

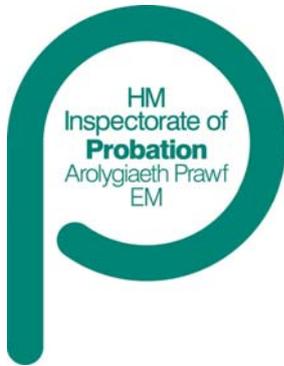
Report on an unannounced inspection of

HMP Woodhill

by HM Chief Inspector of Prisons

14–25 September 2015

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



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Glossary of terms

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

Introduction

HMP Woodhill near Milton Keynes is a 'core local' prison, meaning that while the bulk of its population is a mixture of remanded and short sentenced men with all the mental health, substance misuse and other issues typical of local prisons, it also has a high security function for a small number of category A prisoners. The prison also incorporates a Close Supervision Centre (CSC) which is part of a national system for managing some of the most high-risk prisoners in the prison system. We inspect the CSC system separately and Woodhill's CSC wings are therefore not included in this report. At the time of this inspection the prison held 692 men.

Previous inspections of HMP Woodhill have repeatedly raised concerns about the prison and, in particular, weaknesses in the support of men at risk of suicide or self-harm and the poor provision of purposeful activity. This inspection found real improvements had been made. Staffing levels were better than we often find elsewhere, although heavily reliant on detached duty and new recruits, and the prison's leadership was effectively tackling some deep-rooted problems. Nevertheless, there was no room for complacency and we were concerned that more still needed to be done to reduce the likelihood of further self-inflicted deaths.

There had been five more self-inflicted deaths since the last inspection, making nine in total since 2012. This was an unacceptable toll. There was not a sufficiently whole-prison approach to understanding and addressing the contributory and preventive factors in prisoners' overall experience in the prison and we identified a number of critical areas where improvement was required.

Early days in custody are a critical time and at Woodhill, as with other prisons, almost a quarter of prisoners told us they felt depressed or suicidal when they first arrived. Five of the nine deaths since 2012 had involved new arrivals who had been in the prison for less than two weeks – something we needed to point out to the prison. Too many prisoners arrived in the prison late in the evening, which disrupted reception and first night arrangements. This was not something the prison could control – it is a concern we have raised in many inspections and requires action from the National Offender Management Service (NOMS) and the courts service to resolve. Once in the prison, reception processes were efficient but the role of the first night centre (FNC) was undermined because it was also used to hold prisoners who were difficult to locate elsewhere due to their offence or disputes with other prisoners. Conversely, some prisoners requiring opiate substitution treatment or alcohol detoxification were mistakenly placed in the FNC rather than the specialist stabilisation unit. This was particularly dangerous for prisoners requiring alcohol detoxification who would not get the regular observation they needed on the FNC, and it raised concerns about what other risks were missed. Too many first night cells were dirty and poorly equipped. On a mid-morning visit to the FNC, we met a recalled prisoner who had finally arrived in the first night centre at about 9pm the evening before and had been locked in a shabby cell with missing equipment since. He seemed OK – but his experience was typical, and in other circumstances a mix of distress at being recalled, the bleakness of his surroundings and lack of support could have been much more serious; indeed, in some cases it had been.

Recommendations made by the Prisons and Probation Ombudsman following previous deaths in custody, such as the need to improve the quality of assessment, care in custody and teamwork (ACCT) case management documentation for prisoners at risk of suicide or self-harm, had not been implemented with sufficient rigour. The support given was often better than the records showed and prisoners we spoke to who had been identified as being at risk of suicide or self-harm told us they felt well cared for. There were not enough Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). Cell call bells were not answered quickly enough and night-time checks were done at predictable times and could have been easily circumvented by a prisoner intent on harming himself.

Forty per cent of prisoners told us they had emotional well-being or mental health problems but only 36% told us they were receiving support for these problems. Mental health services had been hit by staff shortages. Waits to see the mental health team were too long and there were very long waits for prisoners who needed a transfer under the Mental Health Act. Only 18% of residential staff had received mental health awareness training in the last three years and staff told us they felt ill-equipped to deal with prisoners with mental health problems.

The prison felt calm – and it was an establishment where most prisoners who kept their heads down and avoided debt and drugs could stay out of trouble. However, a sizeable minority – one in five prisoners – told us they felt unsafe at the time of the inspection, and levels of violence were higher than elsewhere and included some serious assaults on prisoners and staff. The response to these incidents was mixed and the prison did not have sufficient understanding of the underlying causes and trends to inform a more effective strategic response. Security arrangements were generally appropriate for the population but links between the security and safer custody departments were not well coordinated. Tobacco and other debt was the cause of much of the violence but drug availability was lower than we have seen elsewhere, although the prison needed to be alert to the increasing availability of the new psychoactive substance Spice. The high levels of violence were behind the high numbers of adjudications and use of force by staff, and we found that these processes were generally used appropriately. The environment in the segregation unit had improved since the last inspection and staff worked well with some very complex prisoners.

The external environment was good but the conditions in cells were more mixed. Prisoners experienced problems getting hold of basic kit such as clothing and cell furniture. Relationships between staff and prisoners were, with some exceptions, also good. In our survey prisoners from black and minority ethnic backgrounds reported more negatively than the population as a whole and there was inadequate consultation with them, and other prisoners with protected characteristics, to understand and address concerns. Faith provision was very good. Physical health services and substance misuse services were generally good.

Purposeful activity was where most impressive progress had been made. Time out of cell was reasonable for most prisoners, although more who had legitimate reasons for not being at work could have been allowed out of their cells for longer during the day. The management of learning and skills was good and the amount of activity available had improved significantly. The provision of sufficient and appropriate activity for short-term prisoners was an example other local prisons could follow. Activities were intelligently geared to the labour markets in the areas to which most prisoners would be returning. The quality of teaching and learning had improved and there was good emphasis on helping prisoners improve their literacy and numeracy. Success rates were high and punctuality and attendance were good.

The prison had a complex resettlement task. It held high-risk prisoners who needed sophisticated risk assessment and offender management processes and short-term prisoners who needed the timely provision of practical support. Matters were further complicated because two new community rehabilitation companies (CRCs) had recently begun work in the prison to cater for prisoners from different parts of the country, and each used different processes. Not surprisingly there was some confusion among staff and prisoners about what was provided and some prisoners did not have an adequate sentence plan. Nevertheless, there had been progress in reducing backlogs in risk assessments and sentence planning and some good individual work was being done. Public protection arrangements were good. Despite the complexity of the new arrangements, most practical resettlement services were good and there had been improvements in helping prisoners in the crucial areas of accommodation and employment. Family work was also good.

HMP Woodhill is an improving prison and its very good purposeful activity and good rehabilitation services are better than we have seen recently in many other local prisons. Good outcomes in these areas help to create a sense of purpose and hope and reduce frustration and tension. Despite this, levels of violence are a significant concern and the number of self-inflicted deaths in recent years has been unacceptably high. The main priority of the prison must be to tackle these two areas.

Martin Lomas
HM Deputy Chief Inspector of Prisons

January 2016

Fact page

Task of the establishment

Core local male prison– high security

Prison status

Public

Department/region

High Security Directorate, with links to the South Central area.

Number held

692

Certified normal accommodation

660

Operational capacity

727

Date of last full inspection

January 2014

Brief history

HMP Woodhill was opened in 1992 as a local prison, but in the late 1990s took on a high security role as a core local prison. The prison also has a close supervision centre (CSC), 'managing challenging behaviour' unit and protected witness unit, housing some of the most challenging prisoners in the system.

Short description of residential units

Each house unit, except 5 and 6, is divided into two wings, A and B. Each wing on the main house units is designed to hold 60 prisoners in single cells. Some cells have been converted into doubles. All units hold a cross-section of prisoners, including category A and young adults, following a risk assessment.

House unit 1	A mix of remand and convicted prisoners; unit 1B is the induction unit.
House unit 2	A mix of remand and convicted prisoners on both wings; unit 2A is the drug rehabilitation unit.
House unit 3	A mix of remand and convicted prisoners on both wings.
House unit 4	A mix of remand and convicted prisoners; unit 4B is the vulnerable prisoner unit housing adult males, including category A and young prisoners.
House unit 5	51 cells, all purpose built for two prisoners. This unit is currently closed for refurbishment.
House unit 6	Five wings (A to E). A and B are national CSC wings, including the national assessment centre, holding some of the most violent and disruptive prisoners in the prison system. C wing accommodates the first national 'managing challenging behaviour' unit. E wing is part of a national protected witness scheme. Wing 6 is currently closed. House unit 6 was reported on by HMIP earlier in 2015 as part of the inspection of the national CSC system and is not included in this report. Population statistics at the end of this report do not include house unit 6.

Name of governor

Rob Davis

Escort contractors

GEOAmey

Health service provider

Central North West London NHS Trust

Learning and skills provider

Milton Keynes College

Independent Monitoring Board chair

Mary-Anne Dixey

Community rehabilitation companies (CRCs)

Thames Valley CRC and BeNCH CRC (covering Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire).

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.
- A8 All inspections of prisons are mainly conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission (CQC), 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. The CQC did not join us on this inspection.

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

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

Summary

Safety

- S1** *Some prisoners arrived unacceptably late but reception processes were efficient. First night cells were dirty and poorly prepared. Levels of violence and self-harm were high, and there had been nine self-inflicted deaths since 2012. There was no prison-wide strategy to understand the problem or learn lessons from previous incidents. Almost one in five prisoners felt unsafe. The quality of crisis case management and anti-bullying processes was mixed and often failed to address the underlying causes. Security arrangements were mostly proportionate. The use of force was high and had increased significantly, but governance was good. The segregation accommodation was good but care planning was weak. Support for prisoners with drug and alcohol problems was generally good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S2** *At the last inspection in 2014 we found that outcomes for prisoners in Woodhill were not sufficiently good against this healthy prison test. We made 21 recommendations in the area of safety. At this follow-up inspection we found that six of the recommendations had been achieved, five had been partially achieved and 10 had not been achieved.*
- S3** Some prisoners arrived unacceptably late at Woodhill, which hindered first night procedures. However, staff treated prisoners with decency and most processes were managed efficiently. Reception staff were alert to issues of self-harm for new arrivals, but some initial checks were not thorough.
- S4** Staff and prisoner peer supporters helped new arrivals to settle in on their first night, but cells were dirty and poorly prepared. The induction programme took too long to complete and was not sufficiently engaging. The first night and induction wing continued to be used to accommodate other prisoners who were difficult to locate elsewhere, which undermined its important role.
- S5** Almost one in five prisoners said they felt unsafe at the time of the inspection. Levels of violence, including assaults on staff, were much higher than we normally see in local prisons and than at our last inspection, with some serious incidents. There was no prison-wide strategy for managing safer custody. Data analysis and action planning were limited, and responses to the problem were too focused on process. Completion of anti-bullying strategy documents was poor, often failing to evidence the action taken to challenge perpetrators or support victims.
- S6** The level of self-inflicted deaths at Woodhill was very high with nine since 2012, five of which had been within two weeks of the prisoner's arrival in the prison. There had been poor internal investigations into incidents, and Prisons and Probation Ombudsman recommendations from death in custody reports were still not implemented. Self-harm incidents were much higher than in other local prisons, although many were complex cases of individuals who had self-harmed numerous times. Prisoners in crisis were positive about the care they received while on assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm, but the quality of the documentation was inconsistent, often failing to address underlying causes. There were too few Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners).

- S7** In our survey, prisoners were negative about the incentives and earned privileges (IEP) scheme, although it was applied appropriately for less serious infringements of the rules.
- S8** The number of adjudications was higher than in similar prisons and than at our last inspection, but charges were appropriate. Monitoring, analysis and quality assurance of the charges laid and the adjudication process were limited. The use of force was very high for a local prison and much higher than at our last inspection, reflecting the high levels of violence. However, incidents were managed appropriately, we were assured that force was used as a last resort, and governance was good. Not all uses of the special accommodation cell were fully documented and it was difficult to assess if all were justified. Some prisoners remained in the cell for too long. The segregation unit environment had improved significantly and staff worked well with some very complex prisoners. However, the regime was limited and prisoners had little to occupy them. Care planning started too late and was not always meaningful, and data analysis of the use of segregation was poor.
- S9** There was evidence of relatively low levels of drug availability, although there was increasing use of Spice (a synthetic drug that mimics the effects of cannabis but is much stronger and cannot be detected by drug tests). Integrated clinical and psychosocial care was generally good, but there were serious shortcomings in the screening of new arrivals and first night arrangements – especially for alcohol users. The management and supervision of methadone administration was poor in some areas. The substance misuse programmes were very good but access was limited for some prisoners.

Respect

S10 *The environment was clean and well maintained but conditions in some accommodation were poor. Prisoners experienced problems getting basic kit and cell furniture, but the prison was working to improve this. Shower and toilet facilities lacked privacy. The majority of staff treated prisoners with decency, although prisoners from a black and minority ethnic background had negative views that needed to be addressed. Equality and diversity work lacked prisoner consultation, but faith provision was very good. Health services remained generally good, except for mental health provision. Outcomes for prisoners were reasonably good against this healthy prison test.*

S11 *At the last inspection in 2014 we found that outcomes for prisoners in Woodhill were reasonably good against this healthy prison test. We made 26 recommendations in the area of respect. At this follow-up inspection we found that three of the recommendations had been achieved, nine had been partially achieved, 13 had not been achieved and one was no longer relevant.*

- S12** The external environment was very good but the standard of cells was mixed, with some damaged floor coverings, poor decoration and graffiti. Privacy curtains around toilets were inadequate and not all toilets in single cells were screened. Prisoners could shower daily but facilities were not sufficiently private. Prison kit exchange and poor cell furniture were still problems. Prisoner applications were not tracked through to completion, and late delivery of mail frustrated prisoners.
- S13** In our survey, more prisoners than the comparator said that most staff treated them with respect, although prisoners from a black and minority ethnic background and Muslim prisoners were less positive. We observed many positive interactions between staff and prisoners, but a few were distant. In our survey, more prisoners than the comparator said they had been victimised by staff. Formal prisoner consultation had halted, with less opportunity for prisoners to raise issues and understand plans to improve.

- S14** The equality management team only met quarterly and there was insufficient action recorded to address inequalities identified. Equality of treatment monitoring did not cover enough aspects of the regime. Prisoner consultation was not sufficiently focused on specific groups, and there were no prisoner equality representatives on some wings. Investigations into discrimination complaints were thorough and responses were reasonable, but there was no independent quality assurance. There was a good range of events to celebrate diversity. Work with foreign national prisoners focused on immigration concerns but there was no forum to discuss their wider issues. Professional interpreting was not used consistently when required, and some prisoners who struggled with English received little assistance. There was good care planning from health care staff for prisoners with disabilities. Faith provision was good with appropriate facilities for worship, some links with community faith groups and a well-integrated chaplaincy.
- S15** In our survey, more prisoners than the comparator said that it was easy to make a complaint and forms were readily available on residential units. Responses were mostly informative and courteous. There was a good range of legal books, Prison Service orders and information about solicitors in the library. Legal visits arrangements were good, and remanded prisoners were offered bail support.
- S16** Primary health care services remained good and had been improved by an impressive practice nurse service. However, a high non-attendance rate had led to excessive waits for some services. The inpatient unit continued to provide good care, although the regime was still not sufficiently therapeutic. However the new clinical assessment unit and proposed mental health assessment unit offered an excellent opportunity for improved services. Most pharmacy services were reasonable, but some aspects of medication administration were concerning. Dental care was good. Mental health provision was inadequate, primarily due to low staffing, and waiting times for transfer to external mental health beds were excessive for most patients.
- S17** Only 14% of prisoners said that the prison food was good. Although the quality of the food we tasted was reasonable, the breakfast packs and lunchtime provision were inadequate.

Purposeful activity

- S18** *Time out of cell was reasonable for most prisoners but too many were locked in their cells unnecessarily during the core day. The management of learning, skills and work was good. Work and training opportunities had increased significantly and there were sufficient activity spaces for all prisoners. The quality of teaching and learning had improved, and success rates were high. Attendance and punctuality were impressive. Library provision had also improved, and PE provision remained good. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S19** *At the last inspection in 2014 we found that outcomes for prisoners in Woodhill were poor against this healthy prison test. We made 11 recommendations in the area of purposeful activity. At this follow-up inspection we found that seven of the recommendations had been achieved, two had been partially achieved, one had not been achieved and one was no longer relevant.*

- S20** Time out of cell was reasonable for most prisoners, but during our roll checks, 25% of prisoners were locked up during the core day and the need for this was not sufficiently risk assessed.

- S21** The management of learning, skills and work was good. Managers used labour market intelligence well to identify and provide a range of relevant vocational training and work. Self-assessment and quality improvement planning provided an inclusive and motivating focus. Internal and external partnerships had developed successfully to provide good opportunities for prisoners to develop employability skills and enter employment on release.
- S22** There had been a big increase in activity places since the last inspection and there were now sufficient places to meet the needs of the population, including remand prisoners. Vocational training had improved, and there was a range of accredited courses to meet the needs of prisoners serving short sentences.
- S23** The quality of teaching, learning and assessment was good. Skilful and experienced staff ensured the vast majority of learners made good progress and succeeded. Tutors provided a comprehensive range of effective outreach learning support but there was not enough additional support in the classrooms.
- S24** Prisoner attendance and punctuality at activities were particularly impressive. Prisoners were enthusiastic, displayed a good attitude to learning and behaved decently. Success rates on most courses were high. Standards of prisoners work were good, particularly in the vocational training areas.
- S25** The management of the library had recently been re-established and offered adequate access to a range of reading material for most prisoners, but more work was needed to meet prisoners' needs fully. PE provision was good and prisoners had appropriate access to the facilities.

Resettlement

S26 *The work of offender management and resettlement was not incorporated into one overarching strategy to meet all prisoner needs, and not everyone in the prison understood the recent changes in the approach to resettlement. There had been improvements in reducing the backlog of OASys assessments but some prisoners still did not have an adequate sentence plan. There was a lack of quality assurance and supervision to help offender supervisors in their role. Arrangements for managing public protection were good. Resettlement pathway provision had improved and was reasonably good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S27 *At the last inspection in 2014 we found that outcomes for prisoners in Woodhill were not sufficiently good against this healthy prison test. We made 17 recommendations in the area of resettlement. At this follow-up inspection we found that seven of the recommendations had been achieved, six had been partially achieved and four had not been achieved.*

S28 The reducing reoffending strategy did not incorporate the wider role of offender management or reflect the recent introduction of the 'through-the-gate' resettlement model. Reducing reoffending strategy meetings were not sufficiently strategic and did not incorporate the recent changes to provision. Despite some good work in this area, too much was delivered in isolation with no overarching approach to resettlement and offender management.

- S29** The introduction of the two community rehabilitation companies (CRCs)² at Woodhill in May 2015 had been a challenge and, while there were clear signs of progress, there was still some confusion over roles and responsibilities. There had been some improvement in the backlog of OASys (offender assessment system) assessments since our last inspection, but not all prisoners had a sufficient sentence plan. Levels of contact between offender supervisors and prisoners varied considerably, as did the quality of the work undertaken. There were some very good examples of one-to-one work. Some quality assurance had been introduced, but not all offender supervisors received regular casework oversight.
- S30** A large proportion of the sentenced population, over a third, were identified as multi-agency public protection arrangement (MAPPA) cases, and provision for public protection work was good. Monitoring arrangements were appropriate, and interdepartmental risk management meetings were well attended.
- S31** The CRCs saw all prisoners approximately three months before their release, but there was a lack of integration with the work of other pathway providers, including drugs and alcohol and education, training and employment work. The recently appointed Langley House Trust had started to tackle the high rate of prisoners leaving with no fixed accommodation to go to, which had been 12% for the last six months. The trust also provided some debt advice and support, but there was no provision for prisoners to open bank accounts or to arrange early access to benefits on release.
- S32** The work of the National Careers Service provider, Futures, was good and provided prisoners with a clear action plan based on individual needs. The range of vocational training had improved and provided good employability skills development, linked to local and national employment opportunities. However, employer engagement needed to be maximised and use of the 'virtual campus' – giving prisoners internet access to community education, training and employment opportunities – needed to be developed.
- S33** There were appropriate health discharge arrangements to ensure continuity of care on transfer and release. The drug and alcohol support provider had a dedicated resettlement worker with very good links to local and regional community support agencies. The team also delivered an excellent programme that prepared prisoners with a history of drug and alcohol problems for release and future employment.
- S34** Family visits, parent and child sessions, and family support for visitors were greatly valued by prisoners and families. There were good facilities in the visits hall, and booking arrangements had improved.
- S35** The prison had successfully retained the Thinking Skills Programme and Resolve to address prisoners' offending behaviour, but there were gaps in programme provision for sex offenders and perpetrators of domestic violence.

Main concerns and recommendations

- S36** Concern: The level of self-harm and self-inflicted deaths at Woodhill was very high. There had been five self-inflicted deaths since our last inspection and nine since 2012, five of which had occurred within two weeks of the prisoner's arrival in custody. Late arrivals at the prison disrupted first night processes, some reception processes were not sufficiently thorough, and first night cells were in poor condition. There was a lack of a coordinated

² Since May 2015 rehabilitation services, both in custody and after release, have been organised through CRCs, which are responsible for work with medium- and low-risk offenders. The National Probation Service (NPS) has maintained responsibility for high- and very high-risk offenders.

whole-prison process to safer custody and responses were too focused on process without considering the wider protective factors. Internal investigations into incidents were poor and Prisons and Probation Ombudsman recommendations in death in custody reports were still not fully implemented.

Recommendation:

- i. **NOMS should address the contractual arrangements with the escort provider to ensure prisoners arrive at the prison early enough to be assessed and settle into clean, appropriately equipped accommodation.**
- ii. **A prison-wide strategy and action plan to reduce the number of self-inflicted deaths and incidents of self-harm should be developed urgently. This should be based on detailed data and trend analysis and include implementation of Prisons and Probation Ombudsman recommendations. It should also include improvements in the quality of assessment, care in custody and teamwork (ACCT) case management documentation, and the lessons learned from internal investigations into life-threatening incidents.**

S37 Concern: One in five prisoners said they felt unsafe at the time of the inspection, and many also felt victimised by staff. Levels of assaults and fights were much higher than we normally see and had risen since our last inspection. The anti-bullying strategy was poorly applied and did little to challenge antisocial behaviour or actively support victims.

Recommendation: There should be prison-wide action to improve prisoners' perception of safety, reduce violence, tackle antisocial behaviour and support victims. This should be supported by a detailed survey of prisoner perceptions, an evidence-based strategy and action plan, improved data analysis, timely investigations of incidents, and fully effective use of the anti-bullying scheme.

S38 Concern: The mental health service had inadequate staffing levels and skill mix to meet the needs of the population and ensure safe, timely mental health provision. The team had been under-resourced and had experienced significant delays in staff recruitment.

