Hit, kicked or assaulted you?	5%	3%	5%	2%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	14%	13%	14%	
8.7	Victimised you because of medication?	3%	4%	3%	
8.7	Victimised you because of debt?	3%	2%	3%	
8.7	Victimised you because of drugs?	2%	3%	2%	3%
8.7	Victimised you because of your race or ethnic origin?	3%	4%	3%	7%
8.7	Victimised you because of your religion/religious beliefs?	5%	3%	5%	4%
8.7	Victimised you because of your nationality?	2%	3%	2%	
8.7	Victimised you because you were from a different part of the country?	5%	4%	5%	8%
8.7	Victimised you because you are from a Traveller community?	0%	1%	0%	
8.7	Victimised you because of your sexual orientation?	0%	1%	0%	2%
8.7	Victimised you because of your age?	1%	2%	1%	2%
8.7	Victimised you because you have a disability?	2%	3%	2%	2%
8.7	Victimised you because you were new here?	3%	4%	3%	4%
8.7	Victimised you because of your offence/crime?	4%	4%	4%	3%

## Main comparator and comparator to last time

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8.7	Victimised you because of gang related issues?	2%	2%	2%	2%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	38%	40%	38%	50%
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	39%	31%	39%	53%
9.1	Is it easy/very easy to see the nurse?	57%	54%	57%	67%
9.1	Is it easy/very easy to see the dentist?	19%	13%	19%	22%
	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?	44%	47%	44%	48%
9.2	The nurse?	64%	58%	64%	62%
9.2	The dentist?	49%	43%	49%	44%
9.3	The overall quality of health services?	43%	42%	43%	49%
9.4	Are you currently taking medication?	44%	48%	44%	37%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	77%	84%	77%	
9.6	Do you have any emotional well being or mental health problems?	32%	28%	32%	19%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	40%	50%	40%	
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	32%	23%	32%	32%
10.2	Did you have a problem with alcohol when you came into this prison?	21%	17%	21%	27%
10.3	Is it easy/very easy to get illegal drugs in this prison?	63%	33%	63%	47%
10.4	Is it easy/very easy to get alcohol in this prison?	50%	21%	50%	
10.5	Have you developed a problem with drugs since you have been in this prison?	19%	8%	19%	16%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	10%	7%	10%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	62%	63%	62%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	57%	63%	57%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	73%	78%	73%	74%
<b>SECTION 11: Activities</b>					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	56%	43%	56%	

## Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
11.1	Vocational or skills training?	48%	38%	48%	
11.1	Education (including basic skills)?	56%	53%	56%	
11.1	Offending behaviour programmes?	36%	21%	36%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	75%	59%	75%	71%
11.2	Vocational or skills training?	7%	16%	7%	20%
11.2	Education (including basic skills)?	12%	24%	12%	27%
11.2	Offending behaviour programmes?	13%	12%	13%	27%
11.3	Have you had a job while in this prison?	89%	82%	89%	85%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	46%	42%	46%	54%
11.3	Have you been involved in vocational or skills training while in this prison?	79%	73%	79%	77%
	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?	50%	57%	50%	64%
11.3	Have you been involved in education while in this prison?	81%	78%	81%	75%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	50%	59%	50%	73%
11.3	Have you been involved in offending behaviour programmes while in this prison?	80%	70%	80%	80%
	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?	50%	53%	50%	65%
11.4	Do you go to the library at least once a week?	29%	45%	29%	54%
11.5	Does the library have a wide enough range of materials to meet your needs?	37%	47%	37%	
11.6	Do you go to the gym three or more times a week?	25%	34%	25%	22%
11.7	Do you go outside for exercise three or more times a week?	60%	49%	60%	20%
11.8	Do you go on association more than five times each week?	69%	73%	69%	81%
11.9	Do you spend ten or more hours out of your cell on a weekday?	14%	17%	14%	16%
<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	30%	34%	30%	43%
12.2	Have you had any problems with sending or receiving mail?	45%	45%	45%	42%
12.3	Have you had any problems getting access to the telephones?	24%	24%	24%	14%
12.4	Is it easy/ very easy for your friends and family to get here?	18%	26%	18%	
<b>SECTION 13: Preparation for release</b>					
	For those who are sentenced:				
13.1	Do you have a named offender manager (home probation officer) in the probation service?	85%	83%	85%	

