

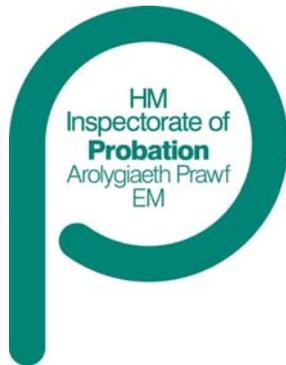
Report on an announced inspection of

# **HMP Wormwood Scrubs**

by HM Chief Inspector of Prisons

**30 November – 4 December 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

This report describes the findings of a very concerning inspection of HMP Wormwood Scrubs. Our announced inspection took place 18 months after the last inspection, when we also had serious concerns. Not nearly enough progress had been made. The prison, probably the most famous in the country, remained in a poor condition with unacceptably poor outcomes for the 1,258 adult men held, with much too little done to address their behaviour before they returned to the community.

Since our last inspection, progress had been severely hindered by very poor industrial relations at the prison. There were staff shortages and the main union was opposed to the staffing arrangements for an improved regime the governor had wanted to introduce. Negotiations were protracted and eventually, following a procedural escalation of the dispute, national managers and union officials negotiated an alternative regime. The new regime that had been negotiated was, in theory, an improvement. In reality it was not being consistently delivered.

Safety at the prison had deteriorated since the last inspection. Prisoners' poor experiences started on arrival at the prison. A large number of prisoners often arrived late in the day and reception processes sometimes continued into the early hours of the morning, which undermined the ability of reception and health staff to identify risks and needs. The first night centre did not have capacity for all new arrivals, so some new arrivals were located in other parts of the prison where they missed important early days processes. Inadequate arrangements for prisoners who required alcohol detoxification were particularly dangerous.

Half the prisoners in our survey told us they had felt unsafe at some time in the prison and one in five told us they felt unsafe at the time of the inspection. The number of assaults on prisoners and staff was double that at similar prisons and at the time of the last inspection. We found prisoners who were too frightened to leave their cells and were not adequately supported by staff. There had been two self-inflicted deaths since the last inspection. Some limited improvements had been made to supporting prisoners at risk of suicide and self-harm, but procedures remained weak and prisoners at risk told us they did not feel adequately supported.

Almost two out of five prisoners told us it was easy to get drugs in the prison and one in five that it was easy to get alcohol – both were much higher than in comparable prisons and than at the last inspection. In random mandatory tests 15% of prisoners tested positive for drugs; these tests told only part of the story as they could not reveal whether prisoners had used new psychoactive substances such as Spice or Mamba, which did not show up in testing but were increasingly available. Drug use was linked to gang activity and debt. The prison's response to these threats was wholly inadequate.

The regime was generally so poor for everyone that the incentives and earned privileges schemes provided little encouragement for good behaviour and the number of formal adjudications was so high that many failed because they could not be heard before they were out of time. Rules were not applied consistently throughout the prison. Levels of use of force were far higher than in similar prisons, oversight was poor and we were not assured its use was always proportionate. While we witnessed some good interactions between staff and prisoners we also saw some inappropriate and unprofessional exchanges. Sixty-three per cent of prisoners said staff treated them with respect compared with 74% in similar prisons.

Prisoners from black and minority ethnic backgrounds reported similarly to white prisoners, but the prison had been too slow to act on monitoring data that showed adverse outcomes for Muslim prisoners. The number of foreign national prisoners had risen and they now amounted to a third of the population. Too little had been done to meet their needs, particularly those who could not read or speak English. There was good provision for older prisoners but poor practical provision for

prisoners with disabilities. The chaplaincy service, however, was one of the most effective parts of the prison.

There had been some improvements to the physical environment but much remained poor. Some of this was due to unacceptable failures by nationally commissioned external services. Many prisoners spent almost all day, and ate their unappetising meals, doubled up in a dirty, damaged cell with an unscreened toilet. Some prisoners had improvised a toilet screen with a torn sheet and stuffed paper in broken windows to keep out the weather. We found two prisoners on ACCTs (assessment, care in custody and teamwork case management for prisoners at risk of suicide or self-harm) in cells in which jagged glass remained in the broken windows. It was a struggle to get clean clothing and bedding. The prison had a significant rat problem; we saw them every day and night we visited the prison and a large rats' nest was very obvious in the grounds.

