

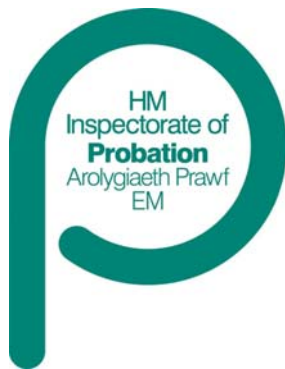
Report on an unannounced inspection of

HMP Rye Hill

by HM Chief Inspector of Prisons

3–14 August 2015

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This publication is available for download at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections>

Printed and published by:
Her Majesty's Inspectorate of Prisons
Victory House
6th floor
30–34 Kingsway
London
WC2B 6EX
England

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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 Rye Hill is a medium sized Category B Training Prison in Warwickshire run by G4S Custodial and Detention Services. At the time of this inspection it held just over 600 adult men all of whom, following a change of role in the summer of 2014, were convicted sex offenders. Like many prisons holding sex offenders, the population was a complex mix of serious offenders and some frail older men who needed significant levels of care. Although there were some weaknesses, in most areas the prison was performing very well. It had managed the transition from a mixed population to its current sole focus on sex offenders well. It had strong leadership and different parts of the prison worked effectively together.

The prison was safe. Early days arrangements were sound. There were low levels of violence, bullying was generally well managed and men with complex needs and those who were at risk of suicide or self-harm were generally well cared for, although levels of self-harm were high. An activity centre with a range of educational, therapeutic and recreational activities was an important resource for prisoners who found it difficult to cope on the wings or in ordinary workshops. There had been no self-inflicted deaths since the last inspection. Safeguarding arrangements were better than we normally see but the prison was not sufficiently alert to the risk of prisoner-on-prisoner sexual grooming. Drug use was low but the misuse of diverted medication was a problem. Most men said the incentives and earned privileges scheme was fair and it generally operated well. Use of force was comparatively high but a small number of men accounted for a large proportion of incidents. Batons were not used and the introduction of body-worn cameras had had a positive effect. The segregation unit was well run but the regime was too limited for the small number of long-stayers. Substance misuse services were reasonably good. The drug recovery wing was at an early stage of development but prisoners and staff spoke enthusiastically about the value of the excellent horticulture project in the attached garden as an aid to recovery.

The external environment was also very good and the cells were in good condition. In-cell telephones and wing kiosks were appreciated by prisoners and reduced demands on staff. Men were positive about the food. Most staff-prisoner relationships were good but there were a small number of exceptions. Work on equality and diversity issues needed attention. Although there were some good resources for older and disabled men, there were insufficient prisoner carers to help meet their practical, everyday needs. In our survey, prisoners from black and minority ethnic backgrounds and Muslim prisoners reported more negatively than the population as a whole and during the inspection prisoners with these backgrounds raised their concerns repeatedly with inspectors. Many of these concerns were not well founded but the prison needed to do more to engage with these prisoners, provide reassurance where possible and address legitimate, valid concerns.

Health care was the weakest area of the prison. Services had not sufficiently adapted to meet the needs of the new population. There were staff shortages and the available staff were not deployed efficiently. There were long waiting times for most clinics. Some aspects of medicine administration were unsafe and complaints about health care were not handled appropriately. The Care Quality Commission who formed part of the inspection team, issued a number of requirement notices. The whole prison approach that had worked so effectively in other areas of the prison's work needed to be applied to health care, with the health care provider, commissioners and the prison itself working together to improve the service.

Most prisoners had a reasonable amount of time out of their cells but there were too many locked in their cells during the working day. The leadership of learning and skills was good. There were good systems in place to help teachers improve the quality of their teaching and there was a suitably wide range of activities available. Attendance and punctuality were very good and prisoners achieved well, including in English and mathematics. It was pleasing to see the way in which prisoners' successes in education were celebrated. The library was a weaker area – it was too small and access was too limited.

Resettlement was a real strength of the prison. Offender management processes were among the best we have seen. All prisoners had good access to their offender supervisors and a copy of their sentence plan in a clear and helpful format and so prisoners knew what they had to do to progress. Public protection arrangements were sound. There was little demand for practical resettlement services as few men were released directly from Rye Hill but the prison was over dependent on just one prisoner peer worker to provide advice and assistance when it was required. Visits arrangements were good but wider work with prisoners' families was underdeveloped. An appropriate range of programmes was offered to address prisoners' attitudes and behaviours, including men who were in denial about their offence.

This was a positive inspection and HMP Rye Hill has some real strengths. Its purposeful activities, and offender management, both vital for this population, are better than we normally see and there is much that other prisons can learn from this. Nevertheless, in some other areas, particularly health care, the prison was not meeting the needs of its population and these areas now needed to be brought up to the same standards as the rest of the prison.

Nick Hardwick
HM Chief Inspector of Prisons

October 2015

Fact page

Task of the establishment

HMP Rye Hill is a category B training prison for adult male prisoners serving four years or more for sexual offences.

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

Private (operated by G4S Custodial and Detention Services)

Region/Department

East Midlands

Number held

618

Certified normal accommodation

600

Operational capacity

625

Date of last full inspection

13–17 June 2011

Brief history

HMP Rye Hill opened in 2001. In summer 2014, the prison re-roled from a mixed sex-offender/mainstream establishment to one holding sex offenders only.

Short description of residential units

Andrews – Induction unit

Beaumont – Drug and alcohol rehabilitation unit

Carling – Sentenced prisoners

Davies – Sentenced prisoners

Edwards – Sentenced Prisoners

Farley – Sentenced prisoners

Garforth – Sentenced prisoners

Hastings – Sentenced prisoners

Each unit has 72 cells.

Name of governor/director

Richard Stedman

Escort contractor

GEOAmey

Health service provider

Provider of primary physical and mental health services: G4S Forensic and Medical Services

Provider of secondary mental health services and IAPT (Improving access to psychological therapies):

Northamptonshire Healthcare NHS Foundation Trust

Learning and skills providers

The Manchester College

Independent Monitoring Board chair

Sheila Davie

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, first night and induction arrangements were good. Levels of violence were not high and incidents were mostly low level. Bullying and violence reduction were well managed and few prisoners felt unsafe. Those who were struggling to cope and those at risk of suicide and self-harm felt well supported and the management of complex cases was impressive. Security arrangements were mostly proportionate. Illicit drug availability was low but more needed to be done to reduce the risk of diverted medication. The number of adjudications and use of segregation were comparatively low. Levels of use of force were high but a small number of prisoners accounted for a disproportionate number of incidents, and governance was good. Substance misuse provision was reasonably good and developing further. **Outcomes for prisoners were good against this healthy prison test.***
- S2** *At the last inspection in 2011 we found that outcomes for prisoners in Rye Hill were reasonably good against this healthy prison test. We made 30 recommendations in the area of safety. At this follow-up inspection we found that 19 of the recommendations had been achieved, three had been partially achieved, seven had not been achieved and one was no longer relevant.*
- S3** Prisoners told us that they had been treated well by escort staff and felt safe during the journey to the establishment but, owing to space restrictions, their property often failed to arrive with them, causing them considerable frustration.
- S4** The small reception area was adequate and most prisoners said that they had been treated well there. Initial safety interviews covered an appropriate range of issues and were conducted in private. First night accommodation was clean and well prepared, and initial support and observation procedures were good and well focused on potential risks. Peer mentors were used well to help new prisoners settle in and throughout the induction process. The induction programme was comprehensive and well delivered by the peer mentors.
- S5** Few prisoners said that they felt unsafe. Levels of violence had fallen since the prison's recent re-role to a sex offender-only establishment and were similar to those at comparable prisons. A small number of prisoners accounted for a disproportionate number of incidents, and most incidents were relatively low level. The prison was well sighted on safety issues, but less so on the potential for prisoner-on-prisoner sexual grooming and targeting. Investigations into violent and bullying incidents were usually timely and thorough, and a wide range of violence data were analysed, with action taken to make the prison safer. The weekly complex case review meeting was effective and focused on prisoners struggling to cope and those involved in violence and self-harm. Antisocial behaviour was managed well and there was a good system for monitoring and supporting victims and other prisoners requiring additional help.
- S6** There had been no self-inflicted deaths since the previous inspection. With the change in population, levels of self-harm had increased, and were relatively high. The quality of assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm was too variable but was good for the more complex cases and demonstrated high levels of care and support. Prisoners on open ACCTs told us that they felt supported. There was good access to Listeners (prisoners trained by

- the Samaritans to provide confidential emotional support to fellow prisoners) and there were effective links with the local Samaritans.
- S7 There were good arrangements to address adult safeguarding issues, with regular engagement from Northamptonshire County Council, in line with the Care Act 2014, and some assessments of need had been completed.
- S8 Procedural security was generally proportionate and important elements of dynamic security were good. Intelligence was well managed and risk management systems were effective. Prisoners' free-flow movement worked well and prisoners were given appropriate access around the prison. The mandatory drug testing positive rate and illicit drug availability were low. The prison had responded proactively to the emerging threats of new psychoactive substances (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects) and illicitly brewed alcohol. The diversion of medication was a known issue, and not enough was being done to reduce risks.
- S9 Most prisoners said that incentives and earned privileges processes were fair. Most were on the enhanced level of the scheme, and the regime for the few prisoners on basic was better than we usually see, although the requirement to wear green tracksuits was unnecessary and humiliating.
- S10 The number of formal adjudications was comparatively low and hearings were conducted fairly. Levels of use of force were comparatively high but a small number of prisoners accounted for a disproportionate number of incidents. Batons were not used and the special cell had not been used for over 18 months. The use of body-worn cameras was a good initiative. Use of force paperwork was completed correctly and usually demonstrated that de-escalation was used to good effect. Governance was good and video recordings of incidents were scrutinised at well-attended use of force committee meetings.
- S11 The use of segregation was comparatively low and living conditions on the segregation unit were good. Day-to-day relationships between staff and prisoners on the unit were impressive. Cells and communal areas were clean and bright but the small caged exercise yards were grim. The regime was too limited for longer-stay prisoners and reintegration planning was underdeveloped. Governance arrangements were good and data were analysed and used to identify patterns and trends.
- S12 For prisoners with substance misuse issues, psychosocial services had improved greatly. The new drug and alcohol recovery team delivered an appropriate range of low- and medium-intensity interventions, and plans were well advanced for the introduction of a high-intensity group-work programme. The drug recovery wing was in its early stages of development. It lacked a peer support scheme but prisoners' recovery benefited from involvement in the 'recovery garden' project. The demand for opiate substitution was very low but the administration of daily medication was poorly managed.

Respect

S13 *The prison was exceptionally clean and well maintained. Access to showers and laundry facilities was good but for a few, prison-issue clothing was problematic. The quality of daily life was enhanced by in-cell telephones and wing kiosks. Staff–prisoner relationships were mostly good. Diversity and equality arrangements were still developing to meet the high level of need across many protected characteristics but more needed to be done, especially around the poor perceptions of black and minority ethnic and Muslim prisoners. Faith provision was mostly good. Prisoners were relatively confident in the complaints system. Health care provision was failing to meet the needs of the population. The food provided was very good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S14 *At the last inspection in 2011 we found that outcomes for prisoners in Rye Hill were reasonably good against this healthy prison test. We made 41 recommendations in the area of respect. At this follow-up inspection we found that 18 of the recommendations had been achieved, 12 had been partially achieved, eight had not been achieved and three were no longer relevant.*

S15 The prison was exceptionally clean and well maintained. Access to showers was good and they were being refurbished, but they provided too little privacy. Most prisoners wore their own clothes and wing-based laundry facilities were good but some prisoners had insufficient prison-issue clothing. In-cell telephones and wing-based electronic kiosks were available, which allowed prisoners to access information and take responsibility for many aspects of their lives. They had confidence in the application system, which they could access through the electronic kiosks.

S16 Staff training, provided since the re-role, helped to increase staff confidence and awareness in dealing with sex offenders. In our survey, most prisoners, although fewer than at similar prisons, said that staff treated them respectfully. We observed, and prisoners commented, that most staff were good but that a few were rude and unhelpful, and prisoners complained that some applied the prison rules inconsistently. Wing staff had a detailed knowledge of individual prisoners but this was not reflected in electronic case note entries, which were too infrequent and of inconsistent quality.

S17 The new population presented a high level of need around many of the protected characteristics, particularly age and disability, but the strategy was not specific to these issues and the action plan was underdeveloped. There was good strategic oversight through the equality action team meeting. Data and trends were analysed well and appropriate action taken when necessary. There was a range of prisoner representatives, and dedicated support forums were in place, although some did not meet as frequently as intended and some were too new to be able to assess their effectiveness.

S18 In our survey, the perceptions of black and minority ethnic and Muslim prisoners were considerably worse than those of their respective counterparts across key areas of treatment and conditions, including safety and relationships with staff. Prisoners raised these issues with us repeatedly during the inspection. We did not find evidence to support these concerns but not enough was done to engage with prisoners about these issues.

S19 Support for foreign national prisoners was limited. There was insufficient use of professional interpreting services or translated material, leaving some non-English speakers feeling isolated.

- S20 Older prisoners were relatively positive in our survey but those with disabilities expressed more negative perceptions across a range of indicators, including safety and victimisation. There was a formal trained carer scheme but there were too few of them to meet the needs of all those who needed them. Wing-based support plans were not in place. The activity centre for older prisoners and those with disabilities was a good initiative, providing meaningful activity and support.
- S21 Support for transgender prisoners was developing but their day-to-day experience was poor.
- S22 Faith facilities were adequate and the chaplaincy provided a wide range of support, although the lack of a permanent Muslim chaplain was a concern.
- S23 The number of complaints submitted was relatively high. There was no formal quality assurance of the system, although prisoners were generally satisfied with the way that complaints were handled.
- S24 The health needs of the prison population had increased since the re-role. Primary health care services did not meet prisoners' needs owing to staff resourcing issues, too few clinical rooms and excessive waiting times for most clinics. Lifelong condition management and care planning for prisoners with complex health needs were underdeveloped. Health care complaints were managed through the general prison complaints system, which was inappropriate and compromised patient confidentiality.
- S25 Pharmacy services were reasonably good but systems to administer medication on the wings to prisoners who could not access the treatment hatches, and at night-time were not safe. Dental care was good.
- S26 Prisoners waited too long for primary mental health assessments and support. Access to psychological therapies ('improving access to psychological therapies') and secondary mental health services was very good but prisoners waited too long for transfer to external mental health beds.
- S27 Prisoners were positive about the standard of the food provided which was very good. The prison shop was efficient but the option for catalogue purchases had been limited until the very recent introduction of a wider range.

Purposeful activity

S28 *The amount of time unlocked was reasonably good and the regime ran to time. The leadership and management of learning and skills and work were good. The range of activities met prisoner needs. There were sufficient activities for the population and these were fully utilised. Attendance and punctuality were good. The quality of teaching and learning and assessment were consistently good. Peer mentors were used well to support learners. Not all prisoners completed their courses but, those who did, achieved well. Library accommodation was poor and access was problematic. PE provision was reasonably good. **Outcomes for prisoners were good against this healthy prison test.***

S29 *At the last inspection in 2011 we found that outcomes for prisoners in Rye Hill were not sufficiently good against this healthy prison test. We made 10 recommendations in the area of purposeful activity. At this follow-up inspection we found that six of the recommendations had been achieved, one had been partially achieved, two had not been achieved and one was no longer relevant.*

- S30 The amount of time out of cell was good for most and better than at comparator prisons, with those in full-time work achieving over 10 hours a day and most others around five and a half hours. Too many prisoners, on average 18%, were locked in their cells during parts of the working day. The regime ran to time and access to association and exercise was regular.
- S31 The education, work and activities offered had been adapted well to meet the needs of the new population. Education provision was suitably focused on personal and social development, English and mathematics. A wide range of work and activities was available, including distance learning opportunities. There were effective processes to improve teaching, learning and assessment, and there was good celebration of prisoner success. Managers did not involve partners well enough in the self-assessment process in order to raise standards further.
- S32 There were sufficient activity places for the population. Few prisoners were unemployed; attendance and punctuality were good; and around three-quarters of the population were engaged in activity at any one time. Non-attendance was mostly justified by part-time work, shift work and retirees.
- S33 The quality of teaching and learning was consistently good. Teachers were enthusiastic and used a wide range of teaching strategies to involve and motivate learners. In industry workshops, prisoners developed relevant work skills but workshop trainers did not provide sufficient support to prisoners to improve their skills in written English.
- S34 In most sessions, staff made good use of learner profiles to plan lessons that met the different needs of individual learners, but this was not consistent. Good support was available for learners who needed extra help, and peer mentors provided good support in the work places and to older prisoners in the activities centre.
- S35 Achievement rates were very high on most education and vocational qualifications, including in English and mathematics. A small minority of learners did not complete their qualifications, mostly because of being transferred to another prison before completion. Learners were enthusiastic, committed to their learning and made good progress.
- S36 Library accommodation was unsuitable for its purpose and there was insufficient space for prisoners to read reference books. The range and quantity of books were adequate, but the time available for prisoners to visit the library was too limited.
- S37 PE facilities were adequate. There was good access to PE, including for older prisoners and those with health care needs. Too much cardiovascular equipment was defective. PE staff were suitably qualified and offered an appropriate range of well-being and lifestyle management qualifications.

Resettlement

S38 *The strategic management of resettlement was good and there was a whole-prison approach. Offender management work was effective, with all prisoners having regular contact with their offender supervisors, and well-informed sentence plans and targets. The backlog of offender assessment system (OASys) assessments hindered progression for some. The quality of risk management was usually good. Public protection arrangements were sound. The demand for resettlement planning was exceptionally low and most needs were met on an individual basis. Visits provision was mostly good but there were no family- or children-related courses. Offending behaviour courses met the needs of the population and work was undertaken with deniers and those prisoners resisting programme participation. **Outcomes for prisoners were good against this healthy prison test.***

S39 *At the last inspection in 2011 we found that outcomes for prisoners in Rye Hill were reasonably good against this healthy prison test. We made 24 recommendations in the area of resettlement. At this follow-up inspection we found that 16 of the recommendations had been achieved, two had been partially achieved, four had not been achieved and two were no longer relevant.*

S40 A comprehensive reducing reoffending needs analysis had been completed after the re-role, and this informed a clear strategy and action plan. The monthly reducing reoffending meeting monitored the action plan and reviewed the needs of new arrivals.

S41 Prisoners in our survey were positive about offender management, with almost all of them saying that they had a sentence plan and most saying that their offender supervisor was working with them to achieve their sentence plan targets. In spite of a backlog of 155 offender assessment system (OASys) assessments, all of which were the responsibility of community offender managers, sentence plans were developed but the lack of an OASys assessment delayed some prisoners from accessing offending behaviour programmes. Offender supervisors saw all new arrivals and met them at least every six months to review progress, which was communicated to offender managers. Plans were well informed by input from all departments across the prison, and presented to prisoners in a format that was easily understandable. In nearly all the cases we examined, the quality of OASys assessments, risk of harm screening, analysis and risk management plans was good.

S42 Public protection issues were identified and dealt with appropriately. The interdepartmental risk management team meeting provided effective governance of the management of risk for most of the prison population. Arrangements for the small number of prisoners being released directly from the establishment were dealt with on an individual basis, however, so did not benefit from this collective oversight.

S43 Categorisation reviews were mostly completed on time. Decisions were reasonable and mostly linked progression with sentence planning targets, so prisoners were clear on what they needed to do to progress.

S44 Prisoners serving indeterminate sentences made up around a third of the population. Staff were appropriately trained to meet their needs and sentence management for this group was reasonable.

S45 The demand for resettlement services was low, with only five prisoners released in the previous six months. The immediate resettlement needs of new prisoners were identified on arrival, and assistance was provided.

- S46 There was no specialist advice to deal with accommodation and finance, benefit and debt issues but some support and advice was provided by a skilled prisoner representative and offender supervisors. Information, advice and guidance in relation to education, training and employment were good. Suitable bespoke employment and training arrangements were made for the few prisoners released directly into the community.
- S47 Health care discharge arrangements to ensure continuity of care on transfer and release were appropriate. The demand for palliative care had increased and support arrangements were developing. The drug and alcohol recovery team had excellent links with the offender management unit for the coordination of release plans and with local community-based drug and alcohol support agencies.
- S48 Social visits provision met demand and booking arrangements were efficient. Support and information for families was good, and the Outside In support group was an excellent initiative. A range of family days was available but no parenting or family-related courses were provided.
- S49 The range of offending behaviour programmes was suitable for the population and adjusted to meet their particular needs. Difficulties caused by the large number of prisoners unsuitable for programmes were being resolved. There was a good strategy for challenging and overcoming resistance to programme participation. For prisoners who were not suitable for accredited programmes, there was a reasonable range of alternative interventions.

Main concerns and recommendations

- S50 Concern: In our survey, the perceptions of black and minority ethnic and Muslim prisoners were far worse than those of white and non-Muslim prisoners, respectively, across key areas of their treatment and conditions, including safety and relationships with staff. Prisoners raised this with us repeatedly during the inspection. We did not find evidence to support these concerns and some were not well founded. However, the prison was not doing enough to address these perceptions by demonstrating that they were listening and by sharing and discussing monitoring data and other information that would help address them.

Recommendation: The prison should strengthen consultation arrangements with prisoners from black and minority ethnic backgrounds and Muslim prisoners, demonstrate that they are listening to concerns and more proactively share monitoring data and other information that would provide reassurance or illustrate where action was required.

- S51 Concern: The health needs of the population had increased since the re-role. Primary health services were not meeting the needs of the population as a result of multiple factors, including inadequate staffing levels, the staff skill mix, insufficient clinical space and excessive waiting times for most services.

