

Report on an unannounced inspection of

HMP/YOI Stoke Heath

by HM Chief Inspector of Prisons

13–23 April 2015

Glossary of terms

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Introduction

HMP/YOI Stoke Heath in Shropshire is a category C training prison holding 745 adult and young adult men. It has a small remand function serving the courts of mid-Wales and there is a small category D open unit outside the main prison walls. At the time of this inspection the prison was transitioning to become a resettlement prison for Wales. Once the new large prison in Wrexham opens in 2017 it is likely that Stoke Heath's function will change again.

With the change in the prison's role, about 60% of the men held were from Wales and had long journeys to the prison. However, escort, reception and early days processes were good. The prison cared well for the most vulnerable men it held. Levels of self-harm were low for this type of prison, and several complex cases had been very well managed. Prisoners in crisis said they felt well supported although access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was inadequate. Safeguarding arrangements for vulnerable adults were better than we normally see. Use of force was high but well managed. During the inspection we observed two incidents where there were good attempts at de-escalation before force was used in a proportionate way. Despite a challenging population, it was commendable that designated special cells had not been used since February 2011.

Levels of violence were high and there had been some concerning finds of weapons, but most incidents were low level. Managers felt, and we agreed, that levels of violence were likely to be linked to the high availability of alcohol and drugs, including new psychoactive substances, and the behaviour of young adults. In our view, many prisoners were under-occupied and boredom contributed to poor behaviour. We found 40% of men – unemployed, part-time workers and domestic workers – milling about aimlessly on the wings during the working day. The behaviour management scheme was adequate in theory but in practice was applied inconsistently. The prison was responding to the supply of illegal substances and there had been some good finds but overall the prison needed to do more at a strategic level to understand and address the causes of violence, and at an individual level to address perpetrators and support victims.

The prison was overcrowded, some cells were very small and the overall environment was worn. Prisoners complained they could not get access to cleaning materials but cells were generally clean. Prisoners could wear their own clothes but prison clothing was often ill-fitting and in poor repair. Relationships between staff and prisoners was a strength, and the prison newsletter and daily radio show were effective means of communicating with prisoners. Support for prisoners with protected characteristics varied and consultation arrangements needed to be improved. Faith provision was very good and the chaplaincy played an important part in the life of the prison as a whole. Health care was a concern and vacancies affected the delivery of some core functions, although there were clear plans for improvement. Health screening of new arrivals was inconsistent and this created significant risks.

The quality of activities was good and the achievements of prisoners were outstanding. There was a very welcome focus on functional skills such as maths and English. However, although the amount of activity had increased it was still insufficient to meet the needs of the population. Too many prisoners were underemployed as orderlies and domestic workers. The library and gym were both good facilities but more needed to be done to monitor and encourage attendance.

The strategic management of resettlement was reasonably good and the prison was planning well to meet its new resettlement role. Too many prisoners arrived at the prison without an up-to-date risk assessment, and offender management processes needed to focus more on reducing prisoners' risk of reoffending after release. Practical resettlement support was good and Clive House – the open unit just outside the prison walls – was an excellent facility to prepare prisoners for final release. Family work was good which was important in view of the long distances many prisoners were from

home. A high proportion of prisoners had been involved in domestic violence offences, but there was no work done to address this behaviour.

HMP/YOI Stoke Heath has weathered the pressures on the prison system better than most, and outcomes for the prisoners held were better than in many prisons we have recently inspected. Priorities for the future should include a focus on tackling violence, improving support for prisoners with protected characteristics, keeping men fully occupied and doing more to reduce the risks that they will reoffend after release.

Nick Hardwick
HM Chief Inspector of Prisons

August 2015

Fact page

Task of the establishment

Closed adult male category C establishment with young adult designation and small remand function, plus small 16-bed category D unit. Designated resettlement prison for Wales taking prisoners primarily from HMPs Swansea, Cardiff, Altcourse and Parc.

Prison status

Public

Region

West Midlands

Number held

17.4.15: 745

Certified normal accommodation

634

Operational capacity

782 (including 16 category D)

Date of last full inspection

7 – 16 March 2012

Brief history

Stoke Heath was built in 1964 as a category C adult prison, holding both adults and young adults since July 2011. In November 2014, it began reconfiguration as a designated resettlement prison for Wales.

Short description of residential units

A wing – residential unit

B wing – clinical management (integrated drug treatment system, IDTS) unit

C wing – residential unit

D wing – induction unit

E wing – residential unit

F wing – residential unit (remand allocation)

G wing – residential unit

I wing – progression unit (release on temporary licence, ROTL, designation)

Clive unit – unit outside the prison holding up to 16 category D prisoners

Name of governor

John Huntington

Escort contractor

GEOAmey

Health service providers

Shropshire Community Health NHS Trust

South Staffordshire NHS Foundation Trust

North Staffordshire Combined Healthcare NHS Trust

Learning and skills provider

The Manchester College

Independent Monitoring Board chair

Graham Oliver

About this inspection and report

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

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

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

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

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

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

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission or Healthcare Inspectorate Wales, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 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.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

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

Summary

Safety

S1 *Following a change in role, a large percentage of the prison's population was now from Wales. For most prisoners, journeys to reach the prison were long, but their escort, reception and first night experiences were mostly positive. While first night and induction arrangements were good, not all new arrivals were seen by health care staff. There was a high number of violent incidents, but the prison did not do enough to understand or address this issue. Significant quantities of illegal alcohol and illicit substances were regularly found. While the prison had made inroads into addressing these concerns, more was needed. Prisoners in crisis were well supported. Security and disciplinary procedures were broadly proportionate. Governance of use of force was mostly good and the special cell had not been used since 2011. The segregation unit offered a very basic regime but staff support was good. Substance misuse services required some improvement. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S2 *At the last inspection in March 2012 we found that outcomes for prisoners in Stoke Heath were reasonably good against this healthy prison test. We made 18 recommendations in the area of safety. At this follow-up inspection we found that seven of the recommendations had been achieved, two had been partially achieved, seven had not been achieved and two were no longer relevant.*

S3 The number of prisoners arriving at the prison who had travelled long distances had increased since it began operating as a resettlement prison for Wales. Escort, reception, first night and induction arrangements were reasonably good and most prisoners were positive about their early days at Stoke Heath. The reception process was efficient. In our survey, 85% of prisoners said that staff there treated them well, and new arrivals had access to peer support. Some who arrived at lunchtime experienced delays in disembarking from vehicles as the reception was not staffed at that time.

S4 All new arrivals had access to a free telephone call, shower and a meal on their first night. The first night and induction unit was reasonably clean but cells were cramped, contained graffiti and had no kettles. The induction was appropriate and accessed by all prisoners.

S5 Levels of violence were higher than at similar prisons and double what they were at our last inspection. Although the prison was focused on the high levels of violence we were not assured it had done enough to analyse and understand the problem or taken action to address it. There were no violence reduction prisoner representatives to support prisoners or safety survey for the prison to understand why levels of violence were high. The strategy to manage bullying was in its early days and required further development. Prisoners had too little to occupy themselves constructively when not engaged in formal activities and many said that petty issues escalated into incidents, such as fighting.

S6 The level of self-harm was low for the type of prison, and several complex cases were very well managed. Most prisoners in crisis said they felt supported, and case management documentation indicated good care for those needing increased support. Prisoners had reasonable access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) but the service was inadequately promoted. Safeguarding arrangements for prisoners at risk because of their health, disability or age were better than we normally see.

- S7 Security was given a high priority and security arrangements were proportionate. The prison was properly focused on trying to maintain a safe environment without unnecessarily restricting prisoner access to the regime. The prison tackled complex issues, including illicit drug and alcohol availability (including new psychoactive substances), the violence and weapons, actively. There was a good strategic approach to supply reduction with significant finds. However, the drugs suspicion testing programme was insufficiently resourced and the availability of drugs and illegal alcohol remained relatively high.
- S8 Staff and prisoners understood the incentives and earned privileges (IEP) scheme but it was applied inconsistently and we were not assured that it was used to encourage positive behaviour or challenge poor behaviour constructively.
- S9 Use of all disciplinary procedures was high but they were mostly justified and a result of the high levels of violence, availability of unauthorised items and other issues. Comprehensive data on disciplinary issues were collated but identified trends were not always addressed. Many records of adjudications showed insufficient exploration of charges before a finding of guilt, and quality assurance had not yet led to necessary improvement.
- S10 Governance of the use of force was mostly good and we were assured that, while high, force was used as a last resort and de-escalated well. Completed use of force documentation was of a good standard. Despite the sometimes challenging population, it was commendable that designated special accommodation had not been used since February 2011
- S11 The separation and reintegration unit was mostly reasonable, apart from a lack of furniture in some cells. The regime for most segregated prisoners was impoverished and lacked constructive activity, but staff-prisoner engagement in the unit was good and staff were knowledgeable about those in their care.
- S12 Outcomes for prisoners with substance misuse problems were varied. Clinical opiate treatment was delivered well but the lack of consistent health screening of prisoners on their reception was a risk for the few remand prisoners with alcohol withdrawal problems. The RAPt (Rehabilitation of Addicted Prisoners trust) service was managing a 45% increase in referrals well but there was limited groupwork available.

Respect

S13 *The standards of residential accommodation varied and many areas were worn. Staff-prisoner relationships were good. There were equality and diversity management structures but consultation with minority groups was underdeveloped. Complaints were managed efficiently but there were delays in some responses. Health care provision was not sufficiently good. The food was satisfactory and consultation was responsive. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S14 *At the last inspection in March 2012 we found that outcomes for prisoners in Stoke Heath were reasonably good against this healthy prison test. We made 25 recommendations in the area of safety. At this follow-up inspection we found that six of the recommendations had been achieved, seven had been partially achieved, 11 had not been achieved and one was no longer relevant.*

S15 External communal areas were well presented but some internal communal areas were grubby and required decoration. Many cells were cramped, in a poor decorative condition with inadequate furniture and had poorly screened, heavily scaled toilets. Prisoners had good access to showers, which were clean, although there were continuing problem with hot

- water supply on some wings. Access to telephones, mail and clean bedding was good. The application system was inadequate in addressing prisoner requests.
- S16 Staff-prisoner relationships were good, and most prisoners said staff treated them with respect. However, the personal officer scheme was ineffective, staff entries in prisoners' case notes were often too superficial, and there was no evidence of quality assurance. Prisoner consultation arrangements were good
- S17 There were clear structures for the management of equality and diversity work, with good involvement from senior managers, but the support for minority groups varied and the redeployment of the equality officer to other work hampered progress. Identification of prisoners with protected characteristics was reasonably good. Equality committee meetings were well attended and included prisoner representatives, but information from equality monitoring was not analysed or used effectively. Discrimination complaint investigations were satisfactory, but some had taken too long to complete. Not all protected groups had regular meaningful support forums. There had been some useful work with black and minority ethnic prisoners following the previous inspection to explore their negative perceptions of the prison but such views remained. Support for foreign national prisoners was adequate. Not all prisoners who required additional support as a result of their disabilities were properly assessed.
- S18 Faith provision was very good, and chaplains offered good pastoral support to prisoners. Prisoners were very positive about the range of classes and services offered by the chaplaincy.
- S19 The complaints process was well organised but the quality of responses was variable. Prisoners could access legal rights support through their offender supervisors, which met need.
- S20 Health services were not sufficiently good but there were effective governance and partnership arrangements and clear plans for improvement. Not all new arrivals had an initial health screening on reception, which missed some significant health risks and needs for treatment, especially for prisoners on remand, and there were no routine follow-ups. Prisoners did not always receive prompt access to their medication, particularly when they first arrived. There was good access to primary care services, including the GP, and an appropriate range of clinics. Some prisoners were dissatisfied with the GP's approach to pain relief but the practices were clinically sound. The quality of dentistry was good and while there was an appropriate range of treatments, there were long waits for access. Mental health services were reasonably good and offered a suitable range of interventions.
- S21 The quantity and quality of food were reasonable, but meals were served too early, servery supervision was poor and many prisoners were uncomplimentary about the meals. Prisoners could buy a reasonable range of goods from the prison shop. Consultation with prisoners about food and purchases was reasonable with evidence of some changes resulting.

Purposeful activity

S22 *Time out of cell was reasonable for most prisoners and very good for those who were fully employed. The number of activity places had improved significantly but we found too many prisoners on wings who were not purposefully engaged. The range of vocational training and classroom courses was good. Strategic planning and partnership working on learning, skills and work were particularly good. Attendance in education and vocational training was generally good. Success rates had improved and were high in most subjects, including functional skills. Library provision was good but too few prisoners visited it. Gym facilities were good and access was adequate. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S23 *At the last inspection in March 2012 we found that outcomes for prisoners in Stoke Heath were not sufficiently good against this healthy prison test. We made 17 recommendations in the area of safety. At this follow-up inspection we found that 14 of the recommendations had been achieved, two had been partially achieved and one was no longer relevant.*

S24 During our roll checks we found only 7% of prisoners locked in their cells during the core day, which was better than we normally see. Despite a restricted regime, time out of cell was reasonable for most prisoners, and those who were fully employed could experience 10 hours out of cell on a weekday.

S25 Senior managers had a very clear and focused strategy for learning, skills and work that had resulted in increased activity spaces and a strong emphasis on developing prisoners' employability. Joint working between the prison and The Manchester College was particularly good and had led to a well-planned, wide-ranging and coherent curriculum. Quality improvement arrangements were very good and quality improvement planning had secured good provision for the population. The self-assessment process was inclusive, critical and evaluative.

S26 Most prisoners were purposefully engaged but the prison was not yet providing full-time activity spaces for all prisoners. There were approximately 460 education and training places available. Approximately 125 prisoners worked as orderlies, cleaners and in prison work but were not sufficiently occupied. There was a good range of education and vocational training courses, including at level 2, which was an improvement since the last inspection. The prison offered distance learning and Open University programmes to meet the needs of more able learners. Links with employers were not sufficiently well established.

S27 The process of allocating prisoners to activities had been strengthened and was effective and equitable, taking into account the length of their sentence, prior learning and work experience.

S28 Standards of teaching and learning were good in classroom sessions and vocational training. Resources to support learning were good and workshops were of an industrial standard, with some outstanding features. Prisoners employed in prison work were trained and supported well.

S29 Outcomes for prisoners were outstanding. Success rates on classroom courses and in vocational training, including national vocational qualifications, were very high, as were success rates in functional skills. Prisoners developed good, and often outstanding, personal, educational and vocational skills to help them on release, especially on the barista training programme. Prisoners who had successfully completed a railway engineering course had secured permanent employment in the industry.

- S30 The library had been re-sited to a more accessible location and access was now good, although not enough prisoners used it regularly. The library ran some successful projects to promote reading.
- S31 PE facilities were good, induction arrangements were thorough and an appropriate accredited course was available. PE staff responded to the needs of all prisoners and delivered individualised programmes.

Resettlement

- S32 *Strategic arrangements for resettlement and offender management work were satisfactory and plans for the introduction of 'Through The Gate' resettlement services were appropriate, offender management outcomes were affected by the number of prisoners who arrived without an up-to-date OASys (offender assessment system) assessment. Offender supervisors had regular contact with prisoners but did not focus enough on work to reduce risk. Public protection arrangements were sound but there were some concerns about late identification of risk management levels before release. Resettlement pathway provision was generally good and the arrangements for temporary release and the resettlement unit were impressive. There was no work to address domestic violence. **Outcomes for prisoners were reasonably good against this healthy prison test***
- S33 *At the last inspection in March 2012 we found that outcomes for prisoners in Stoke Heath were reasonably good against this healthy prison test. We made 11 recommendations in the area of safety. At this follow-up inspection we found that three of the recommendations had been achieved, one had been partially achieved, six had not been achieved and one was no longer relevant.*

- S34 The strategic management of resettlement and offender management work was reasonably good, and plans to implement the new 'through the gate' resettlement services had progressed. The resettlement strategic group focused on key development issues. With the change in the prison's population the 2013 needs analysis was now out of date. The model of offender management was generally good. Although the prison had planned further training and development of offender management staff, which was positive, there remained more to do.
- S35 The prison continued to receive prisoners without up-to-date OASys assessment or basic custody screen, which placed unnecessary pressure on the offender management unit, although the backlog was managed reasonably well. In most of the cases we reviewed, OASys assessments were completed to a reasonable standard and sentence plan targets did reflect appropriate risk factors. Most prisoners knew their offender supervisor and were reasonably positively about their contact, although there was too little focus on addressing prisoners' reoffending. Case management, staff development and supervision for all offender supervisors needed further development. There was an impressive model of release on temporary licence (ROTL), with the Clive unit – a small unit outside the prison holding category D prisoners – a positive experience for those who lived there.
- S36 Public protection work was reasonably good with reasonable quality multi-agency public protection arrangements (MAPPA) reports completed by offender supervisors. However, some prisoners likely to pose a significant risk did not have their MAPPA risk management level identified sufficiently soon enough before release.

- S37 Reintegration planning was in transition with new staff from the St Giles Trust prisoner support charity due to come into post. Pre-release review meetings between offender supervisors, prisoners and offender managers did not happen routinely, and some prisoners were released without an OASys report completed.
- S38 A Nacro peer adviser saw all new arrivals and identified those with housing and/or debt issues. Nacro, a crime reduction charity, had good links with housing providers in England, and with the change in policy for prisoners from Wales was developing similar contacts there. Although demand for housing services had increased, only one prisoner had been released without fixed accommodation in the previous six months. Around 10 prisoners a month were referred to Citizens Advice with debt problems. Prisoners could open bank accounts before release and attend a money management course.
- S39 The National Careers Service provided a good service at induction, and saw most prisoners during their pre-release period. The 'virtual campus' (providing internet access to search jobs, training and education), however, was not a well-used resource. During the previous six months, 111 prisoners had been released into training, education or employment.[
- S40 Reintegration planning for substance misusers was good, with priority for one-to-one work with those nearing their release date. Health staff saw prisoners before their discharge and gave them take-home medication if required. There was effective discharge planning for those with severe and enduring mental health needs.
- S41 Many prisoners were held at some distance from their home, which made visiting difficult for some families, but visitors and prisoners were very positive about visits and the facilities were reasonably good.. Provision for maintaining relationships was well developed; prisoners could access relationship courses, family days and complete a 'me and my dad' memory book for their children.
- S42 The provision of the thinking skills programme (TSP) and Resolve (to address violent offending) was appropriate with 60 places available annually. However, many prisoners did not meet the criteria for these programmes and had limited alternatives. Although one in five prisoners were subject to restraining or harassment control and more prisoners than we usually find had histories of domestic violence, there was no work to address this area of offending.

Main concerns and recommendations

- S43 Concern: There were high levels of violence, as well as finds of weapons and illegal alcohol, responses to our survey on safety factors were worse than at the previous inspection, the availability of new psychoactive substances was also an issue, and the prison's analysis of trends in incidents was insufficient. There were no violence reduction prisoner representatives to support prisoners or safety survey for the prison to understand why levels of violence were high.

Recommendation: The violence reduction strategy should be revised and data collation improved so that the prison can draw meaningful conclusions about safety and take action to address this. The strategy should include consultation with prisoners to understand their perceptions of safety and an analysis of disciplinary activity, including use of force and segregation, to reduce its use.

- S44 Concern: The provision for prisoners with protected characteristics varied considerably and not all groups had forums to raise concerns. The equality officer was too often redeployed elsewhere, and information from equality monitoring was not analysed or used effectively.

Recommendation: There should be regular forums and management information for each protected characteristic, data from equality monitoring should be addressed at equality committee meetings, and there should be arrangements for prisoners from all minority groups to raise their specific concerns and have these addressed.

- S45 Concern: Newly arriving prisoners at Stoke Heath did not routinely receive an initial health screen which was a significant risk, especially for those prisoners on remand. Follow-ups were not routinely undertaken.

Recommendation: New arrivals should be health screened on reception and offered a routine secondary follow up within 72 hours, with any decline of this recorded.

- S46 Concern: The prison did not provide enough full-time purposeful activity for all prisoners. On too many occasions men were insufficiently occupied, which contributed to instances of poor behaviour, especially on the wings.

Recommendation: There should be sufficient opportunities for all prisoners to participate in full-time purposeful activity, and managers should ensure that employed prisoners have enough work to keep them fully occupied.

- S47 Concern: Offender supervisors had little contact with prisoners that focused on addressing their offending behaviour and there was little provision for prisoners who did not meet the criteria for the prison's two offending behaviour programmes.

Recommendation: Offender supervisors should have a clearly defined role, including how they support prisoners to address their offending behaviour, achieve sentence plan targets and measure progress, especially for those prisoners who do not meet the specific criteria to attend available offending behaviour programmes.

