

Report on an unannounced inspection of

HMP Littlehey

by HM Chief Inspector of Prisons

2–13 March 2015

Glossary of terms

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Introduction

At the time of this inspection, HMP Littlehey, near Huntingdon in Cambridgeshire, held 1,200 adult category C sex offenders. At our last inspection in 2011, the prison was a split-site establishment holding adult category C prisoners – including a significant number of sex offenders – in one part of the prison, and young adults in a separate part of the prison. Six months before this inspection, the young adults had been transferred out to other establishments and were replaced by sex offenders from prisons less able to deal with their specialist offending behaviour needs. This was a fundamental change as the young adults had been replaced by a new population with very different offence backgrounds, many of whom were ageing and in poor health. In addition, the prison had had to cope with the national benchmarking process (a resources review) twice – once for its old population and once for its new. At the time of the inspection the prison health care services had been recommissioned and a new health care provider was due to start work a few weeks later.

The prison was managing these changes and pressures very well but the process of change was not yet complete. The transferring out of the young adults had been well handled and arrangements for receiving a large number of sex offenders over a relatively short period had been well organised. However, the replacement of young adults by sex offenders meant that safety and respect issues had become easier to manage and greater priority now needed to be given to ensuring that sufficient high-quality activity was available, and that offender management processes met the requirements of the new population.

It is fair to say that the new population was more compliant than that held previously, but nevertheless safety processes were effective and managers and staff could take credit for the fact that the prison was very safe. Reception and early days processes were good and new arrivals received good support. Fewer prisoners than at similar prisons told us they had concerns about their safety and there were few violent incidents. Formal processes for dealing with perpetrators and victims needed improvement, but victims of bullying told us they appreciated the support they received from peer supporters in the ‘buddy’ scheme. Prisoners at risk of suicide or self-harm were generally well supported and the weekly complex needs meeting was effective in managing those with the most acute needs. The arrangements for safeguarding vulnerable adults were among the best we have seen and preparation for the implementation of the Care Act from April 2015 was well advanced. Security and disciplinary processes were proportionate and were appropriate for the new population. The availability of illegal drugs was lower than we see elsewhere and the support for prisoners with substance misuse issues was generally good.

The environment was reasonable and relationships between staff and prisoners were a real strength. Well-motivated peer workers complemented the work of staff and provided valuable assistance to prisoners who required additional support in a variety of areas. Work on diversity and equality issues was well led by the governor and the prison was adapting to the needs of a larger population of older prisoners and those with disabilities, although difficulties with access still remained for some prisoners with disabilities. The chaplaincy played an important role in the prison but staff shortages and regime clashes made it difficult for some prisoners to attend religious services. Health services were good and had not been disrupted by the recommissioning process. Health services were responding effectively to the growing needs of an ageing population.

The provision of purposeful activity was a weaker area, but there were credible plans for improvement. Time out of cell was reasonable for most prisoners, but there were not enough activity places for the whole population. The allocation of prisoners to activities was poor, with some prisoners being sent to workshops for which they did not have the relevant skills. The range of activity that was available was good and some, such as the motor body and paint spraying workshops, were outstanding. However, far too little of what was provided was accredited and outcomes were not good enough. The lack of qualifications was a crucial issue for this population, many of whom might need to change jobs on release because of their offence and would need to be able to

demonstrate the new skills and experience they had learned in prison. The quality of teaching was too variable. Both the library and gym provision were good. The strategic management of learning and skills was good, and the prison's self-assessment of the improvements needed was robust. New workshops were due to open shortly after the inspection which would help reduce the shortfall in activity places.

Offender management and resettlement were the area of greatest change in the prison and where there was still most to do. The prison did not have a whole prison approach to offender management and too many wing staff saw prisoners as a compliant and easy to manage group without appreciating the wider risks to the community that some would pose on release. Offender management staff had a dual role and some offender supervisors did not have the skills or motivation to work with this group of offenders. These staff needed more support and training to assist them in their very new roles. There were good systems to identify and manage prisoners identified as a risk to children but planning for the risk posed by some high-risk prisoners was inadequate. Practical resettlement services were generally adequate at the time of the inspection, but were due to be decommissioned when the new community rehabilitation companies began work in designated resettlement prisons shortly after the inspection. At the time of the inspection, it was not clear how the release of low- and medium-risk prisoners, who were not the responsibility of the National Probation Service, would be managed in future. The programmes available to address prisoners' attitudes and behaviour were sufficient to meet the assessed needs of the population, but we were not assured the current assessment adequately identified need. There was good work to motivate prisoners in denial of their offence.

HMP Littlehey is a well-led prison and managers and staff should be commended on the way they have managed the substantial changes they have had to deal with. At the time of the inspection, this was still work in progress. Safety and respect were now good and necessary plans to develop the quality and quantity of activity available were progressing well. Improving the quantity and level of qualifications that prisoners were able to obtain needed to form a large part of this. The prison needs to step up its efforts to adjust its offender management processes to meet the needs of its new population, and to ensure that all those who work in the prison see it as their job to help reduce the risk these prisoners will reoffend after release. That is not yet the case and needs to be the priority going forward.

Nick Hardwick
HM Chief Inspector of Prisons

July 2015

Fact page

Task of the establishment

Adult male category C sex offender establishment.

Prison status

Public

Region

Eastern

Number held

1,200

Certified normal accommodation

1,140

Operational capacity

1,206

Date of last full inspection

October-November 2011

Brief history

In January 2010, Littlehey opened a large expansion to its current site to accommodate a population of up to 480 young offenders. In 2014, the prison was re-roled to an all-adult male category C sex offender establishment.

Short description of residential units

There are 12 residential units.

A, B, C, D, J, K, L	–	general population
E	–	induction wing
F, G	–	enhanced prisoners wing
H	–	drug rehabilitation wing
I	–	older prisoners

Wings A – H are on the original site and are referred to locally as Lakeside. Wings I – L are on the newer site and are referred to locally as Woodlands.

Name of governor

David Taylor

Escort contractor

Serco Wincanton

Health service providers

Prison Service

Cambridgeshire and Peterborough Foundation Trust

Learning and skills provider

A4E

Independent Monitoring Board chair

Andy Mayes

About this inspection and report

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

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

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

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

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

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

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

This report

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

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

Summary

Safety

S1 *The change in role from a split-site establishment holding young adults to a national role holding sex offenders had been managed well. Most of its now more compliant population were positive across our safety indicators and we found a safe prison. The reception experience for new arrivals was positive, and first night and induction arrangements were good. There were low numbers of violent and bullying incidents, use of force was minimal and the special cell had not been used in the last 12 months. Support for prisoners in crisis was good but casework management needed some improvement. Safeguarding arrangements were impressive and much more developed than we normally find. The incentives and earned privileges (IEP) scheme provided good opportunities for enhanced status. Security and disciplinary procedures were proportionate. The segregation unit was a decent environment and prisoners were positive about staff support there. Substance misuse services were good. **Outcomes for prisoners were good against this healthy prison test.***

S2 *At the last inspection in 2011 we found that outcomes for prisoners in Littlehey were good against this healthy prison test. We made 35 recommendations in the area of safety. At this follow-up inspection we found that 19 of the recommendations had been achieved, five had been partially achieved, nine had not been achieved and five were no longer relevant.*

S3 In August 2014, the prison had re-rolled from holding young adults to a national role in holding adult sex offenders. It had managed this transition well, and it was commendable that the young adults had been transferred out with no significant incidents. Subsequently there had been very good plans to transfer in the new predominantly sex offender population, who were also much older and included many prisoners with disabilities. The population was settled. Most prisoners we spoke to who had been transferred to Littlehey during the previous six months were positive about their experience, indicating a well-managed re-role.

S4 Reception, first night and induction arrangements were good and prisoners appreciated the support from Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and diversity peer workers. More prisoners than at similar prisons said they had received support from staff on their first night. The first night cells were reasonably clean and well equipped, and prisoners could access peer workers and were given a free telephone call on their first night. The five-day induction programme was comprehensive and accessed by all prisoners.

S5 We found a safe prison. The combination of a generally more compliant population coupled with effective management, meant that there were very few incidents of violence and strategic oversight of violence reduction was good. Safer custody meetings were well attended by staff and prisoners, and there was some analysis of patterns and trends. Processes for managing perpetrators and victims of violence required improvement; targets for prisoners were generic and often the same for both perpetrator and victims. Despite this, the victims of bullying we spoke to were generally positive about the support they had received. Prisoners had good access to peer support provided through the 'Buddy' scheme.

S6 Prisoners in crisis were generally well supported and those with more complex needs were managed well through weekly multidisciplinary meetings. There had been one self-inflicted death since the previous inspection and the prison had incorporated recommendations from the Prisons and Probation Ombudsman into an action plan. The quality of assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide

- or self-harm remained variable, and too many showed inconsistent case management, poorly attended case reviews and incomplete care maps. We were not assured that all prisoners managed on ACCT located in the segregation unit were there due to exceptional circumstances. There was an active group of Listeners to whom prisoners had good access.
- S7 The prison had implemented a comprehensive safeguarding adults policy to cover those at risk due to their age, disability or ill health. We found examples of at-risk individuals who had received good support, the prison was well prepared for the implementation of the Care Act in April 2015, and was much more advanced in establishing supportive systems than we normally see.
- S8 Security arrangements were proportionate to the risks posed, and security information was processed efficiently and subsequent actions were prompt. The prison had created an appropriate regime for prisoner movement around the establishment, and had considered the implications of older and disabled prisoners who often required support from a peer worker to accompany them. The prison was focused on drug supply reduction, recognised emerging threats and responded promptly to intelligence received. Mandatory drug testing positive rates were very low.
- S9 IEP warnings given to prisoners were appropriate and there were many opportunities for them to improve their behaviour and progress to the enhanced level. Reviews took place with the required frequency but many improvement targets were too generic. The number of adjudications was much lower than other category C prisons; the records were of good quality and showed sufficient exploration before a finding of guilt.
- S10 The use of force was much lower than at similar establishments and it was commendable that the special cell had not been used in the previous 12 months. The management and oversight of use of force were reasonable. Planned interventions were not routinely filmed or reviewed, although those we watched demonstrated sufficient attempts to deescalate.
- S11 Before the re-role, Littlehey had operated two segregation units and it had taken a measured approach to closing one unit once it had assessed the new population. The use of segregation was much lower than at similar prisons and most prisoners spent a relatively short time there, but the regime required development. The living environment was generally good and staff-prisoner relations were excellent, although the staff's good knowledge of those in their care was not always reflected in prisoners' case notes. Reviews and care plans were reasonable but targets to progress continued to be perfunctory.
- S12 For most prisoners with substance misuse problems, outcomes were very good with access to a comprehensive range of high quality, recovery-focused interventions; in our survey, 90% of prisoners said the support they had received had been helpful. The clinical team and drug and alcohol recovery team (DART) needed to work together more closely to motivate the small number of prisoners on long-term methadone maintenance into recovery.

Respect

S13 Standards of residential and cell accommodation were mostly good, although some areas needed refurbishment. Staff-prisoner engagement was a particular strength, as was the use of well-motivated peer workers. Equality and diversity work had a high profile and there were good arrangements for all protected characteristics, but staff were stretched due to the complex needs of the population and the numbers of older prisoners and those with disabilities. Health services were very good. Food quality and quantity were reasonably good; the prison shop provided an adequate service.
Outcomes for prisoners were good against this healthy prison test.

S14 At the last inspection in 2011 we found that outcomes for prisoners in Littlehey were reasonably good against this healthy prison test. We made 59 recommendations in the area of respect. At this follow-up inspection we found that 29 of the recommendations had been achieved, 13 had been partially achieved, 13 had not been achieved and four were no longer relevant.

S15 Communal areas were clean and well presented. Most cells were clean with few displays of offensive material or graffiti, but some cells designed for one prisoner were occupied by two and were cramped. Communal showers were clean and most were private, and there were some in-cell showers that were appreciated by prisoners. Prisoner access to telephones, mail, property and prison clothing was good, as were cell bell response times.

S16 Staff-prisoner relationships were impressive and a real strength of the prison; we saw many good staff interactions with prisoners. Staff entries in prisoner case notes were mixed - some were cursory but others were detailed and demonstrated good knowledge of individual needs. Prisoner consultation arrangements were effective.

S17 There was a clear commitment to equality and diversity, led by the governor, but there was insufficient time and staff resource dedicated to the needs of some protected characteristics now prominent in the new complex population. The management of discrimination complaints was good and included external quality assurance. Prisoner equality representatives provided good support. Although there were forums to cover several protected characteristics, these were mostly for a limited group of equality representatives. Foreign national prisoners had reasonably good support. There was good care for the large number of disabled and older prisoners but the frequent unavailability of a lift/stair lift prevented some from accessing some services, and the needs of some prisoners with disabilities were not met. The chaplaincy team was well integrated into the life of the prison but access to services had been difficult for some prisoners in recent months.

S18 Complaints were well managed: forms were freely available and responses answered the issues and were polite. However, there was some slippage in response times, partly due to ensuring the relevant staff, not just managers, dealt with complaints. The demand for legal services was low and support was adequate.

S19 Prisoners were generally very positive about the quality of health services, although waiting times for dental and optician services were excessive. Clinical governance was good, although complaint management needed improvement. GP and pharmacy provision had improved significantly. Systems to identify and support prisoners with lifelong conditions and complex health needs were effective, and the prison was sighted on the growing needs of the ageing population. Well-trained and supervised health trainers provided valuable peer support and easy access to health promotion advice. Mental health services were good.

- S20 Most prisoners were positive about the food; we found meals to be substantial, varied and of good quality, and there was good consultation. However, breakfast packs were issued the day before and the main meal was served too early. Prison shop provision was satisfactory, and consultation arrangements were good.

Purposeful activity

S21 *Time out of cell was reasonable for most prisoners. The number of activity places was insufficient but there were plans to improve this. Strategic planning of activities was good. There was an appropriate range of education courses, and some very good vocational training and work activities. Attendance at education and work was good and learners achieved acceptable standards. However most of the work did not include accredited training and nearly all training provision was offered at level 1 only. The quality of teaching was too variable and education outcomes required improvement. Library provision and access were good. Gym facilities were good and programmes were well matched to the needs of the population. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S22 *At the last inspection in 2011 we found that outcomes for prisoners in Littlehey were reasonably good against this healthy prison test. We made 18 recommendations in the area of purposeful activity. At this follow-up inspection we found that eight recommendations had been achieved, three had been partially achieved, four had not been achieved and three were no longer relevant.*

S23 Time out of cell was reasonable for most prisoners, even though there was a restricted regime. Most fully employed prisoners spent around nine hours out of their cell on a weekday. However, around 10% of prisoners were unemployed, which was too high for a training prison.

S24 There were not yet enough activity places for the population, although plans to provide more were near to fruition. There was good strategic management of learning and skills, and managers had developed plans to increase the number of work places. The use of data to monitor performance was good, and had led to significant improvements in classroom efficiency and attendance rates. Positive partnership working with the education and training provider (A4E) had contributed to improved attendance, curriculum development and joint working in quality assurance. The monitoring of the quality of learning and skills provision was generally good, and internal quality reviews were used to identify areas for improvement and develop an action plan. The self-assessment report was accurate and robust.

S25 Plans to enhance prisoner allocation to activities were not yet fully implemented. The prerequisites for allocation to particular courses were not always observed, which left prisoners struggling to achieve their qualifications.

S26 Some very well-equipped workshops provided a high quality work experience. The motor body and paint spray workshops were outstanding, and the prison was due to open several new industrial workshops in partnership with commercial companies. Although prison industry workshops offered good quality work, there was no accredited training. In the A4E training workshops, there were insufficient qualification opportunities at level 2, with only 20 prisoners working towards these. The quality of instruction in vocational training areas was good - learners were fully engaged, enjoyed their work, and achieved good standards in practical skills and portfolios.

- S27 Educational courses available ranged from functional skills to textiles to music technology, and about 80 learners were studying open and distance learning courses. There was very good attendance and punctuality, but learning in education was often interrupted by prisoners going to the gym and other appointments. Teaching in education was too variable; some classes were good, but in others learners were not engaged and the pace of learning was poor. Individual learning plans were not used well and not based on individual targets, so ineffective in promoting learning. Structured support for learners with additional needs was weak, and some learning support plans were badly written, out of date or had not involved the prisoner concerned. Peer mentors worked very well as classroom assistants, but were not given the information they required about the needs of those they were helping to be more effective.
- S28 Success rates on some courses required improvement in 2013-14, although the data for 2014-15 were showing better results. Pass rates on the small number of courses run directly by the prison were very high, and retention rates on most courses were good. Learners developed good practical skills in workshops and vocational training areas.
- S29 The prison had retained two libraries after the re-role, to maintain good access for prisoners, and they were open every weekday, on four evenings and Saturdays. Prisoners in education could visit the library in one of their classroom periods each week. The library stock was considerably more than the minimum specification, with a good range of foreign language and legal books.
- S30 Gym staff had adapted the curriculum to the requirements of the population and access was very good; over 75% of prisoners used the gym for over three hours a week. A very good range of activities included specific courses for older prisoners and those who required support due to medical conditions. Remedial gym was well organised and supported by the health care department.

Resettlement

S31 *The prison was still coming to terms with the challenges of a new complex population, but making progress. The reducing reoffending strategy required development to reflect the population and a 'whole-prison' approach was not yet embedded. Outcomes from offender management varied greatly. Child protection arrangements were sound but the risk levels of some public protection cases were identified too late before their release. Resettlement pathway provision was generally good, with positive support to maintain contact with children and families. Offending behaviour programme provision was broadly satisfactory but access was limited. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S32 *At the last inspection in 2011 we found that outcomes for prisoners in Littlehey were reasonably good against this healthy prison test. We made 24 recommendations in the area of resettlement. At this follow-up inspection we found that nine of the recommendations had been achieved, three had been partially achieved, six had not been achieved and six were no longer relevant.*

S33 Following the very challenging change in population and increased number of long-term sex offenders, the prison had made some good progress to ensure risk was managed to a very high standard, but there was still far to go. The overall strategic management of resettlement and offender management was reasonably good, although the reducing reoffending and offender management policies required updating. There was no 'whole-prison' approach to resettlement, which the rest of the prison saw as a discreet activity rather than an integral function. Many wing staff still saw the population as a compliant group without fully

appreciating the wider risks of the new population to the community on release. The prison was taking forward the training and development of offender management staff, although the new dual function for offender supervisors, who also spent time as wing officers, was a challenge.

- S34 Although most of the prisoner cases we reviewed had an OASys (offender assessment system) assessment, there were delays in completing them and, overall, about 30% were out of date. Too many had insufficient targets and were unclear about the management of current or future risks. The role of offender supervisors was unclear and we were not convinced that all those in the role had sufficient understanding and skills to work with this complex population. Planned and focused contact with prisoners beyond OASys or report writing was relatively rare, and there was little or no work to address the risk of harm or of reoffending for prisoners who did not meet the very specific criteria for offending behaviour programmes.
- S35 There were good systems to identify and manage prisoners identified as a risk to children. Most prisoners were subject to multi-agency public protection arrangements (MAPPA) and, while the inter departmental risk management team (IDRMT) meeting was well attended, we were concerned that some prisoners likely to pose a significant risk on release were not reviewed through this meeting or had their MAPPA management levels identified sufficiently in time before release. The quality of offender supervisor reports for MAPPA meetings were improving through quality assurance procedures.
- S36 With 60% of all prisoners assessed as high or very high risk of harm, reintegration planning was generally planned reasonably well through community offender managers. Despite this, there needed to be better integration of resettlement pathways work with that of offender supervisors. Resettlement services were due to be decommissioned without clear plans for the future under the 'transforming rehabilitation' plans; this was a concern.
- S37 The crime reduction charity Nacro provided accommodation services and saw all prisoners during their induction to identify and address immediate accommodation needs. There were good links, where necessary, between Nacro and offender managers to clarify post-release arrangements, with a good range of support for prisoners requiring it before release. Very few prisoners were released without an identified address. There was reasonable support for prisoners identifying a specific need with finance. There were courses in money management, access to open bank accounts before release and some debt management support.
- S38 The National Careers Service contractor was still developing its provision and its service at induction was not well coordinated with education, which reduced its effectiveness. The skills action plans were sound, but sessions for groups were poorly structured. Advisers did not have access to sentence plan information, which affected the careers assistance they could provide as prisoners approached their release date. Links with industry needed to be developed.
- S39 Resettlement work with prisoners with health care and substance misuse needs was good. There was excellent compassionate joint working between the health provider, prison and community services for prisoners with palliative care and end-of-life needs. DART was involved with families and offered post-release telephone support, which were well received by prisoners.
- S40 There was good work under the children and families pathway. Support from the Ormiston Trust through the visitors' centre was good, and an appropriate range of family visits were available. Visits were well managed and the visits hall was a positive environment with reasonable facilities.