Recommendation: The health service commissioners, prison and health service providers should work together to ensure that the health services staffing levels, skill mix, clinical space and clinical services delivered are adequate to meet prisoners' health care needs.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1** *Prisoners reported being treated well by escort staff. Vehicles were clean and in good order but problems with transporting property caused some prisoners frustration.*
- I.2** In our survey and in conversation, most prisoners told us that they were treated well by escort staff, including those who had travelled long distances to the prison, and had felt safe during the journey. Escort vehicles we saw were in good order and carried food, drinks and emergency sanitary products.
- I.3** Prisoners often complained about their property not arriving with them because of limited space on some vehicles and reported long waits for their property to arrive subsequently. We saw prisoners transferring out experiencing the same difficulties but were impressed by prison staff's reassurances to prisoners that their property would follow them within two days of departure. Records confirmed that this process was effective for those leaving the establishment.

Recommendation

- I.4** **Transport arrangements should include the facility to transport property with the prisoner within volumetric control guidelines.**

Early days in custody

Expected outcomes:

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

- I.5** *Initial safety screening and reception processes were sound. First night and induction processes were good and the use of peers to deliver the induction programme was effective.*
- I.6** The small reception area was clean and adequately equipped. Only about six new prisoners usually arrived each week; all arrivals were planned and reception was appropriately staffed whenever necessary. In our survey, most prisoners said that they were treated well in reception but many spent too long there – usually for around four hours – waiting to be moved to the first night wing. Reception procedures included a comprehensive safety screening, health screen and mandatory drug test, and were undertaken in sufficient privacy and to a good level; however, the routine strip-searching of prisoners arriving from other

prisons and on release was unnecessary (see recommendation 1.35). There was no information in languages other than English and we could find no evidence of the use of professional interpreting services in reception (see recommendation 2.32).

- 1.7** Arriving prisoners could make a short telephone call (subject to public protection arrangements). The two well-trained induction orderlies met all new prisoners to put them at their ease and told them what to expect during their early days at the establishment. Some of the information collated by the orderlies was of a sensitive nature and should have been dealt with by staff. The admissions process was amended during the inspection to address this.
- 1.8** All new prisoners resided on Andrews wing (the first night and induction wing) at least until the completion of induction. First night cells were located near the staff office and were well prepared for occupation. There was a comprehensive 24-hour monitoring and observation system for all new arrivals, and most prisoners said that they had felt safe on their first night. There was free access to showers and most new prisoners were able to undergo a period of association before being locked up for the night.
- 1.9** The formal induction programme was comprehensive and consisted of three days of sessions, delivered by the induction orderlies on a modular basis, usually starting on the next working day after arrival. A useful information booklet (including in easy-read form) was available but there was nothing in any language other than English (see recommendation 2.32).

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.

1.10 *Few prisoners reported feeling unsafe. Levels of violence had decreased and incidents were mainly low level. There was a good system to monitor bullies and support victims and other prisoners struggling to cope.*

- 1.11** In our survey and our groups, few prisoners said that they currently felt unsafe. Levels of violence had fallen since the change to the population and were comparable with those at similar prisons. Most reported incidents were relatively low level and led to a local investigation (commissioned by the head of safer custody). Investigations were appropriate and resulted in actions being taken to make the prison safer.
- 1.12** There was an effective strategy to manage and reduce violence and other antisocial behaviour. The monthly safer custody meetings were well focused on potential risks and considered a wide range of relevant data. The data showed that a small number of prisoners were regularly responsible for a disproportionate number of incidents. Prison staff were generally aware of the particular risks associated with the sex offender population but there was no strategic approach to ensuring that all staff were aware of the potential for prisoner-on-prisoner sexual grooming and targeting, especially in relation to some of the younger prisoners held at the prison.

- I.13** There was a three-level observation process to monitor those suspected of or involved in antisocial behaviour. This was consistently maintained across all areas of the prison, and entries in observation booklets were regular and provided a useful insight into the behaviour of those subject to monitoring; however, there were few direct interventions beyond the application of formal disciplinary procedures. There was good support for victims, and an observations booklet was used to ensure regular monitoring and information sharing.
- I.14** A weekly complex case review meeting focused on managing and supporting prisoners involved in antisocial behaviour or self-harm, or struggling to cope with life at the prison. This meeting was well attended by representatives from relevant departments within the prison and also from Northamptonshire County Council, which provided social care support (see section on safeguarding).
- I.15** A safer custody helpline was well advertised on all wings and in visitor areas. This was checked daily by the safer custody team and, where appropriate, acted on.

Recommendations

- I.16** **The risks of prisoner-on-prisoner sexual grooming should be included in the violence reduction strategy and processes should be implemented to monitor potential perpetrators and victims.**
- I.17** **Meaningful interventions should be used to challenge those displaying antisocial behaviour and to support victims of bullying.** (Repeated recommendation 3.11)

Self-harm and suicide prevention

Expected outcomes:

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

I.18 *Levels of self-harm were high. The quality of assessment, care in custody and teamwork (ACCT) documentation was mixed but was good for the most complex cases. Listeners were readily available and those subject to ACCT procedures felt supported.*

- I.19** There had been no self-inflicted deaths at the prison since the previous inspection. Since the re-role of the prison to an entirely sex offender population (see paragraph 4.2), levels of self-harm had increased to a high level of around 50 incidents per month. This equated to an average of around 20 new assessment, care in custody and teamwork (ACCT) case management documents being opened each month. The comprehensive monitoring demonstrated that a high proportion of events (often as high as 48%) could be attributed to a single prisoner.
- I.20** The quality of the documentation we saw was mixed, with a higher quality observed in long-term than short-term cases. There was often insufficient recording of the decision-making process and risk assessment undertaken when deciding to close ACCTs. For longer-term and complex cases, ACCT documents demonstrated high levels of care and support, and the prison had managed some extremely prolific self-harmers with high degrees of success in

relation to reducing harm and providing the levels of support necessary. Prisoners on open ACCT documents told us that they felt well cared for.

- I.21** There was good access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and those we spoke to told us that they were well supported by the prison and the local Samaritans. Support for prisoners in crisis was provided in cell, with two Listeners attending during lock-up periods. There was a single constant observation cell in the now-disused health centre inpatient unit; this had been used four times in the previous six months. The cell was isolated, unnecessarily austere and did not provide a supportive environment for someone in crisis.

Recommendations

- I.22** **When closing an assessment, care in custody and teamwork (ACCT), the decision-making and risk assessment process undertaken should be fully demonstrated and recorded.**
- I.23** **Constant observations should be conducted in a more supportive environment.**

Safeguarding (protection of adults at risk)

Expected outcomes:

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

- I.24** *There was an adult safeguarding policy but it did not include a clear referral process. Good attention had been given to addressing the social care needs of prisoners who needed additional support on the wings, and there was good attendance by the County Council at complex case reviews.*

- I.25** Representatives from the local adult safeguarding board regularly attended the prison's operational management group meetings. There was an adult safeguarding policy but it did not detail the referral process that staff should follow if they had concerns.
- I.26** Duties under the Care Act 2014 had been implemented well. Complex case reviews and meetings to discuss terminally ill prisoners were held regularly and provided detailed information and planning for prisoners who needed additional support on the wings. Representatives of Northamptonshire County Council were present at these, to take forward concerns and referrals. Some prisoners had received support from community-based occupational therapists and had been provided with adaptations to their cell or other necessary equipment to improve their conditions on the wing.

Recommendation

- I.27** **The safeguarding policy should detail the referral mechanism that staff should follow in reporting concerns to the local authority.**

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

Security

Expected outcomes:

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

- I.28** *Procedural security was generally proportionate, with a few exceptions, and important elements of dynamic security had been established. Intelligence was well managed and risk management systems were effective. Security-led meetings were well attended, and there were good links to local policing teams. Mandatory drug testing positive rates were low and the prison was responding proactively to the emerging threats of new psychoactive substances and illicitly brewed alcohol. Not enough was being done to reduce the diversion of medication.*
- I.29** Procedural security was generally well managed but a few practices, such as strip-searching all prisoners in reception (see paragraph 1.6 and recommendation 1.35) and also a random selection of prisoners from visits and workshops, without a detailed assessment of the immediate threat, were disproportionate. On the whole, risk management was well integrated and clearly effective. The modified free-flow system to allow supervised prisoner movements at the beginning and end of planned regime activities was particularly well managed. The system to allow lower-risk prisoners to move and work in the prison grounds with minimal supervision ('red bands') worked well.
- I.30** Important elements of dynamic security were in place and the management and use of intelligence were good. Relationships between staff and prisoners were generally positive (see paragraph 2.11). Supervision in important areas around the prison, such as residential wings, education classes and workshops, was effective.
- I.31** Security information was processed well and intelligence was communicated to appropriate areas quickly. Security-led meetings were well attended and links with other key prison departments, particularly the offender management unit and safer custody, were good. Representatives from the security department contributed to all decision-making processes.
- I.32** Links with local and national policing teams were effective and a police intelligence officer had been appointed to collate and help manage useful information.
- I.33** In our survey, fewer prisoners than elsewhere said that it was easy to get drugs or alcohol at the prison. The random mandatory drug testing (MDT) positive rate for the six months to July 2015 was low, at 2.34%. New psychoactive substances (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects), such as Spice and Black Mamba, which are not detectible by MDT, and illicitly brewed alcohol were known to be on the increase. The prison had responded proactively to these emerging threats, through a comprehensive supply reduction strategy involving a whole-prison approach
- I.34** The diversion of medication was also a known issue, and not enough was being done by the health care department to reduce risk through improved medication administration procedures at hatches and on the wings at night (see paragraph 2.50).

Recommendation

- I.35 Strip-searching (including on release) should be carried out only following a detailed assessment of immediate threat.**

Incentives and earned privileges³

Expected outcomes:

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

- I.36** *Most prisoners were on the enhanced level of the incentives and earned privileges scheme. The regime for the small number of prisoners on the basic level was better than we usually see, although the requirement for them to wear green tracksuits was unnecessary.*

- I.37** Most prisoners (66%) were on the enhanced level of the scheme, with only around 3% on basic. The scheme was well managed and there was evidence that it was being used strategically to manage prisoners' behaviour. The behaviour warnings we saw appeared fair. In our survey, more respondents than elsewhere said that they had been treated fairly in their experience of the scheme (62% versus 51%) and that the scheme had encouraged them to change their behaviour (59% versus 44%).

- I.38** Prisoners spent only about two to three weeks on basic. Reviews were held every week and prisoners could earn back privileges (including association periods) incrementally for complying with rules and the regime. The basic regime was better than we often see, although the requirement for those on this level of the scheme to wear green tracksuits was unnecessary and humiliating.

Recommendation

- I.39 Prisoners on the basic level of the incentives and earned privileges scheme should not be required to wear prison clothing that distinguishes them from other prisoners.**

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

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.40 *The number of formal adjudications was reasonably low and hearings were conducted fairly. The level of use of force was comparatively high but a small number of prisoners accounted for a disproportionate number of incidents. Governance of use of force was very good and video recordings of incidents were scrutinised at well-attended use of force committee meetings. Managers wore body cameras and were able to record spontaneous incidents quickly. Living conditions on the segregation unit were good and use of segregation was comparatively low. The regime, however, was too limited for longer-stay prisoners and reintegration planning was underdeveloped.*

Disciplinary procedures

- I.41** There had been about 325 adjudications in the previous six months, which was comparatively low and far lower than at the time of the previous inspection. There had also been a decrease in the proportion of the more serious charges referred to the independent adjudicator.
- I.42** Governance of adjudications had improved considerably. Monthly statistics on the number and nature of adjudications presented to the senior management team were used to identify and address trends. The monthly standardisation meeting was well attended and minutes reflected good levels of discussion about relevant issues.
- I.43** Records showed, and we observed, that proceedings were conducted fairly and there were examples where adjudicating governors had dismissed cases owing to a lack of evidence.

The use of force

- I.44** In the previous six months, there had been 88 incidents in which force had been used, which was higher than we usually see at comparable prisons. However, a small number of prisoners accounted for a disproportionately high number of incidents. For example, nearly 38% of all incidents had involved the same four prisoners. Of all incidents, most (about 70%) were low level and did not require the use of full control and restraint techniques. Batons were not carried and the special cell had not been used for over 18 months.
- I.45** Spontaneous and planned interventions were well organised and appropriately carried out, and the documentation we examined had been completed correctly. Proper authority was recorded; senior staff supervised all incidents and planned interventions were video-recorded. There was also evidence in the paperwork we examined that de-escalation was often used to good effect. Managers carried body-worn cameras and were able to record spontaneous incidents quickly, usually as they began.
- I.46** The management and monitoring arrangements for use of force were very good. A well-constructed use of force committee met each month to oversee processes and provide governance. All incidents were discussed, video records were scrutinised and a senior manager quality-assured associated paperwork. Information, including the nature of the incident, its location and the ethnicity of the prisoners involved, was analysed. Trends were identified and appropriate action taken.

Segregation

- I.47** Overall, the environment on the segregation unit was good and staff–prisoner relationships there were impressive. The communal landings were clean, brightly decorated and well lit. Cells were clean, well furnished and free from graffiti, but the three cage-like exercise yards were grim.
- I.48** There had been 66 separate cases of segregation, involving 47 individual prisoners, in the previous six months, which was comparatively low. Although we calculated that the average length of segregation was about eight days, we found many examples where prisoners had been segregated for much longer, with little reintegration planning and an inadequate regime. Three of the five current residents, for example, had been segregated for just over two months. Most prisoners on the unit spent nearly all day locked in their cells without company or anything meaningful to do. Management plans had been raised for a few segregated prisoners with more complex needs but targets were superficial and concentrated nearly exclusively on compliance with segregation unit rules.
- I.49** Governance of segregation was good. A local segregation policy had been published and an effective segregation monitoring and review group, led by a senior manager, met each month to monitor and review all cases and identify trends in behaviour.

Recommendations

- I.50** **Formal and individualised care planning should be developed to help return segregated prisoners to normal location.**
- I.51** **The regime on the segregation unit should be improved, to include off-unit activities where possible, particularly for those separated for their own protection.** (Repeated recommendation 7.31)

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.52 *Psychosocial services had improved greatly. The drug recovery wing was developing well and the attached garden was an excellent recovery-focused project. The administration of opiate substitution medication was poorly managed.*

- I.53** The drug and alcohol recovery team (DART) psychosocial service was delivered by G4S staff. Clinical services were delivered Northamptonshire NHS Trust.
- I.54** Psychosocial services had improved greatly. The appointment of a full-time drug strategy manager had brought about improvements in service delivery and integration between clinical and psychosocial teams. Joint working with other departments, including mental health services, had also improved but more needed to be done to develop further a pathway for dual diagnosis (the co-existence of mental health and substance misuse problems). Primary health services staff did not receive substance use awareness training.

- I.55** The new DART service delivered an appropriate range of low- and medium-intensity interventions, and plans were well advanced for the introduction of a high-intensity group-work programme.
- I.56** The drug recovery wing on the Beaumont unit was in its early stages of development. Although it lacked a peer support scheme, prisoners' recovery greatly benefited from involvement in the excellent 'recovery garden' project. Up to 30 prisoners could work in the well-designed garden, staffed by trained horticulturalists. The garden also included a successful bee-keeping enterprise. Feedback gathered by DART and from prisoners we spoke to showed that involvement in the project helped them to learn some of the fundamental principles of recovery and to adopt a healthy, drug-free lifestyle.
- I.57** Demand for opiate substitution treatment was very low (four prisoners) but the administration of daily medication by integrated drug treatment system nurses from HMP Onley was poorly managed and often given inappropriately at the same time as general medication by Rye Hill nurses, from a room that was too small to hold two teams of nurses. Prisoners on opiate substitution treatment said that clinical reviews had improved.

Recommendations

- I.58** **A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems.** (Repeated recommendation 3.56)
- I.59** **Primary health services staff should receive appropriate substance misuse awareness training.** (Repeated recommendation 3.53).

Good practice

- I.60** **For prisoners with substance misuse issues, the recovery garden project which engaged prisoners with garden creation and maintenance encouraged prisoners to adopt a healthy drug free lifestyle.**

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 quality of outside areas and residential accommodation was very good and they were exceptionally clean. Access to showers was good and refurbishment was ongoing. Some mattresses were of poor quality and some prisoners had too little prison-issue clothing. The on-wing electronic kiosks provided good access to information and applications, but only in English. Access to in-cell telephones promoted contact with family and friends, and mail was processed efficiently.*
- 2.2** The outside areas and gardens were excellent. All wings were exceptionally clean and well maintained, and communal areas were adequately furnished. There was little graffiti and the offensive display policy was adhered to well.
- 2.3** Cells were appropriately furnished and all prisoners had privacy keys. Prisoners had to buy their own kettle. Some prisoners, particularly the many who were older and/or had disabilities, complained about poor-quality mattresses and those we looked at were in need of replacement.
- 2.4** Access to in-cell cleaning materials was good, with 92% of prisoners in our survey (against the 62% comparator) saying that they could access cleaning products every week. However, in-cell toilets lacked seats and lids, leaving prisoners to make a cover out of cardboard or material. Some toilets in double cells were inadequately screened. In our survey, almost all prisoners said that they could shower daily. Showers were being refurbished at the time of the inspection, and access for older prisoners and those with disabilities was being improved. The new doors were too small, however, and did not provide sufficient privacy as they faced the main wing and staff office area.
- 2.5** Most prisoners wore their own clothes, and wing-based laundry facilities were good. However, some of those without their own clothes had too little prison-issue clothing. For example, some prisoners we met had only two sets of underwear for the week and others did not have enough good-quality tracksuit bottoms or T-shirts.
- 2.6** Most prisoners had confidence in the applications system and in our survey more prisoners than elsewhere said that applications were dealt with fairly (61% versus 47%) and quickly (46% versus 30%). The paper-based application system was being phased out and the use of touch-screen information kiosk expanded, allowing for a reliable and trackable response. Prisoners could also use these kiosks to access information and take responsibility for many aspects of prison life, including booking visits, placing prison shop orders and making some applications. The kiosk displays were only in English, however, which was problematic for those whose first language was not English (see recommendation 2.32).
- 2.7** Incoming and outgoing mail was managed efficiently and the 'email-a-prisoner' scheme was in place. Prisoners had access to a telephone in their cell, which promoted contact with family and friends.

Recommendations

- 2.8 Prisoners should not be charged for basic items such as kettles.**
- 2.9 All toilets should have seats and lids and should be screened adequately.**
- 2.10 Prisoners should always have access to sufficient prison-issue clothing.**

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.

2.11 *Staff-prisoner relationships were mostly good but many prisoners complained about the behaviour of a small number of staff. Many prisoners felt that prison rules were applied inconsistently. Wing staff had a detailed knowledge of those in their care and there was a personal officer scheme. Recording by personal officers was too infrequent and not always sufficiently detailed.*

- 2.12** Since the re-role to an entirely sex offender population (see paragraph 4.2), staff had been trained to be more confident and aware in managing sex offenders. During the inspection, we observed, and many prisoners commented, that although most staff were good and supportive, there were a few who were rude, unhelpful and disrespectful and that some staff applied the prison rules inconsistently, making them feel disrespected and victimised. This was reflected in our survey, in which, although most prisoners said that staff treated them respectfully, the proportion was lower than the comparator (77% versus 83%). Far fewer black and minority ethnic and Muslim prisoners than their counterparts said that staff treated them respectfully (see section on equality and diversity and main recommendation S50).
- 2.13** Most staff clearly had a detailed knowledge of individual prisoners. Most prisoners said that they knew they had a personal officer and more prisoners than at similar prisons said that a member of staff had checked on them personally in the previous week. Electronic case note entries were not sufficiently regular and were of inconsistent quality, with many failing to provide adequate detail about the prisoner's progression or behaviour and little evidence of any focus on resettlement or general welfare issues. Management oversight of personal officer entries was mainly ineffective.
- 2.14** In our survey, only 15% of prisoners said that staff spoke to them routinely during association, which was considerably worse than the 23% comparator. We saw staff in offices during association periods but they were busy undertaking tasks and helping prisoners.
- 2.15** The prison council was an effective tool for consulting prisoners but membership had dropped and more needed to be recruited to reflect the diverse needs of the population.

Recommendations

- 2.16 All staff should treat prisoners respectfully and apply prison rules consistently. Managers should regularly explore prisoners' views about staff and take action to address issues arising.**

- 2.17** Personal officer entries should be made regularly and provide sufficient information about progression and behaviour.

Equality and diversity

Expected outcomes:

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

- 2.18** *The prison population was extremely diverse and had a high level of needs in many areas. The equality action team met regularly and meetings were well attended. Data analysis was good. A strategy was in place but was not specific to the population, despite the availability of a wide range of information. The views of black and minority ethnic and Muslim prisoners, and those with disabilities were far more negative than their respective counterparts in a number of important aspects of prison life. Support forums were not always held as intended and the day-to-day experience of transgender prisoners was poor.*

Strategic management

- 2.19** The re-role had brought with it a change in the profile of prisoners' equality needs. The new population presented a high level of need around many of the protected characteristics. Nearly half of the population was aged over 50 (with 18% being over 60 and the oldest being 86) and another 20% was aged between 21 and 29. These two groups presented distinct and different needs, with some of the older group having a high level of health and social care requirements and 40% having some form of disability. There was also a large population of black and minority ethnic, Muslim and foreign national prisoners.
- 2.20** The equality strategy was not specific to the establishment, despite the availability of a range of data to evidence the range of needs. The action plan setting out the priorities for the coming year lacked detail, which made it difficult to see how the prison was to address equality issues. The equality action team (EAT) met bimonthly and was chaired by the director. Attendance was good and from a wide range of functions, promoting a whole-prison approach to the work. The equality monitoring tool was used well to analyse and identify potential areas where prisoners were experiencing differential treatment. Appropriate action was taken when issues arose. This was supported by monthly reporting and good data analysis across a range of indicators.
- 2.21** Discrimination incident report forms (DIRFs) were available on the wings and 42 had been submitted in the previous six months. The quality of responses to DIRFs was checked by an external body, and themes and trends were discussed at the EAT meeting. However, responses to DIRFs were not sufficiently timely.

