

Report on an unannounced inspection of

# **HMP Wandsworth**

by HM Chief Inspector of Prisons

**23 February –6 March 2015**

## **Glossary of terms**

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# Introduction

Our last inspection of HMP Wandsworth in June 2013 described how the determined efforts of staff and managers had made significant improvements in the prison, which then offered reasonably good outcomes for prisoners in all areas. This inspection found that for reasons largely outside the prison's control, outcomes had deteriorated significantly and it faced severe problems.

HMP Wandsworth in south London is a Victorian category B local prison with a category C resettlement unit. The prison was unacceptably overcrowded. It held 1,630 adult men, more than any other in the UK, and almost 70% more than its certified normal accommodation of 963. The population had grown and changed since the last inspection. Trinity unit, which in the past had held vulnerable prisoners, and was closed for refurbishment at the last inspection, had now re-opened to hold category C prisoners, which meant that the population had increased by about 400 men. The prison had been designated a foreign national prisoner hub and held over 700 foreign nationals – about 40% of the population. Our survey suggested that over 100 of them could not speak English.

The prisoners on Heathfield, the category B side, were typical of prisoners in other inner city local prisons, with a high incidence of mental health and substance abuse problems. There were about 300 referrals to the mental health team each month. Almost 500 prisoners were on the caseload of the prison's drug services. One in three reported housing problems when they first arrived, one in four reported money worries, and one in five said they felt depressed or suicidal. Category C prisoners on Trinity generally had different needs: good quality work, education and training opportunities, and interventions to address their behaviour to reduce the risk they would reoffend when released. Severe staffing shortages compromised the prison's ability to meet the needs of either group of prisoners. Since the last inspection the prison's budget had been reduced by about 25% and staffing levels had been reduced by about 100 across all grades and roles. This was compounded by difficulty in recruiting and retaining staff in the posts that remained. Turnover among senior staff was particularly high and this severely undermined the prison's ability to consistently implement some important processes. In one 24-hour period during the inspection, 40 officers were out of the prison on bed watches – supervising prisoners during external hospital stays.

Despite the efforts of staff, processes to keep prisoners safe lacked resilience. Reception and early days processes vividly illustrated the pressures the prison was under. There was an average of about 2,000 movements through reception each month. Reception processes were generally efficient but at busy times prisoners went to the wings without retrieving their property or telephone numbers from their phones; and they might wait for more than a week before they were able to do so. Prisoners generally went to well-prepared first night cells and the prison relied heavily on a team of prisoner insiders to help new prisoners, including non-English speakers, to settle in. However, there were risks that new prisoners who needed extra support would not be identified. Some cell sharing risk assessments were not fully completed and staff on the first night unit did not know where new prisoners were located. Not all new arrivals who needed substance misuse treatment received appropriate monitoring and observation.

Ten prisoners had died since the last inspection. Four of the deaths were self-inflicted. The Prisons and Probation Ombudsman had published his report into one of these deaths but the recommendations it contained were not yet fully embedded in practice. We were notified of two further deaths as this report was being prepared: one was self-inflicted and the other an apparent homicide. Levels of self-harm and the number of prisoners identified as being at risk of suicide or self-harm were relatively low, but the quality of support processes was inconsistent and management checks were inadequate. A valuable daily complex needs meeting reviewed the management of the most complex prisoners, but this process would have been improved by the attendance of key residential staff. Prisoners on Heathfield had difficulty accessing Listeners (prisoners trained by the Samaritans to provide confidential emotional support) and the Listener suite on Trinity was dirty and blood-splattered.

About one in five prisoners told us they felt unsafe at the time of the inspection. The excellent arrangements to identify, manage and reduce violence that we found at the last inspection had lapsed and neither we nor the prison were able to accurately identify the scale and pattern of violent incidents in the prison. Processes to address perpetrators and support victims were very weak. Prisoners told us, and we observed, that landings were unstaffed for long periods and this created potential for violence to take place unnoticed and unchallenged. Vulnerable prisoners were kept safe in a gated-off section on one of the wings but no attention had been given to the risks some of them posed towards the few vulnerable young adults who were also held there.

Security measures were mainly proportionate and measures to restrict the supply of illegal drugs were more effective than we have seen recently in comparable prisons. Substance misuse services had deteriorated since the last inspection but were generally adequate. The use of force had increased and governance was poor. Throughput in the segregation unit was high, and the environment and regime in the unit were poor. Nevertheless, segregation staff managed some very challenging prisoners well.

In some prisons we have inspected recently, a filthy and dilapidated environment has been the surest indication the prison has almost given up under the pressures it faced. The external environment at HMP Wandsworth was clean and in good repair, a sign of the efforts the prison was making. Nevertheless, overcrowding and staff shortages had a severe impact. Most prisoners were doubled up in small cells designed for one, with an unscreened, shared toilet close to the beds. Prisoners struggled to obtain sufficient clothing, bedding and cleaning materials. Call bells went unanswered for long periods. The application process which prisoners used to make simple requests was ineffective. The third of prisoners who were unemployed – more than 500 men – usually spent 23 hours a day locked in their cells, and the frequent curtailment of activities meant that many more were frequently confined to their cells for most of the day. Daily exercise periods might be as little as 15 minutes and staff shortages meant that association periods were restricted and inconsistent so prisoners were unable to use the phones or showers.

We observed mostly courteous relationships between staff and prisoners but staff shortages severely reduced the capacity of staff to interact with prisoners. Prisoners we spoke to were, for the most part, sympathetic to the pressure that staff were under. Equality and diversity work had sharply deteriorated but prisoners with protected characteristics generally reported more positively than the population as a whole about their treatment by staff, though more negatively about their ability to get their practical needs met. Provision for the large number of foreign national prisoners was inadequate. Prisoners who did not speak English largely relied on other prisoners to make themselves understood and many were frustrated and anxious about their inability to get advice about their complex extradition or other immigration issues. Support for prisoners with disabilities was very poor; there was no formal care planning and many struggled to make their way around the prison. The chaplaincy played an important part in prison life, but worship facilities were inadequate for the size and make up of the population.

Health services had deteriorated since the last inspection mainly because of staff shortages. The quality of nursing care by some nurses was poor. Medicine management was also weak. The regime in the Jones unit – the inpatient unit for patients with physical health needs – was very poor. Mental health care was much better but the capacity of the Addison unit, which provided inpatient care for men with complex mental health needs, was insufficient to meet demand; some of these very ill men had to be cared for on the wings. There were unacceptably long delays in transferring men out of the prison to secure mental health facilities.

There were insufficient activity places for the population and attendance at those available was poor. Under A4e, the previous learning and skills provider, the leadership of learning and skills and the quality of provision had declined considerably. Manchester College, the new provider, was beginning to address this as the inspection was underway but the provision should not have been allowed to deteriorate in this way. Ofsted, our partner inspectorate, declared the provision inadequate. Some teaching and learning – such as in the radio and motorcycle workshops – was good, but too much

required improvement. Too few prisoners completed courses. It was a great concern that no extra activity places had been provided for the 350 category C prisoners who had been taken on when the Trinity unit opened in 2014. Many of these men were nearing the end of their sentence and provision to prepare them for future employment, education or training was inadequate – a surer way of undermining their rehabilitation was hard to imagine. The library and gyms were good, but too few prisoners could access them even when staffing shortages did not mean they were closed.

HMP Wandsworth was in the process of becoming a resettlement prison and was piloting a new arrangement for working with the relevant Community Rehabilitation Company (CRC), MTC Novo, which would provide most resettlement services from May 2015. It was early days but we were not assured that the new arrangements would be fully in place for when the CRC took over. Offender management was in disarray, with severe staff shortages and disorganisation creating a backlog of risk assessments, inconsistent quality, and weaknesses in public protection arrangements. Throughout the inspection we were inundated by prisoners with concerns about delays to the categorisation process, without which they could not progress their sentences. Their concerns were justified: out of 847 prisoners who should have had a security category set, only 531 had been completed. Probation and prison offender management staff worked in separate offices and used their own system rather than P-Nomis (the electronic case work system) to record their work, which was consequently inaccessible to other staff.

Practical resettlement needs were very mixed. About 140 prisoners were released every month. St Giles Trust worked with peer mentors to help prisoners find accommodation but often only a temporary solution was available. A number of agencies assisted prisoners with employment and training issues but their work was poorly coordinated and sometimes duplicated. Health care arrangements were generally satisfactory but foreign nationals being deported to their country of origin were not given appropriate medication. Substance misuse services were good but there was insufficient help for prisoners with financial issues. Our survey indicated that about 700 prisoners had children under 18. Fewer men than in comparable prisons said they had help to maintain contact with them. Visit facilities were reasonable but the booking system was in disarray: there was a backlog of over 1,000 email requests despite vacancies for visits throughout the inspection.

Overcrowding and severe staff shortages had led to deteriorating outcomes at HMP Wandsworth. It was not simply a matter of prisoners spending practically all day confined in shared cells the Victorians had designed for one – unacceptable though that was. Overcrowding, combined with severe staff shortages, meant that almost every service was insufficient to meet the needs of the population. There were not enough staff on the wings to engage with prisoners; sometimes they were absent altogether. Essential safety processes were inconsistently applied. The needs of foreign national prisoners were inadequately met. There was not enough space for all prisoners who wanted to attend religious services to do so and there were insufficient activity places. Some essential processes that enabled prisoners to progress and reduce the risk they would reoffend had long backlogs, and procedures to protect the public were not sufficiently robust. Anxious family members could not get an answer from the visits booking service.

Managers and staff in the prison deserve credit for preventing the prison from deteriorating further, but it was not a surprise that some managers and staff were demoralised and others were clearly exhausted. Not all the problems at Wandsworth were a result of the population and resource pressures and this report identifies important areas the prison itself can and should address. Nevertheless, the Prison Service nationally will need to address the mismatch between a prison's available resources and the size and needs of its population. Unless this is addressed, prisons will struggle to hold men safely and decently and to reassure the public that effective work has been done to reduce the risk that prisoners will reoffend and create more victims after release.

**Nick Hardwick**  
HM Chief Inspector of Prisons

July 2015





# Fact page

## Task of the establishment

HMP Wandsworth is a category B local male prison with a category C resettlement unit.

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

Public

## Region/Department

Greater London

## Number held

1,630

## Certified normal accommodation

963

## Operational capacity

1,658

## Date of last full inspection

10–14 June 2013

## Brief history

HMP Wandsworth is a large Victorian prison serving the courts of South-West London.

The newly re-opened Trinity unit replaced the former accommodation for vulnerable prisoners and is now a designated category C unit, running alongside the category B local function fulfilled by Heathfield unit.

## Short description of residential units

The prison comprises Heathfield, a category B unit with five residential wings (A to E), and Trinity, a category C resettlement unit with three wings (G, H and K).

The populations are outlined below:

A wing – general population

B wing – general population

C wing – some general population and vulnerable prisoners

D wing – drug recovery unit

E wing – first night wing and segregation unit

G, H and K wings – category C unit

## Name of governor

Kenny Brown

## Escort contractor

Serco

## Health service provider

Physical health: St George's University Hospitals NHS Foundation Trust

Mental health: South London and Maudsley NHS Foundation Trust

**Learning and skills providers**

The Manchester College

**Independent Monitoring Board chair**

David Deaton

# About this inspection and report

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

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

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

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

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

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

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

## This 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.<sup>1</sup>

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

# Summary

## Safety

- S1 *Reception processes were efficient. Peer workers played a valuable role in first night support but risk assessments were not adequately focused on vulnerability. The prison was not sufficiently sighted on the level and nature of violence. There had been four self-inflicted deaths since the previous inspection and we were not assured that the quality of care for those at risk was adequate. Security arrangements were mostly proportionate, drug use was not high and supply reduction measures were good. The number of adjudications had increased but was similar to that at other prisons. Use of force had also increased and was high, but oversight was poor. The use of segregation had increased. Substance misuse arrangements were adequate. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S2 *At the last inspection in June 2013 we found that outcomes for prisoners in Wandsworth were reasonably good against this healthy prison test. We made 12 recommendations in the area of safety. At this follow-up inspection we found that two of the recommendations had been achieved, three had been partially achieved and seven had not been achieved.*
- S3 Most journeys to the prison were relatively short and escort vans were reasonably clean. Video courts were used well to reduce the number of court appearances.
- S4 The reception area was exceptionally busy, particularly at peak times, but it was well ordered and prisoners were processed quickly and taken to the first night wing.
- S5 First night accommodation was reasonably well prepared and Insiders (prisoners who introduce new arrivals to prison life) played a valuable and key role in settling in new prisoners. The first night assessments we witnessed were not sufficiently private, and some of them did not focus adequately on prisoners' vulnerabilities. There were no monitoring or additional support procedures for new prisoners during the night, and more prisoners in our survey than at similar prisons said that they had felt unsafe on their first night.
- S6 Mainstream prisoners attended the peer-led induction but not all completed it and vulnerable prisoners and those located on the Trinity unit (the category C resettlement unit) did not undertake the whole programme.
- S7 Many prisoners felt unsafe. Until recently, the prison had been unsighted on the level and nature of violent incidents and there had been no consistent trend analysis to identify areas of concern within the prison. Safer prisons meetings were held infrequently and there was no action plan to make the prison safer. The published violence reduction policy was ineffective and procedures to address and monitor bullies had ceased to operate four months before the inspection. Processes to support victims were weak.
- S8 There had been 10 deaths in custody since the previous inspection, including four self-inflicted deaths. Recommendations from the one published and agreed Prisons and Probation Ombudsman report into a self-inflicted death had been accepted but had yet to be fully embedded in practice. Levels of self-harm and the number of prisoners on assessment, care in custody and teamwork (ACCT) case management procedures for prisoners at risk of suicide or self-harm were relatively low. The quality of ACCT documentation was mixed but too many records were poor, with insufficiently detailed and often late reviews, poor recording of triggers and poorly focused care maps. The daily complex case review meeting

- was a useful initiative but residential staff did not regularly attend. Access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was poor on the main site.
- S9 Vulnerable prisoners were kept safe but had a limited regime and there was no risk assessment for the young adults located on the vulnerable prisoner wing.
- S10 Security arrangements were generally proportionate to the risks posed and security information was processed efficiently. Drug availability was lower than at other local prisons. Mandatory drug testing indicated that drug usage was similar to that at other local prisons, but no suspicion or risk testing had been undertaken in the previous six months. There was a detailed supply reduction action plan, and measures to address the problem were proactive, with good information sharing between departments.
- S11 The incentives and earned privileges scheme was administered fairly, but the regime was too punitive for many of those on the basic level.
- S12 The number of adjudications had increased but was comparable with that at other local prisons. Levels of use of force were much higher than at similar establishments and than at the time of the previous inspection. Management oversight of use of force was poor. Documentation was missing and there was little analysis undertaken. We were not assured that all uses of the special cell were justified. Planned interventions were not routinely filmed or reviewed, but those we watched demonstrated sufficient efforts to de-escalate.
- S13 The use of segregation had increased. Most prisoners stayed in segregation for a relatively short time but the regime on the unit was impoverished and most cells were in a poor condition, with graffiti, no toilet screening and little furniture. Staff on the unit managed some very challenging prisoners well and had good knowledge of those in their care, but this was not always reflected in case notes.
- S14 Substance misuse treatment started promptly and was flexible, but not all new arrivals received appropriate monitoring and observation, and there was a lack of supervision of controlled drug administration on the first night centre. The dual diagnosis service (for those with co-existing mental health and substance misuse problems) was no longer running and there was insufficient integration between clinical, psychosocial and mental health services. The quality of psychosocial services was good but low-intensity interventions for short-stay prisoners were underdeveloped.

## Respect

- S15 *Most areas were clean and litter free but too many prisoners shared single cells. Access to showers, clothing, cleaning materials and property was problematic. Staff were very busy and interactions with prisoners were often functional. Equality arrangements had deteriorated and despite a very diverse population too little was done to understand and meet the needs of minority groups, particularly the foreign national prisoners who made up about 40% of the population. Faith provision was mostly good. The number of complaints submitted had risen considerably and prisoners had little confidence in the system. No legal or bail advice was available. Health services had deteriorated overall, although mental health provision was very good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S16 *At the last inspection in June 2013 we found that outcomes for prisoners in Wandsworth were reasonably good against this healthy prison test. We made 30 recommendations in the area of respect.<sup>2</sup> At this follow-up inspection we found that four of the recommendations had been achieved, eight had been partially achieved, 17 had not been achieved and one was no longer relevant.*
- S17 Communal areas and most cells were clean and litter free. A number of areas had been refurbished since the previous inspection but most prisoners shared a cell designed for one. Access to showers was a common focus of complaint, and several shower rooms were dirty. Many prisoners complained about the availability of clothing, bedding and cleaning materials and problems with receiving and accessing their property. There were frequent delays in responding to call bells, with the longest delay being over an hour in the sample we analysed. Applications were no longer recorded or tracked, so prisoners had little confidence in the system. Delays in the processing of incoming mail, including money sent in, had been a consistent problem for several months. Prisoner consultation meetings were thorough and well attended.
- S18 Reductions in staff numbers had greatly reduced the capacity of officers to engage constructively with prisoners. Prisoners mostly understood this, and we saw many good interactions between them and staff, although some staff appeared disinterested. Personal officers were in place, but there was little evidence of regular personal officer work being carried out.
- S19 Despite the prison's diverse population, the strategic management of equality had deteriorated considerably and was weak. The equality policy was out of date, and there had been no equality meetings, consultation, action planning or monitoring in the previous six months. Few discrimination incident report forms were submitted, investigations took too long and prisoners told us that they lacked confidence in the process.
- S20 In our survey, most prisoners with protected characteristics reported more favourably than other prisoners on staff treating them respectfully. However, they were more negative about getting their practical and specific needs met.
- S21 The lack of consultation and ineffective monitoring and analysis left the prison ill-equipped to understand the experience and treatment of a population of over 650 black and minority ethnic prisoners. There were over 700 foreign nationals at the prison and the response to their needs was inadequate. Use of professional telephone interpreting was low, even though a large number of prisoners did not speak English. Many foreign national prisoners facing

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

complex deportation proceedings had no effective access to independent legal representation.

- S22 There was no regular review of the needs of prisoners with disabilities and no care planning, and there was evidence of some unmet need. Procedures for the evacuation of prisoners with disabilities were unsafe. There were insufficient activities for older prisoners and those with disabilities, and some were locked in their cells during the core day. There was little specific provision for the 70 young adults at the prison. Provision for gay and bisexual, and transgender prisoners was weak.
- S23 The chaplaincy was integrated well into prison life and provision was generally good, but there was insufficient space to allow all Roman Catholic prisoners to attend corporate worship. The team provided good through-the-gate and mentoring services.
- S24 The number of complaints submitted had risen, and the timeliness of responses had fallen back in recent months. The tone of replies was appropriate but they did not always address the specific issue, and there was no systematic quality checking. There were no legal advice or bail services provided, which was of particular concern in a local prison.
- S25 Primary health care services had deteriorated, mainly because of serious staffing difficulties. All prisoners were screened on arrival and had access to a reasonable range of primary care services. Prisoner perceptions about access to and the quality of health services were worse than at the time of the previous inspection and than at other local prisons. We found that most prisoners were seen quickly but some reported making repeated applications and not being given appointments. The management of long-term conditions was reasonable but health promotion was weak. Medicines management was adequate but there had been some delays in prisoners receiving repeat prescriptions. The regime in the physical health inpatient unit was unnecessarily restrictive and not individualised for the men held there. Prisoners had quick access to the dentist and the quality of dental care was good. Integrated mental health services were very good, with all referrals seen by primary mental health staff and good access to counselling and psychology services. Prisoners on the Addison unit (for mental health inpatients) were well cared for but the pressure on the available beds had resulted in some men waiting to be placed there. Despite considerable efforts by the prison, some transfers to secure mental health beds were subject to very long delays.
- S26 The quality and variety of the food provided were reasonably good but lunchtime meals were served at the cell door. Consultation with prisoners about the food provided and shop products led to improvements.



## Purposeful activity

S27 *Acute staff shortages had reduced the amount of time unlocked considerably and this was inadequate for most prisoners. The leadership and management of learning and skills and work were weak. There were too few activity places, attendance was poor and a third of the population was unemployed. Some teaching and learning sessions were good but too many required improvement. There were some good vocational training and workshop resources available. Too few prisoners completed their courses, although those who did mostly achieved well. Access to the library and PE was very poor due to staff shortages. **Outcomes for prisoners were poor against this healthy prison test.***

S28 *At the last inspection in June 2013 we found that outcomes for prisoners in Wandsworth were reasonably good against this healthy prison test. We made eight recommendations in the area of purposeful activity. At this follow-up inspection we found that three of the recommendations had been achieved and five had not been achieved.*

S29 Considerable staff shortages had reduced the amount of time unlocked, and for the many unemployed prisoners this was as little as one hour each day. Our spot checks showed an average of 31% locked in their cells during main work and association periods. We found only around a third of prisoners involved in activity at any one time. The unpredictability of unlock times and cancellation of association periods caused difficulties and frustrations for many prisoners, who complained that they were unable access showers or telephones, or keep in touch with family and friends.

S30 The quality of leadership and management of learning and skills and work, as well as the quality of provision, had declined considerably. Even with part-time working, there were too few activity places to meet the needs of the population. No additional places had been provided following the introduction of over 350 category C places in 2014. The places available were not used effectively, with many prisoners failing to attend. A third of the population was unemployed. Punctuality was poor, with most prisoners arriving up to an hour late in the afternoon because of a shortage of uniformed staff.

S31 The range of education classes and opportunities for work was generally appropriate but category C prisoners on Trinity unit were not prepared sufficiently for employment or further education and training on release, and only half of these men were engaged in full-time purposeful activity.

S32 Quality assurance and self-assessment processes were well embedded but the latter process gave insufficient weight to deficiencies in the leadership and management of learning and skills.

S33 The quality of teaching and learning in education classes was too variable and tutors did not provide sufficiently detailed and constructive feedback to help learners improve. Vocational workshop resources and the quality of teaching and learning in vocational training were good, although tutors did not record learners' skills acquisition and progress sufficiently. Prisoners' achievements in vocational training courses were often good, but they were low in English at levels 1 and 2. Too many prisoners failed to complete their courses.

S34 The library was well stocked, with a good supply of textbooks to support the vocational training courses provided by the prison, and there were opportunities for men to participate in Storybook Dads (in which prisoners record stories for their children), Toe by Toe (a mentoring scheme to help prisoners learn to read) and creative writing courses, although

not enough men attended these activities. However, access to the library was problematic, with very few prisoners using the service regularly.

- S35 The range of recreational PE was adequate but shortages of gym staff, cross-deployment and the cancellation of sessions meant that access was poor. Induction to PE was thorough and included good promotion of healthy living, and there was good specialist provision for men with substance misuse issues. No vocational PE courses were available.

## Resettlement

S36 *The strategic management of resettlement was reasonably good. Offender management work had been undermined by acute staff shortages. Some higher-risk prisoners received a good offender management service but too many prisoners did not have an offender supervisor or sentence plan. Home detention curfew processes were weak. Prisoners were frustrated by long delays in recategorisation processes. Restrictions and monitoring of communications for prisoners who presented a risk to the public were not always implemented. Reintegration planning was weak. Resettlement pathway provision was very mixed. Accommodation provision, support for prisoners with drug issues, and family work were good, but too little was done to provide debt advice and support prisoners into employment and training. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S37 *At the last inspection in June 2013 we found that outcomes for prisoners in Wandsworth reasonably good against this healthy prison test. We made eight recommendations in the area of resettlement. At this follow-up inspection we found that three of the recommendations had been achieved four had not been achieved and one was no longer relevant.*

S38 The strategic management of reducing reoffending was reasonably good. The prison had taken the initiative to pilot the new arrangements for the Community Rehabilitation Company but we were not assured that these would be in place by April 2015, when new procedures were due to start.

S39 Offender management provision was seriously undermined by a lack of trained staff and high levels of redeployment. Too many mostly low- and medium-risk prisoners had not been allocated to an offender supervisor. Over 300 prisoners did not have an up-to-date assessment of risk or a sentence plan.