Recommendation: The mental health service should have sufficient staffing levels and skill mix to ensure that prisoners with primary and secondary mental health needs have timely access to a full range of care-planned mental health interventions within agreed timescales.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1** *Most prisoners had relatively short journeys to the prison but some arrived unacceptably late from court, which hindered some of the reception and first night process. Prisoners were not given enough information in advance of their arrival at the prison. Court video links were well used.*
- I.2** Escort vans were clean and prisoners being taken to the prison were offered food and water. Prisoners did not have long journeys to the prison but too many arrived unacceptably late in the evening, which undermined some reception and first night processes (see main recommendation S36i). Escort staff managed prisoners' arrival at the prison efficiently, but all prisoners (except category D) were handcuffed when transferring to and from the van without a formal risk assessment. The lack of reception staff at lunchtime meant that some arrivals were held in reception for long periods before they were processed. Prisoners were not given information about the prison before they arrived from court. The prison's video link was very well used for court appearances, inter-prison visits, probation interviews and legal visits.

Recommendations

- I.3** **Prisoners should not be delayed in reception due to lack of staff over the lunch period.**
- I.4** **Prisoners should only be handcuffed on and off the escort van on the basis of an individual risk assessment.**

Housekeeping point

- I.5** Prisoners should be given information about HMP Woodhill while they are in court.

Early days in custody

Expected outcomes:

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

1.6 *Reception processes were generally managed efficiently, but holding cells for vulnerable prisoners were bare and too many prisoners had a full search without a risk assessment. There was a lack of Listeners and new arrivals could not make a telephone call in reception, but they were all interviewed individually and received a good reception pack. First night cells were dirty and poorly prepared. Too many prisoners lived on the induction wing due to difficulties in locating them elsewhere. There was little engagement of prisoners in their induction.*

1.7 The reception area was clean and processes were managed efficiently, but holding cells for vulnerable prisoners were very bare, with no information about the prison. New arrivals could not make a telephone call in reception. Due to a shortage of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), they only covered reception in the evening (see paragraph 1.30). In our survey, more prisoners than the comparator said they were treated well in reception and were generally positive about their first few days, but vulnerable prisoners were more negative across a range of reception and induction experiences. All prisoners, except those being discharged home, were given a full search on both entry and exit from the prison without a formal risk assessment (see recommendation 1.42).

1.8 Reception staff were alert to issues of self-harm for new arrivals and opened more assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm than staff elsewhere in the prison. However, initial checks were not thorough enough and focused on the cell sharing risk assessment and provision of identity cards (see also paragraph 1.28 and main recommendation S36ii).

1.9 All new arrivals were issued a pack that contained toilet rolls, cleaning cloths and basic toiletries. They were also given new underwear, which was an excellent initiative.

1.10 Once in the first night centre, all prisoners were interviewed, regardless of the time they arrived, which was good. Staff and peer supporters helped new arrivals settle in. However, many first night cells were dirty, ill equipped and poorly prepared (see main recommendation S36i). Prisoners arriving late in the evening were unable to shower or use the telephone until the following day (see recommendation 1.15).

1.11 The first night and induction wing continued to be used to accommodate prisoners who were difficult to locate elsewhere, which undermined its role in supporting prisoners through their early days in custody. Sometimes as many as 25 vulnerable prisoners were located on this wing waiting for a place on the vulnerable prisoner unit (4B) or in another prison. (See also paragraph 1.23.) At the time of the inspection nine prisoners were located there because they had problems with debt and other issues. In some cases, such prisoners stayed on the induction unit for six months or more.

1.12 The induction programme commenced the next working day after arrival. Sometimes it took too long to complete all elements, which included a gym induction and resettlement assessment as well as the initial induction session. The induction presentation was long,

complicated and mundane. It did not involve peer workers, and prisoners quickly became bored and uninterested, although staff had begun to streamline it. There was no provision for non-English speaking prisoners.

Recommendations

- I.13** There should be a Listener in reception throughout the day and evening to support new arrivals.
- I.14** The first night and induction wing should not be used to accommodate prisoners who are difficult to locate elsewhere in the prison, and the prison should explore and address the negative views of vulnerable prisoners about their early days experiences.
- I.15** The prison should ensure that prisoners are always given the opportunity to shower and use a telephone soon after arrival, even if they arrive late.

Housekeeping points

- I.16** Holding rooms in reception should contain information about life in the prison.
- I.17** The induction presentation should be fully engaging, meaningful and able to cater for non-English speakers.

Bullying and violence reduction

Expected outcomes:

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

I.18 *Too many prisoners said they felt unsafe. The level of violence was high for a local prison, and prisoners had very poor perceptions about victimisation by staff. The bullying and violence reduction strategy was not specific to the prison and data analysis was limited. Application of the anti-bullying strategy was poor. Vulnerable prisoners were managed appropriately by knowledgeable staff.*

- I.19** Although the prison felt calm, in our survey almost one in five prisoners said they felt unsafe at the time of the inspection and almost half had felt unsafe at some point, compared with 38% at our 2014 inspection. The level of violence in the last six months, including assaults on staff, was much higher than we normally see in local prisons and higher than at our last inspection. Some incidents, including assaults on staff, were serious. In our survey, more prisoners than the comparator also said they felt victimised by staff. (See main recommendation S37.) Much of the prisoner-on-prisoner bullying was caused by debts for tobacco and other goods. There was good quality assurance to ensure that all incidents were reported.
- I.20** There had been no survey of prisoners' perceptions of safety for two years but one was planned for the week after our inspection. However, it was not very detailed and would not sufficiently explore why prisoners felt unsafe or victimised by staff. A new bullying and

violence reduction strategy was being introduced but it was not specific to Woodhill and did not promote a prison-wide commitment to reducing incidents and improving perceptions of safety. Data collection and analysis were very limited, leaving the monthly safer custody meeting unsighted on trends and themes, and less able to set priorities or allocate resources to specific tasks to reduce violence and bullying. (See main recommendation S37.)

- I.21** Staff from the safer custody team were regularly cross-deployed, which limited their time to investigate incidents or promote more effective responses to bullying and violence. Some investigations were delayed for too long, with 12 waiting to be done at the time of the inspection. There were no prisoner representatives to promote anti-bullying and violence reduction, although there were plans to develop the role of prisoner Insiders to include this work.
- I.22** The approach to tackling antisocial behaviour was poor. Monitoring books for perpetrators were rarely effective. Staff entries about behaviour were often incomplete, behavioural change targets were poor, and very few victims were supported by a comprehensive plan. Reviews were not evidence based, and some books had not been closed. Wing staff lacked understanding about the purpose and usefulness of the monitoring books. There were no formal constructive interventions, other than accredited programmes, to challenge and change prisoners' antisocial behaviour. (See main recommendation S37.)
- I.23** Vulnerable prisoners were held on house unit 4B and were a mix of sex offenders and some prisoners needing protection from other prisoners. In our survey, 54% of respondents on unit 4B said they had been victimised by other prisoners at some time at Woodhill, compared with 28% of prisoners on other units, with similarly negative responses about experiencing insulting remarks and intimidation. However, these perceptions were more likely to have been experienced while vulnerable prisoners were located on the general induction wing alongside mainstream prisoners (see paragraph I.11). We found the atmosphere on 4B to be calm and we saw some good and helpful interactions between staff and prisoners. It was clear that staff on the unit were very knowledgeable about their prisoners.
- I.24** Young adults located on the vulnerable prisoner unit were still without an individual risk assessment to keep them safe. However, staff we spoke to were aware of the risks of locating younger prisoners with older sex offenders, and in one case had taken clear steps to keep the young adult safe from others.

Recommendation

- I.25** **Vulnerable young adults located on the vulnerable prisoner unit should have a formal risk assessment and a plan to promote their safety on the unit.**

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.26** *There were a high number of self-inflicted deaths and self-harm incidents, including repeat self-harmers, yet a lack of a prison-wide and evidence-based strategy and action plan. Some Prison and Probation Ombudsman (PPO) recommendations following deaths in custody had yet to be fully implemented, and there had been little attention to learning lessons from life-threatening self-harm incidents. Although prisoners in crisis were positive about the support they received, the quality of case management documentation remained weak, with some not sufficiently focused on steps to improve perceptions of safety or overcome their personal crisis. There were too few Listeners.*
- I.27** There had been five self-inflicted deaths since our last inspection in January 2014, and there had been nine self-inflicted deaths since 2012, which was a much higher level as a ratio of the population than at other local prisons. Five of the nine self-inflicted deaths had been within the first two weeks of custody, indicating the need for the prison to explore and address steps to improve safety in the early days in custody (see main recommendation S36ii).
- I.28** The number of self-harm incidents in the previous six months was much higher than we normally see in local prisons, and some were serious attempts at suicide. However, the number of prisoners involved in these incidents was lower, as some had complex problems and had repeatedly self-harmed – one prisoner had self-harmed 49 times in the previous six months. We were concerned that cell bells were not always answered promptly (see paragraph 2.4).
- I.29** There was no sophisticated prison-wide approach to safer custody, and the role of each department in protecting individuals from self-harm was not well developed. Data analysis was limited, and the strategy lacked detail about self-harm and suicide incidents. There was little trend analysis to identify patterns of behaviour or potential themes, so the prison was unable to set clear priorities to protect prisoners. Some PPO recommendations from death in custody reports remained poorly implemented – for example, the quality of ACCT case management documentation remained weak, despite PPO calls for these to be improved. The PPO had also raised concern about staff underestimation of the risk of self-harm, for example, at reception. While staff were alert to the need to ask new arrivals about their feelings of safety and potential risks of self-harm, there was too much focus on this as a process, and limited exploration of potential risks. For example, in a reception interview we observed, the prisoner was asked about previous self-harm but the officer did not explore his disclosure of this, and so did not focus on identifying potential risks. The quality of internal investigations into serious and life-threatening self-harm incidents was very poor and basic, rather than focusing on learning lessons for the future. The safer custody committee reviewed deaths in custody and the PPO recommendations, but had little data to identify issues and trends. (See main recommendation S36ii.)
- I.30** Although prisoners were generally positive about the care they received under ACCT case management, we saw many weaknesses in the completion of documentation. Care maps were particularly weak, and were rarely updated. They failed to include all steps to address the underlying issues or enable the prisoner to be more supported on the wing. Reviews were held regularly but case management lacked consistency, and the meeting did not always focus on the issues that had triggered the crisis. Many night time checks were done at

predictable times, with the risk that prisoners intending to self-harm could do so. (See main recommendation S36ii.)

- I.31** There were too few Listeners, particularly in reception, which they only covered in the evening (see paragraph I.7). More were due to be trained, and a Listener suite was due to open. Listeners we spoke to were positive about their role

Recommendation

- I.32** The number of Listeners should be increased to ensure their availability at all times.

Safeguarding (protection of adults at risk)

Expected outcomes:

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

- I.33** *There was now a safeguarding policy, although there was no referral procedure. Wing staff lacked awareness of their responsibilities for safeguarding adults under the Care Act, but health care staff had facilitated some referrals for support under the Act.*

- I.34** There was a safeguarding adults policy but wing staff said they had not received training in this, and had little awareness of the Care Act 2014, which came into effect in April 2015. The prison was represented at the Local Safeguarding Adults Board but the local policy did not include a referral process for staff to follow when they had concerns about potential abuse of prisoners at risk because of their health, disability or age. There had been appropriate steps to implement the prison's responsibilities under the Care Act, and the health care department had facilitated some assessments of prisoners' need. The lack of use of interpreters at critical points, for example during the induction session, also raised concerns about whether the safeguarding needs of the few prisoners who did not speak English would always be recognised (see also paragraphs I.12 and 2.31).

Recommendation

- I.35** The safeguarding adults policy should include a procedure for reporting prisoners who are at risk of abuse from others, and wing staff should be trained in this and be aware of their responsibilities under the Care Act.

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

Security

Expected outcomes:

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

- I.36** *Security arrangements were mostly proportionate and not overly influenced by the management of category A prisoners. A large amount of security information was received and analysis was thorough and timely. Strategic links with safer custody were poor. Objectives were set for current issues and well communicated to all staff. Closed visits were administered well and used appropriately. There was relatively low drug availability but use of Spice⁴ was increasing. The prison's approach to drug strategy was weak.*
- I.37** Security procedures were generally proportionate and not overly influenced by the management of the small number of category A prisoners, although some procedures, such as routine strip searching in reception (see paragraph I.7), remained excessive for the number of illicit items recovered as a result. Category A prisoners were located across all the house units and their enhanced security status was managed proportionately.
- I.38** There was a large amount of security intelligence, with 5,262 information reports in the previous six months from departments across the prison, which was well analysed promptly. The dedicated search team carried out intelligence-led searching within a reasonable time, and information on safer custody matters was communicated swiftly to the safer custody team for further investigation. However, links at strategic level between the two departments were poor, and safer custody staff rarely attended the monthly security committee meetings where violence was always a key subject for discussion. Links with the health care department were good, particularly in relation to diverted medication.
- I.39** Intelligence was discussed at the monthly intelligence executive action team meetings, which were held a week before the security committee meetings. Relevant objectives were developed to reflect the current issues about disorder, possession of unauthorised articles and safer custody matters. These objectives were well communicated through daily briefings and notices to staff.
- I.40** There were 14 prisoners and seven visitors subject to closed visits and six banned visitors, all for visits-related matters. All such cases were reviewed monthly and restrictions removed as soon as it was safe and appropriate to do so. Prisoners and visitors were advised of the appeal process and informed of the outcomes following monthly reviews.
- I.41** Most evidence pointed to relatively low drug availability, but prisoners told us that Spice use was increasing. The positive random mandatory drug testing (MDT) rate for the six months to August 2015 was low, at 5% against a target of 9%. Suspicion testing was timely, and test slippage was monitored. In the six months to August 2015, of the 49 tests requested, seven fell out of time and only 10% of those tested were positive, which the prison needed to explore.
- I.42** In our survey, 12% of prisoners, against the comparator of 8%, said they had developed a drug problem in the prison. Although few drugs were found during cell searches, the

⁴ A synthetic drug that mimics the effects of cannabis but is much stronger with no discernible odour and cannot be detected by drug tests.

effectiveness of drug strategy meetings needed to improve to ensure a more coordinated approach to tackling substance misuse, and the increasing problem of Spice.

Recommendations

- I.43 Strip searching of all but category A prisoners should be by risk assessment.**
- I.44 Safer custody and security departments should have closer links at a strategic level, including joint attendance at key meetings, to ensure that all aspects of violence are considered and addressed.**
- I.45 The effectiveness of the drug strategy should be reviewed to ensure all relevant departments work together to reduce the availability of drugs and respond to the emergence of new threats such as Spice.**

Incentives and earned privileges

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.46 *Prisoners were negative about the incentives and earned privileges (IEP) scheme. The policy was used to deal with less serious infringements of the rules but was inconsistently applied. Prisoners on the basic level were not always reviewed on time.*

- I.47** In our survey, only 36% of prisoners said that they had been treated fairly under the IEP scheme, compared with 45% at the last inspection, and only 34%, against the 41% comparator, said that the different levels of the scheme had encouraged them to change their behaviour. Prisoners could retain their enhanced status from a previous prison or could apply for enhanced status after three months at the prison; these applications were dealt with promptly. Staff used the scheme to deal with less serious infringements of prison rules. Prisoners were still paid different rates of pay for the same job depending on their IEP status. Although the local policy stated that two warnings for poor behaviour resulted in an IEP review, we found examples of prisoners who had received up to four warnings with no review of their IEP status. Quality checks by managers were not evident in some of the case notes we examined.
- I.48** Prisoners on the basic level had reasonable access to a regime that included work. Reviews were recorded on prisoners' electronic case notes, but in many cases, there was little supporting detail for re-grades on the scheme. There were few targets recorded to help those on basic improve their behaviour, and the seven-day review was often late, with many waiting up to 14 days before it took place.

Recommendation

- I.49 The incentives and earned privileges (IEP) policy should be fully and consistently applied, with appropriate quality assurance and management checks. (Repeated recommendation I.54)**

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.50 *The number of adjudications was high and analysis, monitoring and quality assurance were limited, although charges were appropriate. Use of force was high, reflecting the high levels of violence and indiscipline. Incidents were well managed, de-escalation was used, and we were assured that force was used as a last resort. The special accommodation cell was used too often and some prisoners remained there too long. The segregation unit had improved but the exercise yards were cage-like. Some prisoners were segregated for too long and spent too much time locked up. The segregation regime was poor, and care planning started too late and was of mixed quality.*

Disciplinary procedures

- I.51** The number of adjudications was higher than similar prisons and at our last inspection with 901 in the previous six months. Oversight, monitoring and quality assurance of adjudications were limited with only one meeting of the adjudications standardisation committee since August 2014. The main charges were for damage to prison property, assault, unauthorised articles and disobedience.
- I.52** The Independent Adjudicator attended every 28 days to hear the more serious charges. The documentation we reviewed gave a reasonable account of the proceedings and showed that prisoners were given the opportunity to give their account of events. Punishments were proportionate, reflected any mitigation and were in accordance with the published tariff. There was a high number of outstanding adjudications, 135 in August 2015, but there was a new system to ensure these were dealt with quickly and that future adjudications were not delayed unnecessarily.

Recommendation

- I.53** **Adjudications should be analysed and monitored to identify and address any trends, and they should be completed within a reasonable time.**

The use of force

- I.54** The use of force was high at 233 incidents in the previous six months, which was much higher than similar prisons and an increase since our last inspection. Oversight and accountability for the use of force was reasonable but some incidents were not fully analysed. There had only been two use of force meetings since November 2014. Planned incidents were video recorded and the deputy governor reviewed at least 10%.
- I.55** The records and video recordings we reviewed assured us that incidents were well managed. The records were detailed and showed excellent use of de-escalation techniques, both before and during the use of force.
- I.56** Special accommodation was used too often with 22 prisoners located in the cells in the previous six months. Six of these incidents involved prisoners on open ACCT documents. Documentation for use of the cell was insufficiently detailed and we were not assured that all

uses were justified. Some cases did not show the prisoner's level of search or clothing he had on entry to the cell. Two records had written entries from managers that the prisoner would stay in the cell overnight if he did not come out at the time of asking, which was inappropriate, and in three further cases prisoners who showed compliance were not removed at the earliest opportunity.

Recommendations

- I.57 Managers should investigate and analyse the high level of use of force to identify any trends or issues that need addressing.**
- I.58 All use of special accommodation should be monitored to ensure it was necessary, documentation should fully record the circumstances of its use, and prisoners should be removed from special accommodation at the earliest opportunity.**

Segregation

- I.59** In the previous six months, 140 prisoners had been segregated, which was similar to other local prisons. There were 11 prisoners on the unit at the start of our inspection – three serving cellular confinement, one for their own protection and seven for reasons of good order or discipline. One was on an open ACCT document, with a good explanation for why segregation was the most appropriate place for him. Four prisoners had been on the unit for lengthy periods, including one for over six months. The unit sometimes held prisoners from segregation units in other prisons for respite, which caused some difficulties in care planning. We were unable to find out how many prisoners had been reintegrated back to normal location or transferred out to other prisons because the prison did not keep records. Some prisoners were unlocked with up to four staff present due to their risks; the risk assessments to justify this were sound.
- I.60** The segregation unit environment had improved and cells had been refurbished, although some lacked sufficient furniture. Showers were clean although one had been out of action for some time. The exercise yards were cage-like.
- I.61** The segregation monitoring meeting (SMARG) had met only twice since July 2014, but there had been detailed analysis of the use of segregation at the meetings. Reviews were timely but there was no formal reintegration policy. Care planning had been introduced in July 2015 but was not started until a prisoner had been in segregation for 60 days, which was too late. The quality of care plans was mixed, and some did not address the individual circumstances of the prisoner. For those in the unit for their own protection there was no indication of how they would be kept safe or the support or services available to them. We were concerned that some prisoners who required protection were located on the induction unit because they were difficult to locate elsewhere, and were not held there under the governance of prison rules covering segregation. Some suffered a poor regime because of their location. (See paragraph I.11 and recommendation I.14.) The prison planned to develop a 'step-down' unit located next to the segregation unit that would provide greater support to those who needed gradual reintegration.
- I.62** Staff-prisoner relationships on the segregation unit were good, and we saw some good interaction between staff and some very difficult to manage prisoners. Prisoners had daily access to telephone calls and exercise, but could shower only every other day. They spent most of their time locked in their cells with little to do, only coming out for the limited

regime or to collect meals. Education staff attended the unit, and in-cell work was provided for one prisoner.

Recommendations

- I.63 Care and reintegration planning for segregated prisoners should start earlier and address their individual circumstances.**
- I.64 Prisoners should not be subject to a reduced regime without appropriate authority, governance and monitoring arrangements in place.** (Repeated recommendation I.71)
- I.65 The regime on the segregation unit should be improved, particularly for those prisoners segregated for their own protection, and should include activities and exercise in association where appropriate.** (Repeated recommendation I.72)

Housekeeping point

- I.66 Segregation unit cells should be adequately furnished.**

Substance misuse

Expected outcomes:

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

I.67 *Integrated clinical and psychosocial care for prisoners with substance misuse issues was generally good, but there were serious shortcomings in reception screening and first night arrangements for alcohol users. The management and supervision of methadone administration were poor. Programmes were very good but access was a problem for some prisoners.*

- I.68** Integrated clinical and psychosocial drug and alcohol services were provided by the Westminster Drug Project (WDP). The team provided a comprehensive range of appropriate interventions, including Alcoholics Anonymous (AA) and an in-house version of Narcotics Anonymous. The content and course materials for the 'Nurturing opportunities, vision and aspirations' (NOVA) course were of a particularly high quality, and prisoners told us the workbooks used helped them to feel valued, inspired and challenged in positive ways. However, prisoners said that access to groupwork and one-to-one sessions was difficult as they were required to attend other activities as a priority. In our survey, only 43% of prisoners, against the comparator of 59%, said they had received help for drug problems, and only 45%, against 57%, for alcohol problems. There were only 92 prisoners (13% of the population) in active psychosocial treatment.
- I.69** Prisoners with a dual diagnosis of mental health and substance misuse problems were treated jointly by the WDP team, which included registered mental nurses, and the mental health service. However, although there were joint reviews and care plans were shared on SystemOne (the electronic clinical information system), there was no formal dual diagnosis pathway or joint working policy.

- I.70** There were 157 prisoners on opiate substitution treatment (OST), of who 32 were on maintenance doses and 125 were reducing. Buprenorphine was not available, contrary to national guidance.
- I.71** Clinical care was, in practice, shared by WDP and the primary health care provider, Central and North West London NHS Trust (CNWL). New arrivals were assessed in reception, and CNWL nurses and the on-duty prescriber in reception were supposed to meet any first night prescribing requirements. However, not all those needing OST or alcohol detoxification were located on the stabilisation unit for their first night, as per the prison's own protocols. Some were located on the first night unit, which did not have 24-hour nursing cover, which was a particular concern for prisoners needing alcohol detoxification, as they did not receive night time observations there. We found one new arrival with alcohol detoxification needs who did not see a doctor or receive any medication on his first night, which was potentially unsafe.
- I.72** The management and supervision of methadone administration was poor, with some prisoners on the stabilisation unit required to go to activities before they received their daily methadone. We observed other prisoners who were not going to work pushing ahead of those due to go on activities in the methadone queue without being challenged by the supervising officers. Supervision at the hatch was also patchy, with some prisoners not watched at all by officers (see recommendation 2.81). Officers working on the drug support unit also had varying understanding about the role of the drug support unit, with some critical about the treatment on offer.
- I.73** There were six 'recovery champions' – substance misuse peer supporters – but their role was not well enough understood by many officers. Unlike Listeners, the recovery champions were often not unlocked to talk to other prisoners in need.