- S41 Provision of the thinking skills programme (TSP) and sex offender treatment programme (SOTP) was appropriate, as were the number of treatment places, but we were not assured that the assessment of need accurately reflected the current population. The programme team was starting some positive motivational work with prisoners in denial of their offence.

Main concerns and recommendations

- S42 Concern: Most workshops at Littlehey provided good quality activities, but prisoners were not able to gain appropriate accreditation for their skills. In the prison-run workshops there was no accreditation of vocational skills, and in the A4E-operated workshops most learners were only able to achieve qualifications at level 1.

Recommendation: The prison should work with the provider to develop accreditation opportunities for all vocational workshops, with a target of level 2 achievement for most learners to give them a better chance of employment on release.

- S43 Concern: There was no 'whole-prison' approach to resettlement, which the rest of the prison saw as a discreet activity rather than an integral function. Many wing staff still saw the population as a compliant group without fully appreciating the wider risks of the new population to the community on release.

Recommendation: The prison should pursue a whole-prison approach to resettlement and offender management, encouraging and supporting staff from all departments to take an active role in the work of the offender management department in assessing and implementing prisoner objectives to reduce their risk of reoffending. All staff should be given support and awareness training to understand how to work effectively with a sex offender population.

- S44 Concern: Plans for the resettlement of prisoners from Littlehey were unclear but arrangements were already being made to decommission some of the current provision without alternatives being in place.

Recommendation: Arrangements under 'transforming rehabilitation' for the release of prisoners from Littlehey should be clarified urgently to ensure the appropriate and necessary provision is in place.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

I.1 *The prison had managed the recent change in the type of prisoners it held well. Despite long journeys, new arrivals were positive about their escort to the prison.*

I.2 In the prison's change of role in 2014, 480 young adults had been transferred out of Littlehey. These moves were well managed and the prison achieved them without significant incident or use of force. Young adults were replaced by a similar number of adult category C sex offenders, many from London. Because of the prison's new national role, most new arrivals experienced long journeys, but there were no longer delays in disembarking, and prisoners we spoke to were positive about their escort experience. During the re-role, Littlehey had allocated a reception officer to work at other establishments to address issues with the property of the incoming prisoners. Due to this planning, the re-role took place without incident, and in our survey, 90% of prisoners now held said that their property arrived at the same time as them. All the person escort records (PER) we saw were completed properly. Escort vehicles were clean and had food and water on board, although some cells contained graffiti.

Housekeeping point

I.3 Escort vehicles should be kept graffiti free.

Early days in custody

Expected outcomes:

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

I.4 *Reception, first night and induction arrangements were good. Prisoners felt safe on their first night and were positive about most aspects of their early days. Staff were welcoming and efficient and prisoners had access to peer support and health care staff on their first night. The first night cells were clean and well equipped. The induction programme was comprehensive and all new arrivals took part.*

I.5 In our survey, prisoners were more positive than the comparators about nearly all aspects of their early days in Littlehey, and we found the reception, first night and induction arrangements were all good. It was commendable that despite a particularly vulnerable population, 88% of prisoners said they felt safe on their first night.

- I.6** The reception area was clean, well maintained and an adequate size to process the average of 15 new arrivals a week. In our survey, 86% of prisoners said they had been treated well in reception, and we observed an efficient reception area with relaxed and welcoming staff. All arrivals had transferred in from other prisons and were not routinely strip searched. They were not locked into holding rooms and had good access to prisoner peer workers who provided them with hot drinks on arrival. New arrivals were held in reception for around an hour while staff carried out properly focused cell sharing and first night risk assessments, and they had access to health care staff, chaplains and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners).
- I.7** All new arrivals spent their first night and induction on E wing where they had access to 'Buddies' (peer support workers) and were given a free telephone call. Most arrived on the wing before the evening meal was served and so had access to a meal, outside exercise and a shower during association. The small number of prisoners who arrived late were given a microwave meal, but we were not assured they could shower on their first night. In our survey, more prisoners than the comparator said they had received help from staff with problems they had on arrival, and our observations supported this. All accommodation on E wing was in double cells that were clean, well equipped and graffiti free, and communal areas were clean and well maintained.
- I.8** The rolling five-day induction programme started the next weekday after arrival. Induction was comprehensive with input from staff and a wide range of well-trained peer workers. In our survey, 96% of prisoners said they had received an induction, and more than the comparator said it had covered everything they needed to know about the prison. Induction information was available in a range of languages and staff also had an up-to-date list of prisoners who could act as interpreters, but the professional telephone interpreting service was rarely used (see also paragraph 2.24 and recommendation 2.29). Following their induction, prisoners stayed on the unit for around six to eight weeks but could go to work and education during this time.

Housekeeping point

- I.9** Prisoners who arrive late should have access to a shower on their first night.

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.10** *The incidence of violence was low and most prisoners felt safe. Strategic management of violence reduction was good but investigations and monitoring of perpetrators were underdeveloped.*

- I.11** Littlehey was a safe prison which reflected both its now more compliant population and the effective management of safety issues. There were very few incidents of violence - there had been six assaults on staff, eight on prisoners and 10 fights in the previous six months. Most incidents were minor and none had resulted in outside hospital treatment. In our survey, 27% of respondents said they had never felt unsafe at Littlehey, against the comparator of 34%, and only 9%, against 15%, said they felt unsafe at the time of the inspection.

- I.12** The violence reduction policy had been renewed in response to the change in population. The monthly safer custody meeting, which oversaw both violence reduction, and suicide and self-harm prevention (see also paragraph I.18) was well attended by staff and prisoner representatives. The violence reduction report covered most indicators of violence and antisocial behaviour, and there was some analysis of trends and patterns that informed a continuous improvement action plan. A survey by the safer custody team in the previous month had identified some issues about debt in the prison, and this was supported by our conversations with victims. However, the prison had not yet responded to this.
- I.13** A new three-stage process used monitoring, the basic regime and cellular confinement in response to bullying and violence, and was well understood by staff and prisoners. In the previous six months, 158 prisoners had been formally monitored for bullying. The prison used P-Nomis, the Prison Service IT system, to monitor victims and perpetrators, but the management of individual victims or perpetrators required improvement. Staff did not record sufficient observations and targets set for prisoners were generic and often the same for both perpetrator and victim. The regular management checks by wing managers had not identified or addressed these deficiencies. Despite this, the victims of bullying we spoke to were generally positive about the support they had received, particularly the peer support through the 'Buddy' scheme - prisoners, managed by the safer custody team, who provided practical and emotional support to the more vulnerable prisoners.

Recommendations

- I.14** The prison should address prisoner concerns about debt.
- I.15** The management of victims and perpetrators of bullying or violence should be improved.

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.16 *Prisoners in crisis told us staff were supportive, and those with more complex needs were managed well through weekly multidisciplinary meetings. The quality of case management documents remained variable and too many at-risk prisoners were located in the segregation unit. Prisoners had good access to an active group of Listeners.*

- I.17** The number of self-harm incidents was similar to other category C prisons. There had been one self-inflicted death since our previous inspection and the prison had incorporated recommendations from the Prisons and Probation Ombudsman (PPO) into an action plan. The safer custody team investigated and responded to all serious incidents of self-harm.
- I.18** Monthly safer custody meetings (see also paragraph I.12) were well attended and they analysed trends in the case management of prisoners at risk of suicide or self-harm on open documents for assessment, care in custody and teamwork (ACCT), and self-harm incidents. Prisoners with more complex needs were managed through weekly multidisciplinary meetings, which implemented individual care plans effectively (see also paragraph I.24).

However, despite our previous recommendation, ACCT documents remained too variable. In too many cases they demonstrated inconsistent case management and poorly attended case reviews, whose actions were not always reflected in care maps. Many documents also indicated predictable or insufficient observations. A new system of management checks to address this was too recent to assess its impact. Despite this, prisoners in crisis told us they had good support from staff, and residential staff had a good knowledge of those in their care.

- I.19** We were concerned that the prison had located 20 prisoners on open ACCTs in the segregation unit during the previous six months. We were not assured that this was always in exceptional circumstances.
- I.20** Prisoners had very good access to a group of 15 Listeners, who were supported by the local Samaritans, and there were good relationships between the Samaritans, Listeners and safer custody team. The two Listener suites were suitable and generally well maintained, but had sometimes been used inappropriately for storage.

Recommendations

- I.21** **Assessment, care in custody and teamwork (ACCT) supervision should be improved by ensuring a consistency of care manager, increased interaction with prisoners and wider representation of departments at reviews.** (Repeated recommendation 3.32)
- I.22** **Prisoners on an open ACCT should only be located in the segregation unit in exceptional circumstances.**

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.23 *Safeguarding policies and procedures were well developed, with good processes for identifying need and providing support. The prison was well prepared for the implementation of the Care Act in April 2015.*

- I.24** The prison's safeguarding policies and practice for prisoners at risk because of their health, disability or age were much more advanced than we usually see. The adult safeguarding policy, developed in partnership with the Cambridgeshire County Council and the local NHS, was a comprehensive document referring to the national policy framework and local procedures. The head of safer custody was responsible for implementing the policy, with the prison in-reach manager, but most residential staff remained unaware of it. Despite this, there had been appropriate referrals and investigations in response to concerns or allegations, and we found many examples of good support and adaptations for prisoners with additional needs. The weekly multidisciplinary complex needs meeting was a useful forum for

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).

identifying and meeting individual needs, in addition to the screening of new arrivals and safer custody processes.

- I.25** The prison was well prepared for the implementation of the Care Act in April 2015, when local authorities became responsible for assessing and meeting the social care needs of adult prisoners. Around half the population had undergone an initial screening, and the prison had identified a group of prisoners who require further assessment.

Housekeeping point

- I.26** All staff should be aware of their responsibilities under the adult safeguarding policy.

Good practice

- I.27** *The prison had worked with the local safeguarding adults board and put into place effective procedures to safeguard vulnerable adults, and was particularly well prepared for implementation of the Care Act in April 2015.*

Security

Expected outcomes:

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

- I.28** *Security arrangements were proportionate. The strategic approach to drug supply reduction was well focused, recognising emerging threats and responding promptly to intelligence received.*

- I.29** Security procedures did not unnecessarily restrict prisoner access to the regime. Prisoner movement around the prison was appropriate to the population's risk, including the use of peer workers to move wheelchair users, which was a proportionate response to the older and disabled population now held. It was better than we normally see that strip-searching and handcuffing only took place on the basis of supporting intelligence, which we rarely see. Only one prisoner was on closed visits and records showed that closed visits were for appropriate reasons and removed at the earliest opportunity.
- I.30** The number of intelligence reports was over 2,000 between September 2014 and February 2015. They were processed efficiently and acted on quickly, which contributed to a safe environment. The prison had an appropriate focus on child protection and had recently developed links with the Child Exploitation Online Protection Service to share information and assist the Agency's investigations.
- I.31** The security department was focused on the issues of diverted medication and a developing problem with new psychoactive substances (NPS). In our survey, only 18% of prisoners, against the comparator of 34%, said it was easy to get drugs in the prison. Mandatory drug testing (MDT) positive rates were very low at 1.15% for the six months to January 2015, with 27 suspicion tests in the same period with no positive results. All requested suspicion tests were completed. The MDT suite was clean, tidy and appropriately equipped, except

that we found milk in the refrigerator containing urine samples awaiting dispatch to the testing lab.

Housekeeping point

I.32 The fridge in the MDT suite should only be used to store items relevant to drug testing.

Incentives and earned privileges³

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.33 *The incentives and earned privileges (IEP) scheme was applied fairly and there were opportunities for prisoners to progress. Differentials between the levels were adequate to encourage positive behaviour.*

I.34 The IEP policy comprehensive, well publicised and understood by staff and prisoners. At the time of the inspection, around 41% of prisoners were on the enhanced level of the scheme, 58% on standard and 1% on basic level.

I.35 There were reasonable distinctions between the IEP levels, with additional gym sessions, extra social visits and increased time out of cell available, as well as plenty of peer mentor opportunities for prisoners to demonstrate their engagement with the regime. The regime for prisoners on the basic level was adequate, with daily access to showers, a telephone call, exercise and work. In our survey, more prisoners than at the last inspection (53% against 48%) said they had been treated fairly in the scheme, although black and minority and foreign national prisoners were less positive than white and British respondents. We found that the scheme was applied fairly, warnings were appropriate and there were many opportunities for prisoners to improve behaviour before a demotion was considered. Review boards were timely, but behaviour improvement targets were often too generic.

I.36 The IEP scheme linked in with sentence management. For example, to progress to the enhanced level, prisoners needed to become involved in sentence management and engage with interventions to reduce their risks. Progress, therefore, for the significant number of prisoners in denial of the sexual offence for which they had been convicted, was limited while they maintained this position. The prison had adopted a measured approach to this issue (such as community spurs; see paragraph 2.2).

Recommendation

I.37 **The prison should investigate and address the negative views of black and minority ethnic and foreign national prisoners about the incentives and earned privileges (IEP) scheme.**

³ In the previous report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

Housekeeping point

- I.38** Individual behaviour improvement targets should be set for prisoners on basic level.

Discipline

Expected outcomes:

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

- I.39** *Use of disciplinary procedures was low for the type of prison. Adjudication hearings were of a good standard. The oversight of use of force required improvement. The segregation unit was a good environment with a reasonable regime, and staff-prisoner relationships were impressive.*

Disciplinary procedures

- I.40** There had been 328 adjudications in the previous six months, which was low for the type of prison. Charges were laid for good reasons; 14% were dismissed. The records of hearings we sampled showed that prisoners were given sufficient time to prepare their case and could seek legal assistance, and there were appropriate investigations before a finding of guilt. Five per cent of adjudications were quality assured by the deputy governor. The adjudications standardisation meeting was held regularly and data were sufficient to draw meaningful conclusions.

The use of force

- I.41** There had been 44 incidents of use of force in the six months to February 2015, which was much lower than similar prisons. About half of all incidents involved the use of control and restraint techniques, but most were de-escalated and the use of handcuffs or relocation to the segregation unit were not routine. Black and minority ethnic prisoners were over-represented in the use of force but this had not been investigated or addressed. It was commendable that special accommodation had not been used in the previous 12 months.
- I.42** Use of force documentation that we sampled was of a good standard and demonstrated many attempts to de-escalate situations. There had been seven planned interventions in the six months to February 2015 but only three had been filmed and none had been reviewed. In the films that we watched the interventions were well managed and mostly showed sufficient attempts to de-escalate.
- I.43** A use of force committee met quarterly but there was no discussion or analysis of incidents to identify trends or patterns to learn lessons.

Recommendation

- I.44** **Management oversight and accountability for all aspects of use of force, including planned interventions, should be improved.**

Segregation

- I.45** The two care and separation units (CASUs) that had operated before the re-role had reduced to one, which was a proportionate response to the change in population. The CASU was small and well maintained, although the shower area required refurbishment. Cells were clean and had adequate furniture. The exercise yard contained exercise equipment and seating but prisoners were unable to exercise together regardless of their risk, which increased their sense of isolation.
- I.46** The regime in the unit was similar to our previous inspection and, although reasonable, required further development. Most prisoners had access to a television and daily access to a shower, telephone call and exercise, and one prisoner attended corporate worship weekly. However, segregated prisoners had no access to educational materials or in-cell work.
- I.47** In the six months to February 2015, 88 prisoners had been segregated, which was below the rate of similar prisons. The average stay was relatively short at 10 days and few prisoners spent more than 30 days in segregation. Thirteen prisoners had been held in the unit for reasons relating to their own safety, many related to debts they had accumulated on wings. Most of those segregated for their own safety were reintegrated on to the standard wings. Multidisciplinary reviews and reintegration care planning was adequate but targets for prisoners to progress were perfunctory. Comprehensive data on segregation were collated and monitoring was good.
- I.48** In our survey, 60% of respondents who had been in segregation, against the comparator of 38%, said they had been treated well by staff in the unit. We found that relationships were excellent and staff were knowledgeable about those in their care, although this was not always reflected in their daily case notes about the prisoners.

Recommendations

- I.49** The shower area in the care and separation unit should be refurbished.
- I.50** The regime in the care and separation unit should be improved.

Substance misuse

Expected outcomes:

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

- I.51** *Prisoners with substance misuse problems had access to a comprehensive range of high quality, recovery-focused interventions, their outcomes were very good and 90% found the support helpful. However, the clinical team and drug and alcohol recovery team (DART) did not work closely enough to motivate the small number of prisoners on long-term methadone maintenance into recovery.*

- I.52** Clinical services were delivered by the prison-based health care team and psychosocial services by Inclusion. DART was well resourced to provide a comprehensive and innovative range of recovery-focused interventions. A wide range of other group sessions explored harm-reduction issues where appropriate, as well as recovery-oriented drug-free living and healthy lifestyles. Three well-trained and well-supervised 'recovery champions' - prisoners who had completed prison drug or alcohol programmes and acted as role models, mentors

and peer supporters - provided effective induction to newly arrived substance misusers and day-to-day support. There had been a successful intensive recovery programme, but this was due to close following a change in service providers from April 2015.

- I.53** The monthly drug strategy meeting was chaired by the head of health care. The meeting for February 2015 had been cancelled due to a lack of attendance. Attendance was otherwise reasonably good with representation from across the establishment.
- I.54** Compact-based drug testing was available as a condition of entry to the recovery programme and also as a voluntary measure. The use of mouth swab tests had eliminated the need for a dedicated testing suite.
- I.55** Prisoners we spoke to were highly satisfied with the drugs services. In all our survey questions, responses about treatment outcomes were above the comparators; 90% of those who had received support for drug or alcohol problems said it was helpful, against the comparator of 78%.
- I.56** Twelve prisoners were receiving opiate substitution treatment, of whom 11 were on maintenance doses, which was very high for a category C prison. The clinical and psychosocial teams did not work sufficiently well together or with mental health services, to ensure a consistent approach to motivating long-term methadone users into recovery.

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** *Communal areas and cells were clean and mostly well maintained. Some cells designed for one prisoner accommodated two and had in-cell toilets that were inadequately screened. Showers were clean and access was good. Prisoners had good access to clean prison clothing and bedding as well as telephones and mail. The applications system was adequate.*
- 2.2** The extensive prison grounds were clean and well maintained but there continued to be a considerable problem with rats due to the amount of rubbish thrown out of windows, although the prison was active in addressing this. G wing needed refurbishment. Wings A to D each had one landing designated as a community spur, which offered better living conditions and improved time out of cell - a good incentive for prisoners in denial of their offence (see also paragraph 1.36) or as a halfway house for those wanting to progress to the enhanced wings. Communal areas were clean and well maintained. Notice boards in association areas displayed a range of important information about prison services and routines.
- 2.3** Around 10% of prisoners were held doubled up in cells designed for one; these cells were cramped and had inadequate privacy screening for the in-cell toilet. The conditions in other cells were good, and most were clean with adequate furniture and very few examples of offensive material or graffiti. In our survey, 74% of respondents said they had good access to cleaning materials against the comparator of 66%.
- 2.4** Prisoners had good access to showers, and communal showers were clean and sufficiently private. Wings I to L had in-cell showers, which were appreciated by prisoners. Cell call bells were answered promptly.
- 2.5** In our survey, more prisoners than the comparator said they had access to clean prison clothes, sheets, mail and telephones. We found that access to clothing and sheets was good and most were in a reasonable condition. Most prisoners could wear their own clothes but wing laundries were often broken. Prisoners had good access to their stored property. The number of telephones on A to D wings had increased and access was now good. Mail was delivered to prisoners on the same day it arrived. Prisoners who had confidential letters opened in error received a letter signed by the duty governor with an explanation and, where necessary, an apology. The prison wrote to solicitors who failed to mark their letters as confidential.
- 2.6** The triplicate application system worked adequately, and more prisoners than the comparator (69% against 59%) said their applications were dealt with fairly.

Recommendations

- 2.7** Cells designed for one prisoner should not be used for two. (Repeated recommendation 2.1)
- 2.8** Wing laundries should be improved.

Staff-prisoner relationships

Expected outcomes:

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

2.9 *Relationships between staff and prisoners were very good. The personal officer scheme was adequate. Prisoner consultation was effective in addressing concerns.*

- 2.10** Relationships between staff and prisoners were impressive and a real strength of the prison. In our survey, 84% of prisoners, against the 77% comparator, said that staff treated them with respect. Throughout the inspection, prisoners said staff were respectful and helpful. We observed polite and courteous interactions and staff demonstrated a caring approach for those in their care.
- 2.11** The personal officer scheme worked reasonably well. In our survey and structured groups, most prisoners said they had a personal officer, although fewer thought their personal officer was helpful. Staff were very knowledgeable about prisoners they were responsible for. Staff entries in prisoners' wing case notes were mixed: some were regular and detailed, demonstrating involvement in sentence planning, while others were mechanical and lacked sufficient detail. Quality assurance was ineffective at addressing variations.
- 2.12** Monthly prisoner consultation meetings were well attended and minutes showed that issues were followed up and prisoners updated with progress.