# 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				
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	36%	36%	36%	
13.2	Contact by letter?	34%	37%	34%	
13.2	Contact by phone?	30%	24%	30%	
13.2	Contact by visit?	25%	32%	25%	
13.3	Do you have a named offender supervisor in this prison?	76%	70%	76%	
	For those who are sentenced:				
13.4	Do you have a sentence plan?	51%	68%	51%	77%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	47%	54%	47%	71%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	44%	48%	44%	
13.6	Offender supervisor?	37%	35%	37%	
13.6	Offender manager?	31%	26%	31%	
13.6	Named/ personal officer?	12%	12%	12%	
13.6	Staff from other departments?	14%	16%	14%	
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	59%	64%	59%	87%
13.8	Are there plans for you to achieve any of your targets in another prison?	28%	22%	28%	
13.9	Are there plans for you to achieve any of your targets in the community?	27%	29%	27%	
13.10	Do you have a needs based custody plan?	9%	7%	9%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	19%	15%	19%	28%
	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?	37%	32%	37%	
13.12	Accommodation?	37%	36%	37%	
13.12	Benefits?	42%	38%	42%	
13.12	Finances?	29%	25%	29%	
13.12	Education?	34%	33%	34%	
13.12	Drugs and alcohol?	46%	43%	46%	
	For those who are sentenced:				
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	52%	55%	52%	56%

## Diversity analysis



### Key question responses (ethnicity) HMP Guys Marsh 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	<b>Black and minority ethnic prisoners</b>	<b>White prisoners</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>28</b>	<b>135</b>
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	15%	2%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	97%	100%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	5%
1.1	Are you Muslim?	50%	0%
1.12	Do you consider yourself to have a disability?	22%	19%
1.13	Are you a veteran (ex-armed services)?	4%	6%
1.14	Is this your first time in prison?	32%	25%
2.6	Were you treated well/very well by the escort staff?	75%	74%
2.7	Before you arrived here were you told that you were coming here?	68%	59%
3.2	When you were searched in reception, was this carried out in a respectful way?	78%	84%
3.3	Were you treated well/very well in reception?	82%	78%
3.4	Did you have any problems when you first arrived?	74%	59%
3.7	Did you have access to someone from health care when you first arrived here?	74%	71%
3.9	Did you feel safe on your first night here?	71%	81%
3.10	Have you been on an induction course?	100%	92%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	54%	54%
4.4	Are you normally offered enough clean, suitable clothes for the week?	72%	65%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Black and minority ethnic prisoners</b>	<b>White prisoners</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally able to have a shower every day?	93%	92%
4.4	Is your cell call bell normally answered within five minutes?	50%	39%
4.5	Is the food in this prison good/very good?	14%	23%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	22%	58%
4.7	Are you able to speak to a Listener at any time, if you want to?	57%	65%
4.8	Do you feel your religious beliefs are respected?	52%	49%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	79%	68%
5.1	Is it easy to make an application?	72%	90%
5.3	Is it easy to make a complaint?	50%	62%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	57%	53%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	42%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	7%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	79%	86%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	74%	75%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	8%	28%
7.4	Do you have a personal officer?	82%	74%
8.1	Have you ever felt unsafe here?	43%	40%
8.2	Do you feel unsafe now?	28%	22%
8.3	Have you been victimised by other prisoners?	33%	32%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	11%	23%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	19%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	15%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	15%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	3%	2%



## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Black and minority ethnic prisoners</b>	<b>White prisoners</b>
	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		
8.6	Have you been victimised by a member of staff?	52%	31%
8.7	Have you ever felt threatened or intimidated by staff here?	15%	15%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	15%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	22%	2%
8.7	Have you been victimised because of your nationality? (By staff)	8%	1%
8.7	Have you been victimised because you have a disability? (By staff)	0%	2%
9.1	Is it easy/very easy to see the doctor?	33%	39%
9.1	Is it easy/ very easy to see the nurse?	54%	57%
9.4	Are you currently taking medication?	37%	46%
9.6	Do you feel you have any emotional well being/mental health issues?	26%	33%
10.3	Is it easy/very easy to get illegal drugs in this prison?	40%	68%
11.2	Are you currently working in the prison?	88%	72%
11.2	Are you currently undertaking vocational or skills training?	8%	6%
11.2	Are you currently in education (including basic skills)?	12%	11%
11.2	Are you currently taking part in an offending behaviour programme?	8%	13%
11.4	Do you go to the library at least once a week?	38%	28%
11.6	Do you go to the gym three or more times a week?	24%	26%
11.7	Do you go outside for exercise three or more times a week?	54%	61%
11.8	On average, do you go on association more than five times each week?	76%	66%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	0%	17%
12.2	Have you had any problems sending or receiving mail?	54%	43%
12.3	Have you had any problems getting access to the telephones?	30%	22%