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

2.22 There were prisoner representatives for all protected characteristics but some forums had only restarted recently following a long period without any, and some others were not held as frequently as intended. The gay, bisexual and transgender forum met during the inspection, for the first time in a considerable while. Only two meetings with Gypsy, Romany and Traveller prisoners had taken place in the previous year. Meetings with foreign national prisoners and black and minority ethnic prisoners were held more regularly but not always as often as planned, and we were unable to ascertain any outcomes from meetings, so could not assess their effectiveness. There was little on wing noticeboards to promote positive perceptions of minority cultures and lifestyles, or any other protected characteristics.

Recommendations

2.23 **The equality strategy should be specific to the establishment and the needs of the diverse range of prisoners. Specific action plans should set out the priorities for improvement.**

2.24 **Responses to discrimination incident report forms should usually be provided within five working days of submission.**

2.25 **Diversity forums should be held regularly across all protected characteristics.**

Protected characteristics

2.26 Assessment on arrival covered the protected characteristics. In our survey, the perceptions of black and minority ethnic and Muslim prisoners were worse than those of their respective counterparts across many areas. For example, only 50% of black and minority ethnic prisoners (compared with 65% of white prisoners) said that they had been treated fairly under the incentives and earned privileges scheme. Only 48% of Muslim prisoners (compared with 81% of non-Muslim prisoners) said that staff treated them respectfully. Many more black and minority ethnic (22% versus 13%) and Muslim (32% versus 13%) prisoners than their respective counterparts said that they currently felt unsafe. Prisoners raised these issues with us repeatedly during the inspection. Many told us that they felt discriminated against in a wide range of ways, including the application of wing rules and access to work, and that staff lacked awareness of cultural differences and therefore behaved differently with them. We did not find evidence to support these specific concerns but weaknesses in the consultation arrangements meant that not enough was being done to demonstrate the prison was listening or to share monitoring data and other information that might have provided reassurance or indicated where remedial action was required (see main recommendation S50).

2.27 Support for foreign national prisoners was limited. Although the Home Office attended a few times a year to update them on their immigration status, there was no access to independent advice. A cultural day was being planned at the time of the inspection but little else was available. Too little information was available in languages other than English and there was insufficient use of professional telephone interpreting and translation services for the small number of prisoners who were not fluent in English. Some of these prisoners told us that they had felt isolated, particularly in their first few weeks at the establishment.

2.28 Older prisoners' responses to our survey were much more positive than those of younger prisoners but those with disabilities were much more negative than their counterparts in relation to many aspects, including safety and victimisation. For example, almost double the proportion of prisoners with disabilities said that they had been victimised by other prisoners (45% versus 26%).

- 2.29** Older prisoners and those with disabilities were generally well cared for. There was a formal trained carer scheme but there were only six in place across the prison, which was too few to meet the needs of all those needing help. This meant that other prisoners provided support and help informally. There was no meeting for the carer team and they had no clear job descriptions. There were no formal wing-based support plans for prisoners with disabilities, although these were about to be introduced. Personal emergency evacuation plans were in place and those needing help to evacuate were identifiable by a red cell card next to their cell door. There were too few cells for prisoners with disabilities but some adaptations to other cells had been made. The activity centre for older prisoners and those with disabilities was a good initiative, providing meaningful activity and support.
- 2.30** A strategy for managing and addressing the needs of younger adults was being developed. Some useful research had been conducted which found that some staff found it difficult to challenge this age group about poor behaviour; this had led to a more punitive response at times, resulting in prisoners' perception of the inconsistent application of rules (see paragraph 2.12 and recommendation 2.16).
- 2.31** There was too little support for gay, bisexual and transgender prisoners. The day-to-day experience for transgender prisoners was poor and not enough was being done to ensure staff treated them equitably in accordance with their needs.

Recommendations

- 2.32** Foreign national prisoners should be given more support, including access to independent immigration advice, greater use of the professional telephone interpreting service and more information in their first language.
- 2.33** Prisoners with disabilities and older prisoners with identified needs should have a multidisciplinary support plan and, where appropriate, paid carers.
- 2.34** The views of prisoners with disabilities should be fully explored to identify and address issues affecting their experience of life at the establishment.
- 2.35** More support should be provided for gay, bisexual and transgender prisoners who should be able to live permanently and be treated in accordance with their acquired gender.

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.

2.36 *Faith provision was mostly adequate, with the exception of the lack of a second Muslim chaplain, which was a concern. The chaplaincy was proactive, integrated into activities across the prison and provided some good support.*

- 2.37** The range of chaplains covered most prisoners' religions but the loss of the two Muslim chaplains within a few months of each other had affected provision and was a concern. However, one Muslim chaplain was providing cover and the recruitment of a second was

under way. The lack of full-time cover meant that Islamic studies classes had not been provided for some time.

- 2.38** The chaplaincy was proactive and well integrated across the prison – for example, attending assessment, care in custody and teamwork (ACCT) case management reviews and supporting prisoners individually. The team provided a wide range of support, including counselling and Bible studies, and there were plans to introduce a restorative justice scheme.
- 2.39** Faith facilities were adequate and well used. A wide range of festivals was celebrated throughout the year. The ban on some prisoners wearing a Muslim prayer cap outside of attending services was unnecessary and out of line with rules at other prisons. However, this restriction had been reviewed and was to be removed.

Recommendation

- 2.40** **There should be sufficient provision within the chaplaincy to meet the needs of prisoners of all faiths.**

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.

- 2.41** *The number of complaints submitted was relatively high, although prisoners were generally satisfied with the way that these were handled. There was insufficient management oversight of the process.*

- 2.42** The number of complaints submitted was relatively high. The number upheld was extremely low, however, and in the six months to July 2015, only 10 of 1,022 complaints submitted had been upheld. The reasons for this had not been investigated, despite a previous recommendation to do so following the previous inspection, and there had been no senior management quality assurance of the system. Just over 12% of the total number of complaints submitted in this period had been about health care and 6.4% about staff.
- 2.43** In our survey, prisoners responded to all questions about the handling of complaints more positively than at comparator establishments. Although the replies that we sampled were mainly respectful, too many failed to fully address the concerns raised.

Recommendations

- 2.44** **The reason for the apparently low number of upheld complaints should be investigated and addressed.** (Repeated recommendation 3.35)
- 2.45** **Managers should ensure that concerns raised by prisoners are addressed adequately.**

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.

2.46 *There was no legal services officer and prisoners in our survey were generally dissatisfied with the access to legal representatives.*

2.47 There was no longer a legal services officer, although a prisoner representative provided a limited advice service, giving information to prisoners on community services available. In our survey, fewer prisoners than at comparator establishments and than at the time of the previous inspection said that it was easy to communicate with a legal representative or to attend legal visits. We telephoned the booking line on five occasions over two days and were unable to get beyond a recorded message, despite calling during the allotted time.

2.48 The library held an adequate range of legal textbooks but access to it was inadequate (see also section on learning and skills and work activities).

Recommendation

2.49 **The prison should ensure that there is an appropriate level of support for prisoners to contact legal advisers.**

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.

2.50 *Prisoners' health needs had increased since the re-role of the prison. Primary health care services did not meet prisoners' health needs owing to staffing levels, inadequate clinical space and excessive waiting times for most services and external hospital appointments. The management of prisoners with complex health needs and lifelong conditions was underdeveloped. Health care complaints were managed inappropriately through the general prison complaints system. Most pharmacy services were reasonably good but some aspects of medication administration were unsafe. Dental care was good. Primary mental health care had no clear pathway, inadequate staffing and insufficient governance. Psychological services and secondary mental health services were very good.*

2.51 *The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁵ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement with subsequent notices issued by the CQC which have been detailed within Appendix III of this report.*

Governance arrangements

- 2.52** The Care Quality Commission issued 'requirement to improve' notices following the inspection (see Appendix III).
- 2.53** The National Offender Management Service (NOMS) commissioned G4S Forensic and Medical Services (G4S FMS) to provide primary physical and mental health services, and Northamptonshire Healthcare NHS Foundation Trust (NHFT) provided secondary mental health services. NHS England provided substantial support to NOMS, the prison and providers, including guidance and funding to address some areas of concern. However, there was insufficient joint working between all four parties to meet the increase in prisoners' health needs (see main recommendation S51), which were much higher than at the time of the previous inspection. Regular clinical governance and partnership board meetings covered all essential areas. An action plan was being developed to address the deficits identified in the new health needs assessment. Regular quality audits generated action plans. Learning from serious incidents informed service improvement. Regular health forums facilitated by NHS England and attended by senior prison and health managers ensured that prisoner consultation led to improvements.
- 2.54** The small primary health team had experienced serious issues with retention and recruitment since the re-role of the prison. Most of the team had been in post for less than six months and needed further development to be fully effective in key areas such as triage and lifelong conditions. Vacancies were covered by regular agency staff. Staffing levels for nursing grades and administrative staff were low. Senior nurses spent most of their time on clinical issues, which slowed service improvement. Most of the core day was spent on medication administration, leaving around four hours daily for all nurse-led clinics, which was inadequate. This generated excessive waiting times and high levels of staff stress. Nurses were on-site 24 hours a day. A small group of regular GPs had provided daily clinics and out-of-hours cover since January 2015, which had improved consistency and prisoner perceptions of service provision.
- 2.55** Health services staff were easily identifiable and the health interactions we observed were very good. Health services staff had good access to relevant policies and face-to-face training but most required computer-based mandatory training updates. Clinical supervision was available but few accessed it. Managerial supervision arrangements, including performance reviews, were adequate.
- 2.56** Computer-based clinical records (SystemOne) were used and training was planned to help staff use it more effectively. Clinical records were stored securely. Most clinical records we examined were reasonably good but care planning for those with complex health needs and lifelong conditions was poor, which meant that care was often too reactive. For example, health services staff had been called to see one prisoner 10 times in 2015 as an emergency

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

(‘code blue’; see below) for chest pains and weakness. The recorded care on each occasion was appropriate but there was no clear care plan to optimise his management and prevent deterioration.

- 2.57** New arrivals received written information on health services but it included out-of-date information. A discipline officer based in the health centre every day supported clinics and followed up non-attendance effectively.
- 2.58** The prisoner waiting area comprised a narrow corridor with bench seating for four, which often became overcrowded. There were only two clinical rooms in the health centre, which restricted clinic provision. The inpatient unit had been decommissioned but was maintained ready to return to use if required in the future. Cleaning standards and infection control were reasonably good, although the health care room in reception was dirty.
- 2.59** Appropriate, well-checked emergency equipment was located in the health centre and in both wing pharmacy rooms. Fifty-four per cent of operational staff were first-aid trained, but only nurses could access and use automated defibrillators; this created a potential delay in administering emergency care. A code system for health emergencies was used but ambulances were not called until the nurse or senior officer requested it, which could have delayed treatment. In addition, codes were often used for non-emergencies, which caused health services staff to be diverted from other activities unnecessarily.
- 2.60** The strategic management of older prisoners was inadequate. There were not enough older prisoner well-man clinics and these did not generate effective management plans. Bowel screening had lapsed, although aortic abdominal aneurysm screening was about to start. Access to specialist assessment for mobility and health aids was good.
- 2.61** The general prison complaints system was used for health matters, which compromised patient confidentiality. These complaints were routinely scanned onto clinical records, which was inappropriate. There was no accessible information explaining how to complain about health issues. Responses to complaints about health care were generally polite and timely but they did not consistently address all issues or highlight the options available if the complainant was dissatisfied with the response. Most complaints were about medications and waiting times.
- 2.62** Health promotion literature was available in the health centre and newsletters were placed onto the information kiosks monthly, in line with national campaigns. Prisoners waited up to a year to access smoking cessation support, which was unacceptable (see recommendation 2.74). A full range of immunisation and blood clinics were offered but, again, waiting times were too long (see recommendation 2.74).

Recommendations

- 2.63** **Health services staff should be adequately trained to meet the needs of the prison population, including mandatory training requirements, lifelong conditions, older persons, nurse triage and SystemOne.**
- 2.64** **Prisoners with complex health needs should be clearly identified and have an evidence-based care plan that is reviewed regularly.**
- 2.65** **Custodial staff should be trained to use, and have easy access to, automated defibrillators.**

- 2.66** Emergency codes should be used correctly and an ambulance should be called immediately in such situations.
- 2.67** A designated senior health lead should develop health services for older prisoners, including appropriate assessment, reviews, care planning, and access to community screening and immunisation programmes.
- 2.68** Prisoners should have access to a well-advertised, confidential health care complaints system and receive timely responses that address all the issues raised. These complaints and the responses to them should not be included in clinical records.

Housekeeping point

- 2.69** The health care room in reception should be cleaned regularly, in line with national infection prevention and control standards.

Delivery of care (physical health)

- 2.70** New prisoners received an initial health screen in reception and a further assessment the next day. Appropriate follow-up referrals were completed. The re-role of the prison had increased the number of older prisoners and those with complex health needs. An appropriate and improving range of primary care services was provided but waiting times for most clinics, except the dentist, were excessive. For example, prisoners waited up to 10 months for an appointment with the optician, four to five months for the podiatrist and up to three weeks for routine GP appointments. Nurse-led clinics ran daily but did not meet the need owing to the staffing levels, skill mix, time allocated, space and commissioning constraints (see also section on governance and main recommendation S51).
- 2.71** Prisoners we spoke to were negative about the long waits for most services, although most said that the care was good once they were seen. This was reflected in our survey, in which fewer prisoners than at comparator prisons and than at the time of the previous inspection said that access to the doctor and the nurse was good, but more said that the quality of the service provided by the doctor was good.
- 2.72** Prisoners submitted applications for services through the information kiosks. A health care assistant processed these daily and acknowledged receipt of the application through the kiosks. Most prisoners were allocated to waiting lists without being seen in person or any regular review of lists by a senior practitioner, which meant that serious health needs could be missed or deteriorate while they waited. Urgent GP appointments were available from Monday to Friday, and out-of-hours GP arrangements were satisfactory.
- 2.73** The demand for external hospital appointments had increased dramatically since the re-role. Expected waiting times were exceeded regularly owing to the high demand for the two escorts commissioned daily. Those with urgent needs were seen promptly, however, because the prison facilitated all referrals under the 'two week wait' rule as extras.

Recommendations

- 2.74** Prisoners should be able to access all primary care clinics within community-equivalent waiting times and waiting lists should be reviewed regularly by a

senior practitioner to ensure that appointments are allocated on assessed clinical need.

2.75 Prisoners should have timely access to external hospital appointments.

Pharmacy

- 2.76** Focus Healthcare Ltd provided medication promptly, with appropriate written information. Prisoners had good access to pharmacy staff for advice. Staff followed an appropriate range of policies and procedures. Errors, near misses and drug alerts were managed effectively. A well-attended medicines management committee met quarterly and monitored prescribing trends, including tradable medicines.
- 2.77** Most medicines were stored correctly in locked cabinets, although in the pharmacy room serving Edwards, Farley, Garforth and Hastings wings we found some loose strips of non-prescription and prescription-only painkillers mixed together, which created the potential for a serious drug error. These were removed during the inspection. There were no reference books in the wing pharmacy rooms. Health services staff did not have the SystmOne computers turned on during administration, so staff could not easily access clinical records or online references.
- 2.78** Refrigerator temperature records were maintained adequately in the main pharmacy but not on the wings. Medicines were date-checked but records were not retained and we found an expired item in the pharmacy stock. Controlled drugs were stored correctly but we found several instances in the controlled drugs register where the second signatory was missing, and controlled drug orders were incorrectly signed by nurses rather than doctors.
- 2.79** An appropriate in-possession prescribing policy and risk assessments were used. Pharmacy staff administered in-possession medications in the health centre in a confidential and well-supervised manner. Prisoners who shared cells had no secure storage for their medicines.
- 2.80** Nurses administered medicines for supervised consumption three times daily from two tiny wing-based treatment rooms. These rooms felt uncomfortably warm and doors were sometimes kept open during medicines administration, for ventilation purposes, creating the risk of unauthorised access by prison staff. Medicines were generally administered at clinically appropriate times, although the timing of administration meant that doses could not be given 12 hours apart. Night-time medication was given at an appropriate time but it was administered through the fire hose aperture in the door, which meant that communication and observation of swallowing were severely restricted, increasing the risk of diversion.
- 2.81** Drug administration records were complete and non-attendance was managed appropriately. Medication administration from the treatment rooms was generally safe, private and well supervised. However, the administration of integrated drug treatment system (IDTS) medication interrupted that of normal medication, with IDTS prisoners being prioritised ahead of those queuing for non-IDTS medication. This introduced a serious risk of errors, delayed regular prisoners from going to work and created tensions between staff and prisoners.
- 2.82** Nurses took medicines to prisoners who could not access the first-floor treatment rooms. We saw nurses going from cell to cell carrying large quantities of tradable medication, including controlled drugs, often without an accompanying officer, while other prisoners were unlocked. This process was unsafe and time consuming, and ended during the inspection, when nurses began to administer medicines from a wing office with an officer in attendance; although this was safer, it remained unsatisfactory.

- 2.83** Nurses could administer only simple pain relief without a prescription; this created delays for prisoners and increased the demand for GP appointments. Prisoners could buy a wide range of remedies for common ailments from the pharmacy.

Recommendations

- 2.84** Medicines should be stored and administered safely, in line with current professional standards.
- 2.85** Prisoners in shared cells should have secure storage for medication.
- 2.86** Prisoners should have prompt access to appropriate medication through patient group directions and ‘special sick’ supplies, and their use should be consistently recorded and monitored.

Housekeeping points

- 2.87** Appropriate in-date reference books and resources should be available during drug administration.
- 2.88** Refrigerator temperatures should be recorded appropriately and action taken when they exceed the specified range.
- 2.89** There should be clear, retrievable records of emergency cupboard checks and expiry date checks.
- 2.90** Orders for controlled drug stock should be signed by a doctor and all records should be complete.
- 2.91** The doors to wing-based treatment rooms should be locked during drug administration.

Dentistry

- 2.92** Time for Teeth provided a full range of NHS-equivalent services. Waiting times for routine services were reasonable, at four to six weeks. Appointments were appropriately allocated on the basis of clinical need. Emergency provision was appropriate. Effective oral health promotion was provided.
- 2.93** The facility was of a reasonable size and infection control procedures were appropriate. All equipment was appropriately maintained and dental waste was disposed of correctly.

Delivery of care (mental health)

- 2.94** In our survey, more prisoners than at comparator prisons said that they had emotional well-being or mental health problems (42% versus 31%), although similar numbers said that they were being helped with these at the prison. Working relationships between prison and mental health staff were effective. Seventy per cent of discipline staff had received mental health awareness training in the previous three years.
- 2.95** Primary mental health (PMH) services for those with mild-to-moderate mental health needs included mental health nurses, fortnightly psychiatrist input and psychological therapies

(‘improving access to psychological therapies’; IAPT). The team lacked specialist expertise in dementia, dual diagnosis (the co-existence of mental health and substance misuse problems) and learning disability. There was inadequate integration within the service and with secondary mental health services. During the inspection, there were no PMH nurses in post; a nurse had left the previous week and a new one was undergoing vetting procedures. There was a small amount of agency nurse input but this was insufficient for the workload.

- 2.96** PMH nurses received referrals through an open system for assessment, support and referral to other parts of PMH and other services. There was no clear PMH pathway; for example, it was unclear what service was provided, who would be referred to the psychiatrist, IAPT or mental health nurse, and how prisoners were prioritised for services. Since the re-role of the prison, PMH nurses mainly completed general duties, which had severely restricted the PMH service and generated a backlog. During the inspection, the team had a caseload of 25 and care planning was poor. A total of 46 prisoners were currently on the waiting list and had waited up to 14 weeks so far for assessment, some of whom had not received an initial face-to-face assessment of their need.
- 2.97** The IAPT service, provided by Northamptonshire Healthcare NHS Foundation Trust as part of the PMH services, functioned independently and received around 25 referrals monthly through the open referral system. Prisoners were assessed and accessed services promptly. IAPT provided a range of groups, including acupuncture, trauma and anger, and one-to-one work, including cognitive behavioural therapy for severe trauma. Prisoners we spoke to were positive about the IAPT support they had received.
- 2.98** Secondary mental health services included mental health nurse and psychiatrist input for prisoners with severe and enduring mental health needs. The team supported an average of 30 prisoners using the care programme approach and provided an impressive six-month psychological programme (‘dialectical behavioural therapy’). Clinical record keeping and care planning for IAPT and the secondary service were very good.
- 2.99** Two patients had been transferred to external mental health beds under the Mental Health Act in the previous six months and two more were waiting for transfer. Waiting times for transfer were excessive, at between six and eight weeks.

Recommendations

- 2.100 Prisoners with mild-to-moderate mental health needs, including dual diagnosis and learning disability, should receive satisfactory care-planned support from appropriately trained staff, within agreed time frames.**
- 2.101 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.

2.102 *The quality of the food provided was good and many more prisoners than at comparator establishments responded positively about this in our survey. There was reasonable consultation with prisoners about menus. Servery areas were clean and well supervised but some servery workers had inconsistent supplies of clean protective clothing.*

2.103 The quality of the food we tasted was good, with reasonable portion sizes. A wide range of options was available, including for religious requirements, vegans and specific medical diets. In our survey, many more respondents than at comparator prisons and than at the time of the previous inspection (61% versus 25% and 44%, respectively) said that the food was good or very good.

2.104 Menus were on a four-week cycle and prisoners made their selections weekly via the wing-based information kiosks. The catering manager attended monthly prison council meetings with prisoner representatives and conducted an annual food survey.

2.105 The kitchen was clean and tidy, with clear guidance given to kitchen workers on the required levels of cleanliness. All serveries were clean, and were well supervised during mealtimes.

2.106 Prisoners working in the kitchen and on the serveries had undergone basic food hygiene training and some were working towards accredited qualifications in the kitchen and in the staff canteen. The availability of clean protective clothing for servery workers was inconsistent across the wings.