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 characteristic⁴ 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.

2.13 *The prison had a clear commitment to equality work but equality officers had insufficient time and resources. Committed prisoner equality representatives were a positive strength, but only they had access to most prisoner forums. There was generally good support for prisoners with protected characteristics, but the needs of some foreign nationals and prisoners with disabilities were not met.*

Strategic management

- 2.14** The prison had a clear commitment to equality led by the governor, who chaired quarterly Littlehey equality action team (LEAT) meetings, attended by prisoner and external representatives. The equality team was motivated and included a senior manager, administrator and equality officers who were each dedicated to specific groups - older prisoners and those with disabilities; foreign nationals; gay, bisexual or transgender (GBT) prisoners; Gypsy, Roma and Traveller prisoners; and veterans in custody.
- 2.15** Equality officers continued to be stretched by lack of time and resources, which affected support for the complex population. Prisoner involvement was a real strength, and 12 committed and paid prisoner equality coordinators were allocated to each strand and engaged well with prisoners. They met monthly with equality staff and were supported by wing prisoner equality volunteers.
- 2.16** The equality policy included all protected characteristics but was not based on a needs analysis. There was a regularly reviewed action plan. There had been two equality monitoring analyses since the population re-role and staff had been allocated to investigate discrepancies that had emerged in these.
- 2.17** Discrimination incident report forms were freely available. Issues raised were low key and responses generally prompt and appropriate. All responses were quality assessed by the equality administrator and 10% by a Peterborough Race Equality Council representative. Apart from the use of adjudications and the incentives and earned privileges (IEP) scheme, there were no interventions for prisoners judged to have acted in a discriminatory way.
- 2.18** Prisoner forums continued to run solely for equality officers and prisoner equality coordinators - only the 'Real Voices' GBT group held open forums. The prisoner forums were sometimes cancelled due to staff non-availability.
- 2.19** The prison kept no records of how many staff had completed the Civil Service equality training, which they completed privately online.

⁴ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Recommendations

- 2.20 The equality policy should be based on a prisoner needs analysis.**
- 2.21 Equality staff should be given sufficient time to undertake their roles effectively.**
(Repeated recommendation 4.12)
- 2.22 There should be regular support groups open to attendance from all prisoners from a minority group.**

Protected characteristics

- 2.23** Approximately 23% of the prisoners were from black and minority ethnic backgrounds. In our survey, this group and foreign national prisoners were more negative than white and British prisoners about their treatment in some areas, such as the IEP scheme. More black and minority ethnic and Muslim prisoners reported feeling unsafe and staff victimisation. Most black and minority ethnic prisoners told us they felt fairly treated, although some complained of unequal access to the 'best jobs'. The action plan contained a target to monitor allocation to jobs.
- 2.24** There was reasonably good support to the 161 foreign national prisoners from 50 countries, including five detainees held beyond the end of their sentence, although the foreign national policy was not based on a needs analysis. All foreign national prisoners were seen individually by the foreign national prisoner equality coordinator, and they were aware of their entitlements to telephone calls, mail and the immigration surgery. Most felt supported although some were anxious about immigration issues. There were weekly immigration surgeries run by Home Office staff but foreign nationals still had no general access to independent immigration services. Classes in English for speakers of other languages (ESOL) were available. However, we met one Bengali prisoner who told us via a telephone interpreter about his unmet needs – he had received no written or verbal information in his own language and wing officer entries in his case notes provided no evidence of interpreter use. Telephone interpreting services had only been used once during 2014; several staff were unaware of the service and there was an over-reliance on using other prisoners as unpaid interpreters, which potentiality breached prisoner confidentiality. Prisoner equality coordinators no longer had access to a laptop providing translation services. Foreign prisoners received a free monthly international telephone call if they had received no visits, and they had to apply for these.
- 2.25** The prison identified 32% of the population as having a disability, and 34% were aged 50 or over, including 125 aged 60-69 (10%) and 79 (6.5%) aged 70 plus. Provision for older men and those with disabilities was reasonably good. However, while in our survey responses from older men were positive in many areas, prisoners with disabilities were negative in some key areas.
- 2.26** New arrivals declaring a disability were seen by a prisoner equality coordinator who collected physical and mental health information from them to inform an initial needs assessment; but while this was useful, we were concerned this process did not contain adequate safeguards for confidential information. The coordinator also provided information about the specific support available. Individual adaptations were provided and some cells had wider doors for wheelchair access and adapted showers. Some prisoners with disabilities had access to a bell that connected to their allocated prisoner carer in an emergency. Not all night staff were aware of prisoners subject to personal emergency evacuation plans. There were up-to-date care plans for prisoners with disabilities, but they were too generic and not

multidisciplinary. The frequent unavailability of a lift/stair lift prevented some men from accessing some areas, including chapels and health care.

- 2.27** I wing, which held prisoners over 65, had en-suite cell facilities and prisoners were unlocked during the day. Prisoners appreciated the facilities and support from staff and prisoner carers. Most older and disabled prisoners we spoke to across the establishment felt well supported, although some men with disabilities on E wing could not access showers; staff were aware of this but access had not been facilitated. Eighty-eight retirees received £6 a week 'pension'. There was no partnership work with any specific local or national support groups to enhance the well-being or activities of older prisoners or those with disabilities. Older men and those with disabilities could attend weekly socials on F wing where they could read newspapers, play pool or chat. They also had exclusive access to the wing garden and specific gym activities.
- 2.28** There was a transgender policy and generally active support for LGBT prisoners, and many told us they felt well supported. We saw some good individual support provided to one transgender prisoner, although some staff inappropriately referred to her as 'he' in conversation with us.

Recommendations

- 2.29 Prisoners should have regular access to independent immigration advice.**
(Repeated recommendation 4.44)
- 2.30 Professional interpreting services and translated written material should be available to prisoners with little or no English.**
- 2.31 Prisoners with disabilities should have equal access to all prison areas, and their specific individual needs should be effectively met.**

Housekeeping point

- 2.32** All night staff should be aware of prisoners subject to a personal emergency evacuation plan.

Good practice

- 2.33** *A bell was provided for some prisoners with disabilities to enable them to contact their allocated carer in an emergency.*

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.

- 2.34** *Faith provision was good and the chaplaincy was well integrated into the work of the prison. Regime clashes with Sunday services affected prisoner attendance.*

- 2.35** The chaplaincy was led by a full-time managing chaplain supported by part-time chaplains and volunteers for all main faiths. The team was active and well integrated into the prison. In our survey, 62% of prisoners overall said that their religious beliefs were respected, against the 52% comparator, although prisoners with disabilities were more negative - some had difficulty going to services due to problems with the lift/stair lifts (see also paragraph 2.26).
- 2.36** Saturday Pentecostal Christian services had only been held fortnightly for several months due to the restricted weekend regime and limited chapel availability. Prisoners who wished to attend Sunday Christian services had to choose between doing that or going to exercise or gym at the same time, and prisoners often arrived late at Sunday services because of staffing levels. Muslim prisoners wishing to attend services were not similarly affected and, although this had been the situation for several months and had been discussed by the LEAT, this had remained unchanged.
- 2.37** The chaplaincy ran a variety of study classes and faith courses, continued to be involved in delivering the Sycamore Tree victim awareness course, and could provide bereavement counselling. The team managed the prison visitors' scheme, which involved 16 visitors, but this was insufficient to meet need and more needed to be recruited.
- 2.38** A programme of religious festival celebrations was promoted and facilities were well maintained. Washing facilities for Muslim worship were only provided on the newer side of the prison, but prisoners elsewhere could wash in their cells before attending prayers.

Recommendation

- 2.39 Regime activities should allow prisoners to attend corporate worship, and all Christian services should be provided weekly.**

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.

- 2.40** *Prisoners were generally satisfied with the complaints process, although most responses were not prompt. There was regular trend analysis and action taken when necessary.*

- 2.41** In our survey, prisoners were more positive than the comparator about the fairness with which complaints were dealt, but only 29% said they had been responded to within seven days, compared with 39% at the previous inspection. There had been 1,930 complaints in the previous six months but only 79% had been responded to on time – this was partly due to ensuring that responses were dealt with by the staff concerned and not only custodial managers, as previously. Complaint forms were freely available on most wings and collected daily by business hub staff. Complaints were scanned, logged and subsequently tracked on a comprehensive database. Responses were typed and therefore legible, and generally polite and addressed the issues raised. Most complaints were low key; complaints about staff were handled by a senior manager.

- 2.42** Complaints were an agenda item at monthly board meetings attended by senior and custodial managers. Business hub managers quality assured 10% of responses and produced a comprehensive analysis of numbers, location, and subject, and data also assessed the quality and timeliness of responses and suggestions for identified delays. Minutes recorded action taken to address identified issues. Complaints data were also an agenda item at senior management meetings.

Recommendation

- 2.43** Responses to all complaints should be within expected timescales.

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.

- 2.44** *Offender supervisors signposted prisoners to legal information, which they could also access through the library.*

- 2.45** In our survey, fewer prisoners than the comparators said they could communicate with their legal representative or attend legal visits, and some prisoners complained that it was difficult to telephone solicitors during the working day - we saw a prisoner arrange access to a telephone for this purpose through negotiation with a wing officer. There were sufficient private legal visit facilities. Legal information was available in the library and offender supervisors could also signpost prisoners to sources of help and information when necessary.

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.

- 2.46** *Prisoners were very positive about health care provision. The range of primary care services was appropriate but prisoners waited too long for routine dental, optical and podiatry services. Clinical governance was generally good, but the health complaints process was not advertised and complaints were routinely included in clinical notes, inappropriately. GP and pharmacy provision had improved and were good. Lifelong conditions were well managed. The prisoner health trainer scheme supported prisoners to improve their health. Mental health services were good.*

Governance arrangements

- 2.47** NHS England (East Anglia) commissioned the Prison Service (HMPS) to provide primary health care services and Cambridgeshire and Peterborough Foundation Trust (CPFT) to provide mental health services. Northamptonshire Healthcare NHS Foundation Trust was due to provide both services from April 2015. The commissioners, prison and providers worked together effectively. Regular clinical governance and partnership board meetings covered all essential areas. A current health needs assessment had informed the retendering process. Learning from serious incidents, complaints, prisoner feedback and audits was shared with health staff and led service improvement.
- 2.48** An experienced nurse manager and two senior nurses provided effective clinical leadership. Despite chronic problems in recruiting nursing staff, health services had not been affected as shortfalls were filled by regular highly skilled agency staff. Nurses were not on site at night. A small group of regular GPs had significantly improved patient care.
- 2.49** Health staff were easily identifiable and the health interactions we observed were good. HMPS health staff required updates in some mandatory training, including manual handling and adult safeguarding, but training was planned with the new health provider. Regular in-house training centred on identified needs, including diabetes and hepatitis. Clinical and managerial supervision was embedded in the service. The clinical records we examined were generally good and stored securely, although we observed disposal of pharmacy confidential records that was not sufficiently secure - the health care manager addressed this before we left.
- 2.50** Health staff used appropriate policies, including safeguarding, although some required review. The health team managed and resolved a small communicable disease outbreak reasonably well during our inspection, but we were concerned that they did not contact Public Health England for support and guidance (as required by national and local policy) until we questioned it.
- 2.51** New arrivals received clear written information on health services. Access to clinical services was good, although those with impaired mobility had reduced access when the lift(s) were not working (see also 2.26). The health care environment was generally good, but cleaning did not meet infection control standards.
- 2.52** There was appropriate emergency equipment in the two health care units, although we found some expired items, despite regular recorded checks. All custodial managers and permanent night staff were trained in first aid, including defibrillation. There were well-maintained automated external defibrillators throughout the prison. Ambulances attended promptly in emergencies.
- 2.53** An identified nurse and GP provided regular wing clinics for older prisoners. There were advanced plans to implement abdominal aortic aneurysm and bowel screening. Access to mobility and health aids was satisfactory.
- 2.54** The health complaint process was not well advertised. The number of complaints was low and responses were generally prompt and comprehensive, but complaints and the responses were scanned into the clinical records, which was inappropriate.
- 2.55** There were good health promotion displays and literature across the prison. Prisoner health trainers with good training, supervision and clear responsibilities assisted prisoners to access health services, gave basic health advice, sat on the health promotion action group and assisted in smoking cessation and reception health screening. Prisoners had access to

smoking cessation, immunisations and treatment for blood-borne viruses. Barrier protection was available from nurses but was not advertised.

Recommendations

- 2.56** Cleaning of all clinical environments should comply with NHS infection control standards.
- 2.57** Health staff should have access to and follow a full range of in-date and regularly reviewed policies and procedures.
- 2.58** Prisoners should be able to complain about all health services through a single confidential well-understood system, and complaints should not be routinely included in the clinical records.

Housekeeping point

- 2.59** All emergency equipment should receive regular recorded checks and be in date.

Good practice

- 2.60** *The well-trained and supervised prisoner health trainers effectively helped other prisoners improve their health.*

Delivery of care (physical health)

- 2.61** Prisoners in our survey and those we spoke to were very positive about health services. Health staff saw all new arrivals promptly for a combined initial and secondary assessment in reception. The reception health room was dirty and badly laid out, but this was being addressed. Appropriate community liaison and follow-up referrals were completed.
- 2.62** Prisoners requested health services by attending the health care department or saw a health trainer, who completed a signposting referral to the relevant service and delivered it to health staff. An appropriate range of primary care services was provided. Waiting times for the GP and nurse minor illness clinics were adequate, but were too long for the optician, podiatrist and dentist, although extra sessions had been provided to reduce them. The non-attendance rate was monitored. Emergency GP and nurse appointments were available daily. Out-of-hours GP provision was satisfactory.
- 2.63** Prisoners with lifelong conditions were identified effectively and relevant clinics were provided by nurses with additional specialist training and skills. Each GP also had an identified specialism, including chronic pain management.
- 2.64** The prison had increased the number of external hospital appointments available daily from four to eight in January 2015, due to high demand. Appointments were well managed overall and rarely cancelled by the prison.

Recommendation

- 2.65 Prisoners should be able to access all primary care clinics, including dental, optical and podiatry, within waiting times equivalent to those in the community.**

Pharmacy

- 2.66** An external pharmacy provided all medication promptly with appropriate patient information. A full-time pharmacist and part-time pharmacy technician were based on site and prisoners had good access to the pharmacist for advice. A formulary and appropriate in-date policies were used, but we found several out-of-date reference books that needed to be discarded. Alerts and refrigerator temperatures were appropriately managed. Most medicines were stored appropriately, although a schedule four controlled drug was not stored, dispensed or recorded consistently. The pharmacist took part in the clinical governance and medicines management committees.
- 2.67** Although 93% of prisoners on medication received it in possession, we were not assured that all risk assessments were reviewed and recorded appropriately. For example, we found instances where the risk assessment was not followed but there was no clear recorded rationale or review date. One per cent of items were given as daily in possession, which was not recommended standard practice.
- 2.68** Prisoners who missed their medication were identified and followed up appropriately. The administration records we examined were complete. Supervised medication was administered by nurses twice daily from both health centres at 8.30am and 4pm. The latter time meant that a few prisoners on 12-hourly supervised medication had unequal gaps between doses, reducing its efficacy, and that night-time medication was given too early or as daily in possession, despite being risk assessed as not in possession.
- 2.69** All weekly and monthly in-possession medicines were administered by the pharmacist from the newer part of the site on an appointment system. Prisoners were asked what they needed to reorder for the next month, which provided community-equivalent care and ensured continuity of supply. Nurses could administer an appropriate range of medication without prisoners seeing the doctor. Prisoners could buy a limited range of over-the-counter medicines from the pharmacy and received appropriate pharmacist advice and support.

Recommendations

- 2.70 In-possession risk assessments, including any variation, should be clearly documented and reviewed regularly.**
- 2.71 The use of daily in-possession medication and schedule four controlled drugs should be reviewed and reduced.**
- 2.72 Prisoners should receive medication at clinically appropriate times.**

Dentistry

- 2.73** Cambridgeshire Community Services provided a full range of NHS-equivalent services through eight dentist sessions a week. Prisoners waited up to 14 weeks for their first routine appointment, but most received some treatment at that time. In our survey, more prisoners than the comparator and last time were positive about access to the dentist and quality of

treatment. Appointments were allocated by health staff on perceived clinical need. Emergency provision was appropriate. The clinical records and consultation we observed were good. Effective oral health promotion was provided. Both dental surgeries were of a satisfactory standard, although that on Lakeside (the older site) did not meet best practice. All equipment was appropriately maintained, and dental waste received professional disposal.

Delivery of care (mental health)

- 2.74** In our survey, more prisoners than the comparator said they had emotional well-being or mental health problems (33% against 28%), although more than the comparator reported being helped with these (60% against 50%). Working relationships between prison and mental health staff were effective. However, only 10 officers had received mental health awareness training in the last three years.
- 2.75** CPFT provided integrated mental health services. The team had a rich skill mix, including clinical psychology, psychiatry, learning disabilities and mental health nurses. Psychologically informed groups ran regularly, including anger management, personality disorder and anxiety. A support group was planned for those who heard voices, saw visions or had unusual perceptions. Counselling was available through the chaplaincy.
- 2.76** Any staff member could refer a prisoner to the mental health team and an average of 12 referrals were received weekly. Urgent referrals were seen quickly and the remainder were initially discussed at the weekly referral meeting, which a GP also attended. All appropriate referrals were then assessed within seven working days. During the inspection, the team was supporting around 24 prisoners with severe and enduring mental health needs through the care programme approach, and around 50 prisoners with mild to moderate needs. Care planning and community liaison were generally good. .
- 2.77** The one prisoner transfer under the Mental Health Act in the previous year had been managed appropriately, and two prisoners who required urgent access to 24-hour support were transferred promptly.

Recommendation

- 2.78** **Custodial staff should receive regular mental health awareness training.**

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.

- 2.79** *Prisoners were generally satisfied with the food, although Muslim men less so. Some meals were served too early.*

- 2.80** In our survey, 57% of prisoners expressed satisfaction with the food, against the 25% comparator and 43% in 2011, although Muslim prisoners were still less positive than non-Muslim prisoners. We found the menus were suitably varied and the food of reasonable quality and quantity. The catering manager consulted regularly with wing catering

representatives, and there were occasional prisoner surveys, with changes made to menus in response.

- 2.81** Prisoners chose meals in advance from a four-week menu cycle, and all diets were catered for. Meals were taken to wing serveries in heated trolleys but temperatures were not reliably recorded in all wing daily servery records. Breakfast packs were issued the day before they were to be eaten, and lunch was generally served too early at 11.45am on weekdays, and at 11.10am with the 'evening' meal served at 4.15pm on alternate weekends.
- 2.82** Prisoners on community spurs had access to fridges, microwaves and toasters for self-catering, which they appreciated. There was some limited provision for some prisoners to dine out on wings.
- 2.83** The kitchen and wing serveries were clean, appropriately equipped and managed. Kitchen workers were health screened, risk assessed and received food safety training level 1, and some at level 2. National vocational qualifications 1 and 2 in food preparation were available.

Recommendation

- 2.84** **Breakfast should be issued on the day it is to be eaten, and lunch should not be served before 12 noon and the evening meal not before 5pm.**

Purchases

Expected outcomes:

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

- 2.85** *Prisoners were generally satisfied with the prison shop, although new arrivals had to wait some weeks for their first order and prisoners continued to be charged a fee for catalogue shopping.*

- 2.86** In our survey, 58% of prisoners said the prison shop sold a wide enough range of goods to meet their needs, against the 45% comparator, although prisoners with disabilities were much less positive than those without disabilities (49% against 62%). New arrivals could wait up to 10 working days to receive their first order, which could potentially lead to debt or bullying if they borrowed from others. Prisoner canteen representatives were regularly consulted about products available and changes made as a result.
- 2.87** Prisoners could shop from several catalogues, including a hobby catalogue, but an administration fee continued to be charged. Prisoners could order newspapers and magazines.

