

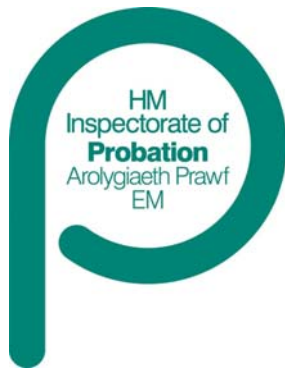
Report on an unannounced inspection of

HMP Bullingdon

by HM Chief Inspector of Prisons

15–26 June 2015

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Introduction

HMP Bullingdon in Oxfordshire held about 1,100 adult men and young adults at the time of this inspection, 27% more than its certified normal accommodation of 869. The prison had a complex population for which it needed to carry out a number of distinct functions. About 40% of the men held used the prison under its new role as a local resettlement prison serving the courts of the Thames Valley area and some further afield, and preparing men for release. For the remaining 60% of category C prisoners it acted as a training prison. The population included about 80 men who were serving indeterminate sentences for public protection.

It was clear that the prison had been through a difficult period before this inspection. However, the new governor had a good understanding of what needed to be done and we found an establishment that had begun to turn the corner, although it was still getting to grips with its new resettlement function and progress was held back by significant staff shortages in a number of critical roles.

Despite the staff shortages, relationships between staff and prisoners were generally good. We saw effective direction of staff by supervising officers who had recently been reintroduced onto the wings. These positive relationships mitigated some of the prison's other weaknesses and contributed to dynamic security. Staff were supported by the effective use of peer mentors in some key roles. The 'support and mentoring unit', for example, was a very good initiative where prisoners who were identified as being likely to struggle on normal location were allocated a mentor who, with appropriate governance and supervision, helped them develop the confidence to integrate into the general population. This was good practice that could be replicated elsewhere. In too many areas, however, these positive relationships were not underpinned by effective strategies or the use of reliable data to ensure all prisoners' needs were identified and met. Data on levels of violence was unreliable and could not be used effectively to plan how to reduce it. Outcomes for prisoners with protected characteristics were not adequately monitored and the prison did not know if they were being treated equitably. The prison did not use data effectively to manage allocation to activities or monitor attendance. Very large offender assessment system (OASys) backlogs – the key tool for assessing prisoners' risks and managing their sentence plans – hindered prisoners' progression and compromised the management of their risk. Managers were beginning to address this gap but at the time the inspection took place the lack of critical information compromised outcomes across the range of areas we examined.

The prison felt calm but more prisoners than at the last inspection told us they did not feel safe. The availability of drugs in the prison and the rise in the availability and use of 'Spice', a new psychoactive substance, was a serious threat, leading to debt and bullying. The prison's response to this was weak. Lack of data about the number of violent incidents, and the ineffective use of the little data it did collect, meant the prison was unable to identify patterns and trends which could inform its response. Processes to manage perpetrators of violence had recently moved from a paper-based system to the use of electronic notes, but this was ineffective and few staff were able to identify the prisoners they were supposed to be monitoring. There was no effective prison-wide strategy to reduce the supply of drugs.

There had been seven deaths in the prison since the previous inspection in 2012, of which five had been self-inflicted. Levels of self-harm were now much lower than in comparable prisons and prisoners subject to suicide and self-harm case management processes (ACCTs) told us they felt well cared for. However, not enough was being done to reduce the risk of further deaths. Too little had been done to ensure the consistent implementation of Prison and Probation Ombudsman recommendations following some of these deaths and some important ACCT documentation was poor. We were particularly concerned that there was still only limited interpreting for newly arrived non-English speaking foreign national prisoners, despite that being a factor in a recent death. Processes to ensure all new arrivals received the support and information they needed were inconsistent. We identified prisoners at risk of suicide or self-harm who were held in the segregation unit without evidence of the exceptional circumstances required to justify this. The segregation unit

offered a poor regime with little distraction because staff were tied down dealing with an excessively large number of adjudications. Prescribing practice for prisoners who arrived requiring opiate substitution was contrary to national guidance and created risks.

Despite the overcrowding, the general environment was good and most prisoners were positive about their relationships with staff. Health care was improving from a low base and was now reasonably good. The dietician service was particularly impressive. These positive outcomes were undermined by significant weaknesses in the management of equality and diversity issues that the prison was only just beginning to address. Prisoners from black and minority ethnic backgrounds reported much more negatively than the rest of the population. Fifty-nine per cent of prisoners from black and minority ethnic backgrounds and 48% of Muslim prisoners said staff treated them with respect, compared with 79% of white prisoners and 77% of non-Muslim prisoners; 29% and 33% respectively said they felt unsafe at the time of the inspection compared with 17% and 18% of the rest of the population. The prison's lack of monitoring data meant it was unable to explain these perceptions or provide assurance they were not justified. Foreign national prisoners who spoke little English told us they received little help from staff and two had taken their own lives since the previous inspection. The prison did not keep a central register of prisoners with disabilities and could not plan for the appropriate level of need. Some older prisoners and those with disabilities were held together on one wing where paid prisoner carers provided them with assistance, but carers did not have clear job descriptions or appropriate training and we were not confident that they were only undertaking appropriate tasks. The prison held 20 young adults and had recently identified they were over-represented in violent incidents and use of force but there were no arrangements for addressing their specific needs.

The prison was on a restricted regime as a result of staff shortages. There was no evening association and this meant prisoners in full-time work were disadvantaged because they could not use the telephones to contact family members when they would be at home in the evening. Those in work had about eight-and-a-half hours out of their cells on weekdays; the third of prisoners who were unemployed had just four-and-a-half hours. The management of learning and skills and the quality of provision by Milton Keynes College still required improvement, although we recognised that action taken by managers had halted a decline in performance and was addressing high staff absence levels. Allocation processes were poor and this meant some prisoners were allocated to activities that did not meet their needs. This, in turn, contributed to high levels of absenteeism which was not effectively monitored or addressed. Despite there being enough places to meet the needs of the population, attendance at education and training was just 50% and we found more than a third of prisoners locked in their cells during the working day.

There was no strategy that set out how the prison would tackle the rehabilitation of its complex population and the needs that arose from its new resettlement function. Offender management processes were undermined by acute staff shortages which contributed to the large OASys backlog and prisoners were frustrated by their inability to progress. The introduction of wing-based surgeries was a positive initiative to address this. There was too little done to meet the needs of indeterminate sentence prisoners. A new community resettlement company (CRC) – Thames Valley CRC – had very recently taken over responsibility for resettlement services for medium- and low-risk offenders. It was much too early to judge how effective the new arrangements would be but at the very least, some teething problems were evident. Too few prisoners knew where they should go to get help with resettlement issues. Arrangements to provide resettlement services for prisoners from outside Thames Valley CRC's own area or who were the responsibility of the National Probation Service were not yet in place. Finance, benefit and debt advice was now only provided by a telephone helpline and it was difficult to see how this would meet the needs of prisoners with reading and writing difficulties or poor problem solving skills.

It is clear that there is a big job to do to improve HMP Bullingdon. A start had been made on this work prior to the inspection. Good relationships and a good environment created important foundations for progress and improvements in purposeful activity and health care were evident. Work on equality and diversity issues was just getting off the ground and the new CRC created both opportunities and risks. Nevertheless, at the time of the inspection overall outcomes were not good

enough and the prison carried some significant risks. This report sets out some priority recommendations which we hope will assist the prison in making the necessary improvements.

Nick Hardwick
HM Chief Inspector of Prisons

September 2015

Fact page

Task of the establishment

HMP Bullingdon is a designated local and resettlement prison for the Thames Valley and Hampshire areas. It serves the courts of Oxfordshire, Berkshire and Wiltshire.

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

Public

Region/Department

South Central

Number held

1,102

Certified normal accommodation

869

Operational capacity

1,114

Date of last full inspection

10–20 July 2012

Brief history

HMP Bullingdon opened in April 1992, the first of a new design of prisons, which has since been copied elsewhere. It was built with four cellular blocks based around the same T-shaped design of three spurs, each with three landings leading off a central office complex.

The Edgcott and Finmere units were added in 1997 and 2008, respectively.

Short description of residential units

A wing (Arncott) – Remand and short-term prisoners, including the support mentoring unit

B wing (Blackthorn) – Remand and short-term prisoners, including those detoxifying

C wing (Charndon) – Drug free unit

D wing (Dorton) – Convicted prisoners

E wing (Edgcott) – Sex offenders

F wing (Finmere) – Induction/first night and life-sentenced prisoners

Name of governor/director

Ian Blakeman

Escort contractor

GeoAmey

Health service provider

Primary health services, pharmacy and mental health services: Virgin Care Services Ltd

GP services: Cotswold Medicare Ltd

Mental health in-reach team: Oxford Health Foundation Trust

Learning and skills providers

Milton Keynes College

Community Rehabilitation Company

Thames Valley CRC

Independent Monitoring Board chair

Paul Miller

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 IV respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix V 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** *Reception processes were sound. First night arrangements were reasonable for most but peer workers were not routinely used to help settle prisoners in. More prisoners felt unsafe than at the time of the previous inspection and victimisation because of drugs was prevalent. Understanding and management of safety issues were poor. There had been five self-inflicted deaths since the previous inspection and assessment, care in custody and teamwork (ACCT) care planning required improvement. Security was mostly proportionate but drugs were too widely available. The number of adjudications and rate of segregation were high and undermined the regime and care for segregated prisoners. Levels of use of force had risen, although governance was improving. Substance misuse services were mostly good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S2** *At the last inspection in 2012 we found that outcomes for prisoners in Bullingdon were reasonably good against this healthy prison test. We made 19 recommendations in the area of safety. At this follow-up inspection we found that eight of the recommendations had been achieved, four had been partially achieved, six had not been achieved and one was no longer relevant.*
- S3** For prisoners travelling to and from the prison, escort vehicles were mainly clean and prisoners told us that staff treated them well. Video-link facilities were used well to reduce the necessity for court productions.
- S4** The reception area was clean and functional, although the holding room for vulnerable prisoners was far too small. Staff were welcoming and prisoners were processed respectfully but some waited too long before being transferred to the first night/induction wing. A first night interview with a focus on vulnerability was undertaken but it was insufficiently private. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and Insiders (prisoners who introduce new arrivals to prison life) were present in reception but not used systematically to support and inform new arrivals. There was no written information available in languages other than English and limited use of professional telephone interpreting for non-English-speaking prisoners, which presented a considerable risk and was a concern in the light of recent deaths in custody.
- S5** Most prisoners said that they had felt safe on their first night. New arrivals, including vulnerable prisoners, were accommodated on the dedicated first night wing. First night cells were reasonably well prepared and equipped but no immediate staff or peer support was provided to help settle in new prisoners.
- S6** A brief induction course started on the day after arrival but its completion was not tracked and vulnerable prisoners sometimes had to wait up to two weeks to access their course on the dedicated vulnerable prisoner wing.
- S7** More prisoners felt unsafe than at the time of the previous inspection, although this was now in line with similar prisons. Levels of victimisation, particularly in regard to drugs, had increased and were relatively high. The collection of data on violent incidents was poor and unreliable. The strategic management of safety issues was weak and the safer custody meetings failed to analyse even the limited amount of data in order to make the prison safer.

- S8 The sex offender population was well managed, felt safe and was afforded a reasonably active regime. There was no risk assessment to ensure the safety of the young adults located with adult sex offenders.
- S9 Prisoners who were identified as potentially vulnerable and likely to struggle on normal location were given good levels of help on a dedicated support mentoring unit before moving on to other residential units where possible.
- S10 There had been seven deaths since the previous inspection, five of which had been self-inflicted. There was little evidence that published and agreed Prisons and Probation Ombudsman recommendations were actioned and reviewed. Levels of self-harm and the use of assessment, care in custody and teamwork (ACCT) case management procedures for prisoners at risk of suicide or self-harm were lower than at comparator prisons. Prisoners subject to ACCTs told us that they felt supported but we found many ACCT documents to be of poor quality. There was evidence of a drive to improve these but we found many incidences of poor care maps, incomplete immediate action plans and a wide variation in the quality of daily reporting. Access to Listeners was good and they told us that they were well supported and afforded good access around the prison.
- S11 Adult safeguarding measures were underdeveloped and there was no active prison-wide safeguarding policy in operation.
- S12 Procedural security was generally proportionate and important elements of dynamic security were in place. The management of intelligence was usually good but we found some gaps in processing information reports. Security committee meetings were given a reasonably high profile but links with drug service providers and safer custody were poor. Drugs were too easily available. Mandatory drug testing rates were relatively low but these did not reflect the widespread use of Spice (a synthetic drug that mimics the effects of cannabis but is much stronger, with no discernible odour, and cannot be detected by drug tests). The lack of a drug strategy and action plan resulted in a poorly coordinated approach to supply reduction. The newly formed supply reduction taskforce was, as yet, underdeveloped.
- S13 The number of adjudications was high. Many formal disciplinary charges had not been proceeded with because appropriate time scales had not been met. Data collection and analysis of adjudication information were poor. The use of force had doubled since the previous inspection and was similar to that at comparator prisons. Governance arrangements had improved but some use of force forms were missing and the analysis of data to identify patterns or trends was underdeveloped. The use of batons and special accommodation was relatively low.
- S14 Overall, the segregation unit environment was good. Communal areas were clean and cells were reasonable. Segregation use was high and it was used extensively for prisoners seeking sanctuary from the main residential wings. Some prisoners stayed too long on the unit, and planning to meet prisoners' needs and help them return to normal location was poor. The regime was limited and its delivery was often disrupted because of the length of time it took staff to deal with the large number of adjudications.
- S15 Clinical care for prisoners on opiate substitution was good, with a reasonable number of prisoners on reducing doses. The effectiveness of treatment was undermined by inconsistent controlled drug administration times, a lack of officer supervision of medication queues and insufficiently flexible prescribing. Psychosocial interventions were effective.

Respect

S16 *The environment was clean and litter free. Many cells were overcrowded and access to adequate cell furniture, clothing and bedding was sometimes problematic. Applications were poorly administered. Staff–prisoner relationships were mostly good. The oversight of equality provision had only recently improved but our survey outcomes for black and minority ethnic and Muslim prisoners were poor. Faith provision was good. Complaints were well managed. Health services were improving and reasonably good. The food provided was reasonable. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S17 *At the last inspection in 2012 we found that outcomes for prisoners in Bullingdon were not sufficiently good against this healthy prison test. We made 33 recommendations in the area of respect.² At this follow-up inspection we found that 17 of the recommendations had been achieved, nine had been partially achieved and seven had not been achieved.*

S18 The internal and external areas had improved and the prison was clean and litter free. Many cells were overcrowded and had insufficient or broken furniture. Access to showers was good but to suitable prison-issue clothing and bedding was problematic, mainly due to remote stores issues. The management of the application process was poor, responses were not tracked and prisoners had little confidence in the process. Prisoners waited too long for mail to be issued.

S19 In our survey, most prisoners said that staff treated them respectfully. We observed some good engagement and interaction but prisoners complained about the attitude of a small number of staff. The reintroduction of supervising officers onto the wings was having a good effect.

S20 The management of equality had deteriorated. The equality strategy was out of date and there was no needs analysis to identify the needs of minorities. An effective equality action team had not met for six months but had been recently reinstated and was starting to use diversity data to identify actions aimed at improving equality. There was no consultation with prisoners with protected characteristics to identify their needs and inform provision.

S21 In our survey, black and minority ethnic and Muslim prisoners reported more negatively than their white and non Muslim counterparts across most areas of the regime but this had not been identified or explored by the prison.

S22 We were not assured that communication with, and support for, foreign national prisoners was adequate. They had regular contact with immigration services but independent legal advice was not available. There was limited use of interpreting services and no translated written material, leaving some prisoners at risk of isolation.

S23 Arrangements for meeting the needs of prisoners with disabilities were inconsistent, some needs were not met and there was insufficient communication between health services and residential staff in planning for their care.

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

- S24 There was no specific provision for the small number of prisoners under the age of 21.
- S25 The prison held two transgender prisoners, who felt safe on normal location but the full range of their needs was not being met.
- S26 The needs of prisoners of all faiths were met and facilities for corporate worship were good. The chaplaincy was supported by volunteers and community organisations to provide a comprehensive range of services, including counselling and resettlement support.
- S27 The number of complaints submitted was relatively low. Responses to complaints were mostly timely and dealt with the issues raised. Complaints about staff were dealt with fairly and at an appropriate level. There was no legal advice available, although bail information was provided.
- S28 In our survey, fewer prisoners than elsewhere and than at the time of the previous inspection said that the quality of health services was good. Severe and chronic staffing shortages had restricted primary care services, but this was improving and, overall, the service was reasonably good. Dietician services were impressive. The inpatient unit offered a reasonable environment and support for patients with complex needs, but some prisoners were inappropriately located there owing to a lack of appropriate facilities in the main prison. Dental care was generally reasonable but prisoners waited too long for routine treatment. Pharmacy services had improved and were good but the lack of officer supervision of medication queues increased opportunities for diversion. The quality of mental health support available was good, but there was insufficient primary mental health provision and prisoners with some conditions, such as learning disabilities, did not have their needs met. Some prisoners waited too long for transfer to external mental health beds.
- S29 In our survey prisoners were negative about the food provided but we found that, with the exception of breakfast packs, the range and quality were good. Consultation with prisoners was regular and had led to improvements in the menu. Prisoners could purchase a reasonable range of goods to meet diverse needs, but new arrivals could wait up to 11 days for full access to the shop.

Purposeful activity

S30 *Staff shortages and a restricted regime had resulted in a reduced amount of time out of cell. The management of learning and skills and work activities was improving but still a work in progress. The volume and range of activities had increased. There were sufficient activity places for most but too many prisoners failed to attend or were unemployed. The quality of teaching and learning required improvement. There was too little English and mathematics provision to meet demand. Too many prisoners failed to complete their courses but those who did mostly achieved well. The library was a good facility but underused. PE provision was good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S31 *At the last inspection in 2012 we found that outcomes for prisoners in Bullingdon were not sufficiently good against this healthy prison test. We made 14 recommendations in the area of purposeful activity. At this follow-up inspection we found that six of the recommendations had been achieved, three had been partially achieved and five had not been achieved.*

- S32 As a result of considerable staff shortages, a restricted regime had been in place for about 12 months. This largely ran to time but afforded no access to evening association. For prisoners in full-time work, the amount of time out of cell was around eight and a half hours a day but it reduced to around four hours for the many unemployed. Too many prisoners (36%) were locked up during the working day.
- S33 The leadership of learning and skills and work activities required improvement. Actions taken by managers to halt a decline in performance had resulted in some improvements but it was too early to judge the full impact. Curriculum planning was not based on an effective analysis of prisoners' needs or labour market information. Links with employers were not well developed. Data were not used consistently well across the provision to improve performance, and quality improvement arrangements were underdeveloped.
- S34 There were sufficient activity places for most prisoners to be employed either part time or full time but places were not used effectively and take-up and attendance were low. Only just over half of all prisoners were involved in activities at any one time and too many prisoners, around a third, were unemployed.
- S35 The volume and range of vocational provision had increased, although the level of vocational qualifications was too low and did not allow sufficient progression opportunities. There was not enough English and mathematics provision for the substantial number of prisoners assessed with pre-entry and entry-level skills.
- S36 The quality of teaching, learning and assessment required improvement, although much of the classroom teaching and vocational coaching was good. Most prisoners on courses were attentive, engaged in their learning, and made good progress. The behaviour of all prisoners in sessions was good. Teachers did not all integrate English and mathematics skills into education or vocation sessions consistently well enough.
- S37 Too few prisoners who started their courses completed them, particularly on English and mathematics courses. For those who completed their courses, achievement rates were often good but low in functional skills English and mathematics. In vocational workshops, some prisoners produced good standards of work. Opportunities to recognise and record good practical and employability skills (for example, for peer supporters) were often missed.
- S38 The library was a good but underused facility. According to library data, only 20% of prisoners used it.
- S39 PE facilities were good and prisoners had good access to them. New qualifications had been introduced since the previous inspection and there was an appropriate range of sessions available.

Resettlement

- S40** *The strategic management of resettlement was weak. Offender management was undermined by acute staff shortages. Too many prisoners were without an up-to-date sentence plan and had limited offender supervisor contact, which hindered their ability to progress. Home detention curfew and categorisation assessments and reviews were often late. Public protection arrangements were adequate. Opportunities for the large indeterminate-sentenced population were limited. Resettlement needs were assessed on arrival and demand for resettlement services was high, but the new community rehabilitation company model was not yet effective for all prisoners. Too few prisoners knew where to go to for help with resettlement issues. Pathway provision was mixed but more needed to be done to provide assistance with debt issues and with finding employment or training on release. **Outcomes for prisoners were poor against this healthy prison test.***
- S41** *At the last inspection in 2012 we found that outcomes for prisoners in Bullingdon were reasonably good against this healthy prison test. We made 12 recommendations in the area of resettlement. At this follow-up inspection we found that two of the recommendations had been achieved, one had been partially achieved, seven had not been achieved and two were no longer relevant.*
- S42** The prison had an unusually complicated function, with a large number of category C prisoners, sex offenders, indeterminate-sentenced prisoners (ISPs) and a new resettlement population alongside its role as a local prison. Despite this, there was no recent needs analysis, current strategy or formal action plan, which undermined strategic management. The new community rehabilitation company model was developing but was not yet effective for a large number of prisoners.
- S43** Offender management delivery was severely hindered by staff shortages, poor data collection and management oversight. Two-thirds of the offender assessment system (OASys) assessments that were the responsibility of the prison had either not been done or were not up to date, which hindered prisoners' ability to progress. For those with an OASys assessment and plan, the quality was often poor. All eligible prisoners had an allocated offender supervisor but the frequency of contact, including for some high risk of harm cases, was inadequate. The recent introduction of wing surgeries aimed to tackle these communication issues. Too many releases on home detention curfew were late, and in some cases considerably so.
- S44** For prisoners presenting with public protection issues, the identification and application of contact restrictions was adequate but multi-agency public protection arrangements (MAPPA) levels were not always reviewed within the necessary timescales, which potentially limited multi-agency planning before release.
- S45** Too many initial categorisation assessments and reviews were late and too little attention was given to prioritising transfers based on prisoners' progression or sentence plan targets. The prison was offered too few opportunities for progressive transfers of category B prisoners, especially sex offenders.
- S46** There were too many ISPs, and some stayed at the prison too long, with few progression opportunities and infrequent offender supervisor contact.
- S47** Demand for resettlement services was high, with over 120 releases per month, but few prisoners knew who to turn to for help. Basic resettlement planning was undertaken on new prisoners, and referrals were made as required. Pre-release checks were undertaken at four and 12 weeks before release.