S40 Higher-risk prisoners allocated to seconded probation staff were seen regularly and were motivated to address their offending behaviour. The quality of most sentence plans and risk management plans, including those for high-risk prisoners, was inadequate.

S41 Home detention curfew processes did not operate effectively enough to ensure that all prisoners were considered for release in time for their eligibility date.

S42 The identification of prisoners who presented a risk to the public was robust but there were inadequate arrangements to ensure that appropriate restrictions and monitoring of communications took place. Interdepartmental risk management meetings were appropriately focused on prisoners due for release and contact with external agencies was good, although there was insufficient involvement by the security department.

- S43 There was no longer a systematic process for ensuring that prisoners' categorisation was reviewed on time, and too many prisoners had not been provided with an initial categorisation post-sentence. This caused significant frustration and prevented prisoners from being transferred and progressing.
- S44 Reintegration planning was poor. Around a third of prisoners did not have their resettlement needs assessed on arrival and systems for making referrals to resettlement services were confused. Demand for resettlement services was high, with an average of 140 prisoners being released each month, but there was no systematic check that their resettlement needs had been met before release.
- S45 There was a wide range of accommodation services. The number of prisoners being released without an address was relatively low, although many were only released into temporary accommodation.
- S46 Prisoners' education, training and employment needs were identified on arrival, and adequate one-to-one advice and guidance was delivered before release. Employability courses were available but prisoners did not have sufficient access to facilities to search for jobs, particularly as the virtual campus (internet access for prisoners to community education, training and employment opportunities) was unreliable. There were too few links with employers.
- S47 Health discharge provision was adequate and those with continuing mental health issues had good contact with community mental health teams. For prisoners with substance misuse issues, good through-the-gate and aftercare services were provided.
- S48 Despite high demand, there was no specific debt advice available, although there was a money management course and prisoners were assisted to open bank accounts.
- S49 The visits booking system was in disarray and visitors struggled to book visits, despite adequate capacity. High-quality family days were provided but demand outstripped supply. There were a few parenting and family relationship courses run but some good family support work was available.
- S50 The range of offending behaviour programmes offered was suitable for the population held and addressed their offending needs.

## Main concerns and recommendations

- S51 Concern: There had been four self-inflicted deaths since the previous inspection and our survey results indicated that more prisoners than elsewhere felt unsafe. However, procedures to identify and monitor levels of violence and support those at risk of self-harm and bullying were poor.

**Recommendation: Incidents of violence and self-harm should be recorded and analysed, and action taken to make the prison safer. Victims of violence and prisoners at risk of self-harm should be identified, monitored and supported effectively.**

- S52 Concern: Despite having a very diverse prisoner population, including over 700 foreign national prisoners, there was little understanding of the needs of minority groups and no dedicated support or consultation. There was evidence of the needs of minority groups not being identified or met, yet no data were collected to monitor the equality of their treatment or their access to the regime.

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

- S53 Concern: Prisoners spent too much time locked up. Acute staff shortages resulted in the routine and often last-minute cancellation of many association sessions. The amount of time out of cell for employed prisoners was around six hours each weekday but it was as low as one hour for the many unemployed. Weekend time out of cell was even worse as Sunday association periods had ended.

**Recommendation: Staff shortages should be addressed as a matter of urgency, the amount of time unlocked should be increased and prisoners should have daily access to association provided at publicised scheduled times.**

- S54 Concern: There were insufficient activity places for the population. The activity currently available was not being fully utilised and over a third of the population was unemployed. Attendance was not well managed and punctuality was often poor.

**Recommendation: There should be enough activity places to provide sufficient educational, vocational and work places for the population. Participation, attendance and punctuality in all activities should be increased to ensure that working time is fully productive. (Revised recommendation S42)**

- S55 Concern: Many prisoners had not been allocated an initial security classification following sentence and many others had not had a recategorisation review. This caused considerable frustration and prevented prisoners from progressing in their sentence and moving to other establishments.

**Recommendation: The backlog of initial categorisations should be addressed, and all pending recategorisation reviews should be completed and prisoners informed of the outcome.**

# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

- 1.1** *Journey times were short for most prisoners and vans were reasonably clean. On arrival, some prisoners could wait for long periods on vans. Video-court facilities were used effectively.*
- 1.2** Most prisoners travelled relatively short distances to the prison from local courts. Some had overnight stops at other prisons en route, and refreshments were available for those travelling long distances. The vans we examined were reasonably clean and well equipped.
- 1.3** In our survey, most prisoners said that they had felt safe during transit but many reported issues with their property not arriving with them, and property issues were a recurring theme throughout the inspection (see also sections on early days in custody and residential units).
- 1.4** Disembarkation for most prisoners was usually swift but when multiple vans arrived simultaneously (which was usually the case at around 5pm), some prisoners experienced long waits to disembark.
- 1.5** Video courts were used routinely to reduce the necessity for court appearances wherever possible, with an impressive 4,330 uses in 2014, including some use for offender management and inter-prison 'visits'.

### Recommendation

- 1.6** **Prisoners' property should accompany them in transit.**

## Early days in custody

### Expected outcomes:

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

- 1.7** *The reception area was busy but well ordered and efficient. Insiders provided valuable assistance to new prisoners but some other first night processes were not sufficiently supportive. Induction was reasonable for those who completed it.*

- 1.8** The reception area was extremely busy (especially between 7am and 9am, and 5pm and 7pm), with over 24,500 movements taking place during the previous 12 months. It was clean and well ordered, although there was insufficient information in holding rooms, especially for those who did not speak English. It was a concern that Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were no longer involved in initial arrival processes and the designated Listener room was now used as a store room.
- 1.9** All arriving prisoners were strip-searched, which was unnecessary for those arriving on transfer (see recommendation 1.45). Prisoners in our survey were generally negative about their reception experience. In our survey, fewer than at comparator prisons said that they had been searched respectfully or that they had been treated well there.
- 1.10** Prisoners reported relatively short stays in reception, and during the inspection most prisoners were there for less than two hours before moving to the first night wings. Processes were efficient but at peak times not all prisoners were given the opportunity to go through their belongings, which meant that they went to the wings without their property and without retrieving telephone numbers from stored mobile telephones. We saw some waits of over a week to return to reception to complete property processes.
- 1.11** First night accommodation was reasonably well prepared. Well-trained Insiders (prisoners who introduce new arrivals to prison life) greeted all new prisoners on the first night wing, gave them important initial information and provided a range of written information. Other prisoners translated for those who did not speak English but this was not appropriate for more confidential and sensitive issues (see section on equality and diversity). Subject to public protection measures, all prisoners were allowed to telephone families or friends and there was usually sufficient time to take a shower on the first night, although some prisoners we spoke to were unaware of this facility.
- 1.12** All prisoners underwent a two-stage interview with staff to complete cell sharing risk assessments (CSRAs) and first night interviews. Some of those we witnessed were impersonal, routine and failed to explore prisoners' vulnerabilities or feelings of safety. Although they were conducted in offices, they were not sufficiently private as prisoners queued up at the open door. Additionally, important second-day CSRA screening was not always completed. Staff we spoke to on the first night unit did not know where new prisoners were located and there were no monitoring or additional support procedures for new prisoners during their first night.
- 1.13** In our survey, only 64% said that they had felt safe on their first night at the prison, which was similar to the percentage at the time of the previous inspection but worse than the 73% comparator. Prisoners told us that the reputation of the prison, rather than actual levels of threat, concerned them most.
- 1.14** Induction, led by prisoner peer mentors, took place over a five-day period. It consisted of a range of morning activities and a short period of association in the afternoon. Most of the information was delivered using an interactive, multilingual computer program but some key information was out of date. Not all prisoners completed the programme and prisoners from the vulnerable prisoner wing or Trinity unit (the category C resettlement unit) missed out on some key elements of the process.

## Recommendations

- I.15 Prisoners should be able to check and select property to be held in possession and be able to retrieve telephone numbers, if required, on the day of arrival.**
- I.16 Night staff should be aware of the location of newly arrived prisoners, introduce themselves and ensure that they are aware of any specific needs that these prisoners may have.**
- I.17 The second-day cell sharing risk assessment screening should be completed wherever necessary.**
- I.18 The induction process should be updated, and all prisoners requiring it should attend and complete it.**

## 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.19** *Many prisoners felt unsafe. Measures to monitor violence had lapsed and the published violence reduction policy was ineffective. There was little consistent monitoring of data, and support for victims of violence was weak and haphazard.*

- I.20** In our survey, more prisoners than at comparator prisons said that they currently felt unsafe (22% versus 19%) and that they had felt unsafe at some time while at the prison (47% versus 43%) (see main recommendation S51).
- I.21** The previous excellent arrangements to monitor, manage and reduce violence had lapsed and there was now no single person actively overseeing the process. Safer prisons meetings (which included the monitoring and management of self-harm) were not run regularly and attendance was poor. Until shortly before the inspection, there had been little effective collation or monitoring of data to identify and address poor behaviour; we were unable to obtain any consistent statistical data for the six months before the inspection, so were unable to make any direct comparisons with the levels of violence at the time of the previous inspection (see main recommendation S51).
- I.22** The published violence reduction policy was ineffective and was not supported by an action plan to make the prison safer (see main recommendation S51). A useful survey was conducted at the end of induction by the induction peer mentors and included some searching questions about safety, victimisation and violence; however, the completed forms were not analysed or the data accumulated to provide an insight into prisoners' early thoughts on safety. There was no other consultation with prisoners about safety.
- I.23** Processes to tackle and monitor the behaviour of bullies had lapsed and there had been no use of the tackling antisocial attitudes (TASA) process for the previous four months. Processes to support victims were weak and uncoordinated. The two open support dossiers we found were incomplete and there had been virtually no entries beyond the day of opening (see main recommendation S51).

- I.24** Most of the living areas were monitored by closed-circuit television but prisoners told us, and we saw, many landings unstaffed for long periods, which created the potential for violence and intimidation to go unnoticed.
- I.25** Vulnerable prisoners were kept safe in a gated-off section of C wing, but they had access to a very limited regime. There was no risk assessment to consider issues of predatory behaviour towards the vulnerable young adults located on the vulnerable prisoner wing.

## Recommendation

- I.26** **There should be a robust risk assessment to inform the location of vulnerable young prisoners.**

## 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.27** *There had been 10 deaths in custody since the previous inspection, including four self-inflicted deaths, but the quality of assessment, care in custody and teamwork (ACCT) documentation was too often poor and there was insufficient access to Listeners.*

- I.28** There had been 10 deaths at the prison since the previous inspection, four of which had been self-inflicted. We were notified of two further deaths as this report was being prepared, one self-inflicted and one an apparent homicide. To date, the prison had received only one report from the Prisons and Probation Ombudsman into a self-inflicted death; it had accepted the findings and the recommendations but had yet to implement all of them fully which left the potential for repeat incidents.
- I.29** Levels of self-harm were relatively low and the number of prisoners subject to assessment, care in custody and teamwork (ACCT) case management procedures was around a third of that at similar prisons. The quality of ACCT documentation was variable but far too many dossiers we examined were poor. Many reviews were conducted late, often with little detail and minimal attendance. Identification and recording of potential triggers were also poor. Care maps were often inadequate and failed to identify issues and put in place actions to mitigate their impact. Daily contact recording was reasonable but almost all night entries were repetitive and predictable.
- I.30** Few of the deficiencies that we identified had been noted in (signed for) management checks. The newly appointed senior manager with direct oversight of safer custody had implemented a new monitoring tool but this had only been in place for a week and had yet to demonstrate an impact.
- I.31** The daily complex case review meeting was a good initiative, whereby all new prisoners subject to ACCT processes were discussed alongside complex longer-term cases. There was good attendance by mental health teams, the Independent Monitoring Board, the safer prisons managers and health services staff, but often not by key residential staff.



- I.32** In our survey, fewer prisoners than at comparator prisons said that they had had access to a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) on arrival (20% versus 32%) or subsequently (37% versus 54%). There were sufficient Listeners at the prison but an over-complicated and restrictive approval process resulted in a shortfall in the main area of the prison (where demand was highest), resulting in no cover at weekends.
- I.33** There were five Listener suites, most of which were equipped and maintained to a reasonable standard. Those on the main unit were used regularly and prepared quickly for use but the one on Trinity unit was dirty and blood splattered, and contained virtually no equipment.

## Recommendations

- I.34** **All recommendations from Prisons and Probation Ombudsman death in custody reports should be implemented and monitored to ensure consistency and continuity of practice.**
- I.35** **The quality of assessment, care in custody and teamwork (ACCT) procedures should be monitored and remedial action taken wherever necessary.**
- I.36** **The Listener rota should provide adequate cover across the prison at all times.**
- I.37** **Listener suites should be prepared and maintained ready for use at all times.**

## Safeguarding (protection of adults at risk)

### Expected outcomes:

**The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.<sup>3</sup>**

**I.38** *There was no adult safeguarding policy or training for staff.*

- I.39** There was little understanding of the term 'safeguarding' by residential staff and no training. Despite some tentative contact by the head of safer prisons with the relevant local authority department, there were no formal safeguarding processes.

### Recommendation

- I.40** **The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (Repeated recommendation I.38)**

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

## Security

### Expected outcomes:

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

**I.41** *Security arrangements were mostly proportionate, although some strip-searching was not based on supporting intelligence. There was a detailed drug supply reduction action plan. Drug availability was relatively low and the random mandatory drug testing rate was similar to that at other prisons, although no suspicion testing had been undertaken recently.*

**I.42** Most security arrangements were proportionate to the risk posed and we found no evidence that security procedures restricted access to the regime. However, strip-searching took place for all new arrivals, 5% of prisoners after visits and all those entering the segregation unit, mostly in the absence of supporting intelligence. The security committee set and monitored appropriate objectives. Closed visits were used appropriately, only for incidents related to visits, and these restrictions were removed at the earliest opportunity.

**I.43** Reasonable levels of security information were submitted, including 2,347 reports in the previous six months. During the early part of 2014, the sharing of information and subsequent actions had taken too long but this had improved considerably and was now good. Intelligence-led searching yielded good results. The prison had an appropriate focus on extremism and radicalisation, which were well managed.

**I.44** The random mandatory drug testing rate averaged 10% in the previous six months, which was similar to that at other local prisons. Prisoners tested positive mainly for cannabis, followed by subutex, but there had also been finds of hooch (illicitly brewed alcohol), 'spice' (highly potent synthetic cannabinoids that are potentially more harmful than cannabis but do not show up in mandatory drug tests) and steroids. In our survey, prisoners told us that drugs were less easily available than at similar prisons. Our survey results pointed to higher drug and alcohol availability on Trinity unit (G, H and K wings) than on other wings in the prison. The prison had developed a detailed supply reduction action plan, which was regularly updated. Supply reduction measures were proactive, but no suspicion or risk testing had been undertaken in the previous six months. There was good information sharing between the prison and service providers, and effective integration between supply and demand reduction strands of the drug strategy.

### Recommendations

**I.45** **Prisoners should only be strip-searched on the basis of intelligence or specific suspicion.** (Repeated recommendation I.44)

**I.46** **The mandatory drug testing programme should be sufficiently resourced to undertake suspicion testing within the required time.** (Repeated recommendation I.45)

## Incentives and earned privileges<sup>4</sup>

### 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.47** *The incentives and earned privileges scheme was administered fairly, but prisoners did not find the scheme motivational, and the regime was too punitive for many of those on the basic level.*
- I.48** The distribution of prisoners between the three privilege levels of the incentives and earned privileges (IEP) scheme was reasonable (4% on the basic and 27% on the enhanced level). The timeliness of routine reviews had improved and was good.
- I.49** In our survey, fewer prisoners than at comparator establishments said that they were treated fairly on the IEP scheme or that it encouraged positive behaviour.
- I.50** The basic level of the scheme was used fairly, in response to evidence of a pattern of negative behaviour, or a single occasion of serious non-compliance. However, those on the basic regime had only two periods of association each week, in addition to daily exercise. Showers had to be taken during these association periods, with a third shower each week if requested. These prisoners spent too much time locked in their cell, especially if they were unemployed (see section on time out of cell).

### Recommendation

- I.51 Prisoners on the basic level of the incentives and earned privileges scheme should have daily unlock periods and be able to take a shower every day.**

## 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.52** *The use of all disciplinary procedures had increased. Records of adjudications were poor. Oversight of the use of force was inadequate. The condition of cells and the regime on the segregation unit were poor.*

### Disciplinary procedures

- I.53** The number of adjudications, 1,373 in the previous six months, had nearly doubled since the previous inspection but was now comparable to that at similar prisons. Charges were laid for

<sup>4</sup> 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.

good reasons. The records of hearings that we sampled showed that prisoners were given sufficient time to prepare their case and could seek legal assistance. However, many contained insufficient exploration before a finding of guilt. There was no quality assurance of adjudications.

- I.54** The adjudication standardisation meeting was not held regularly and was poorly attended, and there was insufficient analysis of data to enable meaningful conclusions to be drawn.

## Recommendations

- I.55** The quality of adjudications should be improved, and this should be reflected in adjudication records, and adjudications should be subject to formal quality assurance.
- I.56** The adjudication standardisation meeting should be held more regularly, analyse data to identify trends and patterns, and take action to address identified shortfalls.

## The use of force

- I.57** There had been 255 incidents involving the use of force in the previous six months, which was much higher than at similar prisons and than at the time of the previous inspection. In our survey, 14% of respondents said that they had been physically restrained in the previous six months, compared with 9% at similar prisons and 8% at the time of the previous inspection. About half of all incidents involved the use of control and restraint techniques, many resulting in sustained use of force. Use of handcuffs and relocation to the segregation unit were routine following a use of force incident.
- I.58** The management and oversight of use of force were poor. Many of the records we saw were incomplete, and many lacked sufficient detail about the incident. Planned interventions were not always filmed or reviewed, but those we watched were well managed and demonstrated sufficient efforts to de-escalate.
- I.59** Batons had been drawn on six occasions and used once in the previous six months. Documentation assured us that these had been justified but the prison had not conducted any additional scrutiny to assure itself that this response had been proportionate.
- I.60** Use of special accommodation was relatively high, with 10 occasions in the previous six months, and we were not assured that all uses were warranted or lasted for the shortest possible time. Rip-proof clothing had been used on three of the 10 occasions, without appropriate justification.
- I.61** Use of force was discussed at the safety meeting but insufficient data were presented there and there was insufficient analysis to enable meaningful conclusions to be drawn or remedial action to be taken.

## Recommendation

- I.62** Governance of the use of force, particularly the completion of documentation, use of special accommodation and use of batons, should be improved.

## Segregation

- I.63** The use of segregation had increased, with 269 uses in the previous six months, and was now comparable to that at similar prisons. Around two-thirds of prisoners were segregated pending an adjudication, which was a high proportion and not always warranted. The average length of stay on the unit was relatively short, at 12 days. Few prisoners spent more than 30 days in segregation but reintegration and care planning for these were inadequate.
- I.64** The communal area on the unit was well maintained and the large exercise yard contained a bench and exercise equipment. Most cells were in a poor condition, with extensive graffiti, and lacked adequate furniture and toilet screening.
- I.65** With the exception of access to a television for a small number of prisoners, the unit's regime was impoverished. Most prisoners could shower only twice a week and access to a solitary daily exercise period was limited to 30 minutes. There was no in-cell work or access to educational material.
- I.66** Good order or discipline reviews were not always multidisciplinary, authorising documentation was often completed poorly and many targets did not address the reasons for segregation.
- I.67** Staff on the unit managed some very challenging prisoners well and were knowledgeable about those in their care, but this was not always reflected in case notes. Relationships between staff and prisoners there were good and prisoners said that staff treated them well. Data about segregation use were collated but not monitored for trends.

## Recommendations

- I.68** **The use of segregation should be monitored and segregation should only be used when warranted.**
- I.69** **The regime and environment on the segregation unit should be improved.**
- I.70** **Segregation review documentation should be completed thoroughly and include meaningful targets.**

## Housekeeping point

- I.71** Segregation case notes should reflect interactions between staff and prisoners on the unit.

## Substance misuse

### Expected outcomes:

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

- 1.72** *Prisoners with drug and/or alcohol problems could access clinical treatment promptly, but substance misuse services were not fully integrated and psychosocial support for short-term prisoners required improvement.*
- 1.73** The substance misuse strategy was well coordinated but the policy document and action plan were inadequate. Needs assessments for both clinical and psychosocial support services were under way to inform future service provision.
- 1.74** Clinical substance misuse services were provided by St George's Healthcare and South London and Maudsley Mental Health Trusts, and psychosocial support by the Rehabilitation of Addicted Prisoners trust (RAPt).
- 1.75** The RAPt team carried a caseload of 450, but in our survey fewer prisoners than at the time of the previous inspection reported receiving support with their drug or alcohol problem, and fewer had found the support helpful. They could access one-to-one work, a cannabis awareness session, designated gym sessions on the drug treatment unit (D wing) and a wide range of mutual aid groups. However, prisoners needed to be at the establishment for longer than four weeks following assessment to undertake RAPt's Stepping Stones programme, which provided structured motivational support. There were waiting lists for this programme, even though the length of the programme had been reduced to four weeks. A rolling six-month abstinence-based treatment programme was available to 23 prisoners on KI, and RAPt had also developed a family support service.
- 1.76** Substance misuse nurses assessed prisoners on arrival and treatment started immediately. Prisoners were located on the first night centre during their five-day stabilisation but we found three cases where prisoners with substance misuse issues had been moved to other wings and not monitored. Controlled drug administration had improved on D wing but there were no officers present on the first night centre to supervise the queue, presenting opportunities for the diversion of medication.
- 1.77** At the time of the inspection, 121 prisoners were receiving opiate substitutes, which was similar to the number at other local prisons, and 27 were undergoing alcohol detoxification. An addiction consultant offered two clinics a week but there was no specialist GP cover and many nurse posts were being filled by agency staff. Overall treatment was flexible but not always consistent.
- 1.78** There was no longer a designated dual diagnosis service (for those with co-existing mental health and substance misuse problems), and care coordination for prisoners with mental health and drug/alcohol-related problems had become ad hoc. We saw some evidence of joint working between the RAPt and the clinical teams, but the services were not fully integrated.

## Recommendations

- I.79 All new arrivals who require substance misuse support should have five days' stabilisation and monitoring in an appropriate environment.** (Repeated recommendation I.74)
- I.80 Medication administration procedures should be reviewed to ensure prisoner safety and to minimise the risk of diversion of medication.** (Repeated recommendation I.75)
- I.81 Substance misuse support services and programmes should be reviewed to ensure that they meet the needs of all prisoners with drug and/or alcohol problems, including remand prisoners and those serving short sentences.**
- I.82 Clinical and psychosocial substance misuse services should provide fully integrated care, and a dual diagnosis service and pathway should be developed for prisoners experiencing both mental health and substance-related problems.**





## Section 2. Respect

### Residential units

#### Expected outcomes:

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

- 2.1** *Communal areas were clean and litter free. The environment on the residential units was reasonable, apart from severe overcrowding, which led to very cramped conditions. The limited regime meant that prisoners did not have sufficient access to basic facilities; mail and showers were particular problems at the time of the inspection.*
- 2.2** The accommodation was cramped and severely overcrowded; there were 70% more prisoners than certified cell spaces, so most prisoners shared a cell designed for one. Despite the age and obsolete design of most of the accommodation, the communal areas and most cells were cleaner and better lit than at the time of the previous inspection, and there was little litter. A number of areas had been refurbished since the previous inspection. However, in our survey, prisoners' responses to questions about residential issues were worse than at other local prisons and than at the time of the previous inspection; for example, fewer prisoners said that they could get enough clean clothes, receive clean sheets weekly, get enough cleaning materials or gain access to their property. Stocks of some of these items had frequently been insufficient.
- 2.3** Although there were enough showers, there was dissatisfaction with access to them, with many prisoners saying that they could not shower more than two or three times a week. This was a particular problem for many who were on the basic regime, in full-time employment and those with disabilities. This was reflected in our survey, in which fewer prisoners in our survey than elsewhere and than at the time of the previous inspection said that they could shower every day (29% versus 75% and 52%, respectively). Several shower rooms were poorly maintained and dirty – especially on Trinity unit (the category C resettlement unit), where they had not been included in the refurbishment programme – and ventilation was inadequate in most shower rooms.
- 2.4** Effective, well-attended consultation meetings had been held monthly on Heathfield unit, with comprehensive minutes taken by a prisoner. There had also been consultation meetings on Trinity unit, although not within the previous three months. A new approach had been published, due to start shortly after the inspection, involving a monthly meeting for each wing and a quarterly whole-prison consultative meeting.
- 2.5** Responses to cell call bells were unreliable. Only 16% of prisoners in our survey said that they were answered normally within five minutes, which was far worse than at comparator establishments and than at the time of the previous inspection. In the previous month, the establishment had carried out an analysis of over 1,000 call bell responses that had not been answered within two minutes, and found that almost 10% of responses had taken 20 minutes or more, the longest delay being 62 minutes.
- 2.6** Prisoners had a relatively negative view of the applications system. The recording and tracking of applications, to ensure prompt replies, had ended. The collection and processing of applications were inconsistent, and in some cases lacked confidentiality.