Recommendations

- 2.88** **Prisoners should be able to place a shop order within 24 hours of arrival.**
- 2.89** **Prisoners should not have to pay a handling fee for catalogue items.** (Repeated recommendation 8.19)

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.⁵

3.1 *Despite a restricted regime, time out of cell was improving and reasonable for most prisoners. However, 10% remained unemployed, which was too high for a training prison.*

3.2 The prison was required to contribute officers to 'detached duty' (where officers from fully staffed prisons work at prisons with empty posts) and, as a consequence, had a restricted regime. Despite this, time out of cell was reasonable for most prisoners; fully employed or retired prisoners spent around nine hours out of cell on weekdays. Around 200 prisoners had more than this, and 76 prisoners living on enhanced wings could spend 14 hours out of their cell each day. However, for a third of prisoners who worked part time this was nearer four to six hours a day. Although the number of activity places had improved there was still not enough work for the population, and 134 prisoners remained unemployed and had only two to three hours out of their cell on a weekday.

3.3 Prisoner access to association and exercise in the open air was good and rarely cancelled. Exercise yards contained seating and exercise equipment.

Recommendation

3.4 **Prisoners should spend at least 10 hours out of their cell on weekdays.** (Repeated recommendation 6.1)

⁵ 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.

3.5 *The number of activity places had increased but was not sufficient for the population. Plans for new industrial workshops were well advanced. Strategic planning of learning and skills and work was good. There was an appropriate range of education courses, and some very good vocational training and work activities. Attendance at education and work was good and learners achieved high standards. However, most of the work did not include accredited training, and nearly all training provision was offered at level 1 only. The quality of teaching was too variable and education outcomes required improvement. Library provision and access were good.*

3.6 *Ofsted⁶ 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

3.7 *The strategic management of learning and skills was good. Managers had worked hard to increase the number and range of activity places. Several new workshops were scheduled to open in the month after the inspection. Curriculum planning was sound, based on a needs analysis to ensure that activities were suitable. However, at the time of the inspection, there were still too few activity places. The very long waiting lists were poorly managed, and prisoners were not given information about when they could access their chosen courses.*

3.8 *The education and vocational training provision from A4E required improvement, but effective partnership had contributed to improved attendance, curriculum development and quality assurance. The number of classes cancelled by A4E had reduced but remained too high.*

3.9 *The use of data to monitor classroom efficiency and attendance was good, and had led to significant improvements. However, plans to improve allocation and sequencing of activities to meet prisoners' resettlement needs were not fully implemented, and offender supervisors were not yet involved with allocations. The prerequisites specified for prisoners to enter particular courses were not always observed. For example, some struggled on courses where they did not have the required information technology (IT) or mathematics skills.*

⁶ 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>.

- 3.10** The monitoring of the quality of learning and skills provision was generally good. Internal quality reviews were used to identify areas for improvement and develop an action plan. The self-assessment report was accurate and robust. The quality improvement group met regularly and focused appropriately on improvement strategies. However, progress on some action points had been slow. Observations of teaching were not followed up with effective plans for improvement. Good practice in teaching was not shared in a structured way to raise the overall quality of provision. The views of learners were gathered through monthly focus groups, but were not used in planning the curriculum.
- 3.11** The prison had not taken any action to determine why there were longstanding differences in the pass rates of some minority ethnic groups compared with white prisoners. Gaps in performance were reported regularly, but there had been no action to determine why or to take steps to effect improvement.

Recommendations

- 3.12** **The prison should develop the link between prisoner allocation to activity and offender management to enable sentence plans to take account of prisoners' learning needs, and improve the quality of allocation to activities.**
- 3.13** **A4E should implement a staff development policy to ensure appropriate professional development for all teachers.**

Provision of activities

- 3.14** There were insufficient activity places for the population, and long waiting lists for some courses and workplaces. More than 10% of eligible prisoners had no activity and approximately one-third were employed only part time. Many full-time jobs were as wing orderlies, who were mostly underemployed and had not received any training. Only a small minority of wing cleaners had completed the prison's industrial cleaning course, and not all servery workers had passed the basic food hygiene certificate. The prison was due to open several new industrial workshops in partnership with commercial companies.
- 3.15** There were approximately 100 places in well-equipped training workshops that provided high quality work experience. Some, such as the motor body and paint spray workshops, were outstanding. However, the range of vocational training was too narrow and limited primarily to level 1 programmes, although more level 2 programmes were being introduced. (See main recommendation S42.) Work and training areas were spacious, and equipped with industry-standard equipment.
- 3.16** In industrial workshops the work was varied, and in many cases interesting and challenging. They included commercially focused assembly, technical and fine craft activities, which reflected realistic employment options for prisoners on release. However, there were no opportunities for prisoners to gain formal accredited qualifications.
- 3.17** A good range of mostly part-time educational courses generally met the needs of the population. However, many courses did not allow progression to level 2, and English for speakers of other languages (ESOL) was only available at entry level. Prisoners were not made aware of the availability of loans for those aged 24 or over to study for qualifications at level 3 and above. Support was provided for about 80 learners studying open and distance learning courses.

Recommendations

- 3.18** The prison should continue to develop new industries provision to increase the number and range of activity places.
- 3.19** A4E should develop the range of accredited qualifications and structured pathways to enable learners to progress to at least level 2 in all areas.

Quality of provision

- 3.20** In education classes, resources for learning were good, but the quality of teaching was too variable. In many classes, schemes of work and lesson plans were not used effectively to plan interesting and varied lessons. Learners spent too much time learning from workbooks and were not exposed to a variety of teaching methods to engage them and enhance their learning experience. Initial assessment results were not used to plan learning in classes other than functional skills. In the better classes, teachers successfully engaged learners with different levels of ability or experience, and used electronic whiteboards to make presentations more effective.
- 3.21** There was insufficient structured support for learners with additional needs. Learning support staff did not receive information from health care about prisoners' needs. Not all learners with additional learning needs had appropriate plans, and the plans in place did not provide strategies to encourage independent learning.
- 3.22** The use of prisoners as learning mentors was good. Mentors were required to complete a mentoring course and then worked as learning support assistants in education. They provided good support and made a significant contribution to learning in classes.
- 3.23** Coaching and training on vocational programmes were good. Trainers were well qualified, highly experienced and set high expectations for learning and the standards of prisoners' work. There was good use of mentors and orderlies in most sessions to support individuals' learning. Prisoners generally achieved high success rates on these programmes. However, some prisoners assigned to a vocational course did not meet the minimum standard of mathematics required and struggled with this aspect, although they received useful support from a learning support team.
- 3.24** Prisoners' portfolios were of good quality in vocational training. They were concise, described theoretical and practical learning clearly and demonstrated how prisoners had applied their learning. Individual learning plans were not used well; they were primarily a record of learning and were not used effectively by trainers to review learning and set incremental targets for further learning.
- 3.25** The induction process required improvement. The information on courses given to prisoners was brief, of poor quality and only in English. The assessment of prisoners' mathematical and English skills had given inaccurate results. The prison planned to extend the induction over two weeks to give prisoners more time to settle in before taking these assessments.
- 3.26** There was insufficient focus on the promotion of equality and diversity in education. There was little mention of equality issues in schemes of work and lesson plans, and teachers missed opportunities to highlight these issues when learners raised them. Some classroom displays aimed to raise awareness of diversity issues, but there was little coordination of activities to mark relevant anniversaries and events.

Recommendations

- 3.27 Individual learning plans should be used better to plan learning and support needs.** (Repeated recommendation 6.42)
- 3.28 A4E should improve the quality of teaching, learning and assessment to ensure all learners receive good teaching.**
- 3.29 A4E should improve the use of initial assessments to plan learning.**
- 3.30 A4E should expand the inclusion of equality and diversity in teaching and learning.**

Education and vocational achievements

- 3.31** Learners' achievement of qualifications in education required improvement. Pass rates in 2013-14 had been high or very high on some courses, such as preparing for a business venture, horticulture, construction skills and functional English at level 2. However, pass rates on many courses in the same period were too low, particularly for most functional skills English and mathematics programmes, music technology at level 2, and IT user skills at level 1. There were signs of improvement in the current academic year but pass rates remained too low on IT programmes at level 2, functional English at levels 1 and 2, and mathematics at level 1.
- 3.32** Learners developed good practical skills in workshops and vocational training areas, but the lack of qualifications in work was a concern. Workshop managers reviewed each prisoner's work performance quarterly but the arrangements to recognise and document each prisoner's development formally and application of employability skills required further development. Pass rates on courses run directly by the prison were very high, but involved very few prisoners.
- 3.33** The standard of prisoners' work on education programmes was appropriate for the level of courses. Their practical skills in vocational training programmes and workshops were generally high standard, and exceptionally good in light vehicle body repair. In workshops and the education provision, prisoners had a very good attitude to work and learning. Prisoners' punctuality and attendance were good although too many left sessions to attend a different activity. Learners' behaviour was good and their relationship with teachers and trainers was positive and productive.

Recommendations

- 3.34 A4E should identify classes with low achievement rates and develop action plans to improve them.**
- 3.35 The prison should further improve the quarterly review process to develop and record learners' employability skills.**
- 3.36 Regime activities should be scheduled so that they do not lead to interruptions in classes.**

Library

- 3.37** The library was operated by Cambridgeshire County Council and staffed by a part-time librarian and two library assistants. The prison had retained the two libraries after the re-role to ensure good access. The library was open every weekday, on four evenings and on Saturdays. Learners in education could use the library in one of their classroom periods each week. Although around 80% of prisoners were members of the library, fewer than half visited regularly and there was little to promote library services to non-users.
- 3.38** The library stock had been adjusted to meet the needs of the adult population, and was considerably more than the minimum specification. There was a good range of foreign language books, and books for learners with particular needs were appropriately flagged to attract readers - for example, a small stethoscope symbol on the spine of books to cope with medical or mental health issues. Library users could also borrow talking books, music recordings and games. Annual book losses were relatively low, at 5% of the stock.
- 3.39** The library proved some activities to promote reading, including a reading group and participation in Storybook Dads (enabling prisoners to record a story for their children/grandchildren).

Recommendation

- 3.40** **The library should increase the range of activities to promote literacy and wider reading.**

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

3.41 *The gym was well resourced, professionally managed and used by over 75% of prisoners for over three hours a week. Activities were wide ranging and suited the varying abilities of prisoners Staff promoted healthy living, nutrition, health and fitness to all gym users.*

- 3.42** The two gymnasiums were well resourced with good equipment and well-qualified staff. There was a well-equipped cardiovascular suite, two sports halls and two five-a-side outdoor soccer pitches. All areas were clean and well maintained, and showers had been upgraded since the last inspection. A few items of equipment were waiting to be repaired, which reduced the availability of some activities.
- 3.43** Prisoners had good access to the gyms, and long opening times and the range of activities allowed most prisoners to benefit from the provision. In February 2015, over 75% of the population had attended for over three hours a week. However, gym access was not managed in cooperation with other aspects of the regime, and prisoners regularly left work and education to attend gym, which affected their learning and work. (See also recommendation 3.36.)

- 3.44** Activities included short mat bowls for older prisoners, circuit training, and activities for those recovering from drug and alcohol misuse. There was particularly good provision for prisoners with medical conditions, and liaison with health care staff ensured that prisoners received the appropriate support to help them become more healthy and active. Remedial gym sessions were available for prisoners to attend before going to work or education.
- 3.45** The gym manager used data effectively to plan and promote courses and meet prisoners' needs. Since the re-role, staff had adapted the curriculum to the requirements of the population, offering sex offenders courses on health and nutrition, while the minority of non-sex offenders could attend circuit and personal instructor courses. A pilot course integrating functional English into PE courses had just started.

Recommendation

- 3.46 Broken gym equipment should be repaired within reasonable timescales.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

- 4.1** *The reducing reoffending and offender management functions had made considerable efforts to develop a strategy to meet the needs of the new population, which was positive, but further work was required. Offender management work was viewed as separate to the rest of the prison rather than as central to addressing and managing prisoner risk of reoffending.*
- 4.2** With the change in population, the overriding role of the prison, and particularly that of offender management, had shifted. With the focus now almost exclusively on sex offenders, the prison had started to make substantial changes to its approach to resettlement and offender management, but there remained a considerable way to go.
- 4.3** In the six months since the young adults had been replaced by sex offenders, the prison had made considerable effort to understand the population's needs and the skills staff required to assess and reduce their risk of reoffending effectively. The programme team had just developed a database of all prisoners that identified their offence, work already completed and level of acceptance of their conviction. The resettlement and reducing reoffending team was developing a similar database that incorporated prisoners' wider needs, including education, training and employment. These essential developments were still work in progress. The offender management department had also worked to address the backlog of OASys (offender assessment system) assessments and to revamp public protection arrangements, although some of this had yet to come to fruition. While the reducing reoffending strategy group, which included offender management, met monthly, strategy documents for both functions did not yet reflect recent changes and planned developments.
- 4.4** There remained gaps in the strategic development of resettlement and offender management, and other departments still largely saw these functions as discrete rather than integral to the prison. Many wing staff still regarded the population as a fundamentally compliant group without fully appreciating their wider risks to the community on release. The overall strategy required a 'whole prison' approach (see main recommendation S43).
- 4.5** The prison had begun to recognise the training and development needs of staff, particularly those working in offender management. Twenty-three staff had the dual function of wing supervisory officer and offender supervisor, and this was presenting a challenge with some considerable variation in the levels and consistency of provision to prisoners. While it was positive that quality assurance and staff development was being taken forward, more was still required.

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.

4.6 *Too many OASys assessments were missing or out of date. The quality of OASys and sentence plans were too variable and not focused sufficiently on risk management. Offender supervisors had relatively little contact with prisoners beyond OASys assessment and report writing. Offender supervisors did not seem sufficiently motivated or trained for their work with the new complex population, and quality assurance and training were underdeveloped. The management of child protection cases was generally appropriate, but that of multi-agency public protection arrangements (MAPPA) cases was not sufficiently robust.*

4.7 Around 94% of the population were convicted of a sex offence, around 60% were assessed as high or very high risk of harm, and just over 85% were serving a sentence of four years or more. All new arrivals were allocated an offender supervisor, who most saw within 72 hours. In our survey, more prisoners than the comparators said they had a named offender supervisor and community offender manager.

4.8 During the inspection we were joined by colleagues from HM Inspectorate of Probation who looked in detail at eight offender management cases held by community offender managers (in scope for offender management) and four that were the responsibility of the Prison Service (out of scope). We also looked at a further 17 cases, mostly prisoners due to be released, but in less detail.

4.9 Although there had been progress on reducing the backlog of OASys assessments, around 30% were out of date or missing. Of concern, this rose to 38% for high or very high risk prisoners, the responsibility of offender managers. Only one of the cases we reviewed had no OASys, although several were out of date - one man about to be released had not had an assessment since October 2013. There was no agreed protocol for chasing up such delays with offender managers, with some pursued more rigorously than others.

4.10 The quality of OASys assessments we reviewed varied considerably but were disappointing overall. Most of those completed by the national probation service were better than those completed by offender supervisors. Too many had insufficient assessments of risk or indications about how risk should be managed, especially while in custody. Similarly, too many sentence plans had very limited targets. There was little indication that other departments, such as education and training, had an input or that targets for such work were incorporated into plans. In most cases, targets simply indicated that the sex offender treatment programme (SOTP) should be undertaken, even when the prisoner was in complete denial of his offence and unwilling to engage, or where his likelihood of reoffending threshold was deemed too low to participate (as determined by the RM2000 assessment tool). Alternative approaches to address offending behaviour were rarely identified. In our survey, fewer prisoners than the comparator said they were involved in the development of their sentence plan, and some prisoners told us that targets were simply set for them, without their involvement.

- 4.11** Offender supervisors' contact with prisoners beyond report writing and OASys assessment was very limited and their role was unclear. Some told us that they saw their prisoners during their wing supervisory roles, but often such contact was brief. There was very little evidence of planned contact with prisoners to focus on their offending behaviour, challenge attitudes and thinking, or address motivation, even when these had been identified in OASys. Offender supervisors were also generally unaware of the NOMS guidance 'Targeting and Delivering Offender Management in custody, practice guidance for offender supervisors', published in September 2014.
- 4.12** The experience, motivation, interest and skill in the role of offender supervisor also varied considerably across the 23 in post. All had undertaken OASys training and most had completed the offender supervisor training, but these did not cover how to engage and motivate prisoners or assess and evaluate risk - issues of particular significance with the present population. This limitation was, in part, compounded further by the difficulty of so many offender supervisors in the dual function, some of who had relatively little time allocated to offender management work.
- 4.13** Managers in the department had recognised some of these shortfalls and had begun to develop more robust quality assurance to counter check OASys, parole and MAPPA reports, and further training was planned to develop the skills and confidence of offender supervisors.
- 4.14** Given the population and that fewer than 3% were serving sentences of less than two years, very few could be considered for home detention curfew (HDC). In the previous six months, only five prisoners had been considered by the HDC board, with two successfully released. Procedures to manage these prisoners were appropriate, although in each case there been delays in getting reports from the national probation service.

Recommendations

- 4.15 All prisoners should have an up-to-date offender assessment (OASys) and sentence plan that accurately reflects their risk of harm, and identifies the work to be undertaken to address these concerns and how.**
- 4.16 Sentence planning and OASys assessments should be informed by contributions from all relevant departments.**
- 4.17 The role of all offender supervisors should be clearly defined, including how they support prisoners to address their offending behaviour and achieve sentence plan targets.**
- 4.18 All offender supervisors should have regular professional supervision, casework reviews and appropriate training to aid personal development, and all offender management work should be quality assured to ensure consistency and effectiveness.**
- 4.19 The prison should develop a clear protocol to ensure community offender managers meet report deadlines, and that this work is of an appropriate standard.**

Public protection

- 4.20** All new arrivals were screened and there were generally appropriate arrangements to identify, monitor and manage those identified as a risk to children. A weekly meeting considered each new arrival and how best to progress his case. Where they identified particular concerns, prisoners were reviewed by the monthly inter departmental risk management team (IDRMT) meeting or referred to the next weekly complex case meeting (see paragraph 1.18). Despite this, we saw one case where the terms of a sexual offences prevention order had not been discovered on the prisoner's arrival, and attempts to find out about them were not followed through. It later emerged that he had been contacting a vulnerable young woman by letter and telephone for some months, which should have been prohibited under the terms of his order
- 4.21** Arrangements to manage prisoners subject to MAPPA were less robust. At the time of the inspection, 1,176 prisoners (98% of the population) were subject to MAPPA, with 114 already identified as requiring management at level two or three. Although the prison contacted community offender managers around six months before the prisoner's release to clarify his management level on release there were often substantial delays in getting responses and, although these were chased up, information often came through very close to release, sometimes only weeks or even days before. This problem was compounded because the IDRMT only reviewed cases once they had been confirmed as level two or three. We found a recent example of a prisoner identified as MAPPA level two too late to be reviewed by the board, and others where late identification could have limited the effectiveness of their release planning. Of 95 prisoners due to be released in the next three months, 52 (55%) did not have a clear MAPPA level set.

Recommendation

- 4.22** **There should be effective management oversight of all public protection arrangements and procedures, and the prison should ensure that multi-agency public protection arrangements (MAPPA) management levels are always identified six months in advance of prisoners' release dates, when they should then be reviewed by the inter departmental risk management team board.**

Categorisation

- 4.23** Arrangements to review prisoner's categorisation were generally appropriate. In the previous six months, 513 prisoners had been reviewed, with two successfully downgraded to a lower category. There were rarely delays in getting category D prisoners transferred to the open estate. Nine of the 14 category D prisoners at the time of the inspection had been recalled from open conditions and were awaiting a review.

Indeterminate sentence prisoners

- 4.24** The prison held 215 indeterminate sentence prisoners, of whom 126 were sentenced to an indeterminate sentence for public protection and 89 were serving life sentences. The offender management department was, appropriately, prioritising the 156 indeterminate sentence prisoners who were in prison beyond their sentence tariff. The targets in the sentence plans we reviewed were generally appropriate, particularly those undertaken by offender managers.

- 4.25** There were two lifer days a year when prisoners' families could spend the day at the prison, and a lifer forum had recently been reintroduced. Prisoners were reasonably positive about these provisions.

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.

4.26 *Links between the offender management unit and pathway providers were not consistent and the role of offender supervisors was not sufficient. There was still no clear plan for how prisoners' release would be managed under 'transforming rehabilitation'. Accommodation support was generally appropriate. Skills planning and advice for prisoners from the National Careers Service, subcontracted to Futures, were good but employability advice required improvement. The pre-release course was ineffective. Pre-release arrangements for prisoners with complex physical or mental health needs was good but was less effective for others. There was reasonable support under the finance, benefits and debt pathway, and the post-release support for those with substance misuse problems was excellent. There was no offending behaviour work with prisoners assessed as a potentially high risk but who did not meet the criteria for sex offender treatment programmes.*

- 4.27** Resettlement pathway provision was generally good but prisoner information was not consistently shared between all pathway providers and offender supervisors. Arrangements were generally better for higher risk prisoners, but even here we found cases where there had been little or no offender supervisor contact with prisoners for some months before their release. Tripartite meetings between offender supervisors, offender managers and the prisoner before release were also relatively rare.
- 4.28** The prison was planning to relaunch the 90-day pre-release assessments to ensure coordination for all the necessary pathway provision along with other relevant factors, including risk management and work through the offender management department, but this had yet to start. The system had been used with the previous population but not effectively.
- 4.29** There was still a lack of clarity about the long-term function of Littlehey in resettling prisoners under the 'transforming rehabilitation' model and whether they would continue to be released directly from the prison or be returned to a resettlement prison closer to their release area. For approximately 60% of the population, those assessed as high or very high risk of harm, this would remain the responsibility of the National Probation service but the remaining 40% would be the responsibility of locally based community rehabilitation companies. We were concerned that some of the current pathway provision from Nacro, the crime reduction charity, was being decommissioned before this decision had been made and with no alternative in place.