- S48 The new CRC model was not yet effective for all prisoners. Prisoners from Thames Valley could access housing advice and support but arrangements to meet the needs of those from other areas were not yet in place.
- S49 Arrangements for prisoners to enter education, training and employment on release required improvement. The career advisers offered good advice and guidance but resettlement classes were limited in scope and too few prisoners attended. Too few prisoners had access to the virtual campus (internet access for prisoners to community education, training and employment opportunities). The system to monitor prisoners who gained employment or started further education after release was weak.
- S50 Health pre-release arrangements had improved and were generally effective. Resettlement outcomes for prisoners with substance use issues were good, with links with local community services and the nationally based Rehabilitation of Addicted Prisoners trust (RAPt) transitional volunteer network providing 'through-the-gate' support and mentoring.
- S51 Support for prisoners with finance, benefit and debt issues had deteriorated considerably and was limited to a telephone helpline, and bank accounts could no longer be opened before release.
- S52 Valuable parenting support groups had been lost recently and services were now limited to Dads Aloud (which enabled prisoners to record stories for their children) and a parenting course. Family day provision for all prisoners was good. Prisoners and visitors complained about difficulties in booking visits. Social visits arrangements were mostly good and staff treated visitors respectfully, in an appropriately relaxed atmosphere.
- S53 The range of offending behaviour programmes was adequate and places were prioritised appropriately. The lack of a current OASys assessment for many prisoners meant that it was impossible to evidence the full extent of the demand for these programmes. The new Getting It Right pre-release programme would provide another opportunity to develop thinking skills and promote better problem solving.

Main concerns and recommendations

- S54 Concern: In our survey, more prisoners felt unsafe than at the last inspection and levels of victimisation, particularly around drugs had increased. The prison had too little awareness and understanding of safety and violence for example who was perpetrating it and why. They gathered and analysed very little safety data and any data that was gathered was unreliable.

Recommendation: Data collection and analysis around incidents of violence, victimisation and bullying should be comprehensive and accurate so that managers understand what nature of violent and antisocial incidents, who is committing them, why and where. On the basis of the analysis action should be taken to make the prison safer. (Repeated recommendation HP56)

- S55 Concern: There had been five self-inflicted deaths since the previous inspection but recommendations from Prisons and Probation Ombudsman reports were not being actioned or reviewed. The quality of many ACCT documents was poor and did not evidence sufficient care and support.

Recommendation: Recommendations from Prisons and Probation Ombudsman reports should be actioned and reviewed to make sure that lessons are learned. The quality of assessment, care in custody and teamwork (ACCT) documents

should be improved and evidence consistent case management, effective care planning and multidisciplinary input.

- S56 Concern: In our survey, prisoners with protected characteristics, especially those who were black and minority ethnic, Muslim or had disabilities, reported far less positively than their counterparts across a range of important areas. Poor data collection, monitoring and consultation with minority groups left the prison unable to provide assurances that minority groups were not disadvantaged.

Recommendation: Dedicated forums should be held across protected characteristics to provide support and inform delivery. Equality data should be collated and analysed, and action should be taken to ensure that the needs of minority groups are met.

- S57 Concern: There were sufficient learning and work and activity places for most prisoners to be able to work at least part time. However, places were not used effectively, too many prisoners failed to attend and around a third were unemployed.

Recommendation: All sentenced prisoners and all remand prisoners who wish to work should be allocated to suitable learning and skills and work activities and should be required to attend. Failure to attend should be addressed.

- S58 Concern: Prisoners struggled to progress. Most eligible prisoners were without an up-to-date OASys assessment and had little contact with their offender supervisor, and categorisation and home detention curfew decisions were often late

Recommendation: Offender assessment system (OASys) assessments should be up to date, and categorisation and home detention curfew decisions should be completed on time to enable prisoners to progress.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1** *Our survey results indicated that more prisoners than at comparator prisons had undergone a journey of more than two hours. Most prisoners said that escort staff had treated them well and that they had felt safe during the journey. The court video-link facility was used well.*
- I.2** The escort vehicles we saw were reasonably clean. Since the previous inspection, more distant courts had been included in the catchment area of the prison, which had led to increased journey times. In our survey, more prisoners than at comparator prisons had undergone a journey of more than two hours. Most prisoners said that they had been treated well by escort staff and felt safe during the journey. Prisoners disembarked from escort vehicles promptly and were not handcuffed.
- I.3** There was a well-used court video link, which reduced the number of escorts to courts across the country.

Early days in custody

Expected outcomes:

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

- I.4** *The reception area and holding rooms were clean but the holding room for vulnerable persons was unacceptably small. Newly arrived prisoners were treated courteously. Prisoners had an interview to assess vulnerabilities but this was not sufficiently private. There was no information in languages other than English and insufficient use of the telephone interpreting service. Prisoners spent too long in reception before being transferred to the first night and induction wing. Dedicated first night cells were clean and reasonably well equipped and prepared. The first night information provided was reasonable but not all prisoners benefitted from peer support before being placed in a cell. Fewer vulnerable than mainstream prisoners felt safe on their first night. The induction process was not tracked and not all prisoners received it promptly.*
- I.5** The reception area was clean and functional. All prisoners (including those arriving on transfer) were strip-searched in reception, without undergoing a risk assessment, which was unnecessary. Reception staff were courteous to prisoners and put them at ease.
- I.6** Most holding rooms contained televisions and reading materials to occupy prisoners. The holding room for vulnerable prisoners was much too small, especially given the long periods

often spent there, and vulnerable prisoners were less positive than the general population about their reception experience.

- I.7** All new arrivals received a health screen and an interview which focused on vulnerabilities. Both processes were insufficiently private as the door to the interview rooms was left open. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and Insiders (prisoners who introduce new arrivals to prison life) were employed in reception but were not used routinely to see all prisoners and provide immediate information and support.
- I.8** All prisoners received a helpful information booklet but there was no information, including on health care, in languages other than English and little use of professional telephone interpreting services in reception, on the first night wing or across the prison in general. This presented a considerable risk and was a concern in the light of the recent deaths in custody (see section on self-harm and suicide prevention).
- I.9** Prisoners spent too long in reception waiting to be moved to the first night wing. In our survey, fewer than at comparator establishments said that they had spent less than two hours there (27% versus 41%). We met prisoners who had been in reception for over four hours before being transferred to the first night wing.
- I.10** When space on E wing (the vulnerable prisoner unit) was available, vulnerable prisoners were located there, but it was often full and during the inspection, all new prisoners, including vulnerable prisoners, were taken to F wing (the first night and induction wing). On arrival on F wing, prisoners were placed directly into a cell, with no further input from staff, Listeners or Insiders to help settle them in. First night cells were clean and reasonably well equipped. Staff knew the location of newly arrived prisoners, had received an adequate briefing and conducted regular checks during the night. In our survey, most prisoners said that they had felt safe on their first night, although vulnerable prisoners were less positive.
- I.11** For most prisoners, the induction course started on the day after arrival but attendance was not tracked and vulnerable prisoners had to wait until they were accommodated on the dedicated vulnerable prisoner wing before they received an induction, which could involve a wait of two weeks.
- I.12** The induction course was brief and not available in other languages for non-English-speaking prisoners. In our survey, only a half of prisoners said that it had covered everything they needed to know.

Recommendations

- I.13** **Listeners and Insiders should be used routinely during the reception and first night processes to help settle in and advise new prisoners.**
- I.14** **Information should be available in a range of languages and a professional telephone interpreting service should be used when necessary.**
- I.15** **All prisoners should complete the induction programme promptly, attendance should be tracked and the course content should be comprehensive.**

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.16 *The strategic oversight of violence was poor, with little effective monitoring of data or action to make the prison safer. Sex offenders felt safe and there was good support for potentially vulnerable prisoners.*

I.17 In our survey, more prisoners than at the time of the previous inspection said that they had felt unsafe at some time while at the establishment (44% versus 38%) and currently felt unsafe (20% versus 16%). These findings were now in line with those at similar prisons. More than at similar prisons and than at the time of the previous inspection reported victimisation by other prisoners, particularly in regard to drugs.

I.18 Until recently, the strategic oversight of violence had been poor. The collection of data on violence-related incidents was extremely limited and did not include crucial data such as the number of assaults on prisoners. Safer custody meetings (held quarterly) were combined with other meetings and failed to analyse even the limited amount of data collected in order to identify emerging issues and trends in poor behaviour and make the prison safer. Processes to manage perpetrators of violence had changed from a paper-based system to the use of electronic notes but this was ineffective and few staff were able to identify which prisoners were subject to any monitoring (see main recommendation S54). During the inspection, a new monthly safer custody meeting was initiated to raise the profile of safety issues and monitor incidents and trends more effectively, in the area of both violence reduction and self-harm and suicide (see section on self-harm and suicide prevention).

I.19 The relatively large number of sex offenders was held on E wing. Once located there, they felt generally safe and had reasonable access to regime activities. Some of the more vulnerable older and frail prisoners were looked after by paid carers but this care was intermittent and they were regularly left locked in their cells during the day (see also section on equality and diversity).

I.20 There were a few young adults among the sex offender population but there was no consideration of the differing needs of, and risks to and from, young adults, especially in relation to possible grooming by older prisoners.

I.21 The support mentoring unit on the A3 landing was a good initiative. Prisoners who were identified on arrival as potentially vulnerable and likely to struggle on normal location, including some who were new to custody, were located there. They were allocated a mentor, who agreed individual targets with them and maintained (with their mentee) a log of feelings, thoughts and challenges. There was good oversight of the process by the unit staff and managers, and this ensured an appropriate level of governance. Prisoners on this unit were able to access the usual regime, including work, education and training, and most prisoners eventually moved on to normal location and managed to integrate into the general population successfully.

Recommendation

- I.22** Young adults (especially those located on the sex offender unit) should be risk assessed to identify and manage any vulnerability.

Good practice

- I.23** *The support mentoring unit provided identification of, and support for, prisoners struggling to cope with custody, and planned their reintegration onto normal location.*

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.24** *There had been five self-inflicted deaths since the previous inspection. There was no evidence of continued consideration of subsequent Prisons and Probation Ombudsman recommendations. Levels of self-harm were low but support was inconsistent. The quality of support documents was improving but too many remained incomplete or weak.*

- I.25** There had been seven deaths since the previous inspection, five of which had been self-inflicted. Four of the latter cases had been investigated by the Prisons and Probation Ombudsman (PPO). A range of PPO recommendations had been accepted by the prison but there was no evidence of any ongoing review to ensure continued compliance, and in some respects the circumstances at the time of the inspection were similar to those leading up to at least two of the self-inflicted deaths (see main recommendation S55).
- I.26** Levels of self-harm were far lower than at comparator prisons. The number of assessment, care in custody and teamwork (ACCT) case management documents opened was slightly lower than elsewhere. This documentation was subject to regular managerial oversight and it was clear that the standard of entries was improving. In spite of this, we found many incidences of poor care maps, incomplete immediate action plans and a wide variation in the quality of daily reporting on ACCT forms. Most prisoners currently subject to ACCTs told us that they felt supported by staff, although during the inspection there were two prisoners on open ACCT documents located on the segregation unit. There was no evidence of an enhanced review for either of these, and the overall regime for them, including access to any form of activity or mental stimulation, was poor (see main recommendation S55).
- I.27** Prisoners deemed to be at risk of self-harm were discussed at a 'decency' meeting each week but attendance at these meetings was not always sufficiently multidisciplinary and they were not always attended by senior managers. Staff absences in some key areas had led to a lack of strategic oversight of safer custody in general. There were few data available and there was no evidence of any analysis of incidents or trends during the previous six months (see also section on bullying and violence reduction).

- I.28** The team of 14 Listeners told us that they were well supported by the prison and by the local Samaritans. A total of 28 prisoners had been subject to constant observations in the previous six months; these had been undertaken on the health care unit, all for relatively short periods.

Recommendation

- I.29** Prisoners on open ACCT documents who are located on the segregation unit should undergo an enhanced assessment to ensure that their location is appropriate, that sufficient consideration is given to their vulnerabilities and that a supportive regime is initiated.

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.³

- I.30** *Adult safeguarding measures were underdeveloped and there was no active prison-wide safeguarding policy in operation.*

- I.31** There had been an assessment of safeguarding needs but no formal structures had been introduced to ensure the consistent safeguarding of 'at risk' adults. Initial contact had been made with the local community safeguarding board and processes, including a comprehensive policy and guidance document, had been introduced, although this had lapsed over the previous year. At the time of the inspection, there were no procedures to ensure equivalence of care in accordance with the Social Care Act 2015 (see also section on equality and diversity).

Recommendation

- I.32** The safeguarding policy should be reintroduced and fully implemented, and adults with safeguarding needs should be identified and appropriate care provided.

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

Security

Expected outcomes:

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

- I.33** *Procedural security was generally proportionate and important elements of dynamic security were in place. The management of intelligence was generally good but we found some gaps in processing information reports. Security committee meetings were given a reasonably high profile but links with drug service providers and safer custody were poor. Drugs were easily available and there was widespread use of Spice but supply reduction arrangements were poor.*
- I.34** Procedural security was generally well managed but a few practices, such as strip-searching all prisoners in reception (see section on early days in custody) and when located on the segregation unit, without a risk assessment of the immediate threat, were disproportionate. The free-flow prisoner movement system was well established and managed.
- I.35** Important elements of dynamic security were in place. Staff supervision of prisoners in many areas was reasonably effective and we observed officers who clearly knew about the personal circumstances of the prisoners in their care. The flow of information into the security department, particularly from residential areas, was good. We found some gaps in processing information reports (IRs), however, which resulted in a backlog that had not been fully processed. This was mitigated, in part, by security staff, who triaged all IRs to ensure that important issues were identified and immediate action taken.
- I.36** Monthly security committee meetings were reasonably well attended but links with the safer custody team and drug service providers were poor. Security objectives were agreed and reviewed through sufficient consideration of intelligence and were appropriate. Information from IRs and other incident reports was collated into a comprehensive intelligence report which detailed important security information received and was presented to the security committee.
- I.37** Closed visits were not used excessively but a few had been applied for reasons not directly related to visits. Reviews took place monthly, but many were cursory and prisoners usually stayed on restrictions for at least three months without further supporting information. There were 11 closed visits during the inspection.
- I.38** Drugs were too easily available. In our survey, more respondents than at comparator establishments and than at the time of the previous inspection said that it was easy to get illegal drugs (39% versus 35% and 28%, respectively) and alcohol (24% versus 15% and 14%, respectively) at the prison, and that they had developed a drug problem there (12% versus 8% and 9%).
- I.39** Although the random mandatory drug testing (MDT) positive rate for the six months to the end of May 2015 (6.6%) was lower than the local prison comparator, the drug finds, intelligence and our discussions with prisoners indicated high use of Spice (a synthetic drug that mimics the effects of cannabis but are much stronger, with no discernible odour, and cannot be detected by drug tests). Prisoners and staff also told us about regular acute health incidents that involved the suspected use of Spice.

- I.40** The prison's strategic approach to drug supply and demand reduction was poor. The drug strategy committee had been absorbed into the reducing reoffending committee, which was not integrated with any supply reduction initiatives run by the security department. There was no prison-wide strategic drug action plan.
- I.41** The security department had achieved some successful finds of drugs, and a new task force had recently been introduced to address the threats posed by the increasing availability of Spice, although this was still in its infancy.

Recommendations

- I.42** Closed visits should be applied only for reasons related directly to visits.
- I.43** The prison should establish a strategically coordinated, whole-prison approach to drug supply and demand reduction.

Incentives and earned privileges⁴

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.44 *Incentives and earned privileges entries in prisoner records were mostly meaningful but prisoners complained of not being informed promptly of behaviour warnings awarded against them. Prisoners remained on the basic level for 28 days, regardless of any reviews.*

- I.45** In our survey, perceptions of the fairness of the incentives and earned privileges (IEP) scheme and the likelihood of it encouraging changes in behaviour were similar to those at comparator prisons. Prisoners were moved between levels according to their behaviour. We saw regular and mostly meaningful examples of IEP entries in prisoner records. However, many prisoners told us that they were often not informed when they had received an IEP behaviour warning and were later surprised to be subject to an IEP review.
- I.46** There was inconsistency in the completion of files for prisoners on the basic level of the scheme. Some wings used paper copies; others used the electronic case note system. Prisoners remained on the basic level for 28 days, regardless of any reviews taking place.

⁴ 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.

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.47 *The number of adjudications was high. Many formal disciplinary charges had not been proceeded with because appropriate time scales had not been met. Data collection and analysis of adjudication information were poor. The use of force had increased considerably. Governance arrangements had improved but use of force forms were not always processed properly and some were missing. The analysis of data to identify patterns or trends in use of force was underdeveloped and not used effectively. Segregation was used extensively for prisoners seeking sanctuary from the main residential wings, and the number segregated was high. The regime was poor and its delivery was often hampered by the length of time it took staff to deal with the large number of adjudications.*

Disciplinary procedures

- I.48** Prison records indicated that there had been about 300 completed adjudications in the previous six months but we were not assured that this was an accurate representation of the total number that had been raised in this period. For example, in the segregation unit, we found about 200 live records that were not on the prison's adjudication database. These included some that had been adjourned, some not heard or reviewed because the prisoners had been discharged, and others that had not been proceeded with for other reasons.
- I.49** Prison records showed that about a third of opened adjudications had been dismissed or not proceeded with because appropriate time scales had not been met. Officers told us that this was because they did not have enough time to process important paperwork in time, owing to staff shortages. There was no analysis or monitoring of adjudications to identify trends or areas of concern.
- I.50** The average number of adjudications each day was about 16, which was high. It was clear that, because staff spent a long time dealing with them, this was having a negative impact on the delivery of the regime on the segregation unit. On three days during the inspection, adjudications continued well into the afternoon, and officers told us that this was not unusual.
- I.51** The written records of hearings that we examined and those we attended indicated that proceedings were conducted fairly and that prisoners were given the opportunity to explain fully their version of events. Some charges could have been dealt with less formally.

Recommendations

- I.52** **Adjudication data should be collated accurately and analysed for trends and to improve quality.**
- I.53** **All disciplinary hearings should be heard and dealt with on time.**

The use of force

- I.54** Although the number of incidents involving the use of force was similar to that at other local prisons, it had doubled since the previous inspection. Formal monitoring of use of force had improved and good links to the security committee and the senior management team had been established. These incidents were discussed at monthly use of force committee meetings, chaired by the governor, and planned video-recorded incidents were reviewed. However, some aspects of oversight were not effective. We found that some use of force forms had not been processed properly and some were missing. The analysis of data to identify patterns or trends was underdeveloped and not being used effectively.
- I.55** The quality of the forms we examined was generally good but we found a few others that did not give assurance that de-escalation was always used to its full effect or that there was sufficient supervision of all incidents.
- I.56** In the previous six months, special accommodation had been used twice, which was comparatively low. In this period, batons had been drawn, but not used, on four occasions, all of which appeared justified.

Recommendation

- I.57** **Governance of use of force should be rigorous, and data on trends and patterns used strategically to reduce the number of such incidents.**

Segregation

- I.58** Living conditions on the segregation unit were reasonably good. The two landings were brightly decorated and clean, and cells were in a reasonable state. However, the gated exercise yards were austere and too small.
- I.59** Segregation was used extensively for prisoners seeking sanctuary from the main residential wings. The number segregated was high; records indicated that there had been 430 separate cases where prisoners had been segregated in the previous six months.
- I.60** At the time of the inspection, there were 20 prisoners in segregation. The average length of stay for the current population had been about three weeks but a few had been segregated for much longer (nearly three months). Of the current population, about 75% had refused to locate in the main prison because they did not feel safe there and were waiting either to be transferred to other prisons or to be discharged at the completion of their sentence. Segregation staff and managers told us that this percentage was typical.
- I.61** Generally, planning to address the needs of segregated prisoners were poor and the daily regime was impoverished, with its delivery often hampered by the length of time it took staff to deal with the large number of adjudications (also see section disciplinary procedures). At most, prisoners could receive a shower, 30 minutes of exercise and a telephone call at some point during the day. Prisoners and officers we spoke to said that staff did not always have time to offer all prisoners even this regime.
- I.62** Segregation reviews were completed on time but there was little information to assure us that progress, in terms of changes to behaviour or circumstances, was being monitored or responded to. Individual care and reintegration plans were not raised, behaviour targets were not set and staff were not engaged in formal planning processes.

- I.63** Monthly segregation management meetings were usually well attended and information about the numbers segregated and length of stay was analysed. However, there was little evidence that these meetings were having much impact on raising operating standards, improving living conditions or improving planning to return segregated prisoners to normal location.
- I.64** The day-to-day relationships between officers on the unit and the prisoners in their care were usually reasonable and we saw examples of staff engaging positively with well-behaved prisoners. We also observed relationships that were distant, however, and saw some staff who were sometimes dismissive of prisoners and appeared disinterested in their care and well-being.

Recommendations

- I.65** **The regime for prisoners on the segregation unit should be improved and include purposeful activities.**
- I.66** **Individual care and reintegration plans should be introduced to address the needs of segregated prisoners and plan for their return to normal location where appropriate.**

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.67 *Psychosocial interventions were good and clinical nursing care for prisoners on opiate substitution was effective, with a reasonable number on reducing doses. The effectiveness of treatment was hampered by inconsistent controlled drug administration times, a lack of officer supervision of medication queues and insufficiently flexible prescribing.*

- I.68** Psychosocial services were delivered by the Rehabilitation of Addicted Prisoners trust (RAPt), and clinical drug treatment services by Cotswold Medical Ltd (CML).
- I.69** In our survey, far fewer prisoners than at comparator establishments and than at the time of the previous inspection said that they had received help for a drug problem (53% versus 59% and 75%, respectively), and that the help offered had been useful (68% versus 77% and 84%, respectively).
- I.70** At the time of the inspection, 240 prisoners were in treatment with the psychosocial case management team, receiving high-quality short-session groups and one-to-one interventions.
- I.71** The RAPt programmes team delivered the 24-week substance dependency treatment programme (SDTP) and the alcohol dependency treatment programme (ADTP). These were likely to be replaced by shorter programmes in the near future as a reasonable response to prisoners' shorter lengths of stay at the prison and the half-time regime. Six peer supporters delivered one-to-one support and co-facilitated some group sessions. They told us that they were well-supervised and supported by RAPt staff.

- I.72** We found the clinical care to be mostly of good quality, and it was well integrated with psychosocial care, but there were several issues that negatively affected prisoners' outcomes. Buprenorphine (an opiate substitution medication) was not prescribed; prisoners arriving on this medication were transferred to methadone, which was contrary to national guidance.⁵
- I.73** Controlled drugs were administered from hatches on B and D wings, but neither had any officer supervision, so this process was unsafe. We saw overcrowding in the hatch areas, which resulted in a loss of privacy for individuals and an increased risk of diversion.
- I.74** Times of administration varied widely between weekdays and weekends, which resulted in some prisoners going well over 24 hours between doses of methadone, contrary to national guidance.⁵
- I.75** A total 120 prisoners were receiving opiate substitution treatment, of whom 35% were on reducing doses, which was a reasonable proportion for a busy local prison with high turnover. Most prisoners receiving treatment told us that they felt well supported and had regular clinical reviews, which were attended by a GP, a substance use nurse and their RAPt worker.

Recommendations

- I.76 Prescribing regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to national guidance.**
- I.77 Opiate substitution medication should be administered at the same time on all days of the week, to ensure a consistent 24-hour interval between doses.**

⁵ Reference: Drug Misuse and Dependence: UK Guidelines on Clinical Management (2007) (Department of Health).