2.107 Breakfast packs were issued to prisoners on the evening before consumption, but toast was also available each morning. Prisoners could dine in association on all wings.

Recommendation

2.108 All prisoners involved in the preparation and serving of food should be appropriately attired in protective clothing.

Purchases

Expected outcomes:

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

2.109 *The in-house shop facility was efficient and responsive to the needs of new arrivals. There was good consultation with prisoners about the prison shop list. Prisoners were not charged an administration fee for catalogue orders.*

- 2.110** The in-house shop, run by Aramark, was efficient and new arrivals could place an order soon after arriving. Prisoners placed their weekly orders through the information kiosks. In our survey, 68% of respondents, against the 45% comparator, said that the range of prison shop goods available was wide enough to meet their needs.
- 2.111** Prisoners were consulted about the shop list through monthly meetings with prisoner representatives on the prison council.
- 2.112** The option for catalogue purchases had been limited until the recent introduction of a wider range. No extra charge was made for the administration of catalogue orders.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

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

3.1 *The amount of time out of cell was good for most and the regime ran to time. Exercise and association periods were regular.*

3.2 The amount of time out of cell for most prisoners was good, and better than at comparator prisons, at over 10 hours a day for those employed. Most others had around five and a half hours a day out of cell, with those on the basic level of the incentives and earned privileges scheme achieving a minimum of three and a half hours unlocked. During our roll checks, an average of around 18% of prisoners were locked in their cells for some of the working day, which was high and included many men who were not required at work at that time because they worked shifts, part-time or were retired.

3.3 The regime ran to time and access to association periods (including evenings) was better than we normally see. Exercise periods were regular, with two opportunities for time in the open air afforded each day. In our survey, fewer respondents than at comparator prisons said that they went on exercise three or more times per week but we were satisfied that this was more by choice than opportunity.

Recommendation

3.4 Prisoners who, through no fault of their own, are not involved in activities during the core day should be unlocked.

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

Learning and skills and work activities

Expected outcomes:

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

3.5 *The leadership and management of learning and skills and work were good. Managers had successfully implemented strategies to improve teaching and learning in education and vocational training and these were consistently good. The range of activities was planned well to meet prisoners' needs. There were sufficient purposeful activity spaces and these were fully utilised. Attendance and punctuality were good. Achievement rates were very high on almost all qualifications, although a small minority of learners did not complete their courses owing to transfers to other prisons. Most learners produced work of a good standard and those in work quickly gained the necessary skills for their prison jobs. The library had an adequate book stock but the accommodation was too cramped and the time available for prisoners to visit the library was too limited.*

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

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

Management of learning and skills and work

3.7 The management of learning and skills and work was good. Since the re-role of the prison (see paragraph 4.2), senior leaders had adapted effectively the education, work and activities offered in order to meet the needs of current prisoners. This was based on a thorough needs analysis undertaken by gaining feedback from prisoners. Managers made good use of prisoners' feedback in their ongoing evaluation of the quality of provision. The quality improvement group was an effective forum for raising and tackling issues, and was well attended by relevant staff. Managers' evaluation of the provision was mostly accurate, and for the education provision it was detailed. Managers did not evaluate in sufficient detail the quality of provision in vocational training, however, and did not involve partner providers well enough in the self-assessment process in order to bring about further improvements.

3.8 The education provision was managed by The Manchester College (TMC) and they had implemented quality improvement strategies effectively to eradicate under-performance and to support tutors to improve their skills. Managers' evaluations of lessons were mostly thorough and their use of themed learning walks was particularly effective as a way of assessing the impact of staff training. Managers completed staff appraisals twice a year but did

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

not make sufficient use of the outcomes from lesson observations in order to review tutors' performance or set targets for further improvement.

Recommendations

- 3.9 Prison managers should include an evaluation of the provision delivered by partners in their self-assessment.**
- 3.10 Education managers should ensure that they take into account the outcomes from lesson observations when assessing the performance of their staff.**

Provision of activities

- 3.11** The prison offered a wide range of education, work and training activities and sufficient places to meet the needs of the prison population, and around three-quarters of prisoners were involved in purposeful activity at any one time. Only a few prisoners were unemployed and non-attendance was mostly justified by part-time work, shift work and retirement. Older prisoners and those who found it difficult to cope with life in prison had access to a good activity centre. Those on distance learning programmes were able to complete higher-level courses. In most work settings, prisoners had sufficient employment to keep them busy but there was not enough work in one of the industry workshops and too many prisoners were employed as wing workers, resulting in a minority being under-occupied.
- 3.12** In designing the curriculum following the re-role, managers had rightly focused on teaching courses in English, mathematics, information technology (IT), and personal and social development (PSD). A small number of other subjects were available, such as business studies and art, but the curriculum for more recreational learning and development of life skills, such as cookery and money management, was limited.
- 3.13** Within work and vocational training, prisoners gained appropriate qualifications – for example, in food hygiene when working in the kitchens. Managers had worked with an external partner to develop a good, innovative organic garden to offer recreational gardening to prisoners with experience of substance or alcohol misuse (see paragraph 1.56).
- 3.14** Managers had timetabled activities well to enable those in work to attend part-time education, which was of particular benefit to prisoners who needed to improve their English and mathematics, and those completing PSD courses before attending offender behaviour programmes. In most cases, managers ensured that prisoners were allocated quickly to education or work. At the time of the inspection, however, too many prisoners were waiting to attend PSD courses, particularly in stress management, and managers had not resolved this quickly enough. Managers had taken effective action to support the needs of prisoners who found attending lessons difficult – for example, by teaching IT in the activity centre and using 'learning pods' in training workshops to teach English and mathematics. Prisoners received good support on the wings from Shannon Reading Trust peer mentors to improve their reading.

Quality of provision

- 3.15** The quality of vocational training, work and education was good. Prisoners enjoyed learning and working, and their behaviour and attitude to learning were good. Tutors were enthusiastic and used a suitable variety of teaching methods, including learner presentations, group discussion and the interactive whiteboard, which motivated and interested learners.

Tutors and trainers made good use of their knowledge of learners' prior attainment and experience to construct work plans and devise strategies to enable each learner to reach their potential. However, these were not always implemented effectively enough in lessons and training sessions. In a few lessons, tutors did not make sufficient use of real-life examples to help learners to understand the practical application of the skills they were learning, such as fractions in mathematics.

- 3.16** Tutors and trainers provided detailed feedback in most individual learning plans, with only a few requiring improvement. Tutors were quick to praise good work but in a few cases failed to identify or correct mistakes made by learners. In vocational training, staff did not provide sufficient guidance to learners to improve their writing skills. In education lessons, tutors did not do enough to further learners' understanding of themes related to equality and diversity.
- 3.17** Managers had developed a good activity centre for older and vulnerable prisoners to participate in a range of activities, which was supported well by peer mentors. These included recreational activities such as art and model making as well as lessons in IT and horticulture. Prisoners made good use of a reading area, which had daily newspapers and a small stock of books, supplied by the library. Staff organised board games and used these well to promote literacy and numeracy.
- 3.18** Learners who needed extra help to achieve were well supported. Staff assessed their needs well at induction and made referrals quickly to a specialist tutor. Peer mentors provided effective one-to-one support in the work places and to older prisoners in the activities centre. They were well qualified and had been trained in understanding behavioural issues, autism and Asperger's syndrome. Learners completing qualifications by distance learning received good support from a part-time tutor and had appropriate access to resources, including IT.
- 3.19** Industry workshops were well equipped and organised. Trainers managed the workshops as realistic working environments. Peer mentors in carpentry and light bulb assembly workshops provided good support. They helped prisoners develop appropriate skills to produce work to the exacting requirements demanded in the workshops and by the customers. Prisoners made good use of mathematical skills. For example, one prisoner produced a spreadsheet to calculate productivity and piece-work payments within an industry workshop.

Recommendations

- 3.20 Tutors and trainers should make consistently good use of learner profiles and initial assessment outcomes to ensure that all learners make progress at a pace suited to their needs.**
- 3.21 Staff should improve the support provided to prisoners in vocational training to improve their written English.**

Education and vocational achievements

- 3.22** The achievement rates on accredited qualifications in most vocational training and education programmes had improved over the previous two years and were very high. A small minority of learners did not achieve their qualifications, mostly because of being transferred to another prison before completion, and in a few cases because of transferring from education classes to work. Managers used data well to monitor the performance of different groups of learners and there were no significant performance gaps. They had instilled a

strong culture of celebrating success and held monthly achievement events. Prisoners were rewarded for a range of achievements, including qualification success, attaining master gardener status and making progress in reading schemes.

- 3.23** Prisoners' development of skills in English, mathematics and IT were good and most achieved their qualifications in these subjects. On PSD courses, prisoners gained good skills to prepare them to participate in the appropriate offender behaviour programmes. These included presentation skills, understanding emotions and feelings, empathy and working in groups.
- 3.24** Learners were enthusiastic, committed to their learning and made good progress in lessons and during training sessions. Attendance and punctuality were good in education classes, vocational training and industry workshops.

Library

- 3.25** The library service was provided by TMC and was housed in a temporary building. The library was too small, with no room for tables or easy chairs, little space between the bookshelves to enable prisoners to browse the stock, and no space for staff to produce a table display to promote reading or wider themes such as equality and diversity.
- 3.26** The range and quantity of fiction and non-fiction books, including easy readers and talking books, were appropriate to meet the needs of the population. There were sufficient foreign language books and dictionaries, and external links enabled prisoners to borrow additional books. Other inter-library loans could be arranged through Rugby Library. A wide range of CDs and DVDs was available but there was only one computer for prisoners to use. The full-time librarian was assisted by three orderlies, who were not able to gain appropriate qualifications at the time of the inspection.
- 3.27** All prisoners were able to visit the library once a week but for a few prisoners it conflicted with other activities, such as education classes. Library visits did not allow sufficient time for prisoners to browse or research the reference books. They could book a full afternoon visit on Fridays but only two prisoners were allowed such visits at any one time. Staff had held few events to promote reading over the previous year and the book club was no longer running as it did not fit into the prison schedule.

Recommendations

- 3.28** **Prisoners working in the library should have access to relevant qualifications.**
- 3.29** **All prisoners should have fair access to the library, with sufficient time and space to make proper use of it, at times that do not clash with other activities.**

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.

3.30 *PE facilities were adequate. Access to recreational PE was good for all prisoners and the indoor and outdoor facilities available were used well. The prison offered an appropriate range of activities to meet prisoners' needs. PE staff and orderlies were suitably qualified. Lifestyle management and well-being courses were offered and were taught well.*

3.31 PE facilities were adequate and comprised a large sports hall, a recently refurbished weights area, an all-weather sports pitch and a small classroom. A small amount of cardiovascular equipment was available but too much of it was in need of replacement. Prisoners made good use of the small fitness rooms available on each wing.

3.32 There was good access to the gym. Prisoners in each work area or employed on each wing had four scheduled sessions to use the facilities, which were open during the day, in the evenings and at weekends. Prisoners who were engaged in full-time work or education were accommodated at times that did not interfere with their other activity commitments. PE staff offered specific activities for older prisoners and also offered physiotherapy sessions for prisoners who had been referred by health services staff. PE staff helped prisoners to improve skills such as making presentations to groups, active listening and being respectful to others' points of view.

3.33 PE staff were well qualified and experienced. They produced a well-planned and varied range of courses and exercise, and a suitable range of sports and leisure activities. Four gym orderlies helped to promote physical health and well-being, and facilitated gym sessions. All gym orderlies had completed well-being courses and two had achieved PE-related qualifications at previous prisons.

3.34 All prisoners received an appropriate induction to the gym and completed health self-declaration forms, which led to referrals for medical advice where necessary. The working relationship between the PE department and the health centre was good.

Recommendation

3.35 **Gym equipment should be maintained and replaced as necessary.**

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 *There was a comprehensive strategy for reducing reoffending, based on an annual analysis of needs. The monthly reducing reoffending meeting was effective in overseeing the reducing reoffending strategy action plan and monitoring the needs of new prisoners.*

4.2 In 2014, the prison had re-roled to hold only sex offenders, and its core purpose was to provide training and treatment to reduce their risk and prepare them for release. A survey had been conducted with the new population as they arrived, to identify their needs. This had informed the reducing reoffending strategy and associated action plan, and these were appropriate for this new prisoner group.

4.3 A monthly reducing reoffending meeting included all relevant departments, including offender management, and there was an identified lead for each resettlement pathway. At this meeting, the action plan was reviewed and updated. The needs of prisoners who had arrived in the previous month were discussed and reports of arrangements for prisoners due for discharge or recently released were presented and discussed. However, the reports of arrangements for release were sometimes not produced sufficiently in advance and did not benefit from input from IRMT and staff from other departments (see paragraph 4.13).

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.

4.4 *Initial contact from offender supervisors was prompt, sentence plans were in place and there was regular contact with offender supervisors. Prisoners in our survey were far more positive than at comparator prisons about offender management. The backlog of up-to-date offender assessment system (OASys) assessments hindered some prisoners' progress. Public protection procedures were thorough but release plans needed more attention from the interdepartmental risk management team. Categorisation reviews were timely and closely linked to sentence progression. There was appropriate management of indeterminate-sentenced prisoners.*

4.5 There was little redeployment of offender management unit (OMU) staff to duties elsewhere. It was apparent from the case files we examined, the minutes of the

interdepartmental risk management team (IRMT) meeting and comments from staff that the OMU was central to life in the prison and carried influence.

- 4.6** Offender supervisors contacted all new prisoners within two days of arrival and used the initial interview, information held on file (including current offender assessment system (OASys) assessments, if available) and a wide range of contributions from prison departments to set sentence planning targets within two months. Subsequent contact was also good, with a minimum of one meeting every six months, of which one was a sentence plan review. These meetings were recorded formally and communicated to offender managers in the community. In our survey, prisoners were much more positive about offender management than we usually find. Ninety-two per cent said that they had a sentence plan, against the 79% comparator, and 62% that their offender supervisor was working with them to achieve their sentence plan targets, against the 43% comparator.
- 4.7** From the cases we examined, we found that sentence planning had developed and was strong. Sentence planning boards were assisted by input from across the prison. These boards were notified well in advance, and community-based offender managers generally attended in person or by teleconference. Under the newly introduced scheme, a dedicated member of the OMU team invited contributions from all relevant departments, including work, education, security and personal officers, so the sentence plan was developed from a broad knowledge base. Sentence plans were presented to prisoners using a red/amber/green pathway illustration, making them easily understandable. In the cases we examined, most prisoners were well engaged with their sentence plans.
- 4.8** The effectiveness of this system was let down in too many cases by the lack of an up-to-date OASys assessment. At the time of the inspection, only 35 were the responsibility of the prison and these were all up to date, but there were 155 that were the responsibility of community-based offender managers, and these were either missing or not up to date. Although sentence planning still went ahead in the absence of an OASys document, risk management assessments were not complete or up to date in these cases, which led to delays for some in assessments for interventions. Although overdue or missing OASys assessments were requested by offender supervisors, there was no reliable system to escalate the request to managers when they were not supplied.
- 4.9** The quality of OASys assessments, risk of harm screening, analysis and risk management plans was mostly good, whether carried out by prison-based offender supervisors or community-based offender managers.

Recommendation

- 4.10 Action should be taken to ensure that all prisoners, including those subject to management by National Probation Service offender managers, have an up-to-date offender assessment system (OASys) assessment.**

Public protection

- 4.11** The prison population was made up of men who had committed a sexual offence, so all prisoners were a public protection concern and could be managed in the community under multi-agency public protection arrangements (MAPPA) when released. In all the cases we examined, there were public protection issues and we found these to be managed appropriately. Records of child contact, harassment and telephone/mail monitoring work was routinely present in the public protection files.

- 4.12** There was good and appropriate attendance at the IRMT meeting. The public protection officer based in the OMU provided a briefing on each case, and written contributions were provided by their allocated offender supervisors. The meeting considered new and reviewed child safeguarding cases, harassment cases and new requests for contact.
- 4.13** Management plans for the small number of prisoners being released directly from the establishment were not discussed at the IRMT meeting, so planning may not have received input from all prison departments. Our examination of cases where prisoners had been discharged or were due for release showed that communication with offender managers was good and that information provided to the MAPPA meetings was mostly comprehensive.

Recommendation

- 4.14** **The risk management of prisoners due for release should be overseen by the interdepartmental risk management team in good time before discharge.**

Categorisation

- 4.15** Most prisoners were in the middle of long sentences and had reviews of their categorisation every 12 months. There was an effective system for notifying offender supervisors when reviews were due and they were all completed on time.
- 4.16** In the cases we examined, recategorisation was appropriately linked closely with sentence plan progress. Full documentation, outlining the reasons for the decision, was provided to prisoners, so that they were clear about what they needed to do to progress.
- 4.17** Prisoners achieving category C status were moved reasonably quickly. When the prison had re-rolled (see paragraph 4.2), too many category B prisoners unwilling or unable to participate in treatment had been received (see paragraph 4.43). They had comprised 70% of the population and this had subsequently reduced to 55%, but at the time of the inspection it had become harder to secure suitable transfers for them.

Indeterminate sentence prisoners

- 4.18** There were 152 indeterminate-sentenced prisoners (ISPs), evenly split between those serving indeterminate sentences for public protection (IPP) and life sentences. They were not treated as a separate group, which was appropriate in a prison where 88% of determinate-sentenced prisoners had been sentenced to 10 years or more.
- 4.19** There were three probation officers in the OMU who specialised in working with ISPs but they did not manage all of them. Offender supervisors working with ISPs were appropriately trained and supervised. Sentence planning for ISPs was up to date and parole dossiers were submitted on time.

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.

4.20 *Resettlement needs were identified on arrival. An offender supervisor had been appointed to develop resettlement services. Few prisoners were released directly from the prison and arrangements were appropriate, although strip-searching before release was unnecessary. There was no specialist accommodation service. A prisoner offender management representative provided some support for newly arrived and soon to be released prisoners, although the prison was over-reliant on him and his particular skills and experience. The quality of information, advice and guidance and of pre-release health and substance use planning was good. Prisoners with financial problems were provided with support by the prisoner offender management representative. Visits provision met demand and could be booked easily. Family days were well organised but only enhanced prisoners had been able to access them. Arrangements had recently been made to extend access to basic and enhanced prisoners. There were no parenting or family-related courses. Support for families of prisoners was good. There was a suitable range of accredited offender behaviour interventions. A range of other interventions were available for those not suitable for accredited programmes.*

4.21 Few prisoners (only five in the previous six months) were released directly from the prison, so there was little demand for resettlement support. The immediate resettlement needs of prisoners were identified on arrival by the prisoner offender management representative located on the induction wing. He provided advice and assistance with contacting appropriate support organisations, and informed offender supervisors of prisoners' needs or action taken but the prison was too reliant upon him and his particular skills and experience.

4.22 Although the prisoner offender management representative had a background in welfare and advocacy, which enabled him to provide valuable assistance, he had not received training in advice services and there was no accredited training to ensure that his successor would be able to provide an adequate service.

4.23 An offender supervisor had been appointed shortly before the inspection to develop reintegration support. She had monitored the needs of new arrivals, and contact had been made with relevant community-based service providers.

4.24 Arrangements on the day of release were mostly appropriate. However, the practice of strip-searching prisoners before release, regardless of any intelligence to suggest the need, was unnecessary (see recommendation 1.35).

Recommendation

4.25 Prisoner peer mentors who provide resettlement support should receive accredited training for their role. (Repeated recommendation. 9.34)

Accommodation

4.26 There was no specialist accommodation advice service but the prisoner offender management representative provided help to prisoners in terminating tenancies, and set up repayment of rent arrears.

- 4.27** Accommodation for the few prisoners being released directly was usually arranged by community-based offender managers, often in approved premises. In one case we examined of a prisoner released at the end of his sentence without post-custody supervision, the offender supervisor had secured accommodation and put him in contact with a community-based voluntary organisation to provide ongoing support.

Education, training and employment

- 4.28** The quality of information, advice and guidance provided by The Manchester College was good. Staff interviewed prisoners at induction within a week of their arrival. They assessed prisoners' prior knowledge and experience well and ensured that they had a good understanding of the options available to them. Staff took good account of prisoners' needs to place them onto courses or into work that suited them. The reducing reoffending board provided an effective forum for staff to ensure that education and work programmes fitted in well with prisoners' sentence plans.
- 4.29** Staff undertook good reviews of prisoners' progress with their action plans every six months. For almost all prisoners leaving the prison, the focus of review meetings was to prepare them for transfer to another prison. For prisoners released directly into the community, staff provided bespoke guidance to support them with their resettlement. There was no permanent support from specialist staff or agencies to guide prisoners with employment, but staff worked effectively to ensure that released prisoners could access the necessary support from relevant agencies.

Health care

- 4.30** Pre-transfer and release health care arrangements, including liaison with the receiving prison or community, were generally effective, including for prisoners with severe mental health problems.
- 4.31** The demand for palliative care had increased. Prisoners with such needs received weekly reviews with a designated GP and most had appropriate care plans. A formal pathway and relationships with local palliative care services and hospices were being developed.

Drugs and alcohol

- 4.32** The drug and alcohol recovery team had excellent links with the OMU for the coordination of release plans, and with local community-based drug and alcohol support agencies.

Finance, benefit and debt

- 4.33** The prisoner OMU representative provided advice to prisoners about debt and finance problems but did not contact creditors on their behalf or negotiate repayment plans. However, he provided template letters and helped prisoners in writing to their creditors.
- 4.34** There was no longer a facility for prisoners to open bank accounts but the offender supervisor responsible for developing reintegration services had initiated contact with local banks to reinstate the facility.

Recommendation

4.35 Where appropriate, prisoners should be able to open bank accounts.

Children, families and contact with the outside world

4.36 Social visits provision met demand. Prisoners could book these using the information kiosks on the wings. This system was popular with prisoners and visitors, and those we spoke to said that it was easy and efficient. All prisoners could have at least two visits every month, rising to six per month for those on the enhanced level of the incentives and earned privileges scheme.