Recommendation

- 4.30** **The prison should ensure that all aspects of a prisoner's release are collated and shared with offender managers through the offender management department to ensure effective pre-release planning.**

Accommodation

4.31 Accommodation support was provided by Nacro and was a generally good service. All prisoners were seen during induction to identify and pursue any outstanding issues. Nacro had good housing support links across many areas to support prisoners on release. Where necessary, the staff liaised with offender managers to clarify if approved premises were being considered, especially with higher risk prisoners. Fewer than 3% of prisoners were released without identified accommodation. Nacro always offered to help prisoners find accommodation, and in most cases where prisoners did not have identified addresses it was because they refused to engage and did not have to because they were not subject to licence on release.

Education, training and employment

4.32 The National Careers Service was subcontracted to Futures. The provision was adequately staffed and resourced, advisers were well qualified and the quality of their skills action planning and individual advice and guidance was good. The provision was developing but much was work in progress, for example, advisers were not yet sufficiently integrated into the induction process. Their effectiveness in advising about and planning for prisoner's employment after release was also hindered because links with OASys and the offender management department were not well developed.

4.33 Employability and advice sessions for prisoners required improvement. The 'virtual campus' facility (offering prisoners access to community education, training and employment opportunities via the internet) was underused, principally only for CV development. In one instance, the session was not sufficiently well structured, planned or managed, and prisoners' learning was insufficient. The effectiveness of the 12-week pre-release employment course was marred significantly because the allocations process was poorly managed - seven of the 10 prisoners assigned to the course during the inspection were either not close to release or being released before the course ended.

Recommendations

4.34 **The prison should develop the links between the National Careers Service and the offender management department to ensure that careers advisers are fully informed about prisoners' employment options on release.**

4.35 **The National Careers Service should revise the structure, planning and delivery of group sessions to improve the depth and effectiveness of learning.**

Health care

4.36 Pre-release health care arrangements and liaison with the community were generally effective for prisoners with complex physical and/or mental health needs, including good joint working with the offender management department and the disability liaison officer. However, most prisoners were not systematically offered any pre-release health promotion information or assistance in registering with community services, and clinical discharge summaries were not offered to the prisoner or sent to his GP.

- 4.37** An exceptional end-of-life suite had been installed since our last inspection but had not yet been required. A nurse with extensive specialist experience supported prisoners with palliative and end-of-life care. A prisoner with a terminal diagnosis was receiving excellent compassionate care, involving effective joint working between the health provider, prison and community services.

Recommendation

- 4.38** **There should be robust health care discharge planning processes to ensure continuity of care for prisoners after their release.**

Good practice

- 4.39** *Prisoners with palliative and end-of-life needs received excellent care from the prison and health care staff.*

Drugs and alcohol

- 4.40** The drug and alcohol recovery team (DART) shared care plans for prisoners with substance misuse needs with the offender management department and had input into HDC and parole reports. The team had good links with the Cambridgeshire drug intervention programme (DIP), although many prisoners were not released to the local area. Information was sent to families about prisoners' treatment and progress where appropriate, and there were meetings with family members in visits to help signpost to community services. Families were also invited to attend recovery programme reviews.
- 4.41** The DART offered each prisoner up to eight weeks of telephone support post release, which was well received by prisoners.
- 4.42** Prisoners at risk of opiate overdose on release were trained to use a Naloxone (opiate antidote) kit, supplied to them on their discharge.

Good practice

- 4.43** *The drug and alcohol recovery team (DART) eight-week post-release telephone support was effective in encouraging many prisoners to persevere with their recovery, with the potential to contribute to a reduction in reoffending.*

Finance, benefit and debt

- 4.44** Information and publicity about finance and benefits support was widely advertised across the prison. The education department ran a finance, benefits and debt course, and Citizens Advice came into the prison to offer specific one-to-one advice and guidance when necessary. Individual support was also available through a local voluntary group, the Ouse Valley Advice Service. Prisoners were also helped, where necessary, to open bank accounts before their release. Jobcentre Plus staff saw all prisoners before their discharge. In our survey, more prisoners than the comparator said they knew who to speak to at the prison for help with finances.

Children, families and contact with the outside world

- 4.45** The visitors' centre was based outside the prison and run by Ormiston (a children's charity based in East Anglia), and provided a good range of support to the families and friends of prisoners. One of the Ormiston staff saw all first-time visitors individually, and visitors we spoke to were positive about their experience of visiting the prison, as were prisoner responses about visits in our prisoner survey. There was a bus service to the local railway station subsidised from profits from the snack bars in the visitors' centre and the visits hall.
- 4.46** The prison provided five family days and five adult days a year where visitors could attend the prison all day, as well as two lifer days (see paragraph 4.25). The prison had run a relationships course via the Mothers Union, but its appropriateness had been reviewed following the change in population. The course was now being reconsidered with plans to become accredited.
- 4.47** The visits hall was spacious and could accommodate up to 53 families at a time. Seating for prisoners was well managed and access was reasonable. A children's play area was staffed at weekends and the snack bar sold an appropriate range of products.

Attitudes, thinking and behaviour

- 4.48** The prison ran courses under the sex offender treatment programme (SOTP) along with the thinking skills programme (TSP) There were currently 63 places a year on the SOTP and a further 40 on the TSP. These programmes were appropriate for the current population.
- 4.49** Although the programmes team had a reasonable understanding of the population's needs, only 336 prisoners had been referred for programmes from the offender management department, leaving a further 848 prisoners. It was not known how many of the would meet the criteria for SOTP or TSP as they had not been assessed through the 'risk matrix 2000' (RM2000) tool. The prison was considering the most effective means of undertaking the necessary assessments of the whole population to establish the level of need.
- 4.50** Managers estimated that around 50% of prisoners were in denial of at least some aspect of their offence. Once individual prisoners had been assessed under RM2000, the programmes team undertook motivational work with them to enhance the likelihood of programme participation. However, we were concerned about a substantial group of prisoners assessed as high or very high risk of harm under OASys but as low risk under RM2000 and, therefore, who did not meet the threshold to participate in the SOTP. There was currently no alternative approach or intervention for these prisoners.
- 4.51** The Prison Fellowship, via the chaplaincy, had been providing the Sycamore Tree victim awareness programme, although this was not appropriate for those convicted of a sexual offence. This course was due to end in June 2015.

Recommendation

- 4.52** **The prison should develop a strategy to address the management of and engagement with prisoners in denial of their sexual offending. It should also address the offending behaviour work shortfall for prisoners who do not meet the risk threshold for the sex offender treatment programme.**

Section 5. Summary of recommendations and housekeeping points

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

Main recommendations

To the governor

- 5.1 The prison should work with the provider to develop accreditation opportunities for all vocational workshops, with a target of level 2 achievement for most learners to give them a better chance of employment on release. (S42)
- 5.2 The prison should pursue a whole-prison approach to resettlement and offender management, encouraging and supporting staff from all departments to take an active role in the work of the offender management department in assessing and implementing prisoner objectives to reduce their risk of reoffending. All staff should be given support and awareness training to understand how to work effectively with a sex offender population. (S43)

Main recommendation

To NOMS

- 5.3 Arrangements under 'transforming rehabilitation' for the release of prisoners from Littlehey should be clarified urgently to ensure the appropriate and necessary provision is in place. (S44)

Recommendations

To the governor

Bullying and violence reduction

- 5.4 The prison should address prisoner concerns about debt. (1.14)
- 5.5 The management of victims and perpetrators of bullying or violence should be improved. (1.15)

Self-harm and suicide

- 5.6 Assessment, care in custody and teamwork (ACCT) supervision should be improved by ensuring a consistency of care manager, increased interaction with prisoners and wider representation of departments at reviews. (1.21, repeated recommendation 3.32)
- 5.7 Prisoners on an open ACCT should only be located in the segregation unit in exceptional circumstances. (1.22)

Incentives and earned privileges

- 5.8** The prison should investigate and address the negative views of black and minority ethnic and foreign national prisoners about the incentives and earned privileges (IEP) scheme. (1.37)

Discipline

- 5.9** Management oversight and accountability for all aspects of use of force, including planned interventions, should be improved. (1.44)
- 5.10** The shower area in the care and separation unit should be refurbished. (1.49)
- 5.11** The regime in the care and separation unit should be improved. (1.50)

Residential units

- 5.12** Cells designed for one prisoner should not be used for two. (2.7, repeated recommendation 2.1)
- 5.13** Wing laundries should be improved. (2.8)

Equality and diversity

- 5.14** The equality policy should be based on a prisoner needs analysis. (2.20)
- 5.15** Equality staff should be given sufficient time to undertake their roles effectively. (2.21, repeated recommendation 4.12)
- 5.16** There should be regular support groups open to attendance from all prisoners from a minority group. (2.22)
- 5.17** Prisoners should have regular access to independent immigration advice. (2.29, repeated recommendation 4.44)
- 5.18** Professional interpreting services and translated written material should be available to prisoners with little or no English. (2.30)
- 5.19** Prisoners with disabilities should have equal access to all prison areas, and their specific individual needs should be effectively met. (2.31)

Faith and religious activity

- 5.20** Regime activities should allow prisoners to attend corporate worship, and all Christian services should be provided weekly. (2.39)

Complaints

- 5.21** Responses to all complaints should be within expected timescales. (2.43)

Health services

- 5.22** Cleaning of all clinical environments should comply with NHS infection control standards. (2.56)

- 5.23** Health staff should have access to and follow a full range of in-date and regularly reviewed policies and procedures. (2.57)
- 5.24** Prisoners should be able to complain about all health services through a single confidential well-understood system, and complaints should not be routinely included in the clinical records. (2.58)
- 5.25** Prisoners should be able to access all primary care clinics, including dental, optical and podiatry, within waiting times equivalent to those in the community. (2.65)
- 5.26** In-possession risk assessments, including any variation, should be clearly documented and reviewed regularly. (2.70)
- 5.27** The use of daily in-possession medication and schedule four controlled drugs should be reviewed and reduced. (2.71)
- 5.28** Prisoners should receive medication at clinically appropriate times. (2.72)
- 5.29** Custodial staff should receive regular mental health awareness training. (2.78)

Catering

- 5.30** Breakfast should be issued on the day it is to be eaten, and lunch should not be served before 12 noon and the evening meal not before 5pm. (2.84)

Purchases

- 5.31** Prisoners should be able to place a shop order within 24 hours of arrival. (2.88)
- 5.32** Prisoners should not have to pay a handling fee for catalogue items. (2.89, repeated recommendation 8.19)

Time out of cell

- 5.33** Prisoners should spend at least 10 hours out of their cell on weekdays. (3.4, repeated recommendation 6.1)

Learning and skills and work activities

- 5.34** The prison should develop the link between prisoner allocation to activity and offender management to enable sentence plans to take account of prisoners' learning needs, and improve the quality of allocation to activities. (3.12)
- 5.35** A4E should implement a staff development policy to ensure appropriate professional development for all teachers. (3.13)
- 5.36** The prison should continue to develop new industries provision to increase the number and range of activity places. (3.18)
- 5.37** A4E should develop the range of accredited qualifications and structured pathways to enable learners to progress to at least level 2 in all areas. (3.19)
- 5.38** Individual learning plans should be used better to plan learning and support needs. (3.27, repeated recommendation 6.42)

- 5.39** A4E should improve the quality of teaching, learning and assessment to ensure all learners receive good teaching. (3.28)
- 5.40** A4E should improve the use of initial assessments to plan learning. (3.29)
- 5.41** A4E should expand the inclusion of equality and diversity in teaching and learning. (3.30)
- 5.42** A4E should identify classes with low achievement rates and develop action plans to improve them. (3.34)
- 5.43** The prison should further improve the quarterly review process to develop and record learners' employability skills. (3.35)
- 5.44** Regime activities should be scheduled so that they do not lead to interruptions in classes. (3.36)
- 5.45** The library should increase the range of activities to promote literacy and wider reading. (3.40)

Physical education and healthy living

- 5.46** Broken gym equipment should be repaired within reasonable timescales. (3.46)

Offender management and planning

- 5.47** All prisoners should have an up-to-date offender assessment (OASys) and sentence plan that accurately reflects their risk of harm, and identifies the work to be undertaken to address these concerns and how. (4.15)
- 5.48** Sentence planning and OASys assessments should be informed by contributions from all relevant departments. (4.16)
- 5.49** The role of all offender supervisors should be clearly defined, including how they support prisoners to address their offending behaviour and achieve sentence plan targets. (4.17)
- 5.50** All offender supervisors should have regular professional supervision, casework reviews and appropriate training to aid personal development, and all offender management work should be quality assured to ensure consistency and effectiveness. (4.18)
- 5.51** The prison should develop a clear protocol to ensure community offender managers meet report deadlines, and that this work is of an appropriate standard. (4.19)
- 5.52** There should be effective management oversight of all public protection arrangements and procedures, and the prison should ensure that multi-agency public protection arrangements (MAPPA) management levels are always identified six months in advance of prisoners' release dates, when they should then be reviewed by the inter departmental risk management team board. (4.22)

Reintegration planning

- 5.53** The prison should ensure that all aspects of a prisoner's release are collated and shared with offender managers through the offender management department to ensure effective pre-release planning. (4.30)

- 5.54** The prison should develop the links between the National Careers Service and the offender management department to ensure that careers advisers are fully informed about prisoners' employment options on release. (4.34)
- 5.55** The National Careers Service should revise the structure, planning and delivery of group sessions to improve the depth and effectiveness of learning. (4.35)
- 5.56** There should be robust health care discharge planning processes to ensure continuity of care for prisoners after their release. (4.38)
- 5.57** The prison should develop a strategy to address the management of and engagement with prisoners in denial of their sexual offending. It should also address the offending behaviour work shortfall for prisoners who do not meet the risk threshold for the sex offender treatment programme. (4.52)

Housekeeping point **To Prisoner Escort and Custody Services**

- 5.58** Escort vehicles should be kept graffiti free. (1.3)

Housekeeping points **To the governor**

Early days in custody

- 5.59** Prisoners who arrive late should have access to a shower on their first night. (1.9)

Safeguarding

- 5.60** All staff should be aware of their responsibilities under the adult safeguarding policy. (1.26)

Security

- 5.61** The fridge in the MDT suite should only be used to store items relevant to drug testing. (1.32)

Incentives and earned privileges

- 5.62** Individual behaviour improvement targets should be set for prisoners on basic level. (1.38)

Equality and diversity

- 5.63** All night staff should be aware of prisoners subject to a personal emergency evacuation plan. (2.32)

Health services

- 5.64** All emergency equipment should receive regular recorded checks and be in date. (2.59)

Examples of good practice

- 5.65** The prison had worked with the local safeguarding adults board and put into place effective procedures to safeguard vulnerable adults, and was particularly well prepared for implementation of the Care Act in April 2015. (1.27)
- 5.66** A bell was provided for some prisoners with disabilities to enable them to contact their allocated carer in an emergency. (2.33)
- 5.67** The well-trained and supervised prisoner health trainers effectively helped other prisoners improve their health. (2.60)
- 5.68** Prisoners with palliative and end-of-life needs received excellent care from the prison and health care staff. (4.39)
- 5.69** The drug and alcohol recovery team (DART) eight-week post-release telephone support was effective in encouraging many prisoners to persevere with their recovery, with the potential to contribute to a reduction in reoffending. (4.43)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Kieron Taylor	Team leader
Joss Crosbie	Inspector
Andrew Lund	Inspector
Keith McInnis	Inspector
Angus Mulready-Jones	Inspector
Michelle Bellham	Researcher
Njilan Morris-Jarra	Researcher
Alissa Redmond	Researcher

Specialist inspectors

Paul Roberts	Substance misuse inspector
Majella Pearce	Health services inspector
Sue Melvin	Pharmacist
Huw Jenkins	Care Quality Commission
Stephen Oliver-Watts	Ofsted inspector
Nick Crombie	Ofsted inspector
Tracey Zimmerman	Ofsted inspector
Liz Smith	Offender management inspector
Keith Humphries	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2011, the new escort contract had had some initial problems but prisoners were generally well treated on escort. Reception areas were appropriate and procedures sound. Prisoners felt safe on their first night. Induction was thorough and well delivered on both sites but lacked confidentiality on some personal issues. There was good coordination of violence reduction measures, and the sanctions-based approach worked effectively on the young adult site. Vulnerable prisoners and those at risk of self-harm were well supported. The Listener scheme was stronger on the adult than young adult site. The flow of security information was good, although it was not followed up reliably and some security measures were too restrictive. Use of force had reduced but there was inadequate scrutiny of incidents. Segregation conditions were acceptable but the regime was too limited for those staying a long time. The level of illegal drug use was low but mandatory drug testing procedures were flawed. Clinical treatment for substance misuse needs was excellent. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were good against this healthy prison test.

Main recommendation

Young adults should be subjected to restrictive security measures such as strip-searching and banning from attendance at religious worship only on the basis of current individual risk assessment. (HP66)

No longer relevant

Recommendations

Reception should stay open during the lunchtime period so that prisoners arriving during this time can be admitted without delay. (1.1)

Achieved

Prisoner escorts should be provided with the support and equipment to enable them to deliver prisoners efficiently and safely. (1.6)

Achieved

Prisons should provide all relevant information with transferred prisoners. (1.7)

Achieved

Prisoners should be offered a shower on their first night, regardless of what day and time they arrive at the establishment. (1.13)

Partially achieved

A first night officer should be available on a Wednesday (or any day when prisoners have arrived and the first night wing is shut down early), so that newly arrived prisoners can be appropriately supported. (1.14)

Achieved

Induction assessment interviews should be conducted in private. (1.23)

Achieved

Violence reduction management information should be broken down by ethnic origin. The information should be presented in a format that enables monthly analysis of trends to be easily identified and monitored. (3.2)

Partially achieved

Violence reduction management information should be published prominently to staff and prisoners, along with any action taken to address problem areas. (3.3)

Achieved

All staff in direct prisoner contact roles should undertake anti-bullying refresher training. (3.4)

Partially achieved

The violence reduction process should be reviewed and each step implemented as described in the strategy. (3.16)

Achieved

The deputy safer custody coordinator should be given sufficient time to carry out her duties. (3.19)

No longer relevant

All staff in prisoner contact roles should be ACCT trained, and a programme of refresher training instigated. (3.21)

Partially achieved

A dedicated Listener suite should be available on the adult side of the prison. (3.31)

No longer relevant

Assessment, care in custody and teamwork (ACCT) supervision should be improved by ensuring a consistency of care manager, increased interaction with prisoners and wider representation of departments at reviews. (3.32)

Not achieved (recommendation repeated, 1.21)

Local rules should be translated into key foreign languages and displayed in all of the residential units. (7.1)

Not achieved

Basic security tasks such as drug testing and searching should be completed fully and on time. (7.8)

Achieved

A senior member of staff should carry out quality checks on completed adjudications. (7.10)

Achieved

In completing use of force forms, the supervising officer and certifying officer should not be the same person. (7.15)

Achieved

The use of force on the young adult site should be monitored and reduced further. (7.20)

No longer relevant

All planned uses of force should be video-recorded and reviewed by a manager, in order to identify lessons learnt and make any necessary changes. (7.21)

Not achieved

A risk assessment should be undertaken before the use of ratchet handcuffs when escorting compliant prisoners to the care and separation unit. (7.22)

Achieved

Quality assurance of completed use of force paperwork should be undertaken and issues addressed. (7.23)

Achieved

The over-representation of black and minority ethnic prisoners in the use of force should be investigated and appropriate action taken to reduce it. (7.24)

Not achieved

Targets in prisoners' reviews should be based on getting out of segregation and not limited solely to behaviour. (7.25)

Not achieved

Regime opportunities should be extended for those spending more than two weeks on the care and separation units (CSUs). (7.36)

Partially achieved

In-cell work should be available in the CSUs. (7.37)

Not achieved

A risk assessment should be undertaken to determine if young adult prisoners on the CSU can exercise with others. (7.38)

No longer relevant

The negative views of young adult, black and minority ethnic and Muslim prisoners about the incentives and earned privileges (IEP) scheme should be investigated and action taken to address issues. (7.48)

Not achieved

Objectives in IEP reviews should be individualised and specific to the behavioural changes needed. (7.49)

Not achieved

Mandatory drug testing (MDT) should be appropriately staffed, to ensure that all testing and record-keeping duties are carried out appropriately, within identified timescales and without gaps in provision. (3.62)

Achieved

The MDT suite on the adult side of the prison should be refurbished, and both suites should be kept clean and tidy. (3.64)

Achieved

A discipline officer should always be made available as a matter of priority to supervise the administration of opiate substitution medication and the general health care medication rounds, to minimise the risk of medication diversion. (3.69)

Achieved

The prison should work closely with the GP providers to ensure a consistent approach to the delivery of the strategy on misuse of medication. (3.71)

Achieved

The range of drugs covered by MDT should be widened to include the most commonly diverted medications, including tramadol and gabapentin. (3.70)

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2011, the physical environment was generally clean and well maintained. Prisoners on both sites were positive about staff attitudes and interactions. The incentives and earned privileges scheme was well established but some young adults spent too long on the basic level, and views about the scheme were negative in a number of ways. The quality of catering was good. Equality was promoted well but some aspects of inequality did not receive sufficient attention. Foreign national prisoners were not adequately supported but there was greatly improved support for older prisoners and those with disabilities. Gay and bisexual prisoners were reasonably well supported. Applications and complaints were generally well managed. The chaplaincy team was effective. Good primary health care was being delivered, and mental health services were excellent. The reliance on a succession of locum doctors, and weaknesses in systems to manage medicines, increased the pressures on health services staff. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were reasonably good against this healthy prison test.