Section 2. Respect

Residential units

Expected outcomes:

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

2.1 *The overall cleanliness of the prison was good, and much improved. Many prisoners lived in overcrowded cells with dirty toilets and inadequate furniture. Laundry facilities and most showers were of good quality and most prisoners could shower daily. Access to replacement prison clothing, blankets and sheets was problematic. Responses to cell call bells were not monitored. The application system was poorly managed. Access to telephones was good but the delivery of prisoners' mail was much delayed.*

- 2.2** All wings, outside areas and most cells were clean and litter free, and had improved considerably. Steps had been taken to address the rodent problem that we found at the last inspection and there was now very little evidence of rodent activity
- 2.3** There were too many cells designed for one that held two prisoners. They often had insufficient or broken furniture. In-cell toilets were often dirty and required descaling, and some lacked seats. Prisoners could easily access cleaning materials. The offensive display policy was enforced.
- 2.4** All wings had adequate recreation areas. Showers were mostly in a good condition and access was good, although they lacked privacy. Laundry facilities on the wings were generally good but the weekly exchange of towels, sheets, blankets and prison clothing was often problematic, mainly because of the inability of the prison to receive sufficient new items from central stores. This was the source of much discontent among prisoners.
- 2.5** Application forms were available on all wings but management of the process was poor, with no tracking system or quality assurance of responses. In our survey, just under half of respondents said that it was easy to make an application, and only 29% said that they were dealt with quickly. Many prisoners told us that they had little confidence in the system and that they often did not receive replies. We found applications that had not been addressed three weeks after they had been submitted.
- 2.6** There were sufficient telephones on each wing, and most offered sufficient privacy, but incoming prisoners' mail was much delayed. We saw sacks of mail that had been delivered to the prison three days previously and had yet to be sorted and delivered to the wings. We also saw prisoners' parcels that had remained in the post room for two weeks and had yet to be processed.

Recommendations

- 2.7 Cells designed for one prisoner should not be used to accommodate two.**
(Repeated recommendation 2.14)
- 2.8 Damaged furniture should be replaced, toilets deep cleaned and descaled, and toilet lids provided.**
- 2.9 Showers should be suitably screened for privacy.**
- 2.10 A sufficient amount of prison-issue clothing and bedding should be available in all units.** (Repeated recommendation 2.16)
- 2.11 Applications should be tracked and monitored to ensure timely and good-quality replies.**
- 2.12 Incoming prisoners' mail should be delivered to the wings 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.

2.13 *Prisoners complained about the attitude of a small number of staff but, overall, the interactions between staff and prisoners were respectful. The quality of personal officer work was inconsistent and personal officer case note entries on prisoner records were not undertaken routinely or of the required standard. Consultation arrangements were adequate.*

- 2.14** In our survey, most prisoners said that staff treated them with respect. We saw some good and helpful interactions between prisoners and staff, although prisoners complained about the attitude of a very small number of staff. We saw good direction of staff from supervising officers, who had only recently been reintroduced to the wings.
- 2.15** The quality of the personal officer scheme was inconsistent. All prisoners were allocated a personal officer and some of these had a good knowledge about the prisoners on their wing. When asked, however, few prisoners knew who their personal officer was. Personal officer case note entries on prisoner records were often too brief and infrequent. Management check entries were rare.
- 2.16** There was adequate consultation with prisoners about domestic and residential matters but the minutes did not show that the issues raised had been addressed, and details of wing representatives and meeting minutes were not displayed on the wings.

Recommendation

- 2.17 All personal officers should engage actively with prisoners, and case note entries should be routine, meaningful and subject to management oversight.**

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 characteristic⁶ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

2.18 *The strategic management and oversight of equality and diversity had deteriorated and had only recently being given adequate attention. Discrimination incident report forms were freely available but some investigations were poor. There were no focus groups and there was no other consultation with prisoners with protected characteristics to explore their needs. In our survey, black and minority ethnic and Muslim prisoners reported much more negatively than others, and these perceptions had not been explored by the prison. Immigration services were reasonable but there was no structured process for communicating with foreign national prisoners about the full range of their needs, especially those who did not understand English. Provision for prisoners with a disability was inconsistent, with little planning for their care or communication between health services and residential staff about their needs. There were no measures to identify and meet the needs of the small population of young adults. There were no special facilities for older and retired prisoners. Two transgender prisoners were living safely on normal location and participating in the regime but not enough was done to help them live as women.*

Strategic management

- 2.19** Most of the positive aspects of the management of equality and diversity found at the previous inspection had lapsed. The equality strategy was out of date, no needs analysis had been undertaken to inform a new strategy and there was no equality action plan to develop services.
- 2.20** Meetings to address issues of equality and diversity had been held sporadically through 2014 (with the most recent over six months before the inspection and incorporated into a safer custody meeting). There had been no recent monitoring of outcomes for minority groups and little attention paid to meeting their needs. During the inspection, an equality action team met, chaired by the deputy governor, and was well attended by representatives from an appropriate range of departments. There was a full discussion of data showing the representation of prisoners from minority groups in some important aspects of the regime, mainly relating to disciplinary measures; however, some other important aspects, such as employment, categorisation and violence, were not reported on. There was no current programme for undertaking equality impact assessments of key prison policies (see main recommendation S56).
- 2.21** The equality and diversity prisoner representatives were no longer in post and there were no structures in place for regular consultation or surveys of minority groups (see below).

⁶ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.22** Discrimination incident report forms were freely available on the wings but not used often. Too many responses were delayed and they were of variable quality, and in too many examples it was not evident that the reporting prisoner had been interviewed. Quality checking by the deputy governor was robust, with some being returned to managers for an improved response, but there were no arrangements for independent scrutiny by an external organisation.

Recommendations

- 2.23** **The diversity strategy should be relaunched, based on a thorough needs assessment and with appropriate levels of management oversight.**
- 2.24** **Discrimination incident report forms should be investigated thoroughly, and responses should be timely and their quality checked both by prison managers and an independent, external organisation.**

Protected characteristics

- 2.25** More than 25% of prisoners were from a black and minority ethnic background. Our survey showed more negative perceptions among these prisoners, compared with their white counterparts, in most areas of the regime. More of them said that they currently felt unsafe (29% versus 17%), and fewer said that they had been treated well in reception (39% versus 67%), that staff treated them respectfully (59% versus 79%) and that staff spoke to them during association (6% versus 21%). They were also less engaged in the regime, with 29% saying that they were working, compared with 48% of white prisoners, and 51% that they participated in association five times a week, compared with 69% of white prisoners (see main recommendation S56).
- 2.26** There were 173 Muslim prisoners and their perceptions were similarly negative, relative to non-Muslim prisoners. Only 48% (versus 77%) said that staff treated them respectfully, 33% (versus 18%) that they currently felt unsafe and 30% (versus 45%) that they had a prison job, and none reported undertaking vocational or skills training. Although there was good provision for practising religions (see section on faith and religious activity), only 39% of Muslim prisoners said that their religious beliefs were respected, compared with 52% of their non-Muslim counterparts (see main recommendation S56).
- 2.27** No work was being done by the prison to identify or understand these negative perceptions. There were no mechanisms to engage with or consult prisoners from minority backgrounds about their perceptions (see main recommendation S56). Staff were not trained in equality and diversity issues beyond their initial training.
- 2.28** There were 147 foreign national prisoners (13.3% of the population), representing 46 nationalities, recorded by the prison at the time of the inspection. Although 99% of prisoners in our survey said that they understood spoken English, arrangements for communicating with non-English speakers were not systematic or consistent. The prison had access to professional telephone interpreting services but they had been used only 10 times in the previous six months. We were told that there was a list of prisoners willing to interpret but we did not see it being used, and staff on the wings said that they would informally find other prisoners to help with interpreting as the need arose. There was no translated written material about the prison, except for a few standard notices about immigration. Prisoners we spoke to who had limited understanding of English told us that they had not received help during induction or on their wings that they could fully understand. In too many cases, prisoners made their own arrangements for language support between themselves, rather

than having their needs assessed and provided for by staff systematically (see recommendation 1.14). Since the previous inspection, two foreign national prisoners had taken their own lives, and we were concerned that the lack of systematic checks might have resulted in their needs being overlooked, contributing to their distress (see main recommendation S56).

- 2.29** The Home Office immigration officer visited the prison twice a week, meeting individually with sentenced prisoners who were facing removal, to keep them informed of progress with their cases and options for return to their country of origin. Independent advice for prisoners subject to removal procedures was not available. At the time of the inspection, there were 10 prisoners being held beyond the end of their sentence. They were treated as remand prisoners but the prison had been unable to secure places at an immigration removal centre, which would have provided them with a less restrictive regime.
- 2.30** In our survey, 18% of respondents said that they considered themselves to have a disability but the prison did not keep a central register. There was no single disability officer for the prison but on each wing one member of residential staff had responsibility for the care of prisoners with disabilities. This responsibility was discharged inconsistently across the prison, in terms of identifying these prisoners, planning for their care and having contingencies for their evacuation. In our survey, the responses of this group were more negative than those of their able-bodied counterparts. More of them said that they currently felt unsafe (39% versus 16%) and that they had been victimised by other prisoners (57% versus 28%) (see main recommendation S56).
- 2.31** On E wing, several older prisoners and those with disabilities were located together on one spur. The disability officer on this wing was proactive in identifying those with a disability and assigning paid carer prisoners to provide assistance. Although this was beneficial to prisoners we spoke to, the carers did not have clear job descriptions and the care they were to provide was not sufficiently well planned or clearly defined. Carers told us that they did not receive specific training and, when assigned to a prisoner, they themselves had to decide what help they would provide. In some instances, the personal care they provided should have been the responsibility of professional care workers (see also sections on bullying and violence reduction and safeguarding, and recommendation 1.32).
- 2.32** There were two larger cells on F wing that had been adapted for prisoners using a wheelchair. These cells had an adapted toilet, and accessible switches and alarms. One of these was occupied by a prisoner with significant needs, who told us that he had moved there from the inpatient unit 12 months previously. He said that his care was not planned and that he was helped by other prisoners on a voluntary basis, when they saw that he needed help. He was unable to take a shower without help and said that he was often locked in his cell all day. A care plan had been prepared not long after his arrival but it was not sufficiently detailed, having just two actions listed, and there was no evidence of a contribution from health services staff in identifying his needs; this was of particular concern as he had come to the wing from the inpatient unit, where he had been receiving treatment. The prisoner told us that he had not been consulted about whether his needs were being met, and the plan had not been reviewed periodically (see main recommendation S56).
- 2.33** Emergency evacuation plans were not in place for all prisoners who needed them.
- 2.34** The prison held 20 prisoners under the age of 21 years. There were no arrangements for meeting their specific needs, and they were treated the same as adult prisoners. The equality monitoring that had recently started had identified areas in which they were over-represented, such as use of force and disciplinary measures. A policy on young adults did not outline their potential needs and how these should be met. There was no recognition of their particular vulnerability when mixing with adults in the sex offender population (see also section on bullying and violence reduction).

- 2.35** There were 147 prisoners over the age of 50, the oldest being 81, and in our survey they were more positive than younger prisoners in many areas. Other than the assistance available to those older prisoners located together on E wing (see above), there was no specific provision for such prisoners elsewhere. Those who were not working were not always unlocked during the working day and there were no activities for them. Pay for retired prisoners had increased since the previous inspection, from £3 to £5.50 a week.
- 2.36** In our survey, 2% of respondents identified as gay or bisexual, extrapolating to 22 in the population. There were no arrangements to provide them with specific support and guidance on issues of sexuality (see main recommendation S56).
- 2.37** There were two transgender prisoners in the prison at the time of the inspection and they were living safely on normal location, participating in the regime. Although most staff were trying to meet their particular needs, these prisoners felt that there was too much inconsistency in their treatment and that more could be done to help them live as women and ensure their privacy and dignity (see main recommendation S56).

Recommendations

- 2.38** **All prisoners with a disability should have a care plan, which should be reviewed periodically to ensure that it is being implemented and to identify any changes in their circumstances. Plans should be informed by all departments, especially health care, which have knowledge of these prisoners' needs.**
- 2.39** **Prisoner carers should have clearly defined roles and their activities should be monitored to ensure the appropriateness of their work.**

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.

2.40 *Prisoners of all faiths were able to practise their religion. The chaplaincy, supported by volunteers, was active in the running of the prison and provided a range of services, including religious instruction, counselling and bereavement support. There were good resettlement links through the community chaplaincy and a prison visitors scheme.*

- 2.41** The chaplaincy, supported by sessional chaplains, provided corporate and personal worship for all the faiths represented at the prison. In our survey, more prisoners than at comparator establishments (54% versus 50%) said that they could speak to a leader of their faith in private and that it was easy to attend religious services (50% versus 44%). However, far fewer Muslim than non-Muslim prisoners (27% versus 57%) said that they were able to speak to a religious leader of their faith in private.
- 2.42** Festivals for all religions were celebrated. Ramadan took place during the inspection, and arrangements for observing the fasting and praying requirements had been well planned.

- 2.43** Chaplains were active in the prison, discharging statutory duties on the segregation and inpatients units as well as attending the senior management team and other management committees. Bereavement support for prisoners was available when required.
- 2.44** Counselling for prisoners was provided through the chaplaincy's links with counselling students from a local college. They visited weekly and saw up to 12 prisoners a week for six sessions. It was a well-used service, with a long waiting list. There was also a trained bereavement counsellor who linked in with Cruse counsellors to provide group sessions.
- 2.45** Social support was also provided through the chaplaincy. There were 12 prison visitors providing social visits for prisoners who did not have local contacts. New Leaf Community Chaplaincy made contact with prisoners and provided continuing support after release.

Recommendation

- 2.46** **The negative perceptions of Muslim prisoners about access to chaplains should be explored and addressed.**

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

2.47 *The number of complaints submitted was relatively low. It was easy to make a complaint but prisoners did not have confidence in the system. The quality of responses was mostly good. Information about trends in complaints was not formally reviewed to inform management decisions.*

- 2.48** The number of complaints submitted was relatively low, at a little over 200 a month. Complaints boxes and a full range of forms were easily accessible on the wings, and in our survey more prisoners than at comparator establishments said that it was easy to make a complaint. However, in our survey only 25% of respondents (compared with 39% at the time of the previous inspection) said that complaints were dealt with fairly and 28% (compared with 44% at the time of the previous inspection) that they were dealt with quickly.
- 2.49** The timeliness and quality of responses to complaints were quality checked. Most complaints were dealt with in the designated time but those made to other establishments were not followed up systematically when the response was overdue. The responses we examined were mostly polite, respectful and dealt with the concern raised. Complaints about staff were dealt with fairly and at the appropriate level.
- 2.50** Data about the nature of complaints and the timeliness of responses were collected but it was not clear how well this information was used. Although the timeliness of responses was monitored in performance meetings, there was no evidence of managers reviewing the trends in types of complaint, to inform management action.

Recommendation

- 2.51** Information about trends in complaints should be formally reviewed and used to inform management action to make improvements.

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

- 2.52** *There was no legal advice service but there was support to help newly remanded prisoners to make bail applications. There was good access to legal visits.*

- 2.53** There was no legal advice service but there were was a full-time bail information officer to help newly remanded prisoners to make bail applications. On average, this officer secured around five releases on bail each month. The library held a large range of legal texts that were accessible to prisoners conducting their own defence. There was a single 'Access to Justice' laptop computer but there was little awareness of this facility and therefore almost no demand for its use.

- 2.54** There was good provision of legal visits and easy access to them.

Recommendation

- 2.55** Legal services should be available, especially for those on remand.

Housekeeping point

- 2.56** The availability of the 'Access to Justice' equipment should be publicised to prisoners.

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.

- 2.57** *Prisoner feedback on overall health provision had deteriorated. Some clinical governance required improvement. Primary health services were improving and were reasonable. Dietician provision was impressive. Lifelong condition management had improved and was good, but support for older prisoners and those with complex needs required improvement. The inpatient unit provided satisfactory support. Prisoners accessed dental assessment and emergency treatment promptly, but waited much too long for routine dental treatment. Pharmacy services were good but officer supervision of medication queues was inadequate. Primary mental health provision for depression and anxiety was good, but inadequate for other conditions. Secondary mental health support was good. Some prisoners waited too long for transfer to external mental health beds.*
- 2.58** *The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁷ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The Care Quality Commission contributed to this inspection and found no breaches of the relevant regulations.*

Governance arrangements

- 2.59** The Care Quality Commission (CQC) found no breaches of the relevant regulations.
- 2.60** Regular operational meetings supported effective integration between the various health care providers but joint clinical governance meetings had lapsed, which meant that opportunities to share learning and drive service improvement were lost. The providers lacked joint information sharing and safeguarding policies to ensure consistent practice.
- 2.61** A health needs assessment was being completed to inform the retendering of health services from April 2016. The commissioners, prison and providers worked together effectively. Regular, well-attended partnership board and contract monitoring meetings covered all essential areas. Prisoner feedback and audits informed service delivery. Adverse incidents were reported but we were not assured that post-incident reviews identified all learning.
- 2.62** Experienced nurse managers and supporting team leaders provided effective clinical leadership. There were chronic and severe staffing shortages in primary care, but this was resolving. A large, stable group of agency nurses ensured consistent delivery. Nurses were on site 24 hours a day. Ten GPs provided weekly set clinics, and satisfactory governance systems supported effective communication.
- 2.63** Health services staff were easily identifiable and the health care interactions we observed were generally good, although we saw doors routinely left open during some consultations. The records we examined showed inconsistent use of professional interpreting services, without clear reasons recorded as to why it was needed in some consultations but not in

⁷ 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>.

others (see also sections on early days in custody and equality and diversity, and recommendation 1.14).

- 2.64** Health services staff, including agency staff, had good access to supervision, training and clinical guidance. Some overdue appraisal reviews were being addressed. Associate practitioner roles had been extended appropriately. The clinical records we examined were generally good and were stored securely.
- 2.65** The health care environment was reasonable, although some areas were in a poor state of decoration. Cleaning did not meet NHS standards and some fixtures and fittings, such as taps and flooring, did not meet infection control standards. The primary care waiting areas were stark, with no health promotion information. Prisoners had long waits for primary care appointments because everyone arrived together during free-flow movements, regardless of the time of their appointment.
- 2.66** Standardised emergency bags, including oxygen and automated defibrillators, were located in clinical rooms across the prison and were checked regularly. There were advanced plans to install defibrillators for wing staff to access, and all custodial managers and night discipline staff were being trained in first aid. Ambulances were called and responded promptly in emergencies.
- 2.67** There was no dedicated lead or support for older prisoners, which meant that opportunities to prevent or identify age-related problems early were missed. There was good access to relevant community screening programmes, except for bowel screening, which was being addressed. There was insufficient systematic monitoring and support for prisoners with disabilities and complex health and social care needs (see sections on safeguarding and equality and diversity, main recommendation S56 and recommendations 1.32 and 2.38).
- 2.68** In our survey, fewer prisoners than at comparator prisons and than at the time of the previous inspection said that the quality of health services was good (29% versus 35% for both). Feedback from prisoners we spoke to was mixed. New arrivals did not receive any written information about health services (see recommendation 1.14). Prisoner health champions provided valuable signposting information on some wings.
- 2.69** Prisoners could complain about health services through a confidential system but the complaints process was poorly advertised. Most complaints were about medication and clinical treatment. The responses we sampled were satisfactory. An independent health advocacy service visited weekly and received referrals from several sources, including prisoners themselves, safer custody staff and the secondary mental health team, which was a positive initiative.
- 2.70** Health promotion activity was not sufficiently systematic or coordinated. There was good access to smoking cessation services, immunisations and treatment for blood-borne viruses. Barrier protection was available from health services staff but it was not advertised and there was no supporting policy to ensure consistency.

Recommendations

- 2.71 Governance systems, including incident reviews, should be robust and supported by effective, regular joint clinical governance meetings and policies.**
- 2.72 All clinical areas should be decorated to a satisfactory standard and meet relevant cleaning and infection control standards.**

- 2.73** Patients should not wait excessive periods of time in waiting rooms prior to and following their health care appointments. (Repeated recommendation 2.106)
- 2.74** Prisoners should have access to regular, systematic health promotion campaigns throughout the prison, including easy confidential access to barrier protection.

Housekeeping points

- 2.75** Consultations should occur in private, with the door closed, unless an individual recorded risk assessment indicates otherwise.
- 2.76** Prisoners should be able to complain about health services through a well-publicised, confidential system, and neither the complaints nor the responses should be included in clinical records.

Delivery of care (physical health)

- 2.77** New arrivals received a combined primary and secondary health screen in reception, to avoid the difficulties in accessing prisoners the next day, when they were all in different locations. Screening therefore took longer and the opportunity to check how individual prisoners were coping in prison was lost. The GP usually attended reception from 8pm onwards because of limited space in this area, which meant that some prisoners who needed to see the GP were in reception too long regardless of what time they arrived (see also section on early days in custody). Appropriate community liaison and follow-up referrals were completed.
- 2.78** Prisoner applications for services were collected daily and processed quickly. Non-attendance rates for most services had improved and waiting times were reasonable, except for routine dental care (see section on dentistry). Urgent GP and nurse appointments were available daily and out-of-hours GP support was satisfactory. Four dietician clinics weekly gave prisoners better support than we normally see, including prompt individual and group support for obesity, malnutrition and special diets. Support for those with lifelong conditions had improved and was good.
- 2.79** The inpatient unit had had a more therapeutic focus since the beds had been removed from the certified normal accommodation, although, because of a lack of adapted cells on the wings (see section on equality and diversity), some patients with significant disabilities were inappropriately located there. Inpatients received good GP, mental health and nursing input. They had access to a reasonable environment and the regime included regular group activities. Most patients we spoke to were positive about the support they received but we were not assured that support following discharge to the wings was sufficiently well coordinated and planned.
- 2.80** Prisoners were referred to secondary health services appropriately and waiting times were equivalent to those in the community. Appointments were rarely cancelled because of a shortage of escort staff or on security grounds.

Recommendation

- 2.81** Newly arrived prisoners should receive prompt initial health services in reception, followed by a comprehensive secondary screen within 72 hours.

Housekeeping point

- 2.82** Prisoners should be discharged from the inpatient unit with a clear, regularly reviewed care plan for wing nurses and discipline staff to follow.

Good practice

- 2.83** *The comprehensive dietician services improved outcomes for prisoners who needed specialist input.*

Pharmacy

- 2.84** Many prisoners told us about delays in receiving medication, although we found no evidence to indicate that this was a significant issue. The onsite pharmacy team supplied medication promptly. Pharmacy stock was well managed. Regular, well-attended medicines management meetings discussed all key issues. Current reference materials and in-date policies were used. Pharmacy staff had developed a useful medicines management guide for each treatment room, which supported consistent practice. Pharmacy staff provided a range of clinics, including respiratory and smoking cessation, and medicine use reviews.
- 2.85** Medication was generally stored securely, safely and tidily in the wing-based treatment rooms and on the inpatient unit. Checking processes were appropriate and we found no date-expired items, although refrigerator temperatures were poorly managed in some treatment rooms. Controlled drugs were managed well.
- 2.86** Around 75% of patients received their medication in-possession. Most prisoners had in-date in-possession risk assessments, but we found one that had not been reviewed since 2011 and did not show the rationale for the prisoner receiving his medication daily in-possession. A more robust review process was planned when the service moved to computer-based prescribing and administration. An up-to-date formulary (a list of medications used to inform prescribing) was available but we were told that this was not always followed. The prescribing of known tradable medication was not high.
- 2.87** Medicines were supplied at 8am, noon and 4.30pm by nurses in wing treatment rooms, using paper prescription charts. Prisoners could generally receive sedative medication at an appropriate time. The medication administration we observed was safe, with prisoners' identification checked appropriately, but medication queues were not supervised by officers, which increased the opportunities for diversion and contributed to some poor prisoner behaviour, including aggression and crowding around the hatch. The records we examined were complete and prisoners who missed their medication were identified and followed up. Nurses could administer an appropriate range of medication, with a doctor's prescription.