- 2.7** There was a serious problem with the mail systems. Some months before the inspection, the staffing of the mail room had been substantially reduced and was now drawn from a wide group of staff, so that the benefit of individual expertise had been lost. Staff and prisoners alike said that there were often delays of a week or more in receipt of letters, and of any money sent in.

## Recommendations

- 2.8 All prisoners should be able to have a shower every day in clean and well maintained facilities with adequate privacy.** (Repeated recommendation 2.11)
- 2.9 Cells designed to hold one prisoner should not be used to hold two.** (Repeated recommendation 2.9)
- 2.10 Prisoners' applications should be dealt with reliably and promptly.**
- 2.11 Incoming mail should be received by prisoners within 24 hours of its arrival at the prison, including registered and recorded mail.**

## 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.**

**2.12** *We saw many good interactions between staff and prisoners, but staff were hard pressed, some were less constructive in their approach, and prisoners' perceptions overall were negative. The personal officer scheme functioned in name but without regular, recorded contact between personal officers and their allocated prisoners.*

- 2.13** Reductions in staff numbers had greatly reduced the capacity of officers to engage constructively with prisoners; many staff expressed frustration with this situation, and prisoners mostly understood it. We saw many examples of courteous, helpful and positive interactions between staff and prisoners, although some staff seemed disinterested. However, in our survey, prisoners reported more negatively than those at similar prisons and than at the time of the previous inspection about most aspects of these relationships. Only 59% said that most staff treated them respectfully, which was much worse than at the time of the previous inspection (74%) and than at other, similar prisons. Those on Trinity unit were more negative than those on Heathfield unit; many prisoners on Trinity unit told us that they felt they were treated as if they were category B prisoners, even though they were on a category C unit.
- 2.14** Only 8% of prisoners in our survey said that staff normally spoke to them during association periods, which was far lower than the comparator, and than at the time of the previous inspection. However, at the time of the inspection a pilot project was training officers in 'five-minute interventions', a psychology-led programme to help officers put short interactions with prisoners to positive use.

- 2.15** Personal officers were allocated to each prisoner, and almost half of respondents to our survey were aware of this, although fewer than at comparator prisons found them helpful. There had been some improvement in recent months in the number of conversations between personal officers and prisoners recorded in wing files, but most individual records did not include regular personal officer entries. A death in custody investigation had drawn attention to a lack of entries by personal officers or others in the prisoner's custody log.

## Recommendation

- 2.16** **Personal officers should be actively engaged with offender supervisors to support prisoners in achieving sentence planning or resettlement targets where appropriate.** (Repeated recommendation 2.20)

## Equality and diversity

### Expected outcomes:

**The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>5</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.**

- 2.17** *The strategic management of equality had deteriorated considerably and was very weak. There had been no recent equality meetings, consultation, action planning or monitoring. The prison was therefore ill-equipped to understand the needs of its diverse population and there were some poor outcomes for many prisoners with protected characteristics, particularly foreign national prisoners. Most prisoners with protected characteristics reported more favourably than others in our survey about respectful treatment by staff, but less favourably about getting some key practical needs met.*

## Strategic management

- 2.18** Despite the prison's diverse population, the strategic management of equality had deteriorated significantly and was very weak. The equality policy was out of date and underdeveloped, and there had been no recent action planning. The equality management team had not met in the previous six months (see main recommendation S52).
- 2.19** Staff had not been trained in the use of the equality monitoring tool and there had been no analysis of equality monitoring data for most of 2014. There had been no equality impact assessments in the previous six months (see main recommendation S52).
- 2.20** Until recently, there had been no equality officer in post. There were some prisoner equality representatives, but in general they were poorly used and largely unsupervised (see main recommendation S52).

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

- 2.21** Only 20 discrimination incident report forms (DIRFs) had been submitted in the previous six months, a considerable reduction from previous periods. Prisoners told us that they had little confidence in the process. Not all DIRFs had been responded to and most responses were late. The quality of DIRF responses was mixed and there was no external scrutiny. Too many contained insufficient information to judge how thoroughly they had been investigated (see main recommendation S52). Some of the recent responses were of better quality, and included more detailed, respectful responses.
- 2.22** There had been no consultation with prisoners from specific protected groups in the previous six months. The establishment had developed very few links with external support agencies for these groups. Other than the celebration of religious festivals, no events had been held to celebrate diversity (see main recommendation S52).
- 2.23** The establishment had appointed a ‘head of equality, foreign nationals and repatriations’ six weeks before the inspection. She had developed plans to re-launch the prison’s equality work. She was deployed for about one and a half days a week in this work and we were concerned that this was insufficient to meet need (see main recommendation S52).

### Protected characteristics

- 2.24** The equality needs of new arrivals were identified through a questionnaire which they completed with prisoner equality representatives. We were concerned that this would not encourage the disclosure of sensitive information. Only 176 questionnaires had been completed for the 402 prisoners arriving in December 2014 (see main recommendation S52).
- 2.25** Over 650 prisoners were from a black and minority ethnic background and 380 were Muslim. In our survey, both groups reported more favourably than other prisoners on staff treating them respectfully. Other results were very mixed, with both groups reporting more adversely than others on some key areas of need. The lack of consultation and ineffective monitoring and analysis left the prison ill-equipped to understand their experience (see main recommendation S52).
- 2.26** In our survey, 2% of respondents identified themselves as being from Gypsy, Roma and Traveller communities, suggesting a prison population of over 30. The prison’s own data suggested that there were six, and there was no special provision for this group (see main recommendation S52).
- 2.27** There were over 700 foreign national prisoners at the prison and the response to their needs was inadequate. The prison was unable to tell us how many prisoners were in the large group of those awaiting extradition. Many foreign national prisoners facing complex deportation proceedings had no effective access to independent legal representation. Prison staff had no knowledge of legal aid entitlements (see section on legal rights and main recommendation S52). There was insufficient awareness among staff about what to do if a prisoner said that they feared returning to their country and no awareness of human trafficking indicators and the National Referral Mechanism.
- 2.28** Prisoners and detainees could obtain some information on the progress of their case from the on-site immigration team from the Criminal Casework Directorate (CCD) of the Home Office, who saw all foreign national prisoners on arrival. However, this team could not assist prisoners facing extradition, whose cases were dealt with by a different section in the CCD. A number of such prisoners were frustrated about the lack of information on their cases.

- 2.29** There were 32 immigration detainees, some of whom were being held in the prison despite being suitable for transfer to an immigration removal centre. Monthly progress reports were provided to detainees only in English.
- 2.30** Our survey suggested that over 100 prisoners could not speak English. There was little use of professional telephone interpreting and an over-reliance on the use of other prisoners as interpreters for interactions which should have been confidential.
- 2.31** The prison's own data suggested that there were 242 prisoners with disabilities, whereas our survey suggested a population of about 326. This group reported particularly poor outcomes in our survey compared with other prisoners. There was no care planning or regular review of their needs and there was evidence of unmet need. There were some adapted cells on the vulnerable prisoner wing but insufficient provision elsewhere. Parts of the prison were difficult to access for prisoners with disabilities, and some who used a wheelchair reported delays in taking them to visits, so they had less time than others (see main recommendation S52).
- 2.32** A new process had been introduced shortly before the inspection which sought to ensure all new foreign national prisoners arriving at the prison were issued with a foreign national PIN account which would enable them to make calls to relatives living abroad, including a free monthly 5 minute call for those who do not receive social visits. All new prisoners received a note explaining entitlements, but this had not yet been translated into common languages. Not all foreign national prisoners who had arrived prior to the implementation of this process were aware they were entitled to a free monthly call.
- 2.33** Emergency evacuation planning was very poor. Not all prisoners who required an evacuation plan had one and arrangements generally were unsafe. Night staff had poor awareness of those in their care.
- 2.34** Provision of paid carers was inconsistent, and of dedicated activities for older prisoners and those with disabilities was insufficient. There was no consistently applied policy on time out of cell for retired prisoners or those unfit to work, who were often locked up during the core day.
- 2.35** With the exception of vulnerable young adults who were co-located with vulnerable adult prisoners, the small number (70) young adults were dispersed across the prison. There was little specific provision for them. There had been no consultation with this group, or monitoring and analysis of their treatment and there was little understanding of their needs, or their vulnerabilities (for example, see paragraph 1.25). In our groups young adults spoke of gang issues and while there was some limited data to show proportionally that young adults were involved in more violent incident than adults, there was no adequate analysis or monitoring to identify or address their concerns.
- 2.36** There was under-reporting and lack of provision for gay and bisexual prisoners. Provision for the two transgender prisoners at the prison was weak, particularly in regard to access to clothing and make-up. There was insufficient care planning for them and, although they felt respected by staff on their wing, they said some other staff were insensitive to their needs (see main recommendation S52).

## Recommendations

- 2.37** The prison should maintain a foreign nation prisoner policy, based on a regular review of the needs of this group. Action plans should ensure that these needs are met.
- 2.38** Immigration detainees should not be held in prisons, other than in exceptional circumstances, following a risk assessment.
- 2.39** Equality monitoring data should cover the treatment of foreign national prisoners.
- 2.40** Older prisoners and those with disabilities should, where necessary, have an up-to-date personal evacuation plan, with which all wing staff should be familiar.
- 2.41** Sufficient dedicated activities should be provided for older prisoners and those with disabilities, and those who are retired or unfit to work should not be locked in their cell during the core day.
- 2.42** The prison should, in consultation with young adults, develop provision for them in line with an analysis of their needs and monitoring data on their treatment.

## 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.**

**2.43** *Faith provision was good but facilities were inadequate to meet demand.*

- 2.44** All new arrivals were seen by a chaplain within 24 hours. In our survey, more respondents than at comparator prisons said that they thought their religious beliefs were respected. Corporate worship was well attended, although there was insufficient space to allow all Roman Catholic prisoners to attend and once the cap was reached prisoners were turned away.
- 2.45** The chaplaincy was well integrated into prison life. The team attended a range of meetings, including assessment, care in custody and teamwork (ACCT) reviews. They facilitated a large range of classes and groups, including a good through-the-gate mentoring scheme, whereby trained volunteer befrienders were matched to prisoners about to be released, with the purpose of supporting them in the community. Chaplaincy peer representatives promoted faith and cultural awareness.

### Recommendation

- 2.46** Prisoners should be able to attend corporate worship.

## 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.**

**2.47** *Replies to complaints were not all sufficiently prompt. Replies were courteous but not all dealt with the specific issue raised. There was no quality checking of replies.*

**2.48** There was an average of 227 complaints each month, which was far higher than at the time of the previous inspection and than the average for local prisons. In our survey, fewer prisoners than at comparator prisons and than at the time of the previous inspection said that it was easy to make a complaint, and that they were dealt with fairly or quickly.

**2.49** The tone of responses was appropriate and they were detailed, but their timeliness had deteriorated over the previous year. A number of responses by operational managers referred in general terms to policies and practice, rather than being based on an investigation of the specific case.

**2.50** There was no systematic checking of the quality of replies, but there was thorough monthly analysis of patterns and trends in the number and topic of complaints, and the responsiveness of the system was further helped by the attendance of the complaints clerk at prisoner consultation meetings.

### Recommendation

**2.51 Responses to complaints should answer the issue raised, which should be investigated sufficiently, and quality assurance should lead to further improvement.**

## 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.**

**2.52** *Legal services provision was inadequate and the provision of legal visits did not meet demand.*

**2.53** Legal services provision had deteriorated and was inadequate, which was of particular concern in a local prison. There was no trained legal services officer providing bail advice or to assist the high number of foreign national prisoners potentially being extradited. In our survey, respondents were more negative than at comparator prisons and than at the time of the previous inspection across the range of indicators relating to legal rights provision, including ease of communication with legal representatives, ease of attendance at legal visits, and access to bail information and legal textbooks. In our groups, prisoners said that they did not know who to go to for help with legal matters. Information on legal issues provided to

prisoners during induction was out of date. There was good availability of ‘access to justice’ laptop computers (provided by the prison to assist some prisoners in the preparation of defence, appeal or related legal work).

- 2.54** Legal visits were held from Monday to Thursday and were fully booked a week in advance. Provision had not increased with the rise in the prison population (see section on offender management and planning) and was now inadequate to meet demand.

## Recommendation

- 2.55** Legal service provision, including access to legal visits, should be improved.

## 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.**

- 2.56** *Primary care services had deteriorated, in spite of robust work by the lead provider, mainly because of staffing pressure. Overall governance was strong but the health care application system did not work adequately and the complaints system was too complex. The quality of nursing care by some nurses was poor. There was no musculoskeletal physiotherapy service and waits for the podiatrist and smoking cessation clinics were too long. Dental care was very good. Medicines management lacked suitable governance and prisoners did not always get repeat medications on time. The Jones inpatient unit provided an over-restrictive regime. Integrated mental health care was very good. There was a waiting list for admission to the Addison unit, which provided good care for prisoners with particularly complex mental health needs. There were long delays in transferring prisoners to secure mental health hospital beds.*

## Governance arrangements

- 2.57** Health services had deteriorated, almost exclusively due to challenging staffing pressures; this was compounded by the challenge of a large and complex population and a high turnover of prisoners. The introduction of the new category C Trinity unit had also stretched services further in trying to meet the different needs of this group.
- 2.58** Partnership working was effective, with a regular partnership board chaired by the governor. A London-wide prisons health needs assessment had been commissioned by NHS England in 2013; however, there remained a need to extract specific implications for the establishment, particularly concerning the high number of foreign national prisoners.
- 2.59** Strategic oversight was strong, with a comprehensive governance framework. Responses to health care complaints were of good quality and timely. However, the system was too complex and poorly advertised, and forms were not always available on the wings.



- 2.60** Clinical incidents were reported through the electronic DATIX system and were well managed; levels of such incidents were low for the volume of clinical activity. Serious untoward incidents were dealt with exceptionally well, with robust root cause analyses and action plans. Interpreting services were used regularly by clinical staff, using single-handset telephones, but some nursing staff were too ready to accept other prisoners as interpreters (see recommendation 2.37).
- 2.61** A highly commendable health and well-being strategy had been developed in January 2015. It aspired to a modern and proactive health and well-being service for prisoners but it was too early to see the impact of this. Overall health promotion was weak; the available literature was not consistently available across the prison and there was little available in languages other than English. Prisoner health representatives had been identified but their role was not sufficiently developed or consistent.
- 2.62** Training for clinical staff reflected service need, with good prioritisation of resuscitation skills and medicines administration. Clinical supervision was underdeveloped and not all staff received sufficient supervision. Policies and protocols were appropriate and up to date, except for outstanding issues around medicines management (see section on pharmacy).
- 2.63** Most clinical rooms were adequate; however, on some wings they were small and cramped. All were reasonably clean, with appropriate waste and clinical waste disposal arrangements, but some were not compliant with infection control requirements, with poor flooring and without elbow taps on the hand-washing basins.
- 2.64** Emergency response arrangements, including equipment, had been carefully reviewed and deficiencies addressed, including clinical staff competence and training needs, ensuring a coordinated and timely response to health emergencies by clinical staff. Too few prison staff had received basic life support training and very few were trained to use automated defibrillators. Emergency equipment was suitably sited around the prison, with clear protocols for access at night and out of hours.

## Recommendations

- 2.65** **The health promotion initiatives for all health services, including the pharmacy and dentist, should be developed, include the provision of information in foreign languages, and involve development of the roles of health care representatives and/or wing health trainers.** (Repeated recommendation 2.67)
- 2.66** **All clinical staff should receive regular clinical supervision to ensure safe and consistent practice.**
- 2.67** **All clinical areas should be clean and comply with infection control standards.** (Repeated recommendation 2.65)
- 2.68** **All officers should know how to access and use emergency equipment in a timely manner.** (Repeated recommendation 2.66)

## Housekeeping point

- 2.69** The health care complaints system should be simplified to ensure that prisoners understand how to use it, and have access to appropriate forms and boxes on all the wings.

## Good practice

- 2.70** *The comprehensive review of emergency response arrangements for clinical staff, including training status, staff competence and equipment, ensured a coordinated and timely response to health emergencies by clinical staff.*

## Delivery of care (physical health)

- 2.71** In our survey, fewer prisoners than at comparator prisons said that they had seen a health professional on arrival (62% versus 68%). We observed prisoners being assessed by nurses on arrival but patient confidentiality was compromised by the reception treatment room door remaining open. There was good access to a GP to address immediate clinical and medication needs, and mental health and substance use needs were also identified. Those with substance use needs were seen promptly by a specialist nurse on the first night centre.
- 2.72** A secondary health assessment took place the following day. The assessment template covered appropriate health issues but the quality of the nursing consultation we observed was poor; the nurse observed was abrupt and mechanistic in approach, did not encourage disclosure of sensitive or worrying issues by the patients and although in uniform, wore a coat throughout which was inappropriate for a professional consultation. Prisoners often waited several hours between arriving in the health centre and returning to the wings.
- 2.73** In our survey, fewer prisoners than at comparator prisons and than at the time of the previous inspection said they that they had good access to a doctor (13% versus 22% and 22%, respectively) and a nurse (27% versus 45% and 36%, respectively), and that the overall quality of care was good (29% versus 36% and 39%, respectively).
- 2.74** A nurse triage system had been introduced recently. We observed nurses treating prisoners opportunistically on the wings, and care was thorough and clinically sound; however, many prisoners told us that it was difficult to see a nurse. There were regular nurse clinics on both Heathfield and Trinity units. The unlock lists did not always correspond with appointment slips; we found one prisoner locked in his cell and waiting for a diabetic clinic appointment who was not included on the clinic unlock list.
- 2.75** Waiting times for GP appointments were short and there was suitable prioritisation of clinical need. The range of primary care services and visiting specialist services was reasonable, including a retinal screening service, but there was no provision for on-site musculoskeletal physiotherapy. The X-ray facility had not operated for some time, which meant that prisoners had to be taken to hospital for non-urgent X-rays. Waits for the podiatrist and optician were too long, with 98 prisoners waiting to see the podiatrist (with the longest wait for a first appointment being 17 weeks) and 64 waiting for an optician appointment (with the longest wait for a first appointment being eight weeks).
- 2.76** The individual care of prisoners with long-term conditions was reasonable and clinical records showed appropriate clinical care and use of care plans. Prisoners with multiple and/or specific care needs were identified and discussed at a formal weekly complex case meeting.
- 2.77** The Jones unit (for inpatients with physical health needs) was failing to meet adequately the care and well-being needs of the two men held there at the time of the inspection; both prisoners had spent long periods locked up there, with little stimulation. One man with disabilities was often not helped to get up at a reasonable time and was put back to bed too early. Neither prisoner received regular exercise or access to fresh air.

- 2.78** There was a health care application system in place but many prisoners had made several applications without getting an appointment. Application forms were not always readily available on the wings and on one wing there was no dedicated box in which to post them, which resulted in prisoners handing the form to prison officers. External hospital appointments were generally well managed. However, the limited allocation of escort staff was compounded by frequent and unpredictable demands for bed watches (prisoners staying overnight in hospital) and a few patients requiring frequent hospital visits (for example, for renal dialysis). We noted examples of men who had experienced repeated cancellations.

## Recommendations

- 2.79** **Nurses conducting patient consultations and health assessments should ensure they act professionally and listen attentively to the patient to encourage disclosure of sensitive or worrying issues. Nurses should always dress appropriately for a professional consultation.**
- 2.80** **Waiting times for the optician, podiatrist and smoking cessation clinics should reflect those in the community and be suitably prioritised.**
- 2.81** **The health care application system should be audited to identify and address the reasons for men having difficulty getting appointments and attending appointments.**
- 2.82** **Prisoners should be escorted to external hospital appointments in a timely manner.** (Repeated recommendation 2.78)

## Pharmacy

- 2.83** There was an on-site pharmacy, with a lead pharmacist supported by pharmacy technicians and assistants. The pharmacy room had been refurbished. Most medications were administered by pharmacy technicians, although nursing staff administered medicines in the evenings and at weekends, on the inpatient units and on the drug recovery unit.
- 2.84** Prescriptions were generated electronically, with paper charts used to record administrations. We noted some gaps on administration records where the reason for a prisoner not receiving medication was not recorded.
- 2.85** Medicines were administered from 8am to 9.30am, 1.30pm to 2.30pm and 5pm to 7pm, with limited provision for specific medicines to be given later in the evening between 8pm and 10pm; we noted two instances where prisoners initially issued with a night-time dose had had their timing of administration changed, so that they were given the medicine much earlier. Safe and appropriate prescribing was supported by regular meetings between the pharmacist and the GPs, and pharmacist attendance on the Jones unit ward round. Prisoners who were able to keep their medicines with them in their cells did not have locked cupboards to keep them secure.
- 2.86** The monthly 'polypharmacy' clinic (for prisoners on five or more medicines) was ineffective, with poor take-up. Smoking cessation clinics were run on an ad hoc basis by pharmacy assistants, but the waiting times to attend these were too long, with 115 men on the waiting list at the time of the inspection (see recommendation 2.79).

- 2.87** Prisoners could receive over-the-counter medicines by nursing and pharmacy staff using a 'special sick' (immediate health treatment without an appointment) policy; patient group directions (to enable nurses to supply and administer prescription-only medicine) were not used.
- 2.88** Prisoners were encouraged to reorder their prescribed medicines themselves but many told us that they had difficulty in getting repeat prescriptions on time, which had resulted in some missing medication doses.
- 2.89** Storage of medicines was reasonable but there were loose strips in some treatment room cabinets. Some reference books were out of date.
- 2.90** Refrigerator temperature checks were generally recorded correctly; however, on Addison unit (for mental health inpatients) records showed an out-of-range rise in temperature with no recorded explanation of action.
- 2.91** Security for the pharmacy-controlled drug cabinet key was poor; the key was readily accessible to all pharmacy staff and there was no audit trail. The controlled drug cabinet key in the central treatment room was in an unlocked key box with open access by all health services staff. Several controlled drug cabinets around the establishment were screwed to the wall instead of bolted with rag bolts. The controlled drug running balances in the main pharmacy room were not all checked regularly. Controlled drug running balances were checked daily, and methadone on D wing (the drug treatment unit) was dispensed using the Methasoft system; the calibration records for this system were incomplete and inaccurate.
- 2.92** There was a regular medicines management meeting but several draft policies had not been ratified, including 'in possession', special sick, out of hours and a new prescribing formulary.

## Recommendations

- 2.93 All medicines, including night-time doses, should be given at the correct prescribed time and the reason for any missed dose recorded, with suitable follow-up by clinical staff.**
- 2.94 Patients should be provided with a facility to store their medication securely** (Repeated recommendation 2.86)
- 2.95 Controlled drug procedures should ensure compliance with the legal requirements and established good practice** (Repeated recommendation 2.87)

## Housekeeping points

- 2.96** Loose tablets and strips of medicines should not be retained or stored.
- 2.97** Refrigerator temperatures should be checked and recorded regularly and corrective action taken where temperatures are outside the acceptable range, to ensure the safety and integrity of heat-sensitive medicines.
- 2.98** The Methasoft system should be properly calibrated, with suitable records maintained.
- 2.99** The medicines management committee should approve, ratify and review all new and draft policies, to ensure clear governance of medicines.