Recommendations

Cells designed for one prisoner should not be used for two. (2.1)

Not achieved (recommendation repeated, 2.7)

Prisoners' outgoing mail should be posted within 24 hours (48 when received on a Saturday). (2.4)

Achieved

The telephone calls of prisoners who have been identified as high priority for public protection should be monitored regularly. (2.5)

Achieved

An alternative venue should be found for H wing meetings, to allow prisoners to maximise their association times and use the room provided. (2.12)

Not achieved

Prisoners' incoming mail should be delivered to them, and outgoing mail posted out, within 24 hours. (2.13)

Achieved

There should be at least one telephone per 20 prisoners on the adult wings. (2.14)

Achieved

The range of items of personal clothing and bedding, including duvets and covers, allowed in possession should be increased. (2.15)

Achieved

Laundry facilities should be available on all adult wings. (2.17)

Partially achieved

Quality control measures in the young adult clothing exchange store should be improved, to sift out unacceptable clothing and bedding items. (2.19)

No longer relevant

Recesses, bathrooms and shower rooms in the adult accommodation should be refurbished. (2.23)

Achieved

In all correspondence to or about prisoners, and also over the tannoy, prisoners should be addressed as 'Mr...' or by their preferred name. (2.24)

Partially achieved

Managers should ensure that personal officers make regular, informative entries in case records. (2.30)

Partially achieved

Replies to complaints should not be delayed unnecessarily due to staff absences. (3.35)

Achieved

Complaints should be collected from the wings by the complaints clerk, to ensure confidentiality. (3.37)

Achieved

Complaint forms should be freely available on all wings. (3.43)

Partially achieved

A legal services officer with adequate facility time should be appointed. (3.44)

No longer relevant

Prisoners should be banned from attendance at corporate worship services, and particularly Muslim prayers, only when there is relevant and sufficient evidence in the individual case. (3.57)

Achieved

Levels of staff supervision at Muslim prayers should be reviewed, to ensure proportionality. (3.58)

Achieved

The provision of faith and religious activities should be developed for young adult prisoners. (3.59)

No longer relevant

There should be an overarching strategy, based on an assessment of local need, which covers all strands of diversity. (4.2)

Partially achieved

Equality staff should be given sufficient time to undertake their roles effectively. (4.12)

Not achieved (recommendation repeated, 2.21)

The equality management team meeting should cover all aspects of diversity and should manage the strategic development of provision across all strands. (4.13)

Achieved

All main areas of the prison should be consistently represented at the equality meeting, and all prisoner representatives should be able to attend each meeting. (4.14)

Partially achieved

There should be regular support groups/forums for all prisoners from a minority group. (4.15)

Not achieved

Equality impact assessments should be completed as soon as possible. (4.16)

Achieved

Investigations resulting from discrimination incident report forms should be thorough and timely, and there should be consequences when discrimination is proved and support for victims of discrimination. (4.17)

Achieved

Concerns highlighted by ethnic monitoring data should be explored and addressed promptly. (4.22)

Achieved

Contact with external organisations such as the local race equality council should be vigorously pursued and they should be invited to attend monthly management meetings. (4.24)

Achieved

A sample of RIRFs should be quality checked by an appropriate external body. Any findings should be reported to the REAT. (4.25)

Achieved

There should be formal interventions to challenge prisoners who engage in racist behaviour. (4.29)

Not achieved

A foreign national policy should be drawn up in consultation with foreign national prisoners and based on local needs. (MR3)

Not achieved

The UK Border Agency should ensure that decisions to deport and maintain detention after sentence expiry are made and communicated to prisoners well before the end of sentence. (4.43)

Partially achieved

The needs of all foreign national prisoners should be formally assessed and recorded. (4.36)

Not achieved

Information for foreign nationals about PIN telephone credit, legal advice and translation services should be displayed in a range of languages on notice boards in residential areas. (4.37)

Not achieved

Foreign national prisoners should be provided with information about immigration status and procedures in different languages. (4.38)

Not achieved

Prisoners should have regular access to independent immigration advice. (4.44)

Not achieved (recommendation repeated 2.29)

Older prisoners and/or those with disabilities should have a multidisciplinary care plan, where appropriate. (4.50)

Not achieved

Support services for young adult prisoners who are gay/bisexual should be improved. (4.55)

No longer relevant

Positive support should be given to transgender prisoners. (4.56)

Achieved

Clinical and administrative areas on both sites should be cleaned every day, and clinical areas on the adult site should be deep-cleaned. (5.3)

Partially achieved

Barrier protection should be freely available to prisoners. (5.8)

Partially achieved

Action should be taken to reduce the waiting time for access to the optometrist. (5.9)

Partially achieved

The Primary Care Trust should review arrangements for medical cover, to ensure consistent provision. (5.13)

Achieved

There should be robust monitoring arrangements for all appointments and action should be taken to reduce all waiting lists for primary care services. (5.14)

Partially achieved

A review of the times when medications are given should be completed to ensure that patients on a 'see to take' basis receive their medication at an appropriate time. (5.16)

Partially achieved

Monthly in-possession medication should be administered as a preferred option, once prisoners have been appropriately risk assessed. (5.17)

Achieved

Patient group directives should be introduced to enable the supply of more potent medications by the pharmacist and/or nurses to avoid unnecessary consultations with the doctor. (5.18)

Achieved

A step-wise approach to pain management should be introduced, with appropriate allowance made for the prison environment. (5.19)

Achieved

There should be access to a pharmacist, to provide counselling sessions, pharmacist-led clinics, clinical audit and medication review. The role of the pharmacy technician should be reviewed; and appropriate professional support introduced. (5.24)

Achieved

All medicines procedures and policies should be formally reviewed and adopted via the medicines and therapeutics committee. All staff should read, sign and implement the agreed adopted procedures. (5.25)

Achieved

The special sick policy should be reviewed, to ensure that all appropriate medicines can be supplied; only medicines in that policy should be supplied as special sick. (5.26)

Achieved

A prescribing formulary should be agreed by the medicines and therapeutics committee, and implemented. (5.27)

Achieved

The system for patients requesting repeat medicines should be reviewed and prisoners should receive them in a timely manner. (5.28)

Achieved

The prescribing and administration of medicines should be audited. (5.29)

Achieved

There should be a delay of no more than 45 minutes between the preparation and serving of meals, particularly in the case of hot food. (8.4)

Achieved

Prisoners should have the opportunity to cater for themselves. (8.6)

Partially achieved

The negative views of black and minority ethnic, foreign national and Muslim prisoners about the quality of the food should be addressed. (8.11)

Not achieved

The number of sources from which faith items can be bought should be increased. (8.18)

Achieved

Prisoners should not have to pay a handling fee for catalogue items. (8.19)

Not achieved (recommendation repeated, 2.90)

Purposeful activity

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

At the last inspection, in 2011, Available time out of cell was reasonable but had been curtailed for young adults in response to earlier issues of order and control. Too many on both sites were locked up during the working day. The management of learning and skills, and levels of achievement in education and training were good on both sites. There had been improvements in the range and quality of vocational training, especially on the adult site. There were sufficient work places for adults but not for young adults. Attendance at education classes and the standard of teaching were good. Library provision was appropriate but access was restricted for most prisoners. Recreational use of the gym was good on the adult site but access was less satisfactory for young adults. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were reasonably good against this healthy prison test.

Main recommendations

Managers should review association times for young adult prisoners, to allow at least an hour each day for all prisoners. (HP64)

No longer relevant

The prison should increase the number of purposeful activity places in order to reduce to a minimum the number locked in their cells during the working day. (HP65)

Partially achieved

Recommendations

Prisoners should spend at least 10 hours out of their cell on weekdays. (6.1)

Not achieved (recommendation repeated, 3.4)

Time out of cell should be accurately recorded. (6.2)

Partially achieved

An analysis should be completed to ensure that the provision of purposeful activities meets the needs of the population. (6.15)

Achieved

Sufficient support should be provided for prisoners on Open University and distance learning programmes. (6.16)

Achieved

The core day should be extended and delays to the start times of training reduced. (6.17)

Achieved

Sentence plans should be organised so that prisoners are able to complete education and training programmes without being taken out for other activities. (6.30)

Not achieved

Qualifications should be introduced into all vocational training areas, with appropriate progression routes that meet the needs of industry. (6.31)

Not achieved

A formal system of observation of teaching and learning should be introduced for all programmes delivered by the prison. (6.33)

Achieved

Appropriate English for speakers of other languages (ESOL) qualifications should be offered on both sites. (6.41)

Partially achieved

Individual learning plans should be used better to plan learning and support needs. (6.42)

Not achieved (recommendation repeated, 3.27)

Best practice in education provision should be shared across both sites. (6.43)

No longer relevant

The library should introduce an open learning study area and the number of computers should be increased. (6.44)

Achieved

The library should not close owing to a shortage of staff to escort prisoners. (6.47)

Achieved

Prisoners who work off their wings and/or attend vocational training programmes should be provided with regular library sessions. (6.48)

Achieved

The showers in the gymnasium should be refurbished and updated. (6.49)

Achieved

The access of young adults to PE should be improved and the range of recreational activities increased. (6.55)

No longer relevant

Resettlement

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

At the last inspection, in 2011, there was a strong strategic framework for resettlement work but the resettlement meeting were not sufficiently well used to drive progress. Offender management was inadequate. Offender supervisors had large caseloads, and there was a large backlog of offender assessment system (OASys) reviews. There was generally little contact between offender supervisors and prisoners. Categorisation processes were efficient. Public protection processes were generally sound, with the exception of telephone monitoring. Most resettlement pathway provision was good. Work to strengthen and support family ties was being carried out but was hindered by the unduly restrictive approach of the security department. Provision of offending behaviour programmes was suited to the needs of the population. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were reasonably good against this healthy prison test.

Main recommendation

All prisoners should have regular face-to-face contact with a member of the offender management team, leading to practical resettlement support and timely review of OASys assessments where applicable. (HP67)

Not achieved

Recommendations

A pre-release information package should be available to prisoners nearing the end of their sentence to help them to address practical issues such as licence conditions, arrangements for the day of discharge and any outstanding area of concern to the prisoner. (9.2)

Partially achieved

Resettlement meetings should be held at a frequency that maintains the impetus and focus of the strategy. (9.8)

Achieved

The prison should explore the poor perception of access to resettlement services by young adults and review the mode of service delivery. (9.9)

No longer relevant

The pre-release screening and support procedures should be reviewed to ensure maximum coverage of individual need. (9.10)

Achieved

The validity and appropriateness of all sentence plans should be reviewed during the initial offender supervisor interview and outcomes recorded. (9.21)

Partially achieved

Risk management plans should be regularly reviewed and updated as necessary, regardless of author. (9.22)

Not achieved

Release on temporary licence for resettlement purposes should be expanded across the prison. (9.23)

No longer relevant

Residential staff should attend the monthly public protection meetings. (9.27)

Not achieved

Telephone monitoring should be undertaken as required. (9.32)

Achieved

More staff should be trained in managing indeterminate sentences and risk. (9.37)

Achieved

Prisoners who are not registered with a GP prior to coming to prison should be given assistance to register with one before their release. (9.43)

Not achieved

Benefits advice services should be resumed in line with the contract. (9.47)

Achieved

Compact-based drug testing (CBDT) should be adequately staffed, to ensure that all testing is carried out appropriately, within identified timescales and without gaps in provision. (9.60)

Achieved

The CBDT suite on H wing should be relocated to a suitable area, to ensure a safe, respectful and forensic testing environment. (9.61)

No longer relevant

Visitors should be searched in private and out of sight of other visitors. (9.64)

Achieved

A review should be conducted of the number of available visit opportunities and the take-up rate, to ensure that prisoners wishing to take their entitlement of visits are able to do so. The IEP policy should be reviewed, so that prisoners who do not receive visits are offered different incentives. (9.68)

Not achieved

Funding should be sought to develop and expand relationship counselling, involving prisoners' partners. (9.69)

No longer relevant

ROTL should be used to assist prisoners in preparing for a structured and safe release. (9.70)

No longer relevant

Visits sessions should start on time. (9.77)

Achieved

Young adults and their visitors should be able to purchase hot drinks. (9.78)

No longer relevant

Prisoners should be able to wear their own clothes on visits. (9.79)

Partially achieved

A single indication by the drug dog should only result in a closed visit when there is additional intelligence to support this. (9.80)

Not achieved

Family days should be accessible to prisoners on all privilege levels, and individuals should only be barred on the basis of directly relevant intelligence. (9.81)

Achieved

Appendix III: Prison population profile

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

Population breakdown by:

Status	21 and over	%
Sentenced	1136	94.7
Recall	61	5.1
Detainees	2	0.2
Other	1	0.1
Total	1200	100

Sentence	21 and over	%
Unsentenced	3	0.3
Less than six months	1	0.1
Six months to less than 12 months	2	0.2
12 months to less than 2 years	32	2.7
2 years to less than 4 years	155	12.9
4 years to less than 10 years	635	52.9
10 years and over (not life)	157	13.1
ISPP (indeterminate sentence for public protection)	126	10.5
Life	89	7.3
Total	1200	100

Age	Number of prisoners	%
21 years to 29 years	246	20.5
30 years to 39 years	254	21.2
40 years to 49 years	290	24.2
50 years to 59 years	206	17.2
60 years to 69 years	125	10.4
70 plus years: <i>maximum age=90</i>	79	6.6
Total	1200	100

Nationality	21 and over	%
British	1040	86.7
Foreign nationals	145	12.1
Not stated	15	1.3
Total	1200	100

Security category	21 and over	%
Category C	1185	98.8
Category D	14	1.2
Other	1	0.1
Total	1200	100

Ethnicity	21 and over	%
White		
British	815	67.9
Irish	19	1.6
Gypsy/Irish Traveller	17	1.4
Other white	53	4.4

Mixed		
White and black Caribbean	18	1.5
White and black African	4	0.3
White and Asian	6	0.5
Other mixed	12	1.0
Asian or Asian British		
Indian	23	1.9
Pakistani	26	2.2
Bangladeshi	18	1.5
Chinese	5	0.4
Other Asian	15	1.3
Black or black British		
Caribbean	65	5.4
African	57	4.8
Other black	16	1.3
Other ethnic group		
Arab	3	0.3
Other ethnic group	11	0.9
Not stated	17	1.4
Total	1200	100

Religion	21 and over	%
Baptist	1	0.1
Church of England	296	24.7
Roman Catholic	140	11.7
Other Christian denominations	183	15.3
Muslim	135	11.3
Sikh	4	0.3
Hindu	11	0.9
Buddhist	33	2.8
Jewish	8	0.7
Other	44	3.7
No religion	338	28.2
Not stated	7	0.6
Total	1200	100

Sentenced prisoners only

Length of stay	21 and over	
	Number	%
Less than 1 month	54	4.5
1 month to 3 months	103	8.6
3 months to six months	153	12.8
Six months to 1 year	525	43.8
1 year to 2 years	190	15.8
2 years to 4 years	142	11.8
4 years or more	29	2.4
Other	1	0.1
Total	1197	99.8

Sentenced prisoners only

	21 and over	%
Foreign nationals detained post sentence expiry		
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	1145	95.4
Total	1145	95.4

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

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

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 2 March 2015, the prisoner population at HMP Littlehey was 1200. Using the method described above, questionnaires were distributed to a sample of 240 prisoners.

We received a total of 214 completed questionnaires, a response rate of 89%. This included two questionnaires completed via interview. Ten respondents refused to complete a questionnaire, 11 questionnaires were not returned and five were returned blank.

Wing/Unit	Number of completed survey returns
A	24
B	18
C	20
D	24
E	18
F	6
G	8

H	8
I	23
J	18
K	24
L	23

Presentation of survey results and analyses

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

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences⁷ 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 Littlehey in 2015 compared with responses from prisoners surveyed in all other category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 35 category C training prisons since April 2008.
- The current survey responses from HMP Littlehey in 2015 compared with the responses of prisoners surveyed at HMP Littlehey in 2011.
- 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 those who are British and those who are foreign nationals.
- 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 those who are aged 50 and over and those under 50.