Recommendation

- 2.88** Discipline staff should supervise medication administration queues, to manage prisoner behaviour and reduce the risk of diversion.

Housekeeping points

- 2.89** Drug refrigerators should be monitored appropriately and requisite remedial action taken and recorded when required.
- 2.90** In-possession risk assessments should be reviewed regularly and should clearly document the rationale for all administration decisions.

Dentistry

- 2.91** Six dental sessions weekly provided a full range of NHS-equivalent services. In our survey, similar numbers of respondents to the respective comparators said that access to, and the quality of, dental services was good, but both figures were lower than at the time of the previous inspection. Demand for these services was high. Those in pain were prioritised for remedial treatment. Prisoners were seen within 10 days for an initial assessment and treatment plan, but waited up to 14 weeks for routine treatment to start and had long gaps between ongoing appointments, which was excessive. Emergency provision was appropriate. The clinical records and consultation we observed were good and oral health promotion was central to every consultation.
- 2.92** The dental suite was satisfactory but did not meet best practice standards. There was no magnifying light to aid manual cleaning. Most equipment, except for the X-ray machine, was maintained appropriately. Dental waste was managed correctly.

Recommendation

- 2.93** Prisoners should not wait more than six weeks for assessment and for routine dental treatment.

Housekeeping points

- 2.94** The dental suite should include a magnifying light to ensure adequate cleaning.
- 2.95** All dental equipment should be serviced and monitored adequately.

Delivery of care (mental health)

- 2.96** In our survey, fewer prisoners than at comparator establishments said that they had emotional well-being or mental health problems (30% versus 39%), and the number who said that they were being helped was in line with the comparator. Working relationships between mental health and other departments were good but the lack of continuing mental health awareness training for discipline staff reduced their ability to identify and support prisoners with mental health needs effectively.

- 2.97** The primary mental health (PMH) team reviewed referrals for both the primary and secondary mental health teams daily, to ensure that they were allocated and prioritised appropriately, supported by twice-weekly meetings with the secondary mental health team. The two PMH nurses provided good support to around 50 prisoners with mild-to-moderate anxiety and depression daily, including weekends, but the service was not sufficiently multidisciplinary and did not support prisoners with wider mental health needs such as mild learning disability. PMH staff saw all new referrals within 72 hours, which was impressive. There was no cover for staff absence, which reduced the provision considerably. The only psychological intervention was computer-based cognitive behavioural therapy, which was useful but too limited. Guided self-help was provided. Counselling was available through the chaplaincy (see section on faith and religious activity) and waiting times were equivalent to those in the community.
- 2.98** The secondary mental health team included psychiatry, psychology and mental health nurses, and during the inspection was supporting 42 prisoners with severe and enduring mental illness using the care programme approach. The clinical records we examined were good, indicating effective community liaison and support, including prompt transfer for a prisoner with severe learning disabilities.
- 2.99** A total of 24 patients had transferred to hospital under the Mental Health Act between January 2014 and May 2015. Staff reported, and we observed, that some prisoners experienced long delays in assessment and transfer, although this was not obvious from the available data.

Recommendations

- 2.100** Discipline staff should have regular mental health awareness training to enable them to identify and support prisoners with mental health problems.
- 2.101** A comprehensive primary mental health service should be provided, offering a full range of support for prisoners with mild and moderate mental health problems, learning disabilities and attention-deficit hyperactivity disorder, including psychological therapies.
- 2.102** Patients requiring a transfer under the Mental Health Act should be assessed promptly and transferred within the current transfer guidelines.

Catering

Expected outcomes:

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

2.103 *Although prisoners in our survey were negative about the food provided, we found it to be mostly varied and of good quality. There was good consultation about the food. Hygiene standards were generally good, with the exception of some dirty food trolleys.*

2.104 In our survey, only 15% of prisoners said that the food provided was good, which was worse than the comparator (21%) and than at the time of the previous inspection (19%). With the exception of the meagre breakfast packs distributed on the day before they were to be

eaten, however, the food that we saw being served was appetising and sufficient in quantity. The menu was on a four-week cycle, with five options for each meal. It was varied and catered for the full range of religious and dietary requirements.

- 2.105** Lunch was served too early, at 11.45am, but the evening meal was given at 5.30pm, which was reasonable.
- 2.106** Consultation about the food provided was good, with prisoner representative meetings every two months, a six-monthly survey and regular reviews of food comments books on the serveries. There was evidence of changes made in response to prisoner suggestions, and the results of consultation were published to prisoners.
- 2.107** Standards of hygiene among prisoner workers were mostly good. Sundry workers wore appropriate protective clothing and had been trained in food hygiene. They used appropriate serving utensils for halal and vegetarian food. Kitchen workers were trained in food hygiene to a higher level but they were not able to gain catering qualifications, which would have helped them to gain employment in the industry (see section on learning and skills and work).
- 2.108** Although the kitchen was well organised and standards of cleanliness generally good, the floor was cracked and breaking up in some places, and some food trolleys were dirty.

Recommendations

- 2.109 Prisoners should be provided with an adequate breakfast, served on the day it is to be eaten.**
- 2.110 Lunch should not be served before noon.**

Housekeeping point

- 2.111** Food trolleys should be kept clean.

Purchases

Expected outcomes:

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

2.112 *Shop arrangements were reasonably good, although some newly arrived prisoners had to wait too long to receive their first full order. Black and minority ethnic and Muslim prisoners' perceptions about the range of products available were poor.*

- 2.113** There were about 400 products on the shop list that prisoners could choose from, some of which had been suggested through regular prisoner consultative committee meetings. The list included religious artefacts and toiletries for prisoners from different ethnic backgrounds. In our survey, 52% of respondents said that the shop sold a wide enough range of goods to meet their needs, which was better than the comparator of 47%. However, only 35% of black and minority ethnic and 41% of Muslim prisoners said that the shop list met their needs (see section on equality and diversity and main recommendation S56).

- 2.114** Shop order forms were collected only on Thursday mornings, which meant that some newly arrived prisoners could wait up to 11 days before receiving a full order, depending on the day they arrived.
- 2.115** Prisoners could order additional goods, including hobby materials, from a range of catalogues, subject to a nationally set 50 pence handling fee. Newspapers and magazines could be ordered through the library.

Recommendation

- 2.116 Prisoners should be able to access a full shop order within 72 hours of arrival.**

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.⁸

- 3.1** *The amount of time out of cell was reasonable, at around eight and a half hours a day for those in full-time work, but for many was only around four hours. Too many prisoners were locked up during our roll checks and there was no evening association or late access to showers or telephones.*
- 3.2** Owing to staff shortages, the prison had been running a restricted regime for about 12 months. There was no evening association and no provision for late unlocks, which meant that there was no access to showers or telephones at these times, preventing full-time workers and those with working families from contacting their families during the evening.
- 3.3** The regime ran to time and for those in full-time work afforded around eight and a half hours a day out of cell on weekdays. However, the many unemployed prisoners received only around four hours, and some (especially those on the basic regime) about one and a half hours.
- 3.4** During our roll checks, we found around 36% of prisoners locked in their cells, which was far too many.
- 3.5** Access to association during 'domestic' times was reasonable and most equipment was in reasonably good order. Access to exercise was regular and rarely cancelled but it was often not available for full-time workers.

Recommendation

- 3.6 Prisoners should have access to daily exercise and evening association.**

⁸ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Learning and skills and work activities

Expected outcomes:

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

3.7 *The management of learning and skills and work required improvement, as did the quality of provision provided by Milton Keynes College. Actions taken by managers to halt a decline in performance had resulted in improvements in achievements, in teaching and learning and in reducing high staff sickness levels to a reasonable level. Curriculum planning required further improvement. Data were not used consistently well across the provision to improve performance. There were sufficient activity places for most prisoners to be either part time or fully employed but attendance was low. Only just over half of all prisoners were involved in activities at any one time, and too many prisoners were unemployed. Teaching, learning and assessment required improvement. Much of the teaching in education classes was good, but prisoners' English and mathematics skills were not developed sufficiently well in education classes or vocational training sessions. There was not enough English and mathematics provision. The library facilities were good but underused.*

3.8 *Ofsted⁹ made the following assessments about the learning and skills and work provision:*

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

Management of learning and skills and work

3.9 *The leadership and management of learning and skills and work required improvement, as did the quality of provision provided by Milton Keynes College. The quality of provision had declined following the previous inspection, but prison and college managers had worked productively in partnership to devise and implement a comprehensive recovery action plan. Fundamental changes to the management structure and a number of new teaching appointments had resulted in improvements in the quality of teaching and learning but it was too early to judge the full impact. Overall, achievement rates had improved.*

3.10 *High staff sickness levels had been managed down to a more reasonable level, which had the effect of reducing course cancellations, but cancellations were still occurring at the time of the inspection – for example, in music technology, industrial cleaning and art.*

⁹ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

- 3.11** Managers did not use data effectively to identify trends in performance or to make improvements in all aspects of the provision. The quality of the data available for performance management in education was good, but prison data – for example, prisoner allocation and attendance information – were not sufficiently reliable.
- 3.12** The allocation of prisoners to activities had improved and the number of prisoners allocated to activities had increased, but the management of prisoners' attendance at activities was ineffective. Too many prisoners were allocated to sessions that did not meet their needs or they did not want to attend and therefore refused to attend. (see main recommendation S57).
- 3.13** Quality improvement arrangements were underdeveloped. The prison had made good progress in identifying areas for improvement and remedial actions as part of its recovery planning process, but its new formal system for routine quality improvement monitoring was at an early stage and had had little impact. The self-assessment process did not reflect the views of prisoners, and the self-assessment report was unfinished.
- 3.14** A new system for observing teaching and learning in education classes did not focus sufficiently on the extent of prisoners' learning and progress during sessions. This system did not include all vocational training and industries.
- 3.15** Curriculum planning required improvement. An analysis of prisoners' needs had not been undertaken, and managers did not use labour market information to inform planning. The prison had recognised this and work was in progress to develop a new curriculum, based on a more rigorous analysis of relevant factors.

Recommendations

- 3.16** **The prison should improve the quality improvement arrangements to include the observation of teaching and learning in industries and vocational workshops and by using the views of prisoners to inform the self-assessment process.**
- 3.17** **Curriculum planning should be improved by using local market intelligence, by planning progression to receiving prisons and by analysing the needs of prisoners, particularly in industries and vocational workshops.**

Provision of activities

- 3.18** There were enough part- and full-time purposeful activity places to ensure that all eligible prisoners could be engaged in activities that occupied them productively, but their take-up of these places was low. Only just over half of all prisoners were involved in learning and skills and work activities at any one time and too many prisoners, over a third, were unemployed (see main recommendation S57).
- 3.19** The volume and range of vocational provision were appropriate. An increase in provision had resulted in new qualifications in waste management, health and safety, customer service skills and warehousing. However, the level of vocational qualifications was too low to enable prisoners to develop the skills required to enable progression to further education and employment. Links with employers in education and training were not well developed, so prisoners were not sufficiently informed about workplace expectations and job opportunities.

- 3.20** In education classes, although the number of starts in English and mathematics had increased considerably, there was not enough provision for the substantial number of prisoners assessed with pre-entry and entry-level skills. Prison policy required prisoners to achieve or have achieved level 1 in English and mathematics before being allowed to engage with other activities, but this criterion was not being applied consistently.
- 3.21** There was good access and support for the small number of prisoners involved in Open University Access to Higher-Education courses and distance learning courses – for example, in plumbing and animal care.

Recommendations

- 3.22** **The level of vocational qualifications available should be increased to enable prisoners to progress to higher levels.**
- 3.23** **Links with employers should be increased, to provide prisoners with a better understanding of employment opportunities and workplace expectations.**
- 3.24** **English and mathematics provision should be increased further to meet the needs of prisoners assessed with pre-entry and entry-level skills.**

Quality of provision

- 3.25** The quality of teaching, learning and assessment required improvement. Delivery showed an improving picture of attainment but with some considerable variance, particularly in English and mathematics. Although much of the classroom-based teaching observed was good, a minority required improvement and none was outstanding.
- 3.26** Prisoners' induction to education classes was generally appropriate but staff did not introduce prisoners to the range of activities available in the prison in sufficient depth. Individual skills action plans produced by National Careers Service staff were thorough and perceptive but did not link to teachers' planning for individual learning.
- 3.27** The initial assessment of prisoners' English and mathematics skills was not accurate enough. Too many prisoners were initially assigned to courses at a level they had already attained (see main recommendation S57).
- 3.28** Most prisoners on courses were attentive, engaged in their learning and made good progress, notably in classroom-based lessons. The behaviour of all prisoners in education and vocational training sessions was good.
- 3.29** Most teachers managed teaching and learning well in the largely mixed-ability education classes in English and mathematics but the range of teaching methods they used was narrow, too often primarily involving only worksheet-based tasks which did not extend prisoners' skills levels sufficiently.
- 3.30** Teaching and learning resources were basic but used well enough to engage and interest prisoners. Few education teaching rooms had interactive learning technology installed; this enhanced the range of teaching methods and resources where it was used, but none was used to full capacity.

- 3.31** In most sessions, teachers made extensive use of prisoners designated as classroom helpers/peer workers, to help them manage the mixed levels of prisoners' expertise and skills in the session. Although most helpers were effective, none had received any training for this important role, and the quality and impact of their interventions were inconsistent.
- 3.32** Teachers and trainers did not set challenging or sufficiently detailed targets for prisoners in their individual learning plans and prisoners were not always clear about their progress or what they needed to do to improve.
- 3.33** The assessment of prisoners' work required improvement. They received helpful verbal feedback from teachers in education classes and good individual coaching from instructors in vocational training. The quality of teachers' feedback on written work was too variable, however, and too often did not specify exactly or constructively enough what a prisoner needed to do to improve further.
- 3.34** Some teachers did not integrate English and mathematics skills development into education or vocational training sessions well enough.
- 3.35** Teachers used group profiles well to identify and overcome individual prisoners' barriers to learning. However, a longstanding lack of specialist staff resulted in insufficient specialist additional learning support for the large number of prisoners with learning difficulties or disabilities.

Recommendations

- 3.36** **The prison should improve planning for individual learning by setting prisoners detailed and challenging targets and by providing good-quality feedback on written work; staff should ensure that prisoners are clear about their progress and what they need to do to improve.**
- 3.37** **Interactive learning technologies should be available in all classrooms and teachers should use this to improve the quality of teaching and learning.**
- 3.38** **Formal, accredited training for classroom helpers/peer workers should be provided so that they can contribute more effectively in teaching and learning sessions.**
- 3.39** **Prisoners' development of English and mathematics should be integrated into vocational training and work.**

Education and vocational achievements

- 3.40** Too few prisoners who started their courses were able to complete them before they left the prison, particularly those on English and mathematics courses. The education and training provider's data for the year to date indicated that the achievement of prisoners who completed their courses had increased from a satisfactory level, and was high for the large number of learners in art, English for speakers of other languages, personal social development and information communication technology. By contrast, achievements in functional skills English and mathematics were low.

- 3.41** Punctuality and attendance at education and training sessions was too low because of delays during movement and prison staff not sufficiently challenging prisoners who refused to attend (see main recommendation S57). Average attendance had been at around 50% during the previous 10 months. .
- 3.42** In many vocational workshops and industries, including carpentry, laundry, tailoring, catering and gardens, prisoners produced good standards of work and developed a wide range of skills, such as teamwork and taking responsibility. In the breakfast packs workshop, however, the level of prisoners' skills development was too low. Little accredited learning was available and staff did not record the skills, knowledge or attitudes that prisoners developed. As a result, prisoners' chances of employment after release were limited.

Recommendations

- 3.43 Prisoners who start courses should be able to complete them.**
- 3.44 Outcomes for learners in functional skills English and mathematics should be improved.**
- 3.45 The level of skills development in industries should be increased and skills developed in work and vocational workshops should be accredited to improve prisoners' chances of employment after release.**

Library

- 3.46** The library facilities, provided by Oxfordshire County Libraries, were good but underused. According to library data, only one in five prisoners used the facility routinely, and it was unclear why the proportion was so low. A planned prisoner library survey to establish user preferences and perceptions had yet to be implemented. The main library area was well lit and spacious. Each wing had a scheduled morning and afternoon session and most prisoners could drop in during free-flow periods. Vulnerable prisoners could visit the main library on Thursdays or Fridays and used a small wing-based satellite facility, which was adequately stocked.
- 3.47** A wide range of fiction and non-fiction titles was available in the main facility. A large selection of books was available for foreign nationals.
- 3.48** Three stand-alone computers were well used by prisoners for CV and letter writing. The 'Toe By Toe' reading programme (a phonics-based approach to helping prisoners learn to read) involved over 20 mentors and a similar number of mentees. A 'Dads Aloud' facility enabled prisoners to record stories for their children. A reading group was long established.

Recommendation

- 3.49 The prison should undertake a biannual library survey to assess how well the library is meeting the needs of the population.**

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.

3.50 *Prisoners had access to a wide range of PE activities. The venues were well organised and the equipment maintained well. Too few prisoners used the facilities. There were discrete sessions for prisoners with mental or physical health conditions and vulnerable prisoners. Three accredited courses had been introduced and most prisoners completed them successfully. The shower facilities were poor.*

3.51 PE facilities were good. They included a large sports hall, a weights room and a multi-purpose gym with several cardiovascular machines. However, only around half the population used the facilities. There were 14 small gym rooms attached to the residential wings but prisoners told us that these facilities were mostly locked, and that they were not able to use them.

3.52 The main facilities were open seven days a week, including early morning and evening sessions. All prisoners, including vulnerable prisoners, had at least two scheduled gym sessions a week. PE staff worked well with health services professionals to offer discrete sessions for prisoners with mental and physical health conditions and vulnerable individuals.

3.53 There was an outdoor artificial-grass football pitch available, but it was in a poor state of repair and therefore unusable. Shower and changing-room facilities were poor; there were no private changing areas or modesty screens.

3.54 Staff monitored the attendance rates of prisoners well. They had successfully implemented a number of initiatives to increase the levels of engagement; for example, orderlies promoted the use of the gym with prisoners. As a result, attendance rates had improved, although they required further improvement. All prisoners had access to clean gym kits. Staff promoted healthy lifestyles appropriately; this included helpful sessions on healthy eating.

3.55 Induction to PE activity was thorough and well attended. Staff encouraged prisoners to complete accurately their health self-declarations form to ensure the safe use of the facilities. The prison had introduced three accredited courses since the previous inspection and most prisoners completed their qualifications successfully.

Recommendations

3.56 **The outside pitch should be repaired and made available for use.**

3.57 **The number of prisoners who use PE facilities should be increased and they should be allowed to use the small gym rooms attached to the residential wings.**

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 new community rehabilitation company provision for housing and debt advice was not yet available to a large number of prisoners, including those who were not from Thames Valley and those managed by the National Probation Service. A prison-wide commitment to offender management was lacking and the offender management unit worked in isolation from other departments, with too little information exchange from others. Despite the fact that the prison held a complex population, there was no current needs analysis, reducing reoffending strategy or action plan, which seriously undermined management oversight.*
- 4.2** The establishment held a complex population. A large proportion of its role was as a local prison, holding prisoners on remand and moving on those who had been sentenced recently. However, it had also developed a number of other functions. This included being a category C training prison and, more recently, a resettlement prison, as well as managing a large number of indeterminate-sentenced prisoners (ISPs) and sex offenders. As a result, meeting the offender management and resettlement needs of such a complex population was challenging.
- 4.3** From the start of May 2015, a national system of Community Rehabilitation Companies (CRCs) had taken over responsibility for developing individual prisoner resettlement plans and ensuring all prisoners, regardless of sentence date and sentence length, were given appropriate through-the-gate resettlement services beginning in prison and continuing after release. Services were focussed on prisoners in designated resettlement prisons for the area concerned but arrangements should also be put in place to ensure prisoners being released into other CRC areas or who were the responsibility of the National Probation Service were also supported.
- 4.4** Thames Valley CRC was the provider at the establishment and had introduced arrangements to deliver housing and debt advice only to prisoners from the Thames Valley. The prison also held a large number of prisoners who would be managed on release either by the National Probation Service (NPS) or their home area CRC, as they lived outside of Thames Valley. For example, 100 of the 356 prisoners in the resettlement population (within three months of release) were from Hampshire, where the CRC was Purple Futures. Arrangements for Thames Valley CRC to deliver advice and help prisoners who would not be released to them had not been developed meaning these prisoners were unable to access support at the time of the inspection.
- 4.5** The offender management unit (OMU) worked mainly in isolation, with little evidence that other departments recognised its importance or worked proactively to promote effective offender management across the prison.

- 4.6** Although there was a well-attended monthly reducing reoffending meeting, strategic oversight was limited. For example, there had not been a recent needs analysis, despite the addition of the large resettlement population; the reducing reoffending strategy had not been updated to reflect the new CRC arrangements or the considerable weaknesses in offender management; and there was no action plan against which to monitor improvements or progress made.

Recommendations

- 4.7** All prisoners should be able to access help from the community rehabilitation company based in the prison, to deal with housing and debts problems at any point during their sentence.
- 4.8** A reducing reoffending strategy, based on a comprehensive needs analysis, should be developed which reflects the complex population held at the establishment and the new arrangements for resettlement support, and addresses the considerable weaknesses in offender management.

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.

- 4.9** *The delivery of effective offender management was undermined by persistent staff shortages and cross-deployment of uniformed offender supervisors over a long period. Most eligible prisoners did not have an up-to-date offender assessment system (OASys) assessment or sentence plan, which hindered their progression. Prisoners, including some who were high risk of harm, received too little contact from their offender supervisor. Too many releases on home detention curfew were late. Public protection work was adequate but multi-agency public protection arrangements (MAPPA) management levels were not always reviewed far enough ahead of release, and the inter-departmental risk management team was largely ineffective. Categorisation work was not up to date. Too little attention was given to prioritising transfers based on prisoners' progression or sentence plan targets. The prison was offered too few opportunities for progressive transfers of category B prisoners, especially sex offenders, and many indeterminate-sentenced prisoners stayed for too long, with little to support or progress them.*

- 4.10** Severe staff shortages and persistent cross-deployment of uniformed offender supervisors over a long period had made the delivery of effective offender management difficult. Delivery tended to be in reaction to an event such as a parole hearing rather than providing meaningful case management, motivation and encouragement to prisoners to progress. Although all eligible prisoners had an allocated offender supervisor, they had little or no contact from them, even those who were high risk of harm. OMU wing surgeries had recently started to help to improve communication with prisoners.
- 4.11** Data collection and management oversight within the OMU were poor. For example, managers did not monitor the completion of key tasks, so were unsighted on poor performance (see also paragraph 4.12).

- 4.12** We estimated that just over 700 prisoners held at the establishment were serving over 12 months and should have had an up-to-date OASys. However, two-thirds of the 466 cases being managed by the prison, including some high risk of harm cases, had either not been done or were not up to date, which hindered progression (see main recommendation S58). The quality of those completed was too often poor. The level of non-completion of assessments by the NPS was not known and not enough was being done to manage the huge backlog (see main recommendation S58).
- 4.13** The likelihood of reoffending assessments were poor and in some cases were simply a duplicate of the previous assessment. Too few cases had a risk of harm assessment, and risk management plans were weak. Limited information was provided from other departments to inform sentence plan targets.
- 4.14** Recording by staff working with the prisoner was generally irregular and insufficiently detailed. Offender supervisors did not routinely use P-Nomis (electronic case notes), which meant their contact records were not accessible by others.
- 4.15** Home detention curfew processes were clear but too many releases were late, and in some cases considerably so. Some of these delays were caused by the process not being started by the OMU on time (see main recommendation S58).