- S48 Concern: There was no work to challenge offences of domestic violence, even though 19% of the population were subject to a restraining order or had histories of harassment and domestic violence.

Recommendation: Work should be developed to address domestic violence.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

I.1 *Many prisoners arriving at the prison had experienced long journeys but were positive about their treatment by escort staff.*

I.2 Stoke Heath's new role as a resettlement prison for Welsh prisoners had led to an increase in the number of prisoners arriving from Wales who now made up approximately 60% of the population. Consequently more prisoners experienced a longer journey to the prison than had previously been the case. In our survey, over half of prisoners said they had spent over two hours travelling to Stoke Heath. Those who arrived over lunchtime, when the reception was not staffed, had delays in disembarking from escort vehicles. However, prisoners we spoke to were positive about their treatment by escort staff. Fewer prisoners than the comparator said that the escort vans were clean, and the vans we saw were grubby and had graffiti. Although prisoners told us they had received food and drink during transfer, in our survey only 7% of those who said they had travelled for more than two hours said they had been offered a toilet break. The prison used court video link facilities well to avoid unnecessary journeys to court.

Recommendations

I.3 **Arriving prisoners should not experience delays in disembarking from escort vehicles.**

I.4 **Prisoners being escorted on long journeys should be offered toilet breaks.**

Housekeeping point

I.5 Escort vehicles should be clean and graffiti free.

Early days in custody

Expected outcomes:

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

1.6 *Reception, first night and induction arrangements were reasonably good and most prisoners were positive about their early days. The reception process was efficient and staff were welcoming, although health staff did not see all arrivals on their first night. The first night and induction unit was clean but cells were cramped and had graffiti. All arrivals received an appropriate induction.*

1.7 In our survey, 85% of prisoners said they had been treated well in reception. New arrivals told us that staff were welcoming, and we observed good interaction between staff and prisoners. Prisoner peer workers offered all arrivals a hot drink. New prisoners had an initial safety screening in private.

1.8 Strip searching was only carried out routinely on the small number of remand prisoners arriving from court; the majority of prisoners who transferred in from other prisons had only a pat-down search. All new arrivals were offered a free telephone call, had access to a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and could buy shop packs while in reception. New arrivals could have an evening meal on D wing (the first night and induction unit), and the few who arrived late had microwave meals in reception. Staffing constraints meant that not all new arrivals, especially those arriving after 3.30pm, saw health care staff on their first night, which was a significant gap, and some prisoners had to wait several days until they saw a member of health staff (see also paragraph 2.68). Arrivals were not held in reception for too long before they were moved to D wing. The reception was being refurbished during the inspection to replace five small austere holding rooms with two larger rooms.

1.9 First night cells were clean but they were cramped, had graffiti and the toilets were inadequately screened, and communal areas, like those on other wings, were worn and needed refurbishment. New arrivals had access to sufficient clothing and bedding but there were no kettles due to a shortage. All prisoners arriving on D wing had an appropriate first night risk assessment in private, and a meal and a shower before lock up. New arrivals spoke highly of staff on the unit, and in our survey more than the comparator said they felt safe on their first night.

1.10 Induction started the next working day after arrival. Although there were some negative responses in our survey, the induction was appropriate and accessed by all prisoners. Sessions were delivered by peer workers, education and gym staff and generally took a week to complete. Time out of cell was unusually good for new arrivals during their early days, and they could take part in work and education while on the induction unit.

Housekeeping point

1.11 First night cells should be graffiti free and contain kettles.

Bullying and violence reduction

Expected outcomes:

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

- I.12** *The prison was focused on the high levels of violence but had not yet efficiently addressed this problem adequately, and prisoners were more negative about their safety than at our previous inspection. Work to monitor and address bullying behaviour was underdeveloped.*
- I.13** The number of violent incidents was high. Between September 2014 and February 2015 there had been 25 assaults against staff, 55 assaults against prisoners and 35 fights. These levels were more than double those at our last inspection and higher than at similar prisons. There had also been a significant number of weapons found (48 in the previous six months) including eight 'knuckle dusters'. However, most incidents were relatively minor. The prison held around 40 young adults but did not disaggregate data about violence for this group and so was unaware if they were over-represented in incidents (see main recommendation S43).
- I.14** The prison was focused on the high levels of violence, which were discussed at the well-attended monthly safer prison meeting. Managers felt that several factors contributed to this high level – including the new mix of prisoners, the number of young adults and the availability of illicit substances including hooch (illicitly brewed alcohol), drugs and other items – but there was insufficient analysis to understand the extent or pattern of violence, or why the incidence had risen in the previous six months, and the prison's safety strategy did not adequately address these high levels of violence (see also paragraph I.29 and main recommendation S43).
- I.15** In our survey, responses on a range of safety indicators were more negative than at the last inspection. There had been no prison safety survey and there were no violence reduction peer supporters who could help understand prisoners' perceptions of safety. We found prisoners on wings with little to occupy them constructively outside of formal activities, and some said that petty issues escalated into incidents such as fighting due to boredom. (See main recommendation S46.)
- I.16** The monitoring of bullying had recently been revamped and wing managers now carried out investigations. The quality of investigations was reasonable but some took too long to be completed. Approaches to managing bullies, such as sanctions including being restricted to wings, frequent wing moves, and control over shop purchases, were in their early days and although indications of effectiveness were encouraging, further improvements were required. We were not assured that all victims of bullying were given support at the earliest opportunity, although the support given was reasonable.

Recommendation

- I.17** **The prison should take effective action to identify and monitor perpetrators of violence, and to support victims from the earliest opportunity.**

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.18** *Incidents of self-harm were managed well. There was good case management of at-risk prisoners, and prisoners in crisis felt supported. The Listener scheme was poorly promoted.*
- I.19** There had been 52 incidents of self-harm between October 2014 and March 2015, which was lower than similar prisons. Serious incidents were investigated to learn lessons. Sadly there had been one self-inflicted death since our last inspection. An action plan had been implemented following a report into the death from the Prisons and Probation Ombudsman (PPO), and actions addressed
- I.20** The prison managed some complex prisoners very well, including those placed under constant supervision. Care for those in crisis was very good and most prisoners at risk who were subject to assessment, care in custody and teamwork (ACCT) case management said they felt supported. A weekly multi-agency self-harm (MASH) meeting managed prisoners on ACCT and those identified as of concern due to vulnerabilities (see paragraph I.26).
- I.21** There had been 144 ACCT documents opened in the six months to March 2015, with nine open at the time of the inspection. The quality of entries in ACCT documents was mostly good and included comprehensive care maps. The recording of observations was sufficiently detailed to be useful and demonstrated a caring approach.
- I.22** In our survey, only 42% of respondents said they were able to speak to a Listener at any time, against the comparator of 57%. Despite this, access to Listeners was adequate, although the scheme was poorly promoted – Listeners did not wear identifying T-shirts and their photographs were not displayed on wings. There was no Listener available on the induction wing, and no young adults were trained as Listeners. The two Listener suites were grubby and poorly prepared.
- I.23** The monthly safer prison meeting was well attended, including by Listeners, and the analysis of data about self-harm and subsequent actions was good.

Recommendation

- I.24** **The Listener scheme should be promoted, young adults should be trained as Listeners and the Listener suites should be clean and adequately prepared.**

Safeguarding (protection of adults at risk)

Expected outcomes:

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

I.25 *Safeguarding arrangements were much better than we normally see.*

I.26 Arrangements for safeguarding prisoners at risk because of their health, age or disability were good, and the safeguarding policy was comprehensive. The prison had made links with Shropshire safeguarding adults board and had made some referrals and requests for information. New arrivals assessed as at risk were discussed at the weekly MASH meeting (see paragraph I.20), which was an effective forum for supporting such prisoners. Although most staff had not received formal training in safeguarding procedures, those we spoke to were aware of how to raise concerns and we found evidence to support this, including referrals from wing staff to the safer custody team about prisoners they were concerned about.

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.27 *Security arrangements were given a high priority, were proportionate and facilitated the training prison regime. There were high levels of security information but responses were not always prompt, although there was good information sharing and the prison was successful in finding high numbers of illicit items. Appropriate security objectives were set and monitored. The prison was tackling a major drug problem actively but drug testing procedures were sometimes inadequate.*

I.28 Security arrangements were proportionate for a category C training prison. Security was a high priority and the prison was properly focused on trying to maintain a safe environment without unnecessarily restricting prisoner access to the regime. Strip searching was now only undertaken on the basis of intelligence to support it. The security meeting was well attended and informed by a comprehensive intelligence assessment report that allowed it to set and monitor appropriate objectives.

I.29 In the previous six months, 2,099 intelligence reports had been submitted and processed efficiently, but some necessary actions, including target searching, were not always completed within acceptable timescales. Despite this, there had been some good finds, including 'hooch' (illicitly brewed alcohol), drugs, mobile telephones, and weapons (mostly in communal areas), but prisoners and staff indicated that such items continued to be available.

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

The main challenge was the prevention of unauthorised items, including mobile telephones, illegal drugs and new psychoactive substances (NPS). The security department worked well with other departments and external agencies, including the police, and was focused primarily on drug- and debt-related issues. The prison was active in trying to address these issues in a measured and proportionate way, but more was required as prisoners continued to be exposed to the associated violence.

- I.30** The random positive mandatory drug testing (MDT) rate for the six months to April 2015 was 7.3%, which was similar to other category C prisons. In our survey, more prisoners than the comparator said it was easy to get drugs and alcohol. There was strong evidence of the availability of synthetic cannabinoids ('Black Mamba'), cannabis and hooch. The prison had a good supply reduction strategy and a dedicated committee produced monthly action points. Suspicion drug testing had been insufficiently resourced with a shortage of officer testers, but the security and supply reduction committees monitored the extent of non-completion. The MDT suite was clean and appropriately equipped.
- I.31** At the time of the inspection, five prisoners were subject to closed visits and a further 24 prisoners had been on closed visits in the previous six months, which was not insignificant. Closed visits were used appropriately for reasons relating directly to the trafficking of unauthorised items through visits and were reviewed regularly. Restrictions were generally removed when there was no further intelligence to support their application.

Recommendation

- I.32** **There should be sufficient staffing to respond to security intelligence and complete target-led searches and suspicion drug tests within reasonable timescales.**

Incentives and earned privileges³

Expected outcomes:

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

- I.33** *The incentives and earned privileges (IEP) scheme was often applied inconsistently and was not sufficiently focused to encourage positive behaviour or challenge poor behaviour. Warnings were generally given for appropriate reasons and some prisoners had the opportunity to improve their behaviour before sanctions were applied. Differentials between IEP levels were reasonable and the regime for those on basic was not overly punitive.*

- I.34** At the time of the inspection, around 25% of prisoners were on the enhanced level of the IEP scheme, 5% were on basic and the remainder on standard. Differentials between the levels were reasonable and, in addition to the mandatory requirements for access to extra private cash and visits, those on the enhanced level had the opportunity for additional association periods at weekends and to live on I wing, the progression unit – a better environment with access to a pleasant outside garden and exercise area.

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

- I.35** Staff and prisoners understood the scheme but there was some inconsistent application. Records did not always evidence sufficient reasons for demotion or for refusing enhancement, and reviews were not always recorded. Warnings were generally for good reasons, and there was evidence that some were appropriately rescinded on appeal.
- I.36** Most demotions to the basic regime were a result of a pattern of negative behaviour, including refusing to attend work. The basic regime was not used excessively and was not overly punitive – it included daily access to showers, exercise and telephone calls, and continued attendance at activities. Prisoners spent differing periods on basic depending on the alleged misdemeanour, but there was little evidence that they were set meaningful targets to change their poor behaviour. We found some younger prisoners who had spent long periods on basic without effective intervention to help them improve their behaviour.

Recommendations

- I.37** **The incentives and earned privileges scheme should be applied consistently.**
- I.38** **Targets set for prisoners on the basic incentives and earned privileges (IEP) level should acknowledge their individual circumstances, be specific about the behaviour expected and be measurable.** (Repeated recommendation I.61)

Discipline

Expected outcomes:

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

- I.39** *The use of all disciplinary measures was high, due to the high levels of violence and illicit items in the prison. Good data were collated and analysed but there was no overarching strategy to reduce the use of disciplinary measures. Many records of adjudication showed insufficient investigation before a finding of guilt, and quality assurance was ineffective. Oversight and accountability for most aspects of use of force was very good, records were generally of a high standard, and force was used as a last resort and de-escalated well. The regime in the separation and reintegration unit was inadequate although staff engaged well with prisoners.*

Disciplinary procedures

- I.40** Between October 2014 and March 2015 there had been 916 adjudications, which was high for the type of prison and higher than at the previous inspection, but we were assured that charges were laid for good reasons and reflected the high levels of violence and availability of unauthorised items, such as drugs and mobile telephones. Due to their serious nature, many charges continued to be referred to the independent judge. Prisoners were given sufficient time to prepare their case. The records of hearings that we reviewed varied in quality and many showed insufficient exploration of the charge before a finding of guilt. Punishments were generally in line with published tariffs. Quality assurance was not effective, particularly for the exploration of charges.
- I.41** The collation of data across all disciplinary measures, including adjudications, use of force and segregation, was good and data were analysed to identify some trends and patterns, but

there was no coherent strategy to address the high use of such measures (see main recommendation S43).

Recommendation

- I.42 All disciplinary charges should be fully investigated, with clear reasons given for the decisions reached, and the quality assurance of adjudication records should be improved.**

The use of force

- I.43** Force had been used on 117 occasions between October 2014 and March 2015, which was high. In the records that we sampled, control and restraint had been applied in around 58% of incidents, with full and sustained use in about 11%. During the inspection we observed two incidents where force was used: both were managed very well and force was used as a last resort following excellent efforts at de-escalation. Records and observation assured us that generally force was used as a last resort and was de-escalated well. Use of handcuffs and relocation to the separation and reintegration unit were not routine. Most records were completed to a high standard.
- I.44** Planned interventions were not always filmed or reviewed. Those we viewed highlighted some learning points that the prison needed to address but were generally managed well.
- I.45** We were assured that the four incidents where staff had drawn and, on one occasion, used batons were proportionate responses to the risk posed. The prison had focused appropriately on all these incidents, and applied additional scrutiny in each case to ensure proportionality.
- I.46** It was commendable that, despite a complex and challenging population, the designated special accommodation had not been used since February 2011. However, we found some evidence of the removal of furniture, bedding and clothing from an ordinary cell, rendering it 'special' but without the necessary authorisation.
- I.47** The use of force minimisation group met weekly and generally provided good oversight and governance. It was informed by good data, which were analysed for trends and patterns but which did not provide a coherent strategy to reduce the high use of force (see main recommendation S43).

Housekeeping point

- I.48** The removal of furniture, bedding, clothing and sanitation from cells should be properly authorised and justified on appropriate documentation.

Segregation

- I.49** In the six months to the end of March 2015, there had been 185 periods of segregation, which was high. Figures showed that 130 prisoners were segregated initially pending adjudication, which was high and we were not assured that this was always necessary. The average stay in the separation and reintegration unit was not excessive, at eight days, and few prisoners spent long periods there.

- I.50** Communal areas were clean but the unit needed refurbishment. Some cells contained graffiti, insufficient furniture and dirty, unscreened toilets with no toilet seat. The shower areas were clean but insufficiently private. The large exercise yard had seating.
- I.51** New arrivals on the unit were only strip searched by risk assessment, and protocols for unlocking individual prisoners were proportionate to their risk. Between October 2014 and March 2015, 13 ACCTs had been opened on prisoners held in the unit and, although high, we were confident that there was proper oversight to justify this.
- I.52** All segregated prisoners had access to a basic daily regime, including showers, but the 30-minute exercise period was insufficient and most could only use the telephone twice a week. Many segregated prisoners complained of a lack of constructive activity to occupy them. Education staff rarely visited the unit, there were insufficient opportunities for off-unit activities and although prisoners were offered a radio, televisions were not permitted.
- I.53** Multidisciplinary reviews were timely and authorising documentation was usually completed well and included reasonable targets to assist individuals return to normal location. However, reintegration planning for longer term residents, while adequate, was not as good as at our previous inspection. The use of segregation was monitored but the data were not used to address identified concerns, such as high use.
- I.54** Despite negative responses in our survey, prisoners we spoke to were complimentary about their treatment by unit staff. Staff were knowledgeable about prisoners in their care and we observed some relaxed and friendly engagement.

Recommendation

- I.55** **The conditions in some cells and the quality of the regime in the separation and reintegration unit should be improved.**

Substance misuse

Expected outcomes:

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

I.56 *There had been changes to the strategic approach to substance use. The RAPt service was managing a 45% increase in referrals well, but there was limited groupwork available. Clinical opiate treatment was available, but inconsistent reception health screening was a risk for remand prisoners withdrawing from alcohol. There was no protocol for prescribing analgesia to prisoners on opiate substitution treatment.*

- I.57** Clinical services were delivered by North Staffordshire Combined Healthcare NHS Trust and psychosocial services by RAPt (Rehabilitation of Addicted Prisoners trust). There was an up-to-date strategy document and the latest needs analysis was due to be completed.
- I.58** The substance use strategy committee had been absorbed into the security meeting and the drug strategy lead role had been combined into the already large portfolio of reducing reoffending.

- I.59** RAPt delivered a one-to-one case management service with 261 prisoners (33% of the population) on its caseload. A triage system had been introduced to identify priority cases as a result of staff shortages, high prisoner turnover and a 45% increase in referrals. In March 2015, the service received 81 referrals. The process was well managed. Prisoners assessed as the lowest level of need were placed on a waiting list. At the time of the inspection, 45 prisoners were on the list with the longest waits for one-to-one work at around four weeks.
- I.60** The groupwork programme was in transition as the previous eight week 'Bridge' programme had been assessed as too long to cater effectively for most prisoners, especially as the prison undertook its resettlement function and would hold more prisoners for less time. The prison was due to select a replacement programme.
- I.61** The care plans for both clinical and psychosocial services that we saw were not completed well enough, although there was no evidence that prisoner outcomes suffered directly as a result.
- I.62** Primary health care nurses did not screen all new arrivals in reception (see also paragraphs 1.8 and 2.67). As there was a small remand population (approximately 50 prisoners a year), there was a risk that such prisoners could arrive in a state of alcohol withdrawal and not be identified promptly. In the previous year, five remanded prisoners had required treatment for alcohol withdrawal. Although there had been no cases of missed screenings, untreated alcohol withdrawal can be fatal and the inconsistent health screening of new arrivals was unsafe.
- I.63** There were 76 prisoners on opiate substitution treatment (9.7% of the population). This was well managed, given that many prisoners coming from Welsh prisons had been detoxified too rapidly, as there was no integrated drug treatment system (IDTS) there, and arrived at Stoke Heath with evidence of illicit drug use. Approximately 40% of the 76 were on maintenance doses and 60% were reducing, which was appropriate for the type of prison and its population. Clinical reviews were appropriate and in line with national guidance.
- I.64** As part of the establishment's policy to reduce prescribing of tradable medication, some prisoners on opiate substitution treatment had been taken off previously prescribed analgesia. Some prisoners told us of inconsistencies in prescribing, and there was no protocol for the pain management of prisoners on opiate substitution.

Recommendations

- I.65** **The prison's strategic approach to substance misuse should be sufficiently well resourced to meet the needs of the population.**
- I.66** **There should be a protocol to ensure consistency in the prescribing of pain relief for prisoners on opiate substitution treatment.**

Housekeeping point

- I.67** The quality of care plans and other case management records should be improved and regularly monitored by substance misuse team managers.

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** *External communal areas were clean but some internal communal areas were worn and grubby. Many cells were in a poor decorative condition. Cells designed for one prisoner accommodated two, and in-cell toilets were inadequately screened. Prisoners had good access to showers, telephones and mail but not to clean clothing. Responses to cell call bells were slow. The applications system was poor.*
- 2.2** External communal areas were clean and well presented. The Clive Unit, holding up to 16 category D prisoners, was a good environment for the few who lived there. The cleanliness of internal communal areas varied; F and G wings were particularly grubby and required redecoration. Some association equipment was in a poor state. F and G wings were noisy during the day but quieter at night. There was CCTV on all wings except E wing.
- 2.3** Many cells were cramped. Those on A to D were particularly small and some cells on F and G designed for one prisoner were occupied by two. Many cells were in a poor decorative condition and had insufficient furniture, poorly screened and heavily scaled toilets, and offensive displays. In our survey, and throughout the inspection, prisoners were negative about their access to cleaning materials, although most cells were reasonably clean.
- 2.4** Prisoners had good access to showers and most communal showers were in a good condition. Prisoners on I wing had in-cell showers. Prisoners on F and G wings complained that the hot water supply was regularly interrupted, and this occurred during the inspection. The prison had short-term contingencies and a longer term plan to rectify the problem.
- 2.5** In our survey, only 60% of respondents said they received enough clean suitable clothes each week, against the comparator of 67%. Some prison clothing was ill fitting and in poor condition. Prisoners could wear their own clothes, and wing laundries were due to be upgraded to improve prisoner access for their own laundry. Access to clean bedding was good. Prisoners were negative about getting their stored property, although we found no backlogs in access to this in reception.
- 2.6** In our survey and throughout the inspection prisoners were negative about response times to cell call bells. Electronic records showed delays of between 10 and 20 minutes in staff answering cell call bells.
- 2.7** The ratio of telephones to prisoners was less than one to 20 on some wings, but as prisoners had a good level of time out of cell their access was not impeded. Access to mail was good. Fewer prisoners than the comparator said that their legal mail had been opened in error, and when this happened it was recorded centrally and the solicitors informed.
- 2.8** In our survey, fewer respondents than the comparator said it was easy to make an application and that applications were dealt with fairly or quickly. Many application requests remained unanswered.