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?	
	<i>Under 21</i>	0 (0%)
	<i>21 - 29</i>	43 (20%)
	<i>30 - 39</i>	45 (21%)
	<i>40 - 49</i>	46 (22%)
	<i>50 - 59</i>	36 (17%)
	<i>60 - 69</i>	31 (15%)
	<i>70 and over</i>	12 (6%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	196 (92%)
	<i>Yes - on recall</i>	16 (8%)
	<i>No - awaiting trial</i>	0 (0%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	0 (0%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	0 (0%)
	<i>Less than 6 months</i>	3 (1%)
	<i>6 months to less than 1 year</i>	3 (1%)
	<i>1 year to less than 2 years</i>	14 (7%)
	<i>2 years to less than 4 years</i>	36 (17%)
	<i>4 years to less than 10 years</i>	87 (42%)
	<i>10 years or more</i>	27 (13%)
	<i>IPP (indeterminate sentence for public protection)</i>	26 (12%)
	<i>Life</i>	13 (6%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)	
	<i>Yes</i>	26 (12%)
	<i>No</i>	186 (88%)
Q1.6	Do you understand spoken English?	
	<i>Yes</i>	209 (99%)
	<i>No</i>	2 (1%)
Q1.7	Do you understand written English?	
	<i>Yes</i>	207 (98%)
	<i>No</i>	5 (2%)

Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	146 (72%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	7 (3%)	<i>Asian or Asian British - other</i> 1 (0%)
	<i>White - other</i>	15 (7%)	<i>Mixed race - white and black Caribbean</i> 4 (2%)
	<i>Black or black British - Caribbean</i>	9 (4%)	<i>Mixed race - white and black African</i> 1 (0%)
	<i>Black or black British - African</i>	11 (5%)	<i>Mixed race - white and Asian</i> 0 (0%)
	<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i> 1 (0%)
	<i>Asian or Asian British - Indian</i>	2 (1%)	<i>Arab</i> 1 (0%)
	<i>Asian or Asian British - Pakistani</i>	1 (0%)	<i>Other ethnic group</i> 3 (1%)
	<i>Asian or Asian British - Bangladeshi</i>	2 (1%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	<i>Yes</i>		7 (3%)
	<i>No</i>		197 (97%)
Q1.10	What is your religion?		
	<i>None</i>	50 (24%)	<i>Hindu</i> 2 (1%)
	<i>Church of England</i>	63 (30%)	<i>Jewish</i> 3 (1%)
	<i>Catholic</i>	30 (14%)	<i>Muslim</i> 22 (11%)
	<i>Protestant</i>	5 (2%)	<i>Sikh</i> 2 (1%)
	<i>Other Christian denomination</i>	13 (6%)	<i>Other</i> 7 (3%)
	<i>Buddhist</i>	10 (5%)	
Q1.11	How would you describe your sexual orientation?		
	<i>Heterosexual/ Straight</i>		191 (93%)
	<i>Homosexual/Gay</i>		6 (3%)
	<i>Bisexual</i>		9 (4%)
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.)		
	<i>Yes</i>		62 (29%)
	<i>No</i>		149 (71%)
Q1.13	Are you a veteran (ex-armed services)?		
	<i>Yes</i>		20 (10%)
	<i>No</i>		186 (90%)
Q1.14	Is this your first time in prison?		
	<i>Yes</i>		127 (60%)
	<i>No</i>		83 (40%)
Q1.15	Do you have children under the age of 18?		
	<i>Yes</i>		90 (43%)
	<i>No</i>		118 (57%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?	
	<i>Less than 2 hours</i>	59 (28%)
	<i>2 hours or longer</i>	140 (67%)
	<i>Don't remember</i>	10 (5%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	59 (29%)
	Yes	116 (56%)
	No	25 (12%)
	Don't remember	7 (3%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	59 (28%)
	Yes	16 (8%)
	No	127 (61%)
	Don't remember	6 (3%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	144 (69%)
	No	46 (22%)
	Don't remember	19 (9%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	164 (78%)
	No	41 (20%)
	Don't remember	4 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	68 (33%)
	Well	84 (40%)
	Neither	39 (19%)
	Badly	12 (6%)
	Very badly	4 (2%)
	Don't remember	2 (1%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	Yes, someone told me	134 (64%)
	Yes, I received written information	37 (18%)
	No, I was not told anything	33 (16%)
	Don't remember	8 (4%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	184 (90%)
	No	16 (8%)
	Don't remember	5 (2%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	152 (72%)
	2 hours or longer	49 (23%)
	Don't remember	9 (4%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	193 (92%)
	No	12 (6%)
	Don't remember	5 (2%)

Q3.3	Overall, how were you treated in reception?		
	<i>Very well</i>		81 (39%)
	<i>Well</i>		100 (48%)
	<i>Neither</i>		18 (9%)
	<i>Badly</i>		6 (3%)
	<i>Very badly</i>		1 (0%)
	<i>Don't remember</i>		4 (2%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	27 (13%)	<i>Physical health</i> 30 (15%)
	<i>Housing problems</i>	12 (6%)	<i>Mental health</i> 36 (17%)
	<i>Contacting employers</i>	5 (2%)	<i>Needing protection from other prisoners</i> 8 (4%)
	<i>Contacting family</i>	29 (14%)	<i>Getting phone numbers</i> 28 (14%)
	<i>Childcare</i>	2 (1%)	<i>Other</i> 13 (6%)
	<i>Money worries</i>	17 (8%)	<i>Did not have any problems</i> 95 (46%)
	<i>Feeling depressed or suicidal</i>	35 (17%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>		54 (27%)
	<i>No</i>		53 (26%)
	<i>Did not have any problems</i>		95 (47%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>		139 (67%)
	<i>A shower</i>		41 (20%)
	<i>A free telephone call</i>		104 (50%)
	<i>Something to eat</i>		113 (54%)
	<i>PIN phone credit</i>		91 (44%)
	<i>Toiletries/ basic items</i>		113 (54%)
	<i>Did not receive anything</i>		17 (8%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	<i>Chaplain</i>		89 (44%)
	<i>Someone from health services</i>		157 (77%)
	<i>A Listener/Samaritans</i>		82 (40%)
	<i>Prison shop/ canteen</i>		42 (21%)
	<i>Did not have access to any of these</i>		30 (15%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	<i>What was going to happen to you</i>		112 (54%)
	<i>What support was available for people feeling depressed or suicidal</i>		98 (48%)
	<i>How to make routine requests (applications)</i>		105 (51%)
	<i>Your entitlement to visits</i>		101 (49%)
	<i>Health services</i>		127 (62%)
	<i>Chaplaincy</i>		107 (52%)
	<i>Not offered any information</i>		40 (19%)
Q3.9	Did you feel safe on your first night here?		
	<i>Yes</i>		182 (88%)
	<i>No</i>		21 (10%)
	<i>Don't remember</i>		5 (2%)

Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	8 (4%)
	<i>Within the first week</i>	185 (88%)
	<i>More than a week</i>	12 (6%)
	<i>Don't remember</i>	5 (2%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	8 (4%)
	<i>Yes</i>	132 (64%)
	<i>No</i>	54 (26%)
	<i>Don't remember</i>	11 (5%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	19 (9%)
	<i>Within the first week</i>	116 (57%)
	<i>More than a week</i>	47 (23%)
	<i>Don't remember</i>	21 (10%)

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>	35 (17%)	46 (23%)	29 (14%)	22 (11%)	20 (10%)	50 (25%)
	<i>Attend legal visits?</i>	30 (16%)	54 (29%)	22 (12%)	7 (4%)	10 (5%)	66 (35%)
	<i>Get bail information?</i>	7 (4%)	11 (6%)	19 (11%)	6 (3%)	15 (9%)	117 (67%)
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>						56 (27%)
	<i>Yes</i>						61 (29%)
	<i>No</i>						90 (43%)
Q4.3	Can you get legal books in the library?						
	<i>Yes</i>						106 (50%)
	<i>No</i>						16 (8%)
	<i>Don't know</i>						88 (42%)
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>	167 (80%)	38 (18%)	4 (2%)			
	<i>Are you normally able to have a shower every day?</i>	195 (92%)	15 (7%)	1 (0%)			
	<i>Do you normally receive clean sheets every week?</i>	179 (86%)	25 (12%)	5 (2%)			
	<i>Do you normally get cell cleaning materials every week?</i>	153 (74%)	52 (25%)	2 (1%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	95 (45%)	68 (32%)	47 (22%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	162 (78%)	45 (22%)	2 (1%)			
	<i>If you need to, can you normally get your stored property?</i>	69 (33%)	50 (24%)	91 (43%)			
Q4.5	What is the food like here?						
	<i>Very good</i>						23 (11%)
	<i>Good</i>						97 (46%)
	<i>Neither</i>						51 (24%)
	<i>Bad</i>						24 (11%)
	<i>Very bad</i>						15 (7%)

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>	5 (2%)
	Yes	122 (58%)
	No	83 (40%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	157 (74%)
	No	8 (4%)
	<i>Don't know</i>	46 (22%)
Q4.8	Are your religious beliefs respected?	
	Yes	127 (62%)
	No	20 (10%)
	<i>Don't know/ N/A</i>	59 (29%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	Yes	123 (58%)
	No	10 (5%)
	<i>Don't know/ N/A</i>	78 (37%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	46 (22%)
	Very easy	58 (28%)
	Easy	49 (23%)
	Neither	13 (6%)
	Difficult	7 (3%)
	Very difficult	7 (3%)
	<i>Don't know</i>	30 (14%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	178 (84%)
	No	28 (13%)
	<i>Don't know</i>	6 (3%)
Q5.2	Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option.</i>)	
		Not made one Yes No
	Are <i>applications</i> dealt with fairly?	12 (6%) 127 (64%) 58 (29%)
	Are <i>applications</i> dealt with quickly (within seven days)?	12 (6%) 83 (44%) 93 (49%)
Q5.3	Is it easy to make a complaint?	
	Yes	123 (61%)
	No	28 (14%)
	<i>Don't know</i>	52 (26%)
Q5.4	Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option.</i>)	
		Not made one Yes No
	Are <i>complaints</i> dealt with fairly?	91 (45%) 42 (21%) 68 (34%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	91 (47%) 30 (15%) 73 (38%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	26 (13%)
	No	168 (87%)

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>	54 (27%)
	<i>Very easy</i>	22 (11%)
	<i>Easy</i>	45 (23%)
	<i>Neither</i>	51 (26%)
	<i>Difficult</i>	14 (7%)
	<i>Very difficult</i>	11 (6%)

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>	8 (4%)
	<i>Yes</i>	110 (53%)
	<i>No</i>	63 (31%)
	<i>Don't know</i>	25 (12%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	8 (4%)
	<i>Yes</i>	95 (48%)
	<i>No</i>	74 (37%)
	<i>Don't know</i>	23 (12%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	6 (3%)
	<i>No</i>	198 (97%)
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>	181 (92%)
	<i>Very well</i>	2 (1%)
	<i>Well</i>	7 (4%)
	<i>Neither</i>	4 (2%)
	<i>Badly</i>	1 (1%)
	<i>Very badly</i>	1 (1%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	173 (84%)
	<i>No</i>	32 (16%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	162 (79%)
	<i>No</i>	44 (21%)
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>	66 (31%)
	<i>No</i>	144 (69%)

Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	7 (3%)
	<i>Never</i>	38 (18%)
	<i>Rarely</i>	70 (33%)
	<i>Some of the time</i>	53 (25%)
	<i>Most of the time</i>	28 (13%)
	<i>All of the time</i>	13 (6%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	56 (27%)
	<i>In the first week</i>	52 (25%)
	<i>More than a week</i>	72 (35%)
	<i>Don't remember</i>	28 (13%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	56 (28%)
	<i>Very helpful</i>	41 (21%)
	<i>Helpful</i>	47 (24%)
	<i>Neither</i>	23 (12%)
	<i>Not very helpful</i>	21 (11%)
	<i>Not at all helpful</i>	11 (6%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	<i>Yes</i>	58 (27%)
	<i>No</i>	154 (73%)
Q8.2	Do you feel unsafe now?	
	<i>Yes</i>	19 (9%)
	<i>No</i>	188 (91%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	154 (76%)
	<i>Everywhere</i>	9 (4%)
	<i>Segregation unit</i>	3 (1%)
	<i>Association areas</i>	14 (7%)
	<i>Reception area</i>	4 (2%)
	<i>At the gym</i>	12 (6%)
	<i>In an exercise yard</i>	12 (6%)
	<i>At work</i>	11 (5%)
	<i>During movement</i>	19 (9%)
	<i>At education</i>	6 (3%)
	<i>At meal times</i>	5 (2%)
	<i>At health services</i>	9 (4%)
	<i>Visits area</i>	2 (1%)
	<i>In wing showers</i>	9 (4%)
	<i>In gym showers</i>	3 (1%)
	<i>In corridors/stairwells</i>	14 (7%)
	<i>On your landing/wing</i>	16 (8%)
	<i>In your cell</i>	15 (7%)
	<i>At religious services</i>	3 (1%)
Q8.4	Have you been victimised by other prisoners here?	
	<i>Yes</i>	54 (26%)
	<i>No</i>	156 (74%)

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	25 (12%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	11 (5%)
	<i>Sexual abuse</i>	4 (2%)
	<i>Feeling threatened or intimidated</i>	26 (12%)
	<i>Having your canteen/property taken</i>	10 (5%)
	<i>Medication</i>	6 (3%)
	<i>Debt</i>	3 (1%)
	<i>Drugs</i>	1 (0%)
	<i>Your race or ethnic origin</i>	6 (3%)
	<i>Your religion/religious beliefs</i>	4 (2%)
	<i>Your nationality</i>	7 (3%)
	<i>You are from a different part of the country than others</i>	2 (1%)
	<i>You are from a traveller community</i>	1 (0%)
	<i>Your sexual orientation</i>	6 (3%)
	<i>Your age</i>	6 (3%)
	<i>You have a disability</i>	6 (3%)
	<i>You were new here</i>	3 (1%)
	<i>Your offence/ crime</i>	20 (10%)
	<i>Gang related issues</i>	2 (1%)
Q8.6	Have you been victimised by staff here?	
	Yes	63 (30%)
	No	144 (70%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	23 (11%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	2 (1%)
	<i>Sexual abuse</i>	4 (2%)
	<i>Feeling threatened or intimidated</i>	33 (16%)
	<i>Medication</i>	2 (1%)
	<i>Debt</i>	1 (0%)
	<i>Drugs</i>	1 (0%)
	<i>Your race or ethnic origin</i>	3 (1%)
	<i>Your religion/religious beliefs</i>	5 (2%)
	<i>Your nationality</i>	4 (2%)
	<i>You are from a different part of the country than others</i>	1 (0%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	4 (2%)
	<i>Your age</i>	3 (1%)
	<i>You have a disability</i>	5 (2%)
	<i>You were new here</i>	6 (3%)
	<i>Your offence/ crime</i>	20 (10%)
	<i>Gang related issues</i>	2 (1%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	127 (64%)
	Yes	31 (16%)
	No	39 (20%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	20 (10%)	34 (16%)	79 (38%)	27 (13%)	37 (18%)	11 (5%)
	The nurse	28 (14%)	46 (22%)	84 (41%)	18 (9%)	23 (11%)	6 (3%)
	The dentist	38 (19%)	15 (7%)	29 (14%)	21 (10%)	45 (22%)	56 (27%)
Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	24 (12%)	53 (26%)	81 (40%)	25 (12%)	13 (6%)	9 (4%)
	The nurse	26 (13%)	62 (31%)	72 (36%)	26 (13%)	10 (5%)	6 (3%)
	The dentist	74 (37%)	26 (13%)	49 (25%)	20 (10%)	13 (7%)	16 (8%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						16 (8%)
	<i>Very good</i>						45 (22%)
	<i>Good</i>						81 (40%)
	<i>Neither</i>						25 (12%)
	<i>Bad</i>						22 (11%)
	<i>Very bad</i>						15 (7%)
Q9.4	Are you currently taking medication?						
	Yes						111 (53%)
	No						98 (47%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
	<i>Not taking medication</i>						98 (47%)
	<i>Yes, all my meds</i>						88 (42%)
	<i>Yes, some of my meds</i>						17 (8%)
	<i>No</i>						5 (2%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						69 (33%)
	No						140 (67%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)						
	<i>Do not have any emotional or mental health problems</i>						140 (69%)
	Yes						37 (18%)
	No						25 (12%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	27 (13%)
	No	183 (87%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	25 (12%)
	No	185 (88%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	17 (8%)
	Easy	20 (10%)
	Neither	15 (7%)
	Difficult	1 (0%)
	Very difficult	3 (1%)
	Don't know	153 (73%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	5 (2%)
	Easy	18 (9%)
	Neither	13 (6%)
	Difficult	5 (2%)
	Very difficult	9 (4%)
	Don't know	157 (76%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	3 (1%)
	No	206 (99%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	5 (2%)
	No	203 (98%)
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>	179 (87%)
	Yes	22 (11%)
	No	5 (2%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?	
	<i>Did not / do not have an alcohol problem</i>	185 (89%)
	Yes	17 (8%)
	No	6 (3%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	176 (86%)
	Yes	26 (13%)
	No	3 (1%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	31 (15%)	16 (8%)	51 (25%)	16 (8%)	56 (28%)	32 (16%)
	Vocational or skills training	36 (19%)	13 (7%)	57 (30%)	25 (13%)	41 (22%)	16 (9%)
	Education (including basic skills)	27 (14%)	27 (14%)	81 (41%)	23 (12%)	30 (15%)	9 (5%)
	Offending behaviour programmes	76 (39%)	11 (6%)	32 (16%)	24 (12%)	26 (13%)	26 (13%)

Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)			
	<i>Not involved in any of these</i>			31 (15%)
	Prison job			121 (59%)
	Vocational or skills training			26 (13%)
	Education (including basic skills)			55 (27%)
	Offending behaviour programmes			21 (10%)
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>
	Prison job	32 (18%)	71 (41%)	54 (31%)
	Vocational or skills training	39 (26%)	65 (43%)	25 (17%)
	Education (including basic skills)	30 (18%)	95 (56%)	25 (15%)
	Offending behaviour programmes	60 (40%)	48 (32%)	18 (12%)
Q11.4	How often do you usually go to the library?			
	<i>Don't want to go</i>			14 (7%)
	<i>Never</i>			12 (6%)
	<i>Less than once a week</i>			63 (31%)
	<i>About once a week</i>			76 (37%)
	<i>More than once a week</i>			38 (19%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?			
	<i>Don't use it</i>			26 (13%)
	<i>Yes</i>			113 (55%)
	<i>No</i>			66 (32%)
Q11.6	How many times do you usually go to the gym each week?			
	<i>Don't want to go</i>			60 (29%)
	<i>0</i>			46 (22%)
	<i>1 to 2</i>			42 (20%)
	<i>3 to 5</i>			49 (23%)
	<i>More than 5</i>			12 (6%)
Q11.7	How many times do you usually go outside for exercise each week?			
	<i>Don't want to go</i>			38 (19%)
	<i>0</i>			31 (15%)
	<i>1 to 2</i>			62 (30%)
	<i>3 to 5</i>			48 (23%)
	<i>More than 5</i>			26 (13%)
Q11.8	How many times do you usually have association each week?			
	<i>Don't want to go</i>			15 (7%)
	<i>0</i>			7 (3%)
	<i>1 to 2</i>			29 (14%)
	<i>3 to 5</i>			44 (22%)
	<i>More than 5</i>			109 (53%)

Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	<i>Less than 2 hours</i>	15 (7%)
	<i>2 to less than 4 hours</i>	36 (17%)
	<i>4 to less than 6 hours</i>	37 (18%)
	<i>6 to less than 8 hours</i>	45 (22%)
	<i>8 to less than 10 hours</i>	40 (19%)
	<i>10 hours or more</i>	25 (12%)
	<i>Don't know</i>	9 (4%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	82 (40%)
	No	122 (60%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	64 (31%)
	No	143 (69%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	34 (17%)
	No	172 (83%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	36 (18%)
	<i>Very easy</i>	17 (8%)
	<i>Easy</i>	36 (18%)
	<i>Neither</i>	17 (8%)
	<i>Difficult</i>	46 (22%)
	<i>Very difficult</i>	41 (20%)
	<i>Don't know</i>	12 (6%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	0 (0%)
	Yes	184 (91%)
	No	18 (9%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	18 (9%)
	<i>No contact</i>	54 (26%)
	<i>Letter</i>	58 (28%)
	<i>Phone</i>	52 (25%)
	<i>Visit</i>	70 (34%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	166 (84%)
	No	32 (16%)

Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	Yes	135 (68%)
	No	65 (33%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	65 (32%)
	<i>Very involved</i>	29 (14%)
	<i>Involved</i>	32 (16%)
	<i>Neither</i>	11 (5%)
	<i>Not very involved</i>	31 (15%)
	<i>Not at all involved</i>	34 (17%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	65 (33%)
	<i>Nobody</i>	53 (27%)
	<i>Offender supervisor</i>	53 (27%)
	<i>Offender manager</i>	41 (21%)
	<i>Named/ personal officer</i>	14 (7%)
	<i>Staff from other departments</i>	24 (12%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	65 (32%)
	Yes	70 (35%)
	No	28 (14%)
	<i>Don't know</i>	38 (19%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	65 (32%)
	Yes	14 (7%)
	No	82 (40%)
	<i>Don't know</i>	43 (21%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	65 (32%)
	Yes	40 (20%)
	No	28 (14%)
	<i>Don't know</i>	70 (34%)
Q13.10	Do you have a needs based custody plan?	
	Yes	6 (3%)
	No	68 (34%)
	<i>Don't know</i>	124 (63%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	31 (16%)
	No	169 (85%)

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

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	46 (24%)	54 (28%)	91 (48%)
Accommodation	48 (25%)	61 (31%)	85 (44%)
Benefits	36 (19%)	75 (39%)	82 (42%)
Finances	40 (21%)	53 (28%)	96 (51%)
Education	57 (31%)	43 (24%)	82 (45%)
Drugs and alcohol	83 (46%)	38 (21%)	60 (33%)

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

<i>Not sentenced</i>	0 (0%)
<i>Yes</i>	118 (62%)
<i>No</i>	71 (38%)

Main comparator and comparator to last time



Prisoner survey responses HMP Littlehey 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

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		214	6059	214	185
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	4%	0%	0%
1.3	Are you sentenced?	100%	100%	100%	99%
1.3	Are you on recall?	8%	9%	8%	9%
1.4	Is your sentence less than 12 months?	3%	6%	3%	1%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	12%	9%	12%	14%
1.5	Are you a foreign national?	12%	9%	12%	11%
1.6	Do you understand spoken English?	99%	99%	99%	
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.)	18%	27%	18%	23%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	4%	3%	4%
1.1	Are you Muslim?	11%	13%	11%	11%
1.11	Are you homosexual/gay or bisexual?	7%	3%	7%	10%
1.12	Do you consider yourself to have a disability?	29%	19%	29%	24%
1.13	Are you a veteran (ex-armed services)?	10%	6%	10%	
1.14	Is this your first time in prison?	60%	36%	60%	55%
1.15	Do you have any children under the age of 18?	43%	51%	43%	45%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	67%	44%	67%	44%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	78%	72%	78%	
2.3	Were you offered a toilet break?	11%	8%	11%	
2.4	Was the van clean?	69%	64%	69%	
2.5	Did you feel safe?	79%	80%	79%	
2.6	Were you treated well/very well by the escort staff?	73%	71%	73%	73%
2.7	Before you arrived here were you told that you were coming here?	64%	62%	64%	
2.7	Before you arrived here did you receive any written information about coming here?	18%	16%	18%	