Recommendations

- 4.16** **Better data collection should be introduced and more management oversight provided to identify issues and tackle poor performance.**
- 4.17** **All reviews of OASys should be thorough and include a comprehensive plan for managing the risk of harm. All departments should provide information to help to develop better sentence plan targets.**
- 4.18** **P-Nomis should be used as the central recording system.**

Public protection

- 4.19** The overall quality of public protection work was adequate. Contact restrictions were identified and applied on arrival. Mail and telephone monitoring was used appropriately, reviewed regularly and removed at the earliest opportunity. Applications for child contact were managed in line with requirements.
- 4.20** The Violent and Sex Offender Register was used as required and multi-agency public protection arrangements (MAPPA) reports were completed and submitted on time. Too many MAPPA reports were not of adequate quality, however, as they failed to analyse evidence of continuing risks.
- 4.21** The MAPPA management level was not always reviewed far enough ahead of release, which potentially limited multi-agency planning. There were 46 MAPPA-eligible prisoners due for release in the two months after the inspection and the management level had not been set in 37 of these. When the management level was clear and set at level 2 or 3, we found evidence of good information exchange and close attention to the management of the case.
- 4.22** The inter-departmental risk management team meeting was largely ineffective. Departments outside the OMU did not attend and rarely submitted information. The meeting did not provide oversight of all MAPPA cases before release.

Recommendations

- 4.23** Completed multi-agency public protection arrangements (MAPPA) F reports should include a better analysis of information to provide an assessment of progress made, changes in custodial behaviour and risk levels.
- 4.24** Confirmation of the MAPPA management level should be sought six months before release and the interdepartmental risk management team meeting should provide better oversight of these cases, with attendance for all relevant departments.

Categorisation

- 4.25** Too many initial categorisation assessments were late and half of the reviews due in the previous five months had not been completed. We spoke to prisoners whose progression had been directly hindered by this (see main recommendation S58).
- 4.26** Reviews did not always explain why progression had not been approved, so it was difficult for prisoners to know what they had to do ahead of their next review.
- 4.27** A large number of prisoners were transferred to other prisons each week but few of these moves were prioritised based on sentence plan targets or the need for progression. Offender supervisors were rarely involved in the decision to move prisoners.
- 4.28** Some category B prisoners, particularly sex offenders, remained at the establishment too long because of the lack of spaces nationally and the lack of an up-to-date OASys assessment and plan (see section on offender management and planning). The Isle of Wight prison was the main allocation for category B sex offenders from Bullingdon but only four places had been made available there in the previous six months.

Recommendations

- 4.29** Categorisation reviews should clearly set out specific and achievable targets for the prisoner.
- 4.30** Prisoner transfers should be given a higher priority and be informed by sentence plan targets to promote progression.
- 4.31** The National Offender Management Service should ensure that the progression of category B sex offenders is not delayed owing to a lack of places nationally.

Indeterminate sentence prisoners

- 4.32** At the time of the inspection, the establishment held 160 ISPs. Some stayed at the prison for too long, with few progression opportunities. There were no specific family days for them, and there was too little offender supervisor contact and no support forum or access to any specific support to help them to develop or sustain life skills.
- 4.33** Prisoners on remand potentially facing an indeterminate sentence were not identified on arrival and did not receive support from an offender supervisor. Contact after sentencing was generally infrequent and not adequately focused on progression.

Recommendation

- 4.34** Indeterminate-sentenced prisoners (ISPs) should not stay at the establishment for too long and more support should be provided, including a system to identify and support potential ISPs throughout their remand period.

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.

4.35 *The prison's relatively new role as a resettlement prison added to the number of releases and the demand for services. However, too few prisoners knew who to turn to for help. Accommodation help was available but telephone-only access to the Langley House Trust limited this provision. Too few prisoners received help with debts, and debt advice by telephone only was far too limited. Education, training and employment provision pre-release was weak. Pre-discharge health and drug services arrangements were good. Some parenting support was provided and there was a good programme of family days. There were sufficient social visits places but booking was problematic. The range of accredited offending behaviour programmes was adequate but the full extent of the need for places could not be evidenced owing to the lack of offender assessment system (OASys) assessments and referrals.*

4.36 As a designated resettlement prison, an additional of 356 prisoners were being held in preparation for release, during their last 12 weeks of sentence. Demand for resettlement services had increased and was high, with over 120 releases per month. In our survey, the number of prisoners facing problems with housing and debt was far higher than at the time of the previous inspection. Fewer prisoners than elsewhere and than at the time of the previous inspection said that they knew who to turn to for help or had received help with their resettlement problems.

4.37 Assessment of resettlement need and initial planning were good. All new prisoners had a basic resettlement needs assessment on arrival and the Thames Valley CRC developed a resettlement plan and referred prisoners on for help as needed.

4.38 At the time of the inspection, as the CRC arrangements had only recently been introduced, it was too early to see whether the review of the resettlement plan at four and 12 weeks before release was effective, but this process was due to start and would provide an up-to-date resettlement plan and support as needed. A pre-release drop-in centre was available four weeks before release to provide support for outstanding resettlement needs. This centre was poorly attended, however, and there was a need to review how this linked with the new CRC provision.

Accommodation

4.39 Prisoners from the Thames Valley area could access help from a Thames Valley CRC worker who had previously been trained in providing housing advice and support. Further help and casework was provided through the Langley House Trust, but by telephone only. Formal arrangements to meet the housing needs of those from other CRC areas or managed by the NPS were not yet in place, which was a serious weakness.

- 4.40** The number of prisoners who had been helped to maintain or secure accommodation on release who would otherwise have been homeless was not monitored, so the effectiveness of the new arrangements had not yet been established.

Recommendation

- 4.41** **The effectiveness of the new arrangements for providing housing advice and help should be measured.**

Education, training and employment

- 4.42** The quality of the National Careers Service provision, managed by Adviza, required improvement. Skills action plans, produced in consultation with prisoners, were thorough and perceptive. Advice and guidance for prisoners who were near their release date were appropriate. Resettlement classes were limited in scope, did not adequately prepare prisoners for employment, training and education on release, and too few prisoners attended. Links with outside agencies to support resettlement were at a development stage. The use of the virtual campus (internet access for prisoners to community education, training and employment opportunities) was too limited as only prisoners in education classes had access to it. Adviza did not have a rigorous system to monitor prisoners who gained employment or started further education after release.

Recommendations

- 4.43** **Through links with employers and outside agencies, and attendance at good-quality resettlement classes, prisoners should be prepared for, informed about and supported to find employment, training and education on release.**
- 4.44** **A robust system to monitor the progression of prisoners post-release should be introduced and the data used to evaluate the impact of the National Careers Service provision on prisoners.**

Health care

- 4.45** Pre-transfer and release health care arrangements had improved and were generally effective. Wing nurses saw prisoners in the week before release and reviewed them in reception on the day of release. Prisoners received a summary of their medical notes, adequate supplies of take-home medication, and health promotion information on release. We saw examples of good community liaison and discharge planning for prisoners with severe mental health problems.
- 4.46** There was an agreed end-of-life pathway, but it had not been required since the previous inspection. There was an appropriate register of prisoners with palliative care needs.

Drugs and alcohol

- 4.47** The Rehabilitation of Addicted Prisoners trust (RAPt) team arranged for the continuation of prisoners' clinical treatment with community prescribers on release. The team also had good links with local drug intervention programme teams and was able to link into the nationally based RAPt transitional volunteer network. This service provided meet-and-greet at the

gate, transport to prisoners' homes and/or first appointments, and up to three months' post-release mentoring support.

Finance, benefit and debt

- 4.48** Jobcentre Plus provided access to benefit claims on release. However, other support with finance and debts had deteriorated considerably. Prisoners could no longer open bank accounts before release and there was little money management training available. The only debt advice available was by telephone to Step Change (a national free telephone advice line), which would have been too limited for many prisoners.
- 4.49** There was no help provided for prisoners outside of Thames Valley, those who were managed by the NPS and those who had been at the establishment for over six months, which meant that most of the population could not access this important aspect of resettlement.

Recommendation

- 4.50** **All prisoners should have access to a comprehensive range of debt and finance support and advice, including case management and the opening of bank accounts before release.**

Children, families and contact with the outside world

- 4.51** In our survey, 47% of prisoners said that they had children under the age of 18 but there was no plan to identify measures to help these prisoners to maintain healthy relationships with their children and partners.
- 4.52** Some valuable support for prisoners who were parents had been removed since the previous inspection, with the withdrawal of the Time for Families programme. The resettlement programme soon to be introduced incorporated elements covering parenting and relationships. The library provided the Dads Aloud programme (see section on learning and skills and work activities) and the education department ran the Parentcraft parenting course, which had been attended by 35 prisoners in the previous three months.
- 4.53** Family days provision was good and open to all prisoners, and these days were run five times a year. Good-quality play and activities were provided by the PE department and families shared a meal during the day.
- 4.54** Social visits were provided six days a week and there were sufficient places to meet demand. Prisoners and visitors complained that it was difficult to book a visit by telephone; booking staff told us that they were sometimes short staffed and could not quickly answer all calls. Visitors could also book by email and in the visitors centre, however, which broadened the range of options.
- 4.55** The visitors centre, run by Arcott Enterprises, was a large, comfortable building with a play area for children, an area for waiting outside in fine weather and good toilet facilities. Visitors told us that staff in the centre were friendly and welcoming. A wide range of information about family support services was available and staff could provide advice on family support to visitors, but did not make referrals or provide support directly.

- 4.56** We saw visitors entering the prison, and processes were efficient, respectful and friendly. Visitors were not delayed unduly in entering the visits hall. Staff supervised proceedings actively but were not intrusive and permitted an appropriately relaxed atmosphere, allowing reasonable physical contact between prisoners, visitors and their children.
- 4.57** The visits hall was large, with 61 spaces at tables and three sofas for family visits. A snack bar provided a range of hot and cold food. There was a supervised play area, which opened when Arncott Enterprises staff were free from their snack bar duties.
- 4.58** Some security restrictions were disproportionate. Prisoners were required to wear bright orange vests over their clothes in addition to 'visits clothing', and visitors had identifying wristbands and a hand stamp visible under an ultraviolet scanner. There were no toilet facilities for prisoners in visits; if they needed to use the toilet, their visit was terminated.

Recommendation

- 4.59** **The nature and extent of prisoners' needs to re-establish or maintain contact with children and families should be established and steps taken to meet these needs.** (Repeated recommendation 4.61)

Attitudes, thinking and behaviour

- 4.60** The range of accredited offending behaviour programmes provided was adequate. The establishment was a national resource for two sex offender treatment programmes (Becoming New Me and the Healthy Sex Programme), and prisoners were selected for these from all over the prison estate. Demand for the Healthy Sex Programme outstripped supply, however, so some men could wait a long time to be offered a place. The thinking skills programme (TSP) and Resolve were also provided.
- 4.61** Although places on courses were prioritised well, we were concerned that the lack of OASys assessments (see section on offender management and planning) made it impossible to evidence the full extent of the demand for these programmes. It also meant that some prisoners could not be assessed for these programme places, thereby hindering their progression. TSP was available to sex offenders, and was an alternative approach for working with those in denial of their sexual offending.
- 4.62** The new Getting It Right pre-release programme being piloted by Thames Valley CRC would provide another opportunity to develop some basic thinking skills and promote better problem solving. The Sycamore Tree victim awareness programme had ended nationally and the need for an alternative programme had not yet been evidenced.

Recommendation

- 4.63** **The need for a replacement victim awareness programme should be explored and provision developed if appropriate.**

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** Data collection and analysis around incidents of violence, victimisation and bullying should be comprehensive and accurate so that managers understand what nature of violent and antisocial incidents, who is committing them, why and where. On the basis of the analysis action should be taken to make the prison safer. (S54)
- 5.2** Recommendations from Prisons and Probation Ombudsman reports should be actioned and reviewed to make sure that lessons are learned. The quality of assessment, care in custody and teamwork (ACCT) documents should be improved and evidence consistent case management, effective care planning and multidisciplinary input. (S55)
- 5.3** Dedicated forums should be held across protected characteristics to provide support and inform delivery. Equality data should be collated and analysed, and action should be taken to ensure that the needs of minority groups are met. (S56)
- 5.4** All sentenced prisoners and all remand prisoners who wish to work should be allocated to suitable learning and skills and work activities and should be required to attend. Failure to attend should be addressed. (S57)
- 5.5** Recommendation: Offender assessment system (OASys) assessments should be up to date, and categorisation and home detention curfew decisions should be completed on time to enable prisoners to progress. (S58)

Recommendations

To NOMS

- 5.6** The National Offender Management Service should ensure that the progression of category B sex offenders is not delayed owing to a lack of places nationally. (4.31)

Recommendations

To the governor

Early days in custody

- 5.7** Listeners and Insiders should be used routinely during the reception and first night processes to help settle in and advise new prisoners. (1.13)
- 5.8** Information should be available in a range of languages and a professional telephone interpreting service should be used when necessary. (1.14)

- 5.9** All prisoners should complete the induction programme promptly, attendance should be tracked and the course content should be comprehensive. (I.15)

Bullying and violence reduction

- 5.10** Young adults (especially those located on the sex offender unit) should be risk assessed to identify and manage any vulnerability. (I.22)

Self-harm and suicide

- 5.11** Prisoners on open ACCT documents who are located on the segregation unit should undergo an enhanced assessment to ensure that their location is appropriate, that sufficient consideration is given to their vulnerabilities and that a supportive regime is initiated. (I.29)

Safeguarding

- 5.12** The safeguarding policy should be reintroduced and fully implemented, and adults with safeguarding needs should be identified and appropriate care provided. (I.32)

Security

- 5.13** Closed visits should be applied only for reasons related directly to visits. (I.42)
- 5.14** The prison should establish a strategically coordinated, whole-prison approach to drug supply and demand reduction. (I.43)

Discipline

- 5.15** Adjudication data should be collated accurately and analysed for trends and to improve quality. (I.52)
- 5.16** All disciplinary hearings should be heard and dealt with on time. (I.53)
- 5.17** Governance of use of force should be rigorous, and data on trends and patterns used strategically to reduce the number of such incidents. (I.57)
- 5.18** The regime for prisoners on the segregation unit should be improved and include purposeful activities. (I.65)
- 5.19** Individual care and reintegration plans should be introduced to address the needs of segregated prisoners and plan for their return to normal location where appropriate. (I.66)

Substance misuse

- 5.20** Prescribing regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to national guidance. (I.76)
- 5.21** Opiate substitution medication should be administered at the same time on all days of the week, to ensure a consistent 24-hour interval between doses. (I.77)

Residential units

- 5.22** Cells designed for one prisoner should not be used to accommodate two. (2.7, repeated recommendation 2.15)
- 5.23** Damaged furniture should be replaced, toilets deep cleaned and descaled, and toilet lids provided. (2.8)
- 5.24** Showers should be suitably screened for privacy. (2.9)
- 5.25** A sufficient amount of prison-issue clothing and bedding should be available in all units. (2.10, repeated recommendation 2.16)
- 5.26** Applications should be tracked and monitored to ensure timely and good-quality replies. (2.11)
- 5.27** Incoming prisoners' mail should be delivered to the wings promptly. (2.12)

Staff-prisoner relationships

- 5.28** All personal officers should engage actively with prisoners, and case note entries should be routine, meaningful and subject to management oversight. (2.17)

Equality and diversity

- 5.29** The diversity strategy should be relaunched, based on a thorough needs assessment and with appropriate levels of management oversight. (2.23)
- 5.30** Discrimination incident report forms should be investigated thoroughly, and responses should be timely and their quality checked both by prison managers and an independent, external organisation. (2.24)
- 5.31** All prisoners with a disability should have a care plan, which should be reviewed periodically to ensure that it is being implemented and to identify any changes in their circumstances. Plans should be informed by all departments, especially health care, which have knowledge of these prisoners' needs. (2.38)
- 5.32** Prisoner carers should have clearly defined roles and their activities should be monitored to ensure the appropriateness of their work. (2.39)

Faith and religious activity

- 5.33** The negative perceptions of Muslim prisoners about access to chaplains should be explored and addressed. (2.46)

Complaints

- 5.34** Information about trends in complaints should be formally reviewed and used to inform management action to make improvements. (2.51)

Legal rights

- 5.35** Legal services should be available, especially for those on remand. (2.55)

Health services

- 5.36** Governance systems, including incident reviews, should be robust and supported by effective, regular joint clinical governance meetings and policies. (2.71)
- 5.37** All clinical areas should be decorated to a satisfactory standard and meet relevant cleaning and infection control standards. (2.72)
- 5.38** Patients should not wait excessive periods of time in waiting rooms prior to and following their health care appointments. (2.73, repeated recommendation 2.106)
- 5.39** Prisoners should have access to regular, systematic health promotion campaigns throughout the prison, including easy confidential access to barrier protection. (2.74)
- 5.40** Newly arrived prisoners should receive prompt initial health services in reception, followed by a comprehensive secondary screen within 72 hours. (2.81)
- 5.41** Discipline staff should supervise medication administration queues, to manage prisoner behaviour and reduce the risk of diversion. (2.88)
- 5.42** Prisoners should not wait more than six weeks for assessment and for routine dental treatment. (2.93)
- 5.43** Discipline staff should have regular mental health awareness training to enable them to identify and support prisoners with mental health problems. (2.100)
- 5.44** A comprehensive primary mental health service should be provided, offering a full range of support for prisoners with mild and moderate mental health problems, learning disabilities and attention-deficit hyperactivity disorder, including psychological therapies. (2.101)
- 5.45** Patients requiring a transfer under the Mental Health Act should be assessed promptly and transferred within the current transfer guidelines. (2.102)

Catering

- 5.46** Prisoners should be provided with an adequate breakfast, served on the day it is to be eaten. (2.109)
- 5.47** Lunch should not be served before noon. (2.110)

Purchases

- 5.48** Prisoners should be able to access a full shop order within 72 hours of arrival. (2.116)

Time out of cell

- 5.49** Prisoners should have access to daily exercise and evening association. (3.6)

Learning and skills and work activities

- 5.50** The prison should improve the quality improvement arrangements to include the observation of teaching and learning in industries and vocational workshops and by using the views of prisoners to inform the self-assessment process. (3.16)

- 5.51** Curriculum planning should be improved by using local market intelligence, by planning progression to receiving prisons and by analysing the needs of prisoners, particularly in industries and vocational workshops. (3.17)
- 5.52** The level of vocational qualifications available should be increased to enable prisoners to progress to higher levels. (3.22)
- 5.53** Links with employers should be increased, to provide prisoners with a better understanding of employment opportunities and workplace expectations. (3.23)
- 5.54** English and mathematics provision should be increased further to meet the needs of prisoners assessed with pre-entry and entry-level skills. (3.24)
- 5.55** The prison should improve planning for individual learning by setting prisoners detailed and challenging targets and by providing good-quality feedback on written work; staff should ensure that prisoners are clear about their progress and what they need to do to improve. (3.36)
- 5.56** Interactive learning technologies should be available in all classrooms and teachers should use this to improve the quality of teaching and learning. (3.37)
- 5.57** Formal, accredited training for classroom helpers/peer workers should be provided so that they can contribute more effectively in teaching and learning sessions. (3.38)
- 5.58** Prisoners' development of English and mathematics should be integrated into vocational training and work. (3.39)
- 5.59** Prisoners who start courses should be able to complete them. (3.43)
- 5.60** Outcomes for learners in functional skills English and mathematics should be improved. (3.44)
- 5.61** The level of skills development in industries should be increased and skills developed in work and vocational workshops should be accredited to improve prisoners' chances of employment after release. (3.45)
- 5.62** The prison should undertake a biannual library survey to assess how well the library is meeting the needs of the population. (3.49)

Physical education and healthy living

- 5.63** The outside pitch should be repaired and made available for use. (3.56)
- 5.64** The number of prisoners who use PE facilities should be increased and they should be allowed to use the small gym rooms attached to the residential wings. (3.57)

Strategic management of resettlement

- 5.65** All prisoners should be able to access help from the community rehabilitation company based in the prison, to deal with housing and debts problems at any point during their sentence. (4.7)
- 5.66** A reducing reoffending strategy, based on a comprehensive needs analysis, should be developed which reflects the complex population held at the establishment and the new

arrangements for resettlement support, and addresses the considerable weaknesses in offender management. (4.8)

Offender management and planning

- 5.67** Better data collection should be introduced and more management oversight provided to identify issues and tackle poor performance. (4.16)
- 5.68** All reviews of OASys should be thorough and include a comprehensive plan for managing the risk of harm. All departments should provide information to help to develop better sentence plan targets. (4.17)
- 5.69** P-Nomis should be used as the central recording system. (4.18)
- 5.70** Completed multi-agency public protection arrangements (MAPPA) F reports should include a better analysis of information to provide an assessment of progress made, changes in custodial behaviour and risk levels. (4.23)
- 5.71** Confirmation of the MAPPA management level should be sought six months before release and the interdepartmental risk management team meeting should provide better oversight of these cases, with attendance for all relevant departments. (4.24)
- 5.72** Categorisation reviews should clearly set out specific and achievable targets for the prisoner. (4.29)
- 5.73** Prisoner transfers should be given a higher priority and be informed by sentence plan targets to promote progression. (4.30)
- 5.74** Indeterminate-sentenced prisoners (ISPs) should not stay at the establishment for too long and more support should be provided, including a system to identify and support potential ISPs throughout their remand period. (4.34)

Reintegration planning

- 5.75** The effectiveness of the new arrangements for providing housing advice and help should be measured. (4.41)
- 5.76** Through links with employers and outside agencies, and attendance at good-quality resettlement classes, prisoners should be prepared for, informed about and supported to find employment, training and education on release. (4.43)
- 5.77** A robust system to monitor the progression of prisoners post-release should be introduced and the data used to evaluate the impact of the National Careers Service provision on prisoners. (4.44)
- 5.78** All prisoners should have access to a comprehensive range of debt and finance support and advice, including case management and the opening of bank accounts before release. (4.50)
- 5.79** The nature and extent of prisoners' needs to re-establish or maintain contact with children and families should be established and steps taken to meet these needs. (4.59, repeated recommendation 4.61)
- 5.80** The need for a replacement victim awareness programme should be explored and provision developed if appropriate. (4.63)

Housekeeping points

Legal rights

- 5.81** The availability of the 'Access to Justice' equipment should be publicised to prisoners. (2.56)

Health services

- 5.82** Consultations should occur in private, with the door closed, unless an individual recorded risk assessment indicates otherwise. (2.75)
- 5.83** Prisoners should be able to complain about health services through a well-publicised, confidential system, and neither the complaints nor the responses should be included in clinical records. (2.76)
- 5.84** Prisoners should be discharged from the inpatient unit with a clear, regularly reviewed care plan for wing nurses and discipline staff to follow. (2.82)
- 5.85** Drug refrigerators should be monitored appropriately and requisite remedial action taken and recorded when required. (2.89)
- 5.86** In-possession risk assessments should be reviewed regularly and should clearly document the rationale for all administration decisions. (2.90)
- 5.87** The dental suite should include a magnifying light to ensure adequate cleaning. (2.94)
- 5.88** All dental equipment should be serviced and monitored adequately. (2.95)