Recommendations

- I.74** **New arrivals requiring stabilisation or detoxification should be consistently prioritised and admitted to the drug support unit without delay.**
- I.75** **Prescribing regimes for drug dependency should be flexible, individualised and reflect national guidance on buprenorphine.**
- I.76** **The Westminster Drug Project and the mental health service should establish a full joint dual diagnosis pathway and joint working policy.**
- I.77** **Prisoners needing medication should receive this before going to their activities.**
- I.78** **Officers should be specifically selected and trained to work on the drug support unit.**

Housekeeping point

- I.79** The role of recovery champions should be fully explained to all staff to ensure that prisoners receive help from the substance misuse peer supporters when they need it.

Good practice

- I.80** *The quality of course materials for the 'Nurturing opportunities, vision and aspirations' (NOVA) project was better than most other prison psychosocial programmes, and prisoners said the workbooks used helped them to feel valued, inspired and challenged in positive ways.*

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 environment was clean and well maintained but conditions in some accommodation were poor. Prisoners had problems in getting basic kit and furniture, but the prison was addressing this. Showers and toilets lacked privacy.*

2.2 The external environment between units was very good with green spaces and clean walkways. There were two pleasant enclosed landscaped areas, although prisoners had very limited access to these. House units had bright communal areas that allowed good supervision. Most areas were clean but there had been some delays in completing minor repairs. The standard of cells was mixed. House unit 2A had been refurbished and cells and communal areas were good, but other cells, particularly on the first night unit, had damaged flooring, poor decoration and graffiti. (See paragraph 1.10)

2.3 Up to 30 single cells on all units were occupied by two prisoners and were too small, with inadequate privacy curtains around the in-cell toilets. Not all toilets in single cells were screened. Cells had insufficient furniture, many had no lockable cabinets or chairs, and some furniture was in a poor condition. No cells had curtains.

2.4 In our survey, fewer prisoners than the comparator said that their cell bells were responded to within five minutes, and there was no system to monitor staff response times to cell bells. When we tested a cell call bell, the response took seven minutes. (See also paragraph 1.27.)

2.5 Prisoners could shower daily, but shower rooms were not sufficiently private, and some had poor ventilation. Most prisoners could wear their own clothes, and house unit laundry facilities worked well. However, in our survey, only 42% of prisoners, below the comparator of 50%, said that they were normally offered sufficient clean prison clothes for the week. Stocks of cell cleaning materials were good, and 67% of prisoners said that they could get cleaning materials weekly.

2.6 Delays in the delivery of mail caused frustration among prisoners, which was reflected in our survey. All letters not written in English were translated, regardless of the prisoner's security category. Five per cent of all mail was censored for prisoners on units holding category A prisoners, which was more proportionate than when we last inspected. In our survey, fewer prisoners than at the previous inspection said that their legal mail had been opened before they received it. Although in our survey prisoners reported problems accessing telephones, there were sufficient working telephones, which could be used during daily domestic and association periods.

2.7 Prisoners had good access to application forms and could also raise queries informally each morning with a 'key officer'. Written applications were logged but were not tracked through to completion.

Recommendations

- 2.8 More prisoners should have access to the landscaped areas.**
- 2.9 Two prisoners should not be held in cells designed for one.** (Repeated recommendation 2.8)
- 2.10 Prisoners should have access to sufficient clean clothing and cell furniture.**
- 2.11 Showers and toilets should be suitably screened.**
- 2.12 Prisoners should receive their mail within 24 hours of its arrival in the prison, and non-category A prisoners should not have their mail routinely translated.**

Staff-prisoner relationships

Expected outcomes:

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

2.13 *The majority of staff treated prisoners courteously. The quality of staff entries in prisoner case notes was mixed. Prisoner consultation was developing.*

- 2.14** In our survey, more prisoners than the comparator said that most staff treated them with respect, although prisoners from a Muslim and/or black and minority ethnic background were less positive (see paragraph 2.28 and recommendation 2.38). However, significantly more than the comparator, 36% against 31%, said they had been victimised by staff. In our groups, prisoners said that the number of staff on detached duty from other prisons had affected relationships. We observed many positive and relaxed interactions between staff and prisoners, but a few staff were distant. There was no personal officer scheme but in our survey, 67% of prisoners said that they had a member of staff they could turn to for help, which was similar to the comparators.
- 2.15** The quality of staff entries in prisoners' electronic case notes was mixed. Most focused simply on institutional behaviour with little or no reference to family or personal circumstances or sentence planning targets. Entries were regular and some included positive as well as negative comments about behaviour. Management checks focused almost entirely on validating incentives and earned privileges (IEP) levels.
- 2.16** Formal prisoner consultation had halted since the last prisoner consultative meeting held in March 2015. However, new wing forums had started in August 2015 and there were plans to link these with a relaunched prisoners consultative meeting.

Recommendation

- 2.17 Electronic case notes should reflect engagement between staff and prisoners and the circumstances of individual prisoners. Management checks should be improved.** (Repeated recommendation 2.21)

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 characteristic⁵ 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 equality strategy was comprehensive but the equality management group did not meet often enough. Consultation with prisoners from protected characteristics groups was not sufficiently focused, and there was no diversity training for staff. Discrimination complaints were well investigated but not checked independently. Black, foreign national and Muslim prisoners continued to be more negative about important aspects of prison life. Communication with prisoners who did not speak English was poor. There was some good planning to meet the needs of disabled prisoners but this was not shared with residential staff and the prisoner, and peer supporters needed stronger management. Gay and bisexual prisoners received some support.*

Strategic management

- 2.19** There was a comprehensive equality policy that was informative and specific to the establishment, but some aspects of provision for Travellers and foreign national prisoners were not being implemented or had changed. There were support policies for gay and transsexual prisoners. There was a local equality action plan based on previous prison inspections, but the implementation of actions had been slow. There was no programme of diversity training for staff.
- 2.20** Oversight of equality was through a quarterly equality monitoring tool (EMT) meeting, attended by the deputy governor but chaired by an equality officer. The meetings did not meet often enough, and the May 2015 meeting had not taken place. There was evidence that the meetings analysed some data on protected characteristics, including religion, but not enough action was identified or investigated further. The data analysed were not broad enough to cover all matters important to prisoners, such as employment; in our survey, prisoners from a black and minority ethnic and/or Muslim background and foreign national prisoners were all more negative than white, non-Muslim and British prisoners about being in employment.
- 2.21** The equality team made weekly wing visits to provide advice and support to prisoners. However, this approach had replaced focused consultation with specific groups of prisoners with protected characteristics. There were prisoner equality representatives and nominated staff on each wing. The prisoner representatives we spoke to felt well supported by the equality team, and described a useful range of support and advice that they could offer to prisoners. However, at the time of the inspection not all wings had equality representatives and at times representatives had difficulties moving around the site due to staffing issues or incidents. This meant that some wings did not receive the same level of support as those who had representatives on their wings. The quarterly consultation meetings with equality representatives had not taken place until recently, although the prisoner representatives told

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

us that there had been effective monthly meetings to resolve wing issues, which included the staff representatives.

- 2.22** The number of submitted discrimination incident reporting forms (DIRFs) was half that reported at the last inspection, with just 16 in the previous six months. Those we examined were investigated thoroughly, and responses were polite and covered the issues raised. Although a senior manager reviewed each DIRF, there was no external independent monitoring.
- 2.23** There was a good programme of events to celebrate different cultures, including Black History Month.

Recommendations

- 2.24** **There should be regular diversity training for all staff.**
- 2.25** **The planned meetings to oversee equality and consult with prisoners from all backgrounds should be more frequent, address the needs of specific groups and take place consistently.**
- 2.26** **Prisoner equality representatives should be appointed on every wing.**
- 2.27** **The quality of discrimination incident reporting form investigations and responses should be checked by an independent external organisation.**

Protected characteristics

- 2.28** Approximately a quarter of the prison population were recorded as from a black or minority ethnic background. As at the last inspection, in our survey responses from these prisoners about their relationships with staff were more negative than white prisoners; for example, 68% said that staff treated them with respect compared with 82% of white prisoners. The prison had not investigated this satisfactorily since the last inspection or devised a strategy to address the issue.
- 2.29** The prison had identified six prisoners from a Gypsy, Romany or Traveller background, although in our survey 5% identified as such, which equated to 35 prisoners. The equality team said that efforts to understand and meet their needs had not been successful because of the unwillingness of such prisoners to identify themselves.
- 2.30** There were 100 foreign national prisoners at the time of the inspection (15% of the population). In our survey, they were more negative than British prisoners in some important areas – only 57% said they felt safe on their first night, compared with 73% of British prisoners, 66% against 44% said that they had felt unsafe at some time, and 42% against 16% said that they felt unsafe currently.
- 2.31** There was little translated information around the prison, even in important areas such as reception and induction, and we saw examples of non-English speakers who had difficulty in following what they were told about the regime during reception and induction. Telephone interpreting was available and we were told that it was used reasonably often, although it was not clear where it was used. Staff told us that it was mostly used during immigration interviews, in resettlement and during ACCT reviews. There was no regularly updated list of staff and prisoners who were willing to interpret, but there were phrase books that covered useful terms relevant to prison life. Foreign national prisoners who did not receive visits

were given a free five-minute international telephone call once a month and a free airmail letter once a week.

- 2.32** According to Home Office figures, there were 15 foreign nationals detained beyond the end of their sentence, the longest for 13 months. They had regular meetings with an immigration officer who visited the prison three times a week. Although they were advised about specialist solicitors, no independent immigration advice service was available.
- 2.33** There were 100 Muslim prisoners (15% of the population). In our survey, these prisoners were more negative than non-Muslim prisoners in important areas – only 64%, against 81%, said that staff treated them with respect, and 48%, against 34%, said that they had been victimised by a member of staff. Following the last inspection, there had been one meeting of prison managers with Muslim prisoners, but this had not led to any effective action.
- 2.34** The prison had recorded 122 prisoners with disabilities (24%). Health care staff were responsible for identifying such prisoners and planning how to meet their needs. We followed through the case of an amputee who told us he did not have a care plan and found that a nurse visited him regularly and had made detailed plans for his care. He had not been sufficiently involved in discussing how his needs would be met, and the plan was not well known to wing staff. The equality team liaised with health care to make reasonable adjustments where required. There were 61 prisoners over 50, the oldest being 85. A weekly social group for older prisoners, Cameo (come and meet each other) was held in the chapel, but dedicated gym sessions were no longer available.
- 2.35** There was a good system for identifying peer supporters for disabled and older prisoners, with a clear job description and payment to those providing support. However, in practice peer supporters were only provided on house unit 4B (the vulnerable prisoner unit) and were not well monitored. The one peer supporter in post had been dismissed before the inspection and had not been replaced.
- 2.36** There were 17 prisoners under the age of 21, located on various house units. There was no tailored provision for them or consultation to identify their particular needs.
- 2.37** In our survey, only 1% of prisoners identified themselves as gay or bisexual. Support was reasonable through a visiting voluntary community organisation, the Q Alliance. There was one transgender prisoner at the time of our visit. The prison was making reasonable efforts to enable her to live safely as a woman. They were proactive in seeking her input as to what she needed and responded well to her needs.

Recommendations

- 2.38** **The negative perceptions of Muslim, foreign national and black and minority ethnic prisoners about the prison, especially staff attitudes, should be addressed.**
- 2.39** **Relevant information from care plans about the daily living needs of older prisoners and those with disabilities should be shared with wing staff and the prisoner concerned.**
- 2.40** **The peer support scheme for older and disabled prisoners should be implemented as specified, and monitored robustly by residential and equality staff.**

Faith and religious activity

Expected outcomes:

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

2.41 *Corporate worship needs of all faiths were met but some prisoners said they could not meet their chaplains in private. Facilities and faith instruction were very good. The chaplaincy played a full part in the life of the prison and was developing community links.*

2.42 In our survey, more prisoners than at the previous inspection said that their religious beliefs were respected but, as previously, fewer than the comparator said they could speak to a religious leader of their faith in private; the chaplaincy had not investigated this. Faith provision was good overall, with corporate worship for all faiths and celebration of religious festivals – there was a full celebration of the Muslim festival of Eid-al-Adha at the time of our inspection. The facilities for worship were modern and well equipped.

2.43 The chaplaincy was well integrated into the life of the prison, with the managing chaplain on the senior management team. Chaplains saw all new arrivals, visited the segregation and inpatient units daily and contributed to important strategic groups, such as safer custody and equality. Chaplains or volunteers saw individual prisoners for pastoral support, and the chaplaincy provided voluntary prison visitors for those who did not receive visits. There was a good range of religious classes, as well as the Sycamore Tree victim awareness programme (see paragraph 4.42). Community links were developing with the community chaplaincy and Mosaic, a Muslim organisation that assigned mentors to visit prisoners and support them on release.

Recommendation

2.44 **The prison should investigate and address the negative perceptions of some prisoners about access to chaplains in private.**

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.

2.45 *The number of complaints remained high and prisoners said it was easy to make a complaint. Responses to complaints were prompt, helpful and polite. There was good monthly analysis of complaints.*

2.46 In our survey, 56% of prisoners said that it was easy to make a complaint, against the comparator of 49%. Complaint boxes and the full range of complaint forms were available on each residential unit with instructions about how to make a complaint. There had been 2,107 complaints in the previous six months, which was very high for a local prison. As at the last

inspection, property complaints were the most common. The monthly analysis of complaints was thorough and informed action by the senior management team. The timeliness of responses was monitored and maintained at an acceptable level. The individual responses we examined were polite and addressed the issue raised. Complaints about staff were dealt with impartially and, if required, staff behaviour was challenged.

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.

2.47 *There were no trained legal services officers. Bail support was provided. Arrangements for legal visits were good.*

2.48 There was no trained legal services officer to advise and support prisoners. In our survey, prisoners were more negative than the comparator and at the previous inspection about the availability of legal books in the library. However, we found an adequate range of reference material, including Prison Service orders and instructions and solicitor contact details. Bail support was offered to all new remanded prisoners, and bail accommodation was available. Recall packs (documenting the reasons for return to custody and length of detention for prisoners who had breached licence conditions after release) were issued by offender supervisors.

2.49 Arrangements for legal visits were good with comfortable private consulting rooms.

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 *Primary health services had improved and were good, although a high non-attendance rate meant prisoners waited too long for some services. Most pharmacy services were appropriate but some aspects of medication administration, including the supervision of queues, remained unsatisfactory. The inpatient unit continued to provide good care, but the regime still needed to be more recovery-focused. Dental care was good. Mental health services had been severely restricted by inadequate staffing and did not meet the needs of the population. Waiting times for transfer to external mental health hospitals were excessive.*

2.51 *The Care Quality Commission (CQC) did not join us on this inspection and have therefore not contributed to this report.*

Governance arrangements

- 2.52** NHS England (East Midlands) commissioned Central and North West London NHS Trust (CNWL) to provide all physical and mental health services. Procurement of a new integrated contract from April 2017 was starting in December 2015 to ensure a safe transition. A new health needs assessment had been commissioned to inform this process. The provider, prison and commissioners worked together effectively. Regular clinical governance and partnership board meetings covered all essential areas. Learning from serious incidents, complaints, prisoner consultation and audits informed service improvement.
- 2.53** An experienced nurse manager and lead nurses provided effective clinical leadership. Most of the nursing team had been in post for some time, which had created stability and a strong team spirit. Vacancies were covered by regular bank and agency staff. Nurses were on site 24 hours a day. Three GPs provided daily clinics, including weekends and out-of-hours cover, which ensured consistency.
- 2.54** Health staff were easily identifiable and the health interactions we observed were very good. Health staff were up to date with all mandatory training and had good access to relevant policies and professional development. All CNWL staff had regular managerial and clinical supervision. Clinical records were stored securely, and most we examined were of a good standard and included effective care planning for those with complex health needs.
- 2.55** A senior nurse was developing older prisoner review clinics. A screening tool had been developed and there was a clear strategy. Access to specialist assessment for mobility and health aids was good. Arrangements for social care assessments were good and three prisoners had care packages provided by CNWL.
- 2.56** Most primary care services were delivered from the health centre and medications were administered from pharmacy rooms on each house unit. The environment and cleanliness were generally good, although the taps in some clinical rooms did not meet infection control standards, and the pharmacy area on house unit 4B was not suitable (see paragraph 2.77).
- 2.57** Emergency equipment, including essential drugs, oxygen and a defibrillator, was located on each house unit and checked regularly, which ensured prompt access in an emergency. Ambulances were called promptly in medical emergencies, and staff reported that response times were good.
- 2.58** There was a confidential health complaints system with clear response times, but it was poorly advertised and initially we could not find any forms on the units; this was addressed during the inspection. Responses to complaints were courteous, timely and highlighted the options if the complainant was unhappy with the response, but did not consistently address all the issues raised. A large proportion of the 159 complaints received in the six months to August 2015 (41%) were medication-related.
- 2.59** There was appropriate health promotion literature across the prison linked to relevant national and seasonal campaigns. Translated signs in each clinical area advised prisoners that information was available in other languages. The monthly prisoner health forum included a well-advertised health education session. Prisoners had prompt access to smoking cessation support, immunisation and blood-borne virus testing.

Recommendations

- 2.60 All clinical areas should fully comply with current infection control standards.**

2.61 Prisoners should have access to a well-advertised confidential health complaints system, and should receive timely responses that address all the issues raised.

Delivery of care (physical health)

- 2.62** In our survey, more prisoners than the comparator were positive about access to and the quality of nurses and GPs and the overall quality of health services. Most prisoners we spoke to were also positive about health provision.
- 2.63** New arrivals received an initial health screen in reception and a further assessment the next day. Appropriate follow-up referrals were completed, and information was requested from community health services for those with clinical needs.
- 2.64** Written information on health services was available but not accessible for prisoners with poor literacy or limited English, and was not routinely given to new arrivals. Prisoners requested health services by application and received a prompt written response. However, the application form lacked pictures, which made it less accessible for those with literacy or language difficulties.
- 2.65** There was an appropriate range of primary care services, and waiting times for most were satisfactory. However, an excessive non-attendance rate of over 20% for most clinics wasted valuable clinician time, and contributed to excessive waiting times for the optician and dentist (eight weeks). Urgent GP appointments were available daily, and out-of-hours GP arrangements were good.
- 2.66** Well-trained and supported practice nurses ensured all prisoners with lifelong conditions received regular timely reviews, and provided prompt access to sexual health, blood testing, dermatology, immunisation and wound care clinics. This allowed GPs to manage more prisoners with complex issues, which was good practice. The clinic door was routinely left open during most primary care consultations, reportedly to increase staff safety, but this was not risk assessed on an individual basis and compromised patient confidentiality.
- 2.67** Prisoners were only admitted to the inpatient unit for clinical reasons and all had comprehensive individual care plans. Inpatients were positive about the care received and we observed good care. Inpatients had a good amount of time out of cell and purposeful activity, including education, but there was still insufficient recovery-focused activity. An enhanced regime was planned for when the unit moved to a new location in autumn 2015.
- 2.68** External hospital appointments were managed well. A few had been rescheduled due to insufficient escort staff, but prisoners were still seen within community-equivalent waiting times.

Recommendations

- 2.69 Health service information and health application forms for prisoners should be easily available in a range of appropriate formats.**
- 2.70 The non-attendance rate for all primary care clinics, including the dentist, should be reduced to under 10%.**
- 2.71 Prisoner health consultations should take place with maximum privacy, based on a risk assessment of the clinical environment and the individual prisoner.**

2.72 The regime for inpatients should include appropriate therapeutic activity.
(Repeated recommendation 2.75)

Good practice

2.73 *The practice nurse service ensured prisoners had prompt access to primary care services, including sexual health services and lifelong condition reviews, which allowed GPs to focus on prisoners with more complex health issues.*

Pharmacy

- 2.74** An in-house pharmacy supplied medicines promptly, but prisoners had no direct access to pharmacy staff for advice. An appropriate in-possession medications prescribing policy, formulary and risk assessments were used consistently. Prescribing of tradable medication was satisfactory. Medication was administered three times a day at 8am, 11.45am and 4pm from wing pharmacy rooms. Evening supervised medication was taken to prisoners' cells at around 6.30pm, which left too short a gap from the previous dose for some medications.
- 2.75** Officers did not consistently supervise medication administration queues, and when they were present the quality of observation was mostly poor. This led to crowding at the hatch, reduced confidentiality, and increased the likelihood of bullying and medication diversion. The treatment gate on house unit 2B had widely spaced bars, which meant prisoners could potentially reach some medicines through this gate.
- 2.76** The practice of nurses preparing medication into pots before the arrival of prisoners had reduced, but had persisted for the delivery of medication to disabled prisoners, for the final drug round at 6.30pm and to the segregation unit, which was an unacceptable risk to patient safety. Most drug administration charts were completed correctly, but we observed some nurses signing charts at the end of the medications administration session, which was poor practice.
- 2.77** Health staff could administer an appropriate range of medicines for minor ailments without a GP prescription, and had adequate access to stock medicines out of hours. Arrangements for supplying medications for prisoners going to court were generally appropriate, although nurses dispensed medication from stock when prisoners were added to the court list after pharmacy staff had left, which lacked adequate governance. Any staff member with keys could access the pharmacy area on house unit 4B, where the drug cupboards were in a corner of a central area between wings that was also used to store toilet rolls and a wheelchair. This area was not suitable to administer drugs, as it was carpeted, had no hand washing facilities and no access to SystmOne (the clinical IT system). Prisoners with disabilities could not go to this area because it was upstairs on the first floor.
- 2.78** Medicines were well organised and stored securely with good stock reconciliation. Plastic measures were routinely used for liquids, which could lead to incorrect doses as they do not meet recognised standards. We also observed liquid medication measured while not on a flat surface, which increased the likelihood of incorrect dosing. Room and drugs refrigerator temperatures were monitored, but the inpatients treatment room was too warm for safe medication storage. Up-to-date protocols and procedures were in place. Medication incidents were managed appropriately. Well-attended medicine management meetings discussed all key issues.

Recommendations

- 2.79** Prisoners should have direct access to pharmacy staff for advice, including medicine use reviews.
- 2.80** Medicines should be administered at clinically appropriate times, in line with current professional standards.
- 2.81** Custodial staff should supervise the medicine administration queues adequately to maintain patient confidentiality and reduce potential bullying.
- 2.82** The drug administration area on house unit 4B should comply fully with infection control standards, be only accessible by health staff and have SystemOne access, and the treatment room on 2B should be secure.

Housekeeping points

- 2.83** All medicines issued for court appearances should be supplied safely.
- 2.84** Liquid medication should be measured in a kite-marked glass measure on a flat surface.
- 2.85** The temperature in all treatment rooms where medicines are stored should be below 25°C at all times.