## Dentistry

- 2.100** The dental suite was clean and compliant with infection control requirements, with suitable decontamination arrangements, and dental services had much improved. Prisoners waited approximately three weeks for a first appointment; remanded prisoners and those serving a short sentence were given urgent treatment only. An oral surgeon visited at six-week intervals, depending on referral numbers, and dealt with more complex clinical issues.
- 2.101** The dentist had access to, and recorded on, the SystemOne electronic clinical record, alongside a specialist electronic dental record and a paper record. We noted a good explanation of treatments and oral education for individual prisoners, with appropriate checking of prisoners' command of English before written information was given. Patient satisfaction was measured regularly using a sample of patients.

## Delivery of care (mental health)

- 2.102** The mental team included community psychiatric nurses, psychiatrists (including specialists in old age and neuro-developmental psychiatry) and an occupational therapist.
- 2.103** An open referral system enabled prisoners and all staff to access the service easily. All referrals that were not diverted immediately for secondary care were seen by primary mental health practitioners. There was effective working between clinical and prison staff, who often sought advice from the team.
- 2.104** There were approximately 300 referrals each month, all of which were discussed and allocated at a weekly referral meeting. All referrals were seen within a maximum of three days and urgent referrals could be seen more quickly. Prisoners on the caseload were reviewed at a weekly multidisciplinary case meeting, with representation from all mental health professionals, including the psychiatrist.
- 2.105** Risk assessments were suitable and dynamic, and well recorded on SystemOne, including care programme approach risk assessments and care plans.
- 2.106** There was good attendance by the mental health team at ACCT reviews and a useful daily complex case meeting on the segregation unit between health services and prison staff.
- 2.107** The London Early Detection And Prevention (LEAP) project was in its early stages and focused on the assessment of possible early warning markers for mental ill health, using a validated assessment tool; this was being piloted as part of the secondary assessment process.
- 2.108** There was good access to counselling via a team of volunteers, including some trained as psychotherapists. All referrals were filtered from the mental health team and a programme of six sessions was offered. There was a two-month wait from referral to the first assessment session.
- 2.109** Prisoners with complex and challenging needs were admitted to the 12-bed Addison unit. There was always a waiting list for the unit, prioritised by clinical need. Pressure on this limited bed capacity was compounded by delays in getting men transferred to external secure hospitals. We saw prison and clinical staff engaging positively with prisoners on the unit, and men residing there told us that they felt well cared for. Efforts had been made to introduce an imaginative therapeutic activity programme on this unit but the limitations on discipline staffing, coupled with prisoners requiring multiple officer unlock regimes, had curtailed this, resulting in access to basic exercise and association only.

**2.110** Despite considerable efforts by the prison, there were regular delays in getting men transferred to hospital under the Mental Health Act 1983. Between October 2014 and February 2015, 14 men had been transferred, four of whom within the two-week timeframe and the other 10 experiencing long delays, the longest being 298 days.

## Recommendations

**2.111** Therapeutic day care services should be provided for prisoners on the Addison Unit and those with mental health needs and finding it difficult to cope on the residential wings.

**2.112** Transfers under the Mental Health Act should occur expeditiously and within the current Department of Health transfer time guidelines.

## 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.**

**2.113** *Food was of a reasonable quality and consultation processes were good. The serving of food was generally well supervised but prisoners were not unlocked to collect their lunch. Prisoners working in the kitchen could gain catering qualifications.*

**2.114** In our survey, prisoners were more negative than at comparator establishments and than at the time of the previous inspection about the quality of the food provided. The food we tasted in the evening was of good quality, and adequate variety and portion size. The menu was on a five-week cycle and there was a wide range of dishes to cater for all dietary requirements.

**2.115** Prisoners' views were canvassed through a food survey and consultation in wing representatives meetings and specific food consultation meetings, which had influenced the range of food offered. Food comments books on the serveries contained responses from kitchen staff.

**2.116** Breakfast packs were provided the night before consumption. Most prisoners were given lunch in their cell, further restricting their opportunities to get out of their cells, and this was served too early, from 11.30am. The evening meal was served after 5pm and was well supervised.

**2.117** The kitchen was well organised and clean. Prisoners working there were appropriately trained and could achieve catering qualifications.

## Recommendations

**2.118** Breakfast should be served in the mornings, rather than being issued in packs the previous night. (Repeated recommendation 2.107)

**2.119 Prisoners should be unlocked to collect their lunch and lunch should be served between noon and 1.30pm.**

## Purchases

### Expected outcomes:

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

**2.120** *A reasonable range of goods was available in the prison shop and prisoners could place a weekly order. They could also buy goods through catalogues. Newly arrived prisoners could wait too long to receive their first order.*

**2.121** Prisoners were able to place prison shop orders weekly. A reasonable range of goods was available, and in our survey the number of prisoners who were satisfied with this was in line with that at other local prisons.

**2.122** Although new prisoners were provided with credit to buy a reception pack (a grocery pack which usually contains basic food and drink items such as tea, milk, sugar and sweets), they could not make a full shop order until the Saturday after arrival; if they did not have their own money, they had to wait a further week for prison pay, to enable them to make purchases. This could mean a wait of up to 20 days for a shop order delivery, making them vulnerable to debt.

**2.123** The list of goods available was regularly updated, in consultation with prisoner representatives.

**2.124** Goods could be ordered from a wide range of catalogues, for which the prison did not make any administration charges.

## Recommendation

**2.125 Newly arrived prisoners who are waiting for a shop order should be able to purchase enough goods to avoid debt to other prisoners.**





## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

**All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.<sup>6</sup>**

**3.1** *There was insufficient time out of cell for many prisoners, and exercise periods were unpredictable in length and sometimes too short.*

**3.2** There was insufficient time out of cell for many prisoners, mainly due to the sharp reduction in staff numbers. Prisoners who were employed were normally unlocked for about six hours on weekdays, but those who were unemployed often had no more than an hour out of their cell during the day (see main recommendation S53). In our roll checks during the main work periods, an average of 31% of prisoners were locked in their cells. On Trinity unit (the category C resettlement unit), 13% were locked up.

**3.3** In our survey, only 18% of respondents, against the 43% comparator, said that they had association more than five times a week. A restricted regime, which varied from wing to wing, had been put in place as a result of staff shortages but additional ad hoc changes were introduced daily. The main association period took place either in the morning or afternoon for most prisoners, and varied between 45 minutes to an hour and a half, which meant that there was little predictability in unlock times and prisoners did not know from day to day how much time they would have for activities such as showering, calling their family or making applications. There was no evening association, except informally for some who were employed full time (see main recommendation S53).

**3.4** On Sundays, there was no association and prisoners were only allowed out of their cells for an exercise period and optional attendance at corporate worship (see main recommendation S53).

**3.5** Exercise periods were unpredictable in length, and we observed one 15-minute period of exercise. The environment for those on exercise was reasonable, with exercise equipment on the outside yards.

### Recommendation

**3.6 All prisoners should be able to receive at least one hour's outside exercise every day.**

<sup>6</sup> Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

## 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.**

**3.7** *The leadership and management of learning and skills were weak. There were too few activity places, attendance was poor and a third of the population was unemployed. Some teaching and learning sessions were good but too many required improvement. There were some good vocational training and workshop resources available. Too few prisoners completed their courses, although those who did mostly achieved well. Access to the library was poor due to staff shortages.*

**3.8** *Ofsted<sup>7</sup> made the following assessments about the learning and skills and work provision:*

<i>Overall effectiveness of learning and skills and work:</i>	<i>Inadequate</i>
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>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>Inadequate</i>

### Management of learning and skills and work

**3.9** At the time of the inspection, the newly contracted learning provider, The Manchester College, had been in place for only about a month, having taken over from A4e. The Manchester College's management team quickly acknowledged weaknesses in the management of learning and skills and had begun to take steps to reverse the decline in the quality of provision. However, it was too soon to judge the effectiveness of these steps.

**3.10** The effectiveness of leadership and management, as well as the quality of provision, had declined considerably. Severe staff shortages across the prison resulted in too many men being unable to attend scheduled purposeful activities, or attend them on time, because there were too few staff to escort them to learning and skills and work activities (see sections on provision of activities, and educational and vocational achievements and main recommendation S54).

**3.11** Quality assurance procedures, such as self-assessment, the observation of teaching and learning, and the effective use of data to support improvements, were weak. Although key stakeholders were appropriately involved in contributing to self-assessment judgements, the self-assessment report failed to give sufficient weighting to deficiencies in leadership and management and to the poor achievement data in English and mathematics. The observation of teaching and learning procedure generally resulted in accurate assessments. Although this had had some success in helping teachers to improve their practice, too many lessons were

<sup>7</sup> Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

still not good enough. Arrangements for supporting tutors through continuous professional development activities were weak.

- 3.12** Partnership working was weak and required further development, as acknowledged in the self-assessment report. Although the previous learning provider had established some links with local employers, there was little analysis of labour market intelligence to match the provision offered by the prison to support employer needs.
- 3.13** Prisoners' learning and skills needs were established through initial assessment carried out during induction, as well as through interviews with the National Careers Service. However, the allocation process was not always effective in ensuring that men were assigned to activity that was appropriate to their needs or to their remaining length of stay.

## Recommendation

- 3.14** **The learning provider should implement an effective strategy for the continuing professional development of teaching staff, including through its observation of teaching and learning procedure.**

## Provision of activities

- 3.15** There were insufficient activity places for the population, and a third of all prisoners were unemployed. Even available activity places were not used effectively or efficiently. As a consequence of the prison's restricted regime and insufficient uniformed staff to escort prisoners regularly to activity session, many classes were poorly attended or cancelled, and we found, on average, only a third of prisoners engaged in purposeful activity at any one time. Most prisoners participating in purposeful activities attended part time, which was appropriate for many. However, the prison had not provided extra activity places for the additional 350 category C prisoner places taken on in 2014. Category C prisoners, many of whom were housed on Trinity unit, were nearing the end of their sentence, and not prepared sufficiently for employment or further education and training. They had few opportunities to study vocational qualifications above level 2 to help to improve their employability. Only half of them were engaged in full-time purposeful activity (see main recommendation S54).
- 3.16** The range of education classes and opportunities for work was appropriate and met prisoners' needs. The prison radio (Radio Wanno), barbering and the motorcycle workshops provided particularly good opportunities in vocational training. The number of men studying with the Open University was relatively low, given the size of the prison's population. Pay rates were equitable.

## Quality of provision

- 3.17** Teaching, learning and assessment in education classes were too variable and required improvement. Education tutors established good relationships with learners, who were encouraged to participate actively in lessons. However, only a small minority of tutors used information learning technology well to enhance learning.
- 3.18** The quality of teaching, coaching and learning in the vocational workshops was generally good. Tutors were well qualified and experienced, with an enthusiasm for their work which inspired learners. Staff and learners worked well together in an ethos of mutual respect.

Learners of different abilities received appropriate challenge and work was generally of a high standard.

- 3.19** Individual learning plans were insufficiently personalised and short-term target setting was weak in vocational training and education classes. The quality of individual learning plans was variable and most did not help learners to plan and aspire to achieve short-term personal goals.
- 3.20** In too many classroom-based lessons, tutors did not use initial assessment information to identify clearly the skills that learners needed to develop, which meant that too many lessons failed to meet the needs of all learners. Although they were able to complete activities during lessons with the tutor's guidance, learners did not develop sufficient awareness of the skills they needed to learn or of the progress they were making.
- 3.21** Education tutors did not provide clear and constructive written or verbal feedback to learners on completed work and did not always correct inaccuracies in spelling and grammar. In vocational training, learners received good verbal feedback but tutors did not record learners' achievement and progress well.
- 3.22** Learners' development of English and mathematics skills was weak in education classes, but better in workshop training. Tutors did not integrate English and mathematics skills sufficiently with vocational training to make it more clearly relevant to learners. The learning provider offered a satisfactory range of English for speakers of other languages (ESOL) classes to meet the needs of the 38% of prisoners for whom English was a second language. However, too many men withdrew from their ESOL course without completing it, although achievement was high for those who did.
- 3.23** Tutors had a strong focus on relating the subjects they were teaching to prisoners' possible future jobs and career aspirations. This helped to motivate most prisoners to learn, as they understood the benefits of the skills they were gaining. For example, in functional English, learners created covering letter templates to support CVs and job applications.
- 3.24** Arrangements to support learners who needed extra help were good and provided effectively by additional learning support tutors in classes. However, there was no allocation of peer mentors in lessons and a few learners with clearly identified needs received insufficient support to help them achieve.
- 3.25** The accommodation for classroom-based lessons was good. Many classrooms had vibrant displays of learners' work, celebrating achievements and providing information on careers and further training courses. Vocational workshop resources were good, and excellent in the motorcycle workshop and the prison radio station.
- 3.26** There was a calm atmosphere in most classes and in vocational training, and prisoners felt safe there. Tutors did not sufficiently promote equality and diversity in education or vocational training.

## Recommendations

- 3.27 Tutors should make better use of the results of initial assessment to plan learning, and should record learners' targets, achievements and progress accurately on individual learning plans.**

- 3.28 An effective strategy for the promotion of English, mathematics, and equality and diversity in learning sessions and in vocational training should be developed and implemented.**
- 3.29 Learners with identified learning needs should be provided with adequate support.**

### Housekeeping point

- 3.30** Education tutors should provide clear feedback and advice to learners to help them improve their work.

### Education and vocational achievements

- 3.31** Prisoners' achievements in vocational training courses were often good, but they were low in English at levels 1 and 2. Too many prisoners failed to complete their course but those who did were generally successful in achieving the qualification. Few differences existed between different groups of prisoners.
- 3.32** Attendance was inconsistent, with no discernible patterns. While it was good in some classes, too many learners failed to attend scheduled sessions. Punctuality was poor, especially in the afternoon sessions. In most of these sessions, classes and workshop activities routinely began up to an hour late because of uniformed staff shortages (see main recommendation S53).
- 3.33** Prisoners developed good personal and vocational skills, especially in radio production and in motorcycle repair. The standard of learners' work in the classroom was satisfactory but particularly good in vocational training. Behaviour during activities was good.

### Recommendation

- 3.34 The reasons for the poor outcomes for learners in English at levels 1 and 2 should be identified and swift corrective actions taken.**

### Library

- 3.35** The library service, provided by a contractor of the local authority, was welcoming and run effectively. It offered a wide range of fiction and non-fiction books, including easy readers and foreign language materials. There was a good supply of textbooks to support the vocational training courses provided by the prison, as well as Prison Service Instructions and legal texts. Three standalone computers were available for private study and research in the main library. A second library, on Trinity unit, was under development and prisoners on that unit had open access to the main library. Library staff made regular visits to the wings to provide books and resources to older prisoners and to men with disabilities.
- 3.36** Library accommodation was appropriate and published opening hours were satisfactory, with prisoners scheduled to visit once a week. However, restrictions on prisoner movements due to staff shortages meant that few were able to attend at their allocated time. In our survey, only 18% of prisoners said that they went to the library at least once a week. Library staff did not use the available data on the volume and category of prisoners using the library to promote effectively the use of library facilities to those who did not attend regularly.

- 3.37** Library staff actively promoted literacy, through the Toe by Toe programme (a mentoring scheme to help prisoners learn to read), and reading, through reading clubs and by arranging visits from published authors; they also ran creative writing groups in conjunction with the prison's learning provider, although not enough men attended these activities. Three orderlies provided good support but were not provided with training leading to an accredited qualification. The library also provided Storybook Dads (in which prisoners record stories for their children) and a volunteer reading group.

## Recommendations

- 3.38** Prisoners should be able to attend scheduled library sessions.
- 3.39** The prison should use the available data on the volume and category of prisoners borrowing books and other resources better, to promote the benefits to all prisoners of using library services.
- 3.40** Library assistants should be provided with accredited training which leads to a qualification. (Repeated recommendation 3.31)

## 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** *PE staff were well qualified and enthusiastic but they struggled to maintain an effective service because of severe staff shortages. The range of gym activities and the number of sessions offered had declined considerably. No accredited courses were offered. Gym induction was effective and the range of resources was good. PE sessions for men with a history of substance misuse were also good.*

- 3.42** PE instructors were well qualified, enthusiastic and committed to managing the available resources to meet the needs of the establishment. However, at the time of inspection there were only five in post, out of a total complement of 10. Owing to staff shortages across the prison, even the five instructors in post were frequently redeployed to other duties, resulting in frequent cancellations of gym activities at very short notice. The effect of these cancellations on prisoners was often demoralising. The prison had closed one of its four gyms and implemented an emergency timetable for the other three, to ensure that men had equitable access, although prisoners complained that access was still generally poor. In our survey, only 3% of prisoners said that they attended the gym three or more times per week – much less than the 26% comparator.
- 3.43** An adequate range of recreational PE was provided, including team sports and circuit training. The PE provision for prisoners with a history of substance misuse was particularly good. The outside sports field was used occasionally, when staffing levels allowed. Instructors offered a session for older prisoners, as well as accepting referrals from the health centre. Induction to PE was thorough and included good promotion of healthy living. Prisoner orderlies provided good support for their peers.

- 3.44** At the time of the inspection, the gym was not running any vocational PE courses and only one had been delivered in the previous year. The success rate for that course had been high.
- 3.45** The gym and sports hall were well equipped, although the latter had become cramped following the relocation of equipment from the closed gym.
- 3.46** Shower facilities were adequate, and modesty screens had been fitted since the previous inspection. Prisoners who chose to attend the early morning gym session on the drug recovery unit were only able to take a shower back on their unit during the next social and domestic period, which could be many hours later.

### Recommendations

- 3.47** The prison should ensure that there are sufficient gym staff to provide the range of health and fitness programmes that prisoners need.
- 3.48** Prisoners should have the opportunity to gain gym and sports qualifications.





## 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 strategy reflected the establishment's transition to a resettlement prison and some aspects could not yet be planned for. Overall monitoring and management arrangements were reasonable.*

**4.2** There was an up-to-date reducing reoffending strategy which reflected the transition to new national arrangements for rehabilitation. It included clear detail about developing employability but the provision of other services under new rehabilitation arrangements had not been finalised, so the strategy could not specify how these would be developed.

**4.3** A start had been made in preparing for the transition, and some staff from the Community Rehabilitation Company (CRC; see section on reintegration planning) were in post, but preparations were at a very early stage. They had only just been provided with adequate computing support, and the teams that would provide resettlement services in the prison had not been appointed, so it was doubtful if a full service would be in place for the planned start date in May 2015 (see section on reintegration planning).

**4.4** A prisoner survey in 2014 had identified the resettlement needs of the population, and a resettlement action plan had listed some specific actions that needed to be addressed, including by the new providers.

**4.5** In spite of this uncertainty, the overall management of resettlement was being maintained as far as possible through a monthly reducing reoffending meeting, attended by appropriate providers.

**4.6** The range of temporary release opportunities that had previously been available was no longer in place but, with the establishment of the category C unit, they were being revived and two applications were being processed at the time of the inspection.

#### Recommendation

**4.7** **The reducing reoffending strategy should be updated, in consultation with the Community Rehabilitation Company, to ensure that the resettlement needs of the population have been identified, that a suitable range of services are provided and that provision is closely monitored.**

## Offender management and planning

### Expected outcomes:

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

- 4.8** *Offender management did not function adequately, with many prisoners not allocated to an offender supervisor, a backlog of offender assessment system (OASys) assessments, deficiencies in the quality of assessment and planning, poor delivery of home detention curfew assessments and failure to categorise or review too many prisoners. The management of indeterminate-sentenced prisoners was mostly good. Public protection processes for prisoners due for release were good but there was a concerning lack of assurance that the required monitoring was being carried out.*
- 4.9** The overall quality of offender management had deteriorated and was disjointed, with many aspects in disarray. Staff shortages and reorganisation had resulted in a situation where some critical tasks were not being completed.
- 4.10** The offender management strategy, although overdue for review, described comprehensively the processes and actions required for effective offender management, and the roles of staff. However, the offender management unit (OMU) was not resourced to put into practice the aspirations of this strategy, having only half the number of allocated offender supervisors in post, many of whom were regularly redeployed to other duties.
- 4.11** The demand for offender management was high, with 930 sentenced and recalled prisoners at the time of the inspection. The population of the prison had also grown since the previous inspection, with a new category C unit holding up to 360 sentenced prisoners, creating further demands on the OMU.
- 4.12** There was a separate probation department, which was not co-located with the rest of the OMU and operated almost as a separate department. It was responsible for prisoners serving life sentences and indeterminate sentences for public protection (IPP), and some high-risk prisoners. Contact with these prisoners was regular and we noted some good practice, including some one-to-one 'Steps for Change' work. Contact logs were kept separate from P-Nomis (electronic case notes), which was not used by any offender supervisors to record prisoner contact. This compromised the exchange of information between OMU and other staff.
- 4.13** In our survey, only 33% of sentenced prisoners said that they had a sentence plan, which was far worse than at the time of the previous inspection (44%), and only 18% that they had a named offender supervisor, compared with 31% at other local prisons and 27% at the time of the previous inspection.
- 4.14** A rational decision had been made to prioritise the allocation of cases by risk, and a triage system involving the OMU custody manager and the senior probation officer decided which cases were allocated. At the time of the inspection, there were 297 low- and medium-risk cases unallocated, in addition to 242 prisoners with no offender assessment system (OASys) assessment at all and another 75 whose assessment was due for review. This was a striking deterioration in the situation since the previous inspection, when there had been a backlog of fewer than 100.

- 4.15** The quality of many of the OASys assessments was not good enough. The analysis of risk of serious harm in many, including for some high-risk prisoners, was inadequate, as were most risk management plans. Too many did not contain sentence plans and most plans were not closely linked to key factors associated with the likelihood of reoffending and risk of harm.
- 4.16** There were a number of prolific or priority offenders and those subject to integrated offender management at the establishment but the arrangements previously in place for managing them and for liaising with community-based partners had largely fallen into disuse. Staff said that this was because of a lack of available resources.
- 4.17** The management of home detention curfew (HDC) was poor. Although there was a process for issuing applications to eligible prisoners, it was not implemented in a timely manner and many prisoners told us of their frustration about delays. In the previous six months, there had been only 18 successful applications for HDC but OMU staff were unable to determine the size of the backlog or how many prisoners' applications were delayed beyond their eligibility date.

## Recommendations

- 4.18** Probation case notes should be linked to P-Nomis, so that information is shared adequately with other departments in the prison.
- 4.19** The backlog of offender assessment system (OASys) assessments should be cleared, including those completed by external offender managers. (Repeated recommendation 4.12)
- 4.20** The quality of OASys assessments and sentence plans should be of an adequate standard.
- 4.21** Integrated offender management prisoners and prolific or priority offenders should be managed effectively, in partnership with community-based agencies.
- 4.22** All prisoners eligible for home detention curfew should be assessed before their eligibility date.

## Public protection

- 4.23** The previous dedicated public protection unit had been disbanded in preparation for reorganisation of the OMU into 'pods', although the public protection clerk remained, and now oversaw the robust arrangements for identifying prisoners who presented a high risk of harm. However, prisoners were not reliably informed about the restrictions placed on them or given the opportunity to apply for contact. We found cases where telephone and mail monitoring which had been identified as required was not being carried out. There was no longer a designated member of staff allocated to this function and there was confusion in the OMU about where the responsibility lay.
- 4.24** The interdepartmental risk management meeting was held monthly, attended by staff from internal agencies. However, minutes suggested a poor attendance by security staff, with only one of the last four meetings having a security representative present. There was evidence that OMU staff had identified and prioritised prisoners due for release who posed a risk of harm and that these cases had been dealt with appropriately. Contact was made with appropriate external organisations and multi-agency public protection arrangements (MAPPAs) management levels were confirmed.

## Recommendation

- 4.25** There should be robust systems, involving the offender management unit and security department, to ensure that high-risk prisoners' communications are monitored.

## Categorisation

- 4.26** The dedicated offender categorisation and assessment unit that had previously been part of the OMU had been disbanded. Until shortly before the inspection, there had been no system for ensuring that initial categorisation was completed, although a process had been introduced recently. There was no monitoring of the numbers of prisoners who had not received an initial categorisation. Out of 847 adult sentenced prisoners who should have had a security category set, the prison only reported a security category for 531 (see main recommendation S55).
- 4.27** There was no reliable process for identifying prisoners whose initial categorisation was due for review and recategorisation was only carried out in response to an application from a prisoner. Many prisoners complained to us that they had not been able to progress in their sentence because of the failure of the prison to provide an up-to-date categorisation for them (see main recommendation S55).
- 4.28** With the backlog of OASys assessments and unallocated cases, most transfers to training establishments were not based on a plan for prisoners' progression.