Catering

- 5.89** Food trolleys should be kept clean. (2.111)

Examples of good practice

Bullying and violence reduction

- 5.90** The support mentoring unit provided identification of, and support for, prisoners struggling to cope with custody, and planned their reintegration onto normal location. (1.23)

Health services

- 5.91** The comprehensive dietician services improved outcomes for prisoners who needed specialist input. (2.83)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Alison Perry	Team leader
Paul Rowlands	Inspector
Andrew Rooke	Inspector
Sandra Fieldhouse	Inspector
Gordon Riach	Inspector
Gary Boughen	Inspector
Rachel Prime	Researcher
Collette Daoud	Researcher
Rachel Murray	Senior researcher

Specialist inspectors

Paul Roberts	Substance misuse inspector
Majella Pearce	Health services inspector
Barry Cohen	Pharmacist
Denise Olander	Ofsted inspector
Nick Crombie	Ofsted inspector
Shahram Safavi	Ofsted inspector
Vivienne Clarke	Offender management inspector
Jo Dowling	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, reception was unwelcoming and there were delays in the process. First night and induction arrangements were reasonable. The majority of prisoners felt safe but some reported feeling victimised. Processes to manage bullies needed improvement. The number of incidents was low. The management of prisoners subject to assessment, care in custody and teamwork (ACCT) documents was reasonable. Security was generally proportionate. The positive mandatory drug testing (MDT) rate was low. There was a focus on using the incentives and earned privileges (IEP) scheme but staff were sometimes too punitive. The number of adjudications was decreasing. Use of force was generally well managed but we had significant concerns about a case where a hood and body belt was used. Special accommodation was rarely used. The segregation regime was limited. Substance use services were well developed. On the basis of this inspection, we considered that outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

Managers should clearly outline the violence reduction strategy, which should include a more coordinated approach between key departments, accurate and consistent data analysis and ownership by residential staff of processes to manage bullying. (HP56)

Not achieved (recommendation repeated, S54)

Recommendations

Restraints should only be used if they are justified by risk assessment. (1.7)

Achieved

Reception should be clean and welcoming. TVs and reading material, as well as sufficient seating, should be available in all holding rooms. (1.20)

Achieved

Prisoners should be offered a shower in reception if they arrive too late to have one on the first night unit, and before going to court. (1.21)

Achieved

Prisoners should not be held in vehicles outside reception, and should be held in reception for as short a time as possible. (1.22)

Achieved

The prison should investigate prisoner perceptions of victimisation and develop an action plan to address any issues identified. (1.35)

Not achieved

Interventions should be developed to address bullying and antisocial behaviour and to provide support for victims. (I.36)

Partially achieved

There should be stronger governance of the work of the violence reduction representatives. (I.37)

No longer relevant

The National Offender Management Service should commission an investigation into the deaths of prisoners shortly after release where there has not been an investigation by the Prisons and Probation Ombudsman. (I.47)

Not achieved

ACCT procedures should be improved to ensure they are multidisciplinary and consistent, so that the issues in more complex cases can be identified. (I.48)

Not achieved

Recording of the use of the gated cell in the health care unit should be improved and its use monitored by the safer custody meeting. (I.49)

Achieved

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes, including a formal safeguarding policy for adults at risk in line with the 'No secrets' definition (Department of Health 2000). (I.54)

Partially achieved

The prison should ensure that squat searches are intelligence-led and appropriately authorised in advance. (I.64)

Achieved

The prison should ensure that intelligence is used to inform whether searches, closed visits for non-visits related activity and security arrangements for category D prisoners are appropriate. (I.65)

Partially achieved

Management quality checks of the IEP scheme should ensure consistency of the scheme across the prison. (I.72)

Not achieved

Unofficial or collective punishments should not be used. (I.79)

Achieved

Scrutiny arrangements for all use of force incidents should be improved. (I.84)

Partially achieved

Only approved restraint techniques should be used and use of force should only be used proportionately. (I.85)

Achieved

The segregation regime should be improved to provide more opportunities for purposeful activity and meaningful interaction with others, particularly those held for prolonged periods of time. (I.91)

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2012, residential units were clean but many prisoners were sharing cells designed for one. Staff-prisoner relationships were generally respectful, but many prisoners complained about the approach of a small number of officers. Diversity was reasonably well managed although minority groups were less positive in our survey. More needed to be done to support foreign national prisoners, and those with disabilities. Faith services were good. General complaints were dealt with well but some of the responses to those made against staff were unacceptable. Health services were in need of improvement and modernisation but dental and mental health services were good. The processes supporting the prescribing of in-possession medication needed urgent attention. The food was unpopular with prisoners. On the basis of this inspection, we considered that outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Senior prison managers should investigate the complaints made by prisoners about a small number of staff and take appropriate action to address any issues. (HP57)

Achieved

The in-possession policy should be implemented; daily in-possession medication should only be used after a risk assessment indicates it is appropriate. (HP58)

Partially achieved

Recommendations

Cells designed for one prisoner should not be used to accommodate two. (2.14)

Not achieved (recommendation repeated 2.7)

Missing and damaged windows, toilet seats, televisions and furniture in cells across the prison, including in segregation, should be replaced. (2.15)

Partially achieved

A sufficient amount of prison-issue clothing and bedding should be available in all units. (2.16)

Not achieved (recommendation repeated, 2.10)

Managers should check response times to cell call bells and the automated system for monitoring cell calls in the Finmere unit should be re-activated. (2.17)

Partially achieved

The equality strategy should be based on a needs analysis of all protected characteristics. (2.34)

Not achieved

All functional areas should be represented at BEAT meetings, and data relating to all protected characteristics should be routinely monitored and discussed. (2.35)

Achieved

There should be focus groups for foreign national prisoners, and they should be aware of their entitlements and the regimes and services of the prison. (2.50)

Not achieved

Managers should explore the reasons for the poorer perceptions of different groups of prisoners, particularly the dissatisfaction expressed by prisoners with disabilities. (2.51)

Not achieved

Pay for retired prisoners and those unable to work should be sufficient for those who do not have another source of income. (2.52)

Achieved

Prisoners' access to corporate worship and chaplaincy groups should not be curtailed. (2.64)

Achieved

A senior manager should respond to all complaints about staff and include evidence of a full investigation. (2.73)

Achieved

The roles of assistant practitioners should be extended to enable better access to qualified nursing and medical staff for prisoners. (2.91)

Achieved

Clinical staff should have access to ongoing and documented clinical supervision. (2.92) **Achieved**

The clinical management of patients with long-term conditions should be recorded in care plans; care plans should be subject to clinical audit. (2.93)

Partially achieved

The health centre waiting room should be made more welcoming and be used to promote health. (2.94)

Partially achieved

Patients should not wait excessive periods of time in waiting rooms prior to and following their health care appointments. (2.106)

Not achieved (recommendation repeated, 2.73)

Waiting times for non-urgent GP appointments should be reduced. (2.107)

Achieved

There should be a wider range of nurse-led clinics to improve access for patients with long-term conditions. (2.108)

Achieved

Action should be taken to reduce the time lost due to patients failing to attend appointments. (2.109)

Partially achieved

Beds in the HCU should not form part of the CNA. (2.110)

Achieved

Patients in the HCU should have a therapeutic day with time unlocked at least equivalent to that provided to prisoners on the units. (2.111)

Achieved

Care should be taken to maintain full and complete records of the administration of medicines; non-attendance and non-compliance should be followed up. (2.125)

Achieved

The partnership board should ensure that systems for the supply of over the counter medications are pragmatic and commensurate with good practice. (2.126)

Achieved

The medicines and therapeutics committee should ensure that named patient medication is used wherever possible. The use of general stock should be audited and stock supplied reconciled against prescriptions issued. (2.127)

Achieved

The medicines and therapeutics committee should meet on a regular basis and all stakeholders should attend. Pharmacy procedures and policies should be formally adopted via the committee. All staff should read, sign and follow the agreed adopted procedures. (2.128)

Achieved

The security of medicines and controlled drugs cabinet keys should be improved. (2.129)

Achieved

The transfer of patients to external health care beds should be expedited and occur within Department of Health transfer guidelines timescales. (2.144)

Partially achieved

Additional counselling services should be provided. (2.145)

Not achieved

Lunch should be served between noon and 1.30pm and the evening meal between 5pm and 6.30pm. (2.152)

Partially achieved

There should be better oversight of serveries to improve compliance with food safety regulations, cleanliness and religious requirements. (2.153)

Achieved

Products on the shop list should reflect prices on the high street and managers should investigate why some minority prisoner groups are less positive about the canteen list and take remedial action as necessary. (2.160)

Partially achieved

Purposeful activity

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

At the last inspection, in 2012, time out of cell was reasonable but for prisoners without an activity it was poor. Association was rarely cancelled but there was slippage in the implementation of the core day and opportunity for exercise outdoors was limited. There was a good strategic lead for learning and skills and day-to-day management was good, but this was undermined by limitations in quality assurance mechanisms. Activity places had increased and attendance had improved but there were insufficient places for all prisoners. The allocation process was fair. The quality of provision was mixed and some work was mundane. There was good use of peer mentors but opportunities to accredit this were missed. Achievement in education was good but with a limited range of qualifications and some teaching needed to improve. Access to the library and gym were good. On the basis of this inspection, we considered that outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

The number of activity places available (particularly in vocational training) to ensure that all prisoners have opportunities to improve their employability skills should be increased to meet the needs of the population held. (HP59)

Achieved

Recommendations

Time out of cell should be improved for those who are not involved in activities. (3.8)

Achieved

Prisoners should have the opportunity for at least one hour of exercise in the open air every day. (3.9)

Achieved

The self-assessment of learning and skills and work process should be developed so that staff have a good understanding of how it links to quality improvement. (3.17)

Not achieved

The collection and analysis of data to provide information about performance at course level, particularly in vocational training, should be improved. (3.18)

Partially achieved

Prisoners should not lose out financially when they need to attend an education course or an offending behaviour programme. (3.22)

Achieved

The overall quality of teaching should be improved. (3.29)

Partially achieved

Learners' short term targets should be clear and measurable and relate to their individual needs. (3.30)

Not achieved

The range of vocational accredited courses with opportunities to progress to higher levels should be improved. (3.31)

Not achieved

A system to record personal and employability skills development that are not formally accredited should be introduced. (3.39)

Not achieved

Achievement on lower performing courses such as personal and social development and construction programmes should be improved. (3.40)

Achieved

A library survey should be conducted to assess how well the library is meeting the needs of prisoners. (3.43)

Not achieved

The sports hall floor should be repaired; there should be more shower facilities and measures should be taken to ensure that prisoners have privacy while showering in the gym. (3.49)

Partially achieved

Accredited courses in PE should be reintroduced. (3.50)

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, strategic management of resettlement was good and responses to our survey were positive. Some high risk prisoners were not being managed effectively. There was a backlog in offender assessment system (OASys) assessments and delays in some other sentence management work. The integrated offender management pilot was an excellent initiative. There were good arrangements on arrival and pre-release to assess and meet needs. Release on temporary licence was not being used, but public protection was well managed. There were delays in making decisions concerning home detention curfew and categorisation. There was some good provision around most of the resettlement pathways. There was a particularly good range of well managed offending behaviour programmes. On the basis of this inspection, we considered that outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

All prisoners should have an initial OASys assessment within eight weeks of sentencing, and all other offender management tasks, including re-categorisation decisions, should be completed on time.

(HP60)

Not achieved

Recommendations

Personal officers should be aware of the sentence planning targets and resettlement objectives that apply to prisoners on their caseload and should encourage prisoners to work towards them. (4.7)

Not achieved

More use should be made of ROTL to prepare category C prisoners for release, particularly to rebuild family ties and improve employment opportunities. (4.8)

Not achieved

The caseloads allocated to offender supervisors should permit levels of offender supervision appropriate to individual risk and need. (4.20)

Not achieved

HDC decisions should be made to enable qualifying prisoners to be released on or near their eligibility date. (4.21)

No longer relevant

Management supervision of individual offender supervisors, and of assessment and sentence planning in all high risk of harm or child protection cases, should be strengthened to improve quality of delivery. (4.22)

Not achieved

Pre-release OASys interviews should be integrated with the pre-release club. (4.36)

No longer relevant

All prisoners should have access to an individual careers information and advice interview prior to release. (4.43)

Partially achieved

All prisoners should have the opportunity to have a health care assessment prior to release, including assistance to find a GP in the community if required. (4.46)

Achieved

Arrangements for booking visits should be improved. (4.60)

Achieved

The nature and extent of prisoners' needs to re-establish or maintain contact with children and families should be established and steps taken to meet these needs. (4.61)

Not achieved (recommendation repeated, 4.59)

The need for additional victim awareness interventions should be assessed and met accordingly. (4.67)

Not achieved

Appendix III: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	6	650	59.5
Recall	1	84	7.7
Convicted unsentenced	0	39	3.5
Remand	11	195	18.7
Civil prisoners	0	0	0
Detainees	0	9	0.8
Total	20	1082	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	13	271	25.8
Less than six months	1	74	6.8
six months to less than 12 months	1	33	3.1
12 months to less than 2 years	0	117	10.6
2 years to less than 4 years	2	210	22
4 years to less than 10 years	3	170	15.7
10 years and over (not life)	0	46	4.2
ISPP (indeterminate sentence for public protection)	0	78	7.1
Life	0	83	14.6
Total	20	1082	100

Age	Number of prisoners	%
Please state minimum age here: 18	0	0
Under 21 years	20	1.8
21 years to 29 years	401	36.4
30 years to 39 years	335	30.4
40 years to 49 years	199	18.1
50 years to 59 years	95	8.6
60 years to 69 years	35	3.2
70 plus years	17	1.5
Please state maximum age here: 81	0	0
Total	1102	100

Nationality	18–20-year-olds	21 and over	%
British	17	940	86
Foreign nationals	2	125	11.5
Not stated	1	17	1.6
Total	20	1082	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	6	70	6.9
Uncategorised sentenced	10	244	23
Category A	0	0	0
Category B	0	63	5.7
Category C	0	665	60.3
Category D	0	39	3.5
Other	4	1	0.5
Total	20	1082	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British	12	717	66.2
Irish	0	11	1.0
Gypsy/Irish Traveller	1	8	0.8
Other white	2	56	5.3
Mixed			
White and black Caribbean	1	24	2.3
White and black African	2	52	4.9
White and Asian	0	6	0.5
Other mixed	0	7	0.6
Asian or Asian British			
Indian	0	28	2.5
Pakistani	1	38	3.5
Bangladeshi	0	4	0.4
Chinese	0	2	0.2
Other Asian	0	23	2.1
Black or black British			
Caribbean	0	53	4.8
African	2	52	4.9
Other black	1	21	2.0
Other ethnic group			
Arab	0	2	0.2
Other ethnic group	0	6	0.5
Not stated			
Total	20	1082	100

Religion	18–20-year-olds	21 and over	%
Baptist	0	0	0
Church of England	1	177	16.2
Roman Catholic	2	212	19.4
Other Christian denominations	7	176	16.6
Muslim	4	169	15.7
Sikh	0	13	1.2
Hindu	0	6	0.5
Buddhist	0	15	1.4
Jewish	0	4	0.4
Other	0	13	1.2
No religion	5	274	25.3
Total	20	1082	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)	0	8	
Total	0	8	0.73

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	2	0.2	140	12.7
1 month to 3 months	5	0.5	220	20
3 months to six months	0	0	169	15.3
six months to 1 year	0	0	145	13.2
1 year to 2 years	0	0	67	6.1
2 years to 4 years	0	0	53	4.8
4 years or more	0	0	17	1.5
Total	7	0.6	811	73.6

Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/ restrictions).	4	415	38
Total	4	415	38

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	11	3.9	109	38.4
1 month to 3 months	1	0.4	86	30.3
3 months to six months	1	0.4	57	20.1
six months to 1 year	0	0	18	6.3
1 year to 2 years	0	0	1	0.4
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	13	1.2	271	24.6

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

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

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 15 June 2015 the prisoner population at HMP Bullingdon was 1,111. Using the method described above, questionnaires were distributed to a sample of 238 prisoners.

We received a total of 219 completed questionnaires, a response rate of 92%. This included three questionnaires completed via interview. Three respondents refused to complete a questionnaire, 10 questionnaires were not returned and six were returned blank.

Wing/Unit	Number of completed survey returns
A	39
B	38
C	38
D	38
E	39
F	19
Health care	3
Segregation unit	5

Presentation of survey results and analyses

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

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

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Bullingdon in 2015 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 33 local prisons since April 2012.
- The current survey responses from HMP Bullingdon in 2015 compared with the responses of prisoners surveyed at HMP Bullingdon 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 those who are British nationals and those who are foreign nationals.
- A comparison within the 2015 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2015 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2015 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2015 survey between the vulnerable prisoner wing (E) and the rest of the establishment.

Survey summary

Section I: About You

Q1.1	What wing or houseblock are you currently living on? See shortened methodology	
Q1.2	How old are you?	
	<i>Under 21</i>	5 (2%)
	<i>21 - 29</i>	86 (39%)
	<i>30 - 39</i>	67 (31%)
	<i>40 - 49</i>	34 (16%)
	<i>50 - 59</i>	15 (7%)
	<i>60 - 69</i>	9 (4%)
	<i>70 and over</i>	3 (1%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	151 (69%)
	<i>Yes - on recall</i>	20 (9%)
	<i>No - awaiting trial</i>	30 (14%)
	<i>No - awaiting sentence</i>	15 (7%)
	<i>No - awaiting deportation</i>	3 (1%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	48 (22%)
	<i>Less than 6 months</i>	17 (8%)
	<i>6 months to less than 1 year</i>	17 (8%)
	<i>1 year to less than 2 years</i>	26 (12%)
	<i>2 years to less than 4 years</i>	45 (21%)
	<i>4 years to less than 10 years</i>	27 (13%)
	<i>10 years or more</i>	8 (4%)
	<i>IPP (indeterminate sentence for public protection)</i>	16 (7%)
	<i>Life</i>	11 (5%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship).	
	<i>Yes</i>	23 (11%)
	<i>No</i>	194 (89%)
Q1.6	Do you understand spoken English?	
	<i>Yes</i>	216 (99%)
	<i>No</i>	2 (1%)
Q1.7	Do you understand written English?	
	<i>Yes</i>	211 (97%)
	<i>No</i>	7 (3%)

Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	136 (63%)	<i>Asian or Asian British - Chinese</i> 2 (1%)
	<i>White - Irish</i>	6 (3%)	<i>Asian or Asian British - other</i> 3 (1%)
	<i>White - other</i>	17 (8%)	<i>Mixed race - white and black Caribbean</i> 7 (3%)
	<i>Black or black British - Caribbean</i>	10 (5%)	<i>Mixed race - white and black African</i> 4 (2%)
	<i>Black or black British - African</i>	6 (3%)	<i>Mixed race - white and Asian</i> 1 (0%)
	<i>Black or black British - other</i>	3 (1%)	<i>Mixed race - other</i> 2 (1%)
	<i>Asian or Asian British - Indian</i>	7 (3%)	<i>Arab</i> 0 (0%)
	<i>Asian or Asian British - Pakistani</i>	8 (4%)	<i>Other ethnic group</i> 4 (2%)
	<i>Asian or Asian British - Bangladeshi</i>	1 (0%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	<i>Yes</i>		20 (9%)
	<i>No</i>		193 (91%)
Q1.10	What is your religion?		
	<i>None</i>	66 (31%)	<i>Hindu</i> 3 (1%)
	<i>Church of England</i>	59 (27%)	<i>Jewish</i> 1 (0%)
	<i>Catholic</i>	47 (22%)	<i>Muslim</i> 23 (11%)
	<i>Protestant</i>	1 (0%)	<i>Sikh</i> 4 (2%)
	<i>Other Christian denomination</i>	4 (2%)	<i>Other</i> 5 (2%)
	<i>Buddhist</i>	2 (1%)	
Q1.11	How would you describe your sexual orientation?		
	<i>Heterosexual/ Straight</i>		207 (98%)
	<i>Homosexual/Gay</i>		1 (0%)
	<i>Bisexual</i>		3 (1%)
Q1.12	Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs).		
	<i>Yes</i>		40 (18%)
	<i>No</i>		178 (82%)
Q1.13	Are you a veteran (ex- armed services)?		
	<i>Yes</i>		8 (4%)
	<i>No</i>		206 (96%)
Q1.14	Is this your first time in prison?		
	<i>Yes</i>		77 (36%)
	<i>No</i>		139 (64%)
Q1.15	Do you have children under the age of 18?		
	<i>Yes</i>		102 (47%)
	<i>No</i>		115 (53%)

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>	116 (53%)
	<i>2 hours or longer</i>	90 (41%)
	<i>Don't remember</i>	12 (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>	116 (53%)
	Yes	57 (26%)
	No	38 (18%)
	Don't remember	6 (3%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	116 (53%)
	Yes	12 (6%)
	No	87 (40%)
	Don't remember	3 (1%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	127 (58%)
	No	72 (33%)
	Don't remember	20 (9%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	162 (75%)
	No	51 (24%)
	Don't remember	4 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	49 (22%)
	Well	100 (46%)
	Neither	51 (23%)
	Badly	7 (3%)
	Very badly	7 (3%)
	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	129 (59%)
	Yes, I received written information	22 (10%)
	No, I was not told anything	59 (27%)
	Don't remember	10 (5%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	166 (76%)
	No	39 (18%)
	Don't remember	13 (6%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	58 (27%)
	<i>2 hours or longer</i>	139 (64%)
	Don't remember	21 (10%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	173 (82%)
	No	30 (14%)
	Don't remember	9 (4%)

Q3.3	Overall, how were you treated in reception?			
	Very well		28 (13%)	
	Well		99 (46%)	
	Neither		53 (25%)	
	Badly		19 (9%)	
	Very badly		11 (5%)	
	Don't remember		4 (2%)	
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)			
	Loss of property	50 (24%)	Physical health	35 (17%)
	Housing problems	44 (21%)	Mental health	31 (15%)
	Contacting employers	12 (6%)	Needing protection from other prisoners	9 (4%)
	Contacting family	55 (26%)	Getting phone numbers	58 (28%)
	Childcare	7 (3%)	Other	8 (4%)
	Money worries	41 (20%)	Did not have any problems	65 (31%)
	Feeling depressed or suicidal	39 (19%)		
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?			
	Yes		36 (18%)	
	No		104 (51%)	
	Did not have any problems		65 (32%)	
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)			
	Tobacco		123 (57%)	
	A shower		43 (20%)	
	A free telephone call		102 (47%)	
	Something to eat		149 (69%)	
	PIN phone credit		89 (41%)	
	Toiletries/ basic items		107 (50%)	
	Did not receive anything		24 (11%)	
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)			
	Chaplain		76 (36%)	
	Someone from health services		130 (61%)	
	A Listener/Samaritans		43 (20%)	
	Prison shop/ canteen		27 (13%)	
	Did not have access to any of these		55 (26%)	
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)			
	What was going to happen to you		104 (50%)	
	What support was available for people feeling depressed or suicidal		62 (30%)	
	How to make routine requests (applications)		71 (34%)	
	Your entitlement to visits		62 (30%)	
	Health services		91 (44%)	
	Chaplaincy		74 (36%)	
	Not offered any information		70 (34%)	
Q3.9	Did you feel safe on your first night here?			
	Yes		166 (77%)	
	No		39 (18%)	
	Don't remember		10 (5%)	

Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	34 (16%)
	<i>Within the first week</i>	113 (53%)
	<i>More than a week</i>	50 (23%)
	<i>Don't remember</i>	17 (8%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	34 (16%)
	<i>Yes</i>	88 (42%)
	<i>No</i>	61 (29%)
	<i>Don't remember</i>	29 (14%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	49 (23%)
	<i>Within the first week</i>	52 (25%)
	<i>More than a week</i>	78 (37%)
	<i>Don't remember</i>	32 (15%)

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 (10%)	51 (25%)	31 (15%)	49 (24%)	33 (16%) 21 (10%)
	<i>Attend legal visits?</i>	28 (14%)	75 (38%)	23 (12%)	22 (11%)	14 (7%) 33 (17%)
	<i>Get bail information?</i>	6 (3%)	22 (12%)	26 (14%)	36 (20%)	33 (18%) 61 (33%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	<i>Not had any letters</i>					22 (11%)
	<i>Yes</i>					105 (51%)
	<i>No</i>					80 (39%)
Q4.3	Can you get legal books in the library?					
	<i>Yes</i>					91 (43%)
	<i>No</i>					10 (5%)
	<i>Don't know</i>					110 (52%)
4.4	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>	104 (49%)	102 (48%)	5 (2%)		
	<i>Are you normally able to have a shower every day?</i>	193 (91%)	16 (8%)	3 (1%)		
	<i>Do you normally receive clean sheets every week?</i>	149 (71%)	54 (26%)	6 (3%)		
	<i>Do you normally get cell cleaning materials every week?</i>	134 (64%)	70 (33%)	6 (3%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	42 (20%)	146 (70%)	20 (10%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	133 (63%)	73 (35%)	4 (2%)		
	<i>If you need to, can you normally get your stored property?</i>	40 (19%)	114 (54%)	56 (27%)		
Q4.5	What is the food like here?					
	<i>Very good</i>					3 (1%)
	<i>Good</i>					28 (13%)
	<i>Neither</i>					45 (21%)
	<i>Bad</i>					61 (29%)
	<i>Very bad</i>					73 (35%)

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>	11 (5%)
	Yes	110 (52%)
	No	91 (43%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	131 (62%)
	No	21 (10%)
	<i>Don't know</i>	59 (28%)
Q4.8	Are your religious beliefs respected?	
	Yes	107 (50%)
	No	28 (13%)
	<i>Don't know/ N/A</i>	78 (37%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	113 (54%)
	No	20 (10%)
	<i>Don't know/ N/A</i>	77 (37%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	44 (21%)
	Very easy	45 (21%)
	Easy	61 (29%)
	Neither	12 (6%)
	Difficult	16 (8%)
	Very difficult	6 (3%)
	<i>Don't know</i>	28 (13%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	152 (73%)
	No	41 (20%)
	<i>Don't know</i>	14 (7%)
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?	15 (8%) 81 (42%) 98 (51%)
	Are <i>applications</i> dealt with quickly (within seven days)?	15 (8%) 49 (26%) 122 (66%)
Q5.3	Is it easy to make a complaint?	
	Yes	117 (57%)
	No	43 (21%)
	<i>Don't know</i>	45 (22%)
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?	84 (42%) 29 (15%) 86 (43%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	84 (43%) 31 (16%) 81 (41%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	36 (19%)
	No	158 (81%)

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>	66 (33%)
	<i>Very easy</i>	24 (12%)
	<i>Easy</i>	34 (17%)
	<i>Neither</i>	37 (18%)
	<i>Difficult</i>	26 (13%)
	<i>Very difficult</i>	15 (7%)

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>	30 (14%)
	<i>Yes</i>	78 (38%)
	<i>No</i>	71 (34%)
	<i>Don't know</i>	28 (14%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	30 (15%)
	<i>Yes</i>	83 (41%)
	<i>No</i>	68 (33%)
	<i>Don't know</i>	23 (11%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	15 (7%)
	<i>No</i>	194 (93%)
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>	164 (82%)
	<i>Very well</i>	6 (3%)
	<i>Well</i>	7 (3%)
	<i>Neither</i>	6 (3%)
	<i>Badly</i>	7 (3%)
	<i>Very badly</i>	11 (5%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	155 (74%)
	<i>No</i>	55 (26%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	134 (65%)
	<i>No</i>	71 (35%)
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>	54 (26%)
	<i>No</i>	154 (74%)

Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	10 (5%)
	<i>Never</i>	54 (26%)
	<i>Rarely</i>	58 (28%)
	<i>Some of the time</i>	49 (24%)
	<i>Most of the time</i>	19 (9%)
	<i>All of the time</i>	16 (8%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	120 (57%)
	<i>In the first week</i>	37 (18%)
	<i>More than a week</i>	41 (20%)
	<i>Don't remember</i>	11 (5%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	120 (58%)
	<i>Very helpful</i>	34 (16%)
	<i>Helpful</i>	27 (13%)
	<i>Neither</i>	10 (5%)
	<i>Not very helpful</i>	9 (4%)
	<i>Not at all helpful</i>	7 (3%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	<i>Yes</i>	92 (44%)		
	<i>No</i>	118 (56%)		
Q8.2	Do you feel unsafe now?			
	<i>Yes</i>	41 (20%)		
	<i>No</i>	163 (80%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	118 (59%)	<i>At meal times</i>	12 (6%)
	<i>Everywhere</i>	30 (15%)	<i>At health services</i>	8 (4%)
	<i>Segregation unit</i>	9 (5%)	<i>Visits area</i>	12 (6%)
	<i>Association areas</i>	27 (14%)	<i>In wing showers</i>	24 (12%)
	<i>Reception area</i>	9 (5%)	<i>In gym showers</i>	10 (5%)
	<i>At the gym</i>	10 (5%)	<i>In corridors/stairwells</i>	13 (7%)
	<i>In an exercise yard</i>	23 (12%)	<i>On your landing/wing</i>	25 (13%)
	<i>At work</i>	7 (4%)	<i>In your cell</i>	18 (9%)
	<i>During movement</i>	25 (13%)	<i>At religious services</i>	8 (4%)
	<i>At education</i>	8 (4%)		
Q8.4	Have you been victimised by other prisoners here?			
	<i>Yes</i>	71 (33%)		
	<i>No</i>	142 (67%)		

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>	29 (14%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	27 (13%)
	<i>Sexual abuse</i>	4 (2%)
	<i>Feeling threatened or intimidated</i>	39 (18%)
	<i>Having your canteen/property taken</i>	24 (11%)
	<i>Medication</i>	11 (5%)
	<i>Debt</i>	9 (4%)
	<i>Drugs</i>	13 (6%)
	<i>Your race or ethnic origin</i>	8 (4%)
	<i>Your religion/religious beliefs</i>	5 (2%)
	<i>Your nationality</i>	4 (2%)
	<i>You are from a different part of the country than others</i>	5 (2%)
	<i>You are from a traveller community</i>	4 (2%)
	<i>Your sexual orientation</i>	4 (2%)
	<i>Your age</i>	6 (3%)
	<i>You have a disability</i>	4 (2%)
	<i>You were new here</i>	13 (6%)
	<i>Your offence/ crime</i>	11 (5%)
	<i>Gang related issues</i>	10 (5%)
Q8.6	Have you been victimised by staff here?	
	Yes	71 (34%)
	No	138 (66%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	23 (11%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	19 (9%)
	<i>Sexual abuse</i>	3 (1%)
	<i>Feeling threatened or intimidated</i>	29 (14%)
	<i>Medication</i>	9 (4%)
	<i>Debt</i>	6 (3%)
	<i>Drugs</i>	7 (3%)
	<i>Your race or ethnic origin</i>	12 (6%)
	<i>Your religion/religious beliefs</i>	7 (3%)
	<i>Your nationality</i>	4 (2%)
	<i>You are from a different part of the country than others</i>	2 (1%)
	<i>You are from a traveller community</i>	6 (3%)
	<i>Your sexual orientation</i>	3 (1%)
	<i>Your age</i>	7 (3%)
	<i>You have a disability</i>	3 (1%)
	<i>You were new here</i>	10 (5%)
	<i>Your offence/ crime</i>	11 (5%)
	<i>Gang related issues</i>	3 (1%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	114 (58%)
	Yes	32 (16%)
	No	49 (25%)

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	22 (11%)	9 (4%)	37 (18%)	20 (10%)	73 (35%)	46 (22%)
	The nurse	23 (11%)	24 (12%)	75 (37%)	20 (10%)	41 (20%)	21 (10%)
	The dentist	43 (22%)	1 (1%)	16 (8%)	12 (6%)	62 (31%)	66 (33%)
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	27 (13%)	14 (7%)	52 (25%)	31 (15%)	42 (20%)	40 (19%)
	The nurse	23 (11%)	19 (9%)	59 (29%)	29 (14%)	32 (16%)	42 (21%)
	The dentist	65 (33%)	14 (7%)	26 (13%)	19 (10%)	30 (15%)	46 (23%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						14 (7%)
	<i>Very good</i>						8 (4%)
	<i>Good</i>						45 (23%)
	<i>Neither</i>						44 (22%)
	<i>Bad</i>						39 (20%)
	<i>Very bad</i>						50 (25%)
Q9.4	Are you currently taking medication?						
	Yes						100 (48%)
	No						109 (52%)
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>						109 (52%)
	<i>Yes, all my meds</i>						53 (25%)
	<i>Yes, some of my meds</i>						19 (9%)
	<i>No</i>						27 (13%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						62 (30%)
	No						147 (70%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff).						
	<i>Do not have any emotional or mental health problems</i>						147 (71%)
	Yes						22 (11%)
	No						37 (18%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	65 (31%)
	No	145 (69%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	48 (23%)
	No	159 (77%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	59 (29%)
	Easy	21 (10%)
	Neither	15 (7%)
	Difficult	7 (3%)
	Very difficult	8 (4%)
	Don't know	95 (46%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	26 (13%)
	Easy	23 (11%)
	Neither	21 (10%)
	Difficult	9 (4%)
	Very difficult	18 (9%)
	Don't know	109 (53%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	25 (12%)
	No	184 (88%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	11 (5%)
	No	195 (95%)
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>	137 (68%)
	Yes	34 (17%)
	No	30 (15%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	<i>Did not / do not have an alcohol problem</i>	159 (78%)
	Yes	23 (11%)
	No	22 (11%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	156 (78%)
	Yes	30 (15%)
	No	14 (7%)

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 (12%)	8 (4%)	55 (27%)	23 (11%)	48 (23%)	47 (23%)
	Vocational or skills training	46 (23%)	9 (4%)	46 (23%)	32 (16%)	39 (19%)	30 (15%)
	Education (including basic skills)	25 (12%)	19 (9%)	82 (40%)	29 (14%)	27 (13%)	21 (10%)
	Offending behaviour programmes	54 (27%)	9 (4%)	31 (15%)	30 (15%)	44 (22%)	35 (17%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>					76 (38%)	
	Prison job					86 (43%)	
	Vocational or skills training					11 (6%)	
	Education (including basic skills)					46 (23%)	
	Offending behaviour programmes					15 (8%)	

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	57 (31%)	48 (26%)	57 (31%)	21 (11%)
	Vocational or skills training	71 (44%)	41 (25%)	34 (21%)	17 (10%)
	Education (including basic skills)	59 (33%)	55 (31%)	45 (25%)	19 (11%)
	Offending behaviour programmes	71 (42%)	44 (26%)	31 (18%)	22 (13%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				30 (15%)
	<i>Never</i>				45 (22%)
	<i>Less than once a week</i>				56 (28%)
	<i>About once a week</i>				67 (33%)
	<i>More than once a week</i>				5 (2%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				74 (37%)
	<i>Yes</i>				88 (44%)
	<i>No</i>				40 (20%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				49 (24%)
	<i>0</i>				37 (18%)
	<i>1 to 2</i>				32 (16%)
	<i>3 to 5</i>				75 (37%)
	<i>More than 5</i>				11 (5%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				28 (14%)
	<i>0</i>				31 (15%)
	<i>1 to 2</i>				58 (29%)
	<i>3 to 5</i>				52 (26%)
	<i>More than 5</i>				34 (17%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				6 (3%)
	<i>0</i>				10 (5%)
	<i>1 to 2</i>				15 (7%)
	<i>3 to 5</i>				41 (20%)
	<i>More than 5</i>				130 (64%)
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>				27 (13%)
	<i>2 to less than 4 hours</i>				71 (35%)
	<i>4 to less than 6 hours</i>				40 (20%)
	<i>6 to less than 8 hours</i>				30 (15%)
	<i>8 to less than 10 hours</i>				15 (7%)
	<i>10 hours or more</i>				8 (4%)
	<i>Don't know</i>				12 (6%)

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	66 (32%)
	No	138 (68%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	102 (50%)
	No	104 (50%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	52 (26%)
	No	150 (74%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	33 (16%)
	<i>Very easy</i>	19 (9%)
	<i>Easy</i>	38 (19%)
	<i>Neither</i>	23 (11%)
	<i>Difficult</i>	27 (13%)
	<i>Very difficult</i>	53 (26%)
	<i>Don't know</i>	8 (4%)

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>	48 (23%)
	Yes	102 (50%)
	No	55 (27%)
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>	103 (50%)
	<i>No contact</i>	36 (18%)
	<i>Letter</i>	37 (18%)
	<i>Phone</i>	27 (13%)
	<i>Visit</i>	39 (19%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	66 (33%)
	No	137 (67%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	48 (24%)
	Yes	56 (28%)
	No	99 (49%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	147 (73%)
	<i>Very involved</i>	9 (4%)
	<i>Involved</i>	16 (8%)
	<i>Neither</i>	6 (3%)
	<i>Not very involved</i>	9 (4%)
	<i>Not at all involved</i>	14 (7%)

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>			147 (74%)
	<i>Nobody</i>			20 (10%)
	<i>Offender supervisor</i>			18 (9%)
	<i>Offender manager</i>			15 (8%)
	<i>Named/ personal officer</i>			11 (6%)
	<i>Staff from other departments</i>			10 (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>			147 (73%)
	<i>Yes</i>			32 (16%)
	<i>No</i>			16 (8%)
	<i>Don't know</i>			7 (3%)
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>			147 (73%)
	<i>Yes</i>			12 (6%)
	<i>No</i>			28 (14%)
	<i>Don't know</i>			14 (7%)
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>			147 (74%)
	<i>Yes</i>			15 (8%)
	<i>No</i>			17 (9%)
	<i>Don't know</i>			20 (10%)
Q13.10	Do you have a needs based custody plan?			
	<i>Yes</i>			5 (3%)
	<i>No</i>			93 (48%)
	<i>Don't know</i>			96 (49%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	<i>Yes</i>			29 (15%)
	<i>No</i>			168 (85%)
Q13.12	Do you know of anyone in this prison who can help you with the following on release? (please tick all that apply to you.)			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	54 (29%)	28 (15%)	107 (57%)
	Accommodation	52 (27%)	35 (18%)	105 (55%)
	Benefits	53 (28%)	38 (20%)	99 (52%)
	Finances	56 (30%)	21 (11%)	109 (59%)
	Education	58 (32%)	28 (15%)	96 (53%)
	Drugs and alcohol	62 (34%)	45 (25%)	75 (41%)
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>			48 (24%)
	<i>Yes</i>			78 (40%)
	<i>No</i>			71 (36%)

Main comparator and comparator to last time



Prisoner survey responses HMP Bullingdon 2015

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

Key to tables

		HMP Bullingdon 2015	Local prisons comparator	HMP Bullingdon 2015	HMP Bullingdon 2012
	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		219	5987	219	193
SECTION 1: General information					
1.2	Are you under 21 years of age?	2%	6%	2%	2%
1.3	Are you sentenced?	78%	67%	78%	84%
1.3	Are you on recall?	9%	9%	9%	8%
1.4	Is your sentence less than 12 months?	16%	20%	16%	18%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	7%	3%	7%	10%
1.5	Are you a foreign national?	11%	13%	11%	10%
1.6	Do you understand spoken English?	99%	97%	99%	98%
1.7	Do you understand written English?	97%	96%	97%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	27%	25%	27%	27%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	9%	5%	9%	6%
1.1	Are you Muslim?	11%	12%	11%	13%
1.11	Are you homosexual/gay or bisexual?	2%	3%	2%	6%
1.12	Do you consider yourself to have a disability?	18%	24%	18%	21%
1.13	Are you a veteran (ex-armed services)?	4%	5%	4%	8%
1.14	Is this your first time in prison?	36%	32%	36%	33%
1.15	Do you have any children under the age of 18?	47%	53%	47%	53%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	41%	21%	41%	39%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	56%	35%	56%	45%
2.3	Were you offered a toilet break?	12%	8%	12%	11%
2.4	Was the van clean?	58%	58%	58%	63%
2.5	Did you feel safe?	75%	75%	75%	74%
2.6	Were you treated well/very well by the escort staff?	68%	66%	68%	77%
2.7	Before you arrived here were you told that you were coming here?	60%	64%	60%	70%

Main comparator and comparator to last time

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2.7	Before you arrived here did you receive any written information about coming here?	10%	3%	10%	9%
2.8	When you first arrived here did your property arrive at the same time as you?	76%	79%	76%	86%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	27%	41%	27%	27%
3.2	When you were searched in reception, was this carried out in a respectful way?	82%	78%	82%	75%
3.3	Were you treated well/very well in reception?	59%	62%	59%	59%
	When you first arrived:				
3.4	Did you have any problems?	69%	76%	69%	69%
3.4	Did you have any problems with loss of property?	24%	15%	24%	16%
3.4	Did you have any housing problems?	21%	21%	21%	15%
3.4	Did you have any problems contacting employers?	6%	5%	6%	2%
3.4	Did you have any problems contacting family?	26%	33%	26%	24%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	3%	3%	1%
3.4	Did you have any money worries?	20%	24%	20%	14%
3.4	Did you have any problems with feeling depressed or suicidal?	19%	23%	19%	21%
3.4	Did you have any physical health problems?	17%	18%	17%	17%
3.4	Did you have any mental health problems?	15%	22%	15%	16%
3.4	Did you have any problems with needing protection from other prisoners?	4%	7%	4%	6%
3.4	Did you have problems accessing phone numbers?	28%	31%	28%	28%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	26%	32%	26%	42%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	57%	80%	57%	83%
3.6	A shower?	20%	30%	20%	10%
3.6	A free telephone call?	47%	55%	47%	58%
3.6	Something to eat?	69%	71%	69%	76%
3.6	PIN phone credit?	41%	54%	41%	57%
3.6	Toiletries/ basic items?	50%	58%	50%	55%
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?	36%	46%	36%	40%
3.7	Someone from health services?	61%	67%	61%	81%
3.7	A Listener/Samaritans?	20%	32%	20%	34%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
3.7	Prison shop/ canteen?	13%	22%	13%	16%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	51%	41%	51%	49%
3.8	Support was available for people feeling depressed or suicidal?	30%	37%	30%	43%
3.8	How to make routine requests?	35%	35%	35%	40%
3.8	Your entitlement to visits?	30%	35%	30%	42%
3.8	Health services?	44%	44%	44%	56%
3.8	The chaplaincy?	36%	40%	36%	43%
3.9	Did you feel safe on your first night here?	77%	72%	77%	83%
3.10	Have you been on an induction course?	84%	73%	84%	87%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	49%	50%	49%	60%
3.12	Did you receive an education (skills for life) assessment?	77%	72%	77%	77%
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?	35%	37%	35%	48%
4.1	Attend legal visits?	53%	51%	53%	62%
4.1	Get bail information?	15%	18%	15%	16%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	51%	41%	51%	47%
4.3	Can you get legal books in the library?	43%	35%	43%	46%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	49%	50%	49%	57%
4.4	Are you normally able to have a shower every day?	91%	72%	91%	94%
4.4	Do you normally receive clean sheets every week?	71%	70%	71%	82%
4.4	Do you normally get cell cleaning materials every week?	64%	53%	64%	64%
4.4	Is your cell call bell normally answered within five minutes?	20%	27%	20%	30%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	63%	58%	63%	62%
4.4	Can you normally get your stored property, if you need to?	19%	21%	19%	25%
4.5	Is the food in this prison good/very good?	15%	21%	15%	19%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	47%	52%	52%
4.7	Are you able to speak to a Listener at any time, if you want to?	62%	52%	62%	68%
4.8	Are your religious beliefs are respected?	50%	49%	50%	60%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	54%	50%	54%	59%

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
4.10	Is it easy/very easy to attend religious services?	50%	44%	50%	49%
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	73%	73%	73%	88%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	45%	50%	45%	65%
5.2	Do you feel applications are dealt with quickly (within seven days)?	29%	36%	29%	54%
5.3	Is it easy to make a complaint?	57%	49%	57%	67%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	25%	29%	25%	39%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	28%	25%	28%	44%
5.5	Have you ever been prevented from making a complaint when you wanted to?	19%	20%	19%	16%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	29%	18%	29%	41%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	38%	41%	38%	40%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	41%	41%	47%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	9%	7%	9%
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?	35%	36%	35%	33%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	74%	73%	74%	73%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	65%	68%	65%	74%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	26%	26%	26%	31%
7.4	Do staff normally speak to you most of the time/all of the time during association?	17%	17%	17%	16%
7.5	Do you have a personal officer?	43%	35%	43%	60%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	70%	66%	70%	68%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	44%	43%	44%	38%
8.2	Do you feel unsafe now?	20%	20%	20%	16%
8.4	Have you been victimised by other prisoners here?	33%	30%	33%	28%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	14%	12%	14%	10%
8.5	Hit, kicked or assaulted you?	13%	8%	13%	9%
8.5	Sexually abused you?	2%	2%	2%	2%

Main comparator and comparator to last time

Key to tables

		HMP Bullingdon 2015	Local prisons comparator	HMP Bullingdon 2015	HMP Bullingdon 2012
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Threatened or intimidated you?	18%	16%	18%	17%
8.5	Taken your canteen/property?	11%	7%	11%	5%
8.5	Victimised you because of medication?	5%	6%	5%	5%
8.5	Victimised you because of debt?	4%	4%	4%	3%
8.5	Victimised you because of drugs?	6%	4%	6%	4%
8.5	Victimised you because of your race or ethnic origin?	4%	4%	4%	5%
8.5	Victimised you because of your religion/religious beliefs?	2%	3%	2%	5%
8.5	Victimised you because of your nationality?	2%	3%	2%	3%
8.5	Victimised you because you were from a different part of the country?	2%	4%	2%	6%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	1%
8.5	Victimised you because of your sexual orientation?	2%	1%	2%	2%
8.5	Victimised you because of your age?	3%	2%	3%	2%
8.5	Victimised you because you have a disability?	2%	3%	2%	4%
8.5	Victimised you because you were new here?	6%	6%	6%	5%
8.5	Victimised you because of your offence/crime?	5%	5%	5%	7%
8.5	Victimised you because of gang related issues?	5%	5%	5%	5%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	34%	32%	34%	34%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	11%	12%	11%	15%
8.7	Hit, kicked or assaulted you?	9%	5%	9%	6%
8.7	Sexually abused you?	1%	1%	1%	2%
8.7	Threatened or intimidated you?	14%	12%	14%	20%
8.7	Victimised you because of medication?	4%	6%	4%	5%
8.7	Victimised you because of debt?	3%	2%	3%	2%
8.7	Victimised you because of drugs?	3%	3%	3%	4%
8.7	Victimised you because of your race or ethnic origin?	6%	4%	6%	4%
8.7	Victimised you because of your religion/religious beliefs?	3%	4%	3%	6%
8.7	Victimised you because of your nationality?	2%	3%	2%	2%
8.7	Victimised you because you were from a different part of the country?	1%	3%	1%	4%
8.7	Victimised you because you are from a Traveller community?	3%	2%	3%	4%