Health services were reasonable and mental health services were a good and much needed strength of the prison. However, access to both internal and external health services was sometimes restricted – one consequence of staffing shortages and the limited regime. Most prisoners still had less than two hours a day out of their cells and we found more than half the population locked behind their doors during the working day. There were an inadequate number of activity places available; only 25% of prisoners were engaged in activities at any one time and only 13% were attending activities off the wing. Six hundred prisoners were unemployed. Poor use was made of the activity places available and attendance and punctuality was poor. The senior management team were making a major effort to improve the quality of the activities that were available and there were some signs of improvement, but Ofsted still assessed the overall effectiveness of the provision as inadequate.

Offender management and resettlement services were also poor. Staff shortages meant that most prisoners did not have an offender supervisor and there was a large backlog of risk assessments. Those who were serving longer sentences faced a transfer unrelated to the needs identified in their sentence plan, or being stuck at Wormwood Scrubs and unable to progress. While some resettlement services, such as substance misuse support and family support, were good, the key areas of accommodation and education, training and employment had deteriorated. The prison's own data suggested that since the new community rehabilitation company had taken over resettlement services, the proportion of prisoners who had accommodation on release had fallen from 95% to 60%. The prison was unable to explain this fall.

Wormwood Scrubs is a prison that continues to fall short of expected standards, and at the time of our inspection there was little cause for optimism. We leave the prison managers and staff with a series of recommendations, many repeated, which we believe require immediate attention if the establishment is to begin to fulfil its responsibilities.

**Peter Clarke CVO OBE QPM**  
HM Chief Inspector of Prisons

January 2016

# Fact page

## Task of the establishment

HMP Wormwood Scrubs is a local prison serving the courts of West London and is a designated resettlement prison for London prisoners. It holds young adults on remand and is a hub prison for foreign national prisoners subject to immigration enforcement.

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

Public

## Region/Department

Greater London

## Number held

1,258

## Certified normal accommodation

1,171

## Operational capacity

1,279

## Date of last full inspection

May 2014

## Brief history

HMP Wormwood Scrubs was built by prisoners from Millbank Gaol between 1875 and 1891. In 1902, the last female prisoner was transferred to HMP Holloway. In 1922, one wing became a borstal. During World War II, the prison was used by the War Department. In 1994, a new hospital wing was completed and in 1996 two of the four existing wings were refurbished to modern standards while a new fifth wing was completed.

## Short description of residential units

A wing	holds 290 prisoners on remand or serving short sentences
B wing	holds 176 prisoners, predominantly full-time workers
C wing	holds 300 prisoners and is the location for the integrated drug treatment system
D wing	has single cell accommodation for 244 prisoners and takes most prisoners whose cell-sharing risk has been assessed as high
E wing	accommodates prisoners mostly attending education in 144 modern single cells.

Other units include the 55-place Conibeere detoxification unit, the 36-place first night centre, the 17-bed inpatient health care unit, the 18-place segregation unit and the 17-bed Jan Wilcox unit, although this was closed at the time of the inspection.

## Name of governor/director

Gary Monaghan

## Escort contractor

Serco Wincanton

## Health service providers

Central London Community Healthcare NHS Trust  
Central and North West London NHS Foundation Trust