## Indeterminate sentence prisoners

- 4.29** The population of indeterminate-sentenced prisoners had decreased, with 35 life-sentenced and 19 IPP prisoners. They were mostly managed by the probation department and regular contact was maintained with them.
- 4.30** Indeterminate-sentenced prisoners were moved on appropriately after sentence, and those who had remained at the prison for some time were being held for appropriate reasons, usually related to parole assessments. The prison was actively working with some difficult-to-move prisoners, to facilitate progression.
- 4.31** Prisoners remanded for offences likely to attract an indeterminate sentence were not contacted to prepare them for sentencing, although those who were newly sentenced were contacted promptly.

## Recommendation

- 4.32** Remanded prisoners likely to receive an indeterminate sentence if convicted should be contacted before sentence, to explain to them the implications of this sentence and to deal with any concerns they might have.

## Reintegration planning

### Expected outcomes:

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

**4.33** *Resettlement needs were not assessed or met reliably. New arrangements were planned but did not seem likely to be in place for the intended start date. Arrangements on the day of release were appropriate. Good accommodation services were provided but many homeless prisoners were released to temporary accommodation. Several agencies supported prisoners with their plans for employment, training or education on release but their work was not well coordinated and contacts with potential employers were inadequate. Substance misuse resettlement services were good, with comprehensive community links. Although some financial education was provided and bank accounts could be opened, there was no debt advice available. The visits booking system was in disarray and visitors struggled to book visits, despite adequate capacity. Good family days were provided but demand outstripped supply. There were not enough parenting and family relationship courses but some good family support work was available. The prison had assessed the need for offending behaviour interventions, and the range provided was suitable.*

**4.34** The demand for resettlement support was high, with an average of 140 releases every month. Assessment of resettlement needs had changed since the previous inspection, in preparation for the adoption of a new rehabilitation model. The basic custody screening tool for new prisoners had been introduced a month before the inspection but it had been completed in only around 65% of cases. There was some evidence of referrals being made to resettlement services as a result of this screening but with the imminent introduction of new resettlement arrangements and the CRC, resettlement provision was in a state of flux leaving some prisoners resettlement needs unmet.

**4.35** From May 2015 a consortium known as MTC Novo, was due to deliver the full range of resettlement services. Employees of Penrose Associates and The Manchester College, two members of the consortium, were in post but the teams who would provide resettlement services had not been appointed, it was not clear how referrals for services would be made and resettlement plans were not always implemented. At the time of the inspection, some legacy providers were in place, but after May 2015 their future was uncertain and there was no clear relationship between them and the CRC consortium.

**4.36** There was no pre-release assessment in time to meet the needs of prisoners being released. Arrangements on the day of release were reasonable. Each prisoner being released had an interview with the senior reception officer, who provided travel tickets and explained licence requirements and legal restrictions. Prisoners were offered adequate bags and clothing if they required them, although the stock of suitable clothing was limited. A list of telephone numbers of useful support organisations was provided.

### Recommendation

**4.37** **The resettlement needs of all prisoners should be assessed on arrival, with referrals made to appropriate helping services so that their needs are met in good time to resolve problems before release.**

## Housekeeping point

- 4.38** An adequate stock of discharge clothing to meet the needs of released prisoners should be available.

## Accommodation

- 4.39** There was a wide range of accommodation services, run by St Giles Trust. The service focused on preserving tenancies for remand prisoners and those on short sentences, as it was becoming increasingly difficult to secure accommodation from local authorities and the private rental sector for prisoners on release. The Trust had engaged in some complex casework, including a recent successful challenge to an unlawful eviction.
- 4.40** While the number of prisoners being released without accommodation was relatively low, many were housed in temporary accommodation. The Trust provided a good ‘through-the-gate’ service, under which an employee assisted vulnerable prisoners for three to six months after release.
- 4.41** St Giles Trust’s work in the prison was assisted by its own team of prisoner representatives. The team was well supported by a training officer supplied by the Trust, and prisoners gained useful advice qualifications to Qualifications and Credit Framework level 3.

## Education, training and employment

- 4.42** The prison’s careers service provider, Prospects, identified prisoners’ needs appropriately through assessment and interviews on their arrival at the prison, and provided adequate advice and guidance to them before release. Careers advisers were effective in giving one-to-one support to prisoners to help them with tasks such as writing their CV. However, coordination between Prospects and the OMU was weak and skills action plans and the process of allocating prisoners to activities were not documented or formally linked to sentence plans.
- 4.43** The prison relied on several agencies to support prisoners with their plans for employment, training or education on release. However, the contributions of these different agencies were not sufficiently well coordinated or clearly defined. Assessments and information gathering on prisoners was sometimes duplicated and there was no clear structure for communication or decision making about a prisoner’s pathway towards release.
- 4.44** The prison had established good links with local colleges and with the local authority to help prisoners who had completed the multi-skills course to progress into further education or training. Prison staff had also made links with colleges to promote further education or training for those who had completed the prison’s courses in barbering or motorcycle maintenance. However, links with employers were not yet effective in securing opportunities for prisoners to gain vocational and employability skills.
- 4.45** The prison offered an employability pre-release course through The Manchester College and a private company, Working Links, provided additional one-to-one employment support services for those prisoners who requested it. Learners on employability courses used the virtual campus (internet access for prisoners to community education, training and employment opportunities) to develop their CVs, but too often the technology was unreliable and learners became frustrated and often gave up.

- 4.46** The prison did not have accurate data on the proportion of prisoners who progressed into sustained employment or further education and training on release.

## Recommendations

- 4.47** Learning and skills assessments should be reflected in sentence plans.
- 4.48** Links with employers should be improved to provide further opportunities for prisoners to gain vocational and employability skills to support their progression into employment on release. (Repeated recommendation 4.30)
- 4.49** Data on the proportion of prisoners who progress into sustained employment or further education and training on release should be collated.

## Health care

- 4.50** Prisoners being discharged were seen by a nurse in reception; those on prescribed medications were provided with up to seven days' supply. There were no arrangements for appropriate medicines for foreign nationals being deported directly to their country of origin.
- 4.51** Prisoners with continuing mental health issues had good contact with community mental health teams; a new initiative (the 'critical time intervention') provided a specialist discharge service that supported a small number of local men before and up to six to eight weeks after release.

## Recommendation

- 4.52** Foreign national prisoners being deported directly back to their country of origin should receive relevant medication. (Repeat recommendation 4.32)

## Drugs and alcohol

- 4.53** The Rehabilitation of Addicted Prisoners trust (RAPt) had developed good through-the-gate provision. The family worker and the complex needs worker linked in with community resources to ensure appropriate support for prisoners with substance misuse issues on release, and a transitional worker from the community visited regularly to assist in release planning. Monthly continuity of care meetings were attended by representatives from local drug intervention programme teams, and all prisoners were provided with harm reduction information and advice at the assessment stage.

## Finance, benefit and debt

- 4.54** In our survey, only 18% of prisoners knew of someone in the prison who could help them with benefits and 9% with finance advice, against the 38% and 23% comparators, respectively. The chaplaincy provided a comprehensive money management course, and self-help debt packs were available. However, these were no substitute for a comprehensive debt advice service, which had been discontinued some years previously, despite high demand for such provision.

- 4.55** We were not assured that finance and benefits provision was well promoted. Although Working Links assisted prisoners who wished to open a bank account, relatively few used this service. Jobcentre Plus contacted all prisoners before release to see if they required benefits advice; however, they were unclear on arrangements to ensure that new prisoners who required advice were referred to them. Neither service contributed to the induction process.

## Recommendation

- 4.56 Prisoners should be able to obtain advice and assistance about debt problems.**

## Children, families and contact with the outside world

- 4.57** While our survey suggested that over 700 prisoners had children under the age of 18, only 23% of respondents said that they received help from staff to maintain contact with family and friends, compared with 31% in similar prisons and 39% at the time of the previous inspection.
- 4.58** The visits booking system was in disarray, and prisoners and visitors said that they had considerable difficulty in booking visits. There was a backlog of over 1,000 emails to the visits bookings team and yet there were still vacancies for visits during the inspection and for the following weekend.
- 4.59** Otherwise, visits were generally well organised and usually started on time. Facilities in the visits hall were adequate. There was a well-equipped children's play area, but this was only staffed by a play worker for about half of weekday visits.
- 4.60** Spurgeons, which ran the visitors centre, conducted regular visitor surveys. They employed two full-time-equivalent family support staff who worked with prisoners' families. In addition, the Prison Advice and Care Trust (PACT) provided a family engagement worker who worked with prisoners. There was evidence of some good family casework with prisoners and we were told that the prison was supportive of this work.
- 4.61** The prison had run five family days in 2014, comprising an extended visit in less formal circumstances for about 25 prisoners and their families, but demand for such visits outstripped supply. There were a few family relationship and parenting courses, but provision did not meet need. The prison also ran regular events, such as course graduations, to which family members were invited.

## Recommendations

- 4.62 Prisoners and the families should have access to a prompt and efficient system for booking visits.**
- 4.63 The prison should run a sufficient number of family days and courses to meet need.**



## Attitudes, thinking and behaviour

- 4.64** An appropriate range of offending behaviour programmes was provided. The prison had used 'segmentation' data about the offending of their population to identify suitable programmes. In addition to the substance misuse programme and support (see section on substance misuse), the thinking skills programme provided 63 places a year and the prison had applied to introduce the Resolve programme, which addressed domestic violence issues.
- 4.65** In preparation for the prison's role as a resettlement prison, the Trailblazers programme had been established. It provided mentoring through trained volunteers for 18–25-year-olds in the prison and on release.
- 4.66** The Sycamore Tree victim awareness programme was provided by the chaplaincy.



## 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 Incidents of violence and self-harm should be recorded and analysed, and action taken to make the prison safer. Victims of violence and prisoners at risk of self-harm should be identified, monitored and supported effectively. (S51)
- 5.2 The needs of prisoners with protected characteristics should be identified and met promptly through individual assessment, regular and direct consultation with minority groups, and effective care planning and monitoring. (S52)
- 5.3 Staff shortages should be addressed as a matter of urgency, the amount of time unlocked should be increased and prisoners should have daily access to association provided at publicised scheduled times. (S53)
- 5.4 There should be enough activity places to provide sufficient educational, vocational and work places for the population. Participation, attendance and punctuality in all activities should be increased to ensure that working time is fully productive. (S54)
- 5.5 The backlog of initial categorisations should be addressed, and all pending recategorisation reviews should be completed and prisoners informed of the outcome. (S55, (revised recommendation S42)

### Recommendation

To the Home office

- 5.6 Immigration detainees should not be held in prisons, other than in exceptional circumstances, following a risk assessment. (2.38)

### Recommendation

To NOMS

- 5.7 Equality monitoring data should cover the treatment of foreign national prisoners. (2.39)

### Recommendations

To the governor

#### Courts, escort and transfers

- 5.8 Prisoners' property should accompany them in transit. (1.6)

### Early days in custody

- 5.9** Prisoners should be able to check and select property to be held in possession and be able to retrieve telephone numbers, if required, on the day of arrival. (1.15)
- 5.10** Night staff should be aware of the location of newly arrived prisoners, introduce themselves and ensure that they are aware of any specific needs that these prisoners may have. (1.16)
- 5.11** The second-day cell sharing risk assessment screening should be completed wherever necessary. (1.17)
- 5.12** The induction process should be updated, and all prisoners requiring it should attend and complete it. (1.18)

### Bullying and violence reduction

- 5.13** There should be a robust risk assessment to inform the location of vulnerable young prisoners. (1.26)

### Self-harm and suicide

- 5.14** All recommendations from Prisons and Probation Ombudsman death in custody reports should be implemented and monitored to ensure consistency and continuity of practice. (1.34)
- 5.15** The quality of assessment, care in custody and teamwork (ACCT) procedures should be monitored and remedial action taken wherever necessary. (1.35)
- 5.16** The Listener rota should provide adequate cover across the prison at all times. (1.36)
- 5.17** Listener suites should be prepared and maintained ready for use at all times. (1.37)

### Safeguarding

- 5.18** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.40, repeated recommendation 1.38)

### Security

- 5.19** Prisoners should only be strip-searched on the basis of intelligence or specific suspicion. (1.45, repeated recommendation 1.44)
- 5.20** The mandatory drug testing programme should be sufficiently resourced to undertake suspicion testing within the required time. (1.46, repeated recommendation 1.45)

### Incentives and earned privileges

- 5.21** Prisoners on the basic level of the incentives and earned privileges scheme should have daily unlock periods and be able to take a shower every day. (1.51)

## Discipline

- 5.22** The quality of adjudications should be improved, and this should be reflected in adjudication records, and adjudications should be subject to formal quality assurance. (1.55)
- 5.23** The adjudication standardisation meeting should be held more regularly, analyse data to identify trends and patterns, and take action to address identified shortfalls. (1.56)
- 5.24** Governance of the use of force, particularly the completion of documentation, use of special accommodation and use of batons, should be improved. (1.62)
- 5.25** The use of segregation should be monitored and segregation should only be used when warranted. (1.68)
- 5.26** The regime and environment on the segregation unit should be improved. (1.69)
- 5.27** Segregation review documentation should be completed thoroughly and include meaningful targets. (1.70)

## Substance misuse

- 5.28** All new arrivals who require substance misuse support should have five days' stabilisation and monitoring in an appropriate environment. (1.79, repeated recommendation 1.74)
- 5.29** Medication administration procedures should be reviewed to ensure prisoner safety and to minimise the risk of diversion of medication. (1.80, repeated recommendation 1.75)
- 5.30** Substance misuse support services and programmes should be reviewed to ensure that they meet the needs of all prisoners with drug and/or alcohol problems, including remand prisoners and those serving short sentences. (1.81)
- 5.31** Clinical and psychosocial substance misuse services should provide fully integrated care, and a dual diagnosis service and pathway should be developed for prisoners experiencing both mental health and substance-related problems. (1.82)

## Residential units

- 5.32** All prisoners should be able to have a shower every day in clean and well maintained facilities with adequate privacy. (2.8, repeated recommendation 2.11)
- 5.33** Cells designed to hold one prisoner should not be used to hold two. (2.9, repeated recommendation 2.9)
- 5.34** Prisoners' applications should be dealt with reliably and promptly. (2.10)
- 5.35** Incoming mail should be received by prisoners within 24 hours of its arrival at the prison, including registered and recorded mail. (2.11)

## Staff-prisoner relationships

- 5.36** Personal officers should be actively engaged with offender supervisors to support prisoners in achieving sentence planning or resettlement targets where appropriate. (2.16, repeated recommendation 2.20)

### Equality and diversity

- 5.37** The prison should maintain a foreign nation prisoner policy, based on a regular review of the needs of this group. Action plans should ensure that these needs are met. (2.37)
- 5.38** Older prisoners and those with disabilities should, where necessary, have an up-to-date personal evacuation plan, with which all wing staff should be familiar. (2.40)
- 5.39** Sufficient dedicated activities should be provided for older prisoners and those with disabilities, and those who are retired or unfit to work should not be locked in their cell during the core day. (2.41)
- 5.40** The prison should, in consultation with young adults, develop provision for them in line with an analysis of their needs and monitoring data on their treatment. (2.42)

### Faith and religious activity

- 5.41** Prisoners should be able to attend corporate worship. (2.46)

### Complaints

- 5.42** Responses to complaints should answer the issue raised, which should be investigated sufficiently, and quality assurance should lead to further improvement. (2.51)

### Legal rights

- 5.43** Legal service provision, including access to legal visits, should be improved. (2.55)

### Health services

- 5.44** The health promotion initiatives for all health services, including the pharmacy and dentist, should be developed, include the provision of information in foreign languages, and involve development of the roles of health care representatives and/or wing health trainers. (2.65, repeated recommendation 2.67)
- 5.45** All clinical staff should receive regular clinical supervision to ensure safe and consistent practice. (2.66)
- 5.46** All clinical areas should be clean and comply with infection control standards. (2.67, repeated recommendation 2.65)
- 5.47** All officers should know how to access and use emergency equipment in a timely manner. (2.68, repeated recommendation 2.66)
- 5.48** Nurses conducting patient consultations and health assessments should ensure they act professionally and listen attentively to the patient to encourage disclosure of sensitive or worrying issues. Nurses should always dress appropriately for a professional consultation. (2.79)
- 5.49** Waiting times for the optician, podiatrist and smoking cessation clinics should reflect those in the community and be suitably prioritised. (2.80)
- 5.50** The health care application system should be audited to identify and address the reasons for men having difficulty getting appointments and attending appointments. (2.81)

- 5.51** Prisoners should be escorted to external hospital appointments in a timely manner. (2.82, repeated recommendation 2.78)
- 5.52** All medicines, including night-time doses, should be given at the correct prescribed time and the reason for any missed dose recorded, with suitable follow-up by clinical staff. (2.93)
- 5.53** Patients should be provided with a facility to store their medication securely (2.94, repeated recommendation 2.86)
- 5.54** Controlled drug procedures should ensure compliance with the legal requirements and established good practice (2.95, repeated recommendation 2.87)
- 5.55** Therapeutic day care services should be provided for prisoners on the Addison Unit and those with mental health needs and finding it difficult to cope on the residential wings. (2.111)
- 5.56** Transfers under the Mental Health Act should occur expeditiously and within the current Department of Health transfer time guidelines. (2.112)

### Catering

- 5.57** Breakfast should be served in the mornings, rather than being issued in packs the previous night. (2.118, repeated recommendation 2.107)
- 5.58** Prisoners should be unlocked to collect their lunch and lunch should be served between noon and 1.30pm. (2.119)

### Purchases

- 5.59** Newly arrived prisoners who are waiting for a shop order should be able to purchase enough goods to avoid debt to other prisoners. (2.125)

### Time out of cell

- 5.60** All prisoners should be able to receive at least one hour's outside exercise every day. (3.6)

### Learning and skills and work activities

- 5.61** The learning provider should implement an effective strategy for the continuing professional development of teaching staff, including through its observation of teaching and learning procedure. (3.14)
- 5.62** Tutors should make better use of the results of initial assessment to plan learning, and should record learners' targets, achievements and progress accurately on individual learning plans. (3.27)
- 5.63** An effective strategy for the promotion of English, mathematics, and equality and diversity in learning sessions and in vocational training should be developed and implemented. (3.28)
- 5.64** Learners with identified learning needs should be provided with adequate support. (3.29)
- 5.65** The reasons for the poor outcomes for learners in English at levels 1 and 2 should be identified and swift corrective actions taken. (3.34)

- 5.66** Prisoners should be able to attend scheduled library sessions. (3.38)
- 5.67** The prison should use the available data on the volume and category of prisoners borrowing books and other resources better, to promote the benefits to all prisoners of using library services. (3.39)
- 5.68** Library assistants should be provided with accredited training which leads to a qualification. (3.40, repeated recommendation 3.31)

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

- 5.69** The prison should ensure that there are sufficient gym staff to provide the range of health and fitness programmes that prisoners need. (3.47)
- 5.70** Prisoners should have the opportunity to gain gym and sports qualifications. (3.48)

#### **Strategic management of resettlement**

- 5.71** The reducing reoffending strategy should be updated, in consultation with the Community Rehabilitation Company, to ensure that the resettlement needs of the population have been identified, that a suitable range of services are provided and that provision is closely monitored. (4.7)

#### **Offender management and planning**

- 5.72** Probation case notes should be linked to P-Nomis, so that information is shared adequately with other departments in the prison. (4.18)
- 5.73** The backlog of offender assessment system (OASys) assessments should be cleared, including those completed by external offender managers. (4.19, repeated recommendation 4.12)
- 5.74** The quality of OASys assessments and sentence plans should be of an adequate standard. (4.20)
- 5.75** Integrated offender management prisoners and prolific or priority offenders should be managed effectively, in partnership with community-based agencies. (4.21)
- 5.76** All prisoners eligible for home detention curfew should be assessed before their eligibility date. (4.22)
- 5.77** There should be robust systems, involving the offender management unit and security department, to ensure that high-risk prisoners' communications are monitored. (4.25)
- 5.78** Remanded prisoners likely to receive an indeterminate sentence if convicted should be contacted before sentence, to explain to them the implications of this sentence and to deal with any concerns they might have. (4.32)

#### **Reintegration planning**

- 5.79** The resettlement needs of all prisoners should be assessed on arrival, with referrals made to appropriate helping services so that their needs are met in good time to resolve problems before release. (4.37)



- 5.80** Learning and skills assessments should be reflected in sentence plans. (4.47)
- 5.81** Links with employers should be improved to provide further opportunities for prisoners to gain vocational and employability skills to support their progression into employment on release. (4.48, repeated recommendation 4.30)
- 5.82** Data on the proportion of prisoners who progress into sustained employment or further education and training on release should be collated. (4.49)
- 5.83** Foreign national prisoners being deported directly back to their country of origin should receive relevant medication. (4.52, repeat recommendation 4.32)
- 5.84** Prisoners should be able to obtain advice and assistance about debt problems. (4.56)
- 5.85** Prisoners and the families should have access to a prompt and efficient system for booking visits. (4.62)
- 5.86** The prison should run a sufficient number of family days and courses to meet need. (4.63)

## Housekeeping points

### Discipline

- 5.87** Segregation case notes should reflect interactions between staff and prisoners on the unit. (1.71)

### Health services

- 5.88** The health care complaints system should be simplified to ensure that prisoners understand how to use it, and have access to appropriate forms and boxes on all the wings. (2.69)
- 5.89** Loose tablets and strips of medicines should not be retained or stored. (2.96)
- 5.90** Refrigerator temperatures should be checked and recorded regularly and corrective action taken where temperatures are outside the acceptable range, to ensure the safety and integrity of heat-sensitive medicines. (2.97)
- 5.91** The Methasoft system should be properly calibrated, with suitable records maintained. (2.98)
- 5.92** The medicines management committee should approve, ratify and review all new and draft policies, to ensure clear governance of medicines. (2.99)

### Learning and skills and work activities

- 5.93** Education tutors should provide clear feedback and advice to learners to help them improve their work. (3.30)

### Reintegration planning

- 5.94** An adequate stock of discharge clothing to meet the needs of released prisoners should be available. (4.38)

## Example of good practice

### Health services

- 5.95** The comprehensive review of emergency response arrangements for clinical staff, including training status, staff competence and equipment, ensured a coordinated and timely response to health emergencies by clinical staff. (2.70)

## Section 6. Appendices

### Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Alison Perry	Team leader
Andrew Rooke	Inspector
Paul Rowlands	Inspector
Andrew Lund	Inspector
Martin Kettle	Inspector
Deri Hughes-Roberts	Inspector
Alissa Redmond	Researcher
Michelle Bellham	Researcher
Njilan Morris-Jarra	Researcher

#### **Specialist inspectors**

Sigrid Engelen	Substance misuse inspector
Nicola Rabjohns	Health services inspector
Maureen Jamieson	Health services inspector
Simon Denton	Pharmacist
Jai Sharda	Ofsted inspector
Charles Clarke	Ofsted inspector
Steve Hunsley	Ofsted inspector
Ian Simpkins	Offender management inspector
Krystyna Findlay	Offender management inspector
Elizabeth Wands-Murray	CQC
Andrea Crosby-Josephs	CQC



## Appendix II: Progress on recommendations from the last report

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

### Safety

#### **Prisoners, particularly the most vulnerable, are held safely.**

*At the last inspection, in 2013, Wandsworth was a much safer prison than at our previous inspection. There were very good early days' arrangements and the induction process had improved to become a positive experience. Levels of violence, bullying and self-harm had reduced and were low. Security arrangements were broadly proportionate and the use of all disciplinary procedures had reduced. The incentives policy was generally well managed. Access to drugs was a concern but there was a sound drug reduction strategy and psychosocial and clinical interventions were good. Outcomes for prisoners were reasonably good against this healthy prison test*

#### **Recommendations**

Reception should be refurbished to provide an appropriate environment. (1.13)