Main comparator and comparator to last time

Key to tables

		HMP Bullingdon 2015	Local prisons comparator	HMP Bullingdon 2015	HMP Bullingdon 2012
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.7	Victimised you because of your age?	3%	2%	3%	3%
8.7	Victimised you because you have a disability?	1%	3%	1%	3%
8.7	Victimised you because you were new here?	5%	5%	5%	6%
8.7	Victimised you because of your offence/crime?	5%	5%	5%	7%
8.7	Victimised you because of gang related issues?	1%	3%	1%	4%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	40%	33%	40%	33%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	22%	21%	22%	22%
9.1	Is it easy/very easy to see the nurse?	49%	43%	49%	50%
9.1	Is it easy/very easy to see the dentist?	9%	9%	9%	17%
	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?	37%	40%	37%	42%
9.2	The nurse?	43%	52%	43%	51%
9.2	The dentist?	30%	30%	30%	45%
9.3	The overall quality of health services?	29%	35%	29%	35%
9.4	Are you currently taking medication?	48%	51%	48%	51%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	73%	58%	73%	80%
9.6	Do you have any emotional well being or mental health problems?	30%	39%	30%	33%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	37%	43%	37%	42%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	31%	32%	31%	36%
10.2	Did you have a problem with alcohol when you came into this prison?	23%	21%	23%	31%
10.3	Is it easy/very easy to get illegal drugs in this prison?	39%	35%	39%	28%
10.4	Is it easy/very easy to get alcohol in this prison?	24%	15%	24%	14%
10.5	Have you developed a problem with drugs since you have been in this prison?	12%	8%	12%	9%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	5%	8%	5%	9%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	53%	59%	53%	75%
10.8	Have you received any support or help with your alcohol problem while in this prison?	51%	57%	51%	69%

Main comparator and comparator to last time

Key to tables

		HMP Bullingdon 2015	Local prisons comparator	HMP Bullingdon 2015	HMP Bullingdon 2012
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	68%	77%	68%	84%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	31%	31%	31%	23%
11.1	Vocational or skills training?	27%	29%	27%	24%
11.1	Education (including basic skills)?	50%	44%	50%	40%
11.1	Offending behaviour programmes?	20%	17%	20%	31%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	43%	42%	43%	44%
11.2	Vocational or skills training?	6%	9%	6%	8%
11.2	Education (including basic skills)?	23%	24%	23%	26%
11.2	Offending behaviour programmes?	8%	6%	8%	20%
11.3	Have you had a job while in this prison?	69%	67%	69%	69%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	38%	39%	38%	36%
11.3	Have you been involved in vocational or skills training while in this prison?	56%	55%	56%	58%
	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?	45%	45%	45%	47%
11.3	Have you been involved in education while in this prison?	67%	65%	67%	71%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	46%	51%	46%	55%
11.3	Have you been involved in offending behaviour programmes while in this prison?	58%	51%	58%	66%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	45%	40%	45%	62%
11.4	Do you go to the library at least once a week?	36%	28%	36%	33%
11.5	Does the library have a wide enough range of materials to meet your needs?	44%	31%	44%	47%
11.6	Do you go to the gym three or more times a week?	42%	25%	42%	38%
11.7	Do you go outside for exercise three or more times a week?	42%	38%	42%	30%
11.8	Do you go on association more than five times each week?	64%	41%	64%	72%
11.9	Do you spend ten or more hours out of your cell on a weekday?	4%	9%	4%	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?	32%	31%	32%	29%
12.2	Have you had any problems with sending or receiving mail?	50%	49%	50%	46%
12.3	Have you had any problems getting access to the telephones?	26%	36%	26%	32%

Main comparator and comparator to last time

Key to tables

		HMP Bullingdon 2015	Local prisons comparator	HMP Bullingdon 2015	HMP Bullingdon 2012
	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				
12.4	Is it easy/ very easy for your friends and family to get here?	28%	36%	28%	26%
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?	65%	60%	65%	74%
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	36%	42%	36%	38%
13.2	Contact by letter?	37%	29%	37%	41%
13.2	Contact by phone?	27%	12%	27%	19%
13.2	Contact by visit?	39%	37%	39%	32%
13.3	Do you have a named offender supervisor in this prison?	33%	29%	33%	39%
	For those who are sentenced:				
13.4	Do you have a sentence plan?	36%	34%	36%	48%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	46%	57%	46%	66%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	39%	47%	39%	33%
13.6	Offender supervisor?	35%	30%	35%	40%
13.6	Offender manager?	29%	26%	29%	37%
13.6	Named/ personal officer?	22%	10%	22%	19%
13.6	Staff from other departments?	20%	18%	20%	23%
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	58%	54%	58%	67%
13.8	Are there plans for you to achieve any of your targets in another prison?	22%	27%	22%	21%
13.9	Are there plans for you to achieve any of your targets in the community?	29%	32%	29%	32%
13.10	Do you have a needs based custody plan?	3%	7%	3%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	15%	11%	15%	14%
	For those that need help do you know of anyone in this prison who can help you on release with following:				
13.12	Employment?	21%	27%	21%	36%
13.12	Accommodation?	25%	33%	25%	53%
13.12	Benefits?	28%	37%	28%	50%
13.12	Finances?	16%	22%	16%	28%
13.12	Education?	23%	28%	23%	33%
13.12	Drugs and alcohol?	38%	42%	38%	50%
	For those who are sentenced:				
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in the future?	52%	45%	52%	55%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Bullingdon 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		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
Number of completed questionnaires returned		58	159	23	194	23	192
1.3	Are you sentenced?	78%	78%	83%	77%	87%	77%
1.5	Are you a foreign national?	16%	9%			0%	12%
1.6	Do you understand spoken English?	97%	100%	96%	100%	100%	100%
1.7	Do you understand written English?	93%	98%	91%	98%	96%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			39%	25%	83%	19%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	11%	9%	10%	0%	11%
1.1	Are you Muslim?	34%	3%	0%	11%		
1.12	Do you consider yourself to have a disability?	24%	17%	17%	19%	22%	18%
1.13	Are you a veteran (ex-armed services)?	5%	3%	13%	3%	0%	4%
1.14	Is this your first time in prison?	33%	37%	56%	33%	44%	36%
2.6	Were you treated well/very well by the escort staff?	53%	75%	65%	69%	44%	71%
2.7	Before you arrived here were you told that you were coming here?	45%	65%	44%	62%	35%	62%
3.2	When you were searched in reception, was this carried out in a respectful way?	70%	86%	78%	83%	63%	83%
3.3	Were you treated well/very well in reception?	39%	67%	56%	60%	14%	64%
3.4	Did you have any problems when you first arrived?	82%	64%	67%	69%	87%	67%
3.7	Did you have access to someone from health care when you first arrived here?	53%	64%	52%	62%	62%	61%
3.9	Did you feel safe on your first night here?	70%	80%	74%	78%	61%	79%
3.10	Have you been on an induction course?	79%	87%	83%	85%	83%	85%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	26%	37%	35%	35%	9%	38%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	41%	52%	78%	46%	35%	51%
4.4	Are you normally able to have a shower every day?	83%	94%	91%	91%	78%	92%
4.4	Is your cell call bell normally answered within five minutes?	16%	21%	43%	17%	18%	21%
4.5	Is the food in this prison good/very good?	8%	17%	18%	15%	0%	15%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	35%	58%	55%	52%	41%	53%
4.7	Are you able to speak to a Listener at any time, if you want to?	54%	65%	73%	61%	50%	64%
4.8	Do you feel your religious beliefs are respected?	49%	51%	78%	47%	39%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	38%	59%	41%	55%	27%	57%
5.1	Is it easy to make an application?	67%	76%	62%	76%	61%	75%
5.3	Is it easy to make a complaint?	48%	60%	52%	58%	44%	59%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	24%	42%	28%	39%	14%	41%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	29%	45%	40%	41%	18%	44%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	19%	3%	9%	7%	18%	6%
7.1	Do most staff, in this prison, treat you with respect?	59%	79%	86%	73%	48%	77%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	56%	69%	59%	66%	39%	69%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	6%	21%	10%	18%	4%	19%
7.4	Do you have a personal officer?	33%	46%	38%	43%	44%	42%
8.1	Have you ever felt unsafe here?	53%	41%	46%	44%	55%	42%
8.2	Do you feel unsafe now?	29%	17%	24%	20%	33%	18%
8.3	Have you been victimised by other prisoners?	39%	31%	30%	34%	46%	32%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	13%	20%	9%	20%	5%	20%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	3%	0%	4%	5%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	1%	0%	3%	5%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	1%	4%	2%	0%	2%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
8.5	Have you been victimised because you have a disability? (By prisoners)	6%	1%	0%	2%	5%	2%
8.6	Have you been victimised by a member of staff?	50%	29%	23%	35%	70%	30%
8.7	Have you ever felt threatened or intimidated by staff here?	19%	12%	5%	15%	26%	13%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	13%	3%	5%	6%	17%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	11%	1%	0%	4%	17%	1%
8.7	Have you been victimised because of your nationality? (By staff)	4%	1%	5%	2%	0%	2%
8.7	Have you been victimised because you have a disability? (By staff)	2%	1%	0%	2%	0%	2%
9.1	Is it easy/very easy to see the doctor?	20%	23%	27%	22%	15%	23%
9.1	Is it easy/ very easy to see the nurse?	43%	50%	50%	49%	38%	50%
9.4	Are you currently taking medication?	42%	50%	50%	48%	43%	49%
9.6	Do you feel you have any emotional well being/mental health issues?	33%	29%	28%	30%	33%	29%
10.3	Is it easy/very easy to get illegal drugs in this prison?	31%	41%	25%	40%	40%	39%
11.2	Are you currently working in the prison?	29%	48%	26%	46%	30%	45%
11.2	Are you currently undertaking vocational or skills training?	4%	6%	9%	5%	0%	6%
11.2	Are you currently in education (including basic skills)?	23%	23%	30%	22%	30%	22%
11.2	Are you currently taking part in an offending behaviour programme?	12%	6%	4%	8%	5%	8%
11.4	Do you go to the library at least once a week?	48%	31%	33%	36%	55%	33%
11.6	Do you go to the gym three or more times a week?	47%	41%	32%	43%	55%	41%
11.7	Do you go outside for exercise three or more times a week?	42%	42%	44%	42%	30%	44%
11.8	On average, do you go on association more than five times each week?	51%	69%	82%	62%	45%	67%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	2%	4%	9%	3%	0%	5%
12.2	Have you had any problems sending or receiving mail?	38%	53%	23%	52%	65%	48%
12.3	Have you had any problems getting access to the telephones?	32%	24%	35%	24%	45%	24%

Diversity Analysis



Key question responses (disability and age: over 50) HMP Bullingdon 2015

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

Key to tables

		Consider themselves to have a disability		Do not consider themselves to have a disability	
				Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		40	178	27	192
1.3	Are you sentenced?	75%	79%	78%	78%
1.5	Are you a foreign national?	10%	11%	11%	11%
1.6	Do you understand spoken English?	100%	99%	100%	99%
1.7	Do you understand written English?	95%	97%	96%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	35%	25%	22%	27%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	13%	9%	4%	10%
1.1	Are you Muslim?	13%	10%	4%	12%
1.12	Do you consider yourself to have a disability?			45%	15%
1.13	Are you a veteran (ex-armed services)?	3%	4%	8%	3%
1.14	Is this your first time in prison?	33%	37%	37%	36%
2.6	Were you treated well/very well by the escort staff?	69%	68%	70%	68%
2.7	Before you arrived here were you told that you were coming here?	55%	60%	56%	60%
3.2	When you were searched in reception, was this carried out in a respectful way?	76%	83%	85%	81%
3.3	Were you treated well/very well in reception?	57%	60%	70%	58%
3.4	Did you have any problems when you first arrived?	87%	65%	82%	67%
3.7	Did you have access to someone from health care when you first arrived here?	59%	62%	61%	61%
3.9	Did you feel safe on your first night here?	63%	81%	85%	76%
3.10	Have you been on an induction course?	87%	84%	92%	83%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	36%	34%	44%	33%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	32%	53%	65%	47%
4.4	Are you normally able to have a shower every day?	78%	94%	96%	90%
4.4	Is your cell call bell normally answered within five minutes?	16%	21%	42%	17%
4.5	Is the food in this prison good/very good?	16%	15%	27%	13%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	53%	51%	52%	52%
4.7	Are you able to speak to a Listener at any time, if you want to?	60%	62%	69%	61%
4.8	Do you feel your religious beliefs are respected?	47%	51%	59%	49%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	49%	55%	66%	52%
5.1	Is it easy to make an application?	72%	74%	88%	72%
5.3	Is it easy to make a complaint?	53%	58%	74%	55%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	25%	40%	52%	36%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	27%	44%	54%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	7%	0%	8%
7.1	Do most staff, in this prison, treat you with respect?	76%	73%	96%	71%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	49%	69%	84%	63%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	9%	18%	12%	18%
7.4	Do you have a personal officer?	26%	46%	48%	42%
8.1	Have you ever felt unsafe here?	68%	38%	42%	44%
8.2	Do you feel unsafe now?	39%	16%	12%	21%
8.3	Have you been victimised by other prisoners?	57%	28%	30%	34%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	28%	16%	18%	18%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	3%	0%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	2%	0%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	2%	0%	2%
8.5	Have you been victimised because of your age? (By prisoners)	8%	2%	11%	2%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	10%	0%	0%	2%
8.6	Have you been victimised by a member of staff?	54%	29%	28%	35%
8.7	Have you ever felt threatened or intimidated by staff here?	18%	13%	4%	15%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	6%	0%	7%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	4%	0%	4%
8.7	Have you been victimised because of your nationality? (By staff)	3%	2%	0%	2%
8.7	Have you been victimised because of your age? (By staff)	8%	2%	4%	3%
8.7	Have you been victimised because you have a disability? (By staff)	5%	1%	0%	2%
9.1	Is it easy/very easy to see the doctor?	21%	22%	31%	21%
9.1	Is it easy/ very easy to see the nurse?	51%	48%	54%	48%
9.4	Are you currently taking medication?	89%	39%	81%	43%
9.6	Do you feel you have any emotional well being/mental health issues?	61%	22%	23%	31%
10.3	Is it easy/very easy to get illegal drugs in this prison?	46%	38%	28%	41%
11.2	Are you currently working in the prison?	32%	45%	58%	41%
11.2	Are you currently undertaking vocational or skills training?	9%	5%	11%	5%
11.2	Are you currently in education (including basic skills)?	20%	24%	19%	24%
11.2	Are you currently taking part in an offending behaviour programme?	12%	7%	15%	6%
11.4	Do you go to the library at least once a week?	36%	36%	31%	36%
11.6	Do you go to the gym three or more times a week?	30%	45%	20%	45%
11.7	Do you go outside for exercise three or more times a week?	43%	42%	46%	42%
11.8	On average, do you go on association more than five times each week?	58%	66%	60%	65%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	0%	5%	4%	4%
12.2	Have you had any problems sending or receiving mail?	53%	49%	44%	50%
12.3	Have you had any problems getting access to the telephones?	15%	28%	12%	28%



Prisoner survey responses HMP Bullingdon 2015

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

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wing (E)	All other wings (A, B, C, D & F)
	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		39	172
SECTION 1: General information			
1.2	Are you under 21 years of age?	3%	2%
1.3	Are you sentenced?	79%	77%
1.3	Are you on recall?	8%	9%
1.4	Is your sentence less than 12 months?	8%	18%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	16%	6%
1.5	Are you a foreign national?	18%	9%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	98%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	31%	26%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	11%
1.1	Are you Muslim?	16%	10%
1.11	Are you homosexual/gay or bisexual?	5%	1%
1.12	Do you consider yourself to have a disability?	23%	15%
1.13	Are you a veteran (ex-armed services)?	10%	2%
1.14	Is this your first time in prison?	68%	29%
1.15	Do you have any children under the age of 18?	33%	52%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	45%	41%
2.5	Did you feel safe?	69%	76%
2.6	Were you treated well/very well by the escort staff?	77%	66%
2.7	Before you arrived here were you told that you were coming here?	51%	62%
2.8	When you first arrived here did your property arrive at the same time as you?	85%	74%

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SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	26%	28%
3.2	When you were searched in reception, was this carried out in a respectful way?	84%	81%
3.3	Were you treated well/very well in reception?	51%	62%
	When you first arrived:		
3.4	Did you have any problems?	83%	66%
3.4	Did you have any problems with loss of property?	23%	24%
3.4	Did you have any housing problems?	26%	20%
3.4	Did you have any problems contacting employers?	3%	6%
3.4	Did you have any problems contacting family?	37%	25%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	3%
3.4	Did you have any money worries?	11%	21%
3.4	Did you have any problems with feeling depressed or suicidal?	34%	16%
3.4	Did you have any physical health problems?	17%	17%
3.4	Did you have any mental health problems?	17%	13%
3.4	Did you have any problems with needing protection from other prisoners?	11%	2%
3.4	Did you have problems accessing phone numbers?	43%	24%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	46%	60%
3.6	A shower?	13%	22%
3.6	A free telephone call?	38%	48%
3.6	Something to eat?	59%	71%
3.6	PIN phone credit?	23%	46%
3.6	Toiletries/ basic items?	51%	50%
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?	26%	38%
3.7	Someone from health services?	66%	62%
3.7	A Listener/Samaritans?	18%	21%
3.7	Prison shop/ canteen?	8%	13%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	53%	51%
3.8	Support was available for people feeling depressed or suicidal?	32%	30%

Key to tables

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3.8	How to make routine requests?	35%	35%
3.8	Your entitlement to visits?	24%	32%
3.8	Health services?	41%	45%
3.8	The chaplaincy?	20%	38%
3.9	Did you feel safe on your first night here?	72%	80%
3.10	Have you been on an induction course?	95%	82%
3.12	Did you receive an education (skills for life) assessment?	92%	74%
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?	32%	34%
4.1	Attend legal visits?	50%	53%
4.1	Get bail information?	15%	15%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	53%	50%
4.3	Can you get legal books in the library?	39%	44%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	62%	47%
4.4	Are you normally able to have a shower every day?	87%	93%
4.4	Do you normally receive clean sheets every week?	87%	68%
4.4	Do you normally get cell cleaning materials every week?	61%	63%
4.4	Is your cell call bell normally answered within five minutes?	47%	14%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	65%	63%
4.4	Can you normally get your stored property, if you need to?	25%	18%
4.5	Is the food in this prison good/very good?	21%	13%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	58%	50%
4.7	Are you able to speak to a Listener at any time, if you want to?	68%	61%
4.8	Are your religious beliefs are respected?	58%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	53%	55%
4.10	Is it easy/very easy to attend religious services?	54%	50%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	88%	70%
5.3	Is it easy to make a complaint?	64%	55%

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5.5	Have you ever been prevented from making a complaint when you wanted to?	15%	19%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	30%	28%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	39%	37%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	6%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	78%	72%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	75%	64%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	28%	25%
7.4	Do staff normally speak to you most of the time/all of the time during association?	14%	17%
7.5	Do you have a personal officer?	64%	39%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	41%	43%
8.2	Do you feel unsafe now?	19%	19%
8.4	Have you been victimised by other prisoners here?	33%	33%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	13%	13%
8.5	Hit, kicked or assaulted you?	13%	12%
8.5	Sexually abused you?	0%	2%
8.5	Threatened or intimidated you?	15%	18%
8.5	Taken your canteen/property?	5%	12%
8.5	Victimised you because of medication?	3%	5%
8.5	Victimised you because of debt?	0%	5%
8.5	Victimised you because of drugs?	0%	7%
8.5	Victimised you because of your race or ethnic origin?	3%	4%
8.5	Victimised you because of your religion/religious beliefs?	3%	2%
8.5	Victimised you because of your nationality?	3%	1%
8.5	Victimised you because you were from a different part of the country?	3%	2%
8.5	Victimised you because you are from a traveller community?	3%	1%
8.5	Victimised you because of your sexual orientation?	3%	1%
8.5	Victimised you because of your age?	5%	2%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
8.5	Victimised you because you have a disability?	0%	2%
8.5	Victimised you because you were new here?	10%	5%
8.5	Victimised you because of your offence/crime?	13%	2%
8.5	Victimised you because of gang related issues?	3%	4%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	31%	33%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	15%	9%
8.7	Hit, kicked or assaulted you?	10%	7%
8.7	Sexually abused you?	0%	1%
8.7	Threatened or intimidated you?	10%	14%
8.7	Victimised you because of medication?	3%	4%
8.7	Victimised you because of debt?	0%	3%
8.7	Victimised you because of drugs?	0%	3%
8.7	Victimised you because of your race or ethnic origin?	8%	5%
8.7	Victimised you because of your religion/religious beliefs?	8%	2%
8.7	Victimised you because of your nationality?	3%	1%
8.7	Victimised you because you were from a different part of the country?	0%	1%
8.7	Victimised you because you are from a traveller community?	5%	2%
8.7	Victimised you because of your sexual orientation?	3%	1%
8.7	Victimised you because of your age?	0%	4%
8.7	Victimised you because you have a disability?	0%	1%
8.7	Victimised you because you were new here?	0%	6%
8.7	Victimised you because of your offence/crime?	15%	2%
8.7	Victimised you because of gang related issues?	0%	1%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	19%	22%
9.1	Is it easy/very easy to see the nurse?	38%	50%
9.1	Is it easy/very easy to see the dentist?	14%	7%
9.4	Are you currently taking medication?	58%	45%
9.6	Do you have any emotional well being or mental health problems?	34%	28%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	21%	34%
10.2	Did you have a problem with alcohol when you came into this prison?	19%	24%
10.3	Is it easy/very easy to get illegal drugs in this prison?	25%	42%
10.4	Is it easy/very easy to get alcohol in this prison?	10%	26%
10.5	Have you developed a problem with drugs since you have been in this prison?	3%	14%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	0%	7%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	42%	28%
11.1	Vocational or skills training?	30%	26%
11.1	Education (including basic skills)?	68%	45%
11.1	Offending Behaviour Programmes?	21%	19%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	64%	38%
11.2	Vocational or skills training?	8%	4%
11.2	Education (including basic skills)?	33%	20%
11.2	Offending Behaviour Programmes?	18%	4%
11.4	Do you go to the library at least once a week?	49%	33%
11.5	Does the library have a wide enough range of materials to meet your needs?	49%	42%
11.6	Do you go to the gym three or more times a week?	37%	44%
11.7	Do you go outside for exercise three or more times a week?	27%	46%
11.8	Do you go on association more than five times each week?	62%	65%
11.9	Do you spend ten or more hours out of your cell on a weekday?	0%	4%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	27%	34%
12.2	Have you had any problems with sending or receiving mail?	47%	51%
12.3	Have you had any problems getting access to the telephones?	28%	26%
12.4	Is it easy/ very easy for your friends and family to get here?	17%	32%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	53%	28%
13.10	Do you have a needs based custody plan?	6%	2%
13.11	Do you feel that any member of staff has helped you to prepare for release?	15%	15%