**Learning and skills providers**

Novus

**Independent Monitoring Board chair**

Chris Hammond

**Community rehabilitation company (CRC)**

MTCnovo

# About this inspection and report

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

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

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

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

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

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

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

## This report

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

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

# Summary

## Safety

- S1 *Reception was exceptionally busy and prisoners' experience was often poor. First night arrangements were adequate for most but when the first night unit was full, some prisoners missed out on essential support. Detoxification arrangements were unsafe. Levels of violence had risen and were high, and too many prisoners felt unsafe. Not enough was being done to make the prison safer. Self-harm and suicide arrangements were not effective. Drugs were easily available and too little was being done to disrupt supply. The incentives and earned privileges scheme was ineffective. The number of adjudications was high. Levels of use of force were high and we were not assured that its use was always justified. The regime on the segregation unit was limited. Substance misuse arrangements were mostly adequate. **Outcomes for prisoners were poor against this healthy prison test.***
- S2 *At the last inspection in May 2014 we found that outcomes for prisoners in HMP Wormwood Scrubs were poor against this healthy prison test. We made 20 recommendations in the area of safety. At this follow-up inspection we found that two of the recommendations had been achieved, three had been partially achieved and 15 had not been achieved.*
- S3 Some prisoners spent too long in court after the completion of their cases, therefore arriving, often in large numbers, late in the afternoon. This had a significant impact on the ability of reception, first night and health services staff to assess and settle in new prisoners, and processes sometimes continued into the early hours of the morning.
- S4 Despite most staff in reception working hard to welcome new prisoners and put them at ease, the reception experience was often poor for prisoners: some spent too long on vehicles before they disembarked and spent too long in reception in some dirty and graffiti-covered holding rooms, with nothing to occupy them. Risk assessments were undertaken in private but were not always properly focused on prisoner welfare. Peer supporters on the first night centre supported new arrivals well but when the first night centre was full, new arrivals went to other units, where support was inadequate. Not all new arrivals received a free telephone call or shower, and first night accommodation was not always welcoming or well prepared.
- S5 Induction was reasonably comprehensive but rushed. We were not assured that everyone received all aspects of induction.
- S6 In our survey, over half the prisoners said that they had felt unsafe at some time at the establishment, and almost one in four felt unsafe at the time of the inspection, both of which were higher than at similar prisons. Levels of violence were far higher than at similar prisons and than at the time of the previous inspection. Although data collation systems had improved recently, we were not assured that they accurately captured all incidents. A recent strategy and violence reduction action plan were not well embedded or were yet to have an impact on reducing levels of violence. There were many underlying causes for violent incidents, including frustration about the lack of purposeful activity. The safer custody and security team did not work well enough together to understand and address the issues effectively, particularly regarding gangs and debt.
- S7 There was too little support for victims of violence and we found a number of prisoners on normal location who were in fear for their own safety and who accessed a limited regime as a result.

- S8 There had been a focus on improving self-harm and suicide prevention arrangements but they were still not effective. Since the previous inspection, there had been two self-inflicted deaths. Comprehensive death in custody and safer custody action plans were in place but there remained shortfalls in the management of prisoners in crisis: some were held in poor accommodation and generally had little to keep them purposefully occupied.
- S9 The quality of assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had improved slightly from a low base but the process still had frailties, including inconsistent case management, poor reviews, inadequate care maps and case note entries that lacked meaningful engagement. Despite seeing some good care, most prisoners we spoke to said that they did not feel supported by staff. The mental health and psychology teams had introduced several new initiatives to support prisoners in crisis. Too many prisoners on ACCTs were located in the segregation unit in the absence of exceptional reasons.
- S10 Physical security measures were mostly appropriate to the risks posed. There was a general lack of in-depth analysis of information reports to identify trends and emerging hotspots. Although drugs, mobile telephones and weapons featured regularly in information reports, there was insufficient intelligence-led searching or suspicion drug testing.
- S11 In our survey, more prisoners than elsewhere and than at the time of the previous inspection said that drugs were easily available. There were a large number of drug finds and the positive mandatory drug testing rate was high. The availability and use of new psychoactive substances (NPS; new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects) was increasing rapidly. There was no drug strategy meeting or supply reduction plan to coordinate and drive action.
- S12 The incentives and earned privileges (IEP) scheme was applied inconsistently and little was offered to encourage good behaviour.
- S13 The number of adjudications had increased, and was higher than elsewhere. Too many were not completed and some could have been more appropriately managed under the IEP system.
- S14 Levels of use of force had increased and were far higher than at similar prisons and than at the time of the previous inspection. A disproportionate number of incidents involved young adults. There had been little managerial oversight of use of force throughout 2015 and no review of planned intervention video recordings. The video recordings and use of force records we examined demonstrated a lack of de-escalation and we were not satisfied that all uses of force were proportionate. There were few recorded uses of special cells but we found evidence of routine use with no formal authorisation or monitoring.
- S15 The segregation unit was clean and mainly in good order, with well-equipped cells. Staff-prisoner interactions on the unit was good and prisoners said that staff were supportive and helpful. Levels of segregation were similar to those at similar prisons and the average length of stay was around nine days. However, the regime was limited, particularly for the few prisoners who stayed for long periods.
- S16 A wide range of psychosocial interventions was available for those with substance misuse issues but prisoners' access to them varied widely according to where they were located, and we were told that officers failed to unlock prisoners to attend. Not all prisoners who required detoxification support on their first night received it, which was unsafe, especially for those in alcohol withdrawal. The quality of care on the Conibeere detoxification unit was

good, with effective use of well-trained peer supporters. Clinical treatment and care were good but daily medicine administration was not well managed.