Dentistry

- 2.86** A full range of NHS-equivalent dental services was provided, but waiting times for assessment and between appointments was excessive at eight weeks (see recommendation 2.70). In our survey, more prisoners than the comparator and at the previous inspection said that the access to and the quality of the dentist were good. Emergency provision was appropriate. Effective oral health promotion was provided. The dental facility had a separate decontamination room, and infection control procedures were satisfactory. All equipment was appropriately maintained, and dental waste was disposed of correctly.

Delivery of care (mental health)

- 2.87** Working relationships between prison and mental health staff were effective. Only 18% of discipline staff had received mental health awareness training in the previous three years, and custody staff told us they needed more training to identify and support prisoners with mental illness, dementia and learning disabilities.
- 2.88** In our survey, fewer prisoners with emotional well-being or mental health problems than at the previous inspection said they had been helped with these (36% against 56%). An integrated team provided primary and secondary mental health services. The team had been under-resourced and had experienced significant problems with staff recruitment. NHS England had provided additional funding, and three practitioners had been recruited. Psychology services had lapsed while the new postholder was being security cleared. (See main recommendation S38.)
- 2.89** The team of three nurses and part-time psychiatrist did not have the capacity to meet the needs of the population adequately, which was reflected in the low frequency of some

nursing reviews and the poor quality of some clinical records. There was a clear mental health pathway, and the team provided a weekly psychiatrist clinic on the inpatient unit.

- 2.90** The team received around 80 referrals a month through an open referral system. Referrals were reviewed daily and those who did not require an assessment were signposted to the GP and self-help support. The team aimed to see those with an urgent need the same day and routine referrals within two weeks, although waiting times for routine referrals were increasing due to the low staffing. We were told that non-attendance at appointments was followed up, although the clinical records we examined did not show this. The team supported around 35 prisoners with varied levels of need. The care planning approach was being used more than on our last inspection, and pre-discharge reviews were appropriately prioritised, but it was still not fully embedded.
- 2.91** Most of the 17 patients transferred to hospital under the Mental Health Act since our last inspection had waited more than the two weeks recommended by the Department of Health, and two had waited over 20 weeks. Delays mainly related to external processes and bed availability.

Recommendations

- 2.92 All discipline officers should receive regular mental health awareness training to enable them to recognise and take appropriate action when a prisoner has mental health problems.** (Repeated recommendation 2.95)
- 2.93 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.

2.94 *Prisoner perceptions of the food were poor. The quality of the food was reasonable but portions were often inadequate.*

- 2.95** Most prisoners did not like the food, and many told us that portions were inadequate. In our survey, only 14% of respondents, against the comparator of 21%, said that the food provided was good. The quality of the food we tasted was reasonable and, while portions were adequate for the evening meal, breakfast packs and lunch baguettes were inadequate, and the baked potato option at lunch was small.
- 2.96** Mealtimes were often too early, with lunch arriving before noon and dinner often well before 5pm. Breakfast packs were distributed the evening before consumption. The main kitchen was clean and reasonably well maintained. Food preparation areas were generally clean but some trolleys used to transport meals to the wings were dirty. Kitchen workers received basic hygiene training. Servery workers wore protective clothing, and food temperature recording was satisfactory. Staff supervision at serveries was generally good. Prisoners were consulted about the food through the prisoner consultative meeting.

- 2.97** Halal food was prepared, cooked and served satisfactorily. Separate cooking areas in the kitchen and separate utensils were used.

Recommendations

- 2.98 Prisoners' poor perception of the food provided should be investigated and addressed.** (Recommendation repeated 2.102)
- 2.99 Lunch should not be served before 12 noon and the evening meal not before 5pm, and breakfast should be issued on the day it is to be eaten.** (Recommendation repeated 2.103)

Purchases

Expected outcomes:

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

2.100 *Prisoners said that the prison shop provided a wide enough range of goods to meet their needs. Packs of groceries and toiletries for new arrivals were effective in providing necessities until their first shop order.*

- 2.101** In our survey, a similar proportion of respondents to the comparator said that the shop provided a wide enough range of goods to meet their needs, although only 29% of black and minority ethnic prisoners, against 52% of white prisoners, agreed. The packs of groceries and toiletries given to new arrivals were effective in tiding them over until their first shop order, and were well received by prisoners. Prisoners placed their shop orders on Tuesdays and received the goods on Saturday mornings. They told us that mistakes and omissions were dealt with promptly. Prisoners could buy a reasonable range of clothes and other goods from catalogues, although they were still charged a 50p fee for such orders.

Recommendation

- 2.102 There should not be a charge for catalogue orders.** (Recommendation repeated 2.110)

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 *Time out of cell was reasonable for most prisoners, but too many were locked in their cells unnecessarily during core activity periods.*

3.2 Time out of cell was reasonable for most prisoners and was predictable. Those who regularly worked got domestic periods and evening association and could be out of their cells for around 10 hours a day, Monday to Thursday. Domestic periods and evening association were rarely cancelled, and scheduled activity ran as advertised during the inspection. However during our roll checks, 25% of prisoners were locked up during the core activity periods. These included prisoners on rest days from work, on induction or those not yet allocated work or required for work, retired prisoners and some subject to case management for prisoners at risk of suicide or self-harm (ACCT). The need to have these prisoners locked up was not sufficiently risk assessed, and staffing would have permitted more suitable prisoners to come out of their cell.

3.3 In our survey, responses about opportunities for association had improved since our last inspection and more prisoners than the comparator said they regularly had periods of exercise outside. Exercise yards were featureless.

Recommendation

3.4 Prisoners should only be locked up during activity periods on the basis of a risk assessment.

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 effectiveness and management of learning, skills and work were good. Self-assessment and quality improvement processes were well developed and very effective. Senior managers and staff had worked productively with the Milton Keynes College (MKC) and had made rapid and significant improvements in the provision of learning, skills and work. There were sufficient activity places for the population, and attendance and punctuality were very good. The variety and range of activities were good, clearly linked to resettlement and reducing reoffending strategies, and met the needs of prisoners well. The curriculum emphasised the development of prisoners' English and mathematics skills, and there was a good range of employment-focused accredited short courses. Teaching, coaching, learning and assessment were good, but not all prisoners were sufficiently challenged. Prisoners achieved well and success rates were high for most qualifications, and they developed personal and employability skills, were highly motivated and showed a good work ethic. However, in a few areas interpersonal skills were not recognised or recorded as prisoner achievements. The library had improved and access was good.*

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, including the quality of teaching, training, learning and assessment:</i>	good
<i>Personal development and behaviour</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, skills and work was good. Prison senior managers had responded quickly and effectively to the recommendations from the previous inspection and had made significant improvements, including increasing the range of accredited vocational training and extending the number of activity places. Managers made very good use of a well-informed needs analysis to identify employment opportunities in release areas, and there were plans to extend vocational training and activities further. Prison senior managers effectively linked learning and skills to the prison's resettlement functions. Successful partnerships with external organisations had resulted in a range of contract workshops that provided good employability skills development opportunities to commercial standards. Prisoners were required to have an English qualification at level 1 to be eligible for work in*

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>.

the prison, which ensured that they were better prepared for work. Prison staff managed attendance and punctuality very well.

- 3.8** MKC staff had made significant improvements in raising prisoners' functional skills success rates in both English and mathematics and these were now very high, particularly in English, although they recognised the need to improve further the success rates in mathematics. Since the previous inspection, college staff had successfully improved the quality of teaching, learning and assessment. Performance management of staff was robust and appropriately focused on developing the teaching capacity in the college team, supported by manager's frequent observations of teaching and learning. The learning and skills provided by MKC at the time of inspection were good.
- 3.9** The prison's self-assessment report was comprehensive, self-critical and linked well to the quality improvement action plan. Improvements since the previous inspection included the successful introduction of accredited short courses aimed at preparing prisoners for employment on release, particularly those on short sentences. Prison managers collected extensive data, which they used well to inform their decisions and to scrutinise learner performance by curriculum area. However, data were not analysed at course level, which meant that managers could not assess performance between different groups of prisoners.

Recommendation

- 3.10** **The prison should use data more extensively to identify participation and achievements of different groups of prisoners, and ensure that all prisoners can participate and achieve.**

Provision of activities

- 3.11** The prison had significantly improved the number of activity places, particularly part-time places, as we recommended at the previous inspection. The prison offered sufficient purposeful activities for the majority of its 650 prisoners, with 263 in full-time activity and 261 part-time; the number included 100 remand prisoners. Approximately 70 prisoners were categorised as unemployed, on remand, long-term sick or retired and remained on the units. The variety and range of vocational training and education were good, and some prisoners serving longer sentences were successfully participating in distance learning and Open University courses. The education, vocational training and work provision for vulnerable prisoners was adequate.
- 3.12** Vocational training provided by MKC and the prison offered around 70 full-time places with the opportunities for prisoners to develop skills in painting and decorating, cleaning, catering, print and computer work. The college provided around 20 full-time and 160 part-time education places in courses from entry level to level 2 in subjects that included English and mathematics, art, information and communications technology (ICT), and English for speakers of other languages (ESOL). A wide range of successful short courses included employability courses. There were approximately 130 places in prison contract workshops providing a range of basic assembly activities. Other places provided employment as, for example, wing workers, cleaners, servery workers, orderlies, waste management workers and laundry workers. There were too few peer mentors or learning support classroom assistants.
- 3.13** Prisoners' education and skills induction was adequate. All new arrivals had their immediate needs identified by experienced and qualified staff from the National Careers Service provider, Futures, and were given an initial assessment of their English and mathematics

skills. However, the initial assessment of prisoners whose first language was not English was insufficient to ensure that their needs would be met.

- 3.14** The allocation of prisoners to purposeful activities was generally effective, and most were allocated quickly. However, allocations were made by administrative staff and, although prisoners were appropriately risk assessed, staff paid insufficient attention to their sentence plans and length of sentence when allocating activities. Waiting lists were short. Prisoner pay scales did not disadvantage prisoners attending education or vocational training.

Recommendations

- 3.15** **The prison should offer more opportunities for prisoners to work as peer mentors and learning support classroom assistants, and Milton Keynes College senior managers should increase learning support for education sessions to enable all prisoners to succeed and achieve their learning goals.**
- 3.16** **The initial assessment of prisoners whose first language is not English should ensure that they receive the most appropriate support, including provision in English for speakers of other languages (ESOL), to enable them to progress.**
- 3.17** **Prison managers should ensure that all prisoners are allocated to an activity that acknowledges their length of sentence and sentence planning requirements.**

Quality of provision

- 3.18** Teaching, learning and assessment in education were good. All prisoners were on courses that were at least one level higher than their assessed level on entry to the prison. Skilful and experienced tutors were successful in quickly developing decent relationships with their learners. They used good questioning techniques to develop prisoners' analytical and reflective skills. Prisoners following higher level learning through Open University programmes were particularly well motivated and showed high levels of independent learning skills. Tutors were clearly focused on prisoners' learning needs and progression, and most used initial assessment well to plan individual learning. Prison managers had begun developing classroom learning support, but it was still too limited for the few less able learners. A comprehensive range of outreach support helped prisoners with learning difficulties or disabilities to remain well engaged in learning.
- 3.19** Tutors focused very well on encouraging and promoting the development of writing skills, and prisoners at all levels applied themselves to tackling and completing even the more challenging tasks in English sessions. Tutors' verbal feedback to learners was very effective in identifying how they could improve their skills, although the quality of written feedback was not always useful enough to help them improve.
- 3.20** Coaching in the painting and decorating workshop and horticulture area was particularly good, and learners worked diligently and recognised how the skills they developed would help them seek employment on release. The promotion of useful English and mathematics skills was very good, and learners could relate these to everyday life outside of the prison. Staff used individual learning plans very effectively to plan learning and monitor learners' progress. This ensured that they made good progress through their qualification, and was reflected in the high success rates.
- 3.21** Tutors and trainers integrated equality and diversity themes into sessions well and managed diverse groups very effectively, and prisoners demonstrated high levels of courtesy and

tolerance on the units and in education, vocational training and work sessions. Visual displays around the prison promoted and reinforced equality and diversity well. The Eid celebration at the time of the inspection was particularly good and well supported by staff and prisoners.

Recommendation

- 3.22** **Written feedback across all areas of education should ensure that prisoners receive useful information that helps them to progress faster.**

Personal development and behaviour

3.23 Prisoners' attendance and punctuality had improved significantly since the previous inspection and were impressive. Use of the incentives and earned privileges scheme had a positive impact on attendance and punctuality. Prisoners understood fully the need to be prompt and take responsibility for development of their personal and work skills. They took real pride in their work, particularly in art and crafts. Prisoners' painting and decorating work was of a very high standard. Prisoners supported each other and offered mature, constructive criticism about standards of work, which helped prisoners to improve their performance. However, the development of prisoners' interpersonal skills was not always recorded as part of their achievements.

3.24 Staff promoted high standards of behaviour and reinforced a culture of openly challenging inappropriate language and behaviour, and this was seen in the prisoners' very good behaviour. Prisoners worked diligently in the workshops and recognised the importance of meeting deadlines and following instructions when assembling intricate parts for external contractors.

Recommendation

- 3.25** **Staff should consistently record the interpersonal and employability skills that prisoners develop in all areas of learning, skills and work.**

Education and vocational achievements

3.26 Prisoners' achievements on accredited courses were high. Success rates in English functional skills were very high, and in mathematics functional skills they had improved since the previous inspection and were now good, although these needed to improve further, particularly at level 1. The provision of shorter qualifications in English and mathematics ensured successful outcomes for the majority of learners. Prisoners on ICT courses achieved very well, as did those on personal, social and development courses as well as employability and art courses. Prisoners on distance learning and Open University courses achieved well, and several had progressed from foundation programmes to degree courses.

3.27 The vast majority of learners in the vocational areas who started training achieved successfully. Standards of work in the recycling and contract workshops, main kitchen and gardens were very good. Prisoners demonstrated improved communications skills and cooperative working to carry out complex tasks and meet challenging deadlines in the main kitchens and the contract workshops.

Recommendation

3.28 Success rates on mathematics courses at level I should be improved further.

Library

3.29 A new librarian had recently been appointed following a gap in this role, and key activities to shape the provision, such as a stock check and a prisoner survey, had not yet taken place. The opening hours had recently been extended and provided adequate access for all prisoners, including those in employment. Prisoners in the inpatient and segregation units were provided with a book service.

3.30 The library provided a good selection of easy-read material and books in foreign languages to meet the needs of foreign prisoners and those whose first language was not English. There were few newspapers or magazines. Prison Service orders and instructions were readily available, as were immigration law reference materials. Computers were well used by the education department to support functional skills and Prisons Information and Communications Technology Academy (PICTA) courses. The take-up of initiatives, such as the 'six book challenge' to promote reading, was too low.

3.31 The librarian collected data manually as there was no electronic information management system in the library. Data were not analysed effectively to plan or implement improvement in the library services.

Recommendation

3.32 Data on the use of the library and its stock should be collected and used to improve access. (Repeated recommendation 3.37)

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.

3.33 *The physical education (PE) provision was well managed and effectively promoted. The outdoor and indoor facilities were good, there was a range of recreational activities, access was good and almost half the population used the gym at least twice a week. Links between the health care and the PE departments were reasonably good but needed some improving.*

3.34 There was a good range and variety of PE activities that were promoted well to prisoners. Staff provided accredited training in health and fitness, nutrition and emergency first aid, and success rates were very high. The sports hall was in good order and frequently used for a range of games and circuit training. The weight training and cardiovascular suite were well used during recreational sessions. The small external all-weather pitch was used regularly for team activities. Prisoners worked well together during recreational activities and team games, and showed high levels of courtesy to staff. The department was open in the evenings and at weekends to ensure that prisoners in full-time work, education or vocational training could use the facilities, and almost half the population used the gym at least twice a week.

- 3.35** PE staff provided a reasonably good induction to PE and gave prisoners useful advice on healthy living, diet and nutrition. They accurately identified prisoners with injuries or health conditions and referred them to health care staff for assessment, but there were delays in the return of health assessment, which meant that some prisoners were unable to use the facilities for lengthy periods. PE staff did not offer regular specific activity for older prisoners, those wanting to lose weight or to support those on drug rehabilitation programmes.
- 3.36** Changing and showering facilities had improved since the previous inspection and were now good. However, prisoners were not allowed to take water bottles into the gym and those involved in strenuous activities had to break from exercising to use the water fountain in the changing area or the cardiovascular suite.

Recommendation

- 3.37** **Links between the health care centre and PE staff should ensure that all prisoners are able to use the PE facilities safely and without delay.**

Housekeeping point

- 3.38** All prisoners should have access to sufficient drinking water during PE activities.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

4.1 *The prison had made reasonable progress in implementing the new 'through the gate' resettlement model, but it still needed to be integrated effectively across all departments.*

4.2 Resettlement support had gone through considerable change since the introduction of the new 'through the gate' provision in May 2015. Although the prison had made generally good progress in introducing the model, with identified targets consistently achieved or exceeded, prisoners and staff were still confused about its operation. The reducing reoffending strategy was being updated to reflect the changes but still lacked clarity on the roles and responsibilities of all those involved in its provision, directly and indirectly. There was no separate offender management policy and some staff in the offender management unit (OMU) had only a cursory understanding about how their work linked to that of the two community rehabilitation companies (CRCs)⁸ working at Woodhill.

4.3 The monthly reducing reoffending strategy group was reasonably well attended but was primarily an opportunity for the providers of resettlement pathway work to give updates on developments. It was not sufficiently strategic to drive changes and ensure integration, a review of the strategic plan was regularly rolled over to the next meeting, and there was no consistent representation from some key departments, including offender management. The OMU held its own meetings, but these were also not closely linked to the wider reducing reoffending agenda or focused on the integration of offender management with other service providers, including the CRCs.

4.4 Despite some good work by CRC staff to address issues affecting the return of prisoners to the community, much of this operated in isolation of other providers, such as drug and alcohol work and mental health support. There was no overarching model to provide one coherent approach that brought together all the work undertaken with a prisoner and ensure a single clear plan during his sentence and continuity in his return to the community on release. In our survey, fewer prisoners than at our last inspection (41% against 49%) said that they had done anything at Woodhill to make it less likely that they would reoffend in the future.

Recommendation

4.5 **The prison should identify a clear strategic approach to embed the 'through the gate' model of resettlement throughout the prison, and to ensure that prisoners and staff understand the model and their role in it. Individual sentence plans**

⁸ Since May 2015, rehabilitation services, both in custody and after release, have been organised through CRCs, which are responsible for work with medium- and low-risk offenders. The National Probation Service (NPS) has maintained responsibility for high- and very high-risk offenders.

should incorporate all the work undertaken by a prisoner and be linked, where appropriate, to that of offender management.

Offender management and planning

Expected outcomes:

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

4.6 *Although most basic custody screens and OASys (offender assessment system) assessments were up to date there was little management oversight and considerable variation in quality. While some individual offending behaviour work and support was of a good standard, this was too variable, as was the level of contact between offender supervisors and prisoners. Public protection arrangements were good.*

4.7 The prison had two separate CRCs: Thames Valley CRC, owned by MTCnovo, and the BeNCH CRC (covering Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire), run by Sodexo. Thames Valley was the primary provider, delivering approximately 70% of CRC provision and covering prisoners from all areas, except those within the BeNCH contract.

4.8 All new arrivals were seen by one of the offender supervisors within 72 hours, and most within 24 hours, to complete part one of the basic custody screen (BCS) before they were passed to the CRCs for completion of part two – effectively a sentence plan and/or resettlement plan depending on how long they had left to serve. Progress had been steady since the model's introduction, and in the previous two months both CRCs had achieved a 100% completion rate for part two of the BSC.

4.9 The quality of both the part ones and part twos of the BCS varied considerably, and neither was consistently quality assured. None of the part one cases we reviewed included the offender group reconviction scale (OGRS) – indicating a predicted risk of reoffending – and information on public protection was variable. In several cases, information on previous offending, especially domestic violence or other violent offending, was not included. We saw some good examples of part two plans, but again these were variable. Information from pathway providers not directly covered by the CRCs – such as education, training and employment, mental health, and drug and alcohol work – was not included and was managed separately, which meant that many prisoners had several different parts to their plan. Contractually, the CRCs were only obliged to see prisoners on their arrival and 12 weeks before their release, and while prisoners serving over 12 months were allocated an offender supervisor to support and progress their sentence plan, those on remand or serving a shorter sentence did not. Prisoners were not given a copy of their sentence plan (BCS part 2).

4.10 During the inspection we were joined by colleagues from HM Inspectorate of Probation who looked in detail at six offender management cases held by community offender managers (in scope for offender management) and six that were the responsibility of the Prison Service (out of scope). A number of other cases were also looked at but in less detail.

4.11 Offender supervisors only had contact, beyond the basic custody screen, with prisoners sentenced to over 12 months – 359 at the time of the inspection (51% of the population).

Although there was still a backlog of OASys assessments (36 compared with 50 at the last inspection), all cases were allocated and were in the process of completion. The 22 high risk cases that were the responsibility of the National Probation Service (NPS) were also being pursued appropriately.

- 4.12** In our survey, more prisoners than the comparator and than at the last inspection said that they had a community offender manager allocated to them, and more than at the last inspection said that they had a named offender supervisor. However, only 26% of prisoners, against the comparator of 34%, said they had a sentence plan. In our review of cases, we found considerable variations in the quality of sentence plans, and in only two of the 12 cases we reviewed in detail were sentence plan targets sufficiently focused on issues of risk or appropriately time-bound.
- 4.13** Although we were told that the average length of stay at Woodhill was 12 weeks, 43% of the sentenced population had been there for more than three months. In too many cases, contact between offender supervisors and prisoners was reactive, often triggered by an application from a prisoner or a request for specific information. The introduction of wing clinics, where offender supervisors were available to answer prisoners' questions about sentence planning, had helped to deal with these issues. However, there was no agreed level of expected contact with prisoners and each offender supervisor made their own judgements, which were not consistently based on the needs of prisoners. In only a third of the cases that we looked at in detail did we find sufficient and meaningful contact between offender supervisors and prisoners.
- 4.14** Despite this, we found several cases outside our main case sample where there had been some excellent one-to-one work to address offending behaviour and risk by both probation and prison offender supervisors. We also saw two cases where there were good links and communication between the OMU and mental health team for prisoners with mental health and/or personality disorders. However, such work was not consistent.
- 4.15** Although the prison had introduced wider quality assurance of the completion of OASys assessments, there was insufficient overall management oversight of wider work. While probation offender supervisors received regular supervision, which included casework reviews, this did not extend to the prison offender supervisors, who often worked with high risk prisoners.
- 4.16** In the previous six months, 110 prisoners had been considered for home detention curfew, with 44 (40%) successful. Once the appropriate paperwork had been completed, there were few delays in considering prisoners, and reviews took place weekly. Despite this, fewer than half of all cases considered were actually released on or close to their eligibility date. This was mostly due to delays in receiving reports from community offender managers or because of insufficient time left to serve after a remand prisoner was sentenced. Appropriate efforts were made to chase up delayed reports.