## Diversity Analysis



### Key question responses (disability) HMP Guys Marsh 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	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>31</b>	<b>134</b>
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	7%	4%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	19%	17%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	5%
1.1	Are you Muslim?	3%	9%
1.13	Are you a veteran (ex-armed services)?	18%	3%
1.14	Is this your first time in prison?	23%	27%
2.6	Were you treated well/very well by the escort staff?	71%	75%
2.7	Before you arrived here were you told that you were coming here?	55%	62%
3.2	When you were searched in reception, was this carried out in a respectful way?	80%	83%
3.3	Were you treated well/very well in reception?	77%	80%
3.4	Did you have any problems when you first arrived?	93%	54%
3.7	Did you have access to someone from health care when you first arrived here?	58%	74%
3.9	Did you feel safe on your first night here?	70%	81%
3.10	Have you been on an induction course?	90%	93%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	39%	57%
4.4	Are you normally offered enough clean, suitable clothes for the week?	57%	68%

## Key to tables

## Diversity Analysis

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally able to have a shower every day?	82%	93%
4.4	Is your cell call bell normally answered within five minutes?	32%	42%
4.5	Is the food in this prison good/very good?	36%	18%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	45%	54%
4.7	Are you able to speak to a Listener at any time, if you want to?	57%	66%
4.8	Do you feel your religious beliefs are respected?	43%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	79%	68%
5.1	Is it easy to make an application?	89%	87%
5.3	Is it easy to make a complaint?	56%	61%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	46%	56%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	7%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	79%	87%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	79%	75%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	27%	24%
7.4	Do you have a personal officer?	77%	75%
8.1	Have you ever felt unsafe here?	65%	35%
8.2	Do you feel unsafe now?	44%	19%
8.3	Have you been victimised by other prisoners?	54%	27%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	50%	14%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	11%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	11%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	8%	4%
8.5	Have you been victimised because of your age? (By prisoners)	3%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	11%	1%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	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		
8.6	Have you been victimised by a member of staff?	54%	31%
8.7	Have you ever felt threatened or intimidated by staff here?	36%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	11%	4%
8.7	Have you been victimised because of your nationality? (By staff)	8%	1%
8.7	Have you been victimised because of your age? (By staff)	3%	1%
8.7	Have you been victimised because you have a disability? (By staff)	8%	1%
9.1	Is it easy/very easy to see the doctor?	26%	41%
9.1	Is it easy/ very easy to see the nurse?	48%	58%
9.4	Are you currently taking medication?	71%	39%
9.6	Do you feel you have any emotional well being/mental health issues?	57%	27%
10.3	Is it easy/very easy to get illegal drugs in this prison?	75%	61%
11.2	Are you currently working in the prison?	77%	75%
11.2	Are you currently undertaking vocational or skills training?	15%	4%
11.2	Are you currently in education (including basic skills)?	27%	8%
11.2	Are you currently taking part in an offending behaviour programme?	12%	12%
11.4	Do you go to the library at least once a week?	27%	30%
11.6	Do you go to the gym three or more times a week?	28%	25%
11.7	Do you go outside for exercise three or more times a week?	62%	59%
11.8	On average, do you go on association more than five times each week?	64%	69%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	13%	15%
12.2	Have you had any problems sending or receiving mail?	54%	43%
12.3	Have you had any problems getting access to the telephones?	43%	19%



## Prisoner survey responses HMP Guys Marsh 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	Wessex Wing	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>21</b>	<b>142</b>
<b>SECTION 1: General information</b>			
1.2	Are you under 21 years of age?	4%	0%
1.3	Are you sentenced?	100%	99%
1.3	Are you on recall?	19%	17%
1.4	Is your sentence less than 12 months?	4%	4%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	4%
1.5	Are you a foreign national?	5%	5%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	30%	16%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	10%	4%
1.1	Are you Muslim?	19%	6%
1.11	Are you homosexual/gay or bisexual?	4%	2%
1.12	Do you consider yourself to have a disability?	19%	18%
1.13	Are you a veteran (ex-armed services)?	4%	6%
1.14	Is this your first time in prison?	24%	27%
1.15	Do you have any children under the age of 18?	67%	55%
<b>SECTION 2: Transfers and escorts</b>			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	52%	58%
2.5	Did you feel safe?	75%	80%
2.6	Were you treated well/very well by the escort staff?	86%	73%
2.7	Before you arrived here were you told that you were coming here?	52%	62%
2.8	When you first arrived here did your property arrive at the same time as you?	85%	81%
<b>SECTION 3: Reception, first night and induction</b>			
3.1	Were you in reception for less than 2 hours?	71%	69%
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	82%
3.3	Were you treated well/very well in reception?	86%	78%
	When you first arrived:		
3.4	Did you have any problems?	61%	61%