Recommendations

- 2.9** Wings communal areas and cells should be kept clean and maintained to a reasonable standard. In particular cells should be free of offensive displays, and contain adequate furniture. Toilets should be clean and adequately screened.
- 2.10** Cells on F and G wings should be single occupancy only. (Repeated recommendation 2.11)
- 2.11** Staff should respond to cell call bells promptly.
- 2.12** Prisoners should receive suitable prison clothing each week.
- 2.13** All applications should be responded to promptly.

Staff-prisoner relationships

Expected outcomes:

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

2.14 *Staff-prisoner relationships were respectful. The personal officer scheme was ineffective and prisoners were unsure of who to approach for help. Consultation arrangements were good.*

- 2.15** Staff-prisoner relationships were good. In our survey, 82% of respondents said that staff treated them with respect, against the comparator of 78%. The interactions we observed were polite, with staff use of prisoners' preferred names the norm. Prisoners in our survey and structured groups were less positive about having someone they could turn to for help. The personal officer scheme was not operating effectively. Staff entries in prisoners' case history notes were mostly perfunctory and often did not demonstrate a good understanding of individuals. There was little evidence of links between personal officers and offender supervisors in reducing an individual's risk. There was no quality assurance of personal officer entries in prisoner case records.
- 2.16** The prisoner council and safer communities meeting were effective forums where prisoners could raise issues that were addressed. The *Our Time* newsletter and daily radio show were effective in communicating current issues to prisoners.

Recommendation

- 2.17** **Named officers should be encouraged to make regular quality entries on their prisoners' electronic case notes that include the behaviour of the prisoner, acknowledge sentence plan issues or progress, and also consider the family and other support in place.** (Repeated recommendation 2.20)

Good practice

- 2.18** *The prisoner produced newsletter and daily radio show were effective in communicating current issues to prisoners.*

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁴ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

2.19 *The prison had a clear commitment to equality and diversity and a good management structure for the work, but the needs of, and outcomes for, all protected groups were not always identified and addressed. Identification of prisoners with protected characteristics was reasonably good, but support and consultation arrangements were inconsistent between groups.*

Strategic management

- 2.20** The prison's commitment to equality work was good. Each member of the senior management team (SMT) had responsibility for one of the protected characteristics and provided monthly written updates to the SMT and equality committee, except for race and ethnicity issues, which were subsumed within the wider equality agenda rather than addressed separately; this was a weakness. (See main recommendation S44.)
- 2.21** The overarching equality policy was supported by policies for individual protected characteristics, but these varied in quality and how they offered support to prisoners. Much of the equality work was the responsibility of a full-time equality officer, but he was often required for other duties, hampering progress.
- 2.22** The deputy governor chaired the bimonthly equality committee meetings. Attendance was generally good and included prisoner representatives. Minutes indicated that issues raised were addressed, and the overarching equality action plan was regularly reviewed. However, the action plan did not include issues specific to individual protected characteristics and progress in some areas was less robust than in others
- 2.23** There was inadequate use of monitoring data to ensure equality of treatment for all minority groups. Our own review suggested that some groups were disproportionately affected, but the prison was not currently undertaking any regime analysis. (See main recommendation S44.)
- 2.24** There had been 37 discrimination incident reporting forms (DIRFs) submitted in the previous six months covering a range of issues. Investigations were reasonable, although some took too long to be concluded. The equality officer was working with the education provider to introduce discrimination awareness training for prisoners, although this had still to be implemented. Following sustained efforts, the prison had found an external organisation that had scrutinised 10% of DIRFs in February 2015.
- 2.25** Prisoner equality wing representatives did not receive any training for their role, although they were clear about trying to help prisoners who raised equality issues and pointing them

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

to sources of further help. They met regularly as a group with the equality officer and were the main conduit for prisoners to feed diversity issues back to the prison, as open support groups were not available for all protected characteristics. Some prisoners were not aware of the equality representatives, although their photographs were displayed on most residential units and they wore identifying T-shirts. Not all minority groups had an identified equality representative and the prison was considering how to link wing representatives with protected characteristic groups. (See main recommendation S44.)

Recommendation

2.26 Prisoner equality representatives should receive training for their role.

Housekeeping point

2.27 All discrimination incident reporting forms should be responded to promptly.

Protected characteristics

- 2.28** Thirteen per cent of prisoners were from a black or minority ethnic background. Although the prison had held some prisoner focus groups since the last inspection to explore the negative views of such prisoners, our survey responses from black and minority ethnic prisoners were still more negative in many areas than those of white prisoners. There was no specific forum for black and minority ethnic prisoners to raise their concerns (see main recommendation S44).
- 2.29** In our survey, 4% of respondents stated they were from a Gypsy, Romany or Traveller background, more than the nine (1.2%) the prison had identified. A support group met monthly through the chaplaincy but it had no direct input to prison managers.
- 2.30** There were 11 foreign national prisoners and one whose sentence had expired and was held solely under immigration powers. One of these was nearly two years past his sentence expiry date and wanted to move to an immigration removal centre (IRC) to access more specialist support. Foreign nationals were identified on arrival and there was appropriate liaison with the Home Office, but there was no independent immigration advice. Offender supervisors provided the main support for foreign nationals and in 2014 immigration staff had held a briefing for them to explain immigration processes. An immigration officer visited quarterly for individual meetings with foreign national prisoners, and a forum for these prisoners was held during such visits. The most recent, in January 2015, was attended by 12 prisoners and had facilities to enable professional telephone interpreting. The library held translated material about the prison and foreign language books, dictionaries and language courses. English for speakers of other languages (ESOL) was available in education. Free monthly international telephone calls were available to foreign nationals, and eight had made use of this in the previous month.
- 2.31** Work by the prison for prisoners with disabilities was better than we often see. In our survey, prisoners with disabilities were more positive than those without about being treated with respect and having a member of staff to turn to. Screening of new arrivals had identified 183 prisoners with disabilities at the time of the inspection – about a quarter of the population. Most disabilities related to mental health or learning difficulty. The equality officer did not follow up all prisoners on the database quickly, and so we were not certain that all had their needs met promptly. The prison had made some reasonable adjustments, and accommodation on the ground floor of F and G wings had been identified for prisoners

with disabilities. There was a personal emergency evacuation plan (PEEP) for one prisoner during the inspection, although night staff were not aware of it. The prison had plans to introduce a paid carer scheme provided by other prisoners, with appropriate governance and safeguards. Prisoners who could not work due to disability, or were retired, were unlocked during the working part of the day, but there was little for them to do.

- 2.32** There were 29 prisoners aged 50 or over. Older prisoners were identified on arrival and some support was available to them (see also paragraph 2.60). The weekly over-50s group was valued by those who attended, as were the gym sessions reserved for older prisoners. Prisoners who were over retirement age did not have to pay for their televisions.
- 2.33** The number of young adults had declined since the previous inspection and they now made up only 5% of the population. Apart from not sharing accommodation with adults they were fully integrated. A focus group held with six young adults in February 2015 had not raised any age-specific issues.
- 2.34** In our survey, 8% of prisoners identified themselves as an armed forces veteran which would equate to about 60 prisoners across the establishment. We were told the prison struggled to get any external support for this group and it was disappointing that as a consequence the prison had done little active work with them.
- 2.35** Few prisoners identified themselves as gay or bisexual and there was little support for those who did. The prison had past experience of managing a transgender prisoner, and had a clear policy and procedures covering this.

Recommendations

- 2.36** **Immigration detainees should not be held in prisons other than in exceptional circumstances following risk assessment.**
- 2.37** **Foreign nationals should have access to independent immigration advice.**
- 2.38** **There should be a paid carer and a care plan for prisoners who need this support.**
- 2.39** **The prison should develop support networks for those prisoners identified as armed forces veterans.**
- 2.40** **All staff should be made aware of prisoners with personal emergency evacuation plans and their needs in an emergency.**

Faith and religious activity

Expected outcomes:

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

- 2.41** *The chaplaincy was an integral part of the prison and offered good faith and pastoral support. Faith facilities were good and properly maintained, and were used for a range of classes, services and personal support to prisoners. Consultation on faith remained good.*

- 2.42** The chaplaincy played an active role in the prison and prisoners spoke positively about chaplains, regardless of their faith. The team of full-time, part-time and sessional chaplains provided support for a range of faiths, welcomed all new arrivals and made daily visits to those in segregation. They offered individual support to prisoners who had suffered bereavement or were in crisis.
- 2.43** The chapel and multi-faith facility remained welcoming and widely used, for classes and support groups as well as group worship. The range of services and classes was appropriate for the population, and a range of religious artefacts was available.
- 2.44** The coordinating chaplain played an active role in promoting a positive culture within the prison. The faith consultation group was well established and a good forum for prisoners to raise faith issues. Chaplains of different faiths worked together to provide faith awareness training to staff.
- 2.45** The chaplaincy took the lead in work on the children and families resettlement pathway, with some positive results (see paragraph 4.37).

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.

2.46 *Complaint forms were mostly readily available to prisoners. The system for managing complaints was generally efficient, and senior managers regularly looked at complaints data.*

- 2.47** Complaint forms were mostly readily available on residential units, although we found one box without any blank forms. Some complaints submitted by prisoners noted they were using whichever form was available, suggesting that boxes were often not refilled. On average, 100 complaints a month were submitted. The senior management team considered relevant management information about complaints each month.
- 2.48** The complaints system was managed efficiently and most complaints were dealt with promptly. A few prisoners had to wait too long for a response, and in our survey, fewer prisoners than the comparator said that they were answered within seven days. Replies were generally appropriate, with a minority not sufficiently helpful in resolving the complaint. In the previous six months, 14% of appeals against initial complaints outcomes had been upheld.

Recommendation

- 2.49** **All complaints should be responded to promptly.**

Housekeeping point

- 2.50** Complaints boxes should be checked regularly to ensure blank forms are available to prisoners.

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.

2.51 *There was no legal services officer. The provision for legal visits was reasonable.*

2.52 There was no dedicated trained legal services officer, but offender supervisors provided an adequate service in directing prisoners who needed one to a legal representative. Prisoners could meet legal representatives during morning appointments, five days a week. Most visits took place in the open visits area, with one private interview room available. The video link facility could also be used. The library had a reasonable supply of information about legal rights, but this was not readily accessible on bookshelves for prisoners.

Housekeeping point

2.53 The library should publicise the availability of legal information.

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.

2.54 *Some health provision was not good enough and prisoner responses in our survey to questions about health care were nearly all worse than at similar prisons and worse than at our last inspection although the prison did have credible plans to address this. Governance was appropriate and there were effective partnership arrangements. Not all new arrivals received an initial health screening and their follow up was inadequate. There was an appropriate range of services with short waiting times, except for dentistry where prisoners waited too long to be assessed. Management of long-term conditions was underdeveloped. Pharmacy services were reasonably good but prisoners did not always have prompt access to their medication, particularly when they arrived. Mental health services were reasonable but transfers to hospital for treatment took too long.*

2.55 *The Care Quality Commission (CQC)⁵ contributed to this inspection and its requirement notices are provided in Appendix III.*

⁵ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

Governance arrangements

- 2.56** The Care Quality Commission issued 'requirement to improve' notices following the inspection (see Appendix III).
- 2.57** Primary health services were provided by Shropshire Community Health NHS Trust and secondary mental health services by South Staffordshire NHS Foundation Trust. Relationships between partners were positive with a well-attended partnership board and effective clinical governance arrangements. A draft 2015 health needs assessment included appropriate and realistic future plans to meet needs.
- 2.58** The health care team was led by a newly appointed senior nurse directly supported by a sister with specific responsibilities for primary care. There were vacancies in the team and some core functions were not being met. Not all health care staff were up-to-date with mandatory training or had an appraisal that was in date. Training needs were not systematically identified and the current staffing levels limited access to learning and education opportunities. Nursing staff did not receive regular clinical supervision, which resulted in potential gaps in support for staff and assurance of clinical competence. The nurses we observed were positive and engaged well with prisoners.
- 2.59** The response to serious and untoward incidents and the lessons learned were effective in the cases we considered. External responses to emergencies were timely and the prison had a suitable protocol in place to deal with such emergencies. Emergency resuscitation equipment and automated defibrillators were only available in the health care centre and had to be collected from there before responding to an incident, which could lead to delays. All nursing staff had undertaken mandatory training in this area but no custody staff were trained to use defibrillators.
- 2.60** There were policies for managing communicable disease. Prisoners were offered screening for blood-borne viruses and access to vaccination programmes. Although we were told that barrier protection was available this was not well advertised. Health promotion initiatives were being developed but required further work. There was support for older prisoners and an identified nurse lead for this area. Information about health services was limited and not displayed in residential settings. Most clinical environments in the health care department were generally clean but wing treatment rooms were dirty and used for general storage; these areas failed to comply with infection prevention standards and were generally not fit for purpose.
- 2.61** Prisoners could complain about health care although the health care complaint system was not well understood or advertised. Complaint forms were not consistently available nor were secure boxes in which to place the completed forms. Health staff were confused about the handling of informal and formal complaints, and some complaints were dealt with by the clinician who was being complained about. We found that the responses varied in content and did not always address all the issues raised by the complainant. There had been no recent dedicated patient forum although there had been a prisoner satisfaction survey.

Recommendations

- 2.62 Clinical supervision should be available for all clinical staff.**
- 2.63 All custody staff should receive regular first aid and resuscitation training, there should be sufficient trained staff to use emergency equipment, and such equipment should also be located on wings.**

- 2.64** There should be a programme to promote prisoner health and well-being, including easier access to barrier protection.
- 2.65** All clinical environments and assessment/treatment rooms should comply with infection prevention standards and be subject to regular audit.
- 2.66** Prisoners should be able to make a confidential complaint directly to health providers and these should be dealt with appropriately.
- 2.67** There should be a dedicated patient health forum that meets regularly and can raise issues for action by the health providers.

Delivery of care (physical health)

- 2.68** Health screening of new arrivals in reception was not done routinely, due to staffing constraints, and there were no routine follow-ups for a more thorough secondary assessment (see also paragraph 1.8). As a result, there had been delays in prisoners' access to treatments, which could have had significant health consequences (see main recommendation S45).
- 2.69** A doctor was available seven days a week and there was 24-hour nursing cover. In our survey, only 22% of prisoners, against the 43% comparator and 43% response at our previous inspection, were positive about the quality of the health services. Some prisoners told us that access to health services was a problem, and we found that the application process was not always confidential or secure. Only 11% of prisoners against the 31% comparator and the 39% at our previous inspection said it was easy to see a doctor. Staffing levels during our inspection were not always sufficient to deal with core daily routines, and nurses struggled to respond actively to prisoner need. The records we reviewed were basic and there had been no recent audit of quality.
- 2.70** In our survey, fewer prisoners than the comparator, 24% against 48%, were positive about the quality of service from the doctor. Some prisoners were dissatisfied about delays in receiving their prescribed medication, and some also felt that the GP had stopped pain relief medications inappropriately (see also paragraph 1.64). We found evidence of some delays in receiving medication but the care and treatments offered overall were clinically appropriate and prompt. Although the prison's approach to pain management was a positive example of effective governance, consultation and engagement with individual prisoners about their care could have been better, and recorded in the records.
- 2.71** The range of primary care services was generally appropriate but prisoners waited too long for smoking cessation services. Work to identify prisoners with long-term conditions and provide clinically effective care plans required further development, and support for those with long-term health needs was insufficient to meet demand.
- 2.72** Escort arrangements for prisoners to attend outpatient appointments or who required hospital treatment was sufficient to meet need.

Recommendations

- 2.73** There should be sufficient health care staffing to facilitate timely prisoner access to the full range of essential services.

- 2.74** Prisoners should be routinely involved in discussions about their clinical care and this should be recorded in the clinical record.
- 2.75** Prisoners with lifelong conditions should receive regular reviews leading to an evidence-based care plan delivered by appropriately trained and well-supervised staff.
- 2.76** Waiting times for smoking cessation services should be equivalent to those in the community.

Housekeeping point

- 2.77** Clinical audit should include regular review of patient records.

Pharmacy

- 2.78** Medicines were supplied by a local pharmacy. Patients were able to consult the on-site pharmacist to discuss their medicines, but this was not widely promoted.
- 2.79** Only 18% of patients received their medication monthly in possession and 8% weekly, which was unusually low. The low number led to large, inefficient medicine rounds where treatments were not always available, although supervision of prisoners was good. Risk assessments to enable medication in possession were not always completed, and those we found were not reviewed appropriately. The policy for in-possession medication did not state how often a risk assessment should be reviewed. Patients were responsible for ordering their repeat prescriptions. There was no formal out-of-hours medicines policy. Some simple remedies were available from the prison shop, although not painkillers. A very limited range of medicines could be supplied under patient group directions (authorising appropriate health care professionals to supply and administer prescription-only medicine).
- 2.80** Medicines were administered three times a day, with night time medication provided at appropriate times. The relevant prescriptions were available for emergency use and/or discharge where appropriate. Prescriptions were recorded on SystmOne. A prescribing formulary was in place and mainly used.
- 2.81** Medicines management was generally satisfactory, but medicines were not stored separately for individuals, which could lead to confusion when administering them. There was a large amount of stock medicines and no stock reconciliation procedures. The pharmacy room and the controlled drugs cabinet were accessible by the duty nurse out of hours. However, the audit trail for controlled drugs cabinet keys was not robust and stock medication used was not reconciled.
- 2.82** The treatment rooms did not have facilities to store medicines for individual patients, which meant that medicines were transported from the pharmacy room to the wings several times a day. This posed some security issues and was not an efficient use of staff time. Medicines were stored in lockable drawers and cabinets but not in an orderly manner, with several loose strips of tablets, including an unlabelled blister of pregabalin (an anti-convulsant) stored among patient-named medicines.

Recommendations

- 2.83** There should be greater administration of in-possession medication, which should be risk assessed and appropriately documented.
- 2.84** The number of patient group directions should be increased to enable nurses to supply a greater range of more potent medications.
- 2.85** There should be an out-of-hours medicines policy.
- 2.86** Wing treatment rooms should have facilities to store medicines to avoid routine transport of medications through the prison.

Housekeeping points

- 2.87** Medicine use reviews should be actively promoted, and the health care application form should include a request to see the pharmacist to promote this service.
- 2.88** There should be a clear audit trail of access to the controlled drugs cabinet.
- 2.89** Loose tablets and tablet foils should not be present in medicines stock.

Dentistry

- 2.90** Access to the dentist took too long with 96 prisoners on the waiting list – the longest waiting time was over nine weeks. However, urgent referrals were seen promptly, with the primary health care team offering triage and pain relief as necessary. Once seen, access to treatment and the care provided were effective.
- 2.91** The dentist offered routine assessments and a full range of NHS treatments, and made written records of all consultations and treatments with summaries replicated on SystemOne (the clinical IT system). The dental suite was suitably equipped and clean, but the last infection control audit had been in April 2014. Most dental equipment was appropriately maintained but the electrical testing on the ultrasonic device should have been reviewed in March 2015. There were arrangements to dispose of waste materials, but there was no separate area for decontamination of equipment.

Recommendations

- 2.92** Waiting times for prisoners to be assessed for dental treatment should be in line with those in the community.
- 2.93** Dental equipment should be maintained in line with national standards, there should be separate areas for decontamination of equipment.

Delivery of care (mental health)

- 2.94** The small primary care mental health team offered an effective range of services, including special counselling, and was fully integrated with the core health care team. Referrals could be triggered through health and prison staff and were also accepted directly from prisoners.