4.37 In addition to regular social visits, family days were provided each month, alternating between families with children (following thorough risk assessments by the security and public protection departments) and adult-only visits. These had only been available to prisoners on the enhanced level of the incentives and earned privileges scheme until a very recent change to widen access to prisoners on basic and enhanced. Family-orientated or parenting skills courses or support groups were not available to any prisoners and there were no other child-based initiatives, such as Storybook Dads (in which prisoners record stories for their children) in operation.

4.38 The main visits hall was large, clean and bright. Normalising features such as murals and posters decorated walls and helped to soften the environment. There was a separate area for visiting children, and seating was positioned so that other adult prisoners faced away from them. This helped to create a normal environment while appropriately managing prisoners with child-related restrictions. Visits were well supervised by staff; officers were clearly aware of relevant issues, and those we observed were friendly and caring.

4.39 Support for families of prisoners was good. The Outside In support network had been set up by prison managers to offer the friends and families of prisoners formal support through regular personal contact with prison staff. Family members were given a tour of the prison and met officers and managers, who presented sessions explaining the work of the prison.

Recommendations

4.40 Family and parenting courses should be available to appropriate prisoners.

Attitudes, thinking and behaviour

4.41 The accredited offender behaviour programmes provided were appropriate for the population's offence profile, abilities and risk levels. In the current year, 54 places had been provided on the thinking skills programme and 59 on the two sex offender programmes (the 'core sex offender treatment programme' and 'Becoming New Me', a programme designed to support men with intellectual disabilities). The proportion of places on each type of sex offender treatment programme was adjusted according to need.

4.42 The number of places available on offender behaviour programmes was appropriate for the population and waiting lists were managed to ensure that those suitable for treatment had the opportunity to participate in time for parole reviews or release dates.

4.43 When the prison had re-rolled (see paragraph 4.2), too many prisoners unsuitable for offender behaviour programmes had been received. Effective strategies had been adopted to

ensure that the prisoner population fitted the treatment provided and there was also a well-constructed strategy to work with prisoners who were resistant to participating in programmes; this included sanctions and encouragement. An important role was also played by the programme awareness team, comprising prisoner representatives who had participated successfully in treatment themselves. They were available to discuss their experiences with prisoners who were considering treatment and to provide advice and support to those who were currently participating.

- 4.44** When prisoners were assessed as unsuitable or not ready for programmes, alternative sentence plan targets were suggested by the programmes team to offender supervisors. The Skills Towards Enhancing Personal Success (STEPS) education course addressed thinking skills and personal development and was used for prisoners preparing for treatment and those whose risk level was too low for accredited programmes.

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 director

- 5.1 The prison should strengthen consultation arrangements with prisoners from black and minority ethnic backgrounds and Muslim prisoners, demonstrate that they are listening to concerns and more proactively share monitoring data and other information that would provide reassurance or illustrate where action was required. (S50)
- 5.2 The health service commissioners, prison and health service providers should work together to ensure that the health services staffing levels, skill mix, clinical space and clinical services delivered are adequate to meet prisoners' health care needs. (S51)

Recommendations

to Prisoner Escort Custody Services

Courts, escort and transfers

- 5.3 Transport arrangements should include the facility to transport property with the prisoner within volumetric control guidelines. (1.4)

Recommendations Service

to the director and the National Probation

Offender management and planning

- 5.4 Action should be taken to ensure that all prisoners, including those subject to management by National Probation Service offender managers, have an up-to-date offender assessment system (OASys) assessment. (4.10)

Recommendations

to the director

Bullying and violence reduction

- 5.5 The risks of prisoner-on-prisoner sexual grooming should be included in the violence reduction strategy and processes should be implemented to monitor potential perpetrators and victims. (1.16)
- 5.6 Meaningful interventions should be used to challenge those displaying antisocial behaviour and to support victims of bullying. (1.17, repeated recommendation 3.11)

Self-harm and suicide

- 5.7** When closing an assessment, care in custody and teamwork (ACCT), the decision-making and risk assessment process undertaken should be fully demonstrated and recorded. (1.22)
- 5.8** Constant observations should be conducted in a more supportive environment. (1.23)

Safeguarding

- 5.9** The safeguarding policy should detail the referral mechanism that staff should follow in reporting concerns to the local authority. (1.27)

Security

- 5.10** Strip-searching (including on release) should be carried out only following a detailed assessment of immediate threat. (1.35)

Incentives and earned privileges

- 5.11** Prisoners on the basic level of the incentives and earned privileges scheme should not be required to wear prison clothing that distinguishes them from other prisoners. (1.39)

Discipline

- 5.12** Formal and individualised care planning should be developed to help return segregated prisoners to normal location. (1.50)
- 5.13** The regime on the segregation unit should be improved, to include off-unit activities where possible, particularly for those separated for their own protection. (1.51, repeated recommendation 7.31)

Substance misuse

- 5.14** A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems. (1.58, repeated recommendation 3.56)
- 5.15** Primary health services staff should receive appropriate substance misuse awareness training. (1.59, repeated recommendation 3.53).

Residential units

- 5.16** Prisoners should not be charged for basic items such as kettles. (2.8)
- 5.17** All toilets should have seats and lids and should be screened adequately. (2.9)
- 5.18** Prisoners should always have access to sufficient prison-issue clothing. (2.10)

Staff-prisoner relationships

- 5.19** All staff should treat prisoners respectfully and apply prison rules consistently. Managers should regularly explore prisoners' views about staff and take action to address issues arising. (2.16)

- 5.20** Personal officer entries should be made regularly and provide sufficient information about progression and behaviour. (2.17)

Equality and diversity

- 5.21** The equality strategy should be specific to the establishment and the needs of the diverse range of prisoners. Specific action plans should set out the priorities for improvement. (2.23)
- 5.22** Responses to discrimination incident report forms should usually be provided within five working days of submission. (2.24)
- 5.23** Diversity forums should be held regularly across all protected characteristics. (2.25)
- 5.24** Foreign national prisoners should be given more support, including access to independent immigration advice, greater use of the professional telephone interpreting service and more information in their first language. (2.32)
- 5.25** Prisoners with disabilities and older prisoners with identified needs should have a multidisciplinary support plan and, where appropriate, paid carers. (2.33)
- 5.26** The views of prisoners with disabilities should be fully explored to identify and address issues affecting their experience of life at the establishment. (2.34)
- 5.27** More support should be provided for gay, bisexual and transgender prisoners who should be able to live permanently and be treated in accordance with their acquired gender. (2.35)

Faith and religious activity

- 5.28** There should be sufficient provision within the chaplaincy to meet the needs of prisoners of all faiths. (2.40)

Complaints

- 5.29** The reason for the apparently low number of upheld complaints should be investigated and addressed. (2.44, repeated recommendation 3.35)
- 5.30** Managers should ensure that concerns raised by prisoners are addressed adequately. (2.45)

Legal rights

- 5.31** The prison should ensure that there is an appropriate level of support for prisoners to contact legal advisers. (2.49)

Health services

- 5.32** Health services staff should be adequately trained to meet the needs of the prison population, including mandatory training requirements, lifelong conditions, older persons, nurse triage and SystemOne. (2.63)
- 5.33** Prisoners with complex health needs should be clearly identified and have an evidence-based care plan that is reviewed regularly. (2.64)

- 5.34** Custodial staff should be trained to use, and have easy access to, automated defibrillators. (2.65)
- 5.35** Emergency codes should be used correctly and an ambulance should be called immediately in such situations. (2.66)
- 5.36** A designated senior health lead should develop health services for older prisoners, including appropriate assessment, reviews, care planning, and access to community screening and immunisation programmes. (2.67)
- 5.37** Prisoners should have access to a well-advertised, confidential health care complaints system and receive timely responses that address all the issues raised. These complaints and the responses to them should not be included in clinical records. (2.68)
- 5.38** Prisoners should be able to access all primary care clinics within community-equivalent waiting times and waiting lists should be reviewed regularly by a senior practitioner to ensure that appointments are allocated on assessed clinical need. (2.74)
- 5.39** Prisoners should have timely access to external hospital appointments. (2.75)
- 5.40** Medicines should be stored and administered safely, in line with current professional standards. (2.84)
- 5.41** Prisoners in shared cells should have secure storage for medication. (2.85)
- 5.42** Prisoners should have prompt access to appropriate medication through patient group directions and 'special sick' supplies, and their use should be consistently recorded and monitored. (2.86)
- 5.43** Prisoners with mild-to-moderate mental health needs, including dual diagnosis and learning disability, should receive satisfactory care-planned support from appropriately trained staff, within agreed time frames. (2.100)
- 5.44** Patients requiring a transfer under the Mental Health Act should be assessed promptly and transferred within the current transfer guidelines. (2.101)

Catering

- 5.45** All prisoners involved in the preparation and serving of food should be appropriately attired in protective clothing. (2.108)

Time out of cell

- 5.46** Prisoners who, through no fault of their own, are not involved in activities during the core day should be unlocked. (3.4)

Learning and skills and work activities

- 5.47** Prison managers should include an evaluation of the provision delivered by partners in their self-assessment. (3.9)
- 5.48** Education managers should ensure that they take into account the outcomes from lesson observations when assessing the performance of their staff. (3.10)

- 5.49** Tutors and trainers should make consistently good use of learner profiles and initial assessment outcomes to ensure that all learners make progress at a pace suited to their needs. (3.20)
- 5.50** Staff should improve the support provided to prisoners in vocational training to improve their written English. (3.21)
- 5.51** Prisoners working in the library should have access to relevant qualifications. (3.28)
- 5.52** All prisoners should have fair access to the library, with sufficient time and space to make proper use of it, at times that do not clash with other activities. (3.29)

Physical education and healthy living

- 5.53** Gym equipment should be maintained and replaced as necessary. (3.35)

Offender management and planning

- 5.54** The risk management of prisoners due for release should be overseen by the interdepartmental risk management team in good time before discharge. (4.14)

Reintegration planning

- 5.55** Prisoner peer mentors who provide resettlement support should receive accredited training for their role. (4.25, repeated recommendation. 9.34)
- 5.56** Where appropriate, prisoners should be able to open bank accounts. (4.35)
- 5.57** Family and parenting courses should be available to appropriate prisoners. (4.40)

Housekeeping points

Health services

- 5.58** The health care room in reception should be cleaned regularly, in line with national infection prevention and control standards. (2.69)
- 5.59** Appropriate in-date reference books and resources should be available during drug administration. (2.87)
- 5.60** Refrigerator temperatures should be recorded appropriately and action taken when they exceed the specified range. (2.88)
- 5.61** There should be clear, retrievable records of emergency cupboard checks and expiry date checks. (2.89)
- 5.62** Orders for controlled drug stock should be signed by a doctor and all records should be complete. (2.90)
- 5.63** The doors to wing-based treatment rooms should be locked during drug administration. (2.91)

Examples of good practice

Substance misuse

- 5.64** For prisoners with substance misuse issues, the recovery garden project which engaged prisoners with garden creation and maintenance encouraged prisoners to adopt a healthy drug free lifestyle. (1.60)

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
Paul Roberts	Inspector
Catherine Shaw	Researcher
Colette Daoud	Researcher
Michelle Bellham	Researcher

Specialist inspectors

Majella Pearce	Health services inspector
Paul Roberts	Substance misuse inspector
Helen Boniface	Pharmacist
Kathleen Byrne	CQC inspector
Rieks Drijver	Ofsted inspector
Charles Clarke	Ofsted inspector
Bob Busby	Ofsted inspector
Martyn Griffiths	Offender management inspector
Yvette Howson	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2011, prisoners reported being treated well by escort staff. Reception remained cramped and interviews were not sufficiently private. Induction had improved. Most prisoners reported positively on levels of safety and there was little evidence of bullying. There was reasonable management of people at risk of self-harm. There had been improvements to security. The management of the care and separation unit had improved. Force was not always well managed or used as a last resort. The availability of drugs had reduced considerably. Outcomes for prisoners against this healthy prison test were reasonably good.

Main recommendations

Force should be used as a last resort. There should be rigorous recording and review of all incidents, to ensure that de-escalation techniques are used wherever possible. (HP55)

Achieved

Recommendations

Reception should remain open over the lunch period to receive prisoners. (1.5)

Achieved

Prisoners should only be handcuffed following well-evidenced individual risk assessment, and under no circumstances should they remain handcuffed in cellular vehicles. (1.6)

Achieved

First night and cell sharing risk assessment interviews should be undertaken in a confidential setting. (1.14)

Achieved

All literature given to new prisoners should be available in a range of languages. (1.15)

Not achieved

Professional interpreting services should be used during reception interviews for prisoners who do not speak English. (1.16)

Not achieved

There should be a regular system for support and monitoring of prisoners in the first 24 hours after arrival. (1.21)

Achieved

A larger main induction room should be provided, with décor, furnishings and audio-visual equipment conducive to learning. (1.26)

Achieved

Prisoners should be able to start induction within one to two working days after arrival. (1.27)

Achieved

Meaningful interventions should be used to challenge those displaying antisocial behaviour and to support victims of bullying. (3.11)

Not achieved (recommendation repeated, 1.17)

Assessment, care in custody and teamwork (ACCT) observation entries should be detailed and demonstrate positive interaction. (3.21)

Partially achieved

A dedicated crisis or care suite should be made available for Listeners to support prisoners in crisis. (3.22)

No longer relevant

Night staff should be able to easily open sealed keys. (3.23)

Achieved

Primary health services staff should receive appropriate substance misuse awareness training. (3.53)

Not achieved (recommendation repeated, 1.59)

Methadone administration times should be set in line with need following consultation with service users. (3.54)

Partially achieved

There should be sufficient substance misuse nurse input and appropriate facilities to ensure that prisoners receive regular, structured support. Clinical substance misuse and counselling, assessment, referral, advice and throughcare (CARAT) services should provide fully integrated care. (3.55)

Partially achieved

A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems. (3.56)

Not achieved (recommendation repeated, 1.58)

Links between the security department and the offender management unit (OMU) should be developed to ensure an adequate flow of information. (7.9)

Achieved

Prisoners should be able to have items of property sent in to the prison. (7.10)

Achieved

Prisoners should be removed from closed visits during the first three months if further intelligence does not come to light. (7.11)

Achieved

Managers should investigate the high number of adjudications that are not completed and take remedial action when issues are identified. (7.16)

Achieved

Segregation before adjudication should be used only in exceptional circumstances. (7.29)

Achieved

Reintegration planning should start immediately after a prisoner is located in the care and separation unit (CSU). (7.30)

Not achieved

The regime in the CSU should be improved, to include off-unit activities where possible, particularly for those separated for their own protection. (7.31)

Not achieved (recommendation repeated, 1.51)

Issues identified during the use of force, segregation monitoring and adjudication meetings should be followed up and a record kept of any action taken. (7.32)

Achieved

Staff should be encouraged to nominate prisoners for the enhanced level of the incentives and earned privileges (IEP) scheme when their behaviour justifies such a course of action. (7.40)

Achieved

The IEP scheme should be operated according to the published policy. (7.41)

Achieved

Prisoners on the basic regime should have access to at least one period of evening association a week. (7.42)

Achieved

Prisoners should not be automatically demoted on the IEP scheme for a disciplinary offence without an IEP review. (7.43)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2011, residential units and cells were in a good state of repair. Staff–prisoner relationships were generally good. Personal officer work was underdeveloped. The incentives and earned privileges scheme encouraged positive behaviour but some prisoners were subject to double jeopardy. There was an evident senior level commitment to the promotion of diversity. Most black and minority ethnic prisoners reported positively on their treatment. Foreign national work was underdeveloped. There was uneven management of people with disabilities and not all had care plans. Faith provision was good. The standard of food was reasonably good. Complaints were generally dealt with efficiently but data were inaccurate. Health services had recently improved but sustained clinical leadership was essential to ensure ongoing progress. Outcomes for prisoners against this healthy prison test were reasonably good.

Main recommendations

Prisoners with disabilities should be consulted, to explore the reasons why they had worse perceptions than other prisoners, with remedial action taken as appropriate. (HP56)

Partially achieved

There should be sustained clinical leadership to ensure that improvements in health care are maintained and that the new prisoner consultation arrangements are embedded. (HP57)

Partially achieved

Recommendations

Double-occupancy cells should be of an appropriate size to accommodate two prisoners. (2.11)

Achieved

Toilets should be adequately screened in double-occupancy cells. (2.12)

Not achieved

Cells should be adequately ventilated. (2.13)

Achieved

Showers on residential units should be in a good state of repair. (2.14)

Partially achieved

All areas should be adequately staffed to ensure the smooth and safe running of prison on an ongoing basis. (2.29)

Achieved

The use of touch-screen information kiosks should be extended to allow prisoners to make applications. (2.30)

Achieved

Regular and proactive personal officer interviews should focus on progression and resettlement needs, as well as welfare issues. (2.35)

Not achieved

All unit staff should be trained in the electronic application systems. Electronic reports should be analysed by senior managers. (3.34)

Achieved

The reason for the apparently low number of upheld complaints should be investigated and addressed. (3.35)

Not achieved (recommendation repeated, 2.44)

The legal services officer should receive relevant training and her role should be widely publicised. (3.41)

No longer relevant

The equality policy should be more focused on diversity-related outcomes for prisoners. (4.7)

Not achieved

Equality meeting action points should be clearly specified and systematically followed up. (4.8)

Achieved

Black and minority ethnic and Muslim prisoner focus groups should take place regularly and findings should be fed directly into the equality action team meetings. (4.9)

Achieved

Staff diversity leads should have time to develop their roles fully. (4.10)

Achieved

Equality impact assessments should be improved, and reviewed regularly. (4.11)

Achieved

Positive images of minority cultures and lifestyles should be reflected in displays in the residential units. (4.12)

Not achieved

There should be a structured intervention aimed at effecting behavioural change, to be used with prisoners behaving in a racist manner. (4.18)

No longer relevant

Staff should not use the racist incident report form (RIRF) system to report accusations of discrimination directed towards them from prisoners. (4.19)

Achieved

There should be consistent arrangements for the external scrutiny and validation of RIRF investigations. (4.20)

Achieved

The foreign nationals policy and other information should be up to date and accurate, and in other languages where appropriate. (4.32)

Not achieved

The foreign nationals team, including prisoner representatives, should receive training in issues relating to foreign prisoners, and hold regular foreign national support and information groups to help to inform and drive their work. (4.33)

Partially achieved

Foreign nationals should have access to up-to-date legal information and advice, and the library should stock country of origin information. (4.34)

Partially achieved

Interpreting services should be used to ensure effective communication and consultation with foreign nationals. (4.35)

Not achieved

Prisoners with a known disability should have a multidisciplinary care plan and personal evacuation plans as appropriate. Care plans should include reasonable adjustments made to assist prisoners to access the full prison regime. (4.43)

Partially achieved

Prisoners who are unable to work because of disability should be unlocked during the day. (4.44)

Achieved

The prison's older prisoner survey findings should be acted on. (4.45)

No longer relevant

Televisions should be provided free of charge to prisoners over retirement age. (4.46)

Achieved

The formation of a forum for gay prisoners should be progressed. (4.53)

Achieved

Positive images of same-sex lifestyles should be displayed in the residential units. (4.54)

Not achieved

All uniformed officers should be up to date with resuscitation training. (5.20)

Partially achieved

All prisoners should receive information about health promotion. (5.30)

Partially achieved

Meningitis C vaccine should be routinely offered to prisoners under the age of 25 years. (5.31)

Achieved

SystemOne should be installed in the wing-based medication rooms, allowing more integrated and clear auditing. (5.42)

Partially achieved

The in-possession protocol should be reviewed, including the medicines allowed in possession, and adhered to. (5.43)

Achieved

The medicines and therapeutics committee should review the special sick policy, to ensure that all appropriate medicines can be supplied. A wider range of patient group directions should be produced, to allow the supply of more potent medicines by the nursing staff, where appropriate. (5.44)

Partially achieved

The protocol for administering medication from the out-of-hours cupboard should be reviewed, to ensure adequate provision in all circumstances. The use of this cupboard, and any medicines taken from the pharmacy under this procedure, should be audited. All checks should be recorded in accordance with the protocol. (5.45)

Achieved

Standard operating procedures (SOPs) should be reviewed and contain the date of preparation and a review date. There should be documented evidence that staff have been trained in the content of the SOPs. (5.46)

Partially achieved

Primary mental health services should be developed for prisoners with mental health problems and emotional needs and should include self-help materials, and individual and group therapeutic opportunities. (5.67)

Partially achieved

The requirement for clinical psychology should be reviewed. (5.68)

Achieved

The practice of leaving food waste overnight in the kitchen should cease. (8.7)

Achieved

Purposeful activity

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

At the last inspection in 2011, most prisoners had a reasonable amount of time out of cell but some groups spent too long locked up. There were insufficient activity places to occupy people through the core day. Strategic planning for the development of learning and skills was not informed by a comprehensive needs analysis or thorough data analysis. Education provision was well managed but the disparity in pay rates acted as a disincentive for attending education. Only about 10% of prisoners were in education at any one time. There was little vocational training provision, and this had reduced substantially since the previous inspection. PE provision had improved. The library was in a better location but cramped. Outcomes for prisoners against this healthy prison test were not sufficiently good.