Recommendations

- 4.17** **Basic custody screenings should include all information necessary to inform an effective sentence plan, including offender group reconviction scale (OGRS) and public protection information. Prisoners subject to basic custody screening should be given a copy of their plan, and the prison should support them in meeting the identified targets. OASys (offender assessment system) assessments, basic custody screenings and sentence plans should be quality assured and improved.**

- 4.18** The role of all offender supervisors and community rehabilitation company staff should be clearly defined, including how they support prisoners to address their offending behaviour and achieve sentence plan targets.
- 4.19** All offender supervisors should have regular supervision, casework reviews and appropriate training to aid personal development and improve quality, consistency and effectiveness of their work.

Public protection

- 4.20** At the time of the inspection, 231 sentenced prisoners (34%) were subject to multi agency public protection arrangements (MAPPA), of who 15 were already identified as level two cases and a further three as level three. Initial screening procedures were appropriate. The monthly inter departmental risk management team (IDRMT) meeting was well attended and case discussions were comprehensive. We saw some good examples of completed MAPPA F (assessments for community meetings) reports, and offender supervisors were expected to attend pre-release MAPPA meetings in the community. All MAPPA prisoners due to be released within the next three months had been ascribed an identified risk management level.
- 4.21** A fortnightly monitoring meeting also took place to determine the prisoners who should have their mail and/or telephone calls monitored as well as the frequency of this. Arrangements were appropriate. At the time of the inspection, 80 prisoners were subject to restrictions due to posing a risk to children, and 101 prisoners were subject to some form of harassment restrictions.

Categorisation

- 4.22** Arrangements to review prisoner categorisation were generally appropriate. Boards were held regularly and prisoners could make their own representation. In the cases we reviewed, the information considered was generally comprehensive and detailed, and the decisions made were broadly appropriate.

Indeterminate sentence prisoners

- 4.23** There were 49 indeterminate sentence prisoners at Woodhill, 10 of who were sentenced for public protection. All indeterminate sentence prisoners were allocated appropriately to one of the probation offender supervisors. The prison had held several forums for indeterminate sentence prisoners in recent months but had suspended these as their focus had become unclear. Potential lifers, held on remand, were monitored and offered support. There were no significant delays in the parole process.

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.

4.24 *There were inconsistencies in the CRC support for prisoners before their release, depending on the area they were returning to. Accommodation support was improving, as was provision for those with financial problems. The lack of Jobcentre Plus provision potentially delayed prisoner access to benefits on release. Prisoners had access to careers information and a range of employability activities. Health support and pre-release liaison with community providers were appropriate. The dedicated drug project resettlement worker had good links to community support agencies. Prisoners with children were well supported through family visits, visits booking had improved and the visitors' centre was impressive. The range of offending behaviour programmes was broadly appropriate but there was little to address sex offenders or those with backgrounds of domestic violence.*

4.25 The prison released an average of 120 prisoners a month. Both CRCs saw all prisoners approximately 12 weeks before their release to formulate a resettlement plan. If a prisoner had less than 12 weeks to serve when he was seen for his BCS part 2, he was given a resettlement plan then. Each CRC operated slightly differently: Thames Valley did not routinely see prisoners again but, where appropriate, invited prisoners to attend a six-session pre-release programme; whereas BeNCH did not offer a pre-release course but did see all prisoners again approximately three weeks before their release. As a result, prisoners received a slightly different service depending on the area of the country they were to be released to. Both CRCs made referrals to other providers for accommodation support, drugs and alcohol etc, but did not routinely check to ensure that these were followed up. Some work by other providers was undertaken separately, which meant that prisoners might have several elements in a resettlement plan, such as an education, training and employment referral to services in the community or drugs and alcohol support once released. In our survey, only 7% of prisoners said that anyone had helped them prepare for release.

4.26 For prisoners who had been sentenced before the new through-the-gate model, the CRCs still saw them in their last 12 weeks of their sentence, but each service did their reviews slightly differently. Work for prisoners subject to release back to the National Probation Service was also inconsistent, and neither the CRCs nor offender supervisors routinely held joint meetings with the prisoner and community manager (responsible officer).

Recommendation

4.27 All elements of a prisoner's release should be collated to ensure that pre-release plans cover all aspects of his needs, and all prisoners should have the same level of support and provision to facilitate their release.

Accommodation

4.28 Accommodation support and guidance was provided by the Langley House Trust and offered to all prisoners. Although the rate of prisoners leaving with no fixed accommodation (NFA) had been 12% for the last six months, this was a reduction from the rate of almost 20% at the previous inspection. The proportion of prisoners in our survey who indicated that they had a problem with housing when they first arrived at Woodhill was also higher than at the

last inspection, at 24% against 17%. In our survey, fewer prisoners than the comparator and at the last inspection said that they knew who to speak to at the prison about help with accommodation. However, Langley House had only been at the prison full time for the previous month, and there were indications that its work had already impacted on the high NFA rate.

Education, training and employment

- 4.29** The careers advice provided by Futures was good and focused well on the resettlement goals of prisoners. Clear and well-written skills action plans were provided for all prisoners at induction, including those on remand. Prisoners had good access to careers information and guidance, but it needed to be promoted better to prisoners who required additional individual sessions before release, particularly those serving longer sentences. Staff provided good support for a range of employability activities, such as CV writing and dealing with convictions disclosure. Futures staff gave prisoners a comprehensive brochure setting out education, training and employment opportunities in release areas, and had good links with agencies to support prisoners on release. Prisoners used the 'virtual campus' facility to access community education, training and employment opportunities via the internet, but the broadband was slow and unreliable.
- 4.30** The improved vocational training provision in the prison had been well informed by a needs analysis of skills vacancies nationally and in areas where prisoners were to be released, and links with a variety of employers helped inform the skills developed by prisoners in their vocational and contract work. There were plans to increase the quantity of vocational training and contract work to meet prisoners' resettlement needs, but at the time of the inspection, data about prisoners' progression into employment were unreliable.
- 4.31** A recent event supported by external employers had given prisoners the chance to show their entrepreneurial and presentation skills in a mock 'Dragon's Den'. Employers were able to talk to prisoners and explain what they were seeking from employees, which helped to motivate prisoners further. Futures and MKC staff provided a range of courses to help prisoners with personal finance and money management.

Recommendations

- 4.32** **Careers advice should be better promoted to prisoners during their sentence, particularly for those serving longer sentences.**
- 4.33** **The broadband speed should be improved to enable the virtual campus to be used fully to benefit prisoners.**
- 4.34** **Clear and reliable data about prisoners entering employment on release should be regularly collected.**

Health care

- 4.35** Health staff offered all prisoners a pre-release appointment, including advice on registering with community health services. Nurses saw all prisoners in reception on the day of their release, and seven-days medication was provided where relevant. There was appropriate liaison with community services to maintain continuity of care. A palliative care policy was in place, and improved facilities for prisoners with end-of-life needs were planned in the new inpatient facility.

Drugs and alcohol

- 4.36** The Westminster Drug Project (WDP) delivered an excellent programme, 'NOVA', which prepared prisoners with a history of drug and alcohol problems for release and future employment (see paragraph 1.68). The team had hosted a recent 'recovery' event during which representatives of local and regional drug and alcohol agencies met prisoners and staff to explain what they could offer on release.

Finance, benefit and debt

- 4.37** Langley House offered support to prisoners with finance and debt problems and, while referrals had increased since a new worker had come into post a fortnight prior to the inspection, it was too early to assess the impact this was having on the needs of the population. Referrals to the service had already increased, and it saw approximately two prisoners a week for such support. The education department provided a money management programme for prisoners, but there was currently no provision for prisoners to open bank accounts before their release. There was no Jobcentre Plus support at the prison, which was a concern. Despite attempts to recruit to the post, prisoners were not able to begin their claim for benefits before leaving custody, and so faced a potential delay in their benefits payments.

Recommendation

- 4.38** **The prison should ensure, as a matter of urgency, that prisoners can begin their application for state benefits before their release to reduce the risk that they will have insufficient funds on release.**

Children, families and contact with the outside world

- 4.39** Provision under this pathway remained good, although in our survey prisoners were more negative than the comparator about being supported to maintain contact with their family. The visitors' centre ran a 'Family matters' advice group for prisoners' families, there was a monthly 'Father and child' Saturday session where prisoners with children could play with them, and there were six family activity days a year held during school holidays. The chaplaincy also provided Storybook Dads, which enabled prisoners to read and record a story for their children, and access to Angel Tree, which provided Christmas presents for prisoners' children.
- 4.40** Visits booking had improved since the last inspection – more staff were allocated to answer telephones, there was now email booking, and there was no requirement for a visiting order. The visitors' centre was an impressive facility, which was clean and welcoming, run by the PACT (Prison Advice and Care Trust) charity. Family workers were available and there was a good children's play area, a small snack bar, toilet and baby changing facilities, and a telephone to book subsequent visits. The prison and PACT ran regular visitor surveys to identify areas for improvement.
- 4.41** There were sufficient visits spaces and sessions every day of the week. Although the volume of visitors requiring searching delayed entry for some, the sessions were two hours long and there were plans to begin entry earlier so that all visitors could be in place when sessions started. All visitors were required to present photographic identification each time they visited even though they had been registered on a biometric fingerprint system that stored their photograph. Male visitors also wore an identifying bracelet and had their hands stamped

with an ultraviolet mark. In spite of all these precautions, prisoners were still required to wear identifying bibs during visits, which was excessive (although this requirement was dropped for father and child sessions). The visits hall was large and bright, with a play area for children and a well-stocked refreshments bar. Seating was at fixed tables and reasonable physical contact was allowed. Staff supervision was effective but not intrusive. A separate area for vulnerable prisoner visits kept them safe but provided a decent environment.

Attitudes, thinking and behaviour

- 4.42** The prison delivered two accredited offending behaviour programmes, the Thinking Skills Programme (TSP), addressing offenders' thinking and behaviour, and Resolve, designed to address violent offending. The prison offered 50 places a year for the TSP and 20 for Resolve, with one of the five TSP programmes planned for prisoners on the vulnerable prisoner unit, if numbers allowed. The education department ran a basic course in anger management, and the chaplaincy facilitated three Sycamore Tree victim awareness programmes a year.
- 4.43** Although prisoners could be transferred to other prisons to complete courses not available at Woodhill, this largely depended on offender supervisors advocating for the prisoner, and this was not done consistently.
- 4.44** There was relatively little programme work available for sex offenders and those with a background of domestic violence. Although all sex offenders were risk assessed during their OASys assessments, there was no prison strategy for managing this group and, although public protection arrangements offset some concerns, there was no overarching strategic approach. The prison did not monitor the number of prisoners with convictions or a background of domestic violence, but there was ample case evidence that the number was substantial. There was also no strategic approach to addressing the needs of this group.

Recommendation

- 4.45** **The prison should develop a strategy to address the management of and engagement with prisoners with histories of domestic violence and sex offences.**

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 recommendation

To NOMS

- 5.1** NOMS should address the contractual arrangements with the escort provider to ensure prisoners arrive at the prison early enough to be assessed and settle into clean, appropriately equipped accommodation. (S36i)

Main recommendations

To the governor

- 5.2** A prison-wide strategy and action plan to reduce the number of self-inflicted deaths and incidents of self-harm should be developed urgently. This should be based on detailed data and trend analysis and include implementation of Prisons and Probation Ombudsman recommendations. It should also include improvements in the quality of assessment, care in custody and teamwork (ACCT) case management documentation, and the lessons learned from internal investigations into life-threatening incidents. (S36ii)
- 5.3** There should be prison-wide action to improve prisoners' perception of safety, reduce violence, tackle antisocial behaviour and support victims. This should be supported by a detailed survey of prisoner perceptions, an evidence-based strategy and action plan, improved data analysis, timely investigations of incidents, and fully effective use of the anti-bullying scheme. (S37)
- 5.4** The mental health service should have sufficient staffing levels and skill mix to ensure that prisoners with primary and secondary mental health needs have timely access to a full range of care-planned mental health interventions within agreed timescales. (S38)

Recommendations

To the governor

Courts, escort and transfers

- 5.5** Prisoners should not be delayed in reception due to lack of staff over the lunch period. (I.3)
- 5.6** Prisoners should only be handcuffed on and off the escort van on the basis of an individual risk assessment. (I.4)

Early days in custody

- 5.7** There should be a Listener in reception throughout the day and evening to support new arrivals. (I.13)

- 5.8** The first night and induction wing should not be used to accommodate prisoners who are difficult to locate elsewhere in the prison, and the prison should explore and address the negative views of vulnerable prisoners about their early days experiences. (1.14)
- 5.9** The prison should ensure that prisoners are always given the opportunity to shower and use a telephone soon after arrival, even if they arrive late. (1.15)

Bullying and violence reduction

- 5.10** Vulnerable young adults located on the vulnerable prisoner unit should have a formal risk assessment and a plan to promote their safety on the unit. (1.25)

Self-harm and suicide

- 5.11** The number of Listeners should be increased to ensure their availability at all times. (1.32)

Safeguarding

- 5.12** The safeguarding adults policy should include a procedure for reporting prisoners who are at risk of abuse from others, and wing staff should be trained in this and be aware of their responsibilities under the Care Act. (1.35)

Security

- 5.13** Strip searching of all but category A prisoners should be by risk assessment. (1.43)
- 5.14** Safer custody and security departments should have closer links at a strategic level, including joint attendance at key meetings, to ensure that all aspects of violence are considered and addressed. (1.44)
- 5.15** The effectiveness of the drug strategy should be reviewed to ensure all relevant departments work together to reduce the availability of drugs and respond to the emergence of new threats such as Spice. (1.45)

Incentives and earned privileges

- 5.16** The incentives and earned privileges (IEP) policy should be fully and consistently applied, with appropriate quality assurance and management checks. (1.49, repeated recommendation 1.54)

Discipline

- 5.17** Adjudications should be analysed and monitored to identify and address any trends, and they should be completed within a reasonable time. (1.53)
- 5.18** Managers should investigate and analyse the high level of use of force to identify any trends or issues that need addressing. (1.57)
- 5.19** All use of special accommodation should be monitored to ensure it was necessary, documentation should fully record the circumstances of its use, and prisoners should be removed from special accommodation at the earliest opportunity. (1.58)

- 5.20** Care and reintegration planning for segregated prisoners should start earlier and address their individual circumstances. (1.63)
- 5.21** Prisoners should not be subject to a reduced regime without appropriate authority, governance and monitoring arrangements in place. (1.64, repeated recommendation 1.71)
- 5.22** The regime on the segregation unit should be improved, particularly for those prisoners segregated for their own protection, and should include activities and exercise in association where appropriate. (1.65, repeated recommendation 1.72)

Substance misuse

- 5.23** New arrivals requiring stabilisation or detoxification should be consistently prioritised and admitted to the drug support unit without delay. (1.74)
- 5.24** Prescribing regimes for drug dependency should be flexible, individualised and reflect national guidance on buprenorphine. (1.75)
- 5.25** The Westminster Drug Project and the mental health service should establish a full joint dual diagnosis pathway and joint working policy. (1.76)
- 5.26** Prisoners needing medication should receive this before going to their activities. (1.77)
- 5.27** Officers should be specifically selected and trained to work on the drug support unit. (1.78)

Residential units

- 5.28** More prisoners should have access to the landscaped areas. (2.8)
- 5.29** Two prisoners should not be held in cells designed for one. (2.9, repeated recommendation 2.8)
- 5.30** Prisoners should have access to sufficient clean clothing and cell furniture. (2.10)
- 5.31** Showers and toilets should be suitably screened. (2.11)
- 5.32** Prisoners should receive their mail within 24 hours of its arrival in the prison, and non-category A prisoners should not have their mail routinely translated. (2.12)

Staff-prisoner relationships

- 5.33** Electronic case notes should reflect engagement between staff and prisoners and the circumstances of individual prisoners. Management checks should be improved. (2.17, repeated recommendation 2.21)

Equality and diversity

- 5.34** There should be regular diversity training for all staff. (2.24)
- 5.35** The planned meetings to oversee equality and consult with prisoners from all backgrounds should be more frequent, address the needs of specific groups and take place consistently. (2.25)
- 5.36** Prisoner equality representatives should be appointed on every wing. (2.26)

- 5.37** The quality of discrimination incident reporting form investigations and responses should be checked by an independent external organisation. (2.27)
- 5.38** The negative perceptions of Muslim, foreign national and black and minority ethnic prisoners about the prison, especially staff attitudes, should be addressed. (2.38)
- 5.39** Relevant information from care plans about the daily living needs of older prisoners and those with disabilities should be shared with wing staff and the prisoner concerned. (2.39)
- 5.40** The peer support scheme for older and disabled prisoners should be implemented as specified, and monitored robustly by residential and equality staff. (2.40)

Faith and religious activity

- 5.41** The prison should investigate and address the negative perceptions of some prisoners about access to chaplains in private. (2.44)

Health services

- 5.42** All clinical areas should fully comply with current infection control standards. (2.60)
- 5.43** Prisoners should have access to a well-advertised confidential health complaints system, and should receive timely responses that address all the issues raised. (2.61)
- 5.44** Health service information and health application forms for prisoners should be easily available in a range of appropriate formats. (2.69)
- 5.45** The non-attendance rate for all primary care clinics, including the dentist, should be reduced to under 10%. (2.70)
- 5.46** Prisoner health consultations should take place with maximum privacy, based on a risk assessment of the clinical environment and the individual prisoner. (2.71)
- 5.47** The regime for inpatients should include appropriate therapeutic activity. (2.72, repeated recommendation 2.75)
- 5.48** Prisoners should have direct access to pharmacy staff for advice, including medicine use reviews. (2.79)
- 5.49** Medicines should be administered at clinically appropriate times, in line with current professional standards. (2.80)
- 5.50** Custodial staff should supervise the medicine administration queues adequately to maintain patient confidentiality and reduce potential bullying. (2.81)
- 5.51** The drug administration area on house unit 4B should comply fully with infection control standards, be only accessible by health staff and have SystmOne access, and the treatment room on 2B should be secure. (2.82)
- 5.52** All discipline officers should receive regular mental health awareness training to enable them to recognise and take appropriate action when a prisoner has mental health problems. (2.92, repeated recommendation 2.95)
- 5.53** Patients requiring a transfer under the Mental Health Act should be assessed promptly and transferred within the current transfer guidelines. (2.93)

Catering

- 5.54** Prisoners' poor perception of the food provided should be investigated and addressed. (2.98, repeated recommendation 2.102)
- 5.55** Lunch should not be served before 12 noon and the evening meal not before 5pm, and breakfast should be issued on the day it is to be eaten. (2.99, repeated recommendation 2.103)

Purchases

- 5.56** There should not be a charge for catalogue orders. (2.102, repeated recommendation 2.110)

Time out of cell

- 5.57** Prisoners should only be locked up during activity periods on the basis of a risk assessment. (3.4)

Learning and skills and work activities

- 5.58** The prison should use data more extensively to identify participation and achievements of different groups of prisoners, and ensure that all prisoners can participate and achieve. (3.10)
- 5.59** The prison should offer more opportunities for prisoners to work as peer mentors and learning support classroom assistants, and Milton Keynes College senior managers should increase learning support for education sessions to enable all prisoners to succeed and achieve their learning goals. (3.15)
- 5.60** The initial assessment of prisoners whose first language is not English should ensure that they receive the most appropriate support, including provision in English for speakers of other languages (ESOL), to enable them to progress. (3.16)
- 5.61** Prison managers should ensure that all prisoners are allocated to an activity that acknowledges their length of sentence and sentence planning requirements. (3.17)
- 5.62** Written feedback across all areas of education should ensure that prisoners receive useful information that helps them to progress faster. (3.22)
- 5.63** Staff should consistently record the interpersonal and employability skills that prisoners develop in all areas of learning, skills and work. (3.25)
- 5.64** Success rates on mathematics courses at level 1 should be improved further. (3.28)
- 5.65** Data on the use of the library and its stock should be collected and used to improve access. (3.32, repeated recommendation 3.37)

Physical education and healthy living

- 5.66** Links between the health care centre and PE staff should ensure that all prisoners are able to use the PE facilities safely and without delay. (3.37)

Strategic management of resettlement

- 5.67** The prison should identify a clear strategic approach to embed the 'through the gate' model of resettlement throughout the prison, and to ensure that prisoners and staff understand the model and their role in it. Individual sentence plans should incorporate all the work undertaken by a prisoner and be linked, where appropriate, to that of offender management. (4.5)

Offender management and planning

- 5.68** Basic custody screenings should include all information necessary to inform an effective sentence plan, including offender group reconviction scale (OGRS) and public protection information. Prisoners subject to basic custody screening should be given a copy of their plan, and the prison should support them in meeting the identified targets. OASys (offender assessment system) assessments, basic custody screenings and sentence plans should be quality assured and improved. (4.17)
- 5.69** The role of all offender supervisors and community rehabilitation company staff should be clearly defined, including how they support prisoners to address their offending behaviour and achieve sentence plan targets. (4.18)
- 5.70** All offender supervisors should have regular supervision, casework reviews and appropriate training to aid personal development and improve quality, consistency and effectiveness of their work. (4.19)

Reintegration planning

- 5.71** All elements of a prisoner's release should be collated to ensure that pre-release plans cover all aspects of his needs, and all prisoners should have the same level of support and provision to facilitate their release. (4.27)
- 5.72** Careers advice should be better promoted to prisoners during their sentence, particularly for those serving longer sentences. (4.32)
- 5.73** The broadband speed should be improved to enable the virtual campus to be used fully to benefit prisoners. (4.33)
- 5.74** Clear and reliable data about prisoners entering employment on release should be regularly collected. (4.34)
- 5.75** The prison should ensure, as a matter of urgency, that prisoners can begin their application for state benefits before their release to reduce the risk that they will have insufficient funds on release. (4.38)
- 5.76** The prison should develop a strategy to address the management of and engagement with prisoners with histories of domestic violence and sex offences. (4.45)

Housekeeping points

Courts, escort and transfers

- 5.77** Prisoners should be given information about HMP Woodhill while they are in court. (1.5)

Early days in custody

- 5.78** Holding rooms in reception should contain information about life in the prison. (1.16)
- 5.79** The induction presentation should be fully engaging, meaningful and able to cater for non-English speakers. (1.17)

Discipline

- 5.80** Segregation unit cells should be adequately furnished. (1.66)

Substance misuse

- 5.81** The role of recovery champions should be fully explained to all staff to ensure that prisoners receive help from the substance misuse peer supporters when they need it. (1.79)

Equality and diversity

- 5.82** Prisoner equality representatives should be appointed on every wing. (2.26)

Health services

- 5.83** All medicines issued for court appearances should be supplied safely. (2.83)
- 5.84** Liquid medication should be measured in a kite-marked glass measure on a flat surface. (2.84)
- 5.85** The temperature in all treatment rooms where medicines are stored should be below 25°C at all times. (2.85)

Physical education and healthy living

- 5.86** All prisoners should have access to sufficient drinking water during PE activities. (3.38)