- 2.95** The mental health in-reach team (MHIT) from South Staffordshire NHS Foundation Trust provided secondary care through a team of psychiatrists, mental health nurses, social workers and occupational therapy staff. MHIT delivered services for 46 prisoners with complex mental health problems using the care programme approach (CPA). CPA documents and risk assessments were completed and information was appropriately shared. The team operated across three prison sites and was based at St George's Hospital, Stafford, which meant that no team member offered a continuous presence in the prison, affecting continuity of care.
- 2.96** The team provided input into the segregation unit when required and made effective contributions to the assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm. Access to the service was initiated largely through the primary care mental health team. Cases were assessed at the weekly central meeting and patients assigned a nominated caseworker. Most referrals were seen within a week, with urgent cases seen the same day. Waiting times were equivalent to community services.
- 2.97** Although the service was effective, there were no formal shared care arrangements with primary care and opportunities for partnership working and engagement with the clinical governance arrangements were not strong enough, which could affect health outcomes for prisoners. No custody staff had undertaken mental health awareness training.
- 2.98** In the previous 12 months, five prisoners had been assessed for transfer to hospital under the Mental Health Act; of these five, two were not accepted for transfer, one transferred within a week of referral, and two were subject to a delay of approximately six weeks.

Recommendations

- 2.99** **There should be a formal shared care protocol between the mental health in-reach team and primary care services.**
- 2.100** **There should be regular mental health awareness training for prison staff.**
(Repeated recommendation 2.105)
- 2.101** **The transfer of patients to hospital under the Mental Health Act should take place within agreed Department of Health timescales.**

Housekeeping point

- 2.102** A single permanent on-site mental health in-reach team should be considered.

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.

2.103 *The food was unpopular with prisoners but was of reasonable standard. Supervision of unit serveries was inadequate, and there were limited opportunities for prisoners to eat communally. Meal times were too early.*

2.104 In our survey, only 21% of respondents said that the food was good. In our groups, prisoners were equally negative about the quality and quantity of food, although there had been few formal complaints. The food we sampled was reasonable and hot.

2.105 The four-week menu cycle met different religious and cultural needs, with one hot and one cold meal, fruit and vegetables offered daily. The Muslim chaplain and catering staff were addressing concerns about cross-contamination of halal and non-halal food in the serveries. The number of prisoners on medical diets had reduced greatly on the advice of the GP. Opportunities for prisoners to dine communally were limited on some units.

2.106 Lunch and evening meals were served too early, and we saw lunch served before the already early 11.30am start time. Breakfast packs were distributed the day before they were to be eaten.

2.107 Supervision of the unit serveries was inadequate. Prisoners working there did not wear the appropriate protective clothing, and we saw some poor practice in managing portions. For example, at the end of one meal we observed a servery worker returning to his unit with three loaves, but shortly after prisoners returning from work said there had been no bread left for them.

2.108 The kitchen was kept clean and was suitable for the storage, preparation and cooking of food. The serveries were regularly checked by the catering manager or member of the kitchen team. National vocational qualifications (NVQs) were available for prisoners working in the kitchen and the staff mess.

2.109 Prisoners were consulted about the food through the monthly consultative committee and six-monthly food surveys, and they told us there had been some changes as the result.

Recommendations

2.110 **More prisoners should be able to eat meals communally.**

2.111 **Main meals should not be served before 12 noon and 5pm, and breakfast packs should be issued on the day they are to be eaten.** (Repeated recommendations 2.112 and 2.113)

2.112 **Unit serveries should be supervised to ensure that prisoner workers are dressed appropriately and that all prisoners receive adequate food portions.**

Purchases

Expected outcomes:

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

2.113 *Some new arrivals had to wait too long before receiving their first shop order. Prisoners were consulted on the goods available but black and minority ethnic prisoners were not aware of this. Prisoners were charged a fee for catalogue orders.*

2.114 Prisoners could submit their shop orders weekly but new arrivals could wait up to two weeks to receive their first full order, depending on which day they arrived. Smoker and non-smoker packs were available at reception but their cost was recovered on prisoners' first full order – which left some with little to spend on telephone credit or personal items and thus vulnerable to getting into debt with other prisoners. Staff and prisoners also believed that there were delays in transferring prisoners' money from private prisons to Stoke Heath, and this needed further investigation.

2.115 The shop sold a reasonably wide range of products. The list was changed every three months following minuted consultation with prisoners, but our focus group of black and minority ethnic prisoners were not aware of this and in the survey were less positive than white prisoners about the range of shop goods. Prisoners could order from five catalogues but were charged an administration fee, which was inappropriate.

Recommendations

2.116 Prisoners should be able to place a shop order within 24 hours of arrival.

2.117 Consultation about the prison shop should involve prisoners from minority groups.

2.118 The prison should investigate whether there are delays in the transfer of prisoners' money from private prisons, share the findings with prisoners and resolve any outstanding difficulties.

2.119 Prisoners should not be charged a fee for catalogue purchases. (Repeated recommendation 2.121)

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.⁶

3.1 *We found only 7% of prisoners locked in their cells during the core day, which was fewer than we usually see. Despite a restricted regime, time out of cell was reasonable for most prisoners.*

3.2 A fully employed prisoner could have 10 hours out of cell on a weekday, falling to around six to seven hours for those working part time or unemployed. During our roll checks, we found only 7% of prisoners locked in their cells during the core day, which was better than we usually see at similar prisons. However, around 40% of prisoners – those unemployed, working part time or wing workers – remained on the wings unlocked and many complained of having little to occupy them. (See main recommendation S46.) Wing workers were also hampered by the presence of so many prisoners on the wings during the day. Prisoners had good access to association and exercise in the open air, which were rarely cancelled.

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.

3.3 *Prison and college managers had worked well with each other and partner agencies to develop a well-planned curriculum, although links with employers were underdeveloped. The number of purposeful activity spaces had increased but there was insufficient work for the population. Teaching, learning and assessments were good in classrooms and on vocational training. Prisoners developed good personal and vocational skills, and achievements on accredited courses were outstanding. The library was accessible and well stocked, but there were too few registered library users.*

3.4 *Ofsted⁷ made the following assessments about the learning and skills and work provision:*

Overall effectiveness of learning and skills and work: Good

Achievements of prisoners engaged in learning and skills and work: Outstanding

⁶ 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.

⁷ 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>.

<i>Quality of learning and skills and work provision:</i>	<i>Good</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Good</i>

Management of learning and skills and work

- 3.5** The prison had responded well to the change in prisoner population and senior managers had developed a very clear resettlement strategy focused on improving prisoners' employability. Prison and college managers had carried out a detailed analysis to identify and meet prisoners' learning, vocational, support and training needs. This had identified a problem of weak functional skills, which resulted in education staff focusing on supporting prisoners to improve their English and mathematics.
- 3.6** Joint working between the prison and the Offenders' Learning and Skills Service (OLASS) provider, The Manchester College (TMC), was particularly good and had resulted in a well-planned, wide-ranging and coherent curriculum. TMC had developed particularly effective relationships with partner agencies to support prisoner resettlement. For example, a partnership with a specialist rail engineering trainer had helped 36 prisoners to gain sustained employment in that sector. Relationships with employers were not so well established.
- 3.7** Quality improvement arrangements were good. TMC staff observation of teaching and learning was effective in maintaining good standards. Action plans were robust and helped teachers to identify areas for improvement. The college's arrangements for the training and development of teachers were particularly good. TMC used focus groups to gauge prisoners' views about how provision could meet their needs better, which was effective in helping to make improvements.
- 3.8** College managers made particularly good use of a wide range of performance data to monitor the quality of provision. The self-assessment process was inclusive, critical and evaluative. We gave similar grades to those in the self-assessment report for most aspects of provision.

Recommendation

- 3.9** **The prison should further develop links with employers to provide employment opportunities for prisoners.**

Provision of activities

- 3.10** The prison had significantly increased the number of activity spaces and now provided approximately 460 education and training places, although full-time purposeful activity was still not available for all prisoners. Approximately 125 prisoners worked as orderlies, cleaners and in prison work, but were not sufficiently occupied. (See main recommendation S46.) Managers had strengthened the process of prisoner allocations to activities to provide an effective and equitable service, based on the length of their sentence, prior learning and work experience.
- 3.11** The range of accredited education, learning and skills opportunities was particularly good. A wide range of vocational training programmes was offered in the 24 prison workshops and met prisoners' needs well. TMC managers ensured that prisoners attained the required skills

in English and mathematics before they were allocated to activities that required a specific level of functional skills. The college offered vocational training courses at level 2, which the previous inspection had identified as a gap in provision.

- 3.12** At the time of the inspection there was no Welsh language provision. We were told that, despite the number of prisoners from Wales there was no one at the prison who spoke Welsh as a first language. It was, nevertheless likely that Welsh speaking prisoners would be held at the prison and there was a need to ensure that their needs could be accommodated.

Recommendation

- 3.13** **The prison should ensure that Welsh language provision was available to meet the needs of the population.**

Quality of provision

- 3.14** Teaching, learning and assessments were good in classroom provision and vocational training. Learners were interested and engaged in class and in vocational training, and could describe well the knowledge and skills they had acquired. Peer mentors gained confidence and developed useful personal and social skills.
- 3.15** Assessment of written and practical work was good and helped learners to develop functional, as well as vocational, skills. Attendance was good but sometimes dipped significantly on a few classroom-based courses, although managers were unable to explain why. Learners treated staff and each other with respect and courtesy, and their behaviour during activities was good.
- 3.16** In vocational training and work, training and individual coaching were good and contributed to prisoners' rapid skill development. Trainers had vocational and extensive industrial experience and set high standards for prisoners to produce work that enhanced their employability skills significantly, often from very low starting points. Prisoners employed in prison work were trained and supported well.
- 3.17** In the best classroom sessions, teachers drew on learners' experiences to consolidate learning and make it relevant. Teachers assessed prisoners' learning needs well and designed interesting and enjoyable lessons. Most teachers used effective strategies to counter the few times when learners became restless during the very long lessons. In the few weaker lessons, teachers failed to allow time for discussion or to explain tasks sufficiently clearly.
- 3.18** The college had taken positive steps to meet the needs of more able learners by providing distance learning and Open University courses, and staff had been robust in exploring external funding for them. Learners gained much from these courses and took great satisfaction from progressing in their subject.
- 3.19** Resources to support learning were good. Staff were well qualified and experienced, and teaching rooms of good quality. Vocational training resources and facilities were very good. Prisoners benefited from outstanding facilities in the machine workshop, which included state-of-the art, computer-controlled equipment.
- 3.20** TMC managers had reviewed and strengthened arrangements for induction and providing additional support for learners. However, the effectiveness of the new arrangements in meeting learners' needs had not yet been assessed.

- 3.21** During induction, learners completed an initial assessment activity, received clear guidance in a face-to-face session with teaching staff, and participated in an activity panel with education and prison staff to determine the most suitable programme of activities. This highly personalised approach helped learners to become quickly familiar with the range of activities available.
- 3.22** There was good learning support for the 40% or so of prisoners identified through initial assessment as having additional learning needs. Teachers integrated learning support arrangements well within lessons and workshops and, as a consequence, most learners achieved. Specialist support was provided where necessary through, for instance, flexibly deployed support assistants.
- 3.23** Learners' development of English and mathematics skills was good in education and vocational training, although tutors did not always integrate functional skills well with vocational training. Success rates in functional skills were very good and learners demonstrated good use of specialist occupational and industry terms in their written and practical work.

Recommendation

- 3.24** **The prison should monitor the effectiveness of the revised induction and additional learning needs strategies.**

Education and vocational achievements

- 3.25** Prisoners developed a good range of personal, educational and vocational skills to help them on release, such as on the barista training programme. The wide range of vocational training opportunities helped them choose a trade most suited to their interests and abilities, and courses in business studies, English for speakers of other languages (ESOL) and information and communication technology (ICT) contributed to their ability to cope with life after release.
- 3.26** Retention and success rates in classroom provision and on vocational training programmes remained very high. The prison had particularly impressive success rates in functional skills courses. Most prisoners made good progress while in custody; many progressed between levels, while others gained experience in the wide variety of vocational training and prison employment opportunities.
- 3.27** Attendance was generally good, although some afternoon sessions did not begin at the scheduled time. There were no significant performance differences between different groups of learners, and college managers took appropriate action if disparities arose.

Library

- 3.28** Shropshire County Council Library service operated and staffed the prison library. Prisoners were encouraged to join the library during their induction, and had access to two library sessions a week. Following our previous recommendation, the prison had relocated the library to a more accessible site and enhanced its facilities. The library provided a relaxed yet purposeful environment, and prisoners could read newspapers and up-to-date periodicals in a quiet setting. Although the service clearly benefited its users, regime restrictions meant that some prisoners could not visit the library at the scheduled time.

- 3.29** About 60% of prisoners were registered library users, but the prison needed to do more to widen its use. Several library initiatives, such as a book club, a group for emergent readers and a 'book start' project, helped prisoners support family links but, although they were popular, they were not run frequently enough. Informal links between library and education staff helped support prisoner's literacy needs, but there was not enough formal collaborative working to benefit prisoners.
- 3.30** The book stock was sufficient and regularly updated to meet the needs of the population. Staff readily sourced specialist books for prisoners studying Open University and distant learning courses. Teaching staff and instructors regularly drew on subject-related texts to support their work in the classroom and workshop, or requested specialist books through the inter-library loan service. Legal texts and Prison Service Instructions and Orders were available on request (see also paragraph 2.52 and housekeeping point 2.53).

Recommendation

- 3.31** **The prison should strengthen and formalise links between the library and education department to provide a better and more responsive service to prisoners.**

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.

3.32 *A range of gym activities effectively met the needs of most prisoners. The gym was accessible during the core day, there was a good range of health and fitness sessions, and there were popular inter-wing sports competitions. Although participation was generally good, there were no detailed attendance records and therefore no actions to ensure equitable access to gym sessions.*

- 3.33** There were two main gyms and playing fields, and gym activities were structured well to support prisoners' health, well-being and motivation. Prisoners had good access during the core day, with priority to those in full-time employment. The gym was also accessible at weekends and evenings, and used well at these times. However, overall patterns of attendance were not recorded in detail, which meant that gym staff could not accurately identify if all groups of prisoners accessed the gym equally. The PE department was also not fully staffed, which limited access to the full programme and restricted the numbers able to attend sessions.
- 3.34** PE induction was effective and helped prisoners familiarise themselves with equipment and gym safety. Staff provided specific programmes for older prisoners and those whose sentence plan included participation in physical activity – for instance, because of mental health, drug rehabilitation or weight issues. Referrals to PE from health staff worked well. The needs of the small proportion of younger prisoners were accommodated well.
- 3.35** Equipment was well used but in a good state of repair. Inter-wing sports competitions were enthusiastically supported with high levels of involvement. The prison performed very well in a local football league, with players behaving commendably. Prisoners could take an accredited 'Active IQ' course, which provided progression from entry level to level 2.

Recommendation

- 3.36** Records of attendance in PE activities should be improved to identify use by different groups of prisoners and to take appropriate action to ensure equitable participation.

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 strategic direction of resettlement and offender management work and plans for the implementation of the 'through the gate' service were appropriate, but training and mentoring for offender supervisors needed more development. There was no up-to-date prisoner needs analysis.*

4.2 The strategic management of resettlement and offender management work was reasonably good, with management responsibility shared by the head of offender management and the head of reducing reoffending, who covered resettlement pathways. Communication between the two was reasonable and focused primarily on the monthly reducing reoffending strategy meeting, attended by key managers from across the prison.

4.3 Plans for the implementation of the 'through the gate' resettlement strategy, due to commence on 1 May 2015, were appropriate. The new provider (the prisoner support charity St Giles Trust) had already appointed new staff, and there were regular meetings to progress this work. The offender management policy was due to be updated once the model had been implemented.

4.4 Although all new arrivals at the prison had an individual needs assessment by offender supervisors that linked to the resettlement pathways, this information was not collated to build an overall assessment of prisoner needs. The last needs analysis had taken place in 2013, and needed to be updated to reflect the change in the population in the previous six months.

4.5 The model of offender management was broadly appropriate with most offender supervisors also undertaking the role of wing supervisory officers. The time allocated to their offender management work varied, depending on the operational needs of the establishment, but generally few hours were lost and staff were relatively rarely redeployed. The department had maintained two full-time probation officers who were responsible, as offender supervisors, for all indeterminate sentence prisoners and some of the more complex and high risk determinate prisoners. They were also due to supervise and mentor the officer offender supervisors, although this had yet to be formally agreed or implemented. These plans for further training and personal development for officer offender supervisors were positive, but the prison had also recognised that there was more to do (see paragraph 4.12 and recommendation 4.17). In our survey, fewer prisoners than the comparator and at the last inspection said that they had done anything or that anything had happened to them while at Stoke Heath to make it less likely that they would reoffend in the future.

Recommendation

- 4.6** There should be an up-to-date needs analysis of the prison population, and identified needs should be met through offender management and resettlement pathways.

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.

4.7 *The offender management unit (OMU) was well organised. Although most offender assessment system (OASys) assessments were up to date, too many prisoners arrived without an up-to-date assessment. Offender supervisors saw most prisoners regularly but often informally with not enough focus on addressing offending behaviour. Release on temporary licence (ROTL) and home detention curfew (HDC) management was good. Public protection arrangements were appropriate but the risk management level of prisoners was often clarified too late for effective pre-release planning.*

4.8 The OMU included 12 officer offender supervisors and two probation service officers as well as the two full-time probation officers. Most prisoners were subject to OASys assessment, with only 64 outside the process as they were serving less than 12 months and a further four who were on remand. The prison continued to receive many prisoners without an up-to-date OASys or basic custody screening – the head of offender management estimated that this equated to around one-third of all new arrivals. This placed unnecessary pressure on the OMU, which completed between 20 and 30 OASys assessments each month. The backlog at the time of the inspection was 45.

4.9 During the inspection we were joined by colleagues from HM Inspectorate of Probation who looked in detail at six offender management cases (in scope for offender management) held by community offender managers and six that were the responsibility of the Prison Service (out of scope). Four of these cases were eligible for multi-agency public protection arrangements (MAPPA). We also looked at a further 17 cases in less detail, mostly prisoners due to be released.

4.10 Offender supervisors saw all new arrivals within their first few days and completed an assessment of need based on resettlement pathways, and made referrals where appropriate. In our survey, more prisoners than the comparator and at the last inspection said they knew who their offender supervisor was, as did most prisoners who we spoke to. However, only half the respondents in our survey said they had a sentence plan, against the 69% comparator. Despite this, in most of the cases we reviewed there was a sufficient and timely assessment of the prisoner's likelihood of reoffending, and the vast majority had sentence plan objectives that reflected concerns associated with offending. Objectives were not always outcome-focused, however, and so progress was not easily assessed. Formal contributions to sentence plan meetings from departments across the prison were relatively rare, although we were told that this sometime occurred informally.

4.11 Offender supervisors mostly had regular contact with prisoners, and sometimes a high level, although this was often recorded in prisoner logs accessible only by OMU staff, rather than on the P-Nomis Prison Service IT system. However, in most examples we saw contact was

relatively informal and focused on practical concerns, such as HDC and recategorisation, rather than to address and reduce offending. Some offender supervisors used workbooks with prisoners to address victim awareness, but this was variable across the staff. There were some exceptions and some very good one-to-one work to address reoffending, but this was invariably by one of the probation officers. Many prisoners spoke highly of the offender supervisors. (See main recommendation S47.)

- 4.12 Although all offender supervisors had undertaken OASys and offender management training the prison had recognised that more was required. Bimonthly awareness training had included MAPPA, personality disorder awareness and HDC. Unlike probation staff, officers did not receive regular casework and personal development supervision, although there were plans to develop this (see paragraph 4.5).
- 4.13 In the previous six months, 85 prisoners had been considered for HDC with 39 (46%) successful. All prisoners considered attended a board where they could make representation and were challenged by managers. The approach was robust but well managed and appropriate. However, many prisoners were transferred to Stoke Heath while their sending prison was still preparing reports for HDC reviews, and often the process had to be restarted with inevitable delays.
- 4.14 There were similar boards for prisoners considered for ROTL and the management of cases was good. There had been an impressive 1,667 ROTL events in the previous six months for 22 individual prisoners. Since the last inspection, the prison had opened a small 16-bed unit just outside the prison where prisoners who had successfully progressed from supervised ROTL placements could move to for the last months of their sentence; this experience was very positive for the prisoners involved.