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2.8	When you first arrived here did your property arrive at the same time as you?	90%	87%	90%	92%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	72%	51%	72%	
3.2	When you were searched in reception, was this carried out in a respectful way?	92%	84%	92%	86%
3.3	Were you treated well/very well in reception?	86%	73%	86%	79%
	When you first arrived:				
3.4	Did you have any problems?	54%	61%	54%	63%
3.4	Did you have any problems with loss of property?	13%	17%	13%	14%
3.4	Did you have any housing problems?	6%	14%	6%	12%
3.4	Did you have any problems contacting employers?	2%	3%	2%	4%
3.4	Did you have any problems contacting family?	14%	20%	14%	22%
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?	8%	14%	8%	10%
3.4	Did you have any problems with feeling depressed or suicidal?	17%	13%	17%	19%
3.4	Did you have any physical health problems?	15%	12%	15%	
3.4	Did you have any mental health problems?	18%	13%	18%	
3.4	Did you have any problems with needing protection from other prisoners?	4%	5%	4%	5%
3.4	Did you have problems accessing phone numbers?	14%	18%	14%	21%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	51%	36%	51%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	67%	75%	67%	87%
3.6	A shower?	20%	28%	20%	29%
3.6	A free telephone call?	50%	41%	50%	51%
3.6	Something to eat?	54%	58%	54%	75%
3.6	PIN phone credit?	44%	50%	44%	
3.6	Toiletries/ basic items?	54%	44%	54%	
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?	44%	51%	44%	
3.7	Someone from health services?	77%	69%	77%	
3.7	A Listener/Samaritans?	40%	32%	40%	
3.7	Prison shop/ canteen?	21%	21%	21%	16%

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When you first arrived here were you offered information about any of the following:				
3.8 What was going to happen to you?	54%	51%	54%	46%
3.8 Support was available for people feeling depressed or suicidal?	48%	41%	48%	53%
3.8 How to make routine requests?	51%	44%	51%	37%
3.8 Your entitlement to visits?	49%	42%	49%	43%
3.8 Health services?	62%	54%	62%	51%
3.8 The chaplaincy?	52%	49%	52%	45%
3.9 Did you feel safe on your first night here?	88%	82%	88%	80%
3.10 Have you been on an induction course?	96%	91%	96%	97%
For those who have been on an induction course:				
3.11 Did the course cover everything you needed to know about the prison?	67%	59%	67%	74%
3.12 Did you receive an education (skills for life) assessment?	91%	83%	91%	
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?	40%	47%	40%	48%
4.1 Attend legal visits?	44%	51%	44%	50%
4.1 Get bail information?	10%	15%	10%	9%
4.2 Have staff ever opened letters from your solicitor or legal representative when you were not with them?	30%	41%	30%	44%
4.3 Can you get legal books in the library?	51%	43%	51%	
For the wing/unit you are currently on:				
4.4 Are you normally offered enough clean, suitable clothes for the week?	80%	66%	80%	63%
4.4 Are you normally able to have a shower every day?	92%	92%	92%	96%
4.4 Do you normally receive clean sheets every week?	86%	77%	86%	82%
4.4 Do you normally get cell cleaning materials every week?	74%	66%	74%	77%
4.4 Is your cell call bell normally answered within five minutes?	45%	36%	45%	49%
4.4 Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	78%	68%	78%	69%
4.4 Can you normally get your stored property, if you need to?	33%	24%	33%	26%
4.5 Is the food in this prison good/very good?	57%	25%	57%	43%
4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?	58%	45%	58%	54%
4.7 Are you able to speak to a Listener at any time, if you want to?	74%	56%	74%	82%
4.8 Are your religious beliefs are respected?	62%	52%	62%	59%
4.9 Are you able to speak to a religious leader of your faith in private if you want to?	58%	58%	58%	60%
4.10 Is it easy/very easy to attend religious services?	51%	50%	51%	

Main comparator and comparator to last time

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SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	84%	82%	84%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	69%	59%	69%	64%
5.2	Do you feel applications are dealt with quickly (within seven days)?	47%	44%	47%	58%
5.3	Is it easy to make a complaint?	61%	60%	61%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	38%	32%	38%	34%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	29%	32%	29%	39%
5.5	Have you ever been prevented from making a complaint when you wanted to?	13%	19%	13%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	34%	29%	34%	35%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	53%	52%	53%	48%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	46%	48%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	3%	6%	3%	3%
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?	60%	38%	60%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	84%	77%	84%	80%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	79%	74%	79%	81%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	31%	30%	31%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	20%	20%	20%	27%
7.5	Do you have a personal officer?	73%	69%	73%	85%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	62%	63%	62%	68%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	27%	34%	27%	31%
8.2	Do you feel unsafe now?	9%	15%	9%	8%
8.4	Have you been victimised by other prisoners here?	26%	26%	26%	24%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	12%	11%	12%	13%
8.5	Hit, kicked or assaulted you?	5%	7%	5%	3%
8.5	Sexually abused you?	2%	1%	2%	2%
8.5	Threatened or intimidated you?	12%	16%	12%	

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8.5	Taken your canteen/property?	5%	6%	5%	7%
8.5	Victimised you because of medication?	3%	5%	3%	
8.5	Victimised you because of debt?	1%	4%	1%	
8.5	Victimised you because of drugs?	1%	4%	1%	1%
8.5	Victimised you because of your race or ethnic origin?	3%	3%	3%	3%
8.5	Victimised you because of your religion/religious beliefs?	2%	3%	2%	2%
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?	1%	4%	1%	3%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	3%	1%	3%	4%
8.5	Victimised you because of your age?	3%	3%	3%	4%
8.5	Victimised you because you have a disability?	3%	3%	3%	3%
8.5	Victimised you because you were new here?	1%	5%	1%	3%
8.5	Victimised you because of your offence/crime?	10%	4%	10%	12%
8.5	Victimised you because of gang related issues?	1%	4%	1%	1%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	30%	29%	30%	24%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	11%	10%	11%	10%
8.7	Hit, kicked or assaulted you?	1%	3%	1%	2%
8.7	Sexually abused you?	2%	1%	2%	1%
8.7	Threatened or intimidated you?	16%	13%	16%	
8.7	Victimised you because of medication?	1%	4%	1%	
8.7	Victimised you because of debt?	1%	2%	1%	
8.7	Victimised you because of drugs?	1%	3%	1%	1%
8.7	Victimised you because of your race or ethnic origin?	2%	4%	2%	4%
8.7	Victimised you because of your religion/religious beliefs?	2%	3%	2%	3%
8.7	Victimised you because of your nationality?	2%	3%	2%	
8.7	Victimised you because you were from a different part of the country?	1%	3%	1%	3%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	2%
8.7	Victimised you because of your age?	2%	2%	2%	2%

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8.7	Victimised you because you have a disability?	2%	3%	2%	4%
8.7	Victimised you because you were new here?	3%	4%	3%	4%
8.7	Victimised you because of your offence/crime?	10%	4%	10%	8%
8.7	Victimised you because of gang related issues?	1%	2%	1%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	44%	39%	44%	56%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	54%	31%	54%	35%
9.1	Is it easy/very easy to see the nurse?	63%	54%	63%	64%
9.1	Is it easy/very easy to see the dentist?	22%	13%	22%	9%
	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?	74%	47%	74%	42%
9.2	The nurse?	76%	58%	76%	64%
9.2	The dentist?	61%	43%	61%	50%
9.3	The overall quality of health services?	67%	43%	67%	43%
9.4	Are you currently taking medication?	53%	48%	53%	53%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	96%	84%	96%	
9.6	Do you have any emotional well being or mental health problems?	33%	28%	33%	32%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	60%	50%	60%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	13%	24%	13%	19%
10.2	Did you have a problem with alcohol when you came into this prison?	12%	17%	12%	17%
10.3	Is it easy/very easy to get illegal drugs in this prison?	18%	34%	18%	13%
10.4	Is it easy/very easy to get alcohol in this prison?	11%	22%	11%	
10.5	Have you developed a problem with drugs since you have been in this prison?	1%	8%	1%	3%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	2%	7%	2%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	82%	63%	82%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	74%	63%	74%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	90%	78%	90%	92%

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SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	33%	44%	33%	
11.1	Vocational or skills training?	37%	39%	37%	
11.1	Education (including basic skills)?	55%	54%	55%	
11.1	Offending behaviour programmes?	22%	23%	22%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	59%	59%	59%	57%
11.2	Vocational or skills training?	13%	16%	13%	21%
11.2	Education (including basic skills)?	27%	24%	27%	30%
11.2	Offending behaviour programmes?	10%	13%	10%	15%
11.3	Have you had a job while in this prison?	82%	83%	82%	87%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	50%	42%	50%	50%
11.3	Have you been involved in vocational or skills training while in this prison?	74%	73%	74%	85%
	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?	59%	57%	59%	59%
11.3	Have you been involved in education while in this prison?	82%	79%	82%	86%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	68%	59%	68%	69%
11.3	Have you been involved in offending behaviour programmes while in this prison?	60%	71%	60%	76%
	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?	53%	52%	53%	53%
11.4	Do you go to the library at least once a week?	56%	44%	56%	43%
11.5	Does the library have a wide enough range of materials to meet your needs?	55%	47%	55%	
11.6	Do you go to the gym three or more times a week?	29%	33%	29%	25%
11.7	Do you go outside for exercise three or more times a week?	36%	49%	36%	37%
11.8	Do you go on association more than five times each week?	53%	71%	53%	85%
11.9	Do you spend ten or more hours out of your cell on a weekday?	12%	16%	12%	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?	40%	33%	40%	40%
12.2	Have you had any problems with sending or receiving mail?	31%	44%	31%	53%
12.3	Have you had any problems getting access to the telephones?	17%	25%	17%	21%
12.4	Is it easy/ very easy for your friends and family to get here?	26%	27%	26%	

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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?	91%	83%	91%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	29%	35%	29%	
13.2	Contact by letter?	31%	36%	31%	
13.2	Contact by phone?	28%	24%	28%	
13.2	Contact by visit?	37%	33%	37%	
13.3	Do you have a named offender supervisor in this prison?	84%	73%	84%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	68%	69%	68%	77%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	45%	54%	45%	40%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	40%	47%	40%	
13.6	Offender supervisor?	40%	35%	40%	
13.6	Offender manager?	31%	26%	31%	
13.6	Named/ personal officer?	11%	12%	11%	
13.6	Staff from other departments?	18%	16%	18%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	52%	64%	52%	68%
13.8	Are there plans for you to achieve any of your targets in another prison?	10%	21%	10%	
13.9	Are there plans for you to achieve any of your targets in the community?	29%	29%	29%	
13.10	Do you have a needs based custody plan?	3%	7%	3%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	16%	16%	16%	17%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	37%	34%	37%	
13.12	Accommodation?	42%	38%	42%	
13.12	Benefits?	48%	40%	48%	
13.12	Finances?	36%	27%	36%	
13.12	Education?	34%	34%	34%	
13.12	Drugs and alcohol?	39%	44%	39%	
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 the future?	63%	55%	63%	60%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Littlehey 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		Foreign national prisoners		British prisoners		Muslim prisoners		Non-Muslim prisoners	
Any percentage highlighted in green is significantly better															
Any percentage highlighted in blue is significantly worse															
Any percentage highlighted in orange shows a significant difference in prisoners' background details															
Percentages which are not highlighted show there is no significant difference															
Number of completed questionnaires returned				36	168			26	186			22	185		
1.3	Are you sentenced?	100%	100%			100%	100%			100%	100%			100%	100%
1.5	Are you a foreign national?	33%	7%							32%	10%				
1.6	Do you understand spoken English?	97%	99%			96%	99%			95%	99%				
1.7	Do you understand written English?	95%	98%			88%	99%			91%	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.)					50%	13%			71%	12%				
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	4%			0%	4%			0%	4%				
1.1	Are you Muslim?	42%	4%			27%	8%								
1.12	Do you consider yourself to have a disability?	11%	33%			15%	31%			9%	32%				
1.13	Are you a veteran (ex-armed services)?	6%	11%			16%	9%			0%	11%				
1.14	Is this your first time in prison?	58%	60%			73%	59%			64%	60%				
2.6	Were you treated well/very well by the escort staff?	71%	73%			75%	73%			71%	72%				
2.7	Before you arrived here were you told that you were coming here?	65%	66%			44%	67%			75%	63%				
3.2	When you were searched in reception, was this carried out in a respectful way?	86%	93%			79%	94%			95%	91%				
3.3	Were you treated well/very well in reception?	86%	86%			75%	88%			95%	85%				
3.4	Did you have any problems when you first arrived?	52%	54%			74%	51%			57%	53%				
3.7	Did you have access to someone from health care when you first arrived here?	82%	76%			84%	77%			75%	78%				
3.9	Did you feel safe on your first night here?	85%	88%			83%	89%			86%	87%				
3.10	Have you been on an induction course?	91%	97%			92%	97%			91%	97%				
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	47%	39%			39%	41%			57%	37%				

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	83%	79%	80%	80%	95%	78%
4.4	Are you normally able to have a shower every day?	92%	93%	88%	93%	95%	92%
4.4	Is your cell call bell normally answered within five minutes?	54%	44%	40%	46%	53%	44%
4.5	Is the food in this prison good/very good?	53%	58%	56%	57%	48%	58%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	61%	58%	59%	59%	53%	59%
4.7	Are you able to speak to a Listener at any time, if you want to?	63%	77%	60%	77%	62%	77%
4.8	Do you feel your religious beliefs are respected?	71%	60%	79%	60%	86%	59%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	71%	56%	59%	58%	86%	56%
5.1	Is it easy to make an application?	86%	84%	84%	85%	81%	85%
5.3	Is it easy to make a complaint?	62%	62%	57%	62%	58%	61%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	34%	57%	35%	56%	53%	52%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	50%	30%	50%	42%	49%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	1%	5%	2%	6%	3%
7.1	Do most staff, in this prison, treat you with respect?	75%	87%	78%	86%	83%	85%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	74%	79%	79%	78%	65%	79%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	18%	21%	12%	20%	25%	19%
7.4	Do you have a personal officer?	80%	73%	76%	72%	76%	72%
8.1	Have you ever felt unsafe here?	34%	26%	28%	27%	38%	26%
8.2	Do you feel unsafe now?	15%	7%	8%	9%	14%	8%
8.3	Have you been victimised by other prisoners?	29%	26%	16%	27%	38%	25%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	6%	14%	0%	14%	5%	14%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	2%	0%	3%	5%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%	0%	2%	5%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	4%	0%	4%	5%	3%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
8.5	Have you been victimised because you have a disability? (By prisoners)	3%	3%	0%	3%	0%	3%
8.6	Have you been victimised by a member of staff?	29%	31%	22%	31%	37%	30%
8.7	Have you ever felt threatened or intimidated by staff here?	15%	16%	13%	15%	6%	17%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	1%	0%	2%	6%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	2%	0%	3%	6%	2%
8.7	Have you been victimised because of your nationality? (By staff)	0%	2%	0%	2%	6%	2%
8.7	Have you been victimised because you have a disability? (By staff)	0%	2%	0%	2%	0%	2%
9.1	Is it easy/very easy to see the doctor?	58%	56%	50%	55%	74%	53%
9.1	Is it easy/ very easy to see the nurse?	59%	66%	50%	65%	58%	64%
9.4	Are you currently taking medication?	40%	57%	42%	55%	37%	54%
9.6	Do you feel you have any emotional well being/mental health issues?	34%	32%	32%	32%	37%	32%
10.3	Is it easy/very easy to get illegal drugs in this prison?	9%	21%	12%	18%	25%	18%
11.2	Are you currently working in the prison?	50%	61%	52%	60%	47%	60%
11.2	Are you currently undertaking vocational or skills training?	16%	12%	9%	13%	0%	14%
11.2	Are you currently in education (including basic skills)?	44%	23%	35%	26%	42%	24%
11.2	Are you currently taking part in an offending behaviour programme?	6%	11%	5%	11%	6%	11%
11.4	Do you go to the library at least once a week?	63%	55%	70%	55%	68%	55%
11.6	Do you go to the gym three or more times a week?	44%	27%	36%	29%	45%	28%
11.7	Do you go outside for exercise three or more times a week?	34%	37%	33%	37%	40%	35%
11.8	On average, do you go on association more than five times each week?	64%	53%	55%	54%	47%	55%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	6%	14%	13%	12%	5%	13%
12.2	Have you had any problems sending or receiving mail?	21%	32%	18%	32%	32%	31%
12.3	Have you had any problems getting access to the telephones?	6%	19%	21%	16%	16%	17%

Diversity analysis



Key question responses (disability, age over 50) HMP Littlehey 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

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		62	149	79	134
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	7%	15%	8%	15%
1.6	Do you understand spoken English?	98%	99%	99%	99%
1.7	Do you understand written English?	97%	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.)	7%	22%	10%	22%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	9%	1%	3%	4%
1.1	Are you Muslim?	3%	14%	4%	14%
1.12	Do you consider yourself to have a disability?			37%	25%
1.13	Are you a veteran (ex-armed services)?	10%	10%	18%	5%
1.14	Is this your first time in prison?	56%	62%	66%	57%
2.6	Were you treated well/very well by the escort staff?	57%	79%	76%	70%
2.7	Before you arrived here were you told that you were coming here?	62%	65%	67%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	92%	92%	91%	92%
3.3	Were you treated well/very well in reception?	83%	87%	85%	87%
3.4	Did you have any problems when you first arrived?	71%	47%	46%	58%
3.7	Did you have access to someone from health care when you first arrived here?	81%	75%	72%	80%
3.9	Did you feel safe on your first night here?	81%	90%	91%	85%
3.10	Have you been on an induction course?	95%	97%	98%	95%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	32%	43%	34%	44%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	75%	82%	86%	76%
4.4	Are you normally able to have a shower every day?	93%	92%	96%	90%
4.4	Is your cell call bell normally answered within five minutes?	47%	45%	51%	42%
4.5	Is the food in this prison good/very good?	53%	58%	63%	54%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	49%	62%	56%	60%
4.7	Are you able to speak to a Listener at any time, if you want to?	83%	71%	80%	72%
4.8	Do you feel your religious beliefs are respected?	54%	65%	70%	57%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	62%	57%	60%	58%
5.1	Is it easy to make an application?	82%	85%	87%	83%
5.3	Is it easy to make a complaint?	62%	60%	60%	62%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	58%	63%	47%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	55%	44%	54%	44%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	3%	3%	4%	2%
7.1	Do most staff, in this prison, treat you with respect?	85%	84%	88%	83%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	85%	76%	85%	75%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	15%	21%	26%	16%
7.4	Do you have a personal officer?	73%	73%	74%	72%
8.1	Have you ever felt unsafe here?	36%	24%	23%	30%
8.2	Do you feel unsafe now?	18%	6%	8%	9%
8.3	Have you been victimised by other prisoners?	35%	23%	20%	29%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	20%	10%	14%	12%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	2%	1%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	1%	3%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	5%	3%	1%	5%
8.5	Have you been victimised because of your age? (By prisoners)	5%	2%	4%	2%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	6%	1%	3%	3%
8.6	Have you been victimised by a member of staff?	43%	26%	19%	37%
8.7	Have you ever felt threatened or intimidated by staff here?	23%	13%	14%	17%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	1%	0%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	1%	3%	2%
8.7	Have you been victimised because of your nationality? (By staff)	3%	1%	0%	3%
8.7	Have you been victimised because of your age? (By staff)	3%	1%	3%	1%
8.7	Have you been victimised because you have a disability? (By staff)	6%	1%	3%	2%
9.1	Is it easy/very easy to see the doctor?	62%	52%	60%	51%
9.1	Is it easy/ very easy to see the nurse?	75%	60%	72%	58%
9.4	Are you currently taking medication?	87%	38%	68%	44%
9.6	Do you feel you have any emotional well being/mental health issues?	60%	22%	19%	41%
10.3	Is it easy/very easy to get illegal drugs in this prison?	25%	15%	11%	22%
11.2	Are you currently working in the prison?	60%	59%	64%	57%
11.2	Are you currently undertaking vocational or skills training?	10%	13%	10%	14%
11.2	Are you currently in education (including basic skills)?	17%	31%	29%	26%
11.2	Are you currently taking part in an offending behaviour programme?	8%	11%	8%	12%
11.4	Do you go to the library at least once a week?	47%	60%	62%	53%
11.6	Do you go to the gym three or more times a week?	23%	32%	14%	38%
11.7	Do you go outside for exercise three or more times a week?	36%	36%	49%	29%
11.8	On average, do you go on association more than five times each week?	53%	54%	54%	54%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	20%	9%	12%	12%
12.2	Have you had any problems sending or receiving mail?	35%	29%	21%	37%
12.3	Have you had any problems getting access to the telephones?	21%	15%	13%	19%