Main recommendations

Prisoners should be able to access a wide range of accredited vocational training. Such training should be re-introduced wherever possible by enterprise and partnership working. (HP58)

Achieved

Recommendations

All prisoners should be unlocked for at least 10 hours on weekdays. (6.5)

Not achieved

Staff should engage with prisoners during association and supervise exercise periods. (6.6)

Achieved

A thorough learning and skills needs analysis should be completed to underpin an effective learning and skills strategy. (6.17)

Achieved

Prisoners engaged in full-time work should be able to attend education at other times. (6.18)

Achieved

Information should be efficiently transferred between prison functions, to ensure that prisoners are allocated appropriately and able to participate fully in prison life. (6.25)

Partially achieved

The good target-setting and review processes introduced in prison workshops should be extended to all prison work areas. (6.30)

No longer relevant

Greater participation in work-based literacy, numeracy and language support should be encouraged for prisoners assessed as below level 2. (6.31)

Not achieved

The quality of teaching and learning sessions in education and the standards of prisoners' work should consistently be good. (6.46)

Achieved

PE instructors should be able to gain appropriate PE-related accredited awards. (6.62)

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 2011, the strategic management of resettlement had improved but more work was needed to ensure an integrated prison-wide approach to reducing reoffending. Offender management work was reasonably effective. The management of indeterminate-sentenced prisoners was good. Public protection arrangements were generally sound. Some useful work was being carried out on the accommodation and education, training and employment pathways, but the counselling, assessment, referral, advice and throughcare (CARAT) service was underdeveloped and there was particularly inadequate support for alcohol users. Visits facilities had deteriorated and provision for children was poor. The quality of delivery on the two accredited offending behaviour programmes was good. Outcomes for prisoners against this healthy prison test were reasonably good.

Main recommendations

There should be an integrated prison-wide approach to reducing reoffending and resettlement work, underpinned by a good flow of communication between different departments and from staff to prisoners. (HP59)

Achieved

The establishment should appoint a designated drug strategy manager and conduct a thorough needs analysis to inform its drug and alcohol strategy. Provision should include an accredited drug and alcohol programme and a designated drug support wing. (HP60)

Achieved

Recommendations

An annual resettlement needs analysis should be carried out, using focus groups and other means to achieve a reliable assessment of need. (9.6)

Achieved

Managers should implement a structured plan for checking the quality of sentence planning, including the setting of suitable and specific objectives. (9.14)

Achieved

Case records should be maintained on an integrated computer system, to which all who need it have access. (9.15)

Achieved

Managers should ensure that all departments, and personal officers, respond promptly and in appropriate detail to all requests for information from the OMU. (9.16)

Achieved

Offender supervisors should have an introductory conversation with each prisoner assigned to them within his first month at the prison. (9.17)

Achieved

Assessments of the risk of harm to others within OASys should be comprehensive, drawing on all available sources of evidence. (9.24)

Achieved

Risk management plans should describe how objectives in the sentence plan will address risk of harm, including risks the offender poses while in custody. (9.25)

Achieved

All staff should have up to date child protection training, and managers should monitor the adequacy of offender supervisors' handling of child protection issues. (9.26)

Achieved

Prisoner peer mentors who provide resettlement support should receive accredited training for their role. (9.34)

Not achieved (Recommendation repeated, 4.25)

The information, advice and guidance service should better promote how it can support prisoners pre-release in preparing for and finding education, training and employment ready for when they are discharged. (9.38)

No longer relevant

Permanent members of staff should be identified, trained and given time to coordinate resettlement support on both accommodation and finance, benefit and debt. (9.44)

Partially achieved

The establishment should review the effectiveness of its CARAT service taking account of service user feedback. (9.54)

Achieved

Saturday evening visits should be reinstated to meet the needs of families travelling long distances. (9.68)

Not achieved

Visits entitlement, including family meals, should not be linked to the IEP scheme. (9.69)

Not achieved

The visitors centre should be decorated to make it more inviting to children, and be properly equipped with a wide range of age-appropriate play facilities and information in a range of languages. (9.70)

Achieved

The searching of visitors should be carried out in a private area, and not undertaken twice. (9.71)

Achieved

A closed visit should not be ordered for drug dog indications alone, and should be authorised only when there is a significant risk justified by security intelligence. (9.72)

Not achieved

The visits hall should be more welcoming, with a suitable children's activity area where children can be supervised by trained staff and prisoners can play with their children. (9.73)

Partially achieved

Prisoners should not be made to wear bibs during visits. (9.74)

Achieved

All visits should start strictly on time, and appropriate levels of staff supervision should be maintained in the visits hall. (9.75)

Achieved

There should be some provision for offending behaviour work for mainstream prisoners, especially those who have committed violent offences. (9.85)

No longer relevant

Resources should be allocated to structured motivation and engagement work with those prisoners in the early stages of a long sentence. (9.86)

Achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider: G4S Forensic and Medical Services (UK) Limited

Location: HMP Rye Hill

Location ID: 1-1568809142

Regulated Activities: Diagnostic and screening procedures, Treatment of disease, disorder, or injury

Action we have told the provider to take

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

Regulation 9: Person-centred care

We found that the registered person did not ensure that the care and treatment of service users was appropriate, met their needs or reflected their preferences. This was in breach of Regulation 9(1)(a)(b) (3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met

The patient population at HMP Rye Hill included a high proportion of older patients and patients with complex health care needs. Health care services for older patients were underdeveloped.

Care planning for patients with complex health needs and lifelong conditions was insufficient and underdeveloped. Patients who had an identified health need, such as diabetes or chronic obstructive pulmonary disease did not routinely have a care plan that detailed and guided staff on how to meet patient's health care needs.

Clinical records frequently detailed individual patient/nurse interventions; however a plan of care was not always in place despite the frequency of patient contact.

Where care plans were in place they lacked detail and instruction on how care was to be provided to a patient and there was no system in place to review care plans.

Patients with primary mental health needs waited a long time to access a primary mental health assessment. This included 46 patients who had waited up to 14 weeks for an assessment. These patients did not always receive an initial face to face

assessment of their need when they were referred to primary mental health services. This meant that patients were put on a waiting list to see a primary mental health nurse without an assessment of their need having taken place so there was no way of knowing how urgent a patients needs were or how to prioritise their referral.

Patients waited a long time to access other healthcare clinics, for example, Blood Borne Virus clinics, and primary mental health services. Excessive waiting times for clinics meant that patient did not receive timely treatment.

The demand for external hospital appointments had increased and two daily escorts to external hospital appointments were commissioned. Patients waited 27 weeks to access an external healthcare appointment which is in excess of the recommended 18 weeks.

Regulation 12: Safe care and treatment

We found that the registered person did not protect patients against the risks of receiving unsafe care and treatment by the proper management of medicines. This was in breach of Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met

Care and treatment was not always provided to patients in a way that protected their safety and welfare.

Medicines were not managed safely in relation to their administration and monitoring.

We observed controlled drugs being removed from their original packaging and placed within two small paper cups and put within a polythene document wallet along with the patient's prescription. The medication was transported across the prison to patients on different wings in an unlocked suitcase.

Twice during the administration of medicines we observed that the lead nurse on duty was interrupted and was requested to attend two non- emergency incidents. Whoever has responsibility for medicines administration is also responsible for responding to all other requests for assistance with prisoners. On two occasions the medicines round had to be halted and the nurse returned the medicines back to one of the wing treatment rooms where medicines were stored. This practice compromised patient and staff safety.

Medicines were administered on the wing in full view of other prisoners. This compromised patient's dignity and confidentiality.

Night time medication was given out at an appropriate time but was administered through a fire door aperture in the cell door which meant the communication and observation of medicines was restricted.

Medicines administration records were not signed after medicines were administered

to patients but were signed on mass at the end of the medicines round. This practice is unsafe and compromises patient safety and staff safety.

Patients complained that doses of medicines were not always given 12 hours apart. Nurses transported large quantities of medication including controlled drugs, for example, a box of Pregablin, onto wings and across the prison in an unlocked suitcase. The practice was time consuming, unsafe and compromised patient and nurse safety.

We observed seven gaps in the controlled drugs register where only one nurse had signed to confirm medicines had been administered. The gaps in the register ranged from May 2015 to August 2015. We could find no evidence that medicine records for controlled drugs were monitored and audited.

Medicines trolleys were not securely tethered to the wall in wing based treatment rooms.

Regulation 16- Receiving and acting on complaints

We found that in respect of receiving and acting on complaints the registered provider did not always investigate and take necessary and proportionate action in response to the complaint. We found that the registered person did not operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.

This was in breach of regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met

The healthcare complaints system did not manage patients' complaints confidentially and patients complained that their confidentiality was breached. Complaints specific to healthcare providers were received through the main prison services complaint system. This meant that patient details and the reason for their complaint were not kept private and confidential.

Patient's complaints were scanned on to their clinical records which had the potential for further breaches of patient confidentiality to occur.

The complaints system was not effective in ensuring that complainants received appropriate responses, or that proportionate action was taken in response to complaints. Responses to complaints were of variable quality, did not address all the issues raised, did not always provide satisfactory resolution and where appropriate did not include an apology.

Patients did not have access to information about the options available to them when making a complaint, should they not be satisfied with the outcome of the

complaint investigation.

Patients were not provided with information about how they might escalate their complaint and to whom if they were unhappy with the response they received.

There was no information displayed in healthcare that advised patients about how to raise a concern or a complaint. Information given to prisoners during reception screening did not include details on how to make a complaint.

Complaints information was not available in alternative languages and easy read formats for patients.

Regulation 18 Staffing

We found the registered person did not ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet patient's care and treatment needs. This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met

The primary health team had experienced significant staff issues including the retention and recruitment of staff since the re-role of the prison.

The primary health care team had three nurse vacancies, two vacancies had been filled and security checks were pending. Regular bank nurses were used to cover vacancies.

The primary mental health team did not have a registered mental health nurse in post. Consequently patients waited a long time to access primary mental health services.

Nurses spent a considerable amount of the core working day administering medicines. Medicine rounds could take up to two hours which left approximately four hours each day for nurse-led clinics and this impacted on patient waiting times.

Nurses told us they did not have enough time to complete care plans or to review patient care.

One senior nurse in primary health care was both a registered general nurse and a registered mental health nurse and had responsibility for developing services for older patients. The healthcare team did not employ a sufficient number of qualified staff to run clinics and to meet the differing needs of patients including older people.

The number of clinics for older prisoners was insufficient. Bowel screening had lapsed and aortic abdominal aneurysm screening did not take place.

Healthcare services were commissioned to provide 10 nurse-led clinics each week. The number of clinics was insufficient to meet the needs of patients. Staffing levels impacted on the number of clinics that operated.

The time nurses spent on administering medicines to patients impacted on clinic times, the length of time the clinic could run and the availability of nurse led clinics. Healthcare facilities were small; the provision of two clinical treatment rooms in healthcare reduced the number of clinics that could be provided. We observed mental health assessments being conducted in the dental surgery as no other room was available.

Health staff had not updated mandatory training such as infection control and safeguarding adults and child protection. This compromised patient safety.

Appendix IV: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	0	610	98.1
Recall	0	12	1.9
Convicted unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Detainees	0	0	0
Total	0	622	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	0	0	0
Less than six months	0	0	0
six months to less than 12 months	0	0	0
12 months to less than 2 years	0	0	0
2 years to less than 4 years	0	0	0
4 years to less than 10 years	0	52	8.4
10 years and over (not life)	0	414	66.6
ISPP (indeterminate sentence for public protection)	0	81	13.0
Life	0	75	25.1
Total	0	622	100

Age	Number of prisoners	%
Please state minimum age here:	21	
Under 21 years	0	0
21 years to 29 years	111	17.8
30 years to 39 years	113	18.2
40 years to 49 years	148	23.8
50 years to 59 years	139	22.3
60 years to 69 years	73	11.7
70 plus years	38	6.1
Please state maximum age here:	86	
Total		

Nationality	18–20-year-olds	21 and over	%
British	0	548	88.1
Foreign nationals	0	74	11.9
Total	0	622	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	0	0	0
Uncategorised sentenced	0	0	0
Category A	0	0	0
Category B	0	598	96.1
Category C	0	24	3.9
Category D	0	0	0
Other	0	0	0

Total	0	622	100
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Ethnicity	18–20-year-olds	21 and over	%
White			
British	0	454	73.0
Irish	0	15	2.4
Gypsy/Irish Traveller	0	15	2.4
Other white	0	27	4.3
Mixed			
White and black Caribbean	0	9	1.4
White and black African	0	3	0.5
White and Asian	0	1	0.2
Other mixed	0	2	0.3
Asian or Asian British			
Indian	0	9	1.4
Pakistani	0	23	3.7
Bangladeshi	0	6	1.0
Chinese	0	0	0
Other Asian	0	4	0.6
Black or black British			
Caribbean	0	21	3.4
African	0	21	3.4
Other black	0	5	0.8
Other ethnic group			
Arab	0	4	0.6
Other ethnic group	0	3	0.5
Not stated	0	0	0
Total	0	622	100

Religion	18–20-year-olds	21 and over	%
Baptist	0	2	0.3
Church of England	0	166	26.7
Roman Catholic	0	71	11.4
Other Christian denominations	0	92	14.8
Muslim	0	68	10.9
Sikh	0	4	0.6
Hindu	0	2	0.3
Buddhist	0	19	3.1
Jewish	0	3	0.5
Other	0	22	3.5
No religion	0	172	27.7
Total	0	622	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)	0	No Information currently available on P-NOMIS	

Total			
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Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0		7	1.1
1 month to 3 months	0		56	9.0
3 months to six months	0		62	10.0
six months to 1 year	0		341	54.8
1 year to 2 years	0		37	5.9
2 years to 4 years	0		102	16.4
4 years or more	0		17	2.7
Total	0		622	100

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).	0	590	94.9
Total	0	590	94.9

(N.B. this table reflects 94.9% of the total population.)

Appendix V: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment.⁸ 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 3 August 2015 the prisoner population at HMP Rye Hill was 618. Using the method described above, questionnaires were distributed to a sample of 206 prisoners.

We received a total of 189 completed questionnaires, a response rate of 92%. This included four questionnaires completed via interview. Seven respondents refused to complete a questionnaire, three questionnaires were not returned and seven were returned blank.

⁸ 95% confidence interval with a sampling error of 3%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
A	22
B	23
C	24
D	23
E	24
F	23
G	24
H	25
Segregation Unit	1

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Rye Hill.

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 significant⁹ 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 Rye Hill in 2015 compared with responses from prisoners surveyed in all other category B training prisons. This comparator is based on all responses from seven prisoner surveys carried out in six category B training prisons since April 2014.
- The current survey responses from HMP Rye Hill in 2015 compared with the responses of prisoners surveyed at HMP Rye Hill in 2011.
- A comparison within the 2015 survey between the responses of white prisoners and those from a black and minority ethnic group.

⁹ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

- 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 responses of prisoners who consider themselves to be homosexual or bisexual and those who consider themselves to be heterosexual.
- A comparison within the 2015 survey between responses of prisoners who considered themselves to be a veteran and those who did not.

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>	0 (0%)
<i>21 - 29</i>	30 (16%)
<i>30 - 39</i>	32 (17%)
<i>40 - 49</i>	44 (23%)
<i>50 - 59</i>	45 (24%)
<i>60 - 69</i>	22 (12%)
<i>70 and over</i>	16 (8%)

Q1.3 Are you sentenced?

Yes	183 (97%)
Yes - on recall	6 (3%)
No - awaiting trial	0 (0%)
No - awaiting sentence	0 (0%)
No - awaiting deportation	0 (0%)

Q1.4 How long is your sentence?

Not sentenced	0 (0%)
<i>Less than 6 months</i>	1 (1%)
<i>6 months to less than 1 year</i>	0 (0%)
<i>1 year to less than 2 years</i>	0 (0%)
<i>2 years to less than 4 years</i>	6 (3%)
<i>4 years to less than 10 years</i>	40 (21%)
<i>10 years or more</i>	97 (52%)
<i>IPP (indeterminate sentence for public protection)</i>	26 (14%)
<i>Life</i>	18 (10%)

Q1.5 Are you a foreign national (i.e. do not have UK citizenship)?

Yes	23 (12%)
No	163 (88%)

Q1.6 Do you understand spoken English?

Yes	183 (98%)
No	4 (2%)

Q1.7 Do you understand written English?

Yes	181 (97%)
No	6 (3%)

Q1.8 What is your ethnic origin?

<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	130 (70%)	<i>Asian or Asian British - Chinese</i>	1 (1%)
<i>White - Irish</i>	5 (3%)	<i>Asian or Asian British - other</i>	4 (2%)
<i>White - other</i>	10 (5%)	<i>Mixed race - white and black Caribbean</i>	3 (2%)
<i>Black or black British - Caribbean</i>	5 (3%)	<i>Mixed race - white and black African</i>	1 (1%)
<i>Black or black British - African</i>	8 (4%)	<i>Mixed race - white and Asian</i>	1 (1%)
<i>Black or black British - other</i>	1 (1%)	<i>Mixed race - other</i>	1 (1%)
<i>Asian or Asian British - Indian</i>	1 (1%)	<i>Arab</i>	0 (0%)
<i>Asian or Asian British - Pakistani</i>	10 (5%)	<i>Other ethnic group</i>	4 (2%)
<i>Asian or Asian British - Bangladeshi</i>	2 (1%)		

Q1.9 Do you consider yourself to be Gypsy/Romany/Traveller?

<i>Yes</i>	7 (4%)
<i>No</i>	175 (96%)

Q1.10 What is your religion?

<i>None</i>	39 (21%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	59 (32%)	<i>Jewish</i>	1 (1%)
<i>Catholic</i>	26 (14%)	<i>Muslim</i>	25 (14%)
<i>Protestant</i>	2 (1%)	<i>Sikh</i>	2 (1%)
<i>Other Christian denomination</i>	19 (10%)	<i>Other</i>	8 (4%)
<i>Buddhist</i>	4 (2%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/straight</i>	159 (89%)
<i>Homosexual/gay</i>	8 (4%)
<i>Bisexual</i>	12 (7%)

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>	64 (34%)
<i>No</i>	122 (66%)

Q1.13 Are you a veteran (ex-armed services)?

<i>Yes</i>	20 (11%)
<i>No</i>	165 (89%)

Q1.14 Is this your first time in prison?

<i>Yes</i>	114 (62%)
<i>No</i>	71 (38%)

Q1.15 Do you have children under the age of 18?

<i>Yes</i>	80 (43%)
<i>No</i>	107 (57%)

Section 2: Courts, transfers and escorts**Q2.1 On your most recent journey here, how long did you spend in the van?**

<i>Less than 2 hours</i>	43 (23%)
<i>2 hours or longer</i>	133 (71%)
<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>	43 (24%)
	Yes	101 (56%)
	No	26 (15%)
	Don't remember	9 (5%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	43 (24%)
	Yes	19 (10%)
	No	112 (62%)
	Don't remember	8 (4%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	121 (65%)
	No	48 (26%)
	Don't remember	17 (9%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	148 (79%)
	No	35 (19%)
	Don't remember	5 (3%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	66 (35%)
	Well	80 (43%)
	Neither	26 (14%)
	Badly	8 (4%)
	Very badly	4 (2%)
	Don't remember	3 (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	119 (64%)
	Yes, I received written information	16 (9%)
	No, I was not told anything	47 (25%)
	Don't remember	5 (3%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	145 (78%)
	No	40 (21%)
	Don't remember	2 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	44 (23%)
	<i>2 hours or longer</i>	134 (71%)
	Don't remember	11 (6%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	156 (83%)
	No	25 (13%)
	Don't remember	7 (4%)

Q3.3	Overall, how were you treated in reception?			
	Very well		84 (44%)	
	Well		74 (39%)	
	Neither		19 (10%)	
	Badly		6 (3%)	
	Very badly		4 (2%)	
	Don't remember		2 (1%)	
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	33 (18%)	Physical health	27 (15%)
	Housing problems	13 (7%)	Mental health	33 (18%)
	Contacting employers	1 (1%)	Needing protection from other prisoners	6 (3%)
	Contacting family	31 (17%)	Getting phone numbers	34 (18%)
	Childcare	1 (1%)	Other	9 (5%)
	Money worries	29 (16%)	Did not have any problems	70 (38%)
	Feeling depressed or suicidal	37 (20%)		
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?			
	Yes		43 (23%)	
	No		73 (39%)	
	Did not have any problems		70 (38%)	
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)			
	Tobacco		137 (73%)	
	A shower		43 (23%)	
	A free telephone call		120 (64%)	
	Something to eat		139 (74%)	
	PIN phone credit		72 (39%)	
	Toiletries/ basic items		96 (51%)	
	Did not receive anything		3 (2%)	
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		81 (44%)	
	Someone from health services		122 (67%)	
	A Listener/Samaritans		57 (31%)	
	Prison shop/ canteen		51 (28%)	
	Did not have access to any of these		29 (16%)	
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		99 (54%)	
	What support was available for people feeling depressed or suicidal		69 (38%)	
	How to make routine requests (applications)		85 (47%)	
	Your entitlement to visits		70 (38%)	
	Health services		93 (51%)	
	Chaplaincy		82 (45%)	
	Not offered any information		50 (27%)	

Q3.9	Did you feel safe on your first night here?	
	Yes	155 (83%)
	No	27 (15%)
	Don't remember	4 (2%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	18 (10%)
	Within the first week	132 (70%)
	More than a week	23 (12%)
	Don't remember	15 (8%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	18 (10%)
	Yes	113 (62%)
	No	30 (16%)
	Don't remember	22 (12%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment	21 (12%)
	Within the first week	73 (40%)
	More than a week	59 (32%)
	Don't remember	29 (16%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....					
		Very easy	Easy	Neither	Difficult	Very difficult N/A
	Communicate with your solicitor or legal representative?	39 (22%)	45 (25%)	17 (9%)	10 (6%)	19 (11%) 50 (28%)
	Attend legal visits?	24 (15%)	45 (27%)	16 (10%)	2 (1%)	7 (4%) 71 (43%)
	Get bail information?	9 (6%)	9 (6%)	14 (10%)	9 (6%)	6 (4%) 100 (68%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	Not had any letters					40 (22%)
	Yes					60 (33%)
	No					82 (45%)
Q4.3	Can you get legal books in the library?					
	Yes					85 (46%)
	No					11 (6%)
	Don't know					87 (48%)

Q4.4	Please answer the following questions about the wing/unit you are currently living on:		
		Yes	No
			Don't know
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	142 (78%)	38 (21%) 2 (1%)
	<i>Are you normally able to have a shower every day?</i>	180 (98%)	4 (2%) 0 (0%)
	<i>Do you normally receive clean sheets every week?</i>	114 (64%)	60 (34%) 3 (2%)
	<i>Do you normally get cell cleaning materials every week?</i>	170 (92%)	14 (8%) 0 (0%)
	<i>Is your cell call bell normally answered within five minutes?</i>	82 (45%)	75 (41%) 26 (14%)
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	117 (64%)	65 (36%) 0 (0%)
	<i>If you need to, can you normally get your stored property?</i>	47 (26%)	73 (41%) 60 (33%)
Q4.5	What is the food like here?		
	<i>Very good</i>		32 (17%)
	<i>Good</i>		82 (44%)
	<i>Neither</i>		33 (18%)
	<i>Bad</i>		22 (12%)
	<i>Very bad</i>		17 (9%)
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>		4 (2%)
	<i>Yes</i>		126 (68%)
	<i>No</i>		55 (30%)
Q4.7	Can you speak to a Listener at any time, if you want to?		
	<i>Yes</i>		136 (73%)
	<i>No</i>		14 (8%)
	<i>Don't know</i>		36 (19%)
Q4.8	Are your religious beliefs respected?		
	<i>Yes</i>		93 (51%)
	<i>No</i>		37 (20%)
	<i>Don't know/ N/A</i>		54 (29%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?		
	<i>Yes</i>		104 (56%)
	<i>No</i>		26 (14%)
	<i>Don't know/ N/A</i>		56 (30%)
Q4.10	How easy or difficult is it for you to attend religious services?		
	<i>I don't want to attend</i>		47 (26%)
	<i>Very easy</i>		52 (28%)
	<i>Easy</i>		37 (20%)
	<i>Neither</i>		6 (3%)
	<i>Difficult</i>		11 (6%)
	<i>Very difficult</i>		11 (6%)
	<i>Don't know</i>		20 (11%)

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

Yes	152 (81%)
No	27 (14%)
Don't know	9 (5%)

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

	Not made one	Yes	No
Are applications dealt with fairly?	9 (5%)	97 (58%)	61 (37%)
Are applications dealt with quickly (within seven days)?	9 (6%)	63 (43%)	75 (51%)

Q5.3 Is it easy to make a complaint?