##### **Achieved**

All new arrivals should be able to make a telephone call and have the opportunity to have a shower. (1.14)

##### **Partially achieved**

The prison should consult prisoners about their safety more regularly and systematically, and should fully explore and address foreign national prisoners' perceptions of their safety. (1.24)

##### **Not achieved**

Victim support should be further developed. (1.25)

##### **Not achieved**

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.38)

##### **Partially achieved** (recommendation repeated, 1.40)

Prisoners should only be strip-searched on the basis of intelligence or specific suspicion. (1.44)

##### **Not achieved** (recommendation repeated, 1.45)

The mandatory drug testing programme should be sufficiently resourced to undertake suspicion testing within the required time. (1.45)

##### **Not achieved** (recommendation repeated, 1.46)

Decisions to demote prisoners to basic should be fully justified and always following investigation. (1.51)

##### **Achieved**

There should be improved oversight on the use of special accommodation, body belt and strip clothing, which should only be used for prisoners at risk of suicide or self-harm in exceptional circumstances. (1.60)

**Not achieved**

All cells in the care and separation unit should be adequately furnished. (1.65)

**Not achieved**

All new arrivals who require substance misuse support should have five days' stabilisation and monitoring in an appropriate environment. (1.74)

**Not achieved** (recommendation repeated, 1.79)

Medication administration procedures should be reviewed to ensure prisoner safety and to minimise the risk of diversion of medication. (1.75)

**Partially achieved** (recommendation repeated, 1.80)

## Respect

**Prisoners are treated with respect for their human dignity.**

*At the last inspection, in 2013, the Victorian residential environment was difficult to maintain and accommodation was worn and overcrowding was still an issue, but most areas were clean and had improved since our last inspection. Interactions between most staff and prisoners had greatly improved. Formal arrangements to promote equality and diversity were well developed but the prison lacked a strategy to manage its substantial foreign national population, and the large number of detainees held in prison was inappropriate. Responses to most complaints were satisfactory, but prisoners had little confidence in the process. Legal services were adequate, and faith provision was good. Overall, the health care provision was good. Most prisoners were complimentary about the food but Muslim and black and minority ethnic prisoners were notably negative. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Main recommendations

Prisoners should be informed of the intention to deport them at least three months before the end of their sentence and progress reports should be provided in prisoners' own language for those who do not have a good understanding of written English. Communication with foreign national prisoners should be improved. (S44)

**Not achieved**

A and D wings should be completely refurbished. (S43)

**Partially achieved**

### Recommendations

Cells designed to hold one prisoner should not be used to hold two. (2.9)

**Not achieved** (recommendation repeated, 2.9)

Damaged wing fabric should be replaced and in-cell toilets appropriately screened. (2.10)

**Partially achieved**

All prisoners should be able to have a shower every day in clean and well maintained facilities with adequate privacy. (2.11)

**Not achieved** (recommendation repeated, 2.8)

Prisoners should be given sufficient time to make daily telephone calls and at times appropriate for those they are calling, from an adequate number of working telephones with suitable privacy. (2.12)  
**Partially achieved**

All legal mail should be opened in accordance with Prison Service policy. (2.13)  
**Not achieved**

Personal officers should be actively engaged with offender supervisors to support prisoners in achieving sentence planning or resettlement targets where appropriate. (2.20)  
**Not achieved** (recommendation repeated, 2.16)

Consultation arrangements with prisoners covered by all protected characteristics should be regular and address the issues raised. (2.26)  
**Not achieved**

All staff should be aware of how to use discrimination incident report forms appropriately, reports should be investigated thoroughly and without delay, and quality control of investigations should include external scrutiny, complainant feedback and monitoring by managers. (2.27)  
**Not achieved**

Immigration detainees should not be held in prison unless there are exceptional reasons to do so following risk assessment. (2.38)  
**Not achieved**

The prison should consult foreign national prisoners to understand and address their negative perceptions. (2.39)  
**Not achieved**

Key staff should undertake language awareness training to improve communication with foreign national prisoners. (2.40)  
**Not achieved**

All prisoners of potential interest to the Home Office should be interviewed within the first week of their arrival at the establishment, to identify their nationality. (2.41)  
**Achieved**

Responses to complaints should be personally addressed and answer the issue raised, which should be investigated sufficiently, and quality assurance should lead to further improvement. (2.50)  
**Partially achieved**

All clinical areas should be clean and comply with infection control standards. (2.65)  
**Partially achieved** (recommendation repeated, 2.64)

All officers should know how to access and use emergency equipment in a timely manner, and should use the designated code system for medical emergencies. (2.66)  
**Partially achieved** (recommendation repeated, 2.65)

The health promotion initiatives for all health services, including the pharmacy and dentist, should be developed, include the provision of information in foreign languages, and involve development of the roles of health care representatives and/or wing health trainers. (2.67)  
**Not achieved** (recommendation repeated, 2.62)

Prisoners should be escorted to external hospital appointments in a timely manner. (2.78)  
**Not achieved** (recommendation repeated, 2.79)

The pharmacy room in the health care department should be refurbished, and waste medicines should be removed speedily. (2.84)

**Achieved**

The medicines allowed in-possession should be reviewed after consultation of the Safer Prescribing in Prisons guidance document. (2.85)

**Not achieved**

Patients should be provided with a facility to store their medication securely. (2.86)

**Not achieved** (recommendation repeated, 2.91)

Controlled drug procedures should ensure compliance with the legal requirements and established good practice. (2.87)

**Not achieved** (recommendation repeated, 2.92)

The reasons for the long waiting list for the dentist should be explored and steps taken to reduce it to an acceptable time frame. (2.95)

**Achieved**

Day care services should be provided for patients having difficulties coping on the wings. (2.100)

**Not achieved**

All inpatient beds should be removed from the prison list of certified normal accommodation. (2.101, repeated recommendation 5.60)

**No longer relevant**

Breakfast should be served in the mornings, rather than being issued in packs the previous night. (2.107)

**Not achieved** (recommendation repeated, 2.114)

Lunch should be served between noon and 1.30pm and dinner between 5pm and 6.30pm. (2.108)

**Partially achieved**

The prison should explore and address the reasons for the negative perceptions of Muslim and black and minority ethnic prisoners about the food. (2.109)

**Partially achieved**

Prisoners should be able to place a full shop order within 24 hours of arrival. (2.113)

**Not achieved**

## Purposeful activity

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

*At the last inspection, in 2013, time out of cell had improved but there was limited association. Management of learning and skills was effective and now more strategic. There were insufficient activity places and too much wing work. Punctuality and attendance required more rigorous management. Labour allocation was fair and the overall quality and range of activities were good. Educational and vocational achievements were good but quality assurance was not used to evaluate and improve the quality of provision. PE and health promotion met the needs of the population well. Outcomes for prisoners were reasonably good against this healthy prison test.*



## Main recommendations

Senior managers should implement swiftly their plans to improve aspects of the prison regime to increase participation, attendance and punctuality in all activities to ensure that working time is fully productive. (S42)

**Not achieved** (recommendation revised, S54)

## Recommendations

All prisoners should receive some association in the evening, and association should not be cancelled. (3.5)

**Not achieved**

All prisoners should be able to have an hour's exercise in the open air every day. (3.6)

**Not achieved**

The prison should make better use of data analysis to evaluate the impact of the provision for all learners. (3.12)

**Achieved**

The prison should ensure that there is enough purposeful activity to occupy all prisoners, and maximise the use of available places. (3.17)

**Not achieved**

The prison should ensure that prisoners are only allocated to work on the wings when there is enough purposeful work to employ them throughout the core day. (3.18)

**Achieved**

Prisoners should not be employed as 'tea orderlies'. (3.19)

**Achieved**

Library assistants should be provided with accredited training which leads to a qualification. (3.31)

**Not achieved** (recommendation repeated, 3.39)

## Resettlement

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

*At the last inspection, in 2013, strategic management of resettlement was appropriate. Offender management work met the needs of most prisoners but we identified shortcomings, particularly for low risk prisoners; these were, however, being addressed. Offender supervisors were working well. Public protection arrangements were good. Categorisation was effective, and temporary release and home detention curfew arrangements had improved. Resettlement pathway support had also improved, and work relating to children and families was now good. Outcomes for prisoners were reasonably good against this healthy prison test.*

## Recommendations

All prisoners in scope for offender management should be allocated an offender supervisor, in line with the minimum national standards. (4.11)

**Achieved**

The backlog of offender assessment system (OASys) assessments should be cleared, including those completed by external offender managers. (4.12)

**Not achieved** (recommendation repeated, 4.19)

The role of the National Careers Service in the prison should be clarified, and the service should be promoted more widely and be better linked to the job club. (4.29)

**No longer relevant**

The prison should increase its links with employers so that it can provide further opportunities for prisoners to gain vocational and employability skills to support their progression into employment on release. (4.30)

**Not achieved** (recommendation repeated, 4.48)

Foreign national prisoners being deported directly back to their country of origin should receive relevant medication. (4.32)

**Not achieved** (recommendation repeated, 4.52)

The prison should deliver a sufficient number of family days to meet demand and all prisoners should be able to apply to attend. (4.44)

**Not achieved**

Closed visits should not be imposed after a positive drug dog indication unless supported by additional intelligence. (4.45)

**Achieved**

There should be a needs analysis to inform provision of offending behaviour programmes. (4.48)

**Achieved**

## Appendix III: Prison population profile

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

Age	Number of prisoners	%
Please state minimum age here:	18	
Under 21 years	70	4.3
21 years to 29 years	539	32.8
30 years to 39 years	525	32.0
40 years to 49 years	309	18.8
50 years to 59 years	145	8.8
60 years to 69 years	45	2.7
70 plus years	8	0.5
Please state maximum age here:	79	
<b>Total</b>	<b>1,641</b>	<b>100</b>

Nationality	18–20-year-olds	21 and over	%
British	39	858	54.7
Foreign nationals	25	587	37.3
Not stated	6	126	8.0
<b>Total</b>	<b>70</b>	<b>1571</b>	<b>100</b>

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	24	394	25.5
Unclassified	34	642	41.2
Category A	0	0	0.0
Category B	1	107	6.6
Category C	0	408	24.9
Category D	0	16	1.0
Other	11	4	0.9
<b>Total</b>	<b>70</b>	<b>1571</b>	<b>100</b>

Ethnicity	18–20-year-olds	21 and over	%
White			
British	13	452	28.3
Irish	1	21	1.3
Gypsy/Irish Traveller	1	0.4	0.3
Other white	17	459	29.0
Mixed			
White and black Caribbean	2	31	2.0
White and black African	1	8	0.5
White and Asian	1	7	0.5
Other mixed	0	23	1.4
Asian or Asian British			
Indian	0	30	1.8
Pakistani	1	29	1.8
Bangladeshi	2	16	1.1
Chinese	0	4	0.2
Other Asian	7	84	5.5

<b>Black or black British</b>			
Caribbean	13	154	10.2
African	4	129	8.1
Other black	4	50	3.3
<b>Other ethnic group</b>			
Arab	0	6	0.4
Other ethnic group	2	22	1.5
Not stated	1	42	2.6
<b>Total</b>	<b>70</b>	<b>1571</b>	<b>100</b>

<b>Religion</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
Baptist	0	3	0.2
Church of England	3	255	15.7
Roman Catholic	20	463	29.4
Other Christian denominations	8	214	13.5
Muslim	31	351	23.3
Sikh	0	13	0.8
Hindu	0	22	1.3
Buddhist	0	24	1.5
Jewish	0	3	0.2
Other	0	8	0.5
No religion	8	200	12.7
<b>Total</b>	<b>70</b>	<b>1571</b>	<b>100</b>

<b>Other demographics</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
Veteran (ex-armed services)			
<b>Total</b>			

### Sentenced prisoners only

<b>Length of stay</b>	<b>18–20-year-olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	2	0.1	112	6.8
1 month to 3 months	14	0.9	253	15.4
3 months to 6 months	6	0.4	195	11.9
6 months to 1 year	3	0.2	185	11.3
1 year to 2 years	0	0.0	127	7.7
2 years to 4 years	0	0.0	19	1.2
4 years or more	0	0.0	6	0.4
<b>Total</b>	<b>25</b>	<b>1.5</b>	<b>897</b>	<b>54.7</b>

### Sentenced prisoners only

	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
Foreign nationals detained post sentence expiry	0	0	0.0
Public protection cases (this does <b>not</b> refer to public protection sentence categories but cases requiring monitoring/restrictions).	12	298	18.9
<b>Total</b>	<b>12</b>	<b>298</b>	<b>18.9</b>

**Unsentenced prisoners only**

<b>Length of stay</b>	<b>18–20-year-olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	13	1.8	226	13.8
1 month to 3 months	13	1.8	215	13.1
3 months to 6 months	14	1.9	139	8.5
6 months to 1 year	4	0.6	74	4.5
1 year to 2 years	1	0.1	18	1.1
2 years to 4 years	0	0.0	2	0.3
4 years or more	0	0.0	0	0.0
<b>Total</b>	<b>45</b>	<b>2.7</b>	<b>674</b>	<b>41.8</b>



## 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 23 February 2015, the prisoner population at HMP Wandsworth was 1,651. Using the method described above, questionnaires were distributed to a sample of 252 prisoners.

We received a total of 194 completed questionnaires, a response rate of 77%. This included two questionnaires completed via interview. Seventeen respondents refused to complete a questionnaire, 32 questionnaires were not returned and nine were returned blank.

Wing/Unit	Number of completed survey returns
A	33
B	31
C	27
D	31
E	16
G	17
H	19

K	18
X (Health care)	1
Segregation	1

### Presentation of survey results and analyses

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

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant<sup>8</sup> differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Wandsworth in 2015 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 33 local prisons since April 2012.
- The current survey responses from HMP Wandsworth in 2015 compared with the responses of prisoners surveyed at HMP Wandsworth in 2013.
- 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 nationals 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.
- A comparison within the 2015 survey between the Trinity unit (G, H and K) and the rest of the establishment.

<sup>8</sup> A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.



## Survey summary

### Section I: About You

<b>Q1.2</b>	<b>How old are you?</b>	
	<i>Under 21</i>	7 (4%)
	<i>21 - 29</i>	62 (32%)
	<i>30 - 39</i>	60 (31%)
	<i>40 - 49</i>	39 (20%)
	<i>50 - 59</i>	15 (8%)
	<i>60 - 69</i>	7 (4%)
	<i>70 and over</i>	3 (2%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	<i>Yes</i>	105 (56%)
	<i>Yes - on recall</i>	15 (8%)
	<i>No - awaiting trial</i>	28 (15%)
	<i>No - awaiting sentence</i>	19 (10%)
	<i>No - awaiting deportation</i>	22 (12%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<i>Not sentenced</i>	69 (38%)
	<i>Less than 6 months</i>	14 (8%)
	<i>6 months to less than 1 year</i>	11 (6%)
	<i>1 year to less than 2 years</i>	17 (9%)
	<i>2 years to less than 4 years</i>	27 (15%)
	<i>4 years to less than 10 years</i>	32 (18%)
	<i>10 years or more</i>	10 (6%)
	<i>IPP (indeterminate sentence for public protection)</i>	0 (0%)
	<i>Life</i>	1 (1%)
<b>Q1.5</b>	<b>Are you a foreign national? (i.e. do not have UK citizenship)</b>	
	<i>Yes</i>	65 (35%)
	<i>No</i>	122 (65%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>	
	<i>Yes</i>	178 (93%)
	<i>No</i>	14 (7%)
<b>Q1.7</b>	<b>Do you understand written English?</b>	
	<i>Yes</i>	173 (91%)
	<i>No</i>	18 (9%)

<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	51 (26%)	<i>Asian or Asian British - Chinese</i> 1 (1%)
	<i>White - Irish</i>	7 (4%)	<i>Asian or Asian British - other</i> 2 (1%)
	<i>White - other</i>	58 (30%)	<i>Mixed race - white and black Caribbean</i> 10 (5%)
	<i>Black or black British - Caribbean</i>	19 (10%)	<i>Mixed race - white and black African</i> 1 (1%)
	<i>Black or black British - African</i>	15 (8%)	<i>Mixed race - white and Asian</i> 2 (1%)
	<i>Black or black British - other</i>	3 (2%)	<i>Mixed race - other</i> 3 (2%)
	<i>Asian or Asian British - Indian</i>	5 (3%)	<i>Arab</i> 7 (4%)
	<i>Asian or Asian British - Pakistani</i>	4 (2%)	<i>Other ethnic group</i> 3 (2%)
	<i>Asian or Asian British - Bangladeshi</i>	2 (1%)	
<b>Q1.9</b>	<b>Do you consider yourself to be Gypsy/ Romany/ Traveller?</b>		
	<i>Yes</i>		13 (7%)
	<i>No</i>		168 (93%)
<b>Q1.10</b>	<b>What is your religion?</b>		
	<i>None</i>	26 (14%)	<i>Hindu</i> 0 (0%)
	<i>Church of England</i>	32 (17%)	<i>Jewish</i> 1 (1%)
	<i>Catholic</i>	60 (32%)	<i>Muslim</i> 42 (22%)
	<i>Protestant</i>	1 (1%)	<i>Sikh</i> 2 (1%)
	<i>Other Christian denomination</i>	23 (12%)	<i>Other</i> 1 (1%)
	<i>Buddhist</i>	2 (1%)	
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>		
	<i>Heterosexual/ Straight</i>		181 (98%)
	<i>Homosexual/Gay</i>		1 (1%)
	<i>Bisexual</i>		3 (2%)
<b>Q1.12</b>	<b>Do you consider yourself to have a disability? (I.e. do you need help with any long term physical, mental or learning needs?)</b>		
	<i>Yes</i>		38 (20%)
	<i>No</i>		154 (80%)
<b>Q1.13</b>	<b>Are you a veteran (ex- armed services)?</b>		
	<i>Yes</i>		11 (6%)
	<i>No</i>		180 (94%)
<b>Q1.14</b>	<b>Is this your first time in prison?</b>		
	<i>Yes</i>		87 (45%)
	<i>No</i>		106 (55%)
<b>Q1.15</b>	<b>Do you have children under the age of 18?</b>		
	<i>Yes</i>		86 (45%)
	<i>No</i>		105 (55%)

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>On your most recent journey here, how long did you spend in the van?</b>	
	<i>Less than 2 hours</i>	116 (60%)
	<i>2 hours or longer</i>	60 (31%)
	<i>Don't remember</i>	16 (8%)

<b>Q2.2</b>	<b>On your most recent journey here, were you offered anything to eat or drink?</b>	
	<i>My journey was less than two hours</i>	116 (61%)
	Yes	26 (14%)
	No	41 (21%)
	Don't remember	8 (4%)
<b>Q2.3</b>	<b>On your most recent journey here, were you offered a toilet break?</b>	
	<i>My journey was less than two hours</i>	116 (60%)
	Yes	10 (5%)
	No	62 (32%)
	Don't remember	5 (3%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>	
	Yes	108 (56%)
	No	70 (36%)
	Don't remember	14 (7%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes	147 (78%)
	No	35 (19%)
	Don't remember	7 (4%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	Very well	29 (15%)
	Well	89 (46%)
	Neither	54 (28%)
	Badly	15 (8%)
	Very badly	4 (2%)
	Don't remember	1 (1%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)</b>	
	Yes, someone told me	104 (54%)
	Yes, I received written information	8 (4%)
	No, I was not told anything	70 (37%)
	Don't remember	10 (5%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes	132 (69%)
	No	48 (25%)
	Don't remember	12 (6%)

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

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	<i>Less than 2 hours</i>	112 (58%)
	<i>2 hours or longer</i>	65 (34%)
	Don't remember	15 (8%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	Yes	132 (70%)
	No	49 (26%)
	Don't remember	7 (4%)

<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>		
	<i>Very well</i>		19 (10%)
	<i>Well</i>		88 (46%)
	<i>Neither</i>		47 (25%)
	<i>Badly</i>		25 (13%)
	<i>Very badly</i>		11 (6%)
	<i>Don't remember</i>		1 (1%)
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>		
	<i>Loss of property</i>	46 (25%)	<i>Physical health</i> 36 (19%)
	<i>Housing problems</i>	60 (32%)	<i>Mental health</i> 32 (17%)
	<i>Contacting employers</i>	18 (10%)	<i>Needing protection from other prisoners</i> 12 (6%)
	<i>Contacting family</i>	81 (43%)	<i>Getting phone numbers</i> 67 (36%)
	<i>Childcare</i>	6 (3%)	<i>Other</i> 17 (9%)
	<i>Money worries</i>	51 (27%)	<i>Did not have any problems</i> 31 (17%)
	<i>Feeling depressed or suicidal</i>	41 (22%)	
<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>		
	<i>Yes</i>		36 (19%)
	<i>No</i>		119 (64%)
	<i>Did not have any problems</i>		31 (17%)
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>		
	<i>Tobacco</i>		146 (76%)
	<i>A shower</i>		34 (18%)
	<i>A free telephone call</i>		71 (37%)
	<i>Something to eat</i>		147 (77%)
	<i>PIN phone credit</i>		124 (65%)
	<i>Toiletries/ basic items</i>		127 (66%)
	<i>Did not receive anything</i>		7 (4%)
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)</b>		
	<i>Chaplain</i>		76 (41%)
	<i>Someone from health services</i>		114 (62%)
	<i>A Listener/Samaritans</i>		36 (20%)
	<i>Prison shop/ canteen</i>		30 (16%)
	<i>Did not have access to any of these</i>		52 (28%)
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)</b>		
	<i>What was going to happen to you</i>		49 (27%)
	<i>What support was available for people feeling depressed or suicidal</i>		39 (21%)
	<i>How to make routine requests (applications)</i>		38 (21%)
	<i>Your entitlement to visits</i>		41 (22%)
	<i>Health services</i>		71 (39%)
	<i>Chaplaincy</i>		66 (36%)
	<i>Not offered any information</i>		75 (41%)

<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>	
	Yes	120 (63%)
	No	61 (32%)
	Don't remember	8 (4%)
<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>	
	Have not been on an induction course	74 (39%)
	Within the first week	52 (28%)
	More than a week	46 (24%)
	Don't remember	16 (9%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	Have not been on an induction course	74 (41%)
	Yes	48 (27%)
	No	44 (24%)
	Don't remember	14 (8%)
<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	Did not receive an assessment	78 (43%)
	Within the first week	27 (15%)
	More than a week	58 (32%)
	Don't remember	18 (10%)

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

<b>Q4.1</b>	<b>How easy is it to...</b>					
		Very easy	Easy	Neither	Difficult	Very difficult N/A
	Communicate with your solicitor or legal representative?	3 (2%)	37 (20%)	29 (16%)	48 (26%)	55 (30%) 14 (8%)
	Attend legal visits?	6 (3%)	63 (35%)	37 (21%)	25 (14%)	25 (14%) 23 (13%)
	Get bail information?	0 (0%)	11 (7%)	22 (13%)	27 (16%)	59 (35%) 48 (29%)
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>					
	Not had any letters					42 (22%)
	Yes					76 (40%)
	No					70 (37%)
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>					
	Yes					54 (29%)
	No					40 (21%)
	Don't know					95 (50%)
<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>					
		Yes	No	Don't know		
	Do you normally have enough clean, suitable clothes for the week?	75 (41%)	104 (57%)	3 (2%)		
	Are you normally able to have a shower every day?	53 (29%)	131 (71%)	0 (0%)		
	Do you normally receive clean sheets every week?	103 (56%)	76 (42%)	4 (2%)		
	Do you normally get cell cleaning materials every week?	60 (32%)	122 (66%)	4 (2%)		
	Is your cell call bell normally answered within five minutes?	29 (16%)	141 (77%)	13 (7%)		
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	89 (49%)	90 (49%)	4 (2%)		
	If you need to, can you normally get your stored property?	29 (16%)	119 (65%)	35 (19%)		