## Respect

*S17 Overall cleanliness had improved but too many prisoners still lived in unacceptable conditions. Access to basic necessities such as clothing and adequate furniture was problematic. Application and complaints processes were poor and many complaints, including some about staff, were not properly responded to. We witnessed some good staff–prisoner interactions but too many staff were indifferent towards prisoners’ needs and we saw some inappropriate behaviour. Equality arrangements were weak. There were good outcomes for some minority groups but the needs of some were not met. Faith provision was very good. Health services were mostly reasonable and mental health provision was good. The food provided was poor. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

*S18 At the last inspection in May 2014 we found that outcomes for prisoners in HMP Wormwood Scrubs were not sufficiently good against this healthy prison test. We made 32 recommendations in the area of respect. At this follow-up inspection we found that nine of the recommendations had been achieved, three had been partially achieved and 20 had not been achieved.*

S19 The overall cleanliness and standards of communal areas and cells had improved but too many cells were overcrowded, in poor condition, with graffiti, and had broken furniture and windows. Many toilets were dirty, although a deep clean was under way during the inspection. Despite regular cleaning, considerable amounts of litter accumulated in outside areas, which exacerbated the serious vermin problem. Access to telephones and showers was reasonable but many showers were stained, dirty and poorly screened.

S20 Despite considerable effort by the prison, there were significant issues with the quantity and quality of prison clothing and furniture – mainly due to difficulties with national contracts.

S21 Applications were not tracked and prisoners nominated as applications orderlies were given access to sensitive information and prisoners’ mail, which was unacceptable.

S22 Far fewer prisoners in our survey than at similar prisons said that staff treated them respectfully, and more reported victimisation by staff. There was no personal officer scheme, and fewer prisoners than elsewhere said that they knew a member of staff they could turn to for support. We saw some good interactions between staff and prisoners but also witnessed some inappropriate and unprofessional exchanges, and a number of complaints against staff had not been investigated properly.

S23 Prisoners complained of inconsistency in the application of prison rules and we saw the indifference of some staff undermine the regime.

S24 The strategic management of equality work was weak. There had been too few diversity and equality action team meetings, consultation with key protected groups was poor and the prison had been too slow to act on significant adverse monitoring data for some groups. Discrimination incident report form investigations were adequate and showed good challenge of racist behaviour. Prisoner diversity representatives provided useful support to prisoners and were well supported by the equality team.

S25 In our survey, prisoners from a black and minority ethnic background responded similarly to, or better than, white prisoners on their treatment and conditions. There had been