Yes	129 (72%)
No	22 (12%)
Don't know	28 (16%)

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

	Not made one	Yes	No
Are complaints dealt with fairly?	55 (32%)	51 (29%)	68 (39%)
Are complaints dealt with quickly (within seven days)?	55 (34%)	42 (26%)	67 (41%)

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

Yes	28 (16%)
No	146 (84%)

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

Don't know who they are	58 (33%)
Very easy	30 (17%)
Easy	24 (14%)
Neither	32 (18%)
Difficult	17 (10%)
Very difficult	16 (9%)

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.)**

Don't know what the IEP scheme is	12 (7%)
Yes	114 (62%)
No	51 (28%)
Don't know	6 (3%)

Q6.2 Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)

Don't know what the IEP scheme is	12 (7%)
Yes	103 (59%)
No	47 (27%)
Don't know	13 (7%)

Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	14 (8%)
	No	168 (92%)
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>	148 (85%)
	Very well	11 (6%)
	Well	1 (1%)
	Neither	9 (5%)
	Badly	3 (2%)
	Very badly	2 (1%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	143 (77%)
	No	42 (23%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	132 (73%)
	No	49 (27%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	62 (33%)
	No	125 (67%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	12 (6%)
	Never	42 (23%)
	Rarely	49 (26%)
	Some of the time	54 (29%)
	Most of the time	18 (10%)
	All of the time	10 (5%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	34 (18%)
	<i>In the first week</i>	59 (32%)
	<i>More than a week</i>	56 (30%)
	<i>Don't remember</i>	35 (19%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	34 (19%)
	Very helpful	43 (24%)
	Helpful	42 (24%)
	Neither	29 (16%)
	Not very helpful	17 (10%)
	Not at all helpful	13 (7%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes	59 (32%)
	No	125 (68%)

Q8.2	Do you feel unsafe now?		
	Yes		27 (15%)
	No		153 (85%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)		
	Never felt unsafe	125 (69%)	At meal times 8 (4%)
	Everywhere	10 (6%)	At health services 7 (4%)
	Segregation unit	2 (1%)	Visits area 3 (2%)
	Association areas	22 (12%)	In wing showers 12 (7%)
	Reception area	3 (2%)	In gym showers 3 (2%)
	At the gym	9 (5%)	In corridors/stairwells 5 (3%)
	In an exercise yard	8 (4%)	On your landing/wing 21 (12%)
	At work	20 (11%)	In your cell 15 (8%)
	During movement	15 (8%)	At religious services 3 (2%)
	At education	2 (1%)	
Q8.4	Have you been victimised by other prisoners here?		
	Yes		59 (32%)
	No		125 (68%)
Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)		
	Insulting remarks (about you or your family or friends)		18 (10%)
	Physical abuse (being hit, kicked or assaulted)		10 (5%)
	Sexual abuse		10 (5%)
	Feeling threatened or intimidated		35 (19%)
	Having your canteen/property taken		6 (3%)
	Medication		9 (5%)
	Debt		1 (1%)
	Drugs		3 (2%)
	Your race or ethnic origin		9 (5%)
	Your religion/religious beliefs		12 (7%)
	Your nationality		6 (3%)
	You are from a different part of the country than others		7 (4%)
	You are from a traveller community		1 (1%)
	Your sexual orientation		8 (4%)
	Your age		4 (2%)
	You have a disability		10 (5%)
	You were new here		4 (2%)
	Your offence/crime		19 (10%)
	Gang related issues		2 (1%)
Q8.6	Have you been victimised by staff here?		
	Yes		68 (37%)
	No		116 (63%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)		
	Insulting remarks (about you or your family or friends)		15 (8%)
	Physical abuse (being hit, kicked or assaulted)		7 (4%)
	Sexual abuse		4 (2%)
	Feeling threatened or intimidated		30 (16%)
	Medication		7 (4%)
	Debt		0 (0%)
	Drugs		1 (1%)
	Your race or ethnic origin		10 (5%)
	Your religion/religious beliefs		17 (9%)
	Your nationality		7 (4%)

<i>You are from a different part of the country than others</i>	6 (3%)
<i>You are from a traveller community</i>	1 (1%)
<i>Your sexual orientation</i>	5 (3%)
<i>Your age</i>	5 (3%)
<i>You have a disability</i>	6 (3%)
<i>You were new here</i>	5 (3%)
<i>Your offence/ crime</i>	22 (12%)
<i>Gang related issues</i>	2 (1%)

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

<i>Not been victimised</i>	102 (63%)
<i>Yes</i>	26 (16%)
<i>No</i>	35 (21%)

Section 9: Health services**Q9.1 How easy or difficult is it to see the following people?:**

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	9 (5%)	10 (5%)	33 (18%)	23 (13%)	72 (40%)	35 (19%)
The nurse	7 (4%)	18 (10%)	51 (29%)	28 (16%)	48 (28%)	22 (13%)
The dentist	18 (11%)	7 (4%)	21 (12%)	12 (7%)	53 (31%)	60 (35%)

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

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	12 (7%)	22 (12%)	56 (31%)	31 (17%)	29 (16%)	30 (17%)
The nurse	8 (5%)	25 (14%)	54 (31%)	36 (20%)	25 (14%)	28 (16%)
The dentist	37 (21%)	14 (8%)	42 (24%)	28 (16%)	18 (10%)	34 (20%)

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

<i>Not been</i>	6 (3%)
<i>Very good</i>	14 (8%)
<i>Good</i>	37 (20%)
<i>Neither</i>	30 (17%)
<i>Bad</i>	41 (23%)
<i>Very bad</i>	53 (29%)

Q9.4 Are you currently taking medication?

<i>Yes</i>	118 (65%)
<i>No</i>	64 (35%)

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>	64 (35%)
<i>Yes, all my meds</i>	62 (34%)
<i>Yes, some of my meds</i>	36 (20%)
<i>No</i>	22 (12%)

Q9.6 Do you have any emotional or mental health problems?

<i>Yes</i>	77 (42%)
<i>No</i>	106 (58%)

Q9.7 Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?

<i>Do not have any emotional or mental health problems</i>	106 (60%)
<i>Yes</i>	34 (19%)
<i>No</i>	38 (21%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	24 (13%)
	No	160 (87%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	30 (16%)
	No	154 (84%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	19 (10%)
	Easy	18 (10%)
	Neither	8 (4%)
	Difficult	3 (2%)
	Very difficult	4 (2%)
	Don't know	131 (72%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	5 (3%)
	Easy	9 (5%)
	Neither	10 (5%)
	Difficult	5 (3%)
	Very difficult	11 (6%)
	Don't know	144 (78%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	8 (4%)
	No	177 (96%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	10 (5%)
	No	174 (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>	151 (84%)
	Yes	20 (11%)
	No	9 (5%)
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>	154 (84%)
	Yes	20 (11%)
	No	10 (5%)
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>	150 (83%)
	Yes	26 (14%)
	No	5 (3%)

Section II: Activities**Q11.1 How easy or difficult is it to get into the following activities, in this prison?**

	Don't know	Very Easy	Easy	Neither	Difficult	Very difficult
Prison job	11 (6%)	22 (12%)	61 (34%)	26 (15%)	39 (22%)	20 (11%)
Vocational or skills training	36 (22%)	16 (10%)	40 (25%)	24 (15%)	30 (19%)	15 (9%)
Education (including basic skills)	25 (15%)	25 (15%)	61 (37%)	22 (13%)	18 (11%)	12 (7%)
Offending behaviour programmes	36 (22%)	23 (14%)	51 (31%)	23 (14%)	21 (13%)	12 (7%)

Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)

<i>Not involved in any of these</i>	23 (13%)
Prison job	136 (74%)
Vocational or skills training	17 (9%)
Education (including basic skills)	68 (37%)
Offending behaviour programmes	33 (18%)

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?

	Not been involved	Yes	No	Don't know
Prison job	11 (7%)	73 (47%)	49 (31%)	23 (15%)
Vocational or skills training	26 (25%)	36 (35%)	26 (25%)	15 (15%)
Education (including basic skills)	14 (10%)	72 (53%)	30 (22%)	19 (14%)
Offending behaviour programmes	25 (21%)	59 (49%)	24 (20%)	13 (11%)

Q11.4 How often do you usually go to the library?

<i>Don't want to go</i>	27 (15%)
<i>Never</i>	41 (22%)
<i>Less than once a week</i>	37 (20%)
<i>About once a week</i>	54 (29%)
<i>More than once a week</i>	25 (14%)

Q11.5 Does the library have a wide enough range of materials to meet your needs?

<i>Don't use it</i>	58 (32%)
Yes	61 (34%)
No	63 (35%)

Q11.6 How many times do you usually go to the gym each week?

<i>Don't want to go</i>	63 (35%)
0	37 (20%)
1 to 2	21 (12%)
3 to 5	54 (30%)
More than 5	6 (3%)

Q11.7 How many times do you usually go outside for exercise each week?

<i>Don't want to go</i>	25 (14%)
0	22 (12%)
1 to 2	65 (36%)
3 to 5	35 (19%)
More than 5	35 (19%)

Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	6 (3%)
	<i>0</i>	2 (1%)
	<i>1 to 2</i>	10 (5%)
	<i>3 to 5</i>	24 (13%)
	<i>More than 5</i>	142 (77%)
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>	16 (9%)
	<i>2 to less than 4 hours</i>	23 (13%)
	<i>4 to less than 6 hours</i>	27 (15%)
	<i>6 to less than 8 hours</i>	29 (16%)
	<i>8 to less than 10 hours</i>	33 (18%)
	<i>10 hours or more</i>	39 (22%)
	<i>Don't know</i>	13 (7%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	74 (41%)
	<i>No</i>	105 (59%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	56 (31%)
	<i>No</i>	124 (69%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	11 (6%)
	<i>No</i>	167 (94%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	49 (27%)
	<i>Very easy</i>	13 (7%)
	<i>Easy</i>	22 (12%)
	<i>Neither</i>	9 (5%)
	<i>Difficult</i>	36 (20%)
	<i>Very difficult</i>	50 (27%)
	<i>Don't know</i>	5 (3%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	167 (94%)
	<i>No</i>	11 (6%)
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>	11 (6%)
	<i>No contact</i>	35 (20%)
	<i>Letter</i>	46 (26%)
	<i>Phone</i>	74 (42%)
	<i>Visit</i>	59 (33%)

Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	165 (92%)
	No	14 (8%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	0 (0%)
	Yes	162 (92%)
	No	15 (8%)
Q13.5	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/not sentenced	15 (8%)
	Very involved	45 (25%)
	Involved	51 (29%)
	Neither	19 (11%)
	Not very involved	27 (15%)
	Not at all involved	20 (11%)
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)	
	Do not have a sentence plan/not sentenced	15 (9%)
	Nobody	27 (16%)
	Offender supervisor	98 (57%)
	Offender manager	64 (37%)
	Named/ personal officer	23 (13%)
	Staff from other departments	23 (13%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	Do not have a sentence plan/not sentenced	15 (9%)
	Yes	120 (68%)
	No	17 (10%)
	Don't know	24 (14%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	Do not have a sentence plan/not sentenced	15 (8%)
	Yes	37 (21%)
	No	63 (36%)
	Don't know	62 (35%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	Do not have a sentence plan/not sentenced	15 (9%)
	Yes	31 (18%)
	No	59 (34%)
	Don't know	69 (40%)
Q13.10	Do you have a needs based custody plan?	
	Yes	10 (6%)
	No	65 (38%)
	Don't know	98 (57%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	32 (18%)
	No	141 (82%)

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.)

	Do not need help	Yes	No
Employment	33 (21%)	27 (17%)	97 (62%)
Accommodation	27 (17%)	34 (21%)	100 (62%)
Benefits	22 (13%)	38 (23%)	107 (64%)
Finances	25 (16%)	28 (18%)	104 (66%)
Education	33 (21%)	36 (23%)	87 (56%)
Drugs and alcohol	48 (31%)	35 (23%)	71 (46%)

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

<i>Not sentenced</i>	0 (0%)
Yes	108 (66%)
No	56 (34%)

Main comparator and comparator to last time



Prisoner survey responses HMP Rye Hill 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 Rye Hill 2015	Category B training prisons comparator	HMP Rye Hill 2015	HMP Rye Hill 2011
	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		189	1,270	189	183
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	0%	0%	1%
1.3	Are you sentenced?	100%	97%	100%	100%
1.3	Are you on recall?	3%	4%	3%	3%
1.4	Is your sentence less than 12 months?	1%	1%	1%	0%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	14%	11%	14%	27%
1.5	Are you a foreign national?	12%	11%	12%	13%
1.6	Do you understand spoken English?	98%	99%	98%	
1.7	Do you understand written English?	97%	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.)	22%	32%	22%	35%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	3%	4%	2%
1.1	Are you Muslim?	14%	15%	14%	17%
1.11	Are you homosexual/gay or bisexual?	11%	3%	11%	3%
1.12	Do you consider yourself to have a disability?	34%	23%	34%	22%
1.13	Are you a veteran (ex-armed services)?	11%	6%	11%	
1.14	Is this your first time in prison?	62%	43%	62%	40%
1.15	Do you have any children under the age of 18?	43%	50%	43%	40%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	71%	61%	71%	59%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	74%	70%	74%	
2.3	Were you offered a toilet break?	14%	11%	14%	
2.4	Was the van clean?	65%	62%	65%	
2.5	Did you feel safe?	79%	77%	79%	
2.6	Were you treated well/very well by the escort staff?	78%	70%	78%	74%
2.7	Before you arrived here were you told that you were coming here?	64%	65%	64%	
2.7	Before you arrived here did you receive any written information about coming here?	9%	13%	9%	
2.8	When you first arrived here did your property arrive at the same time as you?	78%	82%	78%	84%

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				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	23%	53%	23%	
3.2	When you were searched in reception, was this carried out in a respectful way?	83%	81%	83%	84%
3.3	Were you treated well/very well in reception?	84%	72%	84%	79%
When you first arrived:					
3.4	Did you have any problems?	62%	58%	62%	61%
3.4	Did you have any problems with loss of property?	18%	21%	18%	24%
3.4	Did you have any housing problems?	7%	5%	7%	9%
3.4	Did you have any problems contacting employers?	1%	1%	1%	3%
3.4	Did you have any problems contacting family?	17%	17%	17%	20%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	1%	1%	4%
3.4	Did you have any money worries?	16%	13%	16%	12%
3.4	Did you have any problems with feeling depressed or suicidal?	20%	14%	20%	13%
3.4	Did you have any physical health problems?	15%	12%	15%	
3.4	Did you have any mental health problems?	18%	15%	18%	
3.4	Did you have any problems with needing protection from other prisoners?	3%	5%	3%	8%
3.4	Did you have problems accessing phone numbers?	18%	15%	18%	21%
For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	37%	35%	37%	
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	73%	62%	73%	87%
3.6	A shower?	23%	33%	23%	41%
3.6	A free telephone call?	64%	41%	64%	80%
3.6	Something to eat?	74%	57%	74%	85%
3.6	PIN phone credit?	39%	45%	39%	
3.6	Toiletries/ basic items?	51%	54%	51%	
SECTION 3: Reception, first night and induction continued					
When you first arrived here did you have access to the following people:					
3.7	The chaplain or a religious leader?	44%	47%	44%	
3.7	Someone from health services?	67%	62%	67%	
3.7	A Listener/Samaritans?	31%	33%	31%	

Main comparator and comparator to last time

Key to tables

		HMP Rye Hill 2015	Category B training prisons comparator	HMP Rye Hill 2015	HMP Rye Hill 2011
	Any percentage highlighted in green is significantly better				
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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
3.7	Prison shop/ canteen?	28%	26%	28%	13%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	55%	51%	55%	66%
3.8	Support was available for people feeling depressed or suicidal?	38%	40%	38%	57%
3.8	How to make routine requests?	47%	45%	47%	54%
3.8	Your entitlement to visits?	39%	40%	39%	56%
3.8	Health services?	51%	49%	51%	62%
3.8	The chaplaincy?	45%	44%	45%	58%
3.9	Did you feel safe on your first night here?	83%	81%	83%	86%
3.10	Have you been on an induction course?	90%	92%	90%	93%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	69%	66%	69%	74%
3.12	Did you receive an education (skills for life) assessment?	88%	88%	88%	
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?	47%	54%	47%	75%
4.1	Attend legal visits?	42%	50%	42%	63%
4.1	Get bail information?	12%	11%	12%	12%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	33%	51%	33%	39%
4.3	Can you get legal books in the library?	47%	46%	47%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	78%	73%	78%	65%
4.4	Are you normally able to have a shower every day?	98%	91%	98%	99%
4.4	Do you normally receive clean sheets every week?	64%	60%	64%	52%
4.4	Do you normally get cell cleaning materials every week?	92%	62%	92%	88%
4.4	Is your cell call bell normally answered within five minutes?	45%	40%	45%	58%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	64%	69%	64%	73%
4.4	Can you normally get your stored property, if you need to?	26%	25%	26%	23%
4.5	Is the food in this prison good/very good?	61%	25%	61%	44%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	68%	45%	68%	47%
4.7	Are you able to speak to a Listener at any time, if you want to?	73%	54%	73%	67%
4.8	Are your religious beliefs are respected?	51%	51%	51%	58%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	56%	55%	56%	70%
4.10	Is it easy/very easy to attend religious services?	48%	54%	48%	

Main comparator and comparator to last time

Key to tables

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Any percentage highlighted in green is significantly better					
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Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	81%	80%	81%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	61%	47%	61%	54%
5.2	Do you feel applications are dealt with quickly (within seven days)?	46%	30%	46%	47%
5.3	Is it easy to make a complaint?	72%	62%	72%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	43%	26%	43%	29%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	39%	19%	39%	36%
5.5	Have you ever been prevented from making a complaint when you wanted to?	16%	24%	16%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	31%	26%	31%	37%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	62%	51%	62%	61%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	59%	44%	59%	51%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	8%	8%	7%
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?	46%	34%	46%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	77%	83%	77%	80%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	74%	73%	78%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	33%	28%	33%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	15%	23%	15%	22%
7.5	Do you have a personal officer?	82%	69%	82%	76%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	59%	60%	59%	59%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	32%	40%	32%	35%
8.2	Do you feel unsafe now?	15%	17%	15%	12%
8.4	Have you been victimised by other prisoners here?	32%	30%	32%	21%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	10%	13%	10%	14%
8.5	Hit, kicked or assaulted you?	6%	10%	6%	6%
8.5	Sexually abused you?	6%	2%	6%	1%
8.5	Threatened or intimidated you?	19%	19%	19%	
8.5	Taken your canteen/property?	3%	6%	3%	4%
8.5	Victimised you because of medication?	5%	5%	5%	
8.5	Victimised you because of debt?	1%	4%	1%	