Examples of good practice

- 5.87** The quality of course materials for the 'Nurturing opportunities, vision and aspirations' (NOVA) project was better than most other prison psychosocial programmes, and prisoners said the workbooks used helped them to feel valued, inspired and challenged in positive ways. (1.80)
- 5.88** The practice nurse service ensured prisoners had prompt access to primary care services, including sexual health services and lifelong condition reviews, which allowed GPs to focus on prisoners with more complex health issues. (2.73)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Deborah Butler	Team leader
Karen Dillon	Inspector
Paul Fenning	Inspector
Sandra Fieldhouse	Inspector
Andy Lund	Inspector
Keith McInnis	Inspector
Andy Rooke	Inspector
Liz Walsh	Inspector
Rachel Prime	Researcher
Helen Ranns	Researcher
Joe Simmonds	Researcher
Paul Roberts	Substance misuse inspector
Majella Pearce	Health services inspector
Deborah Hylands	Pharmacist
Bob Cowdrey	Ofsted inspector
Gerard McGrath	Ofsted inspector
Maria Navarro	Ofsted inspector
Paddy Doyle	Offender management inspector
Avtar Singh	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 2014, reception was welcoming and procedures were efficient. The first night centre and processes were supportive but too many prisoners did not benefit from them. Induction arrangements were good for most but inadequate for vulnerable prisoners. More prisoners than at the time of the previous inspection said that they felt unsafe, and levels of victimisation were high. The particular needs and vulnerabilities of young adults had still not been fully considered. Levels of self-harm were high and there had been five self-inflicted deaths in custody since the previous inspection, but the quality of suicide and self-harm arrangements were generally poor. Security arrangements were mostly proportionate. The segregation unit environment was improving but some prisoners faced unofficial reduced regimes elsewhere. Use of force and special accommodation were well governed. Illicit drug availability had increased, although was similar to that at other prisons, but supply reduction was good. Drug treatment arrangements were reasonably good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Prisoners' views and perceptions of victimisation should be fully explored and action taken to reduce the levels experienced. (S57)

Not achieved

All Prisons and Probation Ombudsman recommendations following deaths in custody should be fully implemented. The use of assessment, care in custody and teamwork (ACCT) procedures should be reviewed to ensure that they are only used when prisoners are at risk of self-harm, and the quality of assessment, reviews and case management should be improved. (S58)

Not achieved

Recommendations

Subject to risk assessment, prisoners should not be handcuffed between reception and escort vehicles, and should be informed of transfer on the evening before the move. (1.7)

Partially achieved

Prisoners should not have long waits in court before being transferred to the prison and the number of prisoners arriving late in the evening should be reduced. (1.8)

Not achieved

Prisoners transferred in from other establishments should not be given a full search unless indicated by a risk assessment. (1.17)

Not achieved

All newly arrived prisoners should receive a high standard of first night accommodation, care and monitoring. (I.18)

Partially achieved

All newly arrived prisoners should receive a full induction programme. (I.19)

Achieved

All available data about violence and intimidation should be collected and all incidents investigated. (I.26)

Partially achieved

All young adults should be subject to a suitable risk and vulnerability assessment before location. (I.27)

Not achieved

The safety of prisoners on the vulnerable prisoner wing should be reviewed and improved. (I.28)

Achieved

A local adult safeguarding policy and referral processes should be developed and implemented. (I.39)

Partially achieved

Visits sanctions should be imposed only when there is sufficient evidence to suggest visits related trafficking activity. (I.45)

Achieved

Security intelligence should be monitored for trends and hotspots. (I.46)

Achieved

A mechanism to monitor suspicion testing should be developed, to ensure that all tests are undertaken within the required time frame. (I.47)

Achieved

The incentives and earned privileges (IEP) policy should be fully applied, with appropriate quality assurance and management checks. (I.54)

Not achieved (recommendation repeated, I.48)

Prisoners should not receive different rates of pay for performing the same work because of their IEP status. (I.55)

Not achieved (recommendation repeated, I.49)

Prisoners should not be subject to a reduced regime without appropriate authority, governance and monitoring arrangements in place. (I.71)

Not achieved (recommendation repeated, I.64)

The regime on the segregation unit should be improved, particularly for those prisoners segregated for their own protection, and should include activities and exercise in association where appropriate. (I.72)

Not achieved (recommendation repeated, I.65)

Treatment for opiate-dependent prisoners should start on arrival and prescribing regimes should be flexible, based on individual need and in line with national guidance. (I.81)

Not achieved

Clinical and psychosocial support for prisoners should be fully integrated and include joint care plans. (I.82)

Achieved

Substance misuse and mental health services should improve care coordination for dual diagnosis prisoners. (1.83)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2014, the quality of the accommodation and environment was good. Access to suitable and clean bedding and clothing was problematic. Not all prisoners could shower every day. Most prisoners said most staff treated them with respect, yet reported high levels of victimisation from staff. Diversity was well managed and there was effective support for most prisoners with protected characteristics. Faith provision was good. The number of prisoner complaints was high but quality assurance was good. Health provision had improved but mental health provision was too limited. Food was reasonable but served far too early. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Two prisoners should not be held in cells designed for one. (2.8)

Not achieved (recommendation repeated, 2.8)

The protected witness unit (PWU) should be located on a unit with all the required facilities. (2.9)

No longer relevant

Prisoners should have access to sufficient clean clothing, bedding and towels. (2.10)

Partially achieved

All prisoners should be able to shower daily, and showers and toilets should be suitably screened. (2.11)

Partially achieved

Non-category A prisoners should not have their mail routinely censored or translated. (2.12)

Not achieved

Electronic case notes should reflect engagement between staff and prisoners and the circumstances of individual prisoners. Management checks should be undertaken to ensure quality. (2.21)

Not achieved (recommendation repeated, 2.17)

The negative perceptions of Muslim and black and minority ethnic prisoners about staff behaviour should be addressed. (2.38)

Not achieved

Prisoners from a Gypsy/Traveller/Romany background and young prisoners should be able to access specific support. (2.39)

Not achieved

Relevant information from care plans about the daily living needs of older prisoners and those with disabilities should be shared with wing staff. (2.40)

Not achieved

The carer scheme should be available to all prisoners with support needs, and formalised support plans should be provided which are monitored and reviewed regularly. (2.41)

Not achieved

The negative perceptions of some prisoners about access to chaplains and ease of attending services should be explored and addressed. (2.49)

Not achieved

All staff should receive annual mandatory training in basic life support skills. (2.66)

Achieved

Health care information should be available in a range of languages. (2.67)

Partially achieved

Nurses should be trained in triage to ensure consistency of treatment. (2.74)

Partially achieved

The regime for inpatients should include appropriate therapeutic activity. (2.75)

Partially achieved (recommendation repeated, 2.71)

Patients should have direct access to pharmacy staff, and pharmacist-led clinics should be set up. (2.81)

Not achieved

All medicine administration times should be regularly supervised by discipline staff. (2.82)

Partially achieved

The use of pots before administration of medication is dangerous and should stop. (2.83)

Not achieved

Administration charts should be filled in immediately after administration, in accordance with Nursing and Midwifery Council guidance. (2.84)

Partially achieved

All discipline officers should receive regular mental health awareness training to enable them to recognise and take appropriate action when a prisoner has mental health problems. (2.95)

Partially achieved (recommendation repeated, 2.92)

Prisoners should have timely access to a full range of support for mild and moderate mental health problems, including counselling, clinical psychology and group therapies. (2.96)

Partially achieved

Prisoners' poor perception of the food provided should be investigated and addressed. (2.102)

Not achieved (recommendation repeated, 2.97)

Lunch should not be served before 12 noon and the evening meal not before 5pm, and breakfast should be issued on the day it is to be eaten. (2.103)

Not achieved (recommendation repeated, 2.98)

Food hygiene arrangements should be improved, including the monitoring of food temperature and wearing of protective clothing. (2.104)

Achieved

The length of time that prisoners wait for their initial order should not exceed seven days. (2.109)

Achieved

There should not be a charge for catalogue orders. (2.110)

Not achieved (recommendation repeated, 2.101)

Purposeful activity

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

At the last inspection, in 2014, the amount of time out of cell had deteriorated considerably and staff shortages reduced the amount of evening association. The management of learning and skills had improved and there were plans for further development. There were insufficient activity places for the population and high levels of unemployment. There had been little improvement in the quality of teaching and learning. There was insufficient focus on employability skills and too little vocational training available. Library provision was limited. The provision of both recreational and vocational PE was good. Outcomes for prisoners were poor against this healthy prison test.

Main recommendations

The number of activity places should be increased. Allocation processes should be reviewed to enable more prisoners to attend on a part-time basis and allocation should be based on meeting prisoner needs. (S59)

Achieved

Recommendations

All prisoners should have access to daily association and exercise. (3.7)

Achieved

The regime on the PWU should be improved, to provide adequate work, education and association opportunities. (3.8)

No longer relevant

A comprehensive needs analysis and improved use of data should inform provision and more attention should be given to improving prisoners' English, mathematics and employability skills. (3.16)

Achieved

The number of vocational training opportunities should be increased. (3.22)

Achieved

The quality of teaching and learning training should be improved. (3.27)

Achieved

The quality of individual learning plans should be improved and include the planning and monitoring of personal and social skills and employability skills in all areas. (3.28)

Partially achieved

The results of initial assessment should be better used in planning learning activities to meet individual needs. (3.29)

Partially achieved

The number of prisoners gaining qualifications in vocational subjects, employability skills and English and mathematics should be increased further. (3.32)

Achieved

The range of library resources should be updated and extended. (3.36)

Achieved

Data on the use of the library and its stock should be collected and used to improve access. (3.37)

Not achieved (recommendation repeated, 3.32)

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 2014, a comprehensive needs analysis was in place but offender management did not have a sufficiently high profile in the wider prison. There was a backlog of offender assessment system (OASys) assessments, including for high risk of harm prisoners, and prisoners had too little contact with offender supervisors. This hindered their progress and created considerable frustration. Public protection arrangements were sound. Categorisation processes were well managed but too many prisoners were inappropriately held back from transfer. Too many home detention curfew releases were late. There was effective and early identification of resettlement needs but resettlement services were of variable quality. Accommodation and employment, training and education provision was inadequate but family provision had improved considerably. Outcomes for prisoners were reasonably good against this healthy prison test. .

Main recommendations

The backlog of offender assessment system (OASys) assessments should be eliminated. Transfer holds should be reviewed and used only in exceptional circumstances. (S60)

Achieved

Recommendations

The reducing reoffending strategy should include a detailed vision for offender management, supported by a clear action plan which is monitored and evaluated. (4.7)

Achieved

All offender supervisors should receive regular supervision to promote effective case management. (4.8)

Not achieved

The quality of OASys assessments and sentence plans should be improved. (4.19)

Not achieved

All sentenced prisoners should have an active offender supervisor, who maintains contact with them to oversee delivery of the plans and responds to any important changes. (4.20)

Not achieved

The timeliness of release on home detention curfew should be monitored and appropriate action taken to address any weaknesses in processes. (4.21)

Achieved

Indeterminate-sentenced prisoners should have access to a regular support structure and forums. (4.29)

Achieved

The information gathered through the initial resettlement interview should be shared with offender management unit staff for inclusion in the OASys assessment and sentence plan.

(4.34)

Achieved

The quality of the resettlement intervention plan should be improved, and the discharge board should include more resettlement agencies and be undertaken in time to address issues before release. (4.35)

Partially achieved

Prisoners should be supported early on in their sentence to secure accommodation on release. (4.37)

Partially achieved

Prisoners should have access to more help to produce high-quality CVs, and a programme to prepare them for release. (4.40)

Partially achieved

The service provided by the National Careers Service should be improved and better links with employers developed. (4.41)

Achieved

Prisoners with severe and enduring mental illness should be managed using the care programme approach. (4.43)

Partially achieved

Facilities for the treatment of the terminally ill should be improved. (4.44)

Partially achieved

Where relevant, sentence plans should include substance misuse care plan objectives. (4.46)

Not achieved

Courses in money management and budgeting should be provided. (4.48)

Partially achieved

Visits booking procedures should be improved. (4.54)

Achieved

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	8	260	39.6%
Recall	1	72	10.8%
Convicted unsentenced	2	78	11.8%
Remand	5	143	21.9%
Civil prisoners	0	1	0.1%
Detainees	1	8	1.3%
Other	0	98	14.5%
Total	17	659	100.0%

Sentence	18–20 yr olds	21 and over	%
Unsentenced	7	235	35.8%
Less than six months	1	67	10.0%
Six months to less than 12 months	1	33	5.0%
12 months to less than 2 years	1	57	8.6%
2 years to less than 3 years	0	61	9.0%
3 years to less than 34 years	0	49	7.2%
4 years to less than 10 years	2	92	13.9%
10 years and over (not life)	3	441	6.5%
ISPP (indeterminate sentence for public protection)	N/A	N/A	
Life (non-ISPP)	3	14	2.5%
Life (life-ISPP)	0	10	1.5%
Total	17	659	100%

Age	Number of prisoners	%
Under 21 years	17	2.5%
21 years to 29 years	271	40.1%
30 years to 39 years	228	33.7%
40 years to 49 years	99	14.6%
50 years to 59 years	40	6.0%
60 years to 69 years	15	2.2%
70 plus years: maximum age=85	6	0.9%
Total	676	100.0%

Nationality	18–20 yr olds	21 and over	%
British	15	560	85.1%
Foreign nationals	2	98	14.8%
Not stated	0	1	0.1%
Total	17	659	100.0%

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	5	225	34.0%
Unclassified	0	7	1.0%
Uncategorised sentenced	N/A	N/A	
Category A	1	10	1.6%
Category B	0	79	11.7%
Category C	0	321	45.7%
Category D	0	10	1.5%
Prov A	3	7	1.5%
YOI closed	8	0	1.2%
Total	17	659	100.0%

Ethnicity	18–20 yr olds	21 and over	%
White			
British	6	426	63.9%
Irish	0	12	1.8%
Gypsy/Irish Traveller	0	6	0.9%
Other white	0	62	9.2%
Mixed			
White and black Caribbean	1	15	2.4%
White and black African	0	3	0.4%
White and Asian	0	2	0.3%
Other mixed	0	2	0.3%
Asian or Asian British			
Indian	1	10	1.6%
Pakistani	2	21	3.4%
Bangladeshi	0	7	1.0%
Other Asian	1	14	2.1%
Black or black British			
Caribbean	3	44	7.0%
African	3	14	2.5%
Other black	0	15	2.2%
Other ethnic group	0	2	0.3%
Not stated (prefer not to say)		5	
Total	17	659	100.0%

Religion	18–20 yr olds	21 and over	%
Baptist	0	1	0.1%
Church of England	2	114	17.1%
Roman Catholic	0	127	18.8%
Other Christian denominations	2	108	16.3%
Muslim	10	90	14.8%
Sikh	0	3	0.4%
Hindu	0	2	0.3%
Buddhist	0	10	1.5%
Jewish	0	5	0.7%
Other	0	9	1.3%
No religion	3	190	28.7%
Total	17	659	100.0%

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	2	0.3%	104	15.4%
1 month to 3 months	3	0.4%	153	22.6%
3 months to six months	4	0.6%	71	10.0%
Six months to 1 year	0	0.0%	74	9.5%
1 year to 2 years	0	0.0%	27	4.0%
2 years to 4 years	1	0.1%	3	0.4%
Other	0	0.0%	1	0.1%
Total	10	1.4%	423	65.6%

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0.0%
Public protection cases (MAPPA prisoners)	7	224	34.2%
Total	7	224	34.2%

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	3	1.2%	71	29.3%
1 month to 3 months	0	0.0%	90	37.2%
3 months to six months	2	0.8%	47	19.4%
Six months to 1 year	1	0.4%	22	9.1%
1 year to 2 years	1	0.4%	4	1.7%
2 years to 4 years	0	0.0%	1	0.4%
Total	7	1.0%	235	33.4%

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment⁹. 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 14 September 2015 the prisoner population at HMP Woodhill was 675. Using the method described above, questionnaires were distributed to a sample of 224 prisoners.

We received a total of 193 completed questionnaires, a response rate of 86%. Fourteen respondents refused to complete a questionnaire, 12 questionnaires were not returned and five were returned blank.

⁹ 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
1	44
2	47
3	47
4A	23
4B	28
Health care	2
Segregation unit	2

Presentation of survey results and analyses

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

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences¹⁰ 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 Woodhill in 2015 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 33 local prisons since April 2012.
- The current survey responses from HMP Woodhill in 2015 compared with the responses of prisoners surveyed at HMP Woodhill in 2014.
- A comparison within the 2015 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2015 survey between those who are British and those who are foreign nationals.
- A comparison within the 2015 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2015 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2015 survey between the vulnerable prisoner wing (4B) and the rest of the establishment.

¹⁰ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1.2	How old are you?	
	<i>Under 21</i>	8 (4%)
	<i>21 - 29</i>	75 (39%)
	<i>30 - 39</i>	58 (30%)
	<i>40 - 49</i>	35 (18%)
	<i>50 - 59</i>	9 (5%)
	<i>60 - 69</i>	5 (3%)
	<i>70 and over</i>	1 (1%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	97 (51%)
	<i>Yes - on recall</i>	19 (10%)
	<i>No - awaiting trial</i>	47 (25%)
	<i>No - awaiting sentence</i>	23 (12%)
	<i>No - awaiting deportation</i>	3 (2%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	73 (39%)
	<i>Less than 6 months</i>	22 (12%)
	<i>6 months to less than 1 year</i>	12 (6%)
	<i>1 year to less than 2 years</i>	12 (6%)
	<i>2 years to less than 4 years</i>	26 (14%)
	<i>4 years to less than 10 years</i>	21 (11%)
	<i>10 years or more</i>	13 (7%)
	<i>IPP (indeterminate sentence for public protection)</i>	4 (2%)
	<i>Life</i>	5 (3%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?	
	<i>Yes</i>	21 (11%)
	<i>No</i>	168 (89%)
Q1.6	Do you understand spoken English?	
	<i>Yes</i>	189 (99%)
	<i>No</i>	2 (1%)
Q1.7	Do you understand written English?	
	<i>Yes</i>	187 (98%)
	<i>No</i>	4 (2%)

Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	110 (57%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	8 (4%)	<i>Asian or Asian British - other</i> 3 (2%)
	<i>White - other</i>	20 (10%)	<i>Mixed race - white and black Caribbean</i> 10 (5%)
	<i>Black or black British - Caribbean</i>	14 (7%)	<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> 3 (2%)
	<i>Black or black British - other</i>	2 (1%)	<i>Mixed race - other</i> 1 (1%)
	<i>Asian or Asian British - Indian</i>	3 (2%)	<i>Arab</i> 1 (1%)
	<i>Asian or Asian British - Pakistani</i>	7 (4%)	<i>Other ethnic group</i> 0 (0%)
	<i>Asian or Asian British - Bangladeshi</i>	1 (1%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	<i>Yes</i>		9 (5%)
	<i>No</i>		175 (95%)
Q1.10	What is your religion?		
	<i>None</i>	54 (29%)	<i>Hindu</i> 1 (1%)
	<i>Church of England</i>	43 (23%)	<i>Jewish</i> 1 (1%)
	<i>Catholic</i>	34 (18%)	<i>Muslim</i> 32 (17%)
	<i>Protestant</i>	3 (2%)	<i>Sikh</i> 1 (1%)
	<i>Other Christian denomination</i>	12 (6%)	<i>Other</i> 5 (3%)
	<i>Buddhist</i>	3 (2%)	
Q1.11	How would you describe your sexual orientation?		
	<i>Heterosexual/ Straight</i>		188 (99%)
	<i>Homosexual/ Gay</i>		2 (1%)
	<i>Bisexual</i>		0 (0%)
Q1.12	Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?		
	<i>Yes</i>		43 (23%)
	<i>No</i>		147 (77%)
Q1.13	Are you a veteran (ex-armed services)?		
	<i>Yes</i>		8 (4%)
	<i>No</i>		182 (96%)
Q1.14	Is this your first time in prison?		
	<i>Yes</i>		66 (35%)
	<i>No</i>		125 (65%)
Q1.15	Do you have children under the age of 18?		
	<i>Yes</i>		112 (59%)
	<i>No</i>		79 (41%)

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>	135 (70%)
	<i>2 hours or longer</i>	48 (25%)
	<i>Don't remember</i>	10 (5%)
Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	135 (70%)
	<i>Yes</i>	20 (10%)
	<i>No</i>	34 (18%)
	<i>Don't remember</i>	4 (2%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	135 (70%)
	<i>Yes</i>	3 (2%)
	<i>No</i>	53 (27%)
	<i>Don't remember</i>	2 (1%)
Q2.4	On your most recent journey here, was the van clean?	
	<i>Yes</i>	117 (62%)
	<i>No</i>	65 (34%)
	<i>Don't remember</i>	8 (4%)
Q2.5	On your most recent journey here, did you feel safe?	
	<i>Yes</i>	131 (69%)
	<i>No</i>	57 (30%)
	<i>Don't remember</i>	3 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well</i>	47 (24%)
	<i>Well</i>	86 (45%)
	<i>Neither</i>	40 (21%)
	<i>Badly</i>	12 (6%)
	<i>Very badly</i>	5 (3%)
	<i>Don't remember</i>	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.)	
	<i>Yes, someone told me</i>	117 (62%)
	<i>Yes, I received written information</i>	5 (3%)
	<i>No, I was not told anything</i>	62 (33%)
	<i>Don't remember</i>	6 (3%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	<i>Yes</i>	159 (82%)
	<i>No</i>	30 (16%)
	<i>Don't remember</i>	4 (2%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?		
	<i>Less than 2 hours</i>		102 (53%)
	<i>2 hours or longer</i>		83 (43%)
	<i>Don't remember</i>		6 (3%)
Q3.2	When you were searched, was this carried out in a respectful way?		
	<i>Yes</i>		166 (86%)
	<i>No</i>		22 (11%)
	<i>Don't remember</i>		4 (2%)
Q3.3	Overall, how were you treated in reception?		
	<i>Very well</i>		31 (16%)
	<i>Well</i>		113 (59%)
	<i>Neither</i>		30 (16%)
	<i>Badly</i>		11 (6%)
	<i>Very badly</i>		4 (2%)
	<i>Don't remember</i>		1 (1%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	29 (15%)	<i>Physical health</i> 29 (15%)
	<i>Housing problems</i>	46 (24%)	<i>Mental health</i> 50 (26%)
	<i>Contacting employers</i>	12 (6%)	<i>Needing protection from other prisoners</i> 20 (10%)
	<i>Contacting family</i>	80 (42%)	<i>Getting phone numbers</i> 69 (36%)
	<i>Childcare</i>	4 (2%)	<i>Other</i> 10 (5%)
	<i>Money worries</i>	46 (24%)	<i>Did not have any problems</i> 43 (23%)
	<i>Feeling depressed or suicidal</i>	43 (23%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>		43 (23%)
	<i>No</i>		100 (54%)
	<i>Did not have any problems</i>		43 (23%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>		149 (77%)
	<i>A shower</i>		51 (26%)
	<i>A free telephone call</i>		112 (58%)
	<i>Something to eat</i>		137 (71%)
	<i>PIN phone credit</i>		48 (25%)
	<i>Toiletries/ basic items</i>		117 (61%)
	<i>Did not receive anything</i>		8 (4%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply)		
	<i>Chaplain</i>		89 (47%)
	<i>Someone from health services</i>		134 (70%)
	<i>A Listener/Samaritans</i>		76 (40%)
	<i>Prison shop/ canteen</i>		44 (23%)
	<i>Did not have access to any of these</i>		29 (15%)

Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)	
	<i>What was going to happen to you</i>	95 (51%)
	<i>What support was available for people feeling depressed or suicidal</i>	87 (47%)
	<i>How to make routine requests (applications)</i>	71 (38%)
	<i>Your entitlement to visits</i>	69 (37%)
	<i>Health services</i>	105 (57%)
	<i>Chaplaincy</i>	82 (44%)
	<i>Not offered any information</i>	44 (24%)
Q3.9	Did you feel safe on your first night here?	
	Yes	135 (70%)
	No	52 (27%)
	Don't remember	5 (3%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	31 (16%)
	<i>Within the first week</i>	90 (48%)
	<i>More than a week</i>	55 (29%)
	<i>Don't remember</i>	12 (6%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	31 (17%)
	Yes	82 (45%)
	No	61 (33%)
	Don't remember	10 (5%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	33 (18%)
	<i>Within the first week</i>	44 (24%)
	<i>More than a week</i>	99 (53%)
	<i>Don't remember</i>	10 (5%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to...					
		Very easy	Easy	Neither	Difficult	Very difficult N/A
	<i>Communicate with your solicitor or legal representative?</i>	21 (11%)	52 (28%)	33 (18%)	31 (17%)	33 (18%) 13 (7%)
	<i>Attend legal visits?</i>	27 (15%)	67 (38%)	30 (17%)	16 (9%)	13 (7%) 25 (14%)
	<i>Get bail information?</i>	5 (3%)	20 (12%)	31 (19%)	26 (16%)	36 (22%) 47 (28%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	<i>Not had any letters</i>					18 (10%)
	Yes					65 (35%)
	No					103 (55%)
Q4.3	Can you get legal books in the library?					
	Yes					56 (30%)
	No					27 (14%)
	Don't know					105 (56%)

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>	79 (42%)	104 (56%)	4 (2%)
<i>Are you normally able to have a shower every day?</i>	155 (83%)	31 (17%)	1 (1%)
<i>Do you normally receive clean sheets every week?</i>	131 (71%)	51 (28%)	3 (2%)
<i>Do you normally get cell cleaning materials every week?</i>	125 (66%)	62 (33%)	1 (1%)
<i>Is your cell call bell normally answered within five minutes?</i>	33 (18%)	138 (74%)	16 (9%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	113 (61%)	70 (38%)	1 (1%)
<i>If you need to, can you normally get your stored property?</i>	42 (22%)	89 (48%)	56 (30%)
Q4.5	What is the food like here?		
<i>Very good</i>			4 (2%)
<i>Good</i>			22 (12%)
<i>Neither</i>			47 (25%)
<i>Bad</i>			62 (33%)
<i>Very bad</i>			53 (28%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?		
<i>Have not bought anything yet/ don't know</i>			11 (6%)
<i>Yes</i>			85 (45%)
<i>No</i>			92 (49%)
Q4.7	Can you speak to a Listener at any time, if you want to?		
<i>Yes</i>			97 (51%)
<i>No</i>			28 (15%)
<i>Don't know</i>			65 (34%)
Q4.8	Are your religious beliefs respected?		
<i>Yes</i>			96 (51%)
<i>No</i>			29 (15%)
<i>Don't know/ N/A</i>			63 (34%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?		
<i>Yes</i>			85 (45%)
<i>No</i>			15 (8%)
<i>Don't know/ N/A</i>			90 (47%)
Q4.10	How easy or difficult is it for you to attend religious services?		
<i>I don't want to attend</i>			35 (19%)
<i>Very easy</i>			37 (20%)
<i>Easy</i>			40 (21%)
<i>Neither</i>			20 (11%)
<i>Difficult</i>			10 (5%)
<i>Very difficult</i>			12 (6%)
<i>Don't know</i>			33 (18%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?		
	Yes		129 (69%)
	No		46 (25%)
	Don't know		11 (6%)
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?	17 (10%)	80 (46%) 78 (45%)
	Are applications dealt with quickly (within seven days)?	17 (11%)	52 (33%) 88 (56%)
Q5.3	Is it easy to make a complaint?		
	Yes		102 (56%)
	No		40 (22%)
	Don't know		39 (22%)
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?	71 (40%)	31 (18%) 74 (42%)
	Are complaints dealt with quickly (within seven days)?	71 (43%)	26 (16%) 69 (42%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?		
	Yes		37 (21%)
	No		140 (79%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?		
	Don't know who they are		76 (41%)
	Very easy		13 (7%)
	Easy		19 (10%)
	Neither		31 (17%)
	Difficult		30 (16%)
	Very difficult		15 (8%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)		
	Don't know what the IEP scheme is		29 (16%)
	Yes		67 (36%)
	No		65 (35%)
	Don't know		23 (13%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)		
	Don't know what the IEP scheme is		29 (16%)
	Yes		61 (34%)
	No		77 (42%)
	Don't know		15 (8%)

Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	19 (10%)
	No	164 (90%)
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>	149 (82%)
	Very well	3 (2%)
	Well	6 (3%)
	Neither	8 (4%)
	Badly	6 (3%)
	Very badly	9 (5%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	143 (78%)
	No	40 (22%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	119 (66%)
	No	60 (34%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	41 (22%)
	No	147 (78%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	20 (11%)
	Never	49 (27%)
	Rarely	41 (22%)
	Some of the time	45 (24%)
	Most of the time	15 (8%)
	All of the time	14 (8%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	135 (72%)
	<i>In the first week</i>	8 (4%)
	<i>More than a week</i>	24 (13%)
	<i>Don't remember</i>	20 (11%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	135 (75%)
	Very helpful	13 (7%)
	Helpful	16 (9%)
	Neither	7 (4%)
	Not very helpful	6 (3%)
	Not at all helpful	2 (1%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?		
	Yes		89 (48%)
	No		98 (52%)
Q8.2	Do you feel unsafe now?		
	Yes		33 (18%)
	No		147 (82%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)		
	Never felt unsafe	98 (56%)	At meal times 19 (11%)
	Everywhere	20 (11%)	At health services 12 (7%)
	Segregation unit	9 (5%)	Visits area 14 (8%)
	Association areas	22 (13%)	In wing showers 26 (15%)
	Reception area	12 (7%)	In gym showers 7 (4%)
	At the gym	15 (9%)	In corridors/stairwells 12 (7%)
	In an exercise yard	16 (9%)	On your landing/wing 22 (13%)
	At work	12 (7%)	In your cell 16 (9%)
	During movement	21 (12%)	At religious services 10 (6%)
	At education	8 (5%)	
Q8.4	Have you been victimised by other prisoners here?		
	Yes		60 (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)		25 (14%)
	Physical abuse (being hit, kicked or assaulted)		19 (10%)
	Sexual abuse		3 (2%)
	Feeling threatened or intimidated		34 (18%)
	Having your canteen/property taken		17 (9%)
	Medication		9 (5%)
	Debt		9 (5%)
	Drugs		8 (4%)
	Your race or ethnic origin		12 (6%)
	Your religion/religious beliefs		15 (8%)
	Your nationality		8 (4%)
	You are from a different part of the country than others		8 (4%)
	You are from a traveller community		2 (1%)
	Your sexual orientation		2 (1%)
	Your age		2 (1%)
	You have a disability		10 (5%)
	You were new here		12 (6%)
	Your offence/ crime		11 (6%)
	Gang related issues		15 (8%)
Q8.6	Have you been victimised by staff here?		
	Yes		66 (36%)
	No		116 (64%)

Q8.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	30 (16%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	13 (7%)
<i>Sexual abuse</i>	4 (2%)
<i>Feeling threatened or intimidated</i>	22 (12%)
<i>Medication</i>	11 (6%)
<i>Debt</i>	3 (2%)
<i>Drugs</i>	6 (3%)
<i>Your race or ethnic origin</i>	9 (5%)
<i>Your religion/religious beliefs</i>	14 (8%)
<i>Your nationality</i>	8 (4%)
<i>You are from a different part of the country than others</i>	11 (6%)
<i>You are from a traveller community</i>	4 (2%)
<i>Your sexual orientation</i>	7 (4%)
<i>Your age</i>	1 (1%)
<i>You have a disability</i>	10 (5%)
<i>You were new here</i>	11 (6%)
<i>Your offence/ crime</i>	9 (5%)
<i>Gang related issues</i>	10 (5%)

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

<i>Not been victimised</i>	95 (58%)
<i>Yes</i>	26 (16%)
<i>No</i>	42 (26%)

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

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	18 (10%)	18 (10%)	61 (34%)	31 (17%)	37 (20%)	16 (9%)
The nurse	15 (8%)	32 (18%)	79 (45%)	25 (14%)	17 (10%)	9 (5%)
The dentist	36 (21%)	9 (5%)	19 (11%)	12 (7%)	53 (30%)	45 (26%)

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

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	21 (12%)	21 (12%)	50 (27%)	37 (20%)	33 (18%)	20 (11%)
The nurse	18 (10%)	32 (18%)	66 (37%)	30 (17%)	18 (10%)	13 (7%)
The dentist	66 (38%)	15 (9%)	26 (15%)	29 (17%)	16 (9%)	21 (12%)

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

<i>Not been</i>	15 (8%)
<i>Very good</i>	14 (8%)
<i>Good</i>	57 (31%)
<i>Neither</i>	29 (16%)
<i>Bad</i>	44 (24%)
<i>Very bad</i>	24 (13%)

Q9.4 Are you currently taking medication?

<i>Yes</i>	111 (60%)
<i>No</i>	74 (40%)

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>	74 (40%)
<i>Yes, all my meds</i>	38 (20%)
<i>Yes, some of my meds</i>	32 (17%)
<i>No</i>	43 (23%)

Q9.6	Do you have any emotional or mental health problems?	
	Yes	74 (40%)
	No	109 (60%)
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>	109 (61%)
	Yes	25 (14%)
	No	44 (25%)
Section 10: Drugs and alcohol		
Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	58 (31%)
	No	129 (69%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	45 (24%)
	No	142 (76%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	40 (22%)
	Easy	26 (14%)
	Neither	15 (8%)
	Difficult	6 (3%)
	Very difficult	7 (4%)
	Don't know	92 (49%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	16 (9%)
	Easy	10 (5%)
	Neither	11 (6%)
	Difficult	13 (7%)
	Very difficult	23 (13%)
	Don't know	109 (60%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	22 (12%)
	No	162 (88%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	12 (7%)
	No	168 (93%)
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>	116 (66%)
	Yes	26 (15%)
	No	35 (20%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?	
	<i>Did not / do not have an alcohol problem</i>	142 (77%)
	Yes	19 (10%)
	No	23 (13%)

Q10.9	Was the support or help you received, while in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	140 (80%)
	Yes	27 (15%)
	No	8 (5%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	19 (11%)	12 (7%)	51 (29%)	21 (12%)	46 (26%)	27 (15%)
	Vocational or skills training	50 (29%)	11 (6%)	41 (24%)	19 (11%)	29 (17%)	21 (12%)
	Education (including basic skills)	40 (23%)	16 (9%)	54 (32%)	22 (13%)	21 (12%)	18 (11%)
	Offending behaviour programmes	64 (37%)	2 (1%)	24 (14%)	22 (13%)	27 (16%)	32 (19%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>					58 (34%)	
	Prison job					82 (47%)	
	Vocational or skills training					13 (8%)	
	Education (including basic skills)					38 (22%)	
	Offending behaviour programmes					7 (4%)	
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	42 (26%)	35 (22%)	66 (41%)	17 (11%)		
	Vocational or skills training	56 (41%)	35 (26%)	30 (22%)	15 (11%)		
	Education (including basic skills)	43 (30%)	55 (39%)	28 (20%)	15 (11%)		
	Offending behaviour programmes	58 (44%)	25 (19%)	33 (25%)	17 (13%)		
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>					30 (17%)	
	Never					63 (35%)	
	<i>Less than once a week</i>					40 (22%)	
	<i>About once a week</i>					36 (20%)	
	<i>More than once a week</i>					9 (5%)	
Q11.5	Does the library have a wide enough range of materials to meet your needs?						
	<i>Don't use it</i>					74 (42%)	
	Yes					49 (28%)	
	No					53 (30%)	
Q11.6	How many times do you usually go to the gym each week?						
	<i>Don't want to go</i>					35 (20%)	
	0					46 (26%)	
	1 to 2					20 (11%)	
	3 to 5					64 (36%)	
	More than 5					12 (7%)	
Q11.7	How many times do you usually go outside for exercise each week?						
	<i>Don't want to go</i>					16 (9%)	
	0					26 (14%)	
	1 to 2					37 (20%)	
	3 to 5					52 (29%)	
	More than 5					50 (28%)	

Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	6 (3%)
	<i>0</i>	15 (8%)
	<i>1 to 2</i>	14 (8%)
	<i>3 to 5</i>	66 (37%)
	<i>More than 5</i>	77 (43%)
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>	26 (14%)
	<i>2 to less than 4 hours</i>	49 (27%)
	<i>4 to less than 6 hours</i>	39 (22%)
	<i>6 to less than 8 hours</i>	33 (18%)
	<i>8 to less than 10 hours</i>	11 (6%)
	<i>10 hours or more</i>	12 (7%)
	<i>Don't know</i>	10 (6%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	44 (24%)
	<i>No</i>	136 (76%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	104 (57%)
	<i>No</i>	78 (43%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	77 (43%)
	<i>No</i>	102 (57%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	26 (14%)
	<i>Very easy</i>	22 (12%)
	<i>Easy</i>	47 (26%)
	<i>Neither</i>	26 (14%)
	<i>Difficult</i>	30 (16%)
	<i>Very difficult</i>	26 (14%)
	<i>Don't know</i>	6 (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>	73 (40%)
	<i>Yes</i>	72 (40%)
	<i>No</i>	36 (20%)
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>	109 (60%)
	<i>No contact</i>	33 (18%)
	<i>Letter</i>	13 (7%)
	<i>Phone</i>	10 (6%)
	<i>Visit</i>	29 (16%)

Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	57 (32%)
	No	121 (68%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	74 (41%)
	Yes	28 (16%)
	No	78 (43%)
Q13.5	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/ not sentenced	152 (83%)
	Very involved	10 (5%)
	Involved	10 (5%)
	Neither	3 (2%)
	Not very involved	2 (1%)
	Not at all involved	7 (4%)
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	152 (84%)
	Nobody	14 (8%)
	Offender supervisor	12 (7%)
	Offender manager	10 (5%)
	Named/ personal officer	4 (2%)
	Staff from other departments	3 (2%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	Do not have a sentence plan/ not sentenced	152 (83%)
	Yes	12 (7%)
	No	10 (5%)
	Don't know	10 (5%)
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	152 (83%)
	Yes	11 (6%)
	No	12 (7%)
	Don't know	9 (5%)
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	152 (83%)
	Yes	7 (4%)
	No	11 (6%)
	Don't know	14 (8%)
Q13.10	Do you have a needs-based custody plan?	
	Yes	5 (3%)
	No	75 (43%)
	Don't know	95 (54%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	12 (7%)
	No	160 (93%)

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

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	45 (27%)	25 (15%)	98 (58%)
Accommodation	39 (23%)	34 (20%)	95 (57%)
Benefits	34 (20%)	36 (21%)	98 (58%)
Finances	39 (24%)	23 (14%)	100 (62%)
Education	44 (27%)	31 (19%)	91 (55%)
Drugs and alcohol	50 (31%)	41 (25%)	72 (44%)

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>	73 (41%)
<i>Yes</i>	43 (24%)
<i>No</i>	63 (35%)

Main comparator and comparator to last time



Prisoner survey responses (main and last time) HMP Woodhill 2015

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

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		193	6,042	193	164
SECTION 1: General information					
1.2	Are you under 21 years of age?	4%	6%	4%	6%
1.3	Are you sentenced?	61%	67%	61%	64%
1.3	Are you on recall?	10%	9%	10%	8%
1.4	Is your sentence less than 12 months?	18%	20%	18%	21%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	3%	2%	3%
1.5	Are you a foreign national?	11%	13%	11%	14%
1.6	Do you understand spoken English?	99%	97%	99%	99%
1.7	Do you understand written English?	98%	96%	98%	95%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	28%	25%	28%	27%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	5%	5%	6%
1.1	Are you Muslim?	17%	12%	17%	14%
1.11	Are you homosexual/gay or bisexual?	1%	3%	1%	1%
1.12	Do you consider yourself to have a disability?	23%	24%	23%	27%
1.13	Are you a veteran (ex-armed services)?	4%	5%	4%	5%
1.14	Is this your first time in prison?	35%	33%	35%	30%
1.15	Do you have any children under the age of 18?	59%	53%	59%	60%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	25%	22%	25%	25%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	35%	37%	35%	37%
2.3	Were you offered a toilet break?	5%	8%	5%	10%
2.4	Was the van clean?	62%	58%	62%	60%
2.5	Did you feel safe?	69%	75%	69%	78%
2.6	Were you treated well/very well by the escort staff?	69%	67%	69%	67%
2.7	Before you arrived here were you told that you were coming here?	62%	64%	62%	60%
2.7	Before you arrived here did you receive any written information about coming here?	3%	4%	3%	3%
2.8	When you first arrived here did your property arrive at the same time as you?	82%	79%	82%	78%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	53%	40%	53%	60%
3.2	When you were searched in reception, was this carried out in a respectful way?	87%	78%	87%	85%
3.3	Were you treated well/very well in reception?	76%	62%	76%	67%
When you first arrived:					
3.4	Did you have any problems?	77%	76%	77%	75%
3.4	Did you have any problems with loss of property?	15%	16%	15%	11%
3.4	Did you have any housing problems?	24%	21%	24%	17%
3.4	Did you have any problems contacting employers?	6%	5%	6%	4%
3.4	Did you have any problems contacting family?	42%	32%	42%	37%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	3%	2%	1%
3.4	Did you have any money worries?	24%	24%	24%	23%
3.4	Did you have any problems with feeling depressed or suicidal?	23%	22%	23%	29%
3.4	Did you have any physical health problems?	15%	18%	15%	17%
3.4	Did you have any mental health problems?	26%	22%	26%	30%
3.4	Did you have any problems with needing protection from other prisoners?	11%	7%	11%	6%
3.4	Did you have problems accessing phone numbers?	36%	31%	36%	28%
For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	30%	32%	30%	39%
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	77%	79%	77%	76%
3.6	A shower?	27%	29%	27%	45%
3.6	A free telephone call?	58%	55%	58%	62%
3.6	Something to eat?	71%	71%	71%	72%
3.6	PIN phone credit?	25%	54%	25%	31%
3.6	Toiletries/ basic items?	61%	58%	61%	68%
When you first arrived here did you have access to the following people:					
3.7	The chaplain or a religious leader?	47%	46%	47%	45%
3.7	Someone from health services?	70%	67%	70%	75%
3.7	A Listener/Samaritans?	40%	31%	40%	32%
3.7	Prison shop/ canteen?	23%	21%	23%	23%
When you first arrived here were you offered information about any of the following:					
3.8	What was going to happen to you?	51%	41%	51%	58%
3.8	Support was available for people feeling depressed or suicidal?	47%	37%	47%	46%
3.8	How to make routine requests?	38%	35%	38%	36%

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3.8	Your entitlement to visits?	37%	34%	37%	38%
3.8	Health services?	57%	44%	57%	52%
3.8	The chaplaincy?	44%	40%	44%	45%
3.9	Did you feel safe on your first night here?	70%	72%	70%	77%
3.10	Have you been on an induction course?	84%	73%	84%	80%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	54%	50%	54%	59%
3.12	Did you receive an education (skills for life) assessment?	82%	72%	82%	78%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	40%	37%	40%	41%
4.1	Attend legal visits?	53%	51%	53%	60%
4.1	Get bail information?	15%	18%	15%	19%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	35%	41%	35%	41%
4.3	Can you get legal books in the library?	30%	35%	30%	42%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	42%	50%	42%	39%
4.4	Are you normally able to have a shower every day?	83%	72%	83%	72%
4.4	Do you normally receive clean sheets every week?	71%	70%	71%	63%
4.4	Do you normally get cell cleaning materials every week?	67%	53%	67%	62%
4.4	Is your cell call bell normally answered within five minutes?	18%	27%	18%	24%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	61%	58%	61%	65%
4.4	Can you normally get your stored property, if you need to?	22%	21%	22%	22%
4.5	Is the food in this prison good/very good?	14%	21%	14%	13%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	47%	45%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	51%	52%	51%	55%
4.8	Are your religious beliefs are respected?	51%	49%	51%	45%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	45%	50%	45%	40%
4.10	Is it easy/very easy to attend religious services?	41%	44%	41%	40%
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	69%	73%	69%	76%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	51%	50%	51%	58%
5.2	Do you feel applications are dealt with quickly (within seven days)?	37%	35%	37%	58%

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5.3	Is it easy to make a complaint?	56%	49%	56%	60%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	30%	29%	30%	38%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	27%	25%	27%	41%
5.5	Have you ever been prevented from making a complaint when you wanted to?	21%	20%	21%	25%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	17%	18%	17%	16%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	40%	36%	45%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	34%	41%	34%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	9%	11%	8%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	28%	36%	28%	36%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	78%	73%	78%	77%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	67%	68%	67%	68%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	22%	26%	22%	27%
7.4	Do staff normally speak to you most of the time/all of the time during association?	16%	17%	16%	13%
7.5	Do you have a personal officer?	28%	35%	28%	16%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	66%	66%	66%	81%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	48%	43%	48%	38%
8.2	Do you feel unsafe now?	18%	20%	18%	15%
8.4	Have you been victimised by other prisoners here?	32%	30%	32%	32%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	14%	12%	14%	10%
8.5	Hit, kicked or assaulted you?	10%	8%	10%	7%
8.5	Sexually abused you?	2%	2%	2%	0%
8.5	Threatened or intimidated you?	18%	16%	18%	16%
8.5	Taken your canteen/property?	9%	7%	9%	9%
8.5	Victimised you because of medication?	5%	5%	5%	11%
8.5	Victimised you because of debt?	5%	4%	5%	7%
8.5	Victimised you because of drugs?	4%	4%	4%	4%
8.5	Victimised you because of your race or ethnic origin?	7%	4%	7%	4%
8.5	Victimised you because of your religion/religious beliefs?	8%	3%	8%	6%
8.5	Victimised you because of your nationality?	4%	3%	4%	3%