- insufficient consultation with Muslim prisoners and the prison had been too slow to act on adverse equality data for this group across a range of areas. There was evidence of some unmet need for prisoners with disabilities and emergency evacuation arrangements for prisoners in this group required improvement.
- S26 A third of the population were foreign nationals and there was insufficient use of interpreting for prisoners, leaving some of those who did not speak English isolated. Too many were unclear about their immigration status.
- S27 There was some good provision for Gypsy, Traveller and Romany, and older prisoners. The introduction of an activities programme for older prisoners was a welcome initiative. The needs of young adults were not being met and significant adverse monitoring data across almost all measured areas had not been addressed.
- S28 The quality of chaplaincy services had improved considerably, with easy access to worship, improved facilities and good community links. The chaplaincy was well integrated into the prison and provided valuable classes and behavioural groups, including innovative work addressing issues of radicalisation. Good resettlement and mentoring services were provided by the Inside Out group.
- S29 Prisoners could easily make complaints but too many went unanswered or were late, and the quality of many replies was inadequate. Complaints against staff were not always investigated adequately. Data about complaints were not used systematically to improve services.
- S30 Arrangements for booking legal visits caused difficulties for legal advisers and there were insufficient private consultation rooms. There was no bail support service for unsentenced prisoners.
- S31 Prisoners had mixed views about health care provision but we found the quality of health services to be reasonable. Not all prisoners received an initial health screening on arrival, which posed a potential risk, and consultations were not sufficiently confidential. An adequate range of primary care services was provided but on some wings prisoners waited too long to see the GP. The management of long-term conditions was mostly reasonable, although care planning was limited for those with long-term conditions and complex physical health needs. Too many external hospital appointments were rescheduled owing to limited availability and a shortage of escort staff, and this was having a detrimental effect on prisoners' health. The management of medicines was reasonably good, although the supervision of medicine queues by custody staff was unsatisfactory. Dental services were reasonable. Mental health services were good but too many prisoners waited too long for transfers to secure hospitals.
- S32 Prisoners were negative about the quality and quantity of the food provided, and we concurred with their view. Meals were served too early and all prisoners ate in their cells.
- S33 New prisoners had to wait up to 13 days to receive their first full prison shop order, which was far too long and increased the risk of debt.

## Purposeful activity

S34 *For most prisoners, the amount of time out of cell was inadequate. An emergency regime was running but it was often not followed. Despite considerable effort, the overall management of learning and skills and work activities was poor. There were too few activities for the population and few prisoners attended. Almost 600 prisoners were unemployed. The quality of teaching, learning and assessment required improvement overall, although coaching in vocational training was good. Few prisoners undertook qualifications. Achievements on some courses were good but too low on level 2 English and mathematics. Library services were reasonable but access was poor. Recreational PE was reasonably good. **Outcomes for prisoners were poor against this healthy prison test.***

S35 *At the last inspection in May 2014 we found that outcomes for prisoners in HMP Wormwood Scrubs were poor against this healthy prison test. We made 14 recommendations in the area of purposeful activity. At this follow-up inspection we found that two of the recommendations had been achieved, eight had been partially achieved and four had not been achieved.*

S36 Since our last inspection an emergency regime had been running, which severely restricted prisoners' time unlocked. A less restrictive regime had recently been introduced but most prisoners who were not in an activity still had less than two hours a day out of their cells. There were inconsistencies in the application of the new regime across the wings and regular regime slippage. In our spot checks during daytime association periods, more than 55% of prisoners were locked in their cells.

S37 Against a background of significant change to the management structure of learning and skills and work, senior managers had developed a clear strategy for improvement, which had been hindered by staff shortages across the prison. The new activities management team had been successful in improving the quality of activities but this needed to be developed further. The prison self-assessment was comprehensive and good use was made of consultation with prisoners to inform the planning and development of provision.

S38 There were insufficient activity places. Allocation was poor, and only 25% prisoners were engaged in activities at any one time, with only 13% prisoners attending activities off the wing. Almost 600 prisoners were unemployed. The variety and amount of work and vocational training were inadequate.

S39 Overall, the standard of teaching, learning and assessment in the education provision required improvement, although coaching in vocational training was good. Support for learners with additional learning needs was underdeveloped. Individual learning plans and feedback to learners were not consistently good.

S40 Standards of behaviour were good, and prisoners took pride in their work and spoke confidently about their work and vocational training. Attendance and punctuality were poor and there was a poor work ethic in prison work. The use of peer mentors was underdeveloped.

S41 There were some good achievements on many courses but the number of prisoners achieving qualifications was low. Achievements in level 2 English and mathematics courses were poor. The standard of work in vocational training was mostly good but not sufficiently good in education. Progress of current learners was not yet sufficiently good.

S42 The library stock was suitable and the space was well organised. However, there was no planned prisoner access, and usage had declined and was extremely poor.

- S43 The PE facilities were generally good and well used. Recreational PE was good and access was fair but the gym had been closed on occasions owing to staff shortages. Links with the health care department were generally good but access to remedial PE had only recently been reinstated.

## Resettlement

S44 *Staff shortages had resulted in poor offender management. Many prisoners did not have an offender supervisor. Most prisoners, including some high risk of harm cases, did not have a current offender assessment system (OASys) assