

Report on an unannounced inspection of

HMP Dovegate

by HM Chief Inspector of Prisons

5–16 January 2015

Glossary of terms

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Introduction

Built in 2001, HMP Dovegate is a privately managed category B prison run by Serco. It also houses a largely self-contained therapeutic community which had previously been subject to a separate inspection report. The total population at the time of this inspection was 922 adult men. Our last full inspection was in 2008 when we reported positively about safety, respect and purposeful activity, judging each to be reasonably good. However, we felt that resettlement work was in need of improvement. At a short-follow up inspection in 2011 we thought all four areas were making sufficient progress against our recommendations.

Dovegate is a complex prison which had gone through a period of considerable change since our last visit. The number of category C and offence-related vulnerable prisoners had reduced considerably, and there had been a corresponding influx of mainstream category B prisoners, many of whom were not from the area and nearly all of whom were convicted of serious violent offences. The population was therefore much more challenging than previously. The management team was new; the director and his deputy had arrived at the prison in spring 2014 and said they had inherited a number of managerial and staffing problems. Almost all the rest of the senior management team had arrived after the director and were still coming to terms with the challenges that Dovegate presented. Many prisons have problems restricting access to illicit drugs; this was a significant issue at Dovegate and there were particular challenges associated with the availability of new psychoactive substances which led to widespread debt and associated bullying. Unusually for a category B training prison, Dovegate had a small but significant remand function serving local courts. It also held a large number of men who needed to be kept apart for a variety of safety reasons, including those with gang affiliations and an increasing number who needed some protection from other prisoners because of issues related to debt and involvement with drugs. In addition to this there were a large number of men with significant mental health issues who needed a great deal of attention from managers and staff. The results of this inspection need to be seen in this context.

Early days support at the prison suffered from the absence of a fully functioning unit that specialised in this work. Prisoners could be dispersed after arrival to any unit around the prison with a space, which meant work to ensure their safety, and the safety of others, lacked consistency. General levels of violence were high, many incidents were serious, and prisoners in our survey reported less positively about feeling safe and being victimised by other prisoners than at comparator prisons. Responses to violence were largely reactive and tactical, and too little was done to tackle underlying factors at either an individual prisoner or prison-wide level. Violence was often associated with drug-related debt, and prisoners were left feeling even more insecure because staffing on units was often insufficient: we observed short periods when no staff were present on the units, even though a number of prisoners were unlocked. Prisoners who needed to be kept apart from each other were placed throughout the prison without any clear plan and this created insecurity on specialist units. Some good work had been done to understand and address the issues related to drugs, but some other aspects of safer custody work were underdeveloped. Security was rigorous and more intrusive than we have seen in comparable prisons, but we felt this was justified in view of the threats the prison faced. Despite this, the units were largely calm and the survey results around safety were similar to our last full inspection.

Care for prisoners deemed vulnerable to self-harm was good but we were disappointed to see a number of prisoners on open assessment, care in custody and teamwork (ACCT) documents held in segregation without a clear explanation to justify this. Use of adjudications, segregation and force were higher than we normally see, and some aspects of the segregation regime and oversight of force needed attention. A new provider of substance misuse and health services had recently commenced and this was resulting in better integration of these services, but a number of clear challenges remained. While opiate substitute treatment was flexible, first night prescribing was inconsistent, and not all prisoners who needed to be admitted to the stabilisation unit for monitoring. Group-based psychosocial work had paused several weeks before the inspection. Drugs

workers maintained a service in local courts which ensured continuity of treatment and this was good practice that could be replicated elsewhere.

Living conditions were generally good. Communal areas were clean, most cells were well equipped, and the food provided was better than we normally see. However, prisoners complained with some justification about a number of frustrations in daily living, such as obtaining personal hygiene and cell cleaning materials and other basic items. Relationships between staff and prisoners were a significant strength of the prison, and the interactions we observed were professional and decent. Staff had high expectations of the behaviour expected from prisoners and many were not afraid to challenge prisoners when their behaviour fell below these standards. However, staffing levels were very tight and prisoners complained that staff were often scarce and that they could not always find someone to help them with a problem; this was reflected in what we saw. Equality and diversity work was developing and there were some good examples of care for prisoners with protected characteristics and with specific needs. However, black and minority ethnic, Muslim and disabled prisoners were more negative in our survey than others and with no formal monitoring of outcomes for prisoners with protected characteristics managers were not able to identify any deficits in outcomes, or challenge misconceptions. The new health care and substance misuse provider was still bedding in and there had been some improvements, particularly to the inpatient unit, but, with some justification, prisoners were negative about many aspects of the services provided. We were particularly concerned about the high number of missed health care appointments in the prison and the number of times hospital escorts were cancelled because of a lack of staff.

Prisoners in full-time work could have a good amount of time out of cell, but we found too many locked up during the working day. There were broadly enough activity places for all prisoners to have some purposeful activity, but attendance in some areas was poor and we were not convinced that the arrangements to ensure prisoner attendance were robust enough. It was not coincidental that education lessons were too long, that teachers were not doing enough to engage learners, and that prisoners were therefore voting with their feet and not attending in large numbers. The range of provision was good, and a significant number were engaged in Open University degrees, but the lack of supervised access to the internet was making it more difficult for them to progress. Achievements were very mixed and poor in some key areas such as English and maths. Overall we considered that learning and skills provision was in need of improvement.

Resettlement had improved since the last full inspection. The prison had a good understanding of the needs of the population, and had based this on a recent needs analysis using several sources of data. Resourcing in the offender management unit was good, and unlike many other prisons we visited there was continuity in staffing arrangements and no cross-deployment. However, while there was very good contact between prisoners and their offender supervisors, some aspects of case work were inconsistent and some key assessments were out of date. Practical resettlement work was mostly good and prisoner peer advisors who were based in the resettlement unit staffed the Prisoner Advice Line. They provided a very good service and prisoners could contact the line from their in-cell phones. Support for prisoners to obtain work or training after release needed improvement. However, while some good individual support was provided in maintaining contact with families, friends and the outside world, the visits experience was poor and worse than we usually see in other prisons.

It was clear the prison had struggled to maintain outcomes for a more challenging population and to respond adequately to the destabilising impact of new psychoactive substances. The performance of the prison had dipped and it had taken too long to address this. The various groups of prisoners in Dovegate need to be managed safely and coherently. This should include a dedicated first night/early days unit, better use of the stabilisation unit, and sensible arrangements to hold those who are vulnerable, either through debt or their inability to cope with prison life. Purposefully occupied prisoners are more likely to develop skills that will help them on release, and less likely to have the interest or inclination to become involved in problematic prison behaviour. We were encouraged that the prison's management team was focused on these challenges and some recent improvement

and realistic plans for the future were evident. Nevertheless, there remains much to do and we hope this report will assist with that progress.

Nick Hardwick
HM Chief Inspector of Prisons

May 2015

Fact page

Task of the establishment

Dovegate is a long-term category B men's training prison, which also provides some local prison accommodation.

Prison status

Private – run by Serco

Region

West Midlands

Number held

922

Certified normal accommodation

860

Operational capacity

933

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

18–20 October 2011 (short follow-up)

29 September–3 October 2008 (full follow-up)

Brief history

Dovegate opened in 2001. In September 2009 new accommodation opened to increase capacity, half of the 260 spaces were dedicated to local prisoners. In 2014 the population changed replacing a significant proportion of the prisoner sex offender population with an influx of more challenging, longer-sentenced, category B mainstream prisoners.

Short description of residential units

House block 1

A – E General wings.

House block 2

F and J General wings

G General wing for long-term prisoners

H Vulnerable prisoner unit

K Cellular confinement and accommodation for prisoners aged 50 and over.

House block 3

L and P General wings

M Integrated drug treatment system (IDTS) wing

N Remand prisoners and first night centre.

Name of director

Michael Guy

Escort contractor

GEOAmey

Health service commissioner and providers

NHS England (Shropshire and Staffordshire Area Team) (commissioner)

Care UK (provider)

Learning and skills providers

Serco

Independent Monitoring Board chair

John Dawson

About this inspection and report

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

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

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

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

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

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

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

This report

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

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

Summary

Safety

S1 *Journeys were generally short but many prisoners complained that not all their property arrived with them. Processes during prisoners' early days in custody needed improvement. Too many prisoners told us they felt unsafe and victimised, but survey results were similar to the previous full inspection. The level of violence was high and many incidents were serious. Staffing levels in the units did not reassure prisoners. There was insufficient follow-up of recommendations arising from previous deaths in custody, but care for prisoners vulnerable to self-harm was good, although too many were held in segregation. Formal structures to support adult safeguarding were being developed. Security arrangements were vigorous but generally proportionate. Drugs were widely available. The incentives and earned privileges (IEP) scheme required improvement. The number of adjudications was high but processes were well managed. Force was used frequently and governance needed to improve. The segregation regime was poor but relationships were good. Clinical management of prisoners with substance misuse problems needed to be better. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S2 Most journeys to the prison were short. Staff and prisoners said escort contractors failed to ensure prisoners' property was brought to the prison during transfer or sent on promptly after their arrival.

S3 Many prisoners spent too long in reception but more than at our previous full inspection reported that staff treated them well. All prisoners passing through reception were strip-searched, and staff said those in prison for the first time were required to undergo a squat search. Searches were not based on individual risk assessments. Interviews were not conducted in private and some prison orderlies were not managed effectively. Support from Insiders (prisoners who introduce new arrivals to prison life) in reception and during induction was good. There was no dedicated first night unit and prisoners were often not located on the most suitable wing. This had an impact on the overall safety of the prison. Prisoners often arrived late in the wings. They had access to showers but some cells were poorly equipped and not all of them received sufficient support. Induction was well coordinated and we were satisfied that all prisoners received it promptly.

S4 The level of violence was high and had increased over the previous three years. Some serious incidents had taken place and an increase in weapons finds was apparent. However, there was some indication that the level of violence was stabilising. The presence of new psychoactive substances (NPSs), was significant. Prisoners' perceptions of safety in our survey were poorer than in similar prisons but similar compared with the previous full inspection. Prisoners we spoke to had mixed views about safety. Low staffing levels on wings contributed to poor perceptions; there were occasions when there was no staff present when we visited wings. Placing prisoners around the prison for their own protection sometimes created insecurity on the specialist wings. A three-staged bullying and violence reduction strategy existed but was not used effectively. Investigations were cursory and officers on wings did not know whom they should have been monitoring.

S5 There had been four self-inflicted deaths in 2013. The Prisons and Probation Ombudsman (PPO) found the deaths had no factors in common. Action plans had been developed but were not being reviewed. The number of prisoners who had self-harmed was high. The large proportion of prisoners with mental health problems and high levels of violence and bullying

were likely to have played a part. Few investigations following serious incidents took place, which meant lessons could not be learned.

- S6 Prisoners on assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm were positive about the support they received. Documents demonstrated that staff from a range of disciplines contributed. Those on constant supervision received some good support, and care for a troubled prisoner who was being transferred was excellent. Too many prisoners on ACCTs were held in segregation and it was not always clear why. Prisoners could speak to staff from their cells and call the Samaritans. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) felt supported by the prison and said access to them had improved. The prison had processes to identify adults at risk and formal structures to support adult safeguarding were being developed.
- S7 Security measures were rigorous but proportionate. Gang issues were identified early and preventative measures taken to keep prisoners in conflict apart. A large amount of security information was analysed well and actions carried out promptly. Longer-term targets reflected current issues. Links with the safer custody team were good. Survey results and an average mandatory drug testing rate of 13.6% for the main prison in the previous six months indicated that drugs were widely available. Finds were mainly for subutex, NPSs and hooch. The prison was taking proactive measures to address NPS use.
- S8 Staff used the IEP scheme to deal with minor infringements of prison rules but applications for the enhanced regime were not dealt with promptly. Reviews of levels did not consider all available information.
- S9 The number of adjudications was high but the process was well managed. Force was used frequently and full restraint accounted for nearly 80% of all incidents. Little attention was paid to quality assurance, although steps were being taken to improve governance. Video recordings of planned incidents were not always reviewed or retained. The videos and documentation we saw revealed that staff did not always pay enough attention to de-escalation. A considerable number of written reports lacked sufficient information or were incomplete. Special accommodation had been used eight times in the six months before the inspection; written records lacked detail. Body belts had been used twice and such extreme measures needed ongoing vigilance.
- S10 Use of segregation was relatively high. The communal areas and cells were generally clean although we found some offensive graffiti. The exercise yards were cage-like. Most prisoners returned to residential wings following segregation, although formal reintegration planning often failed to take place. The use of K wing for cellular confinement was effective. The regime was inadequate, although this was offset by average stays being short. Staff-prisoner relationships in segregation were good and staff knew the prisoners well.
- S11 Following the re-commissioning of substance misuse services the drug strategy had been re-launched. Care UK now provided both clinical and psychosocial support, resulting in better integration. One-to-one psychosocial support was easily accessible but no groups had been run over the four weeks before the inspection. Opiate substitution treatment for prisoners was flexible but first night prescribing was inconsistent and not all prisoners were admitted to the stabilisation unit for monitoring.

Respect

*S12 Living conditions were generally good but prisoners were frustrated about their lack of access to some amenities. Staff-prisoner relationships were respectful, although prisoners complained about difficulties in getting hold of staff on wings. Monitoring of equality and diversity outcomes was inadequate but some good individual support was provided. The management of complaints was reasonable and offender managers directed prisoners to legal services. Prisoners were negative about health care, although the picture overall was improving. The inpatient unit had improved. In our survey, prisoners were more positive about the quality of the food than those at similar prisons. Canteen arrangements were reasonable overall. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S13 Living conditions and the prison environment were generally good. Most cells were single occupancy. Residential areas were clean, but many prisoners had difficulties obtaining cleaning materials and other basic items. Prisoners could shower every day and wash their own clothing and sheets.
- S14 Most prisoners said that staff treated them respectfully. Interactions we observed were professional and friendly and first names were used. Many managers and staff appeared confident enough to challenge poor behaviour and generally had high expectations of prisoners in their care. In contrast, the personal officer scheme was not operating effectively, and some prisoners complained that the lack of staff on wings meant it was difficult to get the support they needed.
- S15 Governance of diversity required development, but senior staff were committed to improving the arrangements. Individual lead members of staff had been appointed for each protected characteristic, but it was too early to measure their impact. Monitoring of outcomes was inadequate and equality impact assessment work needed to be developed further. Discrimination incident reporting forms were managed reasonably well. The prison consulted prisoners with protected characteristics and some actions were being progressed.
- S16 Black and minority ethnic, Muslim and disabled prisoners were more negative in our survey about some key outcomes. More needed to be done to ensure staff understood their concerns. Foreign national prisoners had reasonably good support. We saw examples of good standards of care for disabled prisoners. Reasonable adjustments had been made to ensure that most of the prisoners we met had equitable access to the full regime and facilities. There were delays in providing wheelchairs but other aids were provided appropriately, some staff did not know who would have needed help in the event of an emergency. The provision for older prisoners was reasonably good, but the allocation of younger prisoners to the dedicated older prisoners' unit was causing some anxieties.
- S17 Prisoners had reasonable access to chaplains and corporate worship. They could celebrate major religious festivals, which were actively promoted. Although staff shortages had led to a reduction in chaplains' availability, they contributed well to prisoners' overall care.
- S18 Most responses to complaints were polite and addressed the issue raised. Trends were monitored, but procedures were not quality assured. Prisoners had good access to legal representatives and offender supervisors provided support. A responsive community legal advice helpline was available to all prisoners free of charge.
- S19 Prisoners were generally dissatisfied with access to health services, although provision overall was improving. The standard of care we observed was good, however, the non-

attendance rate was too high. The health care facilities were not sufficient for the population and severely restricted what could be offered.

- S20 Waiting times for GP services were excessive. Systems to identify and support prisoners with lifelong conditions and complex health needs were reasonably good and improving. The inpatient unit had improved significantly and had a clearer clinical purpose and better governance. However the regime needed further development. Patients in the unit were very positive about the support they received. A large number of external hospital appointments were cancelled, putting many prisoners at risk.
- S21 Some aspects of medication management were very poor. Dental services were very good. There was a high demand for mental health services and overall the support was good and improving. However, many prisoners waited too long to transfer to external mental health facilities.
- S22 Prisoners could have a varied diet and daily options were good. Consultation about the menu was good and an annual food survey took place. Canteen arrangements were reasonable.

Purposeful activity

S23 *Fully employed prisoners had a good amount of time out of their cells, but too many others were locked up during the working day. Some aspects of the management of learning and skills needed to be improved, including attendance, which was poor. Sufficient activity places were available and the range of courses was good. However, teaching was variable and achievements in many areas needed to be better. The library was adequate and the gym offered some good opportunities. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

- S24 On average around a third of prisoners were locked up during activity periods, which was too many. Time out of cell for those in full-time employment was good at 10.5 hours but for the 12% who were unemployed, it was a little as three.
- S25 Leadership and management of learning and skills required improvement overall. Self-assessment was satisfactory. Quality improvement targets were appropriately challenging and staffing arrangements satisfactory. Prisoners in work received significantly higher pay than those in education, which discouraged those who wanted or needed to attend education. The collation of data had improved, but they were not used well to analyse performance or quality.
- S26 The prison provided sufficient activity spaces for the population. However, attendance was poor. The range of courses was good and all were externally accredited. Higher education provision through the Open University was good. However, there was no internet access.
- S27 Teaching was variable. Education did not always engage learners effectively and they often lost interest. Lessons were too long and there were not enough computers or interactive equipment to make them more interesting. Initial assessment arrangements were satisfactory. However, not all learners were on courses that met their needs or abilities. Workshop tutors helped learners to develop good practical skills but did not reinforce English or maths sufficiently well. Workshops were well resourced and tutors promoted health and safety well. Workshop tutors did not use relevant initial assessment information to plan sessions. Target-setting in individual learning plans was weak. Some work activities were not accredited.

- S28 Prisoners developed a good range of personal, educational and vocational skills. Too many courses had low or very low success rates, although outcomes on those provided by subcontractors were good.
- S29 The library's opening hours were good. However, prisoners only had 20 minutes for each visit. The range of stock was limited, including for those on English for speakers of other languages courses, and needed to be updated.
- S30 Access to the prison's well resourced gym was good. Recreational physical (PE) sessions were carefully scheduled and did not conflict with other activities. However, the gym was not promoted well enough and data were not used sufficiently. Gym staff helped prisoners with drug dependencies to participate in PE and healthy living, and the prison was considering extending these activities to those in the inpatient and segregation units. A range of accredited gym courses was offered and achievements were high.

Resettlement

S31 *There was a good understanding of the resettlement needs of the population. Offender management arrangements were mixed; most case work needed to be better, but offender supervisors provided good ongoing support. Public protection arrangements were good. Support for indeterminate sentence prisoners was good. Resettlement reintegration work was good and prisoners' needs were assessed on arrival and again pre-release. Some good reducing reoffending pathway support was provided, although visits needed attention. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S32 Overall prison staff had a good understanding of the resettlement needs of the population and all pathways had a named lead member of staff. Detailed arrangements for 'through-the-gate' provision had not been developed with the new provider. The reducing reoffending policy group met quarterly.
- S33 The offender management unit was well resourced, and staff were enthusiastic. In our survey, prisoners were more positive than those in comparator prisons about having an allocated offender supervisor and receiving support from them. Most prisoners were seen on arrival and had good ongoing contact with offender supervisors. We were told that 116 prisoners did not have an up-to-date offender assessment system document and we found some prisoners had not had a new assessment or sentence plan since their arrival six months before. Casework was very mixed and quality assurance and performance management procedures needed improvement to ensure all case work was of a sufficient standard. Sentence plans did not address all factors relating to offending behaviour.
- S34 Internal public protection arrangements were reassuring. Processes for identifying those subject to multi-agency public protection arrangements (MAPPA) on reception were adequate, but their MAPPA level was not being identified promptly pre-release and better liaison with external probation services was needed.
- S35 Categorisation and allocation processes were satisfactory and most prisoners could make progressive transfers. Support for indeterminate sentence prisoners was good.
- S36 All prisoners had their pathway needs assessed and pre-release checks were in place. Bimonthly 'resettlement markets' enabled prisoners to speak to providers face-to-face, and the prisoner advice line was a positive initiative.

- S37 New prisoners received prompt support with accommodation. Few were released without permanent accommodation. Pre-release education, training and employment support was weak.
- S38 Pre-release health arrangements were generally effective and community liaison for those with complex health needs started early and included families where appropriate. The supply of medication provided pre-release was not sufficient. The prison provided good, compassionate care for prisoners with palliative care and end of life needs. Joint working between the health provider, prison and community services was well established. Substance misuse throughcare provision was good and the substance misuse team's court work was a particularly positive initiative.
- S39 Finance benefit and debt provision was good. Resettlement workers provided support and specialist agencies offered weekly surgeries.
- S40 Prisoners knew the family support worker, who helped them maintain family contact. Several good family days were run, but they were over-subscribed and only open to prisoners on the enhanced level of the IEP scheme. The visits centre only provided a booking-in facility, rather than broader support. The unsupervised play area was particularly poorly equipped. The family room, used regularly for a variety of family meetings, offered a relaxed and pleasant environment, and the outside play area was good. Visits did not start at the advertised time.
- S41 A good range of offending behaviour programmes was available to meet the needs of the population. Waiting lists were appropriately prioritised and post-programme support was good. There were no specific services for prisoners who had experienced sexual or physical abuse or violence.

Main concerns and recommendations

- S42 Concern: Newly arrived prisoners were not consistently managed in a single unit during their first night and early days in custody. This left some with limited support on their first night, a vulnerable time for many, during which good, consistent staff and peer worker support was most needed. Cells were not always adequately prepared and not all interviews happened in private.

Recommendation: A review of the specific function of each unit should be conducted to ensure newly arrived prisoners are located where they can best be supported, and arrangements to ensure their wellbeing are appropriate.

- S43 Concern: The level of violence across the prison was high, which was reflected in the use of disciplinary measures. Residential officers needed to take greater ownership of violence reduction work and play a more active role in the investigation, monitoring and reviewing of violent and antisocial behaviour. There was also a problem with the mix of prisoners on some wings: those who needed to be kept apart from others were located across the prison, while others were inappropriately moved to the unit for older prisoners.

Recommendation: The prison should develop an effective strategy to address the underlying reasons for violence between prisoners and ensure that the location of those who need to be kept apart does not impact negatively on other prisoners.

- S44 Concern: The number of incidents involving the use of force was high, but monitoring and quality assurance arrangements to ensure force was used proportionately and only as a last resort were underdeveloped.

Recommendation: Monitoring and quality assurance procedures for use of force should be developed to ensure that all incidents, including planned interventions, are reviewed promptly and that force is used proportionately and as a last resort. Reports should accurately reflect in sufficient detail what happened.

- S45 Concern: Too much teaching in education needed to be better. Sessions were too long to maintain learners' interest, and constant interruptions disrupted sessions. Teachers had limited physical resources at their disposal to make sessions interesting, and lessons were not sufficiently focused on learners' strengths and weaknesses.

Recommendation: The prison should review the scheduling and duration of lessons as well as the equipment used in the classroom and consider alternatives that better meet learners' needs.

- S46 Concern: Work to help prisoners maintain and develop relationships with their families was underdeveloped and too restrictive. Visiting arrangements were poor and visits frequently started late. Facilities and support for visitors were poor, facilities for children were very poor and visits were ended if a prisoner had to leave the visits hall to use the toilet. Only enhanced prisoners could apply for family visits.

Recommendation: Work to help prisoners develop and maintain positive relationships with their families should be developed and extended. Visit arrangement should be improved.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

I.1 *Prisoners reported some long waits in court, but journeys were generally short. Escort contractors failed to bring some prisoners' property on transfer or send it on promptly after their arrival. Some prisoners transferring out of Dovegate were only told of their transfer on the day they were due to leave.*

I.2 Some prisoners reported long waits in court, but journeys were generally short. The vans we inspected were reasonably clean. In our survey, only 80% of prisoners reported that all their property had arrived with them compared with 87% in similar prisons. Prisoners and reception staff confirmed that escort staff would often fail to bring all of a prisoner's property; in some cases, no property was brought due to space limitations in escorting vehicles. There were also some long delays in prisoners receiving the remainder of their property promptly after their arrival. Some prisoners we spoke to who were transferring out of Dovegate were only told on the day of their departure that they were leaving.

Recommendations

I.3 **Prisoners' property should arrive with them on transfer or within a reasonable period after their arrival.**

I.4 **Prisoners should receive sufficient notice of planned transfers subject to well-evidenced security considerations.**

Early days in custody

Expected outcomes:

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

I.5 *The reception area was poorly designed but more prisoners than at our previous full inspection reported that staff treated them well. Many prisoners spent too long in reception. Interviews were not conducted in private. Reception orderlies were not adequately supervised but support from Insiders (prisoners who introduce new arrivals to prison life) in reception and during induction was good. There was no dedicated first night location and prisoners were not always located on the most suitable wing. Prisoners often arrived late on the wings, but did have access to showers, although not all could use the phones. Not all prisoners received sufficient support from staff on their arrival on a wing. Induction was well coordinated and we were satisfied that all prisoners participated promptly.*

- I.6** The reception area was poorly designed and cramped. More prisoners than at our previous full inspection, 72% compared with 57%, said they were treated well or very well in reception. The interactions we observed between staff and prisoners were business-like but appropriate. We saw many prisoners spending too long in reception, which was reflected in our survey. During the inspection one prisoner who arrived at 3pm was not taken to a wing until after 10pm as staff could not find a space for him on the vulnerable prisoners' wing. He was finally accommodated on K wing in the cells used for cellular confinement, which was wholly inappropriate.
- I.7** All prisoners passing through reception were strip-searched. Staff said those in prison for the first time were required to undergo a squat search, which prisoners in our groups confirmed. Searches were not based on individual risk assessments. There was little privacy in the reception area and we saw interviews being carried out close to where prison orderlies were based and adjacent to where prisoners were being searched. Health care interviews were carried out in a private room but with the door open. Prison orderlies were not supervised effectively; the relationships between staff and the orderlies were unprofessional and over-familiar and orderlies could enter areas that should only have been accessible to staff.
- I.8** Insiders met all new arrivals but had nowhere private to carry out interviews. They passed on information about problems prisoners might encounter in their early days in custody and new arrivals told us they appreciated their support in reception and during induction. Hot and cold food and drinks were provided.
- I.9** There was no dedicated first night location and prisoners were not always located on the most suitable wings. They often arrived late in the wings and while they had access to showers in their cells, not all prisoners had everything they needed, such as access to telephones. In addition, some cells were poorly equipped for first night use and did not have adequate bedding. New arrivals we spoke to on their first morning reported varying levels of contact with staff, ranging from just being placed in their cells to more detailed interactions. Night staff did, however, carry out half-hourly checks on new arrivals and most prisoners were seen by a member of staff on their first morning.
- I.10** Induction was held every Tuesday and Thursday for mainstream prisoners and on Wednesdays for vulnerable prisoners. We were assured that all prisoners, despite their location, received a full induction within a reasonable period. The sessions we observed were led by a range of staff from different departments and Insiders.

Recommendations

- I.11 Procedures should be expedited and new arrivals should not be held in reception for extended periods.**
- I.12 Prisoners in reception should only be strip-searched and required to squat following an individual risk assessment.**
- I.13 Orderlies should be closely supervised while in reception.**

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 *Too many prisoners told us they felt unsafe and victimised but survey results were similar to the previous full inspection. The number of violent incidents was high and many were serious. Staffing levels on wings failed to reassure prisoners. Bullying and violence reduction processes were not effective.*

- I.15** Levels of violence were high and many incidents were serious. Comparative data for 2014, presented at the prison's violence reduction meeting in December 2014, highlighted that more prisoners were involved as assailants than in other similar prisons. Violence had increased over the previous three years and there had been a rise in the number of weapons finds amounting to an average of 12 per month between June and November 2014. An average of 18 prisoner fights or assaults took place each month over the same period. Nevertheless, there were some indications that the number of violent incidents had stabilised during the year.
- I.16** An average of five assaults on staff also occurred every month between June and November 2014. A violence reduction action plan showed the prison was aware of factors that contributed to violence and a survey of prisoners' views was being completed. The presence of new psychoactive substances (NPSs), the pressure to obtain them and associated debt were among the causes, along with gang affiliations and an increasing number of category B prisoners.
- I.17** Prisoners in our survey were less positive about safety than those in similar prisons but their views were similar to the previous full inspection. Prisoners we spoke to about safety had mixed opinions, but they told us that staffing levels on wings had contributed to prisoners' poor perceptions and feelings of insecurity. Most wings were staffed by two officers but there were occasions when we went on wings and no staff were present when prisoners were out of their cells. There was often only one officer when the other had been redeployed elsewhere. Prisoners who needed to be kept apart from others were located throughout the prison and this had created insecurity on specialist wings (see paragraph I.40).
- I.18** Adjudications, downgrading prisoners to the basic regime, referrals to the police and separating those in conflict were the main responses to violence.
- I.19** Monthly violence reduction meetings were held and chaired by a senior manager; they followed the safer custody meeting. Attendance was sometimes poor. A good range of information was provided and links with security were good. (See main recommendation S43.)
- I.20** A three-staged bullying and violence reduction strategy, which was outlined during induction, was not used effectively. Although officers submitted reports on violent incidents, the investigation and subsequent monitoring and reviewing of prisoners' behaviour was not embedded practice on residential wings and was largely seen as a task for the one safer custody officer. Investigations by the officer were cursory. Officers on wings did not know whom they should have been monitoring. Logs previously used to monitor the behaviour of

suspected perpetrators and to support victims were no longer used and no relevant records were being kept on P-Nomis, the Prison Service IT system. (See main recommendation S43.)

Recommendation

- I.21 Staffing levels on residential wings should be adequate to reassure prisoners about their safety.**

Self-harm and suicide prevention

Expected outcomes:

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

- I.22** *Action plans to address recommendations following self-inflicted deaths and serious self-harm incidents were not reviewed periodically. Care for prisoners vulnerable to self-harm was good, but the justification for holding these prisoners in the segregation unit was not always clear.*

- I.23** There had been seven self-inflicted deaths since the Prisons and Probation Ombudsman (PPO) began investigating deaths in custody in 2004. Four had occurred in 2013. In the last of these, the PPO commented that the deaths had no factors in common. Senior managers discussed emerging investigation findings and while action plans had been developed to address recommendations, they had not been reviewed to ensure that any changes in practice had been sustained. For example, we did not think there was any evidence to demonstrate that prisoners being returned to closed conditions from the open estate received a sufficient risk assessment. In addition, prisoners did not always receive prescribed medication promptly (see section on health care) which had been recommended. Both issues had been flagged by the PPO as relevant to previous self-inflicted deaths in custody.
- I.24** The number of prisoners who had self-harmed was high; over the previous six months 168 had harmed themselves. The large proportion of prisoners with mental health problems and levels of violence and bullying were likely to have played a part.
- I.25** Just three investigations had taken place following serious incidents of self-harm to consider what lessons could be learned. There were no clear criteria for when such investigations should be completed. Following an investigation of serious self-harm in September 2014 it was recommended that additional cell keys (sealed in pouches) should be available for all staff responsible for constant supervision at night; this practice was not in place during our night visit.
- I.26** On average 55 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were established each month. Prisoners we spoke to who were subject to these procedures were largely positive about the support they received. The documents showed that staff from a range of disciplines contributed to their care and that prisoners were involved in activities out of their cells. There were, however, no robust senior manager quality checks of open ACCT documents and 65 staff had not had ACCT refresher training in the previous three years.

- I.27** Gated cells used for prisoners requiring constant supervision were located in the segregation and health care units. A log indicated that most were subject to these measures for only short periods. We observed some good support for those on constant supervision and excellent care for a troubled prisoner who was being transferred. However, too many prisoners subject to ACCT procedures were held in the segregation unit – 49 in 2014 – and from the sample we looked at it was not clear what alternative locations had been considered before holding them there or how the decision was justified.
- I.28** An integrated mental health service provided prisoners with support. Intercoms and in cell phones enabled distressed prisoners to speak directly to staff from their cells and they could also call the Samaritans (a portable phone was available to prisoners in the health care and the segregation units). A team of 13 Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) felt supported by the prison; they said that prisoners' access to the team had improved over the previous six months, although this was not reflected in our survey. Listeners had support meetings with both the safer custody officer and the Samaritans, but did not attend the monthly safer custody meetings. Chaired by the deputy governor, the latter meetings reviewed trends and were reasonably well attended; however, they took place in an area restricted to staff only.

Recommendations

- I.29** **Action plans developed following death in custody investigations and serious near-fatal incidents of self-harm should be reviewed periodically to ensure that changes in practice and lessons learned from these incidents are sustained.**
- I.30** **Prisoners subject to ACCT procedures should not be held in segregation unless an assessment shows it is the only appropriate place for them.**

Housekeeping points

- I.31** Senior managers should routinely complete quality checks of the care prisoners subject to ACCT procedures receive and enter their comments in the document.
- I.32** Listeners should attend safer custody meetings.

Safeguarding (protection of adults at risk)

Expected outcomes:

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

- I.33** *There was no local safeguarding policy but the prison was involved in a regional approach to safeguarding in prisons. Some existing processes helped to identify more vulnerable prisoners and the progress made by the health care department needed to be consolidated through a 'whole-prison' approach to safeguarding.*

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

- I.34** There was no local safeguarding policy for the prison but formal regional prison structures were being developed in conjunction with local authorities. There were plans to implement some relevant local training.
- I.35** Existing processes helped to identify adults at risk at reception and during induction and a weekly ‘collaborative approach to prisoner safety’ (CAPS) meeting took place. The senior manager chairing the meeting recognised that representation from different disciplines needed to improve before it could become an effective forum for planning the care of those whose cases were more complex and providing a whole-prison approach. A professional standards meeting considered concerns about staff’s treatment of prisoners.
- I.36** The health care department was more active in its approach to safeguarding. The integrated mental health team included a learning disability nurse. Two cases had been referred to the local adult safeguarding board for advice and support. Local authority safeguarding lead staff members had visited and participated in multidisciplinary team processes and the health care department had identified a designated safeguarding lead member of staff.

Recommendation

- I.37** **The governor should support the developing links with adult social services and the safeguarding adults board and ensure a whole-prison approach to safeguarding is promoted through the CAPS meetings.**

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.38 *Security measures were vigorous but generally proportionate although some searching was unnecessary. Prisoners’ were well supervised when they went to activities and access was not restricted by security risk assessments. The prison ensured prisoners were kept safe by identifying gang issues early and keeping prisoners in conflict apart, but managing the number of prisoners requiring protection sometimes created insecurity on specialist wings. Security information was analysed well and required actions were carried out promptly. Longer-term targets reflected current issues. Links with other departments were well developed. Drugs were widely available.*

- I.39** Physical security was more rigorous and intrusive than we normally see in comparable prisons, but we agreed it was a generally proportionate response to the challenges of drug availability and violence the prison was facing at the time of the inspection. Additional measures such as perimeter patrols by the local police and prison dog handlers had been implemented to prevent items from being thrown over the fence. Unusually for a Category B prison, staff and other visitors were searched every time they entered the prison. Routine strip-searching took place too frequently in reception without individual assessments of risk (see section on early days in custody). Prisoners could go to activities freely under supervision and were escorted at other times. However, supervision on the wings was sometime inadequate. Security staff contributed to prisoners’ risk assessments for activities, assessments were proportionate and prisoners’ access to activities was not unduly

restricted. Relationships with other departments, including safer custody, were well developed.

- I.40** The prison identified gang issues early on. The security department held a list of 204 prisoners (22% of the population) who were subject to security restrictions due to intelligence about conflicts they had with others. Efforts were made to keep these prisoners apart during activities and by where they were located on the wings. However, placing these prisoners throughout the prison for their own protection sometimes created insecurity on the specialist wings. For example K wing, part of which held older prisoners, also accommodated many prisoners who were there for their own protection which the older residents told us undermined the aim of providing a more settled environment for them.
- I.41** An average of 400 information reports (IRs) had been submitted every month in the six months prior to our inspection by staff from all departments. Observation books on the wings were photocopied every day and entries checked against IRs received to ensure all incidents of note had been reported. Intelligence was analysed well and security and residential staff carried out required actions, such as target searching, promptly.
- I.42** Key departments were represented at the monthly security meeting and relevant longer term objectives were set to reflect threats relating to drugs, mobile phones and items that were being thrown over the fence. A weekly intelligence meeting with security and other relevant staff reviewed all incidents and identified actions, which were followed up. A daily security briefing was distributed among all staff and we observed wing managers carrying out detailed briefings on the wings. The prison received good support from local police and there were adequate anti-corruption procedures in place.
- I.43** Twelve prisoners were subject to closed visits restrictions, all of which were for visits-related illicit activity. The appeals process was explained to prisoners and all were reviewed monthly at the security meeting.
- I.44** Survey results and an average mandatory drug testing (MDT) rate of 13.6% for the main prison in the previous six months indicated that drugs were widely available, and 41% of prisoners told us it was easy to get drugs in the prison. Finds were mainly for subutex, NPSs and hooch. The prison was taking steps to address NPS use, including producing a DVD which showed the negative health effects of using these substances which was being routinely shown to prisoners.

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.45** *The IEP policy was used to deal with minor infringements of the rules. Prisoners were less likely than the comparator to feel they were being treated fairly under the scheme or that it encouraged them to change their behaviour. Reviews were not always based on comprehensive information and targets set were often generic. Many prisoners waited too long for their applications for enhanced status to be considered.*

- I.46** Staff used the IEP scheme to deal with minor infringements of prison rules. Prisoners could apply for enhanced status after three months but applications were not dealt with promptly. We found some that had not been considered several months after prisoners had submitted them. Warnings were appropriate and prisoners received a copy of them. Prisoners' status was reviewed when they had received two warnings or if there had been one instance of serious poor behaviour.
- I.47** Not all reviews for prisoners on the basic level had been properly recorded and those that had been did not consider all the information available about the prisoner concerned. Targets were mostly generic, requiring prisoners to comply with a pre-printed list of behaviour instead of addressing individual circumstances. Prisoners on the basic level were given sufficient time out of cell for meals and association.
- I.48** Residential managers carried out checks on 20% of all IEP boards but failed to identify the delay in applications for the enhanced regime or the lack of documented reviews for all those on the basic level.

Recommendations

- I.49 Applications for the enhanced regime should be considered promptly and prisoners promoted if appropriate.**
- I.50 Reviews should consider all the available information about a prisoner and should be fully recorded. Targets should reflect prisoners' individual circumstances.**

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.51** *The number of adjudications had increased since our previous short follow-up inspection. Monitoring and analysis of adjudications were thorough but too many were dismissed or discontinued. Records showed full investigations were carried out and punishments were proportionate. The use of force had increased since our previous short follow-up inspection. Quality assurance was poor, but was being improved. Video recordings of planned incidents were not always reviewed or maintained. Staff did not always pay enough attention to de-escalation. Written records for the use of special accommodation lacked detail. Body belts had been used twice in the previous six months. Segregation was used frequently, although few remained there for long. The regime was inadequate.*

Disciplinary procedures

- I.52** There had been 532 adjudications in the six months prior to our inspection which was high. The main charges related to disobedience, threats and abuse, damage to prison property and drugs. The independent adjudicator attended regularly to deal with charges that were more serious. Completed adjudications that we reviewed showed that a full investigation was carried out. Adjudications meetings were held quarterly and showed in-depth monitoring. However, too many adjudications (about 24%) were either dismissed or discontinued, often

because reporting officers were not available or prisoners were transferred to other prisons and it was judged too late for proceedings to be fair.

Recommendation

- I.53 Prison managers should monitor the progress of adjudications and take action to ensure they are carried out within a reasonable time.**

The use of force

- I.54** The number of incidents where force was used had increased since our previous short follow-up inspection. Restraint still accounted for nearly 80% of all the 138 incidents that had occurred in the previous six months, which was high.
- I.55** Overall, monitoring and quality assurance procedures for use of force were poor. There had been no meetings to discuss use of force until the week prior to our inspection. The failure to quality assure use of force adequately had been recognised and steps taken to improve it. Not all video recordings of planned incidents were reviewed or maintained and there were no procedures in place to review use of force documentation promptly to ensure it had been used proportionately. Documents and video recordings that we reviewed showed staff did not always attempt to de-escalate incidents prior to using force; in some cases staff did not negotiate with prisoners before using force to gain compliance. Officers' reports often lacked detail or were not completed at all.
- I.56** Special accommodation had been used eight times in the six months prior to our inspection. Its use was not always fully documented and records lacked detail, such as what level of search was carried out and what clothing the prisoner was given. The body belt had been used twice in the previous six months. On both occasions its use was fully documented and justified in the circumstances described. However, it was an extreme measure and required ongoing vigilance.

Recommendation

- I.57 The use of special accommodation should be properly documented.**

Segregation

- I.58** The use of segregation was relatively high, with 261 prisoners segregated in the previous six months. Most were segregated either for issues related to 'good order' (disciplinary reasons) (45%) or because they were awaiting adjudication (28%). The segregation unit environment was cleaner than at our previous short follow-up inspection although we found offensive graffiti in some cells, which was removed during our inspection. The exercise yards were bare and cage-like.
- I.59** Prisoners entering the unit were searched in line with an individual risk assessment. Some prisoners serving cellular confinement were held in designated cells on K wing to provide them with an effective and gradual return to the normal prison location. They were subject to the same governance as those in the segregation unit.
- I.60** Few prisoners remained in the unit for long periods; the average length of stay was four days and half of prisoners segregated returned to residential units within the prison. Reviews took

place at prescribed intervals and were attended by staff from appropriate departments. Targets, when they were set, were perfunctory and did not address the reasons for someone being segregated. Formal reintegration planning rarely took place.

- I.61** The regime in the unit was poor and prisoners we spoke to told us they spent most of their time locked in their cells. Prisoners were routinely offered exercise on their own and could shower every day; they also had daily access to an ATM where they could make applications. We found evidence that a few prisoners had been able to attend offending behaviour programmes while in segregation but there was little else to occupy them.
- I.62** Too many prisoners were held in segregation while subject to ACCT procedures. Records did not sufficiently justify why the unit was the most appropriate location for them (see section on suicide and self-harm prevention, paragraph I.27).
- I.63** Staff in the unit knew the prisoners well and we observed some good interactions, including excellent care for one prisoner who was transferred to another prison. Use of segregation was monitored quarterly although it had failed to identify some of the issues we found.

Recommendation

- I.64** **The regime for those held in segregation should be improved, and reintegration planning should be undertaken for all prisoners in the unit.**

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.65 *Substance misuse services had been re-commissioned and the drug strategy re-launched. Prisoners could easily access psychosocial support but group work had stopped temporarily. The demand for opiate substitution treatment (OST) was relatively high. Not all drug- or alcohol-dependent prisoners were admitted to the stabilisation unit for observation and first night treatment was inconsistent.*

- I.66** The prison's substance misuse strategy was up-to-date and contained action plans informed by a needs analysis. Drug strategy meetings now combined supply reduction and treatment strands, and involved local police and community services.
- I.67** Care UK became the provider of both clinical and psychosocial support three months prior to our inspection, which had led to a better integration of services. Prisoners could access services easily and 237 were involved in structured one-to-one work. Apart from weekly 'kick start' gym sessions specifically for those with substance misuse problems and peer support, group work interventions had not taken place in the previous four weeks because of the lack of resources and suitable facilities. A new four-session Preparation for Detox module had been developed to offer additional support.
- I.68** In our survey, fewer prisoners than the comparator said they had received help with their drug problem (64% against 72%); fewer than the comparator had found drug and alcohol support helpful (63% against 82%). Demand for treatment was relatively high: in the previous six months 343 prisoners received OST and 156 underwent alcohol detoxification. An out-of-hours' GP service was available but treatment for the majority of prisoners was delayed

until the following day; we saw a prisoner experiencing heroin withdrawal who received no first night symptom relief. The prison had a designated stabilisation unit but not enough people were using it and in the previous month, only 41% of drug- and alcohol-dependent arrivals were admitted to the unit for monitoring and observation.

- I.69** Prescribing regimes were based on individual needs and reviewed on a regular basis. Prisoners complained of enforced detoxification but we found no evidence of this. Two thirds were on maintenance doses and it was apparent that reduction regimes were flexible. Controlled drug administration was satisfactory and appropriate supervision arrangements to prevent drugs from being diverted or traded were in place.
- I.70** The care of prisoners with complex needs was discussed at weekly multi-agency meetings but both the substance misuse and mental health team lacked dual diagnosis expertise (see section on health services).

Recommendations

- I.71** Prisoners should have consistent access to group-work interventions that meet identified needs, and the prison should ensure they can be delivered safely and in a suitable environment.
- I.72** The clinical management of prisoners who are dependent on drugs and alcohol should be improved by providing first night treatment and ensuring prompt admission to the stabilisation unit.

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1** *The living environment was generally good. Most prisoners had well equipped single cells but some designed for one were occupied by two. Wing facilities and exercise yards were good but prisoners were frustrated about their access to some amenities, despite having the opportunity to raise these issues at weekly prisoner consultation meetings.*
- 2.2** Living conditions and the prison environment were generally good. There were three main house blocks, which had modern wings leading off a central hub. Most cells were single occupancy, had integral sanitation and were well equipped, although there were a small number of double cells (see paragraph 2.3). Cell-sharing risk assessments were completed and reviewed. House blocks 1 and 2 had communal showers while cells on house block 3 had integral showers.
- 2.3** Twenty-seven cells on H wing (for vulnerable prisoners) accommodated two prisoners in cells designed for one. Not all toilets in these cells were properly screened and some prisoners used makeshift screens. The lack of space meant most had only one chair and there was insufficient storage space for two prisoners. Access to the top bunk bed was difficult and prisoners had to use a single step as there were no ladders. All cells had in-cell telephones with additional phones in communal areas. Each wing had clearly displayed notices. There was a reasonable range of recreational facilities and some wings had exercise machines.
- 2.4** Exercise yards were well equipped – most had benches and exercise equipment; however, their location meant vulnerable prisoners were open to verbal abuse from other prisoners (see section on time out of cell).
- 2.5** Prisoners could shower every day but the free hygiene pack provided once a month, which had to be ordered, was insufficient. Prisoners were expected to wash their own clothing and sheets, and laundry facilities, available on each wing, were good. Each wing also had cleaning storage rooms; most of those we looked at were dirty and disorganised. Many prisoners were frustrated about being unable to obtain enough personal hygiene items, cell cleaning materials and other basics. The system for issuing supplies was chaotic. Two officers worked on most wings, but this level of staffing was not consistent, which was likely to have contributed to prisoners' frustrations.
- 2.6** Except for those on the entry and basic regime levels, most prisoners wore their own clothes. There were adequate central supplies of prison clothing and most was issued through reception; some wings had small supplies but there was no clear oversight.
- 2.7** There were clear, organised procedures for accessing stored property and the longest outstanding property application had been submitted less than two weeks previously (see section on complaints).

- 2.8** Fewer prisoners had problems with mail than during our previous full inspection. Mail was delivered to wings twice a day. The Email a Prisoner scheme was available.
- 2.9** Cell alarms calls were recorded on a computerised system. It recorded the time between the call being made and the officer re-setting the alarm at the cell door; in some cases there were significant delays. Managers did not monitor calls involving such delays. Prisoners could speak to an officer through an intercom from their cells. In our survey 30% of prisoners said that their cell bell was answered within five minutes compared to 49% in comparator prisons.
- 2.10** ATMs were installed on all wings, allowing prisoners to carry out a range of tasks including submit most applications. More prisoners than in comparator prisons said that applications were dealt with promptly. Prisoners could raise issues about prison life with senior managers at the regular prisoners' residential information and amenities committee (PRIAC) meeting; minutes indicated these were progressed.

Recommendations

- 2.11** Cells designed for single use should not be used for shared occupancy.
- 2.12** The ordering, storage and issue of basic hygiene and cleaning materials should be reviewed to ensure that they are consistently available to prisoners.
- 2.13** Residential managers should routinely monitor delays in cell call alarms being reset and be assured that urgent calls receive a prompt response.

Staff-prisoner relationships

Expected outcomes:

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

2.14 *Staff-prisoner relationships were generally very good. Most prisoners said staff treated them respectfully and this was reflected in what we observed. Prisoners were allocated a personal officer but the work they did was very mixed; staff told us they were stretched and could not have regular meaningful contact with the prisoners they were responsible for. Prisoners complained about the lack of staff on wings.*

- 2.15** Most prisoners said that staff treated them respectfully, the interactions we observed were professional and friendly and first names were used. Many managers and staff appeared confident enough to challenge poor behaviour and generally had high expectations of prisoners in their care. In our survey, more prisoners than at similar prisons said that the majority of staff treated them respectfully. In contrast, fewer than the comparator said they had a member of staff they could approach for help, that a member of staff had checked on them in the previous week or that they had a personal officer. Staffing levels had contributed to these perceptions. The personal officer scheme was not operating effectively, and many staff told us that they felt stretched and did not have the time to have regular meaningful conversations with the prisoners for whom they were responsible. Entries on P-Nomis, the Prison Service IT system, confirmed this, demonstrating that relatively little meaningful personal officer work was being recorded.

Recommendation

- 2.16** A nominated member of staff should make regular checks on the wellbeing of prisoners for whom they are responsible, and record this on P-Nomis.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic³ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.17** *The governance of equality and diversity work required improvement and outcomes needed to be better monitored. Examples of good support for those with protected characteristics were evident. The number of reported discrimination incidents was low; investigations were reasonable.*

Strategic management

- 2.18** Governance of equality and diversity issues was in need of development, but had been improving. Senior staff were committed to tackling discrimination and had appointed individual lead members of staff from the senior management team for each of the protected characteristics three weeks before the inspection. It was too early to measure their impact on provision.
- 2.19** Monitoring was inadequate and the prison had no arrangements in place to identify or distinguish between different forms of discrimination. Systematic monitoring and analysis of data relating to equalities and diversity was not carried out and the National Offender Management Service short-term equality monitoring tool was not in use.
- 2.20** Although the equality and diversity coordinator delivered good equalities training, not all staff had access to the annual refresher course on offer.
- 2.21** Discrimination incident reporting systems were reasonable. The number of discrimination incident reporting forms (DIRFs) submitted was low, 38 in the previous six months. Although confidentiality was ensured, not all prisoners we spoke to had confidence in the system. DIRFs were freely available on wings and prisoners knew how to obtain them. Complaints generally received a prompt response, most of which were good. A quality assurance process had been introduced, in which a sample of DIRFs was selected for analysis. It was discussed during the bimonthly equalities governance team meeting. Although actions from the meeting were taken forward to address the concerns raised, complaint trends or patterns were not routinely identified.

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

- 2.22** Consultation with prisoners took place regularly, with a three-tier system in operation. Equality and diversity prisoner representatives consulted prisoners on their wings every week. They presented any issues at the monthly prisoner representative forum. The minutes and actions of the meeting were taken to the bimonthly equalities governance meeting attended by the governor, senior managers and prisoners.
- 2.23** Equality impact assessments (EIA) were in place, however not all protected characteristics were included. The prison was aware of this and new assessments were being drafted at the time of the inspection to rectify this. In addition, EIA action plan timelines were under review to ensure they were realistic, so progress could be monitored more effectively in the future.

Recommendation

- 2.24** **The prison should introduce effective equality monitoring and equality impact assessments for all protected characteristics.**

Protected characteristics

- 2.25** We saw no evidence of particular tensions between different ethnic or nationality groups. There was also little evidence of discrimination on the basis of religion. However, some black and minority ethnic and Muslim prisoners in our surveys and groups were negative about the way they were treated. A number of Muslim prisoners told us that some of their dietary requirements were not being properly fulfilled (see section on catering). The absence of in-depth, routine monitoring meant emerging issues affecting these groups were not identified.
- 2.26** There were 84 foreign national prisoners in the prison at the time of the inspection, 9.1% of the population. They had good access to immigration surgeries organised by the equality and diversity coordinator and run by the Home Office. They took place every six weeks and an average of 20 prisoners visited each of them. The use of translation services for foreign national prisoners was adequate; they had been used on 29 occasions for prisoners arriving in reception in 2014. However, there was insufficient written material about the prison available for foreign nationals in a range of languages other than English; the ATM was also only available in English.
- 2.27** Staff systematically identified prisoners with disabilities on arrival in reception, where the equality and diversity coordinator interviewed them. Wing managers were informed so they could accommodate disabled prisoners in adapted cells if necessary; the prison had dedicated adapted cells on all but two of its 14 wings. We saw high standards of care for some disabled prisoners. A father and his disabled son were sharing a well adapted cell on the more stable lifer wing. The son had access to mobility aids and equipment. His special dietary needs were also being met. Ongoing adaptations to his cell and equipment were made where necessary. Prisoners with disabilities we spoke to said reasonable adjustments had been made to ensure they had equitable access to the regime and facilities. These included specialist beds, wheelchairs and shower seats. However, in our survey and focus groups disabled prisoners were more negative than others about many aspects of their treatment. Some prisoners also told us of unnecessary delays in obtaining wheelchairs. Prisoners who were unfit for work because of their disability were unlocked during the day. A number of wing staff did not know who would have needed help in the event of an emergency or evacuation.
- 2.28** The provision for older prisoners was reasonably good. They were assessed on arrival and care plans were in place for those we spoke to. A specialist wing had been dedicated to older prisoners but we were disappointed to see that some younger prisoners had been allocated accommodation on this wing for their own protection (see section on bullying and

violence reduction). Prisoners told us this had an impact on the stability of their wing. Prisoners over retirement age did not have to pay for their televisions.

- 2.29** The prison's one transgender prisoner was housed in the therapeutic community. Another had recently left the establishment. Care had been taken to accommodate transgender prisoners appropriately. All staff working directly with transgender prisoners had received specialist training.

Recommendation

- 2.30** The prison should ensure all disabled prisoners have prompt access to mobility aids.

Faith and religious activity

Expected outcomes:

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

- 2.31** *Prisoners could attend corporate worship and had reasonable access to chaplains. Good pastoral care was provided and there were strong links with community faith groups.*

- 2.32** Prisoners could attend corporate worship every week and had reasonable access to chaplains; however, staff shortages over the previous month had reduced their presence on wings. Although chaplains contributed to the formal induction for all new prisoners, in our survey, fewer prisoners than the comparator said that they were offered information about the chaplaincy when they first arrived.
- 2.33** Prison population records identified that 68% of the population were affiliated to a religion. Of these, 15.4% were Muslim, which was in line with our survey. The multi-faith centre was well equipped with a chapel and facilities for Friday prayers. The centre was purpose-built and included separate spaces for group work and private worship.
- 2.34** We observed prisoners celebrating a religious festival; festivals were actively promoted across the prison and in the multi-faith centre. The chaplaincy monitored religious affiliation regularly to ensure the provision met prisoners' needs.
- 2.35** Chaplains supported prisoners well; they were involved in their overall care and assisted them with resettlement. The team had strong links with a number of community projects that helped prisoners on release. Chaplains also supported terminally ill prisoners and those who had been bereaved.

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.

2.36 *Complaints procedures were well used. Most responses were polite and answered the complaint. The system was reasonably well managed, but there were no quality assurance procedures.*

2.37 The complaints procedure was well used and an average of 303 complaints were submitted each month between July and December 2014. In our survey, more prisoners than in comparator prisons said it was easy to make a complaint and we found stocks of blank complaint forms available on wings. Fewer prisoners thought complaints were dealt with promptly, despite the prison recording that on average 98% received a response within the required timescale. Interim replies were sent when a full answer to the complaint was delayed.

2.38 Over the previous six months 20% of complaints related to property, often because it had not arrived at the prison with prisoners (see section on courts, escorts and transfers). Wing issues (11%), medication (8%) and money (8%) were the other areas generating the most complaints. Complaints about staff (2.5%) mostly related to minor issues.

2.39 The system was reasonably well managed. Locked complaints boxes were emptied by the complaints clerk rather than officers, which was appropriate. Confidential access complaints (which are only read by the person to whom they are addressed) could be submitted and prisoners had access to appeals procedures. Most responses to complaints we looked at were polite and answered the issue raised. Trends in complaints were monitored but there were no quality assurance procedures.

Housekeeping point

2.40 A senior manager should routinely check a sample of replies to complaints.

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.

2.41 *Prisoners received good support from offender supervisors who directed them to legal services.*

2.42 Prisoners were positive about legal services in our survey and 66% said it was easy to communicate with their solicitor or legal representative, more than the comparator. Since our previous short follow-up inspection, the two dedicated legal services staff posts had been cut but prisoners received good support from proactive offender supervisors who helped

them exercise their legal rights. Recalled prisoners were promptly identified and provided with the relevant documentation and guidance.

- 2.43** The offender management unit gave prisoners access to telephones, fax machines and printers. The library held legal information and advice was available there along with access to legal advice websites. Prisoners could telephone a responsive community legal advice helpline free of charge. There were four legal visits booths and extra accommodation was also available if required. Prisoners said they could speak to their solicitors in private. Twenty-two legally privileged letters had been opened by mistake between July and December 2014. The reasons for this were not always recorded. Apologies were sent to prisoners.

Housekeeping point

- 2.44** The reasons for opening legal mail should be clearly recorded in all cases.

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** *Overall health care provision was improving but the excessive non-attendance rate for internal appointments, long waits for routine GP services and the rescheduling of external appointments had an adverse effect. The health care facilities were too small for the population and severely restricted the services offered. The inpatient unit had improved substantially. Some aspects of medication management were poor. Dental services were very good. The integrated mental health team provided a good and improving service, but prisoners waited too long to transfer to external mental health facilities.*

Governance arrangements

- 2.46** Care UK took over health services from 1 October 2014. Working relationships between the commissioner, prison and provider were very good. Well attended clinical governance and partnership board meetings covered all essential areas. A new health needs assessment was being carried out because the population had changed. Lessons learned from serious incidents, complaints, prisoner feedback and audits were shared with health staff and informed service delivery.
- 2.47** The experienced nurse manager and her deputy provided effective leadership and stability while the new provider implemented improvement plans and an integrated service model. There had been an influx of new staff in the previous four to six weeks who needed training. Regular agency staff filled vacant posts. Nurses were available 24 hours a day. A permanent lead GP, supported by regular locums, had improved the consistency of care.
- 2.48** Health staff were clearly identifiable and the health interactions we observed were good. Staff had good access to training, appraisal and clinical supervision. Health staff used appropriate policies, including those on communicable disease management and safeguarding.

- 2.49** New arrivals received satisfactory written information on health services. Most services were provided from the cramped health care department and the non-attendance rate was excessive at over 25% for all clinics. Prisoners reported and we observed poor access due to insufficient escort staff and many prisoners spent a long time in the waiting room before and after appointments.
- 2.50** There were insufficient clinical rooms for the population, which reduced the services provided. Most rooms needed redecoration, had non-compliant fixtures and fittings, and cleaning did not meet NHS standards. The two waiting rooms were stark with hard bench seating.
- 2.51** All clinical areas had appropriate emergency equipment. Most discipline staff had current first aid training. Defibrillator training had been included in the first aid course in the previous year, but custodial staff had no direct access to defibrillators, which could have delayed an appropriate emergency response. Ambulances were called promptly in emergencies.
- 2.52** There were no specific Well Man clinics for older prisoners and relevant community screening programmes, such as bowel screening, were not available. Access to mobility and health aids was satisfactory, but the prison lacked a strategic approach and care planning work with the equalities officer was not sufficiently integrated (see section on equality and diversity).
- 2.53** Prisoners used the prison complaints system to make complaints about health care, which was not sufficiently confidential. Around 40 complaints a month had been received since October 2014, mainly about medication. Most responses we sampled were prompt but did not adequately address the issues raised.
- 2.54** The prison health promotion action group had lapsed and health promotion displays and literature in the health care department and house blocks were minimal. Prisoners had good access to smoking cessation services and immunisations, but the pathway for hepatitis C was underdeveloped. Barrier protection was available.