# Key to tables

	Any percentage highlighted in green is significantly better	Wessex Wing	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Did you have any problems with loss of property?	10%	24%
3.4	Did you have any housing problems?	20%	15%
3.4	Did you have any problems contacting employers?	5%	3%
3.4	Did you have any problems contacting family?	20%	19%
3.4	Did you have any problems ensuring dependants were being looked after?	5%	3%
3.4	Did you have any money worries?	10%	14%
3.4	Did you have any problems with feeling depressed or suicidal?	20%	16%
3.4	Did you have any physical health problems?	15%	12%
3.4	Did you have any mental health problems?	20%	18%
3.4	Did you have any problems with needing protection from other prisoners?	0%	8%
3.4	Did you have problems accessing phone numbers?	20%	12%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	86%	85%
3.6	A shower?	29%	25%
3.6	A free telephone call?	38%	25%
3.6	Something to eat?	62%	45%
3.6	PIN phone credit?	90%	49%
3.6	Toiletries/ basic items?	57%	46%
<b>SECTION 3: Reception, first night and induction continued</b>			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	55%	62%
3.7	Someone from health services?	80%	70%
3.7	A Listener/Samaritans?	45%	41%
3.7	Prison shop/ canteen?	30%	22%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	55%	51%
3.8	Support was available for people feeling depressed or suicidal?	61%	33%
3.8	How to make routine requests?	61%	34%
3.8	Your entitlement to visits?	55%	30%
3.8	Health services?	55%	45%
3.8	The chaplaincy?	46%	50%
3.9	Did you feel safe on your first night here?	81%	79%

# Key to tables

	Any percentage highlighted in green is significantly better	Wessex Wing	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.10	Have you been on an induction course?	90%	94%
3.12	Did you receive an education (skills for life) assessment?	96%	83%
<b>SECTION 4: Legal rights and respectful custody</b>			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	39%	57%
4.1	Attend legal visits?	54%	49%
4.1	Get bail information?	18%	17%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	50%	40%
4.3	Can you get legal books in the library?	39%	47%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	50%	70%
4.4	Are you normally able to have a shower every day?	96%	91%
4.4	Do you normally receive clean sheets every week?	75%	72%
4.4	Do you normally get cell cleaning materials every week?	75%	81%
4.4	Is your cell call bell normally answered within five minutes?	55%	37%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	80%	75%
4.4	Can you normally get your stored property, if you need to?	11%	26%
4.5	Is the food in this prison good/very good?	15%	23%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	39%	55%
4.7	Are you able to speak to a Listener at any time, if you want to?	55%	67%
4.8	Are your religious beliefs are respected?	35%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	65%	71%
4.10	Is it easy/very easy to attend religious services?	39%	42%
<b>SECTION 5: Applications and complaints</b>			
5.1	Is it easy to make an application?	85%	87%
5.3	Is it easy to make a complaint?	61%	59%
5.5	Have you ever been prevented from making a complaint when you wanted to?	27%	25%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	17%	40%
<b>SECTION 6: Incentive and earned privileges scheme</b>			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	55%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	44%