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8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	3%
8.5	Victimised you because you are from a Traveller community?	1%	2%	1%	1%
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.5	Victimised you because of your age?	1%	2%	1%	3%
8.5	Victimised you because you have a disability?	5%	3%	5%	5%
8.5	Victimised you because you were new here?	7%	6%	7%	5%
8.5	Victimised you because of your offence/crime?	6%	5%	6%	3%
8.5	Victimised you because of gang related issues?	8%	5%	8%	6%
8.6	Have you been victimised by staff here?	36%	31%	36%	40%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	17%	12%	17%	11%
8.7	Hit, kicked or assaulted you?	7%	5%	7%	6%
8.7	Sexually abused you?	2%	1%	2%	0%
8.7	Threatened or intimidated you?	12%	12%	12%	14%
8.7	Victimised you because of medication?	6%	5%	6%	9%
8.7	Victimised you because of debt?	2%	2%	2%	4%
8.7	Victimised you because of drugs?	3%	3%	3%	5%
8.7	Victimised you because of your race or ethnic origin?	5%	4%	5%	6%
8.7	Victimised you because of your religion/religious beliefs?	8%	3%	8%	9%
8.7	Victimised you because of your nationality?	4%	3%	4%	6%
8.7	Victimised you because you were from a different part of the country?	6%	3%	6%	1%
8.7	Victimised you because you are from a Traveller community?	2%	2%	2%	0%
8.7	Victimised you because of your sexual orientation?	4%	1%	4%	0%
8.7	Victimised you because of your age?	1%	2%	1%	3%
8.7	Victimised you because you have a disability?	6%	3%	6%	4%
8.7	Victimised you because you were new here?	6%	5%	6%	5%
8.7	Victimised you because of your offence/crime?	5%	5%	5%	6%
8.7	Victimised you because of gang related issues?	6%	3%	6%	4%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	38%	33%	38%	41%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	44%	21%	44%	29%
9.1	Is it easy/very easy to see the nurse?	63%	43%	63%	53%
9.1	Is it easy/very easy to see the dentist?	16%	9%	16%	11%

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	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?	44%	39%	44%	43%
9.2	The nurse?	62%	51%	62%	59%
9.2	The dentist?	38%	30%	38%	30%
9.3	The overall quality of health services?	42%	35%	42%	32%
9.4	Are you currently taking medication?	60%	50%	60%	63%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	62%	59%	62%	64%
9.6	Do you have any emotional well being or mental health problems?	40%	38%	40%	48%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	36%	42%	36%	56%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	31%	32%	31%	30%
10.2	Did you have a problem with alcohol when you came into this prison?	24%	21%	24%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	36%	35%	36%	31%
10.4	Is it easy/very easy to get alcohol in this prison?	14%	16%	14%	16%
10.5	Have you developed a problem with drugs since you have been in this prison?	12%	8%	12%	9%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	7%	8%	7%	9%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	43%	59%	43%	58%
10.8	Have you received any support or help with your alcohol problem while in this prison?	45%	57%	45%	59%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	77%	77%	77%	81%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	36%	31%	36%	27%
11.1	Vocational or skills training?	30%	29%	30%	25%
11.1	Education (including basic skills)?	41%	45%	41%	34%
11.1	Offending behaviour programmes?	15%	17%	15%	12%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	47%	42%	47%	39%
11.2	Vocational or skills training?	8%	9%	8%	7%
11.2	Education (including basic skills)?	22%	24%	22%	28%
11.2	Offending behaviour programmes?	4%	6%	4%	11%
11.3	Have you had a job while in this prison?	74%	67%	74%	65%

Main comparator and comparator to last time

Key to tables

		HMP Woodhill 2015	Local prisons comparator	HMP Woodhill 2015	HMP Woodhill 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	30%	39%	30%	39%
11.3	Have you been involved in vocational or skills training while in this prison?	59%	55%	59%	51%
	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?	44%	45%	44%	46%
11.3	Have you been involved in education while in this prison?	69%	65%	69%	64%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	56%	51%	56%	58%
11.3	Have you been involved in offending behaviour programmes while in this prison?	56%	51%	56%	54%
	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?	34%	40%	34%	55%
11.4	Do you go to the library at least once a week?	25%	28%	25%	26%
11.5	Does the library have a wide enough range of materials to meet your needs?	28%	31%	28%	26%
11.6	Do you go to the gym three or more times a week?	43%	25%	43%	43%
11.7	Do you go outside for exercise three or more times a week?	56%	38%	56%	33%
11.8	Do you go on association more than five times each week?	43%	42%	43%	38%
11.9	Do you spend ten or more hours out of your cell on a weekday?	7%	9%	7%	6%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	24%	31%	24%	28%
12.2	Have you had any problems with sending or receiving mail?	57%	49%	57%	54%
12.3	Have you had any problems getting access to the telephones?	43%	35%	43%	29%
12.4	Is it easy/ very easy for your friends and family to get here?	38%	36%	38%	34%
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?	67%	60%	67%	55%
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	46%	42%	46%	38%
13.2	Contact by letter?	18%	30%	18%	30%
13.2	Contact by phone?	14%	13%	14%	18%
13.2	Contact by visit?	40%	37%	40%	32%
13.3	Do you have a named offender supervisor in this prison?	32%	30%	32%	24%
	For those who are sentenced:				
13.4	Do you have a sentence plan?	26%	34%	26%	32%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	63%	56%	63%	60%

Main comparator and comparator to last time

Key to tables

		HMP Woodhill 2015	Local prisons comparator	HMP Woodhill 2015	HMP Woodhill 2014
	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				
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	47%	46%	47%	50%
13.6	Offender supervisor?	40%	31%	40%	28%
13.6	Offender manager?	33%	26%	33%	28%
13.6	Named/ personal officer?	13%	11%	13%	0%
13.6	Staff from other departments?	10%	18%	10%	16%
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	38%	54%	38%	61%
13.8	Are there plans for you to achieve any of your targets in another prison?	35%	27%	35%	15%
13.9	Are there plans for you to achieve any of your targets in the community?	22%	32%	22%	15%
13.10	Do you have a needs based custody plan?	3%	7%	3%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	7%	11%	7%	8%
	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?	20%	26%	20%	31%
13.12	Accommodation?	26%	33%	26%	36%
13.12	Benefits?	27%	36%	27%	39%
13.12	Finances?	19%	21%	19%	30%
13.12	Education?	26%	27%	26%	35%
13.12	Drugs and alcohol?	36%	41%	36%	43%
	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?	41%	46%	41%	49%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Woodhill 2015

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		54	138	21	168	32	157
1.3	Are you sentenced?	58%	63%	53%	63%	58%	62%
1.5	Are you a foreign national?	14%	10%			17%	10%
1.6	Do you understand spoken English?	100%	99%	95%	99%	100%	99%
1.7	Do you understand written English?	98%	98%	91%	99%	97%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			34%	27%	75%	19%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	6%	10%	5%	7%	5%
1.1	Are you Muslim?	45%	6%	24%	16%		
1.12	Do you consider yourself to have a disability?	13%	26%	21%	22%	19%	24%
1.13	Are you a veteran (ex-armed services)?	2%	5%	5%	4%	0%	5%
1.14	Is this your first time in prison?	34%	35%	57%	31%	31%	35%
2.6	Were you treated well/very well by the escort staff?	63%	71%	57%	70%	53%	73%
2.7	Before you arrived here were you told that you were coming here?	64%	61%	48%	63%	67%	61%
3.2	When you were searched in reception, was this carried out in a respectful way?	82%	88%	76%	88%	66%	92%
3.3	Were you treated well/very well in reception?	65%	80%	57%	78%	56%	80%
3.4	Did you have any problems when you first arrived?	74%	79%	76%	78%	81%	77%
3.7	Did you have access to someone from health care when you first arrived here?	70%	70%	72%	70%	58%	72%
3.9	Did you feel safe on your first night here?	65%	72%	57%	73%	53%	74%
3.10	Have you been on an induction course?	85%	83%	85%	83%	80%	84%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	48%	37%	42%	39%	45%	40%
4.4	Are you normally offered enough clean, suitable clothes for the week?	39%	44%	42%	42%	31%	45%
4.4	Are you normally able to have a shower every day?	83%	83%	85%	83%	74%	85%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
4.4	Is your cell call bell normally answered within five minutes?	11%	20%	19%	18%	10%	19%
4.5	Is the food in this prison good/very good?	11%	15%	10%	13%	10%	15%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	29%	52%	40%	45%	39%	47%
4.7	Are you able to speak to a Listener at any time, if you want to?	50%	51%	38%	53%	47%	52%
4.8	Do you feel your religious beliefs are respected?	46%	53%	47%	52%	44%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	46%	44%	28%	47%	41%	46%
5.1	Is it easy to make an application?	63%	72%	47%	73%	71%	70%
5.3	Is it easy to make a complaint?	60%	55%	25%	61%	53%	57%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	31%	39%	15%	40%	22%	40%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	34%	33%	30%	34%	29%	35%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	9%	6%	11%	10%	11%
7.1	Do most staff, in this prison, treat you with respect?	68%	82%	79%	76%	64%	81%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	70%	65%	67%	66%	49%	70%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14%	17%	19%	16%	6%	18%
7.4	Do you have a personal officer?	25%	29%	38%	26%	17%	30%
8.1	Have you ever felt unsafe here?	40%	51%	66%	44%	47%	47%
8.2	Do you feel unsafe now?	18%	19%	42%	16%	19%	18%
8.3	Have you been victimised by other prisoners?	30%	33%	24%	33%	38%	32%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	17%	19%	10%	19%	16%	19%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	13%	4%	5%	7%	16%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	10%	8%	5%	9%	13%	7%
8.5	Have you been victimised because of your nationality? (By prisoners)	8%	3%	5%	5%	10%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	4%	6%	5%	5%	6%	5%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
8.6	Have you been victimised by a member of staff?	42%	34%	16%	39%	48%	34%
8.7	Have you ever felt threatened or intimidated by staff here?	14%	11%	10%	13%	14%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	2%	0%	6%	7%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	14%	5%	0%	9%	21%	5%
8.7	Have you been victimised because of your nationality? (By staff)	8%	3%	0%	5%	11%	3%
8.7	Have you been victimised because you have a disability? (By staff)	6%	5%	6%	5%	7%	5%
9.1	Is it easy/very easy to see the doctor?	44%	43%	37%	43%	36%	45%
9.1	Is it easy/ very easy to see the nurse?	52%	67%	48%	64%	49%	66%
9.4	Are you currently taking medication?	47%	65%	47%	62%	59%	61%
9.6	Do you feel you have any emotional well being/mental health issues?	27%	46%	31%	42%	39%	41%
10.3	Is it easy/very easy to get illegal drugs in this prison?	30%	38%	15%	39%	35%	36%
11.2	Are you currently working in the prison?	40%	51%	20%	52%	29%	51%
11.2	Are you currently undertaking vocational or skills training?	7%	8%	6%	8%	14%	6%
11.2	Are you currently in education (including basic skills)?	27%	20%	50%	19%	25%	22%
11.2	Are you currently taking part in an offending behaviour programme?	8%	3%	0%	5%	4%	4%
11.4	Do you go to the library at least once a week?	24%	26%	31%	25%	28%	25%
11.6	Do you go to the gym three or more times a week?	50%	40%	30%	46%	45%	43%
11.7	Do you go outside for exercise three or more times a week?	65%	53%	40%	59%	74%	53%
11.8	On average, do you go on association more than five times each week?	43%	43%	20%	47%	31%	46%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	6%	7%	10%	6%	0%	8%
12.2	Have you had any problems sending or receiving mail?	65%	54%	53%	59%	64%	55%
12.3	Have you had any problems getting access to the telephones?	43%	43%	45%	43%	43%	43%

Diversity analysis



Key question responses (disability) HMP Woodhill 2015

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		43	147
1.3	Are you sentenced?	58%	63%
1.5	Are you a foreign national?	10%	10%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	97%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	17%	31%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	5%
1.1	Are you Muslim?	14%	17%
1.12	Do you consider yourself to have a disability?		
1.13	Are you a veteran (ex-armed services)?	12%	2%
1.14	Is this your first time in prison?	35%	34%
2.6	Were you treated well/very well by the escort staff?	74%	67%
2.7	Before you arrived here were you told that you were coming here?	62%	61%
3.2	When you were searched in reception, was this carried out in a respectful way?	79%	89%
3.3	Were you treated well/very well in reception?	79%	76%
3.4	Did you have any problems when you first arrived?	95%	72%
3.7	Did you have access to someone from health care when you first arrived here?	77%	68%
3.9	Did you feel safe on your first night here?	60%	73%
3.10	Have you been on an induction course?	76%	85%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	38%	41%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	45%	42%
4.4	Are you normally able to have a shower every day?	86%	82%
4.4	Is your cell call bell normally answered within five minutes?	12%	20%
4.5	Is the food in this prison good/very good?	19%	13%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	51%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	54%	50%
4.8	Do you feel your religious beliefs are respected?	54%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	44%	46%
5.1	Is it easy to make an application?	72%	70%
5.3	Is it easy to make a complaint?	57%	57%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	26%	40%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	22%	37%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	15%	9%
7.1	Do most staff, in this prison, treat you with respect?	85%	76%
7.2	Is there a member of staff you can turn to for help if you have a problem in prison?	69%	66%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	20%	15%
7.4	Do you have a personal officer?	41%	25%
8.1	Have you ever felt unsafe here?	60%	44%
8.2	Do you feel unsafe now?	30%	15%
8.3	Have you been victimised by other prisoners?	45%	29%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	29%	16%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	10%	8%
8.5	Have you been victimised because of your nationality? (By prisoners)	7%	4%
8.5	Have you been victimised because of your age? (By prisoners)	3%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	22%	1%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	48%	33%
8.7	Have you ever felt threatened or intimidated by staff here?	17%	11%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	14%	6%
8.7	Have you been victimised because of your nationality? (By staff)	10%	3%
8.7	Have you been victimised because of your age? (By staff)	3%	0%
8.7	Have you been victimised because you have a disability? (By staff)	24%	0%
9.1	Is it easy/very easy to see the doctor?	42%	45%
9.1	Is it easy/ very easy to see the nurse?	74%	61%
9.4	Are you currently taking medication?	88%	52%
9.6	Do you feel you have any emotional well being/mental health issues?	78%	30%
10.3	Is it easy/very easy to get illegal drugs in this prison?	33%	37%
11.2	Are you currently working in the prison?	35%	52%
11.2	Are you currently undertaking vocational or skills training?	18%	5%
11.2	Are you currently in education (including basic skills)?	35%	18%
11.2	Are you currently taking part in an offending behaviour programme?	3%	5%
11.4	Do you go to the library at least once a week?	30%	24%
11.6	Do you go to the gym three or more times a week?	22%	50%
11.7	Do you go outside for exercise three or more times a week?	47%	60%
11.8	On average, do you go on association more than five times each week?	36%	46%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	10%	6%
12.2	Have you had any problems sending or receiving mail?	67%	54%
12.3	Have you had any problems getting access to the telephones?	53%	40%



Prisoner survey responses HMP Woodhill 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	House unit 4B (vulnerable prisoner unit)	House units 1,2,3 and 4A
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	28	161
SECTION 1: General information		
1.2 Are you under 21 years of age?	4%	5%
1.3 Are you sentenced?	68%	59%
1.3 Are you on recall?	7%	11%
1.4 Is your sentence less than 12 months?	14%	19%
1.4 Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	2%
1.5 Are you a foreign national?	4%	13%
1.6 Do you understand spoken English?	96%	99%
1.7 Do you understand written English?	96%	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.)	11%	32%
1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	5%
1.1 Are you Muslim?	7%	19%
1.11 Are you homosexual/gay or bisexual?	4%	1%
1.12 Do you consider yourself to have a disability?	32%	20%
1.13 Are you a veteran (ex-armed services)?	7%	4%
1.14 Is this your first time in prison?	57%	31%
1.15 Do you have any children under the age of 18?	54%	59%
SECTION 2: Transfers and escorts		
On your most recent journey here:		
2.1 Did you spend more than 2 hours in the van?	25%	25%
2.5 Did you feel safe?	64%	70%
2.6 Were you treated well/very well by the escort staff?	61%	70%
2.7 Before you arrived here were you told that you were coming here?	52%	65%
2.8 When you first arrived here did your property arrive at the same time as you?	96%	80%
SECTION 3: Reception, first night and induction		
3.1 Were you in reception for less than 2 hours?	57%	53%
3.2 When you were searched in reception, was this carried out in a respectful way?	93%	86%
3.3 Were you treated well/very well in reception?	64%	77%

Key to tables

	Any percentage highlighted in green is significantly better	House unit 4B (vulnerable prisoner unit)	House units 1,2,3 and 4A
	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		
	When you first arrived:		
3.4	Did you have any problems?	79%	77%
3.4	Did you have any problems with loss of property?	14%	15%
3.4	Did you have any housing problems?	21%	25%
3.4	Did you have any problems contacting employers?	7%	6%
3.4	Did you have any problems contacting family?	50%	41%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	3%
3.4	Did you have any money worries?	21%	25%
3.4	Did you have any problems with feeling depressed or suicidal?	29%	21%
3.4	Did you have any physical health problems?	11%	16%
3.4	Did you have any mental health problems?	18%	26%
3.4	Did you have any problems with needing protection from other prisoners?	32%	6%
3.4	Did you have problems accessing phone numbers?	47%	35%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	64%	81%
3.6	A shower?	14%	29%
3.6	A free telephone call?	18%	65%
3.6	Something to eat?	61%	72%
3.6	PIN phone credit?	11%	28%
3.6	Toiletries/ basic items?	47%	64%
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	25%	51%
3.7	Someone from health services?	64%	72%
3.7	A Listener/Samaritans?	32%	42%
3.7	Prison shop/ canteen?	14%	25%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	41%	53%
3.8	Support was available for people feeling depressed or suicidal?	37%	49%
3.8	How to make routine requests?	19%	42%
3.8	Your entitlement to visits?	15%	42%
3.8	Health services?	48%	59%
3.8	The chaplaincy?	30%	48%
3.9	Did you feel safe on your first night here?	61%	73%
3.10	Have you been on an induction course?	68%	87%
3.12	Did you receive an education (skills for life) assessment?	82%	82%

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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?	43%	39%
4.1	Attend legal visits?	47%	54%
4.1	Get bail information?	15%	15%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	36%	36%
4.3	Can you get legal books in the library?	25%	31%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	32%	44%
4.4	Are you normally able to have a shower every day?	93%	81%
4.4	Do you normally receive clean sheets every week?	71%	70%
4.4	Do you normally get cell cleaning materials every week?	61%	68%
4.4	Is your cell call bell normally answered within five minutes?	21%	17%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	52%	64%
4.4	Can you normally get your stored property, if you need to?	19%	23%
4.5	Is the food in this prison good/very good?	7%	15%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	57%	50%
4.8	Are your religious beliefs are respected?	52%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	39%	45%
4.10	Is it easy/very easy to attend religious services?	43%	41%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	57%	71%
5.3	Is it easy to make a complaint?	68%	54%
5.5	Have you ever been prevented from making a complaint when you wanted to?	22%	21%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	25%	15%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	47%	34%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	26%	34%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	12%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	82%	77%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	65%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	21%	21%
7.4	Do staff normally speak to you most of the time/all of the time during association?	14%	15%
7.5	Do you have a personal officer?	39%	24%

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SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	64%	44%
8.2	Do you feel unsafe now?	23%	17%
8.4	Have you been victimised by other prisoners here?	54%	28%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	36%	10%
8.5	Hit, kicked or assaulted you?	14%	10%
8.5	Sexually abused you?	0%	2%
8.5	Threatened or intimidated you?	36%	14%
8.5	Taken your canteen/property?	7%	9%
8.5	Victimised you because of medication?	0%	5%
8.5	Victimised you because of debt?	0%	6%
8.5	Victimised you because of drugs?	4%	5%
8.5	Victimised you because of your race or ethnic origin?	7%	7%
8.5	Victimised you because of your religion/religious beliefs?	14%	7%
8.5	Victimised you because of your nationality?	7%	3%
8.5	Victimised you because you were from a different part of the country?	0%	5%
8.5	Victimised you because you are from a traveller community?	4%	1%
8.5	Victimised you because of your sexual orientation?	4%	1%
8.5	Victimised you because of your age?	4%	1%
8.5	Victimised you because you have a disability?	4%	5%
8.5	Victimised you because you were new here?	7%	6%
8.5	Victimised you because of your offence/crime?	25%	3%
8.5	Victimised you because of gang related issues?	14%	7%
8.6	Have you been victimised by staff here?	39%	35%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	25%	15%
8.7	Hit, kicked or assaulted you?	7%	7%
8.7	Sexually abused you?	0%	3%
8.7	Threatened or intimidated you?	21%	10%
8.7	Victimised you because of medication?	4%	6%
8.7	Victimised you because of debt?	0%	2%
8.7	Victimised you because of drugs?	0%	4%

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8.7	Victimised you because of your race or ethnic origin?	4%	5%
8.7	Victimised you because of your religion/religious beliefs?	7%	8%
8.7	Victimised you because of your nationality?	4%	4%
8.7	Victimised you because you were from a different part of the country?	7%	5%
8.7	Victimised you because you are from a traveller community?	4%	2%
8.7	Victimised you because of your sexual orientation?	4%	3%
8.7	Victimised you because of your age?	4%	0%
8.7	Victimised you because you have a disability?	4%	5%
8.7	Victimised you because you were new here?	0%	7%
8.7	Victimised you because of your offence/crime?	14%	3%
8.7	Victimised you because of gang related issues?	4%	6%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	50%	41%
9.1	Is it easy/very easy to see the nurse?	61%	62%
9.1	Is it easy/very easy to see the dentist?	21%	13%
9.4	Are you currently taking medication?	68%	58%
9.6	Do you have any emotional well being or mental health problems?	36%	41%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	18%	33%
10.2	Did you have a problem with alcohol when you came into this prison?	21%	24%
10.3	Is it easy/very easy to get illegal drugs in this prison?	43%	34%
10.4	Is it easy/very easy to get alcohol in this prison?	15%	13%
10.5	Have you developed a problem with drugs since you have been in this prison?	0%	14%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	8%	7%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	23%	37%
11.1	Vocational or skills training?	24%	31%
11.1	Education (including basic skills)?	24%	43%
11.1	Offending Behaviour Programmes?	13%	16%

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	Are you currently involved in any of the following activities:		
11.2	A prison job?	74%	43%
11.2	Vocational or skills training?	12%	7%
11.2	Education (including basic skills)?	22%	21%
11.2	Offending Behaviour Programmes?	0%	4%
11.4	Do you go to the library at least once a week?	34%	23%
11.5	Does the library have a wide enough range of materials to meet your needs?	30%	27%
11.6	Do you go to the gym three or more times a week?	52%	42%
11.7	Do you go outside for exercise three or more times a week?	74%	54%
11.8	Do you go on association more than five times each week?	56%	41%
11.9	Do you spend ten or more hours out of your cell on a weekday?	0%	7%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	22%	24%
12.2	Have you had any problems with sending or receiving mail?	48%	60%
12.3	Have you had any problems getting access to the telephones?	46%	43%
12.4	Is it easy/ very easy for your friends and family to get here?	48%	36%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	44%	29%
13.10	Do you have a needs based custody plan?	0%	3%
13.11	Do you feel that any member of staff has helped you to prepare for release?	5%	7%