Recommendations

- 2.55** **The non-attendance rates for all clinics should be reduced to under 12% and prisoners should not have excessive waits before and after their clinic appointments.**
- 2.56** **There should be sufficient clinical rooms for the population and all clinical areas should be fully compliant with current infection control standards.**
- 2.57** **Custodial staff should have easy direct access to well maintained and checked automatic external defibrillators.**
- 2.58** **A designated senior health lead staff member should develop health services for older prisoners and those with disabilities, which should include prompt access to all relevant community screening programmes.**
- 2.59** **Prisoners should be able to complain about health services through a confidential system and all responses to complaints should address all the issues raised.**

- 2.60 A prison health promotion action group should oversee a systematic programme of health promotion, which should include community equivalent access to hepatitis C identification, management and treatment.**

Delivery of care (physical health)

- 2.61** In our survey, more prisoners were satisfied with the overall quality of health services than at the previous full inspection.
- 2.62** Nurses saw all new prisoners for an initial assessment in reception, but consultations lacked confidentiality (see section on early days in custody). Appropriate follow-up referrals were made. A GP was only on site on five out of 10 evenings, which meant some prisoners were not adequately assessed on their first night, creating unacceptable risks (see section on substance misuse). The prison had started to liaise with new arrivals' GPs in the community in the previous month. Secondary health screens were completed within three days.
- 2.63** Prisoners requested services using the ATM system. An appropriate range of primary care services was available. Prisoners had daily access to emergency appointments and satisfactory out-of-hours' provision. They could visit 'special sick' clinics (for immediate health treatment without an appointment) on each house block every day, but insufficient clinical facilities and staff training limited their effectiveness. The advanced nurse practitioner (ANP) assessed all prisoners requesting a GP appointment and, although only around 20% then required a GP appointment, this created excessive waiting times for both the ANP and GP and contributed to prisoners' poor perceptions.
- 2.64** Prisoners with lifelong conditions and complex needs were identified effectively and relevant clinics, including a weekly GP-led session, were provided. Nursing staff were being trained to ensure prisoners' needs were met. Clinical records we examined were generally good and care planning was mostly satisfactory.
- 2.65** Clear clinical admissions criteria had been introduced for the 11-bedded inpatient unit, which was managed by the mental health lead member of staff. Twice weekly GP reviews, plus weekly operational and clinical meetings ensured improved communication and governance. Most patients had enduring mental health needs. A mental health nurse (RMN) was always based in the unit and additional in-reach general nursing input was provided every day. A core dedicated team of RMNs was being recruited to improve patient outcomes and develop the regime. Patients we spoke to were very positive about the support they received.
- 2.66** Demand for the four daily slots for external hospital appointments was high and despite additional resources from the prison, 20% to 50% had been rescheduled in the previous six months due to more urgent appointments or insufficient escort staff. Some prisoners had had their appointments cancelled several times and NHS waiting times had been exceeded, which meant patient outcomes were at risk. Telemedicine (the use of telecommunication and information technology to provide clinical health care at a distance) and ultrasound and X-ray services were being introduced to reduce the demand for external appointments.

Recommendations

- 2.67 Prisoners should have prompt access to GP services, including first night assessment and confidential nurse assessment clinics provided by trained staff who can provide appropriate treatment using evidence-based triage algorithms.**
- 2.68 Prisoners should have timely access to external hospital appointments.**

Pharmacy

- 2.69** External pharmacy providers supplied medicines, however only urgent medicines were guaranteed to be supplied on the day ordered, which generated delays particularly for new arrivals. Most named patient medicines were supplied in plastic bags without patient information leaflets. A small team of qualified and unqualified dispensing assistants managed stock and prescriptions. A dispensing assistant with no accredited dispensing qualification obtained stock medicines, including methadone, directly from the wholesaler, which breached best practice standards. A pharmacist visited every week to complete some checks, but overall there was insufficient pharmacist oversight to ensure adequate governance. Prisoners could see a pharmacist once a week but there were no routine pharmacy clinics.
- 2.70** The prison had insufficient medication storage in the dispensing and pharmacy rooms. Generally medication was stored haphazardly, increasing the risk of medication errors and breaching professional standards. Loose strips of different medicines for those receiving supervised medication were often incorrectly combined in one bag. Named patient, stock and special sick medication were not separated properly, labelling was inadequate and there were loose tablets and mixed batches of stock medication. Stock reconciliation procedures were poor and had resulted in one prisoner waiting too long for his prescribed alcohol withdrawal medication. Systems to order controlled drugs were poor. Refrigerator temperatures were monitored but remedial action was not consistently taken when required.
- 2.71** Up-to-date protocols and procedures were in place but were not sufficiently specific to the prison's existing circumstances. Prisoners had access to medication out of hours, but staff were unsure of the policy and there was no dedicated out-of-hours stock. Nurses could only administer very limited medications without a prescription and there was no formal special sick policy for over-the-counter medication, which created treatment delays while medication was prescribed.
- 2.72** All prescribing was recorded on SystmOne, the electronic clinical information system, although paper-based prescriptions were used for administration. Medicines were administered at 7.30am and 4pm from wing-based treatment rooms, with separate times for opiate substitution treatment, which was administered in most house blocks. Prescribing and administration was based on the regime rather than the needs of the patient, for example sedative medication was given to prisoners too early and medication that should have been given to prisoners three times a day was administered twice daily. There was an in-possession policy and in-possession risk assessments were completed appropriately, but dispensing staff could not access the full risk assessment on SystmOne. The medication administration we observed was carried out respectfully and prisoners' identity was checked appropriately. Officers supervised medication administration and managed queues effectively.
- 2.73** Prescribing issues including tradable medication were discussed at a weekly safer prescribing meeting attended by prescribers and nursing staff. A monthly medicine management meeting discussed concerns and prescribing trends but there had been no pharmacy representative at the previous three meetings.

Recommendations

- 2.74** **A pharmacist should attend the prison regularly to provide governance assurance on medication and regular clinics for prisoners, and all pharmacy staff should be appropriately trained.**

- 2.75** All medicines, including controlled drugs, should be prescribed, ordered and stored in line with current professional standards and administered according to the recommended dosage regime to ensure effective patient care.
- 2.76** A wider range of medicines should be available for health professionals to administer without a prescription when clinically appropriate, underpinned by current out-of-hours and special sick policies.

Housekeeping points

- 2.77** Standard operating procedures should be specific to the prison.
- 2.78** Representatives from the pharmacy and the medicine provider should attend clinical governance and medicine management meetings regularly.

Dentistry

- 2.79** The provider Time for Teeth provided eight dentist sessions a week. Appointments were appropriately allocated on a clinical need basis and the waiting time of four weeks was good. A full range of NHS-equivalent dental treatment was provided. The clinical records we observed were good. Effective oral health promotion was provided. In our survey more prisoners than the comparator were positive about access to and the quality of the dentist (18% against 11% and 46% against 38% respectively). The dental surgery had a separate decontamination room, all equipment was appropriately maintained and dental waste was disposed of professionally.

Delivery of care (mental health)

- 2.80** In our survey more prisoners (42%) said they had emotional wellbeing or mental health problems than the comparator (28%) and compared with previously (17%) but fewer said they were receiving help (43% against 53%).
- 2.81** South Staffordshire and Shropshire Healthcare NHS Foundation Trust in partnership with Care UK had provided an integrated mental health service since 1 October 2014. The team included mental health nurses, a learning disability nurse, occupational therapist and psychiatrists. A clinical psychologist, psychology assistant and social worker had been recruited. Support included a Managing Emotions group and one-to-one input such as cognitive behavioural therapy and 'mindfulness'. The mental health managers told us that the lack of general and specialist abuse counselling was a significant deficit. The team provided support for prisoners with substance misuse and mental health problems (dual diagnosis) but the pathway needed development. Working relationships between prison and mental health staff were effective. Custodial staff received mental health awareness training in-house and at a nearby hospital.
- 2.82** Prisoners were screened for mental health issues during the reception screening process and appropriate referrals made. There was an open referral system and all referrals were reviewed every day and prioritised based on identified needs. Waiting times were appropriate. During the inspection, the team was supporting around 90 prisoners with mild to moderate needs and 50 prisoners with severe and enduring needs. Care planning was generally good, but the care plans of those with the greatest needs were very difficult to locate on the clinical system, which could have affected the care provided out of hours. Community and family liaison was good and prisoners' safeguarding needs were considered.

- 2.83** Mental health transfers were frequently delayed due to combined factors, including patient complexity, funding and poor availability of beds. Four of the five patients transferred to NHS mental health facilities in the seven months up to 14 January 2015 had waited longer than the recommended NHS waiting times by between three and 15 weeks.

Recommendations

- 2.84** **Mental health provision should include specialist abuse counselling and formal dual diagnosis services.**
- 2.85** **Patients requiring a transfer under the Mental Health Act should be assessed promptly and transferred within the current transfer guidelines.**

Housekeeping point

- 2.86** All care plans should be easily accessible on SystemOne.

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.

- 2.87** *Prisoners could have a varied and balanced diet and consultation took place on a regular basis. The catering team provided a range of opportunities for prisoners who could gain accredited qualifications in the kitchen.*

- 2.88** In our survey, more prisoners than the comparator said the food was good or very good. Prisoners had access to a varied menu offering a range of daily options which met the needs of vegetarian, vegan, religious, cultural and medical diets. The menu was rotated on a four-week cycle and changed four times a year in line with each season. A hot meal was provided every day and prisoners attending court were catered for if they missed mealtimes. All prisoners could eat their meals communally. They also had a kettle in their cell and could make hot drinks after evening lock up. Drinking water was also available on all wings.
- 2.89** Some prisoners complained about the cleanliness of the heated food trolleys in the serveries. The catering team had improved the deep cleaning schedules to address this.
- 2.90** Prisoners were regularly consulted about the menu through weekly and monthly forums and an annual food survey. In our groups and surveys, Muslim prisoners were concerned about the cross-contamination of some food. Interventions had been put in place to address this issue: all prisoners serving food on wings went on a servery training course and had access to an instruction manual designed by the catering team.
- 2.91** Prisoners could gain qualifications in the kitchen; at the time of our inspection 34 were employed in the kitchen. All kitchen staff signed a kitchen work compact, which included basic kitchen rules, a kitchen work induction programme and a module covering the Health and Safety at Work Act 1974. The two full-time chefs provided all kitchen workers with training (see section on learning and skills and work activities).

Housekeeping point

2.92 The deep cleaning of food trolleys should be improved and routinely monitored.

Purchases

Expected outcomes:

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

2.93 *Prisoners could easily buy goods twice a week from an extensive range of products. However, their dissatisfaction with some aspects of the service needed to be addressed.*

2.94 The prison shop was an in-house operation. Prisoners could shop twice weekly from an extensive range of goods using wing ATMs, which also enabled them to check their finances. A large range of catalogues was available and newly arrived prisoners could place and receive an initial order promptly.

2.95 However, many prisoners complained that popular items were frequently out of stock and were dissatisfied that since 1 January 2015, they had been restricted to buying single items of some goods.

2.96 In our survey fewer prisoners than the comparator (38% against 51%) were satisfied with the range of goods sold in the shop, while black and minority ethnic and Muslim groups were particularly dissatisfied.

2.97 Prisoners could raise issues with the shop manager at PRIAC and equalities meetings. Updated PRIAC minutes dated 19 December recorded that there was a problem with prisoners buying in bulk and that a meeting would be organised to discuss a number of issues raised by prisoner representatives.

Housekeeping point

2.98 Managers should discuss and resolve prisoners' dissatisfaction with the shop with prisoner representatives.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

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

3.1 *Fully employed prisoners had a good amount of time out of their cells, but too many were locked up during the working day.*

3.2 On average around a third of prisoners were locked up during activity periods when we conducted a total of four roll checks. We were not convinced that the arrangements to ensure prisoners attended activities were robust enough. Those in full-time employment could spend 10.5 hours out of their cells but for the 12% unemployed it was as little as three and a quarter hours.

3.3 Association periods took place at predictable times. Fewer prisoners than in comparator prisons said that they went outside for exercise more than three times per week. In addition, the location of the exercise yard meant that vulnerable prisoners were open to verbal abuse from other prisoners and only 13% of them compared with 42% of prisoners on other wings said that they went on exercise three or more times a week.

Recommendations

3.4 A reasonable amount of time out of cell should be available for all prisoners.

3.5 Vulnerable prisoners should be able to access outside exercise free of abuse from other prisoners.

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

Learning and skills and work activities

Expected outcomes:

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

3.6 *Recently introduced quality improvement arrangements were broadly adequate although their impact had yet to be seen. Disparities in pay discouraged prisoners from choosing education rather than employment. The collation of data required further improvement. The range of provision was good but teaching required improvement because too many lessons failed to engage learners well enough. Lessons were too long and attendance too low. There was insufficient use of information and learning technology, including internet resources, to make lessons interesting. Achievements were low on too many courses. The library's opening hours met prisoners' needs but the range of stock required updating and improving.*

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

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

Management of learning and skills and work

3.8 Self-assessment was an inclusive process and key stakeholders were appropriately involved in contributing to judgements. Recently introduced quality improvement targets were appropriately challenging and the quality improvement group was effective and led on much of the prison's improvement actions and targets, although their impact had yet to be seen. Learners' views were sought regularly and appropriate action was taken to inform improvement. However, the self-assessment report did not reflect the provision's low outcomes.

3.9 Arrangements for the observation of teaching and learning were well established and appropriately linked to continuous professional development. However, too many observation reports were overly descriptive and focused on teaching methods rather than on the quality of learning that was taking place.

3.10 Arrangements for monitoring the performance of subcontractors were satisfactory. The head of learning and skills met regularly with them to discuss and monitor all aspects of their performance. The staffing of learning and skills was satisfactory. Teachers were appropriately qualified and experienced and most had a relevant teaching qualification or were working towards one.

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

- 3.11** Prisoners engaged in employment received significantly higher pay than those who participated in education. This disparity discouraged prisoners from attending education. The collation of data had improved but they were still not being used systematically to analyse learners' performance.

Recommendations

- 3.12** The prison should strengthen its observation of the teaching and learning process and ensure that observers focus on the quality of learning.
- 3.13** The prison should review the pay disparity between prisoners who are in employment and those who attend education.
- 3.14** Education data should be analysed and used to improve the quality of the provision.

Provision of activities

- 3.15** The prison provided sufficient activity places for the population. Although the process of allocating prisoners to activities was satisfactory, too many men failed to attend them. Groups of prisoners often missed lessons because they were scheduled to attend the medical centre.
- 3.16** The range of courses was good. All were externally accredited. Prisoners were able to study at entry level, levels 1, 2 and 3, as well as at undergraduate level through the Open University. However, those on courses at level 4 and above had no access to the internet to support their studies. The range and quality of opportunities within vocational work activities was good.
- 3.17** Learners studying painting and decorating could not progress from level 1 to level 2. Prisoners employed in grounds maintenance and horticulture could not gain accreditation. However, kitchen workers could work towards national vocational qualifications in food production and cooking, food and safety in catering and customer services.

Recommendation

- 3.18** The prison should take swift action to ensure that all prisoners attend the activities to which they are allocated.

Quality of provision

- 3.19** The quality of the teaching and learning in education sessions required improvement. The best teaching was well planned and structured, with tutors using a variety of teaching and learning techniques to engage prisoners. Learning support assistants were well trained and provided valuable in-class support.
- 3.20** Tutors worked hard to maintain learners' interest, but the three-hour sessions were too long and learners often became agitated and lost interest. Sessions were frequently marred by constant disruptions, with prisoners leaving and returning to sessions. In these sessions a few learners were disrespectful and held loud conversations with others, both inside and outside the classroom. Tutors worked with limited resources, relying heavily on worksheets

and discussions. Classrooms were not equipped with computers or information technology resources.

- 3.21** Classroom sessions offered learners too few opportunities to undertake creative activities that would challenge them. However, tutors marked work appropriately and paid attention to learners' spelling and grammatical errors, often taking time to explain them. The pace of sessions was often slow because of prisoners' wide range of abilities. This meant many struggled, while others completed tasks quickly and became bored.
- 3.22** Initial assessment was satisfactory and identified each prisoner's English and mathematics abilities. The results were generally used well to direct learners to appropriate training courses but not all of them were on courses that met their needs and abilities. Tutors did not always use the information to plan lessons. Individual learning plans were not systematically used to set incremental and time-bound targets so prisoners could progress. Opportunities for integrating equality and diversity into lessons were not always exploited.
- 3.23** In vocational training, teaching and learning were often good but much theory work was not marked sufficiently thoroughly. Tutors skilfully checked and reinforced learning during practical tasks, enabling learners to work purposefully and hone their skills in well resourced workshops. The promotion of health and safety was good. However, tutors' feedback on prisoners' written work did not challenge them to extend their learning sufficiently. Tutors did not correct learners' spelling, punctuation or grammar nor did they promote maths sufficiently within vocational subjects.
- 3.24** Assessment in vocational training required improvement. At induction, tutors and assessors did not receive information on learners' literacy or numeracy skills to help them plan teaching, learning and assessment. Target setting was weak. Reviews of learners' progress were not recorded in sufficient detail.

Recommendation

- 3.25 Managers should ensure that maths and English are promoted more effectively within vocational subjects.**

Education and vocational achievements

- 3.26** Prisoners developed a good range of personal, educational and vocational skills. Outcomes on a minority of courses, especially those delivered by the subcontractor, were good. However, the majority of courses had low or very low success rates. Outcomes were particularly poor in English for speakers of other languages (ESOL), maths, business studies, information technology and art.
- 3.27** Prisoners engaged in employment within the prison, especially in catering, developed a good range of vocationally relevant skills. Many employed prisoners taking accredited courses could demonstrate how their learning had enabled them to develop relevant skills and carry out more complex tasks but some work activities were not accredited.

Recommendation

- 3.28 The prison should identify the reasons for poor outcomes on many courses and take effective improvement actions.**

Library

- 3.29** The prison-run library was welcoming. Prisoners' use of the library had increased considerably since the previous full follow-up inspection. It was open all day six days a week, which was good. Prisoners in full-time work had satisfactory access, but most sessions only lasted 20 minutes.
- 3.30** The library maintained a reasonable quantity of stock, including fiction, non-fiction, reference material, CDs and DVDs. However, much of the book stock was dated and did not reflect the range of vocational training offered in the prison, nor did it meet prisoners' needs. A small stock was available for prisoners whose first language was not English. Easy-read material was available and was often included in the Six Book Challenge reading events. Most of these books were too difficult for prisoners progressing from the prison's ESOL courses. The library supplied foreign language newspapers on request.
- 3.31** Access to Prison Service Orders was good and prisoners could take away copies. The library had sufficient computers and a small private study area. Storybook Dads, in which prisoners record stories for their children, and the Toe by Toe mentoring scheme to help prisoners learn to read provided non-readers with support to develop their literacy skills.

Recommendation

- 3.32** **The prison should update its fiction and non-fiction provision and include more easy-read material for those wanting to improve their English language skills.**

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.

3.33 *Physical education (PE) and healthy living sessions were planned carefully to avoid clashes with work or education. Staff had good relationships with prisoners and worked well with men recovering from substance misuse. Resources were good, access was equitable and the range of activities was appropriate. However, use of data on the take-up of the gym to plan activities was poor. PE and healthy living were not promoted well. Older and vulnerable prisoners' participation was low.*

- 3.34** Managers ensured that recreational PE sessions did not clash with prisoners' work or education commitments. Planned access was equitable and all prisoners could attend recreational PE at least twice a week. Weekend provision was also available. Relationships between PE staff and prisoners were very positive. There were discrete sessions for prisoners aged over 40. However, fewer prisoners than at comparator prisons used the facilities regularly, with particularly low participation rates among vulnerable prisoners. The prison's own data showed that participation rates for older prisoners were also low. Staff did not promote activities well enough across the prison to engage these groups.
- 3.35** Facilities were good and included a sports hall, weights room and gym. Wings were equipped with cardiovascular equipment and exercise yards had outdoor exercise facilities. Prisoners received a thorough gym induction. The prison had also invested in an outdoor all-weather football pitch and cross-training and rowing machines in each wing. The promotion of safe working practices was good.

- 3.36** Gym staff worked well with the prison's integrated substance misuse team to enable prisoners with drug dependencies to participate in PE and healthy living and the prison was considering extending these activities to those in the inpatient and segregation units. Teaching, learning and assessment were good on the four accredited short courses offered, which were reflected in high achievement rates. However, they were not available to vulnerable prisoners.
- 3.37** Managers did not have data on the use of the gym by different groups of prisoners. As a result, they did not have an effective strategy for planning or promoting physical training and healthy living.