Recommendations

- 4.15 **Prisoners should not be transferred to Stoke Heath without an up-to-date OASys (offender assessment system) assessment or while they are applying for home detention curfew.**
- 4.16 **Sentence planning and OASys assessments should be informed by contributions from all relevant departments, clearly indicate the work that prisoners need to do and set targets that are measurable.**
- 4.17 **All offender supervisors should have regular professional supervision, casework reviews and appropriate training to aid personal development, and quality assurance should be extended across all offender management work to ensure consistency and effectiveness.**
- 4.18 **The prison should develop a clear protocol to ensure community offender managers meet report and information deadlines and that the quality of this work is of an appropriate standard.**
- 4.19 **Offender supervisors should record all prisoner contact and assessments on P-Nomis to aid communication across departments.**

Public protection

- 4.20 There were appropriate arrangements to screen all new arrivals for public protection concerns. At the time of the inspection, the prison held two MAPPA level 3 prisoners

(requiring the highest level of management), 68 level 2 and 353 level one or nominal (targeted) prisoners. The monthly inter departmental risk management team (IDRMT) meeting, which was well attended from across the establishment, reviewed all appropriate cases. The prison only reviewed prisoners to be released under MAPPA level 2 in their last three months of sentence, primarily because of difficulties obtaining clarification from community offender managers about the management level at which they were to be released. At the time of our inspection, 33 of 87 prisoners (38%) due to be released under MAPPA in the next three months had still not had their levels confirmed. We were concerned that when, despite numerous requests, no confirmation was received, prisoners were assumed to be released as level 1, the lowest level of management. Where necessary, the OMU prepared MAPPA F prison evaluation reports, which were of a reasonable quality.

- 4.21** The number of prisoners on restraining orders and harassment controls was substantial and much higher than we usually find, with 144 prisoners (19% of the population) subject to formal arrangements. A further 20 were subject to child protection arrangements.

Recommendation

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

Categorisation

- 4.23** Prisoners' categorisation was reviewed appropriately, with all prisoners reviewed annually or six monthly (depending on the length of their sentence), and boards included contributions from community offender managers. Prisoners did not attend boards (due to the number considered) but were able to make representation. There were few delays in transferring prisoners to category D establishments.

Indeterminate sentence prisoners

- 4.24** The prison held 28 indeterminate sentence prisoners, of whom 16 were sentenced to an indeterminate sentence for public protection and 12 were serving life sentences. All indeterminate prisoners were allocated to one of the two probation officers and were seen regularly. These prisoners were prioritised for the offending behaviour programmes offered in the prison, and were more likely than other prisoners to transfer elsewhere to complete a programme not available at Stoke Heath. There were regular lifer forums.

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.

4.25 *The St Giles Trust charity was due to take over key resettlement functions for prisoners returning to Wales. Pathway provision was generally appropriate. Accommodation support was good and support for prisoners with financial problems was reasonable. Careers service provision was good. Support for prisoners resettling with drug and alcohol issues was managed consistently, as was health support. Although there was no family support worker, the chaplaincy provided a reasonable range of support to maintain links with families. The two offending behaviour programmes were appropriate but there was not enough work to address offending behaviour, particularly domestic violence.*

4.26 The prison released an average of 65 prisoners a month. The St Giles Trust prisoner support charity was in the process of taking over key aspects of the prison's 'through the gate' resettlement function, primarily for the 135 prisoners from Wales in their last 12 weeks of sentence being transferred to Stoke Heath as their resettlement prison. This role was due to be extended to non-Wales residents in the interim until all prisoners were transferred to their local resettlement prison.

4.27 Pathway providers offered appropriate support. Although offender supervisors coordinated pre-release planning in principle, this work was too variable in practice. Pre-release meetings between the offender supervisor, offender manager and prisoner were rare, and we found some prisoners due to be released who had no OASys assessment and therefore no clear plan to address their offending behaviour. There was also one prisoner nearing the end of a seven-and-a-half-year-sentence for attempted kidnap who had done no work related directly to his offending, despite being at Stoke Heath for two and a half years.

Recommendation

4.28 **The prison should ensure that all aspects of a prisoner's release is collated and shared with offender managers via the OMU to ensure effective pre-release planning.**

Accommodation

4.29 Nacro, the crime reduction charity, provided advice to prisoners on both accommodation and finance, benefit and debt queries. The trained prisoner orderly assigned to work with Nacro saw all prisoners during their induction and collated referrals to Nacro staff and, where necessary, other pathway providers. Nacro had developed good links with housing providers across England, and only one prisoner had been released without fixed accommodation in the previous six months. Changes in Wales due to come into effect at the end of our inspection meant that prisoners returning there (60% of the population) would no longer be guaranteed accommodation. This had led to a significant rise in demand for accommodation services in the last few months, but Nacro had developed several links with community agencies in Wales in anticipation of this change.

Education, training and employment

- 4.30** The prison had just awarded a new contract for National Careers Services (NCS) provision to Prospects, and the quality of what they offered was good. However, the 'virtual campus' – providing prisoners with internet access to jobs, education and training opportunities – was not a well-used resource and prisoners did not have sufficient access to up-to-date careers information. Most prisoners due for release attended effective interviews with an NCS adviser, resulting in clear and detailed individual action plans. The adviser had built partnerships with other agencies, such as Nacro and Jobcentre Plus, to increase the chances of successful reintegration. Partnership work with a Welsh charity (CIAS Wales) that provided support for people with mental ill-health, substance misuse, housing and employment issues was particularly useful in helping Welsh prisoners and organising support for when they returned to their communities. In the previous six months, 111 prisoners had gone into training, education or employment on release,

Health care

- 4.31** Pre-release health arrangements were effective. A member of the primary health care team saw and reviewed all prisoners before their release, supplied any medicines to take out and provided information to their GPs about their care and treatment while in the prison. The mental health team linked effectively with community or hospital services to ensure continuity for those released with severe and enduring mental health needs.

Drugs and alcohol

- 4.32** Reintegration planning outcomes were reasonably good. RAPt had good informal links with the OMU and received regular referrals from them, although there was less evidence of regular written information sharing back to OMU. Nevertheless, prisoners nearing release were prioritised for release planning. Prisoners nearing release still on opiate substitution treatment could be transferred from methadone to buprenorphine (Subutex), which was good given the reduction in flexible Subutex prescribing in many prisons to avoid diversion of the medication.

Housekeeping point

- 4.33** RAPt (Rehabilitation of Addicted Prisoners trust) and the offender management unit should share all necessary information on prisoners with substance misuse issues, and this should be logged in case files.

Finance, benefit and debt

- 4.34** Nacro picked up referrals relating to housing debt but referred more substantial finance, benefit and debt issues to Citizens Advice, which saw around 10 prisoners a month; given the lack of needs analysis it was not clear if this provision was sufficient to meet prisoner need. In our survey, only 22% of prisoners, against the 28% comparator, said they knew who to speak to at the prison about financial concerns.
- 4.35** Prisoners were able to open bank accounts before release, and the education department provided a money management course. Benefits information and application interviews were appropriate, even though fewer prisoners than the comparator knew who to speak to about them.

Children, families and contact with the outside world

- 4.36** The change in population meant many families had to travel long distances from south Wales to visit prisoners. Some aspects of the visits experience had improved since the previous inspection. The visitors' centre was clean, well maintained and contained relevant information for visitors. Prisoners and visitors told us that visits could be booked easily and that new entry procedures had addressed previous lengthy delays. Prisoners and visitors said that staff treated them respectfully and our observations supported this.
- 4.37** Visits lasted for two hours and were available every afternoon except Friday, which was sufficient to meet demand. The visits hall was large and well maintained, although some seating remained too close together for privacy. A play area was open at weekends and there was a coffee bar staffed by volunteers and prisoners. Given the use of biometrics for prisoners and visitors, the requirement for prisoners to wear numbered sashes was excessive. The prison still routinely strip searched 10% of prisoners returning from visits, although the practice stopped during our inspection. Prisoners could still not exchange unused visiting orders for additional telephone credit.
- 4.38** Although there was no family support worker, other provision for this pathway was led by the chaplaincy team and remained strong. All prisoners had access to regular family visits during school holidays, Storybook Dads (enabling prisoners to record a story for their children), and two parenting courses – one of which was followed up with a dads' club and an afternoon family visit. Prisoners and their children could also contribute to a 'me and my dad' memory book. Families were also invited to celebrate major religious festivals with prisoners. Links with external family support agencies had been maintained and prisoners could be referred to continued support on release.

Recommendation

- 4.39** **Prisoners should be allowed to exchange unused visiting orders for additional telephone credit.** (Repeated recommendation 4.47)

Housekeeping point

- 4.40** Prisoners should not have to wear numbered sashes in visits.

Attitudes, thinking and behaviour

- 4.41** The prison delivered two accredited offending behaviour programmes – the thinking skills programme (TSP) and Resolve (designed to address violent offending) – offering 60 programme places a year. Although prisoners who attended benefited from the programmes, the provision was limited and there were no alternatives for those who did not meet the strict criteria to participate. Officer offender supervisors provided little work and few challenges to address offending behaviour, attitudes and thinking or plans for reintegration. There was also nothing at the prison to address or challenge domestic violence, even though 145 prisoners (19% of the population) were subject to a restraining or harassment order and many others had a history of domestic violence. In many cases, prisoners completed sentences with little or no challenge to such behaviour. Although prisoners could transfer to other establishments to complete offending behaviour programmes, in practice this was very rare, other than for a few indeterminate sentence prisoners. (See main recommendation S47.)

Section 5. Summary of recommendations and housekeeping points

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

Main recommendations

To the governor

- 5.1 The violence reduction strategy should be revised and data collation improved so that the prison can draw meaningful conclusions about safety and take action to address this. The strategy should include consultation with prisoners to understand their perceptions of safety and an analysis of disciplinary activity, including use of force and segregation, to reduce its use. (S43)
- 5.2 There should be regular forums and management information for each protected characteristic, data from equality monitoring should be addressed at equality committee meetings, and there should be arrangements for prisoners from all minority groups to raise their specific concerns and have these addressed. (S44)
- 5.3 New arrivals should be health screened on reception and offered a routine secondary follow up within 72 hours, with any decline of this recorded. (S45)
- 5.4 There should be sufficient opportunities for all prisoners to participate in full-time purposeful activity, and managers should ensure that employed prisoners have enough work to keep them fully occupied. (S46)
- 5.5 Offender supervisors should have a clearly defined role, including how they support prisoners to address their offending behaviour, achieve sentence plan targets and measure progress, especially for those prisoners who do not meet the specific criteria to attend available offending behaviour programmes. (S47)
- 5.6 Work should be developed to address domestic violence. (S48)

Recommendation

To the Home Office

- 5.7 Immigration detainees should not be held in prisons other than in exceptional circumstances following risk assessment. (2.36)

Recommendation

To the DDC

- 5.8 Prisoners should not be transferred to Stoke Heath without an up-to-date OASys (offender assessment system) assessment or while they are applying for home detention curfew. (4.15)

Recommendation **To Prisoner Escort and Custody Services**

5.9 Prisoners being escorted on long journeys should be offered toilet breaks. (1.4)

Recommendations **To the governor**

Courts, escort and transfers

5.10 Arriving prisoners should not experience delays in disembarking from escort vehicles. (1.3)

Bullying and violence reduction

5.11 The prison should take effective action to identify and monitor perpetrators of violence, and to support victims from the earliest opportunity. (1.17)

Self-harm and suicide

5.12 The Listener scheme should be promoted, young adults should be trained as Listeners and the Listener suites should be clean and adequately prepared. (1.24)

Security

5.13 There should be sufficient staffing to respond to security intelligence and complete target-led searches and suspicion drug tests within reasonable timescales. (1.32)

Incentives and earned privileges

5.14 The incentives and earned privileges scheme should be applied consistently. (1.37)

5.15 Targets set for prisoners on the basic incentives and earned privileges (IEP) level should acknowledge their individual circumstances, be specific about the behaviour expected and be measurable. (1.38, repeated recommendation 1.61)

Discipline

5.16 All disciplinary charges should be fully investigated, with clear reasons given for the decisions reached, and the quality assurance of adjudication records should be improved. (1.42)

5.17 The conditions in some cells and the quality of the regime in the separation and reintegration unit should be improved. (1.55)

Substance misuse

5.18 The prison's strategic approach to substance misuse should be sufficiently well resourced to meet the needs of the population. (1.65)

5.19 There should be a protocol to ensure consistency in the prescribing of pain relief for prisoners on opiate substitution treatment. (1.66)

Residential units

- 5.20** Wings communal areas and cells should be kept clean and maintained to a reasonable standard. In particular cells should be free of offensive displays, and contain adequate furniture. Toilets should be clean and adequately screened. (2.9)
- 5.21** Cells on F and G wings should be single occupancy only. (2.10, repeated recommendation 2.11)
- 5.22** Staff should respond to cell call bells promptly. (2.11)
- 5.23** Prisoners should receive suitable prison clothing each week. (2.12)
- 5.24** All applications should be responded to promptly. (2.13)

Staff-prisoner relationships

- 5.25** Named officers should be encouraged to make regular quality entries on their prisoners' electronic case notes that include the behaviour of the prisoner, acknowledge sentence plan issues or progress, and also consider the family and other support in place. (2.17, repeated recommendation 2.20)

Equality and diversity

- 5.26** Prisoner equality representatives should receive training for their role. (2.26)
- 5.27** Foreign nationals should have access to independent immigration advice. (2.37)
- 5.28** There should be a paid carer and a care plan for prisoners who need this support. (2.38)
- 5.29** The prison should develop support networks for those prisoners identified as armed forces veterans. (2.39)
- 5.30** All staff should be made aware of prisoners with personal emergency evacuation plans and their needs in an emergency. (2.40)

Complaints

- 5.31** All complaints should be responded to promptly. (2.49)

Health services

- 5.32** Clinical supervision should be available for all clinical staff. (2.62)
- 5.33** All custody staff should receive regular first aid and resuscitation training, there should be sufficient trained staff to use emergency equipment, and such equipment should also be located on wings. (2.63)
- 5.34** There should be a programme to promote prisoner health and well-being, including easier access to barrier protection. (2.64)
- 5.35** All clinical environments and assessment/treatment rooms should comply with infection prevention standards and be subject to regular audit. (2.65)

- 5.36** Prisoners should be able to make a confidential complaint directly to health providers and these should be dealt with appropriately. (2.66)
- 5.37** There should be a dedicated patient health forum that meets regularly and can raise issues for action by the health providers. (2.67)
- 5.38** There should be sufficient health care staffing to facilitate timely prisoner access to the full range of essential services. (2.73)
- 5.39** Prisoners should be routinely involved in discussions about their clinical care and this should be recorded in the clinical record. (2.74)
- 5.40** Prisoners with lifelong conditions should receive regular reviews leading to an evidence-based care plan delivered by appropriately trained and well-supervised staff. (2.75)
- 5.41** Waiting times for smoking cessation services should be equivalent to those in the community. (2.76)
- 5.42** There should be greater administration of in-possession medication, which should be risk assessed and appropriately documented. (2.83)
- 5.43** The number of patient group directions should be increased to enable nurses to supply a greater range of more potent medications. (2.84)
- 5.44** There should be an out-of-hours medicines policy. (2.85)
- 5.45** Wing treatment rooms should have facilities to store medicines to avoid routine transport of medications through the prison. (2.86)
- 5.46** Waiting times for prisoners to be assessed for dental treatment should be in line with those in the community. (2.92)
- 5.47** Dental equipment should be maintained in line with national standards, there should be separate areas for decontamination of equipment. (2.93)
- 5.48** There should be a formal shared care protocol between the mental health in-reach team and primary care services. (2.99)
- 5.49** There should be regular mental health awareness training for prison staff. (2.100, repeated recommendation 2.105)
- 5.50** The transfer of patients to hospital under the Mental Health Act should take place within agreed Department of Health timescales. (2.101)

Catering

- 5.51** More prisoners should be able to eat meals communally. (2.110)
- 5.52** Main meals should not be served before 12 noon and 5pm, and breakfast packs should be issued on the day they are to be eaten. (2.111, repeated recommendations 2.112 and 2.113)
- 5.53** Unit serveries should be supervised to ensure that prisoner workers are dressed appropriately and that all prisoners receive adequate food portions. (2.112)

Purchases

- 5.54** Prisoners should be able to place a shop order within 24 hours of arrival. (2.116)
- 5.55** Consultation about the prison shop should involve prisoners from minority groups. (2.117)
- 5.56** The prison should investigate whether there are delays in the transfer of prisoners' money from private prisons, share the findings with prisoners and resolve any outstanding difficulties. (2.118)
- 5.57** Prisoners should not be charged a fee for catalogue purchases. (2.119, repeated recommendation 2.121)

Learning and skills and work activities

- 5.58** The prison should further develop links with employers to provide employment opportunities for prisoners. (3.9)
- 5.59** The prison should ensure that Welsh language provision was available to meet the needs of the population. (3.13)
- 5.60** The prison should monitor the effectiveness of the revised induction and additional learning needs strategies. (3.24)
- 5.61** The prison should strengthen and formalise links between the library and education department to provide a better and more responsive service to prisoners. (3.31)

Physical education and healthy living

- 5.62** Records of attendance in PE activities should be improved to identify use by different groups of prisoners and to take appropriate action to ensure equitable participation. (3.36)

Strategic management of resettlement

- 5.63** There should be an up-to-date needs analysis of the prison population, and identified needs should be met through offender management and resettlement pathways. (4.6)

Offender management and planning

- 5.64** Sentence planning and OASys assessments should be informed by contributions from all relevant departments, clearly indicate the work that prisoners need to do and set targets that are measurable. (4.16)
- 5.65** All offender supervisors should have regular professional supervision, casework reviews and appropriate training to aid personal development, and quality assurance should be extended across all offender management work to ensure consistency and effectiveness. (4.17)
- 5.66** The prison should develop a clear protocol to ensure community offender managers meet report and information deadlines and that the quality of this work is of an appropriate standard. (4.18)
- 5.67** Offender supervisors should record all prisoner contact and assessments on P-Nomis to aid communication across departments. (4.19)

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

Reintegration planning

- 5.69** The prison should ensure that all aspects of a prisoner's release is collated and shared with offender managers via the OMU to ensure effective pre-release planning. (4.28)
- 5.70** Prisoners should be allowed to exchange unused visiting orders for additional telephone credit. (4.39, repeated recommendation 4.47)

Housekeeping points

Courts, escort and transfers

- 5.71** Escort vehicles should be clean and graffiti free. (1.5)

Early days in custody

- 5.72** First night cells should be graffiti free and contain kettles. (1.11)

Discipline

- 5.73** The removal of furniture, bedding, clothing and sanitation from cells should be properly authorised and justified on appropriate documentation. (1.48)

Substance misuse

- 5.74** The quality of care plans and other case management records should be improved and regularly monitored by substance misuse team managers. (1.67)

Equality and diversity

- 5.75** All discrimination incident reporting forms should be responded to promptly. (2.27)

Complaints

- 5.76** Complaints boxes should be checked regularly to ensure blank forms are available to prisoners. (2.50)

Legal rights

- 5.77** The library should publicise the availability of legal information. (2.53)

Health services

- 5.78** Clinical audit should include regular review of patient records. (2.77)

- 5.79** Medicine use reviews should be actively promoted, and the health care application form should include a request to see the pharmacist to promote this service. (2.87)
- 5.80** There should be a clear audit trail of access to the controlled drugs cabinet. (2.88)
- 5.81** Loose tablets and tablet foils should not be present in medicines stock. (2.89)
- 5.82** A single permanent on-site mental health in-reach team should be considered. (2.102)

Reintegration planning

- 5.83** RAPt (Rehabilitation of Addicted Prisoners trust) and the offender management unit should share all necessary information on prisoners with substance misuse issues, and this should be logged in case files. (4.33)
- 5.84** Prisoners should not have to wear numbered sashes in visits. (4.40)

Example of good practice

- 5.85** The prisoner produced newsletter and daily radio show were effective in communicating current issues to prisoners. (2.18)

Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Kieron Taylor	Team leader
Angela Johnson	Inspector
Andy Lund	Inspector
Keith McInnis	Inspector
Angus Mulready-Jones	Inspector
Kellie Reeve	Inspector
Michelle Bellham	Researcher
Tim McSweeney	Researcher
Joe Simmonds	Researcher

Specialist inspectors

Paul Roberts	Substance misuse inspector
Steve Eley	Health services inspector
Catherine Raycraft	Care Quality Commission
Deborah Hylands	Pharmacist
Noor Mohammed	Pharmacist
Jai Sharda	Ofsted inspector
Tony Gallagher	Ofsted inspector
Shahram Safavi	Ofsted inspector
Avtar Singh	Offender management inspector
Krystyna Findley	Offender management inspector
Yvette Howson	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2012 the prison's reception area was grubby but staff were courteous to new arrivals and issues of risk were addressed appropriately. Induction programmes were succinct but there were delays in moving prisoners to other wings and they spent too long locked in cells. Overall, prisoners felt safe but young adults were more negative. There were impressive systems to prevent suicide and self-harm, with good quality assessment and engagement. Security was well managed and generally proportionate, although some disciplinary reports could have been dealt with less formally. The segregation unit was a decent environment but the regime required improvement. Reintegration planning was, however, very good. There was little evidence of a significant drug problem and drug services were good. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