<b>Q4.5</b>	<b>What is the food like here?</b>		
	Very good		3 (2%)
	Good		30 (16%)
	Neither		58 (31%)
	Bad		56 (30%)
	Very bad		40 (21%)
<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>		
	Have not bought anything yet/ don't know		8 (4%)
	Yes		86 (46%)
	No		93 (50%)
<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>		
	Yes		70 (37%)
	No		32 (17%)
	Don't know		88 (46%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>		
	Yes		105 (56%)
	No		35 (19%)
	Don't know/ N/A		48 (26%)
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>		
	Yes		78 (41%)
	No		29 (15%)
	Don't know/ N/A		81 (43%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>		
	I don't want to attend		24 (13%)
	Very easy		33 (18%)
	Easy		59 (31%)
	Neither		25 (13%)
	Difficult		17 (9%)
	Very difficult		11 (6%)
	Don't know		19 (10%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>		
	Yes		111 (60%)
	No		62 (34%)
	Don't know		11 (6%)
<b>Q5.2</b>	<b>Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option).</b>		
		<i>Not made one</i>	<i>Yes</i>
	Are applications dealt with fairly?	19 (11%)	54 (31%)
	Are applications dealt with quickly (within seven days)?	19 (11%)	25 (15%)
			<i>No</i>
			102 (58%)
			126 (74%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>		
	Yes		72 (39%)
	No		62 (33%)
	Don't know		52 (28%)

<b>Q5.4</b>	<b>Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option)</b>			
		<i>Not made one</i>	<i>Yes</i>	<i>No</i>
	Are complaints dealt with fairly?	70 (38%)	24 (13%)	91 (49%)
	Are complaints dealt with quickly (within seven days)?	70 (39%)	9 (5%)	101 (56%)
<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>			
	Yes			45 (25%)
	No			133 (75%)
<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>			
	<i>Don't know who they are</i>			68 (37%)
	Very easy			6 (3%)
	Easy			20 (11%)
	Neither			43 (24%)
	Difficult			29 (16%)
	Very difficult			16 (9%)

### Section 6: Incentive and earned privileges scheme

<b>Q6.1</b>	<b>Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)</b>		
	<i>Don't know what the IEP scheme is</i>		34 (18%)
	Yes		69 (37%)
	No		60 (32%)
	<i>Don't know</i>		24 (13%)
<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)</b>		
	<i>Don't know what the IEP scheme is</i>		34 (19%)
	Yes		53 (30%)
	No		63 (35%)
	<i>Don't know</i>		29 (16%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>		
	Yes		25 (14%)
	No		158 (86%)
<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>		
	<i>I have not been to segregation in the last 6 months</i>		149 (82%)
	Very well		4 (2%)
	Well		6 (3%)
	Neither		8 (4%)
	Badly		4 (2%)
	Very badly		11 (6%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>		
	Yes		109 (59%)
	No		75 (41%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>		
	Yes		108 (59%)
	No		76 (41%)

<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	Yes	38 (21%)
	No	147 (79%)
<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i>	22 (12%)
	Never	62 (33%)
	Rarely	45 (24%)
	Some of the time	42 (23%)
	Most of the time	11 (6%)
	All of the time	4 (2%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i>	107 (57%)
	<i>In the first week</i>	22 (12%)
	<i>More than a week</i>	32 (17%)
	<i>Don't remember</i>	26 (14%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<i>Do not have a personal officer/ I have not met him/ her</i>	107 (59%)
	Very helpful	25 (14%)
	Helpful	17 (9%)
	Neither	12 (7%)
	Not very helpful	10 (5%)
	Not at all helpful	11 (6%)

### Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>	
	Yes	87 (47%)
	No	98 (53%)
<b>Q8.2</b>	<b>Do you feel unsafe now?</b>	
	Yes	41 (22%)
	No	142 (78%)
<b>Q8.3</b>	<b>In which areas have you felt unsafe? (Please tick all that apply to you.)</b>	
	Never felt unsafe	98 (55%)
	Everywhere	27 (15%)
	Segregation unit	3 (2%)
	Association areas	24 (13%)
	Reception area	12 (7%)
	At the gym	9 (5%)
	In an exercise yard	26 (15%)
	At work	8 (4%)
	During movement	22 (12%)
	At education	6 (3%)
	At meal times	23 (13%)
	At health services	9 (5%)
	Visits area	12 (7%)
	In wing showers	33 (18%)
	In gym showers	10 (6%)
	In corridors/stairwells	15 (8%)
	On your landing/wing	23 (13%)
	In your cell	19 (11%)
	At religious services	11 (6%)
<b>Q8.4</b>	<b>Have you been victimised by other prisoners here?</b>	
	Yes	55 (29%)
	No	132 (71%)



<b>Q8.5</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends)</i>	13 (7%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	14 (7%)
	<i>Sexual abuse</i>	4 (2%)
	<i>Feeling threatened or intimidated</i>	25 (13%)
	<i>Having your canteen/property taken</i>	9 (5%)
	<i>Medication</i>	10 (5%)
	<i>Debt</i>	4 (2%)
	<i>Drugs</i>	9 (5%)
	<i>Your race or ethnic origin</i>	11 (6%)
	<i>Your religion/religious beliefs</i>	6 (3%)
	<i>Your nationality</i>	10 (5%)
	<i>You are from a different part of the country than others</i>	7 (4%)
	<i>You are from a traveller community</i>	5 (3%)
	<i>Your sexual orientation</i>	2 (1%)
	<i>Your age</i>	4 (2%)
	<i>You have a disability</i>	8 (4%)
	<i>You were new here</i>	8 (4%)
	<i>Your offence/ crime</i>	4 (2%)
	<i>Gang related issues</i>	10 (5%)
<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>	
	Yes	65 (35%)
	No	120 (65%)
<b>Q8.7</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends)</i>	23 (12%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	8 (4%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	27 (15%)
	<i>Medication</i>	14 (8%)
	<i>Debt</i>	1 (1%)
	<i>Drugs</i>	7 (4%)
	<i>Your race or ethnic origin</i>	15 (8%)
	<i>Your religion/religious beliefs</i>	13 (7%)
	<i>Your nationality</i>	18 (10%)
	<i>You are from a different part of the country than others</i>	4 (2%)
	<i>You are from a traveller community</i>	5 (3%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	5 (3%)
	<i>You have a disability</i>	9 (5%)
	<i>You were new here</i>	13 (7%)
	<i>Your offence/ crime</i>	9 (5%)
	<i>Gang related issues</i>	6 (3%)
<b>Q8.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	Not been victimised	97 (54%)
	Yes	34 (19%)
	No	49 (27%)

## Section 9: Health services

<b>Q9.1</b>	<b>How easy or difficult is it to see the following people?</b>						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	25 (14%)	1 (1%)	22 (12%)	22 (12%)	54 (30%)	59 (32%)
	The nurse	28 (16%)	6 (3%)	42 (24%)	24 (14%)	39 (22%)	38 (21%)
	The dentist	38 (22%)	3 (2%)	12 (7%)	13 (7%)	38 (22%)	72 (41%)
<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people?</b>						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	24 (13%)	12 (7%)	43 (24%)	35 (20%)	31 (17%)	34 (19%)
	The nurse	26 (15%)	14 (8%)	45 (25%)	40 (23%)	29 (16%)	23 (13%)
	The dentist	60 (36%)	7 (4%)	27 (16%)	25 (15%)	21 (13%)	28 (17%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<i>Not been</i>						18 (10%)
	<i>Very good</i>						5 (3%)
	<i>Good</i>						41 (23%)
	<i>Neither</i>						36 (20%)
	<i>Bad</i>						40 (23%)
	<i>Very bad</i>						37 (21%)
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes						85 (46%)
	No						99 (54%)
<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>						
	<i>Not taking medication</i>						99 (55%)
	<i>Yes, all my meds</i>						20 (11%)
	<i>Yes, some of my meds</i>						17 (9%)
	<i>No</i>						45 (25%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>						
	Yes						57 (32%)
	No						123 (68%)
<b>Q9.7</b>	<b>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.)</b>						
	<i>Do not have any emotional or mental health problems</i>						123 (68%)
	Yes						21 (12%)
	No						38 (21%)

## Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	Yes	46 (25%)
	No	138 (75%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	Yes	28 (15%)
	No	156 (85%)

<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	Very easy	31 (17%)
	Easy	20 (11%)
	Neither	12 (7%)
	Difficult	7 (4%)
	Very difficult	4 (2%)
	Don't know	107 (59%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy	18 (10%)
	Easy	19 (10%)
	Neither	11 (6%)
	Difficult	10 (5%)
	Very difficult	8 (4%)
	Don't know	116 (64%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes	17 (9%)
	No	165 (91%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes	21 (11%)
	No	163 (89%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	<i>Did not / do not have a drug problem</i>	122 (70%)
	Yes	31 (18%)
	No	21 (12%)
<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?</b>	
	<i>Did not / do not have an alcohol problem</i>	156 (85%)
	Yes	14 (8%)
	No	13 (7%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	<i>Did not have a problem/ did not receive help</i>	135 (77%)
	Yes	30 (17%)
	No	10 (6%)

### Section 11: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	22 (12%)	5 (3%)	23 (13%)	18 (10%)	51 (29%)	59 (33%)
	Vocational or skills training	32 (19%)	7 (4%)	28 (16%)	18 (10%)	45 (26%)	42 (24%)
	Education (including basic skills)	28 (17%)	8 (5%)	39 (23%)	24 (14%)	32 (19%)	37 (22%)
	Offending behaviour programmes	55 (32%)	2 (1%)	16 (9%)	18 (11%)	32 (19%)	48 (28%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>						
	<i>Not involved in any of these</i>					72 (41%)	
	Prison job					62 (36%)	
	Vocational or skills training					17 (10%)	
	Education (including basic skills)					42 (24%)	
	Offending behaviour programmes					10 (6%)	

<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	61 (39%)	34 (22%)	43 (27%)	19 (12%)
	Vocational or skills training	65 (47%)	31 (23%)	21 (15%)	20 (15%)
	Education (including basic skills)	49 (35%)	48 (34%)	24 (17%)	21 (15%)
	Offending behaviour programmes	73 (56%)	22 (17%)	18 (14%)	18 (14%)
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>				
	<i>Don't want to go</i>				15 (8%)
	<i>Never</i>				73 (41%)
	<i>Less than once a week</i>				57 (32%)
	<i>About once a week</i>				26 (15%)
	<i>More than once a week</i>				7 (4%)
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>				
	<i>Don't use it</i>				54 (32%)
	<i>Yes</i>				29 (17%)
	<i>No</i>				87 (51%)
<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>				
	<i>Don't want to go</i>				31 (17%)
	<i>0</i>				116 (65%)
	<i>1 to 2</i>				25 (14%)
	<i>3 to 5</i>				4 (2%)
	<i>More than 5</i>				2 (1%)
<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>				
	<i>Don't want to go</i>				21 (12%)
	<i>0</i>				32 (18%)
	<i>1 to 2</i>				59 (33%)
	<i>3 to 5</i>				40 (22%)
	<i>More than 5</i>				29 (16%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>				
	<i>Don't want to go</i>				4 (2%)
	<i>0</i>				17 (10%)
	<i>1 to 2</i>				41 (24%)
	<i>3 to 5</i>				81 (47%)
	<i>More than 5</i>				31 (18%)
<b>Q11.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)</b>				
	<i>Less than 2 hours</i>				84 (47%)
	<i>2 to less than 4 hours</i>				25 (14%)
	<i>4 to less than 6 hours</i>				26 (15%)
	<i>6 to less than 8 hours</i>				19 (11%)
	<i>8 to less than 10 hours</i>				6 (3%)
	<i>10 hours or more</i>				10 (6%)
	<i>Don't know</i>				8 (4%)

## Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	Yes	41 (23%)
	No	136 (77%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes	104 (58%)
	No	74 (42%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes	101 (57%)
	No	77 (43%)
<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i>	38 (21%)
	<i>Very easy</i>	13 (7%)
	<i>Easy</i>	24 (13%)
	<i>Neither</i>	23 (13%)
	<i>Difficult</i>	36 (20%)
	<i>Very difficult</i>	44 (24%)
	<i>Don't know</i>	3 (2%)

## Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<i>Not sentenced</i>	69 (39%)
	Yes	46 (26%)
	No	63 (35%)
<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)</b>	
	<i>Not sentenced/ NA</i>	132 (73%)
	<i>No contact</i>	21 (12%)
	<i>Letter</i>	13 (7%)
	<i>Phone</i>	4 (2%)
	<i>Visit</i>	18 (10%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes	31 (18%)
	No	140 (82%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<i>Not sentenced</i>	69 (39%)
	Yes	36 (20%)
	No	74 (41%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	143 (81%)
	<i>Very involved</i>	6 (3%)
	<i>Involved</i>	16 (9%)
	<i>Neither</i>	1 (1%)
	<i>Not very involved</i>	9 (5%)
	<i>Not at all involved</i>	2 (1%)

<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)</b>			
	<i>Do not have a sentence plan/ not sentenced</i>			143 (81%)
	<i>Nobody</i>			23 (13%)
	<i>Offender supervisor</i>			5 (3%)
	<i>Offender manager</i>			6 (3%)
	<i>Named/ personal officer</i>			1 (1%)
	<i>Staff from other departments</i>			2 (1%)
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>			
	<i>Do not have a sentence plan/ not sentenced</i>			143 (81%)
	<i>Yes</i>			17 (10%)
	<i>No</i>			9 (5%)
	<i>Don't know</i>			7 (4%)
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>			
	<i>Do not have a sentence plan/ not sentenced</i>			143 (80%)
	<i>Yes</i>			12 (7%)
	<i>No</i>			12 (7%)
	<i>Don't know</i>			11 (6%)
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>			
	<i>Do not have a sentence plan/ not sentenced</i>			143 (80%)
	<i>Yes</i>			13 (7%)
	<i>No</i>			12 (7%)
	<i>Don't know</i>			10 (6%)
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>			
	<i>Yes</i>			20 (11%)
	<i>No</i>			85 (48%)
	<i>Don't know</i>			71 (40%)
<b>Q13.11</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>			
	<i>Yes</i>			14 (8%)
	<i>No</i>			156 (92%)
<b>Q13.12</b>	<b>Do you know of anyone in this prison who can help you with the following on release? (please tick all that apply to you.)</b>			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	40 (24%)	15 (9%)	110 (67%)
	Accommodation	41 (25%)	26 (16%)	95 (59%)
	Benefits	32 (20%)	23 (14%)	107 (66%)
	Finances	37 (24%)	10 (6%)	108 (70%)
	Education	41 (26%)	21 (13%)	94 (60%)
	Drugs and alcohol	55 (35%)	26 (17%)	75 (48%)
<b>Q13.13</b>	<b>Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?</b>			
	<i>Not sentenced</i>			69 (39%)
	<i>Yes</i>			48 (27%)
	<i>No</i>			58 (33%)



Main comparator and comparator to last time

Prisoner survey responses HMP Wandsworth 2015

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

Key to tables

		HMP Wandsworth 2015	Local prisons comparator	HMP Wandsworth 2015	HMP Wandsworth 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>194</b>	<b>5947</b>	<b>194</b>	<b>182</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	4%	6%	4%	1%
1.3	Are you sentenced?	64%	67%	64%	61%
1.3	Are you on recall?	8%	9%	8%	5%
1.4	Is your sentence less than 12 months?	14%	20%	14%	16%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	3%	0%	1%
1.5	Are you a foreign national?	35%	11%	35%	43%
1.6	Do you understand spoken English?	93%	98%	93%	92%
1.7	Do you understand written English?	91%	96%	91%	86%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	40%	24%	40%	36%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	5%	7%	5%
1.1	Are you Muslim?	22%	12%	22%	14%
1.11	Are you homosexual/gay or bisexual?	2%	3%	2%	3%
1.12	Do you consider yourself to have a disability?	20%	24%	20%	16%
1.13	Are you a veteran (ex-armed services)?	6%	5%	6%	7%
1.14	Is this your first time in prison?	45%	32%	45%	43%
1.15	Do you have any children under the age of 18?	45%	54%	45%	46%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	31%	21%	31%	27%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	35%	35%	35%	49%
2.3	Were you offered a toilet break?	13%	8%	13%	20%
2.4	Was the van clean?	56%	58%	56%	67%
2.5	Did you feel safe?	78%	75%	78%	77%
2.6	Were you treated well/very well by the escort staff?	61%	67%	61%	61%
2.7	Before you arrived here were you told that you were coming here?	55%	65%	55%	54%
2.7	Before you arrived here did you receive any written information about coming here?	4%	3%	4%	5%
2.8	When you first arrived here did your property arrive at the same time as you?	69%	80%	69%	78%

## Main comparator and comparator to last time

### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	58%	40%	58%	64%
3.2	When you were searched in reception, was this carried out in a respectful way?	70%	78%	70%	76%
3.3	Were you treated well/very well in reception?	56%	62%	56%	59%
	When you first arrived:				
3.4	Did you have any problems?	83%	75%	83%	73%
3.4	Did you have any problems with loss of property?	25%	15%	25%	15%
3.4	Did you have any housing problems?	32%	20%	32%	19%
3.4	Did you have any problems contacting employers?	10%	5%	10%	5%
3.4	Did you have any problems contacting family?	43%	32%	43%	35%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	2%	3%	5%
3.4	Did you have any money worries?	27%	23%	27%	25%
3.4	Did you have any problems with feeling depressed or suicidal?	22%	22%	22%	19%
3.4	Did you have any physical health problems?	19%	18%	19%	15%
3.4	Did you have any mental health problems?	17%	22%	17%	15%
3.4	Did you have any problems with needing protection from other prisoners?	6%	7%	6%	6%
3.4	Did you have problems accessing phone numbers?	36%	31%	36%	34%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	23%	33%	23%	31%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	76%	80%	76%	74%
3.6	A shower?	18%	31%	18%	23%
3.6	A free telephone call?	37%	57%	37%	43%
3.6	Something to eat?	77%	71%	77%	80%
3.6	PIN phone credit?	65%	53%	65%	65%
3.6	Toiletries/ basic items?	67%	58%	67%	64%
<b>SECTION 3: Reception, first night and induction continued</b>					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	41%	46%	41%	49%
3.7	Someone from health services?	62%	68%	62%	59%
3.7	A Listener/Samaritans?	20%	32%	20%	18%
3.7	Prison shop/ canteen?	16%	22%	16%	22%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	27%	42%	27%	41%



## Main comparator and comparator to last time

### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
3.8	Support was available for people feeling depressed or suicidal?	21%	38%	21%	31%
3.8	How to make routine requests?	21%	36%	21%	35%
3.8	Your entitlement to visits?	22%	36%	22%	37%
3.8	Health services?	39%	45%	39%	41%
3.8	The chaplaincy?	36%	40%	36%	43%
3.9	Did you feel safe on your first night here?	64%	73%	64%	65%
3.10	Have you been on an induction course?	61%	74%	61%	79%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	45%	51%	45%	60%
3.12	Did you receive an education (skills for life) assessment?	57%	73%	57%	68%
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	22%	38%	22%	28%
4.1	Attend legal visits?	39%	53%	39%	46%
4.1	Get bail information?	7%	19%	7%	18%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	40%	41%	40%	41%
4.3	Can you get legal books in the library?	29%	36%	29%	45%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	41%	51%	41%	62%
4.4	Are you normally able to have a shower every day?	29%	75%	29%	52%
4.4	Do you normally receive clean sheets every week?	56%	72%	56%	86%
4.4	Do you normally get cell cleaning materials every week?	32%	55%	32%	44%
4.4	Is your cell call bell normally answered within five minutes?	16%	28%	16%	41%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	49%	59%	49%	65%
4.4	Can you normally get your stored property, if you need to?	16%	21%	16%	18%
4.5	Is the food in this prison good/very good?	18%	20%	18%	42%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	46%	47%	46%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	37%	54%	37%	40%
4.8	Are your religious beliefs are respected?	56%	49%	56%	65%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	42%	51%	42%	48%
4.10	Is it easy/very easy to attend religious services?	49%	43%	49%	58%
<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	60%	74%	60%	59%

## Main comparator and comparator to last time

### Key to tables

		HMP Wandsworth 2015	Local prisons comparator	HMP Wandsworth 2015	HMP Wandsworth 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	35%	52%	35%	46%
5.2	Do you feel applications are dealt with quickly (within seven days)?	17%	37%	17%	30%
5.3	Is it easy to make a complaint?	39%	51%	39%	46%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	21%	30%	21%	29%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	8%	27%	8%	22%
5.5	Have you ever been prevented from making a complaint when you wanted to?	25%	20%	25%	18%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	14%	19%	14%	20%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	41%	37%	37%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	30%	41%	30%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	9%	14%	8%
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?	30%	36%	30%	41%
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	59%	74%	59%	74%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	59%	69%	59%	80%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	21%	27%	21%	37%
7.4	Do staff normally speak to you most of the time/all of the time during association?	8%	18%	8%	14%
7.5	Do you have a personal officer?	43%	36%	43%	57%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	56%	67%	56%	59%
<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	47%	43%	47%	39%
8.2	Do you feel unsafe now?	22%	19%	22%	19%
8.4	Have you been victimised by other prisoners here?	29%	30%	29%	26%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	7%	12%	7%	9%
8.5	Hit, kicked or assaulted you?	8%	8%	8%	6%
8.5	Sexually abused you?	2%	2%	2%	2%
8.5	Threatened or intimidated you?	13%	16%	13%	10%
8.5	Taken your canteen/property?	5%	7%	5%	5%

## Main comparator and comparator to last time

### Key to tables

		HMP Wandsworth 2015	Local prisons comparator	HMP Wandsworth 2015	HMP Wandsworth 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Victimised you because of medication?	5%	6%	5%	6%
8.5	Victimised you because of debt?	2%	4%	2%	2%
8.5	Victimised you because of drugs?	5%	4%	5%	4%
8.5	Victimised you because of your race or ethnic origin?	6%	3%	6%	5%
8.5	Victimised you because of your religion/religious beliefs?	3%	3%	3%	3%
8.5	Victimised you because of your nationality?	5%	3%	5%	9%
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	2%
8.5	Victimised you because you are from a Traveller community?	3%	1%	3%	2%
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.5	Victimised you because of your age?	2%	2%	2%	2%
8.5	Victimised you because you have a disability?	4%	3%	4%	3%
8.5	Victimised you because you were new here?	4%	6%	4%	3%
8.5	Victimised you because of your offence/crime?	2%	6%	2%	5%
8.5	Victimised you because of gang related issues?	5%	5%	5%	3%
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	35%	31%	35%	25%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	12%	12%	12%	9%
8.7	Hit, kicked or assaulted you?	4%	5%	4%	4%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	15%	13%	15%	9%
8.7	Victimised you because of medication?	8%	5%	8%	6%
8.7	Victimised you because of debt?	1%	2%	1%	1%
8.7	Victimised you because of drugs?	4%	3%	4%	2%
8.7	Victimised you because of your race or ethnic origin?	8%	4%	8%	5%
8.7	Victimised you because of your religion/religious beliefs?	7%	3%	7%	3%
8.7	Victimised you because of your nationality?	10%	3%	10%	7%
8.7	Victimised you because you were from a different part of the country?	2%	3%	2%	2%
8.7	Victimised you because you are from a Traveller community?	3%	2%	3%	2%
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.7	Victimised you because of your age?	3%	2%	3%	2%
8.7	Victimised you because you have a disability?	5%	3%	5%	2%

## Main comparator and comparator to last time

### Key to tables

		HMP Wandsworth 2015	Local prisons comparator	HMP Wandsworth 2015	HMP Wandsworth 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.7	Victimised you because you were new here?	7%	5%	7%	3%
8.7	Victimised you because of your offence/crime?	5%	5%	5%	4%
8.7	Victimised you because of gang related issues?	3%	3%	3%	2%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	41%	32%	41%	30%
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	13%	22%	13%	22%
9.1	Is it easy/very easy to see the nurse?	27%	45%	27%	36%
9.1	Is it easy/very easy to see the dentist?	9%	9%	9%	8%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	36%	40%	36%	43%
9.2	The nurse?	39%	52%	39%	48%
9.2	The dentist?	31%	30%	31%	33%
9.3	The overall quality of health services?	29%	36%	29%	39%
9.4	Are you currently taking medication?	46%	51%	46%	41%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your cell?	45%	61%	45%	55%
9.6	Do you have any emotional well being or mental health problems?	32%	39%	32%	32%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	36%	44%	36%	35%
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	25%	33%	25%	24%
10.2	Did you have a problem with alcohol when you came into this prison?	15%	22%	15%	20%
10.3	Is it easy/very easy to get illegal drugs in this prison?	28%	35%	28%	20%
10.4	Is it easy/very easy to get alcohol in this prison?	20%	15%	20%	8%
10.5	Have you developed a problem with drugs since you have been in this prison?	9%	8%	9%	5%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	11%	8%	11%	6%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	60%	60%	60%	74%
10.8	Have you received any support or help with your alcohol problem while in this prison?	52%	57%	52%	72%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	75%	76%	75%	85%

## Main comparator and comparator to last time

### Key to tables

Any percentage highlighted in green is significantly better	HMP Wandsworth 2015	Local prisons comparator	HMP Wandsworth 2015	HMP Wandsworth 2013
Any percentage highlighted in blue is significantly worse				
Any percentage highlighted in orange shows a significant difference in prisoners' background details				
Percentages which are not highlighted show there is no significant difference				
<b>SECTION 11: Activities</b>				
Is it very easy/ easy to get into the following activities:				
11.1 A prison job?	16%	32%	16%	25%
11.1 Vocational or skills training?	20%	30%	20%	23%
11.1 Education (including basic skills)?	28%	45%	28%	32%
11.1 Offending behaviour programmes?	11%	18%	11%	15%
Are you currently involved in any of the following activities:				
11.2 A prison job?	36%	43%	36%	44%
11.2 Vocational or skills training?	10%	9%	10%	10%
11.2 Education (including basic skills)?	24%	25%	24%	25%
11.2 Offending behaviour programmes?	6%	7%	6%	7%
11.3 Have you had a job while in this prison?	61%	68%	61%	67%
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	35%	38%	35%	47%
11.3 Have you been involved in vocational or skills training while in this prison?	53%	55%	53%	62%
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?	43%	45%	43%	57%
11.3 Have you been involved in education while in this prison?	66%	66%	66%	68%
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	52%	51%	52%	57%
11.3 Have you been involved in offending behaviour programmes while in this prison?	44%	53%	44%	55%
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?	38%	41%	38%	50%
11.4 Do you go to the library at least once a week?	19%	28%	19%	27%
11.5 Does the library have a wide enough range of materials to meet your needs?	17%	32%	17%	27%
11.6 Do you go to the gym three or more times a week?	3%	26%	3%	17%
11.7 Do you go outside for exercise three or more times a week?	38%	38%	38%	54%
11.8 Do you go on association more than five times each week?	18%	43%	18%	24%
11.9 Do you spend ten or more hours out of your cell on a weekday?	6%	9%	6%	8%
<b>SECTION 12: Friends and family</b>				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	23%	31%	23%	39%
12.2 Have you had any problems with sending or receiving mail?	58%	49%	58%	48%
12.3 Have you had any problems getting access to the telephones?	57%	34%	57%	46%
12.4 Is it easy/ very easy for your friends and family to get here?	21%	37%	21%	31%

## Main comparator and comparator to last time

### Key to tables

		HMP Wandsworth 2015	Local prisons comparator	HMP Wandsworth 2015	HMP Wandsworth 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 13: Preparation for release</b>					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	42%	62%	42%	45%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	44%	41%	44%	30%
13.2	Contact by letter?	27%	30%	27%	17%
13.2	Contact by phone?	8%	13%	8%	9%
13.2	Contact by visit?	38%	36%	38%	57%
13.3	Do you have a named offender supervisor in this prison?	18%	31%	18%	27%
For those who are sentenced:					
13.4	Do you have a sentence plan?	33%	35%	33%	44%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	65%	57%	65%	64%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	70%	44%	70%	44%
13.6	Offender supervisor?	15%	32%	15%	42%
13.6	Offender manager?	18%	29%	18%	16%
13.6	Named/ personal officer?	3%	11%	3%	5%
13.6	Staff from other departments?	6%	19%	6%	16%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	52%	55%	52%	63%
13.8	Are there plans for you to achieve any of your targets in another prison?	34%	26%	34%	26%
13.9	Are there plans for you to achieve any of your targets in the community?	37%	31%	37%	44%
13.10	Do you have a needs based custody plan?	11%	7%	11%	12%
13.11	Do you feel that any member of staff has helped you to prepare for release?	8%	11%	8%	15%
For those that need help do you know of anyone in this prison who can help you release with the following:					
13.12	Employment?	12%	28%	12%	38%
13.12	Accommodation?	22%	35%	22%	43%
13.12	Benefits?	18%	38%	18%	43%
13.12	Finances?	9%	23%	9%	28%
13.12	Education?	18%	29%	18%	39%
13.12	Drugs and alcohol?	26%	43%	26%	53%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	45%	46%	45%	58%

## Diversity Analysis



### Key question responses (disability & aged over 50) HMP Wandsworth 2015

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

#### Key to tables

		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				
<b>Number of completed questionnaires returned</b>		<b>38</b>	<b>154</b>	<b>25</b>	<b>168</b>
1.3	Are you sentenced?	60%	64%	75%	62%
1.5	Are you a foreign national?	36%	35%	25%	36%
1.6	Do you understand spoken English?	95%	92%	92%	93%
1.7	Do you understand written English?	92%	90%	88%	91%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	34%	41%	44%	40%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	9%	7%	10%	7%
1.1	Are you Muslim?	19%	23%	17%	23%
1.12	Do you consider yourself to have a disability?			36%	17%
1.13	Are you a veteran (ex-armed services)?	11%	5%	17%	4%
1.14	Is this your first time in prison?	29%	50%	44%	46%
2.6	Were you treated well/very well by the escort staff?	51%	63%	75%	59%
2.7	Before you arrived here were you told that you were coming here?	46%	56%	67%	53%
3.2	When you were searched in reception, was this carried out in a respectful way?	64%	72%	79%	69%
3.3	Were you treated well/very well in reception?	49%	58%	67%	54%
3.4	Did you have any problems when you first arrived?	95%	80%	83%	83%
3.7	Did you have access to someone from health care when you first arrived here?	53%	64%	75%	60%
3.9	Did you feel safe on your first night here?	46%	68%	83%	60%
3.10	Have you been on an induction course?	53%	62%	46%	63%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	16%	23%	26%	21%

## 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?	38%	42%	70%	37%
4.4	Are you normally able to have a shower every day?	19%	31%	41%	27%
4.4	Is your cell call bell normally answered within five minutes?	19%	15%	24%	14%
4.5	Is the food in this prison good/very good?	19%	18%	13%	18%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	30%	50%	54%	45%
4.7	Are you able to speak to a Listener at any time, if you want to?	40%	37%	46%	35%
4.8	Do you feel your religious beliefs are respected?	51%	57%	62%	55%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	41%	42%	48%	40%
5.1	Is it easy to make an application?	43%	65%	58%	60%
5.3	Is it easy to make a complaint?	22%	43%	33%	39%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	34%	38%	46%	35%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	16%	33%	31%	29%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	19%	12%	9%	15%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	53%	60%	86%	55%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	42%	63%	50%	60%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14%	7%	4%	8%
7.4	Do you have a personal officer?	42%	42%	38%	44%
8.1	Have you ever felt unsafe here?	59%	44%	35%	49%
8.2	Do you feel unsafe now?	30%	21%	17%	23%
8.3	Have you been victimised by other prisoners?	42%	26%	29%	30%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	24%	11%	8%	14%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	6%	4%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	3%	4%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	5%	5%	0%	6%
8.5	Have you been victimised because of your age? (By prisoners)	3%	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)	16%	1%	17%	3%
8.6	Have you been victimised by a member of staff?	37%	35%	29%	36%
8.7	Have you ever felt threatened or intimidated by staff here?	20%	14%	21%	14%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	17%	6%	4%	9%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	8%	4%	8%
8.7	Have you been victimised because of your nationality? (By staff)	14%	9%	8%	10%
8.7	Have you been victimised because of your age? (By staff)	0%	3%	4%	3%
8.7	Have you been victimised because you have a disability? (By staff)	17%	2%	13%	4%
9.1	Is it easy/very easy to see the doctor?	14%	11%	18%	12%
9.1	Is it easy/ very easy to see the nurse?	32%	25%	35%	26%
9.4	Are you currently taking medication?	86%	36%	83%	40%
9.6	Do you feel you have any emotional well being/mental health issues?	65%	24%	18%	33%
10.3	Is it easy/very easy to get illegal drugs in this prison?	41%	26%	24%	29%
11.2	Are you currently working in the prison?	34%	36%	39%	35%
11.2	Are you currently undertaking vocational or skills training?	15%	9%	13%	9%
11.2	Are you currently in education (including basic skills)?	24%	24%	22%	25%
11.2	Are you currently taking part in an offending behaviour programme?	6%	6%	0%	6%
11.4	Do you go to the library at least once a week?	18%	19%	20%	19%
11.6	Do you go to the gym three or more times a week?	6%	3%	0%	3%
11.7	Do you go outside for exercise three or more times a week?	19%	43%	9%	43%
11.8	On average, do you go on association more than five times each week?	15%	19%	19%	18%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	3%	7%	9%	5%
12.2	Have you had any problems sending or receiving mail?	61%	58%	53%	60%
12.3	Have you had any problems getting access to the telephones?	73%	53%	53%	58%

## Diversity analysis



### Key question responses (ethnicity, foreign national and religion) HMP Wandsworth 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						
<b>Number of completed questionnaires returned</b>		<b>77</b>	<b>116</b>	<b>65</b>	<b>122</b>	<b>42</b>	<b>148</b>
1.3	Are you sentenced?	65%	63%	42%	74%	67%	62%
1.5	Are you a foreign national?	26%	40%			28%	36%
1.6	Do you understand spoken English?	93%	93%	82%	98%	93%	92%
1.7	Do you understand written English?	92%	90%	77%	98%	93%	90%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			30%	45%	93%	25%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	11%	9%	7%	3%	8%
1.1	Are you Muslim?	51%	3%	18%	24%		
1.12	Do you consider yourself to have a disability?	17%	22%	20%	19%	17%	20%
1.13	Are you a veteran (ex-armed services)?	1%	9%	8%	4%	0%	8%
1.14	Is this your first time in prison?	42%	47%	65%	36%	52%	43%
2.6	Were you treated well/very well by the escort staff?	69%	57%	52%	65%	62%	61%
2.7	Before you arrived here were you told that you were coming here?	62%	49%	38%	65%	62%	52%
3.2	When you were searched in reception, was this carried out in a respectful way?	65%	73%	65%	72%	60%	73%
3.3	Were you treated well/very well in reception?	49%	61%	44%	61%	55%	56%
3.4	Did you have any problems when you first arrived?	83%	83%	83%	84%	80%	85%
3.7	Did you have access to someone from health care when you first arrived here?	68%	58%	53%	66%	59%	63%
3.9	Did you feel safe on your first night here?	69%	59%	49%	70%	60%	65%
3.10	Have you been on an induction course?	59%	62%	71%	56%	69%	57%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	22%	21%	24%	20%	22%	21%

## 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?	41%	41%	50%	36%	39%	42%
4.4	Are you normally able to have a shower every day?	30%	28%	23%	32%	31%	28%
4.4	Is your cell call bell normally answered within five minutes?	11%	19%	23%	10%	15%	15%
4.5	Is the food in this prison good/very good?	14%	20%	18%	18%	18%	17%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	50%	43%	38%	50%	45%	47%
4.7	Are you able to speak to a Listener at any time, if you want to?	37%	37%	32%	39%	37%	37%
4.8	Do you feel your religious beliefs are respected?	60%	54%	55%	55%	65%	53%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	51%	35%	39%	43%	56%	38%
5.1	Is it easy to make an application?	62%	59%	48%	64%	67%	59%
5.3	Is it easy to make a complaint?	44%	35%	31%	41%	42%	39%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	32%	41%	24%	44%	29%	40%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	33%	28%	20%	35%	33%	29%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	16%	15%	12%	7%	15%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	63%	56%	60%	58%	67%	56%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	60%	58%	63%	57%	54%	60%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	6%	10%	5%	9%	7%	9%
7.4	Do you have a personal officer?	39%	45%	49%	39%	44%	42%
8.1	Have you ever felt unsafe here?	44%	48%	53%	45%	46%	48%
8.2	Do you feel unsafe now?	21%	23%	22%	24%	22%	23%
8.3	Have you been victimised by other prisoners?	31%	29%	36%	28%	24%	32%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	14%	13%	11%	15%	10%	15%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	4%	6%	6%	7%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	4%	2%	4%	3%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	7%	10%	3%	0%	7%

## 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						
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	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%	5%	3%	5%	0%	6%
8.6	Have you been victimised by a member of staff?	33%	37%	38%	34%	42%	33%
8.7	Have you ever felt threatened or intimidated by staff here?	13%	16%	18%	14%	12%	15%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	7%	14%	5%	12%	7%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	13%	4%	6%	8%	20%	4%
8.7	Have you been victimised because of your nationality? (By staff)	7%	12%	19%	4%	7%	10%
8.7	Have you been victimised because you have a disability? (By staff)	7%	4%	5%	5%	5%	5%
9.1	Is it easy/very easy to see the doctor?	19%	9%	10%	14%	23%	9%
9.1	Is it easy/ very easy to see the nurse?	36%	22%	24%	29%	36%	24%
9.4	Are you currently taking medication?	42%	50%	41%	50%	39%	48%
9.6	Do you feel you have any emotional well being/mental health issues?	27%	35%	28%	33%	31%	31%
10.3	Is it easy/very easy to get illegal drugs in this prison?	32%	25%	18%	34%	37%	27%
11.2	Are you currently working in the prison?	29%	39%	33%	37%	35%	36%
11.2	Are you currently undertaking vocational or skills training?	10%	10%	12%	9%	8%	10%
11.2	Are you currently in education (including basic skills)?	21%	26%	26%	23%	22%	25%
11.2	Are you currently taking part in an offending behaviour programme?	8%	5%	2%	7%	14%	4%
11.4	Do you go to the library at least once a week?	12%	23%	20%	18%	8%	22%
11.6	Do you go to the gym three or more times a week?	3%	4%	2%	4%	3%	4%
11.7	Do you go outside for exercise three or more times a week?	34%	41%	44%	34%	38%	39%
11.8	On average, do you go on association more than five times each week?	11%	22%	22%	17%	11%	19%
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%	6%	7%	5%	8%	5%
12.2	Have you had any problems sending or receiving mail?	61%	57%	47%	65%	56%	60%
12.3	Have you had any problems getting access to the telephones?	56%	58%	48%	62%	56%	58%



## Prisoner survey responses HMP Wandsworth 2015

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

### Key to tables

	Any percentage highlighted in green is significantly better	Trinity Unit (G,H & K Wings)	All other units
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>54</b>	<b>138</b>
<b>SECTION 1: General information</b>			
1.2	Are you under 21 years of age?	0%	5%
1.3	Are you sentenced?	79%	58%
1.3	Are you on recall?	11%	7%
1.4	Is your sentence less than 12 months?	14%	14%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	0%
1.5	Are you a foreign national?	30%	36%
1.6	Do you understand spoken English?	94%	92%
1.7	Do you understand written English?	94%	89%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	33%	42%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	10%	6%
1.1	Are you Muslim?	21%	23%
1.11	Are you homosexual/gay or bisexual?	4%	2%
1.12	Do you consider yourself to have a disability?	20%	18%
1.13	Are you a veteran (ex-armed services)?	9%	4%
1.14	Is this your first time in prison?	50%	44%
1.15	Do you have any children under the age of 18?	57%	40%
<b>SECTION 2: Transfers and escorts</b>			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	26%	34%
2.5	Did you feel safe?	70%	82%
2.6	Were you treated well/very well by the escort staff?	61%	62%
2.7	Before you arrived here were you told that you were coming here?	59%	53%
2.8	When you first arrived here did your property arrive at the same time as you?	76%	66%
<b>SECTION 3: Reception, first night and induction</b>			
3.1	Were you in reception for less than 2 hours?	53%	61%
3.2	When you were searched in reception, was this carried out in a respectful way?	70%	71%
3.3	Were you treated well/very well in reception?	59%	56%

### Key to tables

	Trinity Unit (G,H & K Wings)	All other units
Any percentage highlighted in green is significantly better		
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Percentages which are not highlighted show there is no significant difference		
When you first arrived:		
3.4 Did you have any problems?	80%	85%
3.4 Did you have any problems with loss of property?	24%	25%
3.4 Did you have any housing problems?	24%	35%
3.4 Did you have any problems contacting employers?	10%	10%
3.4 Did you have any problems contacting family?	38%	45%
3.4 Did you have any problems ensuring dependants were being looked after?	2%	3%
3.4 Did you have any money worries?	20%	30%
3.4 Did you have any problems with feeling depressed or suicidal?	22%	22%
3.4 Did you have any physical health problems?	20%	19%
3.4 Did you have any mental health problems?	16%	17%
3.4 Did you have any problems with needing protection from other prisoners?	8%	6%
3.4 Did you have problems accessing phone numbers?	20%	42%
When you first arrived here, were you offered any of the following:		
3.6 Tobacco?	67%	81%
3.6 A shower?	13%	20%
3.6 A free telephone call?	37%	37%
3.6 Something to eat?	78%	77%
3.6 PIN phone credit?	56%	68%
3.6 Toiletries/ basic items?	54%	72%
<b>SECTION 3: Reception, first night and induction continued</b>		
When you first arrived here did you have access to the following people:		
3.7 The chaplain or a religious leader?	35%	44%
3.7 Someone from health services?	53%	66%
3.7 A Listener/Samaritans?	26%	17%
3.7 Prison shop/ canteen?	18%	16%
When you first arrived here were you offered information about any of the following:		
3.8 What was going to happen to you?	24%	28%
3.8 Support was available for people feeling depressed or suicidal?	24%	21%
3.8 How to make routine requests?	22%	21%
3.8 Your entitlement to visits?	26%	21%
3.8 Health services?	36%	40%

## Key to tables

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3.8	The chaplaincy?	28%	39%
3.9	Did you feel safe on your first night here?	59%	66%
3.10	Have you been on an induction course?	57%	62%
3.12	Did you receive an education (skills for life) assessment?	55%	57%
<b>SECTION 4: Legal rights and respectful custody</b>			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	23%	21%
4.1	Attend legal visits?	43%	37%
4.1	Get bail information?	9%	6%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	40%	40%
4.3	Can you get legal books in the library?	34%	27%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	32%	45%
4.4	Are you normally able to have a shower every day?	35%	27%
4.4	Do you normally receive clean sheets every week?	63%	54%
4.4	Do you normally get cell cleaning materials every week?	21%	37%
4.4	Is your cell call bell normally answered within five minutes?	12%	18%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	54%	47%
4.4	Can you normally get your stored property, if you need to?	14%	17%
4.5	Is the food in this prison good/very good?	15%	19%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	40%	49%
4.7	Are you able to speak to a Listener at any time, if you want to?	32%	39%
4.8	Are your religious beliefs are respected?	49%	59%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	26%	48%
4.10	Is it easy/very easy to attend religious services?	44%	52%
<b>SECTION 5: Applications and complaints</b>			
5.1	Is it easy to make an application?	60%	61%
5.3	Is it easy to make a complaint?	40%	39%
5.5	Have you ever been prevented from making a complaint when you wanted to?	25%	25%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	14%	14%
<b>SECTION 6: Incentive and earned privileges scheme</b>			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	46%	34%

## Key to tables

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	Percentages which are not highlighted show there is no significant difference		
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	27%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	13%
<b>SECTION 7: Relationships with staff</b>			
7.1	Do most staff, in this prison, treat you with respect?	45%	65%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	47%	64%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	20%	21%
7.4	Do staff normally speak to you most of the time/all of the time during association?	6%	9%
7.5	Do you have a personal officer?	37%	45%
<b>SECTION 8: Safety</b>			
8.1	Have you ever felt unsafe here?	47%	47%
8.2	Do you feel unsafe now?	29%	19%
8.4	Have you been victimised by other prisoners here?	32%	29%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	11%	5%
8.5	Hit, kicked or assaulted you?	13%	5%
8.5	Sexually abused you?	4%	2%
8.5	Threatened or intimidated you?	15%	13%
8.5	Taken your canteen/property?	11%	2%
8.5	Victimised you because of medication?	10%	4%
8.5	Victimised you because of debt?	6%	1%
8.5	Victimised you because of drugs?	8%	4%
8.5	Victimised you because of your race or ethnic origin?	8%	5%
8.5	Victimised you because of your religion/religious beliefs?	6%	2%
8.5	Victimised you because of your nationality?	8%	5%
8.5	Victimised you because you were from a different part of the country?	8%	2%
8.5	Victimised you because you are from a traveller community?	6%	2%
8.5	Victimised you because of your sexual orientation?	4%	0%
8.5	Victimised you because of your age?	4%	2%
8.5	Victimised you because you have a disability?	8%	3%



### Key to tables

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	Any percentage highlighted in blue is significantly worse		
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8.5	Victimised you because you were new here?	8%	3%
8.5	Victimised you because of your offence/crime?	2%	2%
8.5	Victimised you because of gang related issues?	10%	4%
<b>SECTION 8: Safety continued</b>			
8.6	Have you been victimised by staff here?	42%	31%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	17%	10%
8.7	Hit, kicked or assaulted you?	2%	5%
8.7	Sexually abused you?	4%	0%
8.7	Threatened or intimidated you?	17%	12%
8.7	Victimised you because of medication?	10%	6%
8.7	Victimised you because of debt?	2%	0%
8.7	Victimised you because of drugs?	4%	4%
8.7	Victimised you because of your race or ethnic origin?	14%	5%
8.7	Victimised you because of your religion/religious beliefs?	8%	6%
8.7	Victimised you because of your nationality?	17%	6%
8.7	Victimised you because you were from a different part of the country?	6%	1%
8.7	Victimised you because you are from a traveller community?	8%	1%
8.7	Victimised you because of your sexual orientation?	2%	0%
8.7	Victimised you because of your age?	6%	2%
8.7	Victimised you because you have a disability?	8%	3%
8.7	Victimised you because you were new here?	12%	5%
8.7	Victimised you because of your offence/crime?	6%	5%
8.7	Victimised you because of gang related issues?	4%	2%
<b>SECTION 9: Health services</b>			
9.1	Is it easy/very easy to see the doctor?	8%	15%
9.1	Is it easy/very easy to see the nurse?	26%	28%
9.1	Is it easy/very easy to see the dentist?	8%	9%
9.4	Are you currently taking medication?	52%	43%
9.6	Do you have any emotional well being or mental health problems?	31%	31%

**Key to tables**

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<b>SECTION 10: Drugs and alcohol</b>			
10.1	Did you have a problem with drugs when you came into this prison?	15%	29%
10.2	Did you have a problem with alcohol when you came into this prison?	17%	14%
10.3	Is it easy/very easy to get illegal drugs in this prison?	39%	24%
10.4	Is it easy/very easy to get alcohol in this prison?	25%	18%
10.5	Have you developed a problem with drugs since you have been in this prison?	14%	7%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	12%	11%
<b>SECTION 11: Activities</b>			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	18%	14%
11.1	Vocational or skills training?	20%	21%
11.1	Education (including basic skills)?	30%	28%
11.1	Offending Behaviour Programmes?	6%	13%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	45%	32%
11.2	Vocational or skills training?	8%	11%
11.2	Education (including basic skills)?	30%	22%
11.2	Offending Behaviour Programmes?	10%	4%
11.4	Do you go to the library at least once a week?	27%	14%
11.5	Does the library have a wide enough range of materials to meet your needs?	22%	15%
11.6	Do you go to the gym three or more times a week?	4%	3%
11.7	Do you go outside for exercise three or more times a week?	25%	44%
11.8	Do you go on association more than five times each week?	19%	17%
11.9	Do you spend ten or more hours out of your cell on a weekday?	6%	6%
<b>SECTION 12: Friends and family</b>			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	16%	26%
12.2	Have you had any problems with sending or receiving mail?	57%	59%
12.3	Have you had any problems getting access to the telephones?	57%	56%
12.4	Is it easy/ very easy for your friends and family to get here?	14%	23%
<b>SECTION 13: Preparation for release</b>			
13.3	Do you have a named offender supervisor in this prison?	23%	16%
13.10	Do you have a needs based custody plan?	10%	12%
13.11	Do you feel that any member of staff has helped you to prepare for release?	8%	8%