**Key to tables**

	Any percentage highlighted in green is significantly better	Wessex Wing	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	8%
<b>SECTION 7: Relationships with staff</b>			
7.1	Do most staff, in this prison, treat you with respect?	83%	86%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	61%	78%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	16%	31%
7.4	Do staff normally speak to you most of the time/all of the time during association?	16%	26%
7.5	Do you have a personal officer?	52%	79%
<b>SECTION 8: Safety</b>			
8.1	Have you ever felt unsafe here?	32%	40%
8.2	Do you feel unsafe now?	27%	22%
8.4	Have you been victimised by other prisoners here?	21%	31%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	11%	15%
8.5	Hit, kicked or assaulted you?	5%	16%
8.5	Sexually abused you?	0%	2%
8.5	Threatened or intimidated you?	16%	19%
8.5	Taken your canteen/property?	5%	10%
8.5	Victimised you because of medication?	5%	6%
8.5	Victimised you because of debt?	11%	7%
8.5	Victimised you because of drugs?	5%	7%
8.5	Victimised you because of your race or ethnic origin?	11%	4%
8.5	Victimised you because of your religion/religious beliefs?	11%	3%
8.5	Victimised you because of your nationality?	11%	4%
8.5	Victimised you because you were from a different part of the country?	11%	3%
8.5	Victimised you because you are from a traveller community?	0%	2%
8.5	Victimised you because of your sexual orientation?	5%	1%
8.5	Victimised you because of your age?	5%	2%
8.5	Victimised you because you have a disability?	5%	2%
8.5	Victimised you because you were new here?	5%	6%
8.5	Victimised you because of your offence/crime?	0%	4%
8.5	Victimised you because of gang related issues?	5%	5%



# Key to tables

	Any percentage highlighted in green is significantly better	Wessex Wing	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 8: Safety continued</b>			
8.6	Have you been victimised by staff here?	37%	33%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	21%	9%
8.7	Hit, kicked or assaulted you?	5%	5%
8.7	Sexually abused you?	5%	0%
8.7	Threatened or intimidated you?	16%	13%
8.7	Victimised you because of medication?	0%	3%
8.7	Victimised you because of debt?	0%	3%
8.7	Victimised you because of drugs?	0%	2%
8.7	Victimised you because of your race or ethnic origin?	5%	3%
8.7	Victimised you because of your religion/religious beliefs?	16%	4%
8.7	Victimised you because of your nationality?	0%	2%
8.7	Victimised you because you were from a different part of the country?	11%	4%
8.7	Victimised you because you are from a traveller community?	0%	0%
8.7	Victimised you because of your sexual orientation?	0%	0%
8.7	Victimised you because of your age?	5%	1%
8.7	Victimised you because you have a disability?	0%	2%
8.7	Victimised you because you were new here?	5%	3%
8.7	Victimised you because of your offence/crime?	16%	2%
8.7	Victimised you because of gang related issues?	5%	2%
<b>SECTION 9: Health services</b>			
9.1	Is it easy/very easy to see the doctor?	27%	41%
9.1	Is it easy/very easy to see the nurse?	42%	58%
9.1	Is it easy/very easy to see the dentist?	11%	20%
9.4	Are you currently taking medication?	42%	43%
9.6	Do you have any emotional well being or mental health problems?	37%	30%
<b>SECTION 10: Drugs and alcohol</b>			
10.1	Did you have a problem with drugs when you came into this prison?	27%	32%
10.2	Did you have a problem with alcohol when you came into this prison?	11%	23%
10.3	Is it easy/very easy to get illegal drugs in this prison?	58%	63%

# Key to tables

	Any percentage highlighted in green is significantly better	Wessex Wing	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
10.4	Is it easy/very easy to get alcohol in this prison?	64%	49%
10.5	Have you developed a problem with drugs since you have been in this prison?	33%	18%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	5%	10%
<b>SECTION 11: Activities</b>			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	52%	58%
11.1	Vocational or skills training?	44%	49%
11.1	Education (including basic skills)?	50%	57%
11.1	Offending Behaviour Programmes?	22%	39%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	68%	78%
11.2	Vocational or skills training?	11%	6%
11.2	Education (including basic skills)?	5%	13%
11.2	Offending Behaviour Programmes?	16%	13%
11.4	Do you go to the library at least once a week?	27%	29%
11.5	Does the library have a wide enough range of materials to meet your needs?	33%	37%
11.6	Do you go to the gym three or more times a week?	32%	25%
11.7	Do you go outside for exercise three or more times a week?	52%	61%
11.8	Do you go on association more than five times each week?	89%	67%
11.9	Do you spend ten or more hours out of your cell on a weekday?	21%	13%
<b>SECTION 12: Friends and family</b>			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	16%	31%
12.2	Have you had any problems with sending or receiving mail?	48%	44%
12.3	Have you had any problems getting access to the telephones?	32%	22%
12.4	Is it easy/ very easy for your friends and family to get here?	11%	19%
<b>SECTION 13: Preparation for release</b>			
13.3	Do you have a named offender supervisor in this prison?	79%	75%
13.10	Do you have a needs based custody plan?	5%	9%
13.11	Do you feel that any member of staff has helped you to prepare for release?	5%	20%