The reception area should be refurbished, and the reception process should be private, quicker and meet the needs of individual prisoners. (1.17)

Partially achieved

Cells on E wing should be refurbished and maintained to an acceptable standard. (1.18, repeated recommendation 1.35)

No longer relevant

A separate dedicated room should be used for both adult and young adult induction programmes, which should make use of multimedia. (1.19)

No longer relevant

The induction information booklet should be available in a range of languages. (1.20, repeated recommendation 1.41)

Achieved

Prisoners should be moved off the first night assessment wing as soon as their induction is completed. (1.21, repeated recommendation 1.42)

Partially achieved

The prison's violence reduction policy should be informed through consultation with prisoners, including exit surveys and the use of prisoner violence reduction representatives. (1.33)

Not achieved

The prison should explore and address young adult prisoners' perceptions of their safety (1.34)

Not achieved

Young adults should be recruited as Listeners. (1.42)

Not achieved

Conditions in the MDT (mandatory drug testing) suite should be improved. (1.52, repeated recommendation 3.104)

Achieved

Strip searching of prisoners should only be intelligence-led or based on specific suspicion. (1.53)

Achieved

Closed visits should only be applied when there is specific intelligence relating to visits to support this. (1.54)

Achieved

Targets set for prisoners on the basic incentives and earned privileges (IEP) level should acknowledge their individual circumstances, be specific about the behaviour expected and be measurable. (1.61)

Not achieved (recommendation repeated, 1.38)

The number of formal adjudications and referrals to the independent judge should be reduced, and less formal measures should be used wherever possible. (1.66)

Not achieved

Information collated for all disciplinary procedures, including use of force and segregation, should be analysed and used more effectively to inform strategy. (1.67)

Not achieved

Prisoners should only receive punishments through the formal disciplinary procedure. (1.68)

Achieved

The regime in the separation and reintegration unit should be improved, and prisoners should be allowed access to radios and televisions, and greater access to telephones. (1.82)

Not achieved

The prison should work with local commissioners to ensure that substance misuse services are sufficiently resourced to meet the clinical and psychosocial support needs of prisoners with drug and/or alcohol problems. (1.90)

Achieved

There should be an increase in service user consultation and peer support schemes for prisoners with drug and/or alcohol problems. (1.91)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2012 communal areas were generally well maintained although the environmental standards on wings varied. Not all prisoners could wear their own clothes and some prison clothing was lacking in quality and quantity. Staff-prisoner relationships were good. There was clear leadership in developing equality services, and work on most strands of diversity was developing, but there was little consultation with minority groups and black and minority ethnic and Muslim prisoners continued to express more negative perceptions. Complaints had increased considerably since the change in population but were well managed and responses were courteous. Health service provision was broadly good, although there were long waiting lists for some clinics. Primary and secondary mental health services were well managed and of good quality. Despite complaints from prisoners, the food was reasonable. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

The prison should review all aspects of provision and support for young adult prisoners and ensure that their needs are met and that restrictions on them are not disproportionate. (HP59)

Partially achieved

Recommendations

Cells on F and G wings should be single occupancy only. (2.11 Repeated recommendation 2.18)

Not achieved (recommendation repeated, 2.10)

Wings on all the residential units should be kept clean, with adequately screened toilets and with equitable prisoner access to showers and telephones with privacy hoods, and prompt staff response to cell call bells and applications (2.12).

Not achieved

Prisoners should receive suitable prison clothing each week that fits and is undamaged, and all prisoners should be allowed to wear their own clothes. (2.13)

Partially achieved

Named officers should be encouraged to make regular quality entries on their prisoners' electronic case notes that include the behaviour of the prisoner, acknowledge sentence plan issues or progress, and also consider the family and other support in place. (2.20)

Not achieved (recommendation repeated, 2.17)

There should be an overarching equality/diversity strategy covering each protected characteristic, including comprehensive information on how key responsibilities and support for prisoners will be delivered. (2.28)

Partially achieved

There should be support groups/forums for all minority groups that are accessible to all prisoners from that group. The prison should monitor the impact of the prison regime on all minority groups. (2.29)

Partially achieved

The prison should investigate and address the negative perceptions of black and minority ethnic and Muslim prisoners. (2.42)

Partially achieved

The prison should work with the UK Border Agency to ensure more regular attendance and engagement by its staff with all foreign national prisoners. (2.43)

Partially achieved

Older prisoners and those with disabilities should have individual assessments and, where appropriate, care plans, and specific activities and provision to support these prisoners should be improved. (2.44)

Partially achieved

Staff offering legal services to prisoners should be appropriately trained and allocated sufficient time for their role. (2.61)

Not achieved

Clinic waiting times should be audited each month to ensure that prisoners receive treatment in line with NHS waiting times. (2.79)

Achieved

Discipline staff should supervise prisoners throughout their time in the health care department. (2.80)

No longer relevant

The pharmacy room should be relocated to a quieter location and should include a sink. (2.86, repeated recommendation 5.50)

Not achieved

All dispensed medicines, including those prescribed out of hours, should be checked by a doctor or pharmacist. (2.87)

Achieved

Prescriptions written out of hours should be faxed to the pharmacy for checking. (2.88)

Not achieved

Discipline staff should ensure that all prisoners have their ID card with them during medicine rounds, and that there is no more than one prisoner at the medicine hatch at a time, with waiting prisoners standing well back. (2.89)

Achieved

There should be regular triage sessions to reduce the dental waiting list. (2.95)

Achieved

There should be sufficient staff to escort prisoners to dental appointments. (2.96)

Achieved

There should be a washer/disinfectant in the dental surgery. (2.97, repeated recommendation 5.10)

Not achieved

There should be regular mental health awareness training for prison staff. (2.105, repeated recommendation 5.86)

Not achieved (recommendation repeated, 2.99)

Breakfast packs should be issued on the day they are to be eaten. (2.112, repeated recommendation 8.19)

Not achieved (recommendation repeated, 2.110)

Main meals should not be served before 12 noon and 5pm. (2.113, repeated recommendation 8.20)

Not achieved (recommendation repeated, 2.110)

Consultation about the prison shop should involve representation from the equality committee. (2.120)

Achieved

Prisoners should not be charged a fee for catalogue purchases. (2.121, repeated recommendation 8.41)

Not achieved (recommendation repeated, 2.118)

Purposeful activity

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

At the last inspection in 2012 the time that prisoners spent out of cell varied but too many remained locked up during the core day. The prison had adapted reasonably well to the training and education needs of the changing population but some data required further analysis to inform management plans. There was insufficient provision for the population with a shortfall of around 100 full-time-equivalent places. Activity allocation arrangements were inadequate. Outcomes for prisoners taking up vocational training and qualifications were generally good. Library and PE provision was reasonable. Outcomes for prisoners were still not sufficiently good against this healthy prison test.

Main recommendations

Time out of cell arrangements should be increased for all prisoners. (HP60, repeated main recommendation HP55)

Achieved

The prison should continue to increase the number of spaces in learning, skills and work to engage all prisoners in purposeful activity. (HP61)

Partially achieved

Recommendations

Association should last for a minimum of one hour. (3.6, repeated recommendation 6.108)

Achieved

All prisoners should be offered time to exercise in the open air every day. (3.7)

Achieved

The prison should improve the participation and achievement rates of different groups of learners by further developing the use of data. (3.14)

Achieved

The prison should set up quality monitoring to evaluate the quality of delivery of all its learning and skills partners. (3.15)

Achieved

The prison should fully develop the self-assessment and development planning processes for critical evaluation of the whole learning and skills and work provision. (3.16)

Achieved

Allocations to activities should involve effective and fair management of waiting lists, including the pay policy, and ensure that no unemployed prisoner is disadvantaged. (3.23)

Achieved

The prison should improve the use of individual learning plans to include the effective recording of learners' ongoing progress. (3.29)

Achieved

The prison should develop the provision of specialist assessment and support for prisoners with dyslexic needs. (3.30)

Partially achieved

The personal and employability skills developed by prisoners in work who are not following accredited courses should be recorded. (3.31)

Achieved

The prison should extend the library accommodation. (3.36)

Achieved

The prison should reinstate the reading groups to enhance the development of literacy and communication. (3.37)

Achieved

The prison should provide a fitness room for young adult prisoners. (3.43)

No longer relevant

Accredited courses in PE should be reintroduced as soon as possible. (3.44)

Achieved

The prison should complete the PE classrooms to ensure a good learning environment for learners following accredited courses. (3.45)

Achieved

There should be literacy and numeracy support for prisoners in PE. (3.46)

Achieved

Resettlement

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

At the last inspection in 2012 the reducing reoffending strategy was appropriate but required a needs analysis to plan services. All prisoners had some form of individual support although there was a significant backlog of assessments. Engagement by offender supervisors was positive and appropriately oriented to risk, and a mentoring model for officers was a positive initiative. Public protection and risk management arrangements were good. Resettlement pathway management was generally good and reintegration planning across all pathways was broadly appropriate, although there were still significant delays in access to accredited programmes. Licence release provision and employment opportunities in the community were positive. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

The prison should ensure that prisoners received at Stoke Heath have OASys (offender assessment system) assessments completed, and any backlog should be cleared. (HP62)

Not achieved

Recommendations

The reducing reoffending strategy and action plan should be updated through an annual comprehensive needs analysis that assesses the resettlement requirements and offending behaviour programme needs of all adults and young adults. The action plan should reflect identified needs and be updated and monitored regularly. (4.7)

Not achieved

Prison officer offender supervisors should not be diverted to other duties. (4.17)

Achieved

The role of personal officers in relation to work with offender management and resettlement should be clarified and monitored to support sentence planning and resettlement objectives. (4.18)

Not achieved

Recategorisation should consider all the available information, and prisoners should be advised of their right to appeal. (4.24)

Achieved

The prison should increase the number of prisoners who access further training or education on their release. (4.35)

No longer relevant

The prison should have a qualified family support worker. (4.45, repeated recommendation 9.97)

Not achieved (recommendation repeated, 4.39)

Prisoners should have the opportunity to undertake relationship counselling. (4.46, repeated recommendation 9.98)

Not achieved

Prisoners should be allowed to exchange unused visiting orders for additional telephone credit. (4.47, repeated recommendation 9.96)

Not achieved (recommendation repeated, 4.40)

Prisoners should not be required to wear bibs and security tags for visits. (4.48)

Partially achieved

Closed visits should last the same amount of time as open visits. (4.49)

Achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider:

Shropshire Community Health NHS Trust

Registered location: HMP/YOI Stoke Heath. Warrant Lane, Market Drayton, Shropshire. TF9 2JL.

Location ID: R1DX7

Regulated activity: Treatment of disease, disorder, or injury and diagnostic and screening procedures.

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 9-Person centred care

Treatment of disease, disorder, or injury.
Diagnostic and screening.

We found that the registered person had not ensured that the care and treatment of service users were appropriate, ensured it met their needs or reflected their preferences. This was in breach of regulation 9(1)(a)(b)(c)(3)(a-g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation is not being met:

The provider had a detailed health screening tool although they were not completing this at each person's entry point into the prison. The provider was not fully assessing people's health needs. We found evidence of some delays in people receiving their medication which could have had significant impact on the person's health. Not all people who had an identified health need, such as diabetes had a care plan in place. Care plans we did observe were generic, not tailored to the individual needs and not all people we spoke with had been involved in the development of these. Not all were being reviewed regularly or in line with the frequency stated. The provider's system for managing recalls and reviews of patients with chronic and long term conditions was ineffective because care plans for these people were not routinely completed. There were unacceptable waiting times for an initial appointment with the dentist and smoking cessation services. Records indicated that were ninety six people waiting to see the dentist, with the longest waiting time being over 9 weeks and sixty three people were on the waiting list for a smoking cessation appointment with a maximum wait of up to 10 weeks.

<p>Regulation 12-Safe care and treatment Treatment of disease, disorder, or injury. Diagnostic and screening.</p>	<p>We found that the registered person had not protected patients against the risks of receiving inappropriate treatment, associated with the management of medicines. This was in breach of regulation 12(1)(2)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
<p>How the regulation is not being met: The policy for medication to be kept in possession did not state how often a risk assessment should be reviewed. We found that one risk assessment had not been reviewed since February 2013. We were informed that there was a technical issue with SystmOne which meant that versions of assessments carried out before the template upgrade would not show under current care plans. Therefore it was not clear for staff about whether a person had an in possession risk assessment. The audit trail for the controlled drug cabinet keys was not robust and there was no clear record of who had accessed the controlled drug cabinet. The process for the most senior nurse on duty to have the keys, as set out in the standard operating procedure was not always adhered to. Stock medication was not reconciled. Medicines were stored in lockable drawers and cabinets, however they were not stored in an orderly manner and there were a number of loose strips of tablets including an unlabelled blister of Pregabalin amongst patient named medication. There was not an out of hour's drug policy. There were concerns with the system of transportation of medication from the healthcare department to the wings and the potential risk this had as well as the impact that it had on staff time and resources.</p>	
<p>Regulation 15-Premises and equipment Treatment of disease, disorder, or injury. Diagnostic and screening.</p>	<p>We found that the registered provider did not have suitable arrangements to protect service users and others who may be at risk from the use of unsafe equipment as they did not ensure that equipment provided was properly maintained and suitable for purpose. This was in breach of regulation 15(1)(a)(c)(e)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
<p>How the regulation is not being met: Treatment rooms on the wings were not fit for purpose. Not all rooms contained hand washing facilities. There were no cleaning schedules in place and nurses were completing this on an ad hock basis: this resulted in the rooms not being sufficiently clean. An infection control audit for the dental suite had been carried out in April 2014 and a further one was being completed on the day we inspected. HTM01-05 guidance recommends these should be completed every 6 months. The electrical testing on the ultrasonic should have been reviewed in March 2015.</p>	
<p>Regulation 16-Receiving and acting on complaints Treatment of disease, disorder, or</p>	<p>We found that the registered person had not established and operated effectively an accessible system for</p>

injury. Diagnostic and screening.	managing complaints made by people using the service. This was in breach of regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
<p>How the regulation is not being met:</p> <p>There was a lack of understanding about the informal and formal complaint systems and these were not well advertised. Complaints forms and separate healthcare boxes were not consistently available on all wings which meant that confidentiality could not always be guaranteed. Responses to informal complaints were timely; however they varied in content and did not always offer a full explanation or address the person's concern/s. We found they were often investigated by the person whom the complaint was against. This was not always appropriate and there was no external oversight to look at the validity of the complaint.</p>	
<p>Regulation 18-staffing</p> <p>Treatment of disease, disorder, or injury. Diagnostic and screening.</p>	<p>We found that the registered person had not ensured sufficient numbers of staff were deployed or that persons employed by the service had received supervision and appraisals as is necessary for them to be able to carry out the duties they are employed to perform. This was in breach of regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
<p>How the regulation is not being met:</p> <p>We found there were on-going concerns with staffing that that the provider was struggling to recruit. Open days had been held to try and encourage people to apply but had been unsuccessful. At the time of the inspection there were 4.6 staffing vacancies (including a 6 month temporary post) and one person on long term sick. The provider used agency staff and where possible regular agency staff to manage this. Staff we spoke with told us they received an annual appraisal but we found that not all of these were in date. There was a system in place to monitor staff member's mandatory training; however it showed that only 73.8% were up to date. Clinical supervision of primary care staff was informal and there was no system to monitor this; not all staff members had an identified supervisor. These arrangements did not reflect the trust's policy. Access to additional training opportunities was limited due to staffing vacancies which meant that not all staff could be released to attend additional training.</p>	

Appendix IV: Prison population profile

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

Status	18-21 year olds	21 and over	%
Sentenced	36	624	88.2
Recall	3	60	8.4
Remand	0	4	0.5
Other	1	20	2.8
Total	40	708	100

Status	18-21 year olds	21 and over	%
Unsentenced	0	4	0.5
Less than 6 months	1	14	2.0
6 months to less than 12 months	1	50	6.8
12 months to less than 2 years	8	149	21.0
2 years to less than 4 years	21	202	29.8
4 years to less than 10 years	9	232	32.2
10 years and over (not life)	0	29	3.9
Life	0	28	3.7
Total	40	708	100

Age	Number of prisoners	%
Under 21 years	40	5.3
21 years to 29 years	330	44.1
30 years to 39 years	241	32.2
40 years to 49 years	108	14.4
50 years to 59 years	24	3.2
60 years to 69 years	3	0.4
70 plus years: maximum age=71	2	0.3
Total	748	100

Nationality	18-21 year olds	21 and over	%
British	40	692	97.9
Foreign nationals	0	16	2.1
Total	40	708	100

Security category	18-21 year olds	21 and over	%
Category C	2	682	91.4
Category D	0	16	2.1
Unclassified	0	6	0.8
YOI closed	38	4	5.6
Total	40	708	100

Ethnicity	18-21 year olds	21 and over	%
<i>White</i>			
British	33	600	84.6
Irish	0	2	0.3
Gypsy/Irish Traveller	1	8	1.2
Other white	1	5	0.8
	35	615	86.9
<i>Mixed</i>			

White and black Caribbean	1	16	2.3
White and black African	0	2	0.3
White and Asian	0	4	0.5
Other mixed	0	2	0.3
	1	24	3.3
<i>Asian or Asian British</i>			
Indian	0	7	0.9
Pakistani	1	25	3.5
Bangladeshi	0	2	0.3
Other Asian	1	7	1.1
	2	41	5.7
<i>Black or black British</i>			
Caribbean	2	18	2.7
African	0	3	0.4
Other black	0	2	0.3
	2	23	3.3
<i>Other ethnic group</i>	0	2	0.3
<i>Not known</i>	0	3	0.4
Total			100

Religion	18-21 year olds	21 and over	%
Church of England	2	53	7.4
Roman Catholic	7	77	11.2
Other Christian denominations	6	138	19.3
Muslim	3	63	8.8
Sikh	0	3	0.4
Buddhist	0	7	0.9
Jewish	0	1	0.1
Other	0	4	0.5
No religion	22	362	51.3
Total	40	708	100

Sentenced prisoners only

Length of stay	18-21 year olds		21 and over	
	Number	%	Number	%
Less than 1 month	9	1.2	125	16.7
1 month to 3 months	14	1.9	205	27.4
3 months to 6 months	8	1.1	126	16.8
6 months to 1 year	9	1.2	125	16.7
1 year to 2 years	0	0	106	14.2
2 years to 4 years	0	0	16	2.1
4 years or more	0	0	1	0.1
Total	40	5.3	704	94.1

Unsentenced prisoners only

Length of sentence	18-21 year olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	3	0.4
1 month to 3 months	0	0	1	0.1
Total	0	0	4	0.5

Sentenced prisoners only

Nationality	18-21 year olds	21 and over	%
Foreign nationals detained post sentence	0	0	0
Public protection cases (MAPPA prisoners)	26	350	50.3
Total	26	350	50.3

Appendix V: 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 13 April 2015 the prisoner population at HMP & YOI Stoke Heath was 726. Using the method described above, questionnaires were distributed to a sample of 218 prisoners.

We received a total of 162 completed questionnaires, a response rate of 74%. This included two questionnaires completed via interview. Thirteen respondents refused to complete a questionnaire, 28 questionnaires were not returned and 15 were returned blank.

Wing/Unit	Number of completed survey returns
A	17
B	17
C	11
D	18
E	23
F	24

G	33
I	17
Segregation	1
Health care	1

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP/YOI Stoke Heath.