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					
8.5	Victimised you because of drugs?	2%	3%	2%	2%
8.5	Victimised you because of your race or ethnic origin?	5%	5%	5%	1%
8.5	Victimised you because of your religion/religious beliefs?	7%	6%	7%	0%
8.5	Victimised you because of your nationality?	3%	4%	3%	
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	1%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	4%	2%	4%	1%
8.5	Victimised you because of your age?	2%	3%	2%	2%
8.5	Victimised you because you have a disability?	6%	4%	6%	4%
8.5	Victimised you because you were new here?	2%	5%	2%	2%
8.5	Victimised you because of your offence/crime?	10%	6%	10%	6%
8.5	Victimised you because of gang related issues?	1%	4%	1%	1%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	37%	32%	37%	20%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	8%	12%	8%	6%
8.7	Hit, kicked or assaulted you?	4%	5%	4%	2%
8.7	Sexually abused you?	2%	1%	2%	1%
8.7	Threatened or intimidated you?	16%	13%	16%	
8.7	Victimised you because of medication?	4%	3%	4%	
8.7	Victimised you because of debt?	0%	2%	0%	
8.7	Victimised you because of drugs?	1%	2%	1%	1%
8.7	Victimised you because of your race or ethnic origin?	6%	5%	6%	3%
8.7	Victimised you because of your religion/religious beliefs?	9%	4%	9%	3%
8.7	Victimised you because of your nationality?	4%	3%	4%	
8.7	Victimised you because you were from a different part of the country?	3%	3%	3%	1%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.7	Victimised you because of your sexual orientation?	3%	2%	3%	1%
8.7	Victimised you because of your age?	3%	2%	3%	2%
8.7	Victimised you because you have a disability?	3%	3%	3%	1%
8.7	Victimised you because you were new here?	3%	4%	3%	5%
8.7	Victimised you because of your offence/crime?	12%	5%	12%	4%
8.7	Victimised you because of gang related issues?	1%	3%	1%	0%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	43%	44%	43%	51%

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	24%	29%	24%	32%
9.1	Is it easy/very easy to see the nurse?	40%	49%	40%	61%
9.1	Is it easy/very easy to see the dentist?	16%	17%	16%	9%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
9.2	The doctor?	46%	38%	46%	34%
9.2	The nurse?	47%	49%	47%	47%
9.2	The dentist?	41%	44%	41%	20%
9.3	The overall quality of health services?	29%	33%	29%	29%
9.4	Are you currently taking medication?	65%	51%	65%	56%
For those currently taking medication:					
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	82%	83%	82%	
9.6	Do you have any emotional well being or mental health problems?	42%	31%	42%	31%
For those who have problems:					
9.7	Are you being helped or supported by anyone in this prison?	47%	53%	47%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	13%	18%	13%	11%
10.2	Did you have a problem with alcohol when you came into this prison?	16%	16%	16%	11%
10.3	Is it easy/very easy to get illegal drugs in this prison?	20%	33%	20%	13%
10.4	Is it easy/very easy to get alcohol in this prison?	8%	27%	8%	
10.5	Have you developed a problem with drugs since you have been in this prison?	4%	8%	4%	2%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	7%	6%	
For those with drug or alcohol problems:					
10.7	Have you received any support or help with your drug problem while in this prison?	69%	68%	69%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	66%	67%	66%	
For those who have received help or support with their drug or alcohol problem:					
10.9	Was the support helpful?	84%	78%	84%	59%
SECTION 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	46%	36%	46%	
11.1	Vocational or skills training?	35%	31%	35%	

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
11.1	Education (including basic skills)?	53%	51%	53%	
11.1	Offending behaviour programmes?	45%	24%	45%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	74%	69%	74%	75%
11.2	Vocational or skills training?	9%	11%	9%	10%
11.2	Education (including basic skills)?	37%	26%	37%	43%
11.2	Offending behaviour programmes?	18%	17%	18%	18%
11.3	Have you had a job while in this prison?	93%	89%	93%	89%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	50%	41%	50%	51%
11.3	Have you been involved in vocational or skills training while in this prison?	75%	77%	75%	74%
	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?	47%	52%	47%	66%
11.3	Have you been involved in education while in this prison?	90%	85%	90%	86%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	60%	58%	60%	75%
11.3	Have you been involved in offending behaviour programmes while in this prison?	79%	77%	79%	71%
	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?	62%	50%	62%	55%
11.4	Do you go to the library at least once a week?	43%	46%	43%	42%
11.5	Does the library have a wide enough range of materials to meet your needs?	33%	44%	33%	
11.6	Do you go to the gym three or more times a week?	33%	37%	33%	61%
11.7	Do you go outside for exercise three or more times a week?	39%	48%	39%	61%
11.8	Do you go on association more than five times each week?	77%	57%	77%	92%
11.9	Do you spend ten or more hours out of your cell on a weekday?	22%	16%	22%	19%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	41%	33%	41%	40%
12.2	Have you had any problems with sending or receiving mail?	31%	48%	31%	36%

Main comparator and comparator to last time

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
12.3	Have you had any problems getting access to the telephones?	6%	17%	6%	11%
12.4	Is it easy/ very easy for your friends and family to get here?	19%	21%	19%	
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?	94%	87%	94%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	21%	29%	21%	
13.2	Contact by letter?	28%	36%	28%	
13.2	Contact by phone?	44%	31%	44%	
13.2	Contact by visit?	35%	34%	35%	
13.3	Do you have a named offender supervisor in this prison?	92%	78%	92%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	92%	79%	92%	79%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	59%	52%	59%	75%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	17%	39%	17%	
13.6	Offender supervisor?	62%	43%	62%	
13.6	Offender manager?	41%	29%	41%	
13.6	Named/ personal officer?	15%	18%	15%	
13.6	Staff from other departments?	15%	16%	15%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	75%	66%	75%	67%
13.8	Are there plans for you to achieve any of your targets in another prison?	23%	28%	23%	
13.9	Are there plans for you to achieve any of your targets in the community?	19%	19%	19%	
13.10	Do you have a needs based custody plan?	6%	6%	6%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	19%	12%	19%	20%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	22%	18%	22%	
13.12	Accommodation?	25%	17%	25%	
13.12	Benefits?	26%	17%	26%	
13.12	Finances?	21%	15%	21%	
13.12	Education?	29%	22%	29%	
13.12	Drugs and alcohol?	33%	28%	33%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	66%	58%	66%	51%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Rye Hill 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		42	145	23	163	25	160
1.3	Are you sentenced?	100%	100%	100%	100%	100%	100%
1.5	Are you a foreign national?	38%	5%			40%	8%
1.6	Do you understand spoken English?	95%	99%	91%	99%	92%	99%
1.7	Do you understand written English?	93%	98%	83%	99%	88%	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.)			69%	16%	88%	12%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	5%	11%	3%	4%	4%
1.1	Are you Muslim?	53%	2%	43%	9%		
1.12	Do you consider yourself to have a disability?	15%	40%	17%	37%	9%	38%
1.13	Are you a veteran (ex-armed services)?	10%	11%	4%	12%	9%	11%
1.14	Is this your first time in prison?	67%	60%	74%	60%	68%	61%
2.6	Were you treated well/very well by the escort staff?	69%	81%	74%	79%	56%	82%
2.7	Before you arrived here were you told that you were coming here?	59%	65%	65%	64%	52%	66%
3.2	When you were searched in reception, was this carried out in a respectful way?	72%	86%	69%	85%	60%	86%
3.3	Were you treated well/very well in reception?	67%	88%	69%	86%	52%	88%
3.4	Did you have any problems when you first arrived?	77%	58%	82%	59%	80%	60%
3.7	Did you have access to someone from health care when you first arrived here?	60%	69%	48%	70%	50%	69%
3.9	Did you feel safe on your first night here?	80%	84%	79%	84%	76%	84%
3.10	Have you been on an induction course?	93%	90%	96%	89%	100%	89%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	45%	55%	46%	52%	45%

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?	66%	81%	80%	78%	64%	79%
4.4	Are you normally able to have a shower every day?	100%	97%	100%	98%	100%	98%
4.4	Is your cell call bell normally answered within five minutes?	47%	43%	48%	44%	39%	45%
4.5	Is the food in this prison good/very good?	47%	65%	38%	64%	33%	65%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	43%	75%	62%	69%	33%	73%
4.7	Are you able to speak to a Listener at any time, if you want to?	64%	76%	65%	74%	57%	75%
4.8	Do you feel your religious beliefs are respected?	50%	50%	50%	50%	43%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	61%	54%	64%	54%	46%	57%
5.1	Is it easy to make an application?	68%	84%	64%	84%	50%	85%
5.3	Is it easy to make a complaint?	72%	72%	63%	73%	65%	73%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	50%	65%	50%	64%	39%	65%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	65%	57%	56%	59%	43%	62%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	6%	5%	8%	17%	6%
7.1	Do most staff, in this prison, treat you with respect?	63%	81%	71%	78%	48%	81%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	60%	76%	67%	74%	46%	77%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	8%	17%	4%	17%	9%	16%
7.4	Do you have a personal officer?	75%	84%	78%	82%	80%	82%
8.1	Have you ever felt unsafe here?	33%	32%	11%	35%	36%	32%
8.2	Do you feel unsafe now?	22%	13%	5%	16%	32%	13%
8.3	Have you been victimised by other prisoners?	32%	32%	15%	34%	31%	33%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	12%	21%	0%	22%	4%	22%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	15%	2%	5%	5%	17%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	19%	3%	11%	6%	21%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	10%	2%	11%	3%	13%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	2%	6%	0%	6%	0%	6%

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												
8.6	Have you been victimised by a member of staff?	49%	34%	32%	38%	54%	35%						
8.7	Have you ever felt threatened or intimidated by staff here?	17%	16%	4%	18%	13%	17%						
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	22%	1%	10%	5%	21%	3%						
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	32%	3%	18%	8%	42%	5%						
8.7	Have you been victimised because of your nationality? (By staff)	15%	1%	10%	3%	25%	1%						
8.7	Have you been victimised because you have a disability? (By staff)	2%	4%	0%	4%	0%	4%						
9.1	Is it easy/very easy to see the doctor?	17%	26%	15%	25%	9%	26%						
9.1	Is it easy/ very easy to see the nurse?	33%	42%	40%	39%	25%	42%						
9.4	Are you currently taking medication?	42%	71%	36%	69%	33%	69%						
9.6	Do you feel you have any emotional well being/mental health issues?	32%	45%	18%	46%	29%	45%						
10.3	Is it easy/very easy to get illegal drugs in this prison?	12%	23%	4%	23%	13%	22%						
11.2	Are you currently working in the prison?	73%	74%	78%	74%	71%	76%						
11.2	Are you currently undertaking vocational or skills training?	8%	9%	22%	8%	9%	9%						
11.2	Are you currently in education (including basic skills)?	49%	33%	46%	36%	54%	34%						
11.2	Are you currently taking part in an offending behaviour programme?	19%	17%	22%	18%	29%	16%						
11.4	Do you go to the library at least once a week?	57%	39%	40%	44%	61%	41%						
11.6	Do you go to the gym three or more times a week?	74%	21%	77%	27%	74%	27%						
11.7	Do you go outside for exercise three or more times a week?	43%	37%	40%	38%	46%	38%						
11.8	On average, do you go on association more than five times each week?	73%	79%	78%	77%	71%	79%						
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	21%	22%	24%	22%	29%	21%						
12.2	Have you had any problems sending or receiving mail?	44%	28%	19%	33%	54%	28%						
12.3	Have you had any problems getting access to the telephones?	11%	5%	24%	4%	21%	4%						

Diversity Analysis



Key question responses (disability, age over 50) HMP Rye Hill 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		64	122	83	106
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	6%	16%	5%	18%
1.6	Do you understand spoken English?	99%	98%	100%	96%
1.7	Do you understand written English?	95%	98%	100%	94%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	10%	30%	11%	32%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	4%	3%	5%
1.1	Are you Muslim?	3%	19%	6%	19%
1.12	Do you consider yourself to have a disability?			45%	27%
1.13	Are you a veteran (ex-armed services)?	13%	10%	18%	6%
1.14	Is this your first time in prison?	64%	60%	65%	59%
2.6	Were you treated well/very well by the escort staff?	83%	75%	84%	74%
2.7	Before you arrived here were you told that you were coming here?	65%	63%	61%	66%
3.2	When you were searched in reception, was this carried out in a respectful way?	83%	83%	93%	76%
3.3	Were you treated well/very well in reception?	86%	82%	93%	76%
3.4	Did you have any problems when you first arrived?	70%	58%	57%	67%
3.7	Did you have access to someone from health care when you first arrived here?	68%	67%	68%	66%
3.9	Did you feel safe on your first night here?	76%	87%	88%	80%
3.10	Have you been on an induction course?	94%	88%	90%	90%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	48%	45%	50%	44%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	81%	76%	83%	74%
4.4	Are you normally able to have a shower every day?	95%	99%	97%	98%
4.4	Is your cell call bell normally answered within five minutes?	39%	47%	48%	42%
4.5	Is the food in this prison good/very good?	57%	63%	74%	52%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	70%	67%	77%	61%
4.7	Are you able to speak to a Listener at any time, if you want to?	76%	72%	81%	67%
4.8	Do you feel your religious beliefs are respected?	48%	51%	57%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	51%	58%	57%	55%
5.1	Is it easy to make an application?	75%	84%	86%	77%
5.3	Is it easy to make a complaint?	71%	72%	74%	70%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	66%	59%	69%	56%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	57%	60%	57%	61%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	8%	4%	11%
7.1	Do most staff, in this prison, treat you with respect?	87%	72%	92%	66%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	74%	72%	78%	69%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	16%	14%	19%	13%
7.4	Do you have a personal officer?	85%	80%	75%	86%
8.1	Have you ever felt unsafe here?	45%	26%	27%	36%
8.2	Do you feel unsafe now?	22%	12%	15%	15%
8.3	Have you been victimised by other prisoners?	45%	26%	24%	38%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	31%	13%	17%	21%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	5%	4%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	7%	4%	9%
8.5	Have you been victimised because of your nationality? (By prisoners)	5%	3%	3%	4%
8.5	Have you been victimised because of your age? (By prisoners)	3%	2%	3%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	16%	0%	5%	6%

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				
8.6	Have you been victimised by a member of staff?	42%	35%	22%	49%
8.7	Have you ever felt threatened or intimidated by staff here?	24%	13%	12%	20%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	6%	1%	9%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	11%	4%	14%
8.7	Have you been victimised because of your nationality? (By staff)	2%	5%	0%	7%
8.7	Have you been victimised because of your age? (By staff)	3%	3%	3%	3%
8.7	Have you been victimised because you have a disability? (By staff)	10%	0%	3%	4%
9.1	Is it easy/very easy to see the doctor?	28%	21%	30%	19%
9.1	Is it easy/ very easy to see the nurse?	46%	36%	49%	33%
9.4	Are you currently taking medication?	84%	53%	82%	51%
9.6	Do you feel you have any emotional well being/mental health issues?	63%	31%	36%	47%
10.3	Is it easy/very easy to get illegal drugs in this prison?	22%	19%	13%	26%
11.2	Are you currently working in the prison?	68%	78%	73%	75%
11.2	Are you currently undertaking vocational or skills training?	6%	10%	8%	11%
11.2	Are you currently in education (including basic skills)?	36%	38%	28%	44%
11.2	Are you currently taking part in an offending behaviour programme?	19%	17%	18%	18%
11.4	Do you go to the library at least once a week?	34%	48%	37%	48%
11.6	Do you go to the gym three or more times a week?	13%	43%	13%	50%
11.7	Do you go outside for exercise three or more times a week?	38%	39%	40%	37%
11.8	On average, do you go on association more than five times each week?	76%	78%	80%	75%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	26%	19%	27%	18%
12.2	Have you had any problems sending or receiving mail?	35%	30%	31%	31%
12.3	Have you had any problems getting access to the telephones?	8%	5%	3%	9%

Diversity analysis



Key question responses (**sexual orientation**) HMP Rye Hill 2015

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	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		20	159
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	0%	13%
1.6	Do you understand spoken English?	100%	98%
1.7	Do you understand written English?	100%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	15%	23%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	5%
1.1	Are you Muslim?	11%	14%
1.12	Do you consider yourself to have a disability?	45%	33%
1.13	Are you a veteran (ex-armed services)?	26%	10%
1.14	Is this your first time in prison?	45%	64%
2.6	Were you treated well/very well by the escort staff?	65%	80%
2.7	Before you arrived here were you told that you were coming here?	70%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	82%
3.3	Were you treated well/very well in reception?	85%	84%
3.4	Did you have any problems when you first arrived?	75%	60%
3.7	Did you have access to someone from health care when you first arrived here?	75%	66%
3.9	Did you feel safe on your first night here?	80%	84%
3.10	Have you been on an induction course?	89%	91%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	66%	44%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	75%	79%
4.4	Are you normally able to have a shower every day?	100%	97%
4.4	Is your cell call bell normally answered within five minutes?	35%	44%
4.5	Is the food in this prison good/very good?	75%	59%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	75%	66%
4.7	Are you able to speak to a Listener at any time, if you want to?	80%	73%
4.8	Do you feel your religious beliefs are respected?	50%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	53%	55%
5.1	Is it easy to make an application?	80%	82%
5.3	Is it easy to make a complaint?	79%	71%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	58%	63%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	63%	59%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	8%
7.1	Do most staff, in this prison, treat you with respect?	89%	75%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	73%	73%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	21%	15%
7.4	Do you have a personal officer?	73%	84%
8.1	Have you ever felt unsafe here?	53%	30%
8.2	Do you feel unsafe now?	26%	14%
8.3	Have you been victimised by other prisoners?	53%	30%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	42%	17%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	11%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	21%	5%
8.5	Have you been victimised because of your sexual orientation? (By prisoners)	32%	1%
8.5	Have you been victimised because of your age? (By prisoners)	11%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	16%	5%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	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		
8.6	Have you been victimised by a member of staff?	44%	37%
8.7	Have you ever felt threatened or intimidated by staff here?	27%	16%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	6%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	12%	10%
8.7	Have you been victimised because of your sexual orientation? (By staff)	27%	0%
8.7	Have you been victimised because of your age? (By staff)	12%	2%
8.7	Have you been victimised because you have a disability? (By staff)	12%	3%
9.1	Is it easy/very easy to see the doctor?	27%	24%
9.1	Is it easy/ very easy to see the nurse?	56%	38%
9.4	Are you currently taking medication?	95%	61%
9.6	Do you feel you have any emotional well being/mental health issues?	44%	43%
10.3	Is it easy/very easy to get illegal drugs in this prison?	36%	19%
11.2	Are you currently working in the prison?	50%	78%
11.2	Are you currently undertaking vocational or skills training?	12%	9%
11.2	Are you currently in education (including basic skills)?	50%	36%
11.2	Are you currently taking part in an offending behaviour programme?	17%	18%
11.4	Do you go to the library at least once a week?	61%	41%
11.6	do you go to the gym three or more times a week?	23%	34%
11.7	Do you go outside for exercise three or more times a week?	53%	36%
11.8	On average, do you go on association more than five times each week?	73%	79%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	23%	23%
12.2	Have you had any problems sending or receiving mail?	29%	31%
12.3	Have you had any problems getting access to the telephones?	6%	6%

Diversity analysis



Key question responses (veterans) HMP Rye Hill 2015

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	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		20	165
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	5%	14%
1.6	Do you understand spoken English?	100%	98%
1.7	Do you understand written English?	100%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	20%	23%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	4%
1.1	Are you Muslim?	11%	14%
1.12	Do you consider yourself to have a disability?	40%	33%
1.13	Are you a veteran (ex-armed services)?		
1.14	Is this your first time in prison?	80%	60%
2.6	Were you treated well/very well by the escort staff?	70%	79%
2.7	Before you arrived here were you told that you were coming here?	70%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	100%	80%
3.3	Were you treated well/very well in reception?	95%	82%
3.4	Did you have any problems when you first arrived?	55%	63%
3.7	Did you have access to someone from health care when you first arrived here?	60%	68%
3.9	Did you feel safe on your first night here?	95%	82%
3.10	Have you been on an induction course?	89%	90%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	40%	47%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	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?	89%	76%
4.4	Are you normally able to have a shower every day?	100%	98%
4.4	Is your cell call bell normally answered within five minutes?	45%	44%
4.5	Is the food in this prison good/very good?	85%	58%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	80%	66%
4.7	Are you able to speak to a Listener at any time, if you want to?	85%	72%
4.8	Do you feel your religious beliefs are respected?	30%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	40%	57%
5.1	Is it easy to make an application?	80%	80%
5.3	Is it easy to make a complaint?	75%	71%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	50%	63%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	70%	57%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	8%
7.1	Do most staff, in this prison, treat you with respect?	80%	76%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	74%	72%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	15%	14%
7.4	Do you have a personal officer?	80%	82%
8.1	Have you ever felt unsafe here?	40%	32%
8.2	Do you feel unsafe now?	25%	14%
8.3	Have you been victimised by other prisoners?	35%	32%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	30%	18%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	11%	6%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	4%
8.5	Have you been victimised you are from a different part of the country than others? (By prisoners)		
8.5	Have you been victimised because you are from a traveller community? (By prisoners)		
8.5	Have you been victimised because of your age? (By prisoners)	15%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	15%	4%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	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		
8.6	Have you been victimised by a member of staff?	45%	37%
8.7	Have you ever felt threatened or intimidated by staff here?	25%	16%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	11%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	11%	9%
8.7	Have you been victimised because of your nationality? (By staff)	5%	4%
8.7	Have you been victimised you are from a different part of the country than others? (By staff)		
8.7	Have you been victimised because you are from a traveller community? (By staff)		
8.7	Have you been victimised because of your age? (By staff)	15%	1%
8.7	Have you been victimised because you have a disability? (By staff)	15%	2%
9.1	Is it easy/very easy to see the doctor?	40%	22%
9.1	Is it easy/ very easy to see the nurse?	47%	39%
9.4	Are you currently taking medication?	79%	62%
9.6	Do you feel you have any emotional well being/mental health issues?	50%	42%
10.3	Is it easy/very easy to get illegal drugs in this prison?	30%	19%
11.2	Are you currently working in the prison?	75%	75%
11.2	Are you currently undertaking vocational or skills training?	5%	9%
11.2	Are you currently in education (including basic skills)?	20%	39%
11.2	Are you currently taking part in an offending behaviour programme?	20%	17%
11.4	Do you go to the library at least once a week?	40%	44%
11.6	do you go to the gym three or more times a week?	26%	34%
11.7	Do you go outside for exercise three or more times a week?	21%	40%
11.8	On average, do you go on association more than five times each week?	85%	76%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	26%	21%
12.2	Have you had any problems sending or receiving mail?	15%	34%
12.3	Have you had any problems getting access to the telephones?	0%	7%