Recommendations

- 3.38** The prison should promote health and wellbeing and increase the proportion of prisoners who regularly use the PE facilities.
- 3.39** The PE department should make better use of data to monitor the use of the facilities and evaluate the take-up by different groups of prisoners.

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 *Overall prison staff had a good understanding of prisoners' needs. The reducing reoffending strategy covered all resettlement pathways and was based on a needs analysis. However, it did not describe the complex population, or how the needs of specific groups of prisoners would be met. Detailed arrangements had not yet been developed for work with the new community rehabilitation company.*

4.2 The population had changed significantly in 2014 with longer-sentenced mainstream category B prisoners replacing category C prisoners and/or those serving sentences for sexual offences. It was therefore commendable that overall, prison staff had a good understanding of the resettlement needs of the population. Reviewed in January 2015, the reducing reoffending strategy was based on feedback from an annual prisoner needs analysis, offender assessment system (OASys) data and prisoner exit interviews. It described services available across all reintegration pathways, and included an additional pathway to meet the needs of prisoners with personality disorders (subject to a separate inspection regime). Each pathway had a named lead staff member and there was an up-to-date action plan.

4.3 The strategy did not describe the complex prisoner population or how it planned to meet the needs of all groups such as indeterminate sentence prisoners or high-risk prisoners. The release on temporary licence (ROTL) process was not mentioned. Two ROTL applications had been made in the previous six months, one of which had been considered but not granted.

4.4 The strategy acknowledged Transforming Rehabilitation, a government programme to change the way offenders are managed in prisons and the community, and the involvement of a community rehabilitation company, responsible for work to support prisoners with resettlement in the prison and through-the-gate. However, detailed arrangements for 'through-the-gate' provision had yet to be developed with the new provider.

4.5 The reducing reoffending policy group met quarterly. Not all departments were regularly represented and health care staff had not attended any meetings during 2014.

4.6 The prison worked in partnership with local community-based agencies to support 54 prisoners in three local integrated offender management schemes. All prisoners were managed by one offender supervisor and received multidisciplinary individual support pre- and post-release.

Housekeeping point

4.7 All departments should regularly be represented at reducing reoffending meetings.

Offender management and planning

Expected outcomes:

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

4.8 *The offender management unit (OMU) was well resourced and offender supervisors provided good support. The quality of offender management work was mixed and quality assurance and performance management procedures needed improvement to ensure casework was of a sufficient standard. Sentence plans needed to be better tailored to address all identified offending behaviour factors. The status of prisoners subject to multi-agency public protection arrangements (MAPPA) needed to be better identified through liaising with offender managers. Most prisoners could make progressive moves and support for indeterminate sentence prisoners was good, although there were too few lifer days to meet demand.*

4.9 The established OMU consisted of 17 offender supervisors and 17 case administrators working within five teams; four offender supervisors were seconded probation officers (three worked full time and one part time). Two teams managed all indeterminate sentence prisoners and one supervisor managed all those involved in local integrated offender management schemes (see section on strategic management of resettlement). Staff were enthusiastic and knew what was expected of them.

4.10 Most prisoners were seen on arrival and had assessments and plans updated or had ongoing contact with offender supervisors. However, in most of the 12 cases sampled, there was no evidence that one or more of these activities had taken place or that quality thresholds had been met.

4.11 All prisoners were allocated to an offender supervisor; remanded men were seen on application only. Some good continuing contact with supervisors was evident in comments on the Prison Service IT system P-Nomis. In our survey, prisoners were more positive than the comparator about having an allocated supervisor (86% against 71%) and receiving support from them to achieve sentence plan objectives (57% against 38%).

4.12 One hundred and sixteen prisoners did not have an up-to-date OASys document, of which 105 were the responsibility of offender managers; some prisoners had not had a new assessment or sentence plan since their arrival in July. Processes for chasing these up and addressing the lack of offender management involvement were not sufficient.

4.13 Casework was very mixed and existing quality assurance and performance management procedures did not ensure that all of it was of a sufficient standard. File checks by managers were recorded on P-Nomis, but they were not evident in all cases.

4.14 In our survey, fewer prisoners than the comparator (61% against 84%) and compared with 2008 (86%) said they had a sentence plan, but of those who did, more than the comparator felt involved in its development. Fewer than the comparator felt their personal officer was helping them achieve their sentence plan targets (see section on staff-prisoner relationships).

4.15 In the cases we looked at in detail too few had sentence plans which sufficiently addressed all the factors relating to prisoners' offending or their risk of harm, and some objectives were too vague and not time-bound.

- 4.16** Many OMU staff did not feel that their work was well understood or supported by staff in other departments, and wing staff contributions and attendance at planning boards were unreliable. Although regularly discussed by the reducing reoffending policy group, this remained an ongoing issue.
- 4.17** In the previous six months, 49 home detention curfew (HDC) applications had been made; 22 had been considered and six approved. The prison did not automatically monitor the timeliness of HDC releases, but details of five of the six prisoners released showed that three had been released on their eligibility date or within two days of it, one had been released 15 days late and the fifth over two months late.

Recommendations

- 4.18 Processes should be developed to identify and address offender managers' lack of involvement in assessment and sentence planning.**
- 4.19 Quality assurance and performance management procedures should be improved to ensure that all case work is of a sufficient standard.**
- 4.20 Sentence planning objectives should be clear, specific and measurable.**

Housekeeping point

- 4.21** Wing staff should contribute to all sentence planning boards.

Public protection

- 4.22** Public protections arrangements were generally good and a robust process checked new arrivals for public protection issues. Those posing a potential risk were prevented from seeing or contacting children until a fact check had been carried out and offender supervisors explained restrictions to prisoners.
- 4.23** Weekly minuted public protection meetings considered the risks posed by new arrivals and reviewed those subject to monitoring. Minuted meetings to discuss high-risk prisoners had stopped taking place approximately six months prior to the inspection and we were told this group was only discussed at unrecorded monthly meetings.
- 4.24** Minuted inter-departmental risk management team meetings, introduced during the inspection week, considered all public protection and high-risk prisoner issues. The one meeting so far was well constituted, and appropriately considered high-risk prisoners eight months, six months and one month prior to release.
- 4.25** Eighty-seven prisoners were identified as subject to MAPPA level 1 (the lowest risk level), 41 to MAPPA level 2 (where the active involvement of one or more agency is required) and three to MAPPA level 3 (the highest risk level); a further 206 were MAPPA nominals (potentially subject to MAPPA).
- 4.26** Prisoners subject to MAPPA were adequately identified on arrival. However, there was no formal, transparent process to ensure that in all relevant cases, a prisoner's MAPPA level was promptly and accurately reviewed, identified or recorded. Although identification of MAPPA levels was the responsibility of offender managers, the prison was required to follow

this up with managers. Supervisors contributed reports, but rarely attended MAPPA level 2 or 3 community meetings.

Recommendation

- 4.27 The system of ascertaining, reviewing and recording MAPPA management levels pre-release should be systematised.**

Categorisation

- 4.28** Offender supervisors promptly undertook initial categorisation assessments, which were based on a suitable range of information. Prisoners were invited to submit reports in support of their re-categorisation. They could obtain information about their categorisation decision electronically on wing ATMs, along with other relevant information, such as their release and HDC dates. They also received details of the decision in writing.
- 4.29** Eighty-five prisoners had been re-categorised from category B to C during 2014, and 15 from C to D. Prisoners were generally able to make progressive transfers. Many indeterminate sentence prisoners had initially been rejected by other establishments for being outside their community rehabilitation company area, but this had been addressed and the situation had improved.

Indeterminate sentence prisoners

- 4.30** One hundred and fifty-three prisoners were serving life sentences and 144 indeterminate sentences for public protection. Prospective indeterminate sentence prisoners were identified on remand and received an informative booklet. Prisoners knew the named lifer manager and prisoner wing indeterminate sentence prisoner representatives met new arrivals and the lifer manager every month. The lifer manager delivered awareness training to all new officers.
- 4.31** Family members of indeterminate sentence prisoners were invited to meet the lifer manager and the prisoner's offender supervisor at 'family inductions', which were available at any stage of their sentence. Lifer family days, which were only for enhanced prisoners, were held annually. The prison planned to increase these to two in 2015. Although lifers could apply to attend general family days, the number provided did not meet needs.
- 4.32** G wing accommodated long-term prisoners, and those living there appreciated the more settled environment. Parole assessments were up to date.

Reintegration planning

Expected outcomes:

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

4.33 *The resettlement needs of all prisoners were assessed on arrival. Accommodation services were well developed and very few were released with nowhere to live. Education, training and employment provision needed significant improvement. Pre-release arrangements for ongoing health care were generally effective but three days' supply of medication on release was insufficient. Joint working and information-sharing between departments were good and the integrated substance misuse team (ISMT) had good links with local courts. The in-house pre-release finance, benefit and debt support was good and specialist outside agencies provided additional expertise. The family support worker provided good support but visits required improvement. There was a good range of offending behaviour programmes to meet prisoners' assessed needs. Waiting lists were appropriately prioritised and post-programme support was good. No specific trauma services were available.*

4.34 Prisoners could refer themselves to the resettlement team in the resettlement unit. The team consisted of a manager, an induction officer, two resettlement officers and a family support worker. Prisoners were told about resettlement services during induction.

4.35 A resettlement officer saw all prisoners on arrival to assess their housing needs; they completed a full pathway needs analysis for all those with sentences of three months or less. Representatives from partnership agencies saw new arrivals individually and offender supervisors completed a 'protective factors' pathway assessment for all sentenced prisoners to identify all their pathway needs.

4.36 Referrals were made to service providers as necessary and notifications sent electronically to prisoners via wing ATMs and prisoners met service providers in the resettlement unit. Pre-release interviews addressed any unmet needs.

4.37 Information stalls at bimonthly 'resettlement markets' enabled prisoners to access information face to face. Prisoner peer advisors based in the resettlement unit staffed a free prisoner advice line (PAL) on any aspect of prison life. Prisoners could also apply to use the resettlement information centre in the unit, where a variety of published information was freely available.

Good practice

4.38 *The PAL enabled prisoners to take responsibility for sourcing information themselves.*

Accommodation

4.39 Prisoners, including those on remand, received information, support and advice on accommodation within 72 hours of their arrival. Three resettlement workers provided support to prisoners with accommodation needs. Only one had received adequate specialist training from housing charity Shelter.

4.40 The housing resettlement team was well integrated and worked closely with other key departments such as the OMU. In the previous six months, 15 prisoners had been released

without a fixed address. An average of 93% of prisoners went to suitable accommodation on release in the previous six months. The in-house team had good links with private landlords, housing agencies and local voluntary sector organisations in the community.

- 4.41** The resettlement team offered prisoners a half-day tenancy course delivered by outside agency Restart. It introduced prisoners to the skills required to successfully maintain a housing tenancy.

Recommendation

- 4.42 All resettlement housing workers should receive adequate training.**

Education, training and employment

- 4.43** The information, advice and training support provided was incoherently planned and, as a result, not effective. There were not enough staff to ensure prisoners received appropriate support on education, training and employment opportunities prior to release. No pre-release course was offered. The prison had no virtual campus (internet access for prisoners to community education, training and employment opportunities). Partnership working with employers to support prisoners' progression was minimal. When prisoners were transferred, their certificates of achievement were sent promptly to the receiving prison. However, records of learning for prisoners who had yet to complete a course, but who were transferred to another prison, were not sent.

Recommendation

- 4.44 Virtual campus or its equivalent should be available and well used.**

Health care

- 4.45** Pre-release arrangements were generally effective and all prisoners received relevant health information. Community liaison for those with complex health needs started early and included families where appropriate. However we were concerned that three days' supply of medication on release gave patients insufficient time to arrange community prescribing after release. Prisoners with palliative care and end of life needs received compassionate care and joint working between the health provider, prison and community services was good.

Recommendation

- 4.46 Prisoners should be supplied with at least seven days' medication on release or have continuous prescribing arranged prior to release to ensure continuity of care.**

Drugs and alcohol

- 4.47** There was good joint working and information sharing between departments and the ISMT contributed to sentence planning meetings, HDC, re-categorisation and parole reports. Two members of the ISMT also covered local courts where they started initial assessments and

confirmed existing treatment regimes. The information was then passed on to the prison-based team to ensure treatment continuation.

- 4.48** There was evidence of good quality release planning. The ISMT held weekly pre-release clinics where prisoners were provided with harm reduction information, strong links had been developed with community-based drug and alcohol services, and local prison link workers visited every week to arrange post-release support.

Good practice

- 4.49** *The ISMT provided an outreach service at local courts to ensure prisoners had continuity of care.*

Finance, benefit and debt

- 4.50** Prisoners received support within 72 hours of their arrival from the trained resettlement team, to deal with debt and financial issues. The team provided advice and swift intervention to deal with rental and housing agreements in order to maintain prisoners' tenancies and benefits where possible while in custody. In our survey, more prisoners than in the comparator said if they needed help with benefits they knew someone in the prison who could provide it. Prisoners had access to weekly surgeries run by staff from specialist agencies who offered additional expertise and support to supplement the work of the in-house resettlement team.

Children, families and contact with the outside world

- 4.51** Prisoners' parental status, the number of dependants they had and the frequency of their visits were not monitored.
- 4.52** Prisoners knew the family support worker who liaised with families and children's services to help prisoners maintain contact with relatives. She delivered the Me and My Dad parenting course and managed themed family days, which prisoners enjoyed. Family days were only available to prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme; they were oversubscribed and did not meet demand. Visits could be booked in several ways, including through ATMs and by visitors using the telephone booking line and email.
- 4.53** The visits bungalow continued to offer only a booking-in facility and no proactive staff support was available. Visitors could be refused entry if they were 'inappropriately dressed'; no monitoring was undertaken of the number involved. Although unnecessary, many staff told us that visitors had to have photographic identification on every visit. The visits bungalow had notices displayed confirming this requirement. (See main recommendation S46.)
- 4.54** A good variety of refreshments was available in the main visits room, but prisoners could not use the toilet. The unsupervised play area was extremely poorly equipped and the attractive outdoor play area, available in the summer, was only for children of prisoners on the enhanced level. A pleasant and comfortable family room was regularly used for additional visits from children and families. Visits did not start at the advertised time and we saw some visitors arriving in the visits hall 20 minutes after the advertised start of their visit.

- 4.55** Visitors indicated by the drug dog were offered a closed visit or could leave without any additional intelligence or individual risk assessment. Closed visits could not take place in private and audibility was exceptionally poor.
- 4.56** Ten per cent of prisoners were routinely strip-searched after visits, irrespective of any specific intelligence although the ongoing issues with trafficking of illicit drugs probably made this necessary as a deterrent.

Attitudes, thinking and behaviour

- 4.57** Prisoners could access a range of offending behaviour interventions and provision was based on an assessment of prisoners' needs. The Thinking Skills Programme (TSP), RESOLVE (a moderate intensity violence reduction programme), Building Better Relationships (an intimate partner violence reduction programme) and the Self-Change Programme (a high intensity violence reduction programme) were available for main location prisoners; vulnerable prisoners could participate in the TSP. Some prisoners could also access the therapeutic community which was run within the prison complex. An unaccredited anxiety management programme was offered to those who were unsure about taking part in group work on accredited programmes. None of the courses focused specifically on victim awareness. Programmes staff attended induction regularly to inform prisoners about what was available. Access to programmes was appropriately prioritised according to parole and release dates and the requirements of individual prisoners' sentence plans.
- 4.58** Post-programme support was good and families and friends as well as residential staff and offender supervisors and managers were invited to attend prisoners' reviews.

Recommendation

- 4.59** **The need for a specific victim awareness course should be assessed and an appropriate course provided if required.**

Additional resettlement services

- 4.60** The needs analysis did not identify the extent of trauma in the population and resettlement staff and offender supervisors did not specifically assess prisoners' experiences of sexual or physical abuse or violence. As a result, no specific services were provided (see section on delivery of care (mental health), recommendation 2.84).

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 A review of the specific function of each unit should be conducted to ensure newly arrived prisoners are located where they can best be supported, and arrangements to ensure their wellbeing are appropriate. (S42)
- 5.2 The prison should develop an effective strategy to address the underlying reasons for violence between prisoners and ensure that the location of those who need to be kept apart does not impact negatively on other prisoners. (S43)
- 5.3 Monitoring and quality assurance procedures for use of force should be developed to ensure that all incidents, including planned interventions, are reviewed promptly and that force is used proportionately and as a last resort. Reports should accurately reflect in sufficient detail what happened. (S44)
- 5.4 The prison should review the scheduling and duration of lessons as well as the equipment used in the classroom and consider alternatives that better meet learners' needs. (S45)
- 5.5 Work to help prisoners develop and maintain positive relationships with their families should be developed and extended. Visit arrangement should be improved. (S46)

Recommendations

To the governor

Courts, escort and transfers

- 5.6 Prisoners' property should arrive with them on transfer or within a reasonable period after their arrival. (I.3)
- 5.7 Prisoners should receive sufficient notice of planned transfers subject to well-evidenced security considerations. (I.4)

Early days in custody

- 5.8 Procedures should be expedited and new arrivals should not be held in reception for extended periods. (I.11)
- 5.9 Prisoners in reception should only be strip-searched and required to squat following an individual risk assessment. (I.12)
- 5.10 Orderlies should be closely supervised while in reception. (I.13)

Bullying and violence reduction

- 5.11** Staffing levels on residential wings should be adequate to reassure prisoners about their safety. (1.21)

Self-harm and suicide prevention

- 5.12** Action plans developed following death in custody investigations and serious near-fatal incidents of self-harm should be reviewed periodically to ensure that changes in practice and lessons learned from these incidents are sustained. (1.29)
- 5.13** Prisoners subject to ACCT procedures should not be held in segregation unless an assessment shows it is the only appropriate place for them. (1.30)

Safeguarding

- 5.14** The governor should support the developing links with adult social services and the safeguarding adults board and ensure a whole-prison approach to safeguarding is promoted through the CAPS meetings. (1.37)

Incentives and earned privileges

- 5.15** Applications for the enhanced regime should be considered promptly and prisoners promoted if appropriate. (1.49)
- 5.16** Reviews should consider all the available information about a prisoner and should be fully recorded. Targets should reflect prisoners' individual circumstances. (1.50)

Discipline

- 5.17** Prison managers should monitor the progress of adjudications and take action to ensure they are carried out within a reasonable time. (1.53)
- 5.18** The use of special accommodation should be properly documented. (1.57)
- 5.19** The regime for those held in segregation should be improved, and reintegration planning should be undertaken for all prisoners in the unit. (1.64)

Substance misuse

- 5.20** Prisoners should have consistent access to group-work interventions that meet identified needs, and the prison should ensure they can be delivered safely and in a suitable environment. (1.71)
- 5.21** The clinical management of prisoners who are dependent on drugs and alcohol should be improved by providing first night treatment and ensuring prompt admission to the stabilisation unit. (1.72)

Residential units

- 5.22** Cells designed for single use should not be used for shared occupancy. (2.11)

- 5.23** The ordering, storage and issue of basic hygiene and cleaning materials should be reviewed to ensure that they are consistently available to prisoners. (2.12)
- 5.24** Residential managers should routinely monitor delays in cell call alarms being re-set and be assured that urgent calls receive a prompt response. (2.13)

Staff-prisoner relationships

- 5.25** A nominated member of staff should make regular checks on the wellbeing of prisoners for whom they are responsible, and record this on P-Nomis. (2.16)

Equality and diversity

- 5.26** The prison should introduce effective equality monitoring and equality impact assessments for all protected characteristics. (2.24)
- 5.27** The prison should ensure all disabled prisoners have prompt access to mobility aids. (2.30)

Health services

- 5.28** The non-attendance rates for all clinics should be reduced to under 12% and prisoners should not have excessive waits before and after their clinic appointments. (2.55)
- 5.29** There should be sufficient clinical rooms for the population and all clinical areas should be fully compliant with current infection control standards. (2.56)
- 5.30** Custodial staff should have easy direct access to well maintained and checked automatic external defibrillators. (2.57)
- 5.31** A designated senior health lead staff member should develop health services for older prisoners and those with disabilities, which should include prompt access to all relevant community screening programmes. (2.58)
- 5.32** Prisoners should be able to complain about health services through a confidential system and all responses to complaints should address all the issues raised. (2.59)
- 5.33** A prison health promotion action group should oversee a systematic programme of health promotion, which should include community equivalent access to hepatitis C identification, management and treatment. (2.60)
- 5.34** Prisoners should have prompt access to GP services, including first night assessment and confidential nurse assessment clinics provided by trained staff who can provide appropriate treatment using evidence-based triage algorithms. (2.67)
- 5.35** Prisoners should have timely access to external hospital appointments. (2.68)
- 5.36** A pharmacist should attend the prison regularly to provide governance assurance on medication and regular clinics for prisoners, and all pharmacy staff should be appropriately trained. (2.74)
- 5.37** All medicines, including controlled drugs, should be prescribed, ordered and stored in line with current professional standards and administered according to the recommended dosage regime to ensure effective patient care. (2.75)

- 5.38** A wider range of medicines should be available for health professionals to administer without a prescription when clinically appropriate, underpinned by current out-of-hours and special sick policies. (2.76)
- 5.39** Mental health provision should include specialist abuse counselling and formal dual diagnosis services. (2.84)
- 5.40** Patients requiring a transfer under the Mental Health Act should be assessed promptly and transferred within the current transfer guidelines. (2.85)

Time out of cell

- 5.41** A reasonable amount of time out of cell should be available for all prisoners. (3.4)
- 5.42** Vulnerable prisoners should be able to access outside exercise free of abuse from other prisoners. (3.5)

Learning and skills and work activities

- 5.43** The prison should strengthen its observation of the teaching and learning process and ensure that observers focus on the quality of learning. (3.12)
- 5.44** The prison should review the pay disparity between prisoners who are in employment and those who attend education. (3.13)
- 5.45** Education data should be analysed and used to improve the quality of the provision. (3.14)
- 5.46** The prison should take swift action to ensure that all prisoners attend the activities to which they are allocated. (3.18)
- 5.47** Managers should ensure that maths and English are promoted more effectively within vocational subjects. (3.25)
- 5.48** The prison should identify the reasons for poor outcomes on many courses and take effective improvement actions. (3.28)
- 5.49** The prison should update its fiction and non-fiction provision and include more easy-read material for those wanting to improve their English language skills. (3.32)

Physical education and healthy living

- 5.50** The prison should promote health and wellbeing and increase the proportion of prisoners who regularly use the PE facilities. (3.38)
- 5.51** The PE department should make better use of data to monitor the use of the facilities and evaluate the take-up by different groups of prisoners. (3.39)

Offender management and planning

- 5.52** Processes should be developed to identify and address offender managers' lack of involvement in assessment and sentence planning. (4.18)
- 5.53** Quality assurance and performance management procedures should be improved to ensure that all case work is of a sufficient standard. (4.19)

- 5.54** Sentence planning objectives should be clear, specific and measurable. (4.20)
- 5.55** The system of ascertaining, reviewing and recording MAPPA management levels pre-release should be systematised. (4.27)

Reintegration planning

- 5.56** All resettlement housing workers should receive adequate training. (4.42)
- 5.57** Virtual campus or its equivalent should be available and well used. (4.44)
- 5.58** Prisoners should be supplied with at least seven days' medication on release or have continuous prescribing arranged prior to release to ensure continuity of care. (4.46)
- 5.59** The need for a specific victim awareness course should be assessed and an appropriate course provided if required. (4.59)

Housekeeping points

Self-harm and suicide prevention

- 5.60** Senior managers should routinely complete quality checks of the care prisoners subject to ACCT procedures receive and enter their comments in the document. (1.31)
- 5.61** Listeners should attend safer custody meetings. (1.32)

Complaints

- 5.62** A senior manager should routinely check a sample of replies to complaints. (2.40)

Legal rights

- 5.63** The reasons for opening legal mail should be clearly recorded in all cases. (2.44)

Health services

- 5.64** Standard operating procedures should be specific to the prison. (2.77)
- 5.65** Representatives from the pharmacy and the medicine provider should attend clinical governance and medicine management meetings regularly. (2.78)
- 5.66** All care plans should be easily accessible on SystemOne. (2.86)

Catering

- 5.67** The deep cleaning of food trolleys should be improved and routinely monitored. (2.92)

Purchases

- 5.68** Managers should discuss and resolve prisoners' dissatisfaction with the shop with prisoner representatives. (2.98)

Strategic management of resettlement

5.69 All departments should regularly be represented at reducing reoffending meetings. (4.7)

Offender management and planning

5.70 Wing staff should contribute to all sentence planning boards. (4.21)

Examples of good practice

5.71 The PAL enabled prisoners to take responsibility for sourcing information themselves. (4.38)

5.72 The ISMT provided an outreach service at local courts to ensure prisoners had continuity of care. (4.49)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Sean Sullivan	Team leader
Joss Crosbie	Inspector
Karen Dillon	Inspector
Paul Fenning	Inspector
Fionnuala Gordon	Inspector
Michelle Bellham	Researcher
Njilan Morris-Jarra	Researcher
Amy Radford	Researcher
Alissa Redmond	Researcher

Specialist inspectors

Sigrid Engelen	Substance misuse inspector
Majella Pearce	Health services inspector
Deborah Hylands	Pharmacist
Catherine Raycraft	Care Quality Commission inspector
Martin Hughes	Ofsted inspector
Jai Sharda	Ofsted inspector
Matt Vaughan	Ofsted inspector
Krystyna Findley	Offender management inspector
Iolo Madoc-Jones	Offender management inspector

Appendix II: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced	0	756	81.99
Recall	0	56	6.07
Convicted unsentenced	0	26	2.81
Remand	0	84	9.11
Civil prisoners	0	0	0
Detainees	0	0	0
Total		922	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	0	110	11.93
Less than 6 months	0	29	3.14
6 months to less than 12 months	0	13	1.4
12 months to less than 2 years	0	30	3.25
2 years to less than 4 years	0	77	8.35
4 years to less than 10 years	0	179	19.41
10 years and over (not life)	0	187	20.28
ISPP (indeterminate sentence for public protection)	0	144	15.61
Life	0	153	16.59
Total	0	922	100

Age	Number of prisoners	%
Please state minimum age here: 21		
Under 21 years	0	0
21 years to 29 years	337	36.55
30 years to 39 years	328	35.57
40 years to 49 years	168	18.22
50 years to 59 years	60	6.5
60 years to 69 years	21	2.27
70 plus years	8	0.86
Please state maximum age here: 78		
Total	922	100

Nationality	18–20 yr olds	21 and over	%
British	0	838	90.88
Foreign nationals	0	84	9.11
Total	0	922	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	0	110	11.93
Uncategorised sentenced	0	3	0.32
Category A	0	0	0
Category B	0	612	
Category C	0	197	
Category D	0	0	0
Other	0	0	0
Total	0	922	0

Ethnicity	18–20 yr olds	21 and over	%
White			
British	0	637	69.08
Irish	0	3	0.32
Gypsy/Irish Traveller	0	3	0.32
Other white	0	35	3.79
Mixed			
White and black Caribbean	0	20	2.16
White and black African	0	2	0.21
White and Asian	0	4	0.43
Other mixed	0	12	1.3
Asian or Asian British			
Indian	0	13	1.40
Pakistani	0	40	4.33
Bangladeshi	0	5	0.5
Chinese	0	2	0.21
Other Asian	0	16	
Black or black British			
Caribbean	0	79	8.56
African	0	21	2.27
Other black	0	20	2.16
Other ethnic group			
Arab	0	1	0.1
Other ethnic group	0	6	0.65
Not stated	0	3	0.32
Total	0	922	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	1	0.1
Church of England	0	149	16.16
Roman Catholic	0	184	19.95
Other Christian denominations	0	102	11.06
Muslim	0	142	15.40
Sikh	0	8	0.86
Hindu	0	3	0.32
Buddhist	0	15	1.62
Jewish	0	5	0.54
Other	0	18	1.95
No religion	0	295	31.99
Total	0	922	100

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)		Not available	
Total			

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	92	11.33
1 month to 3 months	0	0	159	19.58
3 months to 6 months	0	0	229	28.20
6 months to 1 year	0	0	100	12.31
1 year to 2 years	0	0	32	3.94
2 years to 4 years	0	0	145	17.85
4 years or more	0	0	55	6.77
Total	0	0	812*	100

*4 other – not accounted for

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	0	682	61.5
Total	0	682	61.5

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	31	28.18
1 month to 3 months	0	0	49	44.54
3 months to 6 months	0	0	21	19.09
6 months to 1 year	0	0	7	6.3
1 year to 2 years	0	0	2	1.8
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	0	0	110	100

Main offence *	18–20 yr olds	21 and over	%
Violence against the person	0		
Sexual offences	0		
Burglary	0		
Robbery	0		
Theft and handling	0		
Fraud and forgery	0		
Drugs offences	0		
Other offences	0		
Civil offences	0		
Offence not recorded/holding warrant	0		
Total	0	0	

* information not available

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 establishment⁶. 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 5 January 2015 the prisoner population at HMP Dovegate was 926. Using the method described above, questionnaires were distributed to a sample of 231 prisoners.

We received a total of 176 completed questionnaires, a response rate of 76%. Eighteen respondents refused to complete a questionnaire, 29 questionnaires were not returned and eight were returned blank.

Wing/unit	Number of completed survey returns
A	13
B	14
C	8
D	10

⁶ 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.

E	11
F	10
G	11
H	18
J	8
K	9
L	14
M	13
N	16
P	17
Health care	1
Segregation unit	3

Presentation of survey results and analyses

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

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 significant⁷ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Dovegate in 2015 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in seven category B trainer prisons since April 2011.
- The current survey responses from HMP Dovegate in 2015 compared with the responses of prisoners surveyed at HMP Dovegate in 2008.
- A comparison within the 2015 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2015 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2015 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 2015 survey between the vulnerable prisoner wing (H) and the rest of the establishment.

⁷ 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

Q1.2	How old are you?			
	Under 21	0	(0%)	
	21 - 29.....	56	(32%)	
	30 - 39.....	65	(37%)	
	40 - 49.....	37	(21%)	
	50 - 59.....	14	(8%)	
	60 - 69.....	2	(1%)	
	70 and over	0	(0%)	
Q1.3	Are you sentenced?			
	Yes	132	(75%)	
	Yes - on recall.....	13	(7%)	
	No - awaiting trial.....	17	(10%)	
	No - awaiting sentence	12	(7%)	
	No - awaiting deportation.....	1	(1%)	
Q1.4	How long is your sentence?			
	Not sentenced	30	(17%)	
	Less than 6 months	7	(4%)	
	6 months to less than 1 year	1	(1%)	
	1 year to less than 2 years	3	(2%)	
	2 years to less than 4 years	20	(11%)	
	4 years to less than 10 years	34	(20%)	
	10 years or more	40	(23%)	
	IPP (indeterminate sentence for public protection)	8	(5%)	
	Life.....	31	(18%)	
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)			
	Yes	10	(6%)	
	No.....	164	(94%)	
Q1.6	Do you understand spoken English?			
	Yes	171	(98%)	
	No.....	4	(2%)	
Q1.7	Do you understand written English?			
	Yes	170	(98%)	
	No.....	3	(2%)	
Q1.8	What is your ethnic origin?			
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	108 (62%)	Asian or Asian British - Chinese	1 (1%)
	White - Irish	4 (2%)	Asian or Asian British - other	2 (1%)
	White - other.....	8 (5%)	Mixed race - white and black Caribbean.....	13 (7%)
	Black or black British - Caribbean.....	11 (6%)	Mixed race - white and black African	1 (1%)
	Black or black British - African	4 (2%)	Mixed race - white and Asian	1 (1%)
	Black or black British - other	2 (1%)	Mixed race - other.....	1 (1%)
	Asian or Asian British - Indian	2 (1%)	Arab.....	0 (0%)
	Asian or Asian British - Pakistani.....	14 (8%)	Other ethnic group	3 (2%)
	Asian or Asian British - Bangladeshi.....	0 (0%)		

Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		2 (1%)
	No.....		170 (99%)
Q1.10	What is your religion?		
	None.....	50 (29%)	Hindu
	Church of England	37 (22%)	Jewish
	Catholic	39 (23%)	Muslim
	Protestant.....	2 (1%)	Sikh
	Other Christian denomination	6 (4%)	Other.....
	Buddhist.....	2 (1%)	
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight		169 (99%)
	Homosexual/Gay.....		0 (0%)
	Bisexual.....		2 (1%)
Q1.12	Do you consider yourself to have a disability? (i.e do you need help with any long term physical, mental or learning needs.)		
	Yes		42 (24%)
	No.....		132 (76%)
Q1.13	Are you a veteran (ex- armed services)?		
	Yes		10 (6%)
	No.....		164 (94%)
Q1.14	Is this your first time in prison?		
	Yes		51 (29%)
	No.....		122 (71%)
Q1.15	Do you have children under the age of 18?		
	Yes		111 (63%)
	No.....		64 (37%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?		
	Less than 2 hours		95 (54%)
	2 hours or longer		59 (34%)
	Don't remember		21 (12%)
Q2.2	On your most recent journey here, were you offered anything to eat or drink?		
	My journey was less than two hours		95 (54%)
	Yes		49 (28%)
	No.....		24 (14%)
	Don't remember		8 (5%)
Q2.3	On your most recent journey here, were you offered a toilet break?		
	My journey was less than two hours		95 (54%)
	Yes		11 (6%)
	No.....		59 (34%)
	Don't remember		10 (6%)
Q2.4	On your most recent journey here, was the van clean?		
	Yes		110 (63%)
	No.....		51 (29%)
	Don't remember		13 (7%)

Q2.5	On your most recent journey here, did you feel safe?	
	Yes	143 (83%)
	No.....	22 (13%)
	Don't remember	7 (4%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well.....	41 (24%)
	Well.....	83 (48%)
	Neither	39 (22%)
	Badly.....	6 (3%)
	Very badly	1 (1%)
	Don't remember	4 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that applies to you.)	
	Yes, someone told me	131 (76%)
	Yes, I received written information	5 (3%)
	No, I was not told anything	31 (18%)
	Don't remember	6 (3%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	140 (80%)
	No.....	33 (19%)
	Don't remember	1 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?			
	Less than 2 hours	92 (53%)		
	2 hours or longer	72 (41%)		
	Don't remember	10 (6%)		
Q3.2	When you were searched, was this carried out in a respectful way?			
	Yes	147 (84%)		
	No	22 (13%)		
	Don't remember	6 (3%)		
Q3.3	Overall, how were you treated in reception?			
	Very well.....	33 (19%)		
	Well.....	93 (53%)		
	Neither	26 (15%)		
	Badly.....	14 (8%)		
	Very badly	6 (3%)		
	Don't remember	3 (2%)		
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that applies to you.)			
	Loss of property	33 (20%)	Physical health	26 (16%)
	Housing problems.....	14 (8%)	Mental health	36 (22%)
	Contacting employers	3 (2%)	Needing protection from other prisoners	11 (7%)
	Contacting family	22 (13%)	Getting phone numbers.....	39 (23%)
	Childcare	1 (1%)	Other	10 (6%)
	Money worries.....	27 (16%)	Did not have any problems.....	56 (34%)
	Feeling depressed or suicidal	23 (14%)		

Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?	
	Yes	38 (23%)
	No.....	69 (42%)
	Did not have any problems	56 (34%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that applies to you.)	
	Tobacco.....	139 (81%)
	A shower	49 (28%)
	A free telephone call.....	151 (88%)
	Something to eat.....	116 (67%)
	PIN phone credit.....	103 (60%)
	Toiletries/ basic items	102 (59%)
	Did not receive anything	1 (1%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that applies to you.)	
	Chaplain	80 (49%)
	Someone from health services.....	115 (71%)
	A Listener/Samaritans	52 (32%)
	Prison shop/ canteen	53 (33%)
	34 (21%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that applies to you.)	
	What was going to happen to you	83 (51%)
	What support was available for people feeling depressed or suicidal.....	66 (41%)
	How to make routine requests (applications)	69 (43%)
	Your entitlement to visits.....	66 (41%)
	Health services	80 (49%)
	Chaplaincy	64 (40%)
	Not offered any information.....	41 (25%)
Q3.9	Did you feel safe on your first night here?	
	Yes	136 (81%)
	No.....	27 (16%)
	Don't remember	5 (3%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	16 (10%)
	Within the first week.....	94 (56%)
	More than a week.....	50 (30%)
	Don't remember	8 (5%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	16 (10%)
	Yes	108 (67%)
	No.....	32 (20%)
	Don't remember	6 (4%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment.....	18 (11%)
	Within the first week.....	51 (31%)
	More than a week.....	73 (45%)
	Don't remember	20 (12%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	30 (19%)	73 (47%)	13(8%)	16 (10%)	14 (9%)	10(6%)
	<i>Attend legal visits?</i>	27 (18%)	63 (43%)	17 (12%)	9(6%)	10(7%)	20 (14%)
	<i>Get bail information?</i>	4 (3%)	25 (19%)	18 (14%)	15 (12%)	15 (12%)	53 (41%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters.....</i>						22 (14%)
	<i>Yes.....</i>						72 (44%)
	<i>No.....</i>						68 (42%)
Q4.3	Can you get legal books in the library?						
	<i>Yes.....</i>						82 (50%)
	<i>No.....</i>						14 (9%)
	<i>Don't know.....</i>						68 (41%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	110 (68%)	49 (30%)	3 (2%)			
	<i>Are you normally able to have a shower every day?</i>	163 (99%)	1 (1%)	1(1%)			
	<i>Do you normally receive clean sheets every week?</i>	71 (43%)	90 (55%)	3(2%)			
	<i>Do you normally get cell cleaning materials every week?</i>	79 (49%)	79 (49%)	3(2%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	48 (30%)	95 (59%)	19 (12%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	106 (67%)	51 (32%)	1(1%)			
	<i>If you need to, can you normally get your stored property?</i>	42 (26%)	78 (49%)	40 (25%)			
Q4.5	What is the food like here?						
	<i>Very good.....</i>						8 (5%)
	<i>Good.....</i>						48 (29%)
	<i>Neither.....</i>						48 (29%)
	<i>Bad.....</i>						39 (23%)
	<i>Very bad.....</i>						23 (14%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?						
	<i>Have not bought anything yet/ don't know.....</i>						3 (2%)
	<i>Yes.....</i>						62 (38%)
	<i>No.....</i>						99 (60%)
Q4.7	Can you speak to a Listener at any time, if you want to?						
	<i>Yes.....</i>						82 (50%)
	<i>No.....</i>						15 (9%)
	<i>Don't know.....</i>						67 (41%)
Q4.8	Are your religious beliefs respected?						
	<i>Yes.....</i>						81 (50%)
	<i>No.....</i>						29 (18%)
	<i>Don't know/ N/A.....</i>						53 (33%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?						
	<i>Yes.....</i>						86 (52%)
	<i>No.....</i>						13 (8%)
	<i>Don't know/ N/A.....</i>						65 (40%)

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

<i>I don't want to attend</i>	32 (20%)
<i>Very easy</i>	45 (27%)
<i>Easy</i>	32 (20%)
<i>Neither</i>	9 (5%)
<i>Difficult</i>	10 (6%)
<i>Very difficult</i>	6 (4%)
<i>Don't know</i>	30 (18%)

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

<i>Yes</i>	123 (76%)
<i>No</i>	28 (17%)
<i>Don't know</i>	11 (7%)

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

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
<i>Are applications dealt with fairly?</i>	15 (10%)	73 (49%)	62 (41%)
<i>Are applications dealt with quickly (within seven days)?</i>	15 (11%)	52 (39%)	67 (50%)

Q5.3 Is it easy to make a complaint?

<i>Yes</i>	105 (67%)
<i>No</i>	27 (17%)
<i>Don't know</i>	24 (15%)

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

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
<i>Are complaints dealt with fairly?</i>	46 (31%)	31 (21%)	72 (48%)
<i>Are complaints dealt with quickly (within seven days)?</i>	46 (33%)	20 (14%)	72 (52%)

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

<i>Yes</i>	31 (21%)
<i>No</i>	120 (79%)

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

<i>Don't know who they are</i>	51 (33%)
<i>Very easy</i>	15 (10%)
<i>Easy</i>	29 (19%)
<i>Neither</i>	32 (21%)
<i>Difficult</i>	16 (10%)
<i>Very difficult</i>	13 (8%)

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

<i>Don't know what the IEP scheme is</i>	19 (12%)
<i>Yes</i>	75 (48%)
<i>No</i>	40 (26%)
<i>Don't know</i>	21 (14%)

Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	19 (12%)
	<i>Yes</i>	62 (41%)
	<i>No</i>	56 (37%)
	<i>Don't know</i>	16 (10%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	21 (13%)
	<i>No</i>	137 (87%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	111 (74%)
	<i>Very well</i>	5 (3%)
	<i>Well</i>	8 (5%)
	<i>Neither</i>	14 (9%)
	<i>Badly</i>	5 (3%)
	<i>Very badly</i>	8 (5%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	133 (86%)
	<i>No</i>	21 (14%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	106 (70%)
	<i>No</i>	46 (30%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes</i>	47 (30%)
	<i>No</i>	108 (70%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	8 (5%)
	<i>Never</i>	20 (13%)
	<i>Rarely</i>	37 (24%)
	<i>Some of the time</i>	50 (32%)
	<i>Most of the time</i>	29 (19%)
	<i>All of the time</i>	11 (7%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	74 (47%)
	<i>In the first week</i>	29 (19%)
	<i>More than a week</i>	36 (23%)
	<i>Don't remember</i>	17 (11%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	74 (48%)
	<i>Very helpful</i>	16 (10%)
	<i>Helpful</i>	25 (16%)
	<i>Neither</i>	21 (14%)
	<i>Not very helpful</i>	12 (8%)
	<i>Not at all helpful</i>	6 (4%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?		
	Yes	73 (46%)	
	No.....	84 (54%)	
Q8.2	Do you feel unsafe now?		
	Yes	29 (19%)	
	No.....	122 (81%)	
Q8.3	In which areas have you felt unsafe? (Please tick all that applies to you.)		
	Never felt unsafe	84 (58%)	At meal times..... 14 (10%)
	Everywhere	18 (13%)	At health services..... 9 (6%)
	Segregation unit	7 (5%)	Visits area
	Association areas	21 (15%)	In wing showers
	Reception area	3 (2%)	In gym showers
	At the gym	10 (7%)	In corridors/stairwells..... 5 (3%)
	In an exercise yard	5 (3%)	On your landing/wing
	At work.....	6 (4%)	In your cell
	During movement.....	21 (15%)	At religious services..... 6 (4%)
	At education	7 (5%)	
Q8.4	Have you been victimised by other prisoners here?		
	Yes	48 (31%)	
	No.....	106 (69%)	
Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that applies to you.)		
	Insulting remarks (about you or your family or friends)	18 (12%)	
	Physical abuse (being hit, kicked or assaulted)	16 (10%)	
	Sexual abuse	1 (1%)	
	Feeling threatened or intimidated	24 (16%)	
	Having your canteen/property taken.....	10 (6%)	
	Medication.....	9 (6%)	
	Debt	8 (5%)	
	Drugs.....	10 (6%)	
	Your race or ethnic origin.....	6 (4%)	
	Your religion/religious beliefs	6 (4%)	
	Your nationality	4 (3%)	
	You are from a different part of the country than others.....	7 (5%)	
	You are from a traveller community	1 (1%)	
	Your sexual orientation	2 (1%)	
	Your age.....	2 (1%)	
	You have a disability.....	6 (4%)	
	You were new here.....	11 (7%)	
	Your offence/ crime	8 (5%)	
	Gang related issues.....	8 (5%)	
Q8.6	Have you been victimised by staff here?		
	Yes	46 (30%)	
	No.....	105 (70%)	

Q8.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that applies to you.)

Insulting remarks (about you or your family or friends)	15 (10%)
Physical abuse (being hit, kicked or assaulted)	6 (4%)
Sexual abuse	0 (0%)
Feeling threatened or intimidated	18 (12%)
Medication	7 (5%)
Debt	4 (3%)
Drugs	8 (5%)
Your race or ethnic origin	5 (3%)
Your religion/religious beliefs	5 (3%)
Your nationality	5 (3%)
You are from a different part of the country than others	4 (3%)
You are from a traveller community	0 (0%)
Your sexual orientation	2 (1%)
Your age	1 (1%)
You have a disability	3 (2%)
You were new here	6 (4%)
Your offence/ crime	8 (5%)
Gang related issues	5 (3%)

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

Not been victimised	85 (59%)
Yes	20 (14%)
No	38 (27%)

Section 9: Health services

Q9.1 How easy or difficult is it to see the following people:

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	13 (8%)	6 (4%)	29 (19%)	18 (12%)	54 (35%)	34 (22%)
The nurse	13 (9%)	16 (11%)	50 (33%)	26 (17%)	31 (21%)	14 (9%)
The dentist	22 (15%)	7 (5%)	19 (13%)	12 (8%)	46 (31%)	43 (29%)

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

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	20 (13%)	11 (7%)	30 (20%)	32 (21%)	24 (16%)	36 (24%)
The nurse	15 (10%)	16 (10%)	37 (24%)	36 (24%)	27 (18%)	22 (14%)
The dentist	30 (20%)	18 (12%)	37 (25%)	24 (16%)	15 (10%)	25 (17%)

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

Not been	12 (8%)
Very good	9 (6%)
Good	35 (23%)
Neither	26 (17%)
Bad	32 (21%)
Very bad	40 (26%)

Q9.4 Are you currently taking medication?

Yes	77 (49%)
No	79 (51%)

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

Not taking medication	79 (52%)
Yes, all my meds	20 (13%)
Yes, some of my meds	18 (12%)
No	36 (24%)

Q9.6	Do you have any emotional or mental health problems?	
	Yes	64 (42%)
	No.....	90 (58%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)	
	<i>Do not have any emotional or mental health problems.....</i>	90 (60%)
	Yes	26 (17%)
	No.....	34 (23%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	46 (30%)
	No.....	105 (70%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	39 (26%)
	No.....	110 (74%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy.....	48 (33%)
	Easy	12 (8%)
	Neither	12 (8%)
	Difficult.....	3 (2%)
	Very difficult.....	8 (6%)
	Don't know	62 (43%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	20 (14%)
	Easy	24 (16%)
	Neither	12 (8%)
	Difficult.....	5 (3%)
	Very difficult.....	15 (10%)
	Don't know	71 (48%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	26 (17%)
	No.....	123 (83%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	19 (13%)
	No.....	129 (87%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	91 (62%)
	Yes	35 (24%)
	No.....	20 (14%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	<i>Did not / do not have an alcohol problem.....</i>	110 (75%)
	Yes	23 (16%)
	No.....	14 (10%)

Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	101 (70%)
	<i>Yes</i>	27 (19%)
	<i>No</i>	16 (11%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	6(4%)	10 (7%)	38(26%)	23 (16%)	41(28%)	30 (20%)
	Vocational or skills training	19 (13%)	11 (8%)	40(28%)	27 (19%)	27(19%)	17 (12%)
	Education (including basic skills)	10 (7%)	19 (13%)	55(37%)	28 (19%)	24(16%)	11 (7%)
	Offending behaviour programmes	23 (16%)	7(5%)	30(21%)	32 (22%)	32(22%)	19 (13%)
Q11.2	Are you currently involved in the following? (Please tick all that applies to you.)						
	<i>Not involved in any of these</i>					32 (23%)	
	<i>Prison job</i>					80 (57%)	
	<i>Vocational or skills training</i>					14 (10%)	
	<i>Education (including basic skills)</i>					43 (31%)	
	<i>Offending behaviour programmes</i>					18 (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	28 (22%)	45 (35%)	41 (32%)	15 (12%)		
	Vocational or skills training	36 (34%)	38 (36%)	17 (16%)	16 (15%)		
	Education (including basic skills)	26 (22%)	54 (45%)	20 (17%)	20 (17%)		
	Offending behaviour programmes	37 (34%)	32 (30%)	21 (19%)	18 (17%)		
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>					15 (10%)	
	<i>Never</i>					27 (18%)	
	<i>Less than once a week</i>					43 (28%)	
	<i>About once a week</i>					48 (32%)	
	<i>More than once a week</i>					18 (12%)	
Q11.5	Does the library have a wide enough range of materials to meet your needs?						
	<i>Don't use it</i>					30 (20%)	
	<i>Yes</i>					50 (34%)	
	<i>No</i>					69 (46%)	
Q11.6	How many times do you usually go to the gym each week?						
	<i>Don't want to go</i>					36 (24%)	
	<i>0</i>					26 (17%)	
	<i>1 to 2</i>					33 (22%)	
	<i>3 to 5</i>					52 (34%)	
	<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>					17 (11%)	
	<i>0</i>					28 (19%)	
	<i>1 to 2</i>					45 (30%)	
	<i>3 to 5</i>					27 (18%)	
	<i>More than 5</i>					31 (21%)	

Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	6 (4%)
	<i>0</i>	6 (4%)
	<i>1 to 2</i>	11 (8%)
	<i>3 to 5</i>	9 (6%)
	<i>More than 5</i>	113 (78%)

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>	19 (13%)
	<i>2 to less than 4 hours</i>	26 (18%)
	<i>4 to less than 6 hours</i>	19 (13%)
	<i>6 to less than 8 hours</i>	23 (16%)
	<i>8 to less than 10 hours</i>	18 (12%)
	<i>10 hours or more</i>	22 (15%)
	<i>Don't know</i>	18 (12%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	51 (36%)
	<i>No</i>	91 (64%)

Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	66 (44%)
	<i>No</i>	84 (56%)

Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	10 (7%)
	<i>No</i>	138 (93%)

Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	21 (14%)
	<i>Very easy</i>	19 (13%)
	<i>Easy</i>	34 (23%)
	<i>Neither</i>	11 (7%)
	<i>Difficult</i>	36 (24%)
	<i>Very difficult</i>	22 (15%)
	<i>Don't know</i>	8 (5%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	30 (20%)
	<i>Yes</i>	102 (67%)
	<i>No</i>	21 (14%)

Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that applies to you.)	
	<i>Not sentenced/ NA</i>	51 (33%)
	<i>No contact</i>	34 (22%)
	<i>Letter</i>	27 (18%)
	<i>Phone</i>	28 (18%)
	<i>Visit</i>	43 (28%)

Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	125 (86%)
	No.....	21 (14%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	30 (19%)
	Yes	76 (49%)
	No.....	48 (31%)
Q13.5	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/ not sentenced.....	78 (52%)
	Very involved.....	20 (13%)
	Involved	32 (21%)
	Neither	7 (5%)
	Not very involved	9 (6%)
	Not at all involved.....	4 (3%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that applies to you.)	
	Do not have a sentence plan/ not sentenced.....	78 (53%)
	Nobody.....	19 (13%)
	Offender supervisor	39 (27%)
	Offender manager	23 (16%)
	Named/ personal officer	9 (6%)
	Staff from other departments	15 (10%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	Do not have a sentence plan/ not sentenced.....	78 (53%)
	Yes	49 (33%)
	No.....	14 (10%)
	Don't know	6 (4%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	Do not have a sentence plan/ not sentenced.....	78 (53%)
	Yes	22 (15%)
	No.....	30 (20%)
	Don't know	18 (12%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	Do not have a sentence plan/ not sentenced.....	78 (53%)
	Yes	18 (12%)
	No.....	29 (20%)
	Don't know	23 (16%)
Q13.10	Do you have a needs based custody plan?	
	Yes	10 (7%)
	No.....	65 (47%)
	Don't know	63 (46%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	17 (12%)
	No.....	122 (88%)

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

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	26 (19%)	24 (17%)	88 (64%)
Accommodation	21 (16%)	23 (17%)	88 (67%)
Benefits	21 (16%)	28 (21%)	83 (63%)
Finances	22 (17%)	24 (18%)	86 (65%)
Education	27 (21%)	21 (16%)	81 (63%)
Drugs and alcohol	25 (19%)	33 (26%)	71 (55%)

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

<i>Not sentenced</i>	30 (20%)
<i>Yes</i>	58 (39%)
<i>No</i>	59 (40%)

Main comparator and comparator to last time



Prisoner survey responses HMP Dovegate 2015

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

Key to tables

		HMP Dovegate 2015	Category B training prisons comparator	HMP Dovegate 2015	HMP Dovegate 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		176	1222	176	116
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
1.3	Are you sentenced?	83%	100%	83%	100%
1.3	Are you on recall?	7%	3%	7%	3%
1.4	Is your sentence less than 12 months?	5%	1%	5%	1%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	20%	5%	6%
1.5	Are you a foreign national?	6%	12%	6%	16%
1.6	Do you understand spoken English?	98%	99%	98%	
1.7	Do you understand written English?	98%	98%	98%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	31%	33%	31%	28%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	1%	4%	1%	
1.1	Are you Muslim?	14%	15%	14%	16%
1.11	Are you homosexual/gay or bisexual?	1%	3%	1%	2%
1.12	Do you consider yourself to have a disability?	24%	23%	24%	12%
1.13	Are you a veteran (ex-armed services)?	6%	7%	6%	
1.14	Is this your first time in prison?	30%	42%	30%	39%
1.15	Do you have any children under the age of 18?	63%	47%	63%	58%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	34%	64%	34%	68%
	For those who spent two or more hours in the escort van:				
2.2	Were you offered anything to eat or drink?	61%	71%	61%	
2.3	Were you offered a toilet break?	14%	11%	14%	
2.4	Was the van clean?	63%	63%	63%	
2.5	Did you feel safe?	83%	77%	83%	
2.6	Were you treated well/very well by the escort staff?	71%	69%	71%	59%
2.7	Before you arrived here were you told that you were coming here?	76%	63%	76%	
2.7	Before you arrived here did you receive any written information about coming here?	3%	16%	3%	

Main comparator and comparator to last time

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2.8	When you first arrived here did your property arrive at the same time as you?	80%	87%	80%	88%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	53%	60%	53%	
3.2	When you were searched in reception, was this carried out in a respectful way?	84%	83%	84%	74%
3.3	Were you treated well/very well in reception?	72%	74%	72%	57%
	When you first arrived:				
3.4	Did you have any problems?	66%	57%	66%	65%
3.4	Did you have any problems with loss of property?	20%	20%	20%	20%
3.4	Did you have any housing problems?	9%	6%	9%	4%
3.4	Did you have any problems contacting employers?	2%	2%	2%	2%
3.4	Did you have any problems contacting family?	13%	18%	13%	27%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	2%	1%	5%
3.4	Did you have any money worries?	16%	12%	16%	17%
3.4	Did you have any problems with feeling depressed or suicidal?	14%	13%	14%	10%
3.4	Did you have any physical health problems?	16%	12%	16%	
3.4	Did you have any mental health problems?	22%	13%	22%	
3.4	Did you have any problems with needing protection from other prisoners?	7%	5%	7%	11%
3.4	Did you have problems accessing phone numbers?	24%	15%	24%	26%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	36%	37%	36%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	81%	58%	81%	33%
3.6	A shower?	29%	36%	29%	38%
3.6	A free telephone call?	88%	39%	88%	60%
3.6	Something to eat?	67%	61%	67%	68%
3.6	PIN phone credit?	60%	40%	60%	
3.6	Toiletries/ basic items?	59%	50%	59%	
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	49%	47%	49%	
3.7	Someone from health services?	71%	61%	71%	
3.7	A Listener/Samaritans?	32%	32%	32%	

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3.7	Prison shop/ canteen?	33%	22%	33%	47%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	51%	53%	51%	30%
3.8	Support was available for people feeling depressed or suicidal?	41%	42%	41%	33%
3.8	How to make routine requests?	43%	47%	43%	21%
3.8	Your entitlement to visits?	41%	43%	41%	27%
3.8	Health services?	49%	52%	49%	40%
3.8	The chaplaincy?	40%	47%	40%	26%
3.9	Did you feel safe on your first night here?	81%	83%	81%	81%
3.10	Have you been on an induction course?	91%	92%	91%	84%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	74%	68%	74%	57%
3.12	Did you receive an education (skills for life) assessment?	89%	88%	89%	
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	66%	57%	66%	46%
4.1	Attend legal visits?	62%	55%	62%	53%
4.1	Get bail information?	22%	11%	22%	10%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	45%	46%	45%	49%
4.3	Can you get legal books in the library?	50%	47%	50%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	68%	75%	68%	45%
4.4	Are you normally able to have a shower every day?	99%	91%	99%	100%
4.4	Do you normally receive clean sheets every week?	43%	66%	43%	55%
4.4	Do you normally get cell cleaning materials every week?	49%	71%	49%	83%
4.4	Is your cell call bell normally answered within five minutes?	30%	49%	30%	12%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	67%	73%	67%	75%
4.4	Can you normally get your stored property, if you need to?	26%	29%	26%	33%
4.5	Is the food in this prison good/very good?	34%	29%	34%	32%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	38%	51%	38%	52%
4.7	Are you able to speak to a Listener at any time, if you want to?	50%	61%	50%	40%
4.8	Are your religious beliefs are respected?	50%	56%	50%	53%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	52%	61%	52%	58%

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4.10	Is it easy/very easy to attend religious services?	47%	52%	47%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	76%	81%	76%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	54%	54%	54%	42%
5.2	Do you feel applications are dealt with quickly (within seven days)?	44%	38%	44%	53%
5.3	Is it easy to make a complaint?	67%	63%	67%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	30%	32%	30%	26%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	22%	26%	22%	33%
5.5	Have you ever been prevented from making a complaint when you wanted to?	21%	20%	21%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	28%	32%	28%	28%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	48%	60%	48%	
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	48%	41%	
6.3	In the last six months have any members of staff physically restrained you (C&R)?	13%	5%	13%	
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?	32%	39%	32%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	86%	83%	86%	62%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	70%	79%	70%	58%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	30%	35%	30%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	26%	28%	26%	25%
7.5	Do you have a personal officer?	53%	78%	53%	83%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	51%	65%	51%	48%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	47%	35%	47%	48%
8.2	Do you feel unsafe now?	19%	14%	19%	20%
8.4	Have you been victimised by other prisoners here?	31%	27%	31%	20%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	12%	12%	12%	11%
8.5	Hit, kicked or assaulted you?	10%	6%	10%	7%
8.5	Sexually abused you?	1%	1%	1%	1%

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	Percentages which are not highlighted show there is no significant difference				
8.5	Threatened or intimidated you?	16%	19%	16%	
8.5	Taken your canteen/property?	7%	5%	7%	6%
8.5	Victimised you because of medication?	6%	4%	6%	
8.5	Victimised you because of debt?	5%	3%	5%	
8.5	Victimised you because of drugs?	7%	2%	7%	2%
8.5	Victimised you because of your race or ethnic origin?	4%	5%	4%	3%
8.5	Victimised you because of your religion/religious beliefs?	4%	4%	4%	4%
8.5	Victimised you because of your nationality?	3%	3%	3%	
8.5	Victimised you because you were from a different part of the country?	5%	4%	5%	5%
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?	1%	2%	1%	
8.5	Victimised you because you have a disability?	4%	3%	4%	4%
8.5	Victimised you because you were new here?	7%	3%	7%	3%
8.5	Victimised you because of your offence/crime?	5%	6%	5%	4%
8.5	Victimised you because of gang related issues?	5%	2%	5%	
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	31%	28%	31%	41%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	10%	10%	10%	20%
8.7	Hit, kicked or assaulted you?	4%	3%	4%	7%
8.7	Sexually abused you?	0%	1%	0%	1%
8.7	Threatened or intimidated you?	12%	12%	12%	
8.7	Victimised you because of medication?	5%	3%	5%	
8.7	Victimised you because of debt?	3%	1%	3%	
8.7	Victimised you because of drugs?	5%	1%	5%	2%
8.7	Victimised you because of your race or ethnic origin?	3%	5%	3%	12%
8.7	Victimised you because of your religion/religious beliefs?	3%	4%	3%	6%
8.7	Victimised you because of your nationality?	3%	3%	3%	
8.7	Victimised you because you were from a different part of the country?	3%	3%	3%	7%
8.7	Victimised you because you are from a Traveller community?	0%	1%	0%	
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.7	Victimised you because of your age?	1%	2%	1%	