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 differences⁸ are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP/YOI Stoke Heath in 2015 compared with responses from prisoners surveyed in all other category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 34 category C training prisons since April 2008.
- The current survey responses from HMP/YOI Stoke Heath in 2015 compared with the responses of prisoners surveyed at HMP/YOI Stoke Heath in 2012.
- A comparison within the 2015 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2015 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

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

Survey summary

Section I: About you

Q1.2	How old are you?	
	<i>Under 21</i>	7 (4%)
	<i>21 - 29</i>	78 (48%)
	<i>30 - 39</i>	44 (27%)
	<i>40 - 49</i>	30 (19%)
	<i>50 - 59</i>	1 (1%)
	<i>60 - 69</i>	0 (0%)
	<i>70 and over</i>	2 (1%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	144 (89%)
	<i>Yes - on recall</i>	14 (9%)
	<i>No - awaiting trial</i>	2 (1%)
	<i>No - awaiting sentence</i>	1 (1%)
	<i>No - awaiting deportation</i>	1 (1%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	4 (3%)
	<i>Less than 6 months</i>	7 (4%)
	<i>6 months to less than 1 year</i>	11 (7%)
	<i>1 year to less than 2 years</i>	33 (21%)
	<i>2 years to less than 4 years</i>	34 (22%)
	<i>4 years to less than 10 years</i>	51 (32%)
	<i>10 years or more</i>	12 (8%)
	<i>IPP (indeterminate sentence for public protection)</i>	4 (3%)
	<i>Life</i>	2 (1%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)	
	<i>Yes</i>	13 (8%)
	<i>No</i>	146 (92%)
Q1.6	Do you understand spoken English?	
	<i>Yes</i>	161 (100%)
	<i>No</i>	0 (0%)
Q1.7	Do you understand written English?	
	<i>Yes</i>	161 (100%)
	<i>No</i>	0 (0%)

Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	125 (80%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	3 (2%)	<i>Asian or Asian British - other</i> 1 (1%)
	<i>White - other</i>	7 (4%)	<i>Mixed race - white and black Caribbean</i> 3 (2%)
	<i>Black or black British - Caribbean</i>	4 (3%)	<i>Mixed race - white and black African</i> 2 (1%)
	<i>Black or black British - African</i>	1 (1%)	<i>Mixed race - white and Asian</i> 1 (1%)
	<i>Black or black British - other</i>	1 (1%)	<i>Mixed race - other</i> 1 (1%)
	<i>Asian or Asian British - Indian</i>	1 (1%)	<i>Arab</i> 0 (0%)
	<i>Asian or Asian British - Pakistani</i>	6 (4%)	<i>Other ethnic group</i> 0 (0%)
	<i>Asian or Asian British - Bangladeshi</i>	1 (1%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	<i>Yes</i>		6 (4%)
	<i>No</i>		151 (96%)
Q1.10	What is your religion?		
	<i>None</i>	74 (47%)	<i>Hindu</i> 0 (0%)
	<i>Church of England</i>	29 (18%)	<i>Jewish</i> 1 (1%)
	<i>Catholic</i>	29 (18%)	<i>Muslim</i> 10 (6%)
	<i>Protestant</i>	5 (3%)	<i>Sikh</i> 1 (1%)
	<i>Other Christian denomination</i>	4 (3%)	<i>Other</i> 3 (2%)
	<i>Buddhist</i>	3 (2%)	
Q1.11	How would you describe your sexual orientation?		
	<i>Heterosexual/ Straight</i>		159 (100%)
	<i>Homosexual/Gay</i>		0 (0%)
	<i>Bisexual</i>		0 (0%)
Q1.12	Do you consider yourself to have a disability? (i.e do you need help with any long term physical, mental or learning needs).		
	<i>Yes</i>		34 (21%)
	<i>No</i>		126 (79%)
Q1.13	Are you a veteran (ex-armed services)?		
	<i>Yes</i>		12 (8%)
	<i>No</i>		146 (92%)
Q1.14	Is this your first time in prison?		
	<i>Yes</i>		50 (31%)
	<i>No</i>		111 (69%)
Q1.15	Do you have children under the age of 18?		
	<i>Yes</i>		94 (58%)
	<i>No</i>		67 (42%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?	
	<i>Less than 2 hours</i>	67 (42%)
	<i>2 hours or longer</i>	85 (53%)
	<i>Don't remember</i>	9 (6%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	67 (42%)
	Yes	69 (43%)
	No	22 (14%)
	Don't remember	1 (1%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	67 (42%)
	Yes	7 (4%)
	No	83 (52%)
	Don't remember	4 (2%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	85 (53%)
	No	61 (38%)
	Don't remember	15 (9%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	129 (80%)
	No	30 (19%)
	Don't remember	3 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	37 (23%)
	Well	73 (45%)
	Neither	40 (25%)
	Badly	5 (3%)
	Very badly	2 (1%)
	Don't remember	4 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	Yes, someone told me	92 (57%)
	Yes, I received written information	4 (2%)
	No, I was not told anything	62 (39%)
	Don't remember	3 (2%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	136 (85%)
	No	23 (14%)
	Don't remember	1 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	112 (70%)
	2 hours or longer	44 (27%)
	Don't remember	5 (3%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	139 (88%)
	No	13 (8%)
	Don't remember	6 (4%)

Q3.3	Overall, how were you treated in reception?		
	<i>Very well</i>		52 (32%)
	<i>Well</i>		85 (52%)
	<i>Neither</i>		19 (12%)
	<i>Badly</i>		3 (2%)
	<i>Very badly</i>		2 (1%)
	<i>Don't remember</i>		1 (1%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	25 (16%)	<i>Physical health</i> 16 (10%)
	<i>Housing problems</i>	18 (11%)	<i>Mental health</i> 28 (18%)
	<i>Contacting employers</i>	0 (0%)	<i>Needing protection from other prisoners</i> 5 (3%)
	<i>Contacting family</i>	23 (15%)	<i>Getting phone numbers</i> 19 (12%)
	<i>Childcare</i>	1 (1%)	<i>Other</i> 9 (6%)
	<i>Money worries</i>	21 (13%)	<i>Did not have any problems</i> 68 (43%)
	<i>Feeling depressed or suicidal</i>	16 (10%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>		31 (20%)
	<i>No</i>		57 (37%)
	<i>Did not have any problems</i>		68 (44%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>		142 (88%)
	<i>A shower</i>		37 (23%)
	<i>A free telephone call</i>		124 (77%)
	<i>Something to eat</i>		69 (43%)
	<i>PIN phone credit</i>		87 (54%)
	<i>Toiletries/ basic items</i>		57 (35%)
	<i>Did not receive anything</i>		5 (3%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	<i>Chaplain</i>		92 (59%)
	<i>Someone from health services</i>		95 (61%)
	<i>A Listener/Samaritans</i>		35 (22%)
	<i>Prison shop/ canteen</i>		28 (18%)
	<i>Did not have access to any of these</i>		29 (19%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	<i>What was going to happen to you</i>		70 (45%)
	<i>What support was available for people feeling depressed or suicidal</i>		52 (34%)
	<i>How to make routine requests (applications)</i>		53 (34%)
	<i>Your entitlement to visits</i>		53 (34%)
	<i>Health services</i>		63 (41%)
	<i>Chaplaincy</i>		66 (43%)
	<i>Not offered any information</i>		50 (32%)
Q3.9	Did you feel safe on your first night here?		
	<i>Yes</i>		139 (87%)
	<i>No</i>		19 (12%)
	<i>Don't remember</i>		2 (1%)

Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	10 (6%)
	<i>Within the first week</i>	90 (57%)
	<i>More than a week</i>	54 (34%)
	<i>Don't remember</i>	4 (3%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	10 (6%)
	<i>Yes</i>	81 (51%)
	<i>No</i>	58 (37%)
	<i>Don't remember</i>	9 (6%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	20 (13%)
	<i>Within the first week</i>	51 (32%)
	<i>More than a week</i>	79 (50%)
	<i>Don't remember</i>	8 (5%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		Very easy	Easy	Neither	Difficult	Very difficult	N/A
	<i>Communicate with your solicitor or legal representative?</i>	20 (13%)	32 (21%)	26 (17%)	19 (12%)	22 (14%)	34 (22%)
	<i>Attend legal visits?</i>	15 (11%)	29 (21%)	30 (21%)	11 (8%)	8 (6%)	48 (34%)
	<i>Get bail information?</i>	9 (7%)	8 (6%)	21 (16%)	21 (16%)	15 (11%)	58 (44%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters</i>					55 (35%)	
	<i>Yes</i>					55 (35%)	
	<i>No</i>					48 (30%)	
Q4.3	Can you get legal books in the library?						
	<i>Yes</i>					44 (28%)	
	<i>No</i>					8 (5%)	
	<i>Don't know</i>					107 (67%)	
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		Yes	No	Don't know			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	97 (60%)	63 (39%)	2 (1%)			
	<i>Are you normally able to have a shower every day?</i>	14 (91%)	13 (8%)	1 (1%)			
	<i>Do you normally receive clean sheets every week?</i>	135 (84%)	21 (13%)	4 (3%)			
	<i>Do you normally get cell cleaning materials every week?</i>	80 (50%)	75 (47%)	4 (3%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	48 (30%)	85 (53%)	26 (16%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	91 (58%)	65 (41%)	2 (1%)			
	<i>If you need to, can you normally get your stored property?</i>	30 (19%)	67 (42%)	63 (39%)			
Q4.5	What is the food like here?						
	<i>Very good</i>					3 (2%)	
	<i>Good</i>					31 (19%)	
	<i>Neither</i>					31 (19%)	
	<i>Bad</i>					50 (31%)	
	<i>Very bad</i>					46 (29%)	

Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/ don't know</i>	7 (4%)
	Yes	93 (58%)
	No	60 (38%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	67 (42%)
	No	15 (9%)
	<i>Don't know</i>	79 (49%)
Q4.8	Are your religious beliefs respected?	
	Yes	69 (43%)
	No	21 (13%)
	<i>Don't know/ N/A</i>	71 (44%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	Yes	103 (66%)
	No	7 (4%)
	<i>Don't know/ N/A</i>	47 (30%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	49 (31%)
	Very easy	31 (20%)
	Easy	32 (20%)
	Neither	7 (4%)
	Difficult	3 (2%)
	Very difficult	2 (1%)
	<i>Don't know</i>	34 (22%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	120 (76%)
	No	30 (19%)
	<i>Don't know</i>	7 (4%)
Q5.2	Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option.</i>)	
		Not made one Yes No
	Are <i>applications</i> dealt with fairly?	27 (18%) 61 (41%) 60 (41%)
	Are <i>applications</i> dealt with quickly (within seven days)?	27 (19%) 37 (26%) 77 (55%)
Q5.3	Is it easy to make a complaint?	
	Yes	71 (46%)
	No	34 (22%)
	<i>Don't know</i>	49 (32%)
Q5.4	Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option.</i>)	
		Not made one Yes No
	Are <i>complaints</i> dealt with fairly?	70 (46%) 26 (17%) 56 (37%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	70 (49%) 17 (12%) 57 (40%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	23 (16%)
	No	117 (84%)

Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	56 (37%)
	<i>Very easy</i>	14 (9%)
	<i>Easy</i>	18 (12%)
	<i>Neither</i>	31 (21%)
	<i>Difficult</i>	20 (13%)
	<i>Very difficult</i>	12 (8%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	11 (7%)
	<i>Yes</i>	74 (49%)
	<i>No</i>	48 (32%)
	<i>Don't know</i>	19 (13%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	11 (7%)
	<i>Yes</i>	72 (47%)
	<i>No</i>	52 (34%)
	<i>Don't know</i>	18 (12%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	14 (9%)
	<i>No</i>	142 (91%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	121 (81%)
	<i>Very well</i>	2 (1%)
	<i>Well</i>	4 (3%)
	<i>Neither</i>	12 (8%)
	<i>Badly</i>	5 (3%)
	<i>Very badly</i>	6 (4%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	127 (82%)
	<i>No</i>	28 (18%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	103 (67%)
	<i>No</i>	50 (33%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes</i>	45 (29%)
	<i>No</i>	112 (71%)

Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	6 (4%)
	<i>Never</i>	35 (22%)
	<i>Rarely</i>	33 (21%)
	<i>Some of the time</i>	57 (36%)
	<i>Most of the time</i>	15 (9%)
	<i>All of the time</i>	12 (8%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	78 (49%)
	<i>In the first week</i>	37 (23%)
	<i>More than a week</i>	32 (20%)
	<i>Don't remember</i>	11 (7%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	78 (50%)
	<i>Very helpful</i>	26 (17%)
	<i>Helpful</i>	16 (10%)
	<i>Neither</i>	13 (8%)
	<i>Not very helpful</i>	13 (8%)
	<i>Not at all helpful</i>	10 (6%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	<i>Yes</i>	58 (36%)		
	<i>No</i>	101 (64%)		
Q8.2	Do you feel unsafe now?			
	<i>Yes</i>	27 (18%)		
	<i>No</i>	126 (82%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	101 (65%)	<i>At meal times</i>	9 (6%)
	<i>Everywhere</i>	14 (9%)	<i>At health services</i>	6 (4%)
	<i>Segregation unit</i>	5 (3%)	<i>Visits area</i>	5 (3%)
	<i>Association areas</i>	15 (10%)	<i>In wing showers</i>	7 (5%)
	<i>Reception area</i>	1 (1%)	<i>In gym showers</i>	0 (0%)
	<i>At the gym</i>	2 (1%)	<i>In corridors/stairwells</i>	12 (8%)
	<i>In an exercise yard</i>	4 (3%)	<i>On your landing/wing</i>	21 (14%)
	<i>At work</i>	13 (8%)	<i>In your cell</i>	11 (7%)
	<i>During movement</i>	15 (10%)	<i>At religious services</i>	1 (1%)
	<i>At education</i>	7 (5%)		
Q8.4	Have you been victimised by other prisoners here?			
	<i>Yes</i>	44 (28%)		
	<i>No</i>	115 (72%)		

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	19 (12%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	11 (7%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	27 (17%)
	<i>Having your canteen/property taken</i>	9 (6%)
	<i>Medication</i>	3 (2%)
	<i>Debt</i>	10 (6%)
	<i>Drugs</i>	9 (6%)
	<i>Your race or ethnic origin</i>	4 (3%)
	<i>Your religion/religious beliefs</i>	4 (3%)
	<i>Your nationality</i>	4 (3%)
	<i>You are from a different part of the country than others</i>	7 (4%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	0 (0%)
	<i>Your age</i>	1 (1%)
	<i>You have a disability</i>	0 (0%)
	<i>You were new here</i>	5 (3%)
	<i>Your offence/ crime</i>	1 (1%)
	<i>Gang related issues</i>	8 (5%)
Q8.6	Have you been victimised by staff here?	
	Yes	43 (27%)
	No	114 (73%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	13 (8%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	10 (6%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	16 (10%)
	<i>Medication</i>	5 (3%)
	<i>Debt</i>	6 (4%)
	<i>Drugs</i>	7 (4%)
	<i>Your race or ethnic origin</i>	3 (2%)
	<i>Your religion/religious beliefs</i>	1 (1%)
	<i>Your nationality</i>	2 (1%)
	<i>You are from a different part of the country than others</i>	4 (3%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	1 (1%)
	<i>You were new here</i>	3 (2%)
	<i>Your offence/ crime</i>	1 (1%)
	<i>Gang related issues</i>	4 (3%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	95 (65%)
	Yes	19 (13%)
	No	33 (22%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	17 (11%)	5 (3%)	12 (8%)	13 (8%)	63 (41%)	44 (29%)
	The nurse	16 (11%)	12 (8%)	45 (31%)	17 (12%)	34 (23%)	22 (15%)
	The dentist	27 (18%)	2 (1%)	3 (2%)	8 (5%)	42 (28%)	69 (46%)
Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	23 (15%)	5 (3%)	26 (17%)	16 (11%)	33 (22%)	49 (32%)
	The nurse	14 (10%)	11 (8%)	44 (30%)	23 (16%)	23 (16%)	31 (21%)
	The dentist	50 (34%)	6 (4%)	14 (10%)	19 (13%)	19 (13%)	37 (26%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						12 (8%)
	<i>Very good</i>						5 (3%)
	<i>Good</i>						26 (17%)
	<i>Neither</i>						24 (16%)
	<i>Bad</i>						39 (26%)
	<i>Very bad</i>						45 (30%)
Q9.4	Are you currently taking medication?						
	Yes						79 (51%)
	No						75 (49%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
	<i>Not taking medication</i>						75 (48%)
	<i>Yes, all my meds</i>						26 (17%)
	<i>Yes, some of my meds</i>						16 (10%)
	<i>No</i>						38 (25%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						61 (40%)
	No						92 (60%)
Q9.7	Are your being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)						
	<i>Do not have any emotional or mental health problems</i>						92 (61%)
	Yes						35 (23%)
	No						25 (16%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	47 (31%)
	No	107 (69%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	27 (18%)
	No	124 (82%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	55 (36%)
	Easy	21 (14%)
	Neither	15 (10%)
	Difficult	5 (3%)
	Very difficult	4 (3%)
	Don't know	53 (35%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	24 (16%)
	Easy	18 (12%)
	Neither	20 (13%)
	Difficult	9 (6%)
	Very difficult	12 (8%)
	Don't know	70 (46%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	19 (12%)
	No	134 (88%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	13 (8%)
	No	141 (92%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	96 (64%)
	Yes	30 (20%)
	No	25 (17%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?	
	<i>Did not / do not have an alcohol problem</i>	124 (82%)
	Yes	24 (16%)
	No	3 (2%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	104 (69%)
	Yes	33 (22%)
	No	13 (9%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	25 (16%)	19 (12%)	54 (35%)	14 (9%)	27(18%)	14 (9%)
	Vocational or skills training	25 (17%)	17 (11%)	60 (41%)	17 (11%)	17(11%)	12 (8%)
	Education (including basic skills)	20 (14%)	30 (20%)	67 (45%)	15 (10%)	10 (7%)	6 (4%)
	Offending behaviour programmes	48 (32%)	10 (7%)	29 (19%)	26 (17%)	18 (12%)	18 (12%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>					36 (24%)	
	Prison job					75 (50%)	
	Vocational or skills training					20 (13%)	
	Education (including basic skills)					35 (23%)	
	Offending behaviour programmes					13 (9%)	

Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	29 (22%)	43 (33%)	50 (38%)	10 (8%)
	Vocational or skills training	31 (27%)	46 (40%)	28 (24%)	10 (9%)
	Education (including basic skills)	27 (23%)	52 (44%)	31 (26%)	9 (8%)
	Offending behaviour programmes	40 (35%)	28 (25%)	32 (28%)	13 (12%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				24 (16%)
	<i>Never</i>				30 (20%)
	<i>Less than once a week</i>				42 (28%)
	<i>About once a week</i>				47 (31%)
	<i>More than once a week</i>				8 (5%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				47 (31%)
	<i>Yes</i>				68 (45%)
	<i>No</i>				37 (24%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				33 (22%)
	<i>0</i>				25 (16%)
	<i>1 to 2</i>				34 (22%)
	<i>3 to 5</i>				56 (37%)
	<i>More than 5</i>				5 (3%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				9 (6%)
	<i>0</i>				13 (9%)
	<i>1 to 2</i>				40 (26%)
	<i>3 to 5</i>				48 (32%)
	<i>More than 5</i>				41 (27%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				10 (7%)
	<i>0</i>				3 (2%)
	<i>1 to 2</i>				4 (3%)
	<i>3 to 5</i>				24 (16%)
	<i>More than 5</i>				111 (73%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)				
	<i>Less than 2 hours</i>				5 (3%)
	<i>2 to less than 4 hours</i>				17 (11%)
	<i>4 to less than 6 hours</i>				31 (20%)
	<i>6 to less than 8 hours</i>				30 (20%)
	<i>8 to less than 10 hours</i>				34 (22%)
	<i>10 hours or more</i>				20 (13%)
	<i>Don't know</i>				15 (10%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	54 (36%)
	No	98 (64%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	60 (39%)
	No	92 (61%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	22 (14%)
	No	130 (86%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	22 (14%)
	<i>Very easy</i>	11 (7%)
	<i>Easy</i>	25 (16%)
	<i>Neither</i>	10 (6%)
	<i>Difficult</i>	35 (23%)
	<i>Very difficult</i>	50 (32%)
	<i>Don't know</i>	2 (1%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	4 (3%)
	Yes	121 (79%)
	No	28 (18%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	32 (21%)
	<i>No contact</i>	53 (34%)
	<i>Letter</i>	30 (19%)
	<i>Phone</i>	23 (15%)
	<i>Visit</i>	29 (19%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	131 (86%)
	No	22 (14%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	4 (3%)
	Yes	73 (49%)
	No	73 (49%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	77 (51%)
	<i>Very involved</i>	21 (14%)
	<i>Involved</i>	21 (14%)
	<i>Neither</i>	6 (4%)
	<i>Not very involved</i>	11 (7%)
	<i>Not at all involved</i>	16 (11%)

Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)			
	<i>Do not have a sentence plan/ not sentenced</i>			77 (52%)
	<i>Nobody</i>			27 (18%)
	<i>Offender supervisor</i>			26 (18%)
	<i>Offender manager</i>			27 (18%)
	<i>Named/ personal officer</i>			6 (4%)
	<i>Staff from other departments</i>			7 (5%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?			
	<i>Do not have a sentence plan/ not sentenced</i>			77 (51%)
	<i>Yes</i>			45 (30%)
	<i>No</i>			19 (13%)
	<i>Don't know</i>			10 (7%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?			
	<i>Do not have a sentence plan/ not sentenced</i>			77 (51%)
	<i>Yes</i>			12 (8%)
	<i>No</i>			44 (29%)
	<i>Don't know</i>			18 (12%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?			
	<i>Do not have a sentence plan/ not sentenced</i>			77 (51%)
	<i>Yes</i>			16 (11%)
	<i>No</i>			32 (21%)
	<i>Don't know</i>			25 (17%)
Q13.10	Do you have a needs based custody plan?			
	<i>Yes</i>			9 (6%)
	<i>No</i>			71 (48%)
	<i>Don't know</i>			69 (46%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	<i>Yes</i>			24 (16%)
	<i>No</i>			128 (84%)
Q13.12	Do you know of anyone in this prison who can help you with the following on release? (please tick all that apply to you.)			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	37 (26%)	35 (24%)	72 (50%)
	Accommodation	38 (26%)	36 (25%)	70 (49%)
	Benefits	36 (25%)	38 (26%)	71 (49%)
	Finances	38 (27%)	22 (16%)	79 (57%)
	Education	42 (29%)	32 (22%)	69 (48%)
	Drugs and alcohol	44 (31%)	38 (27%)	59 (42%)
Q13.13	Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?			
	<i>Not sentenced</i>			4 (3%)
	<i>Yes</i>			62 (42%)
	<i>No</i>			80 (55%)

Main comparator and comparator to last time



Prisoner survey responses HMP/YOI Stoke Heath 2015

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

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		162	5918	162	191
SECTION 1: General information					
1.2	Are you under 21 years of age?	4%	3%	4%	23%
1.3	Are you sentenced?	98%	100%	98%	100%
1.3	Are you on recall?	9%	9%	9%	9%
1.4	Is your sentence less than 12 months?	11%	6%	11%	12%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	10%	3%	1%
1.5	Are you a foreign national?	8%	8%	8%	6%
1.6	Do you understand spoken English?	100%	99%	100%	100%
1.7	Do you understand written English?	100%	98%	100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	14%	26%	14%	28%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	4%	4%	3%
1.1	Are you Muslim?	6%	13%	6%	11%
1.11	Are you homosexual/gay or bisexual?	0%	4%	0%	1%
1.12	Do you consider yourself to have a disability?	21%	20%	21%	12%
1.13	Are you a veteran (ex-armed services)?	8%	6%	8%	2%
1.14	Is this your first time in prison?	31%	37%	31%	39%
1.15	Do you have any children under the age of 18?	58%	50%	58%	50%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	53%	45%	53%	39%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	75%	72%	75%	63%
2.3	Were you offered a toilet break?	7%	8%	7%	9%
2.4	Was the van clean?	53%	64%	53%	66%
2.5	Did you feel safe?	80%	80%	80%	84%
2.6	Were you treated well/very well by the escort staff?	68%	71%	68%	72%
2.7	Before you arrived here were you told that you were coming here?	57%	62%	57%	62%
2.7	Before you arrived here did you receive any written information about coming here?	3%	16%	3%	4%

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2.8	When you first arrived here did your property arrive at the same time as you?	85%	87%	85%	85%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	70%	52%	70%	52%
3.2	When you were searched in reception, was this carried out in a respectful way?	88%	84%	88%	88%
3.3	Were you treated well/very well in reception?	85%	74%	85%	76%
	When you first arrived:				
3.4	Did you have any problems?	57%	60%	57%	61%
3.4	Did you have any problems with loss of property?	16%	17%	16%	16%
3.4	Did you have any housing problems?	11%	14%	11%	12%
3.4	Did you have any problems contacting employers?	0%	2%	0%	1%
3.4	Did you have any problems contacting family?	15%	19%	15%	18%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	2%	1%	0%
3.4	Did you have any money worries?	13%	14%	13%	18%
3.4	Did you have any problems with feeling depressed or suicidal?	10%	14%	10%	10%
3.4	Did you have any physical health problems?	10%	12%	10%	7%
3.4	Did you have any mental health problems?	18%	14%	18%	7%
3.4	Did you have any problems with needing protection from other prisoners?	3%	5%	3%	2%
3.4	Did you have problems accessing phone numbers?	12%	17%	12%	19%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	35%	36%	35%	46%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	88%	75%	88%	81%
3.6	A shower?	23%	27%	23%	22%
3.6	A free telephone call?	77%	40%	77%	87%
3.6	Something to eat?	43%	58%	43%	55%
3.6	PIN phone credit?	54%	52%	54%	47%
3.6	Toiletries/ basic items?	35%	44%	35%	38%
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	59%	51%	59%	61%
3.7	Someone from health services?	61%	69%	61%	73%
3.7	A Listener/Samaritans?	23%	33%	23%	22%
3.7	Prison shop/ canteen?	18%	21%	18%	21%

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	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	46%	51%	46%	55%
3.8	Support was available for people feeling depressed or suicidal?	34%	41%	34%	46%
3.8	How to make routine requests?	34%	44%	34%	51%
3.8	Your entitlement to visits?	34%	42%	34%	49%
3.8	Health services?	41%	54%	41%	57%
3.8	The chaplaincy?	43%	48%	43%	57%
3.9	Did you feel safe on your first night here?	87%	82%	87%	91%
3.10	Have you been on an induction course?	94%	91%	94%	94%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	55%	59%	55%	54%
3.12	Did you receive an education (skills for life) assessment?	87%	83%	87%	94%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	34%	47%	34%	37%
4.1	Attend legal visits?	31%	50%	31%	49%
4.1	Get bail information?	13%	15%	13%	19%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	35%	41%	35%	35%
4.3	Can you get legal books in the library?	28%	43%	28%	33%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	60%	67%	60%	45%
4.4	Are you normally able to have a shower every day?	91%	92%	91%	76%
4.4	Do you normally receive clean sheets every week?	84%	76%	84%	89%
4.4	Do you normally get cell cleaning materials every week?	50%	66%	50%	48%
4.4	Is your cell call bell normally answered within five minutes?	30%	36%	30%	35%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	58%	68%	58%	60%
4.4	Can you normally get your stored property, if you need to?	19%	24%	19%	22%
4.5	Is the food in this prison good/very good?	21%	27%	21%	15%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	58%	45%	58%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	42%	57%	42%	47%
4.8	Are your religious beliefs are respected?	43%	53%	43%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	66%	58%	66%	65%

Main comparator and comparator to last time

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4.10	Is it easy/very easy to attend religious services?	40%	50%	40%	56%
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	76%	82%	76%	83%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	50%	59%	50%	61%
5.2	Do you feel applications are dealt with quickly (within seven days)?	33%	44%	33%	35%
5.3	Is it easy to make a complaint?	46%	60%	46%	63%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	32%	32%	32%	40%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	23%	30%	23%	38%
5.5	Have you ever been prevented from making a complaint when you wanted to?	16%	20%	16%	11%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	21%	29%	21%	29%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	51%	49%	60%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	46%	47%	50%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	6%	9%	5%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	21%	38%	21%	43%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	82%	78%	82%	81%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	67%	74%	67%	79%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	29%	29%	29%	39%
7.4	Do staff normally speak to you most of the time/all of the time during association?	17%	19%	17%	26%
7.5	Do you have a personal officer?	51%	68%	51%	80%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	54%	63%	54%	59%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	37%	34%	37%	24%
8.2	Do you feel unsafe now?	18%	15%	18%	12%
8.4	Have you been victimised by other prisoners here?	28%	26%	28%	14%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	12%	12%	12%	5%

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	Percentages which are not highlighted show there is no significant difference				
8.5	Hit, kicked or assaulted you?	7%	7%	7%	2%
8.5	Sexually abused you?	1%	1%	1%	0%
8.5	Threatened or intimidated you?	17%	16%	17%	4%
8.5	Taken your canteen/property?	6%	6%	6%	2%
8.5	Victimised you because of medication?	2%	5%	2%	1%
8.5	Victimised you because of debt?	6%	4%	6%	1%
8.5	Victimised you because of drugs?	6%	4%	6%	2%
8.5	Victimised you because of your race or ethnic origin?	3%	3%	3%	2%
8.5	Victimised you because of your religion/religious beliefs?	3%	3%	3%	2%
8.5	Victimised you because of your nationality?	3%	2%	3%	1%
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?	1%	1%	1%	1%
8.5	Victimised you because of your sexual orientation?	0%	2%	0%	1%
8.5	Victimised you because of your age?	1%	3%	1%	1%
8.5	Victimised you because you have a disability?	0%	3%	0%	1%
8.5	Victimised you because you were new here?	3%	5%	3%	1%
8.5	Victimised you because of your offence/crime?	1%	5%	1%	1%
8.5	Victimised you because of gang related issues?	5%	4%	5%	5%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	27%	30%	27%	19%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	8%	11%	8%	8%
8.7	Hit, kicked or assaulted you?	6%	3%	6%	2%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	10%	13%	10%	9%
8.7	Victimised you because of medication?	3%	4%	3%	1%
8.7	Victimised you because of debt?	4%	2%	4%	2%
8.7	Victimised you because of drugs?	4%	2%	4%	2%
8.7	Victimised you because of your race or ethnic origin?	2%	4%	2%	5%
8.7	Victimised you because of your religion/religious beliefs?	1%	3%	1%	3%
8.7	Victimised you because of your nationality?	1%	2%	1%	3%
8.7	Victimised you because you were from a different part of the country?	3%	3%	3%	4%

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8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	2%
8.7	Victimised you because of your age?	1%	2%	1%	2%
8.7	Victimised you because you have a disability?	1%	3%	1%	0%
8.7	Victimised you because you were new here?	2%	4%	2%	2%
8.7	Victimised you because of your offence/crime?	1%	4%	1%	1%
8.7	Victimised you because of gang related issues?	3%	2%	3%	3%
For those who have been victimised by staff or other prisoners:					
8.8	Did you report any victimisation that you have experienced?	37%	40%	37%	45%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	11%	31%	11%	38%
9.1	Is it easy/very easy to see the nurse?	39%	53%	39%	56%
9.1	Is it easy/very easy to see the dentist?	3%	14%	3%	9%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
9.2	The doctor?	24%	48%	24%	56%
9.2	The nurse?	42%	58%	42%	56%
9.2	The dentist?	21%	44%	21%	24%
9.3	The overall quality of health services?	22%	43%	22%	43%
9.4	Are you currently taking medication?	51%	48%	51%	33%
For those currently taking medication:					
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	53%	84%	53%	77%
9.6	Do you have any emotional well being or mental health problems?	40%	29%	40%	19%
For those who have problems:					
9.7	Are you being helped or supported by anyone in this prison?	58%	50%	58%	58%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	31%	24%	31%	18%
10.2	Did you have a problem with alcohol when you came into this prison?	18%	17%	18%	15%
10.3	Is it easy/very easy to get illegal drugs in this prison?	50%	35%	50%	19%
10.4	Is it easy/very easy to get alcohol in this prison?	27%	22%	27%	10%
10.5	Have you developed a problem with drugs since you have been in this prison?	12%	8%	12%	5%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	8%	7%	8%	4%
For those with drug or alcohol problems:					
10.7	Have you received any support or help with your drug problem while in this prison?	55%	64%	55%	73%

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10.8	Have you received any support or help with your alcohol problem while in this prison?	89%	63%	89%	69%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	72%	77%	72%	83%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	48%	43%	48%	44%
11.1	Vocational or skills training?	52%	39%	52%	48%
11.1	Education (including basic skills)?	66%	54%	66%	55%
11.1	Offending behaviour programmes?	26%	22%	26%	24%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	50%	59%	50%	44%
11.2	Vocational or skills training?	13%	15%	13%	20%
11.2	Education (including basic skills)?	23%	24%	23%	31%
11.2	Offending behaviour programmes?	9%	12%	9%	5%
11.3	Have you had a job while in this prison?	78%	82%	78%	81%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	42%	42%	42%	41%
11.3	Have you been involved in vocational or skills training while in this prison?	73%	73%	73%	73%
	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?	55%	56%	55%	57%
11.3	Have you been involved in education while in this prison?	77%	78%	77%	82%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	57%	59%	57%	58%
11.3	Have you been involved in offending behaviour programmes while in this prison?	65%	70%	65%	68%
	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%	51%	38%	43%
11.4	Do you go to the library at least once a week?	36%	44%	36%	28%
11.5	Does the library have a wide enough range of materials to meet your needs?	45%	48%	45%	41%
11.6	Do you go to the gym three or more times a week?	40%	34%	40%	27%
11.7	Do you go outside for exercise three or more times a week?	59%	49%	59%	20%
11.8	Do you go on association more than five times each week?	73%	70%	73%	70%
11.9	Do you spend ten or more hours out of your cell on a weekday?	13%	16%	13%	9%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	36%	33%	36%	37%
12.2	Have you had any problems with sending or receiving mail?	40%	44%	40%	43%
12.3	Have you had any problems getting access to the telephones?	15%	24%	15%	38%
12.4	Is it easy/ very easy for your friends and family to get here?	23%	28%	23%	17%

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	Percentages which are not highlighted show there is no significant difference				
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	81%	83%	81%	88%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	43%	35%	43%	34%
13.2	Contact by letter?	25%	36%	25%	34%
13.2	Contact by phone?	19%	25%	19%	13%
13.2	Contact by visit?	24%	33%	24%	33%
13.3	Do you have a named offender supervisor in this prison?	86%	72%	86%	79%
For those who are sentenced:					
13.4	Do you have a sentence plan?	50%	69%	50%	56%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	56%	53%	56%	57%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	38%	48%	38%	32%
13.6	Offender supervisor?	37%	35%	37%	37%
13.6	Offender manager?	38%	26%	38%	31%
13.6	Named/ personal officer?	9%	12%	9%	16%
13.6	Staff from other departments?	10%	16%	10%	20%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	61%	63%	61%	53%
13.8	Are there plans for you to achieve any of your targets in another prison?	16%	20%	16%	31%
13.9	Are there plans for you to achieve any of your targets in the community?	22%	29%	22%	30%
13.10	Do you have a needs based custody plan?	6%	7%	6%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	16%	16%	16%	20%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	33%	34%	33%	33%
13.12	Accommodation?	34%	38%	34%	38%
13.12	Benefits?	35%	41%	35%	33%
13.12	Finances?	22%	28%	22%	26%
13.12	Education?	32%	34%	32%	31%
13.12	Drugs and alcohol?	39%	44%	39%	45%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	44%	55%	44%	53%

Diversity analysis



Key question responses (ethnicity) HMP Stoke Heath 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
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		22	135
1.3	Are you sentenced?	96%	98%
1.5	Are you a foreign national?	9%	8%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)		
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	4%
1.1	Are you Muslim?	41%	1%
1.12	Do you consider yourself to have a disability?	9%	24%
1.13	Are you a veteran (ex-armed services)?	4%	8%
1.14	Is this your first time in prison?	50%	27%
2.6	Were you treated well/very well by the escort staff?	38%	73%
2.7	Before you arrived here were you told that you were coming here?	43%	60%
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	90%
3.3	Were you treated well/very well in reception?	73%	87%
3.4	Did you have any problems when you first arrived?	68%	56%
3.7	Did you have access to someone from health care when you first arrived here?	45%	64%
3.9	Did you feel safe on your first night here?	71%	90%
3.10	Have you been on an induction course?	96%	94%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	29%	35%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White 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?	55%	61%
4.4	Are you normally able to have a shower every day?	91%	91%
4.4	Is your cell call bell normally answered within five minutes?	27%	30%
4.5	Is the food in this prison good/very good?	4%	22%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	46%	61%
4.7	Are you able to speak to a Listener at any time, if you want to?	18%	45%
4.8	Do you feel your religious beliefs are respected?	41%	44%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	47%	69%
5.1	Is it easy to make an application?	62%	79%
5.3	Is it easy to make a complaint?	43%	45%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	45%	49%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	11%
7.1	Do most staff, in this prison, treat you with respect?	75%	82%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	50%	69%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	0%	20%
7.4	Do you have a personal officer?	55%	50%
8.1	Have you ever felt unsafe here?	38%	35%
8.2	Do you feel unsafe now?	29%	14%
8.3	Have you been victimised by other prisoners?	33%	26%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	19%	17%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	14%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	19%	0%
8.5	Have you been victimised because of your nationality? (By prisoners)	10%	2%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	0%
8.6	Have you been victimised by a member of staff?	25%	27%
8.7	Have you ever felt threatened or intimidated by staff here?	5%	11%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	0%
8.7	Have you been victimised because of your nationality? (By staff)	5%	1%
8.7	Have you been victimised because you have a disability? (By staff)	0%	1%
9.1	Is it easy/very easy to see the doctor?	11%	11%
9.1	Is it easy/ very easy to see the nurse?	41%	39%
9.4	Are you currently taking medication?	37%	54%
9.6	Do you feel you have any emotional well being/mental health issues?	28%	42%
10.3	Is it easy/very easy to get illegal drugs in this prison?	50%	50%
11.2	Are you currently working in the prison?	33%	53%
11.2	Are you currently undertaking vocational or skills training?	11%	14%
11.2	Are you currently in education (including basic skills)?	28%	23%
11.2	Are you currently taking part in an offending behaviour programme?	5%	9%
11.4	Do you go to the library at least once a week?	32%	37%
11.6	Do you go to the gym three or more times a week?	47%	40%
11.7	Do you go outside for exercise three or more times a week?	61%	59%
11.8	On average, do you go on association more than five times each week?	79%	74%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	11%	13%
12.2	Have you had any problems sending or receiving mail?	50%	38%
12.3	Have you had any problems getting access to the telephones?	21%	14%

Diversity analysis



Key question responses (disability) HMP Stoke Heath 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	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		34	126
1.3	Are you sentenced?	94%	98%
1.5	Are you a foreign national?	9%	8%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	6%	17%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	3%
1.1	Are you Muslim?	3%	7%
1.12	Do you consider yourself to have a disability?		
1.13	Are you a veteran (ex-armed services)?	12%	7%
1.14	Is this your first time in prison?	20%	34%
2.6	Were you treated well/very well by the escort staff?	74%	67%
2.7	Before you arrived here were you told that you were coming here?	53%	58%
3.2	When you were searched in reception, was this carried out in a respectful way?	88%	88%
3.3	Were you treated well/very well in reception?	91%	83%
3.4	Did you have any problems when you first arrived?	70%	53%
3.7	Did you have access to someone from health care when you first arrived here?	67%	60%
3.9	Did you feel safe on your first night here?	82%	89%
3.10	Have you been on an induction course?	94%	93%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	31%	35%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	62%	60%
4.4	Are you normally able to have a shower every day?	88%	92%
4.4	Is your cell call bell normally answered within five minutes?	39%	28%
4.5	Is the food in this prison good/very good?	26%	20%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	65%	57%
4.7	Are you able to speak to a Listener at any time, if you want to?	50%	39%
4.8	Do you feel your religious beliefs are respected?	53%	41%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	70%	65%
5.1	Is it easy to make an application?	69%	78%
5.3	Is it easy to make a complaint?	45%	46%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	45%	51%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	56%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	13%	8%
7.1	Do most staff, in this prison, treat you with respect?	91%	79%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	77%	64%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	19%	17%
7.4	Do you have a personal officer?	53%	49%
8.1	Have you ever felt unsafe here?	38%	36%
8.2	Do you feel unsafe now?	16%	17%
8.3	Have you been victimised by other prisoners?	41%	25%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	22%	16%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	2%
8.5	Have you been victimised because of your age? (By prisoners)	3%	0%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	0%
8.6	Have you been victimised by a member of staff?	32%	27%
8.7	Have you ever felt threatened or intimidated by staff here?	13%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%
8.7	Have you been victimised because of your nationality? (By staff)	0%	2%
8.7	Have you been victimised because of your age? (By staff)	0%	2%
8.7	Have you been victimised because you have a disability? (By staff)	3%	0%
9.1	Is it easy/very easy to see the doctor?	9%	11%
9.1	Is it easy/ very easy to see the nurse?	43%	39%
9.4	Are you currently taking medication?	74%	46%
9.6	Do you feel you have any emotional well being/mental health issues?	78%	30%
10.3	Is it easy/very easy to get illegal drugs in this prison?	61%	48%
11.2	Are you currently working in the prison?	49%	51%
11.2	Are you currently undertaking vocational or skills training?	10%	14%
11.2	Are you currently in education (including basic skills)?	35%	20%
11.2	Are you currently taking part in an offending behaviour programme?	21%	6%
11.4	Do you go to the library at least once a week?	32%	38%
11.6	Do you go to the gym three or more times a week?	27%	44%
11.7	Do you go outside for exercise three or more times a week?	38%	64%
11.8	On average, do you go on association more than five times each week?	71%	74%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	7%	15%
12.2	Have you had any problems sending or receiving mail?	50%	38%
12.3	Have you had any problems getting access to the telephones?	17%	14%