Main comparator and comparator to last time

Key to tables

		HMP Dovegate 2015	Category B training prisons comparator	HMP Dovegate 2015	HMP Dovegate 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.7	Victimised you because you have a disability?	2%	2%	2%	4%
8.7	Victimised you because you were new here?	4%	3%	4%	9%
8.7	Victimised you because of your offence/crime?	5%	4%	5%	4%
8.7	Victimised you because of gang related issues?	3%	2%	3%	
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	34%	42%	34%	35%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	23%	28%	23%	36%
9.1	Is it easy/very easy to see the nurse?	44%	52%	44%	70%
9.1	Is it easy/very easy to see the dentist?	18%	11%	18%	15%
	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?	31%	39%	31%	28%
9.2	The nurse?	38%	51%	38%	51%
9.2	The dentist?	46%	38%	46%	60%
9.3	The overall quality of health services?	31%	31%	31%	24%
9.4	Are you currently taking medication?	49%	51%	49%	44%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	51%	93%	51%	
9.6	Do you have any emotional well being or mental health problems?	42%	28%	42%	17%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	43%	53%	43%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	31%	14%	31%	8%
10.2	Did you have a problem with alcohol when you came into this prison?	26%	14%	26%	7%
10.3	Is it easy/very easy to get illegal drugs in this prison?	41%	26%	41%	36%
10.4	Is it easy/very easy to get alcohol in this prison?	30%	24%	30%	
10.5	Have you developed a problem with drugs since you have been in this prison?	18%	5%	18%	11%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	13%	7%	13%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	64%	72%	64%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	62%	67%	62%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	63%	82%	63%	67%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				

Main comparator and comparator to last time

Key to tables

		HMP Dovegate 2015	Category B training prisons comparator	HMP Dovegate 2015	HMP Dovegate 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
11.1	A prison job?	32%	44%	32%	
11.1	Vocational or skills training?	36%	31%	36%	
11.1	Education (including basic skills)?	50%	52%	50%	
11.1	Offending behaviour programmes?	26%	23%	26%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	57%	74%	57%	75%
11.2	Vocational or skills training?	10%	12%	10%	14%
11.2	Education (including basic skills)?	31%	29%	31%	30%
11.2	Offending behaviour programmes?	13%	19%	13%	25%
11.3	Have you had a job while in this prison?	78%	91%	78%	
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	45%	44%	45%	
11.3	Have you been involved in vocational or skills training while in this prison?	66%	80%	66%	
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	54%	55%	54%	
11.3	Have you been involved in education while in this prison?	78%	87%	78%	
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	58%	63%	58%	
11.3	Have you been involved in offending behaviour programmes while in this prison?	66%	81%	66%	
	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?	45%	56%	45%	
11.4	Do you go to the library at least once a week?	44%	46%	44%	36%
11.5	Does the library have a wide enough range of materials to meet your needs?	34%	47%	34%	
11.6	Do you go to the gym three or more times a week?	37%	44%	37%	43%
11.7	Do you go outside for exercise three or more times a week?	39%	47%	39%	74%
11.8	Do you go on association more than five times each week?	78%	60%	78%	94%
11.9	Do you spend ten or more hours out of your cell on a weekday?	15%	16%	15%	19%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	36%	39%	36%	28%
12.2	Have you had any problems with sending or receiving mail?	44%	43%	44%	50%
12.3	Have you had any problems getting access to the telephones?	7%	16%	7%	26%
12.4	Is it easy/ very easy for your friends and family to get here?	35%	18%	35%	

Main comparator and comparator to last time

Key to tables

		HMP Dovegate 2015	Category B training prisons comparator	HMP Dovegate 2015	HMP Dovegate 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	83%	87%	83%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	33%	28%	33%	
13.2	Contact by letter?	26%	40%	26%	
13.2	Contact by phone?	27%	30%	27%	
13.2	Contact by visit?	42%	35%	42%	
13.3	Do you have a named offender supervisor in this prison?	86%	71%	86%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	61%	84%	61%	86%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	72%	56%	72%	62%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	28%	43%	28%	
13.6	Offender supervisor?	57%	38%	57%	
13.6	Offender manager?	34%	30%	34%	
13.6	Named/ personal officer?	13%	23%	13%	
13.6	Staff from other departments?	22%	16%	22%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	71%	67%	71%	69%
13.8	Are there plans for you to achieve any of your targets in another prison?	32%	28%	32%	
13.9	Are there plans for you to achieve any of your targets in the community?	26%	19%	26%	
13.10	Do you have a needs based custody plan?	7%	7%	7%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	12%	16%	12%	8%
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?	21%	21%	21%	
13.12	Accommodation?	21%	21%	21%	
13.12	Benefits?	25%	21%	25%	
13.12	Finances?	22%	19%	22%	
13.12	Education?	21%	27%	21%	
13.12	Drugs and alcohol?	32%	29%	32%	
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?	50%	60%	50%	52%

Diversity Analysis



Key question responses (disability) HMP Dovegate 2015

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		42	132
1.3	Are you sentenced?	67%	89%
1.5	Are you a foreign national?	5%	6%
1.6	Do you understand spoken English?	98%	98%
1.7	Do you understand written English?	100%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	19%	35%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	1%
1.1	Are you Muslim?	7%	16%
1.12	Do you consider yourself to have a disability?		
1.13	Are you a veteran (ex-armed services)?	7%	5%
1.14	Is this your first time in prison?	34%	29%
2.6	Were you treated well/very well by the escort staff?	64%	74%
2.7	Before you arrived here were you told that you were coming here?	85%	73%
3.2	When you were searched in reception, was this carried out in a respectful way?	81%	85%
3.3	Were you treated well/very well in reception?	66%	74%
3.4	Did you have any problems when you first arrived?	85%	60%
3.7	Did you have access to someone from health care when you first arrived here?	77%	69%
3.9	Did you feel safe on your first night here?	78%	83%
3.10	Have you been on an induction course?	88%	91%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	45%	74%

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		
4.4	Are you normally offered enough clean, suitable clothes for the week?	63%	70%
4.4	Are you normally able to have a shower every day?	98%	99%
4.4	Is your cell call bell normally answered within five minutes?	31%	29%
4.5	Is the food in this prison good/very good?	25%	36%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	46%	36%
4.7	Are you able to speak to a Listener at any time, if you want to?	50%	50%
4.8	Do you feel your religious beliefs are respected?	42%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	50%	54%
5.1	Is it easy to make an application?	74%	77%
5.3	Is it easy to make a complaint?	60%	70%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	49%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	42%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	13%	13%
7.1	Do most staff, in this prison, treat you with respect?	92%	84%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	70%	69%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	27%	26%
7.4	Do you have a personal officer?	41%	57%
8.1	Have you ever felt unsafe here?	57%	43%
8.2	Do you feel unsafe now?	29%	16%
8.3	Have you been victimised by other prisoners?	46%	27%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	20%	14%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	6%	2%
8.5	Have you been victimised because of your age? (By prisoners)	3%	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		
8.5	Have you been victimised because you have a disability? (By prisoners)	14%	1%
8.6	Have you been victimised by a member of staff?	42%	27%
8.7	Have you ever felt threatened or intimidated by staff here?	17%	11%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	4%
8.7	Have you been victimised because of your nationality? (By staff)	6%	3%
8.7	Have you been victimised because of your age? (By staff)	3%	0%
8.7	Have you been victimised because you have a disability? (By staff)	8%	0%
9.1	Is it easy/very easy to see the doctor?	24%	23%
9.1	Is it easy/ very easy to see the nurse?	47%	43%
9.4	Are you currently taking medication?	81%	40%
9.6	Do you feel you have any emotional well being/mental health issues?	76%	30%
10.3	Is it easy/very easy to get illegal drugs in this prison?	56%	37%
11.2	Are you currently working in the prison?	53%	59%
11.2	Are you currently undertaking vocational or skills training?	10%	10%
11.2	Are you currently in education (including basic skills)?	31%	31%
11.2	Are you currently taking part in an offending behaviour programme?	10%	14%
11.4	Do you go to the library at least once a week?	43%	43%
11.6	Do you go to the gym three or more times a week?	33%	39%
11.7	Do you go outside for exercise three or more times a week?	23%	44%
11.8	On average, do you go on association more than five times each week?	75%	79%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	14%	16%
12.2	Have you had any problems sending or receiving mail?	36%	46%
12.3	Have you had any problems getting access to the telephones?	6%	7%

Diversity analysis



Key question responses (ethnicity and religion) HMP Dovegate 2015

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		55	120	24	146
1.3	Are you sentenced?	85%	82%	91%	82%
1.5	Are you a foreign national?	8%	5%	9%	6%
1.6	Do you understand spoken English?	94%	99%	91%	99%
1.7	Do you understand written English?	96%	99%	96%	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.)			96%	20%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	1%	0%	2%
1.1	Are you Muslim?	44%	1%		
1.12	Do you consider yourself to have a disability?	15%	29%	13%	27%
1.13	Are you a veteran (ex-armed services)?	2%	8%	0%	6%
1.14	Is this your first time in prison?	44%	23%	54%	24%
2.6	Were you treated well/very well by the escort staff?	68%	73%	74%	71%
2.7	Before you arrived here were you told that you were coming here?	68%	80%	65%	78%
3.2	When you were searched in reception, was this carried out in a respectful way?	71%	90%	75%	86%
3.3	Were you treated well/very well in reception?	58%	78%	54%	75%
3.4	Did you have any problems when you first arrived?	66%	66%	69%	65%
3.7	Did you have access to someone from health care when you first arrived here?	69%	71%	64%	72%
3.9	Did you feel safe on your first night here?	67%	88%	65%	85%
3.10	Have you been on an induction course?	91%	90%	96%	89%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	69%	65%	67%	65%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	66%	69%	71%	68%
4.4	Are you normally able to have a shower every day?	96%	100%	96%	99%
4.4	Is your cell call bell normally answered within five minutes?	29%	30%	29%	30%
4.5	Is the food in this prison good/very good?	27%	38%	26%	35%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	21%	46%	23%	42%
4.7	Are you able to speak to a Listener at any time, if you want to?	35%	58%	32%	53%
4.8	Do you feel your religious beliefs are respected?	56%	47%	61%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	60%	50%	69%	51%
5.1	Is it easy to make an application?	67%	80%	68%	77%
5.3	Is it easy to make a complaint?	71%	66%	72%	68%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	50%	48%	41%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	43%	38%	40%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	12%	10%	15%
7.1	Do most staff, in this prison, treat you with respect?	86%	87%	72%	89%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	62%	73%	67%	72%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	28%	25%	25%	26%
7.4	Do you have a personal officer?	53%	53%	50%	54%
8.1	Have you ever felt unsafe here?	54%	43%	48%	45%
8.2	Do you feel unsafe now?	19%	19%	11%	20%
8.3	Have you been victimised by other prisoners?	26%	33%	24%	31%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	6%	19%	10%	16%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	3%	10%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	3%	10%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	2%	5%	2%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	4%	4%	0%	5%
8.6	Have you been victimised by a member of staff?	34%	28%	42%	28%
8.7	Have you ever felt threatened or intimidated by staff here?	9%	13%	5%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	1%	11%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	9%	1%	16%	2%
8.7	Have you been victimised because of your nationality? (By staff)	7%	2%	5%	3%
8.7	Have you been victimised because you have a disability? (By staff)	2%	2%	0%	2%
9.1	Is it easy/very easy to see the doctor?	24%	22%	33%	22%
9.1	Is it easy/ very easy to see the nurse?	49%	42%	50%	45%
9.4	Are you currently taking medication?	43%	53%	43%	50%
9.6	Do you feel you have any emotional well being/mental health issues?	28%	48%	14%	45%
10.3	Is it easy/very easy to get illegal drugs in this prison?	27%	47%	30%	44%
11.2	Are you currently working in the prison?	57%	58%	53%	57%
11.2	Are you currently undertaking vocational or skills training?	7%	11%	5%	11%
11.2	Are you currently in education (including basic skills)?	38%	28%	47%	28%
11.2	Are you currently taking part in an offending behaviour programme?	15%	12%	5%	15%
11.4	Do you go to the library at least once a week?	54%	39%	57%	40%
11.6	Do you go to the gym three or more times a week?	47%	33%	43%	37%
11.7	Do you go outside for exercise three or more times a week?	52%	34%	52%	36%
11.8	On average, do you go on association more than five times each week?	73%	81%	60%	80%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	16%	15%	10%	17%
12.2	Have you had any problems sending or receiving mail?	51%	40%	57%	41%
12.3	Have you had any problems getting access to the telephones?	9%	6%	10%	6%



Prisoner survey responses (VP (H) wing) HMP Dovegate 2015

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	Vulnerable prisoner wing (H)	All other wings (A, B, C, D, E, F, G, J, K, L, M, N, P)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		18	154
SECTION 1: General information			
1.2	Are you under 21 years of age?	0%	0%
1.3	Are you sentenced?	72%	84%
1.3	Are you on recall?	12%	7%
1.4	Is your sentence less than 12 months?	0%	5%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	5%
1.5	Are you a foreign national?	5%	5%
1.6	Do you understand spoken English?	95%	98%
1.7	Do you understand written English?	95%	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.)	12%	35%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	1%
1.1	Are you Muslim?	12%	15%
1.11	Are you homosexual/gay or bisexual?	0%	1%
1.12	Do you consider yourself to have a disability?	28%	23%
1.13	Are you a veteran (ex-armed services)?	12%	5%
1.14	Is this your first time in prison?	39%	28%
1.15	Do you have any children under the age of 18?	72%	63%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	17%	37%
2.5	Did you feel safe?	88%	83%
2.6	Were you treated well/very well by the escort staff?	78%	70%
2.7	Before you arrived here were you told that you were coming here?	66%	77%
2.8	When you first arrived here did your property arrive at the same time as you?	78%	80%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	66%	52%
3.2	When you were searched in reception, was this carried out in a respectful way?	88%	84%
3.3	Were you treated well/very well in reception?	83%	71%

Key to tables

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	When you first arrived:		
3.4	Did you have any problems?	61%	67%
3.4	Did you have any problems with loss of property?	17%	21%
3.4	Did you have any housing problems?	12%	8%
3.4	Did you have any problems contacting employers?	0%	2%
3.4	Did you have any problems contacting family?	34%	11%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	1%
3.4	Did you have any money worries?	28%	15%
3.4	Did you have any problems with feeling depressed or suicidal?	34%	12%
3.4	Did you have any physical health problems?	17%	16%
3.4	Did you have any mental health problems?	28%	20%
3.4	Did you have any problems with needing protection from other prisoners?	17%	6%
3.4	Did you have problems accessing phone numbers?	28%	24%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	88%	79%
3.6	A shower?	22%	29%
3.6	A free telephone call?	83%	89%
3.6	Something to eat?	72%	67%
3.6	PIN phone credit?	66%	59%
3.6	Toiletries/ basic items?	66%	58%
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	72%	47%
3.7	Someone from health services?	78%	70%
3.7	A Listener/Samaritans?	61%	29%
3.7	Prison shop/ canteen?	39%	32%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	56%	50%
3.8	Support was available for people feeling depressed or suicidal?	44%	39%
3.8	How to make routine requests?	56%	40%
3.8	Your entitlement to visits?	66%	36%
3.8	Health services?	72%	46%

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3.8	The chaplaincy?	61%	36%
3.9	Did you feel safe on your first night here?	83%	81%
3.10	Have you been on an induction course?	88%	90%
3.12	Did you receive an education (skills for life) assessment?	83%	89%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	61%	67%
4.1	Attend legal visits?	56%	62%
4.1	Get bail information?	28%	21%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	39%	45%
4.3	Can you get legal books in the library?	50%	50%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	83%	66%
4.4	Are you normally able to have a shower every day?	100%	99%
4.4	Do you normally receive clean sheets every week?	50%	43%
4.4	Do you normally get cell cleaning materials every week?	61%	48%
4.4	Is your cell call bell normally answered within five minutes?	28%	30%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	53%	69%
4.4	Can you normally get your stored property, if you need to?	28%	25%
4.5	Is the food in this prison good/very good?	39%	33%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	56%	34%
4.7	Are you able to speak to a Listener at any time, if you want to?	50%	49%
4.8	Are your religious beliefs are respected?	44%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	44%	54%
4.10	Is it easy/very easy to attend religious services?	39%	48%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	78%	75%
5.3	Is it easy to make a complaint?	61%	68%
5.5	Have you ever been prevented from making a complaint when you wanted to?	6%	23%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	39%	27%

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SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	14%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	82%	88%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	87%	68%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	53%	27%
7.4	Do staff normally speak to you most of the time/all of the time during association?	12%	28%
7.5	Do you have a personal officer?	64%	51%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	64%	44%
8.2	Do you feel unsafe now?	24%	18%
8.4	Have you been victimised by other prisoners here?	59%	28%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	47%	7%
8.5	Hit, kicked or assaulted you?	12%	10%
8.5	Sexually abused you?	6%	0%
8.5	Threatened or intimidated you?	53%	10%
8.5	Taken your canteen/property?	18%	5%
8.5	Victimised you because of medication?	12%	5%
8.5	Victimised you because of debt?	18%	4%
8.5	Victimised you because of drugs?	12%	5%
8.5	Victimised you because of your race or ethnic origin?	6%	3%
8.5	Victimised you because of your religion/religious beliefs?	6%	4%
8.5	Victimised you because of your nationality?	0%	2%
8.5	Victimised you because you were from a different part of the country?	12%	4%
8.5	Victimised you because you are from a traveller community?	0%	1%
8.5	Victimised you because of your sexual orientation?	0%	2%
8.5	Victimised you because of your age?	0%	2%
8.5	Victimised you because you have a disability?	6%	4%

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8.5	Victimised you because you were new here?	6%	7%
8.5	Victimised you because of your offence/crime?	29%	2%
8.5	Victimised you because of gang related issues?	6%	5%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	47%	28%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	41%	5%
8.7	Hit, kicked or assaulted you?	12%	2%
8.7	Sexually abused you?	0%	0%
8.7	Threatened or intimidated you?	24%	10%
8.7	Victimised you because of medication?	6%	5%
8.7	Victimised you because of debt?	12%	2%
8.7	Victimised you because of drugs?	6%	5%
8.7	Victimised you because of your race or ethnic origin?	0%	3%
8.7	Victimised you because of your religion/religious beliefs?	0%	3%
8.7	Victimised you because of your nationality?	0%	3%
8.7	Victimised you because you were from a different part of the country?	6%	2%
8.7	Victimised you because you are from a traveller community?	0%	0%
8.7	Victimised you because of your sexual orientation?	0%	2%
8.7	Victimised you because of your age?	0%	1%
8.7	Victimised you because you have a disability?	0%	2%
8.7	Victimised you because you were new here?	6%	3%
8.7	Victimised you because of your offence/crime?	36%	2%
8.7	Victimised you because of gang related issues?	6%	3%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	24%	23%
9.1	Is it easy/very easy to see the nurse?	50%	43%
9.1	Is it easy/very easy to see the dentist?	25%	17%
9.4	Are you currently taking medication?	59%	48%
9.6	Do you have any emotional well being or mental health problems?	59%	39%

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SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	29%	30%
10.2	Did you have a problem with alcohol when you came into this prison?	53%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	29%	42%
10.4	Is it easy/very easy to get alcohol in this prison?	18%	31%
10.5	Have you developed a problem with drugs since you have been in this prison?	6%	18%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	0%	14%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	76%	27%
11.1	Vocational or skills training?	60%	32%
11.1	Education (including basic skills)?	59%	48%
11.1	Offending Behaviour Programmes?	31%	24%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	87%	54%
11.2	Vocational or skills training?	19%	9%
11.2	Education (including basic skills)?	38%	30%
11.2	Offending Behaviour Programmes?	19%	12%
11.4	Do you go to the library at least once a week?	13%	47%
11.5	Does the library have a wide enough range of materials to meet your needs?	25%	35%
11.6	Do you go to the gym three or more times a week?	24%	39%
11.7	Do you go outside for exercise three or more times a week?	13%	42%
11.8	Do you go on association more than five times each week?	75%	79%
11.9	Do you spend ten or more hours out of your cell on a weekday?	13%	15%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	36%	36%
12.2	Have you had any problems with sending or receiving mail?	38%	45%
12.3	Have you had any problems getting access to the telephones?	6%	7%
12.4	Is it easy/ very easy for your friends and family to get here?	24%	36%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	82%	87%
13.10	Do you have a needs based custody plan?	6%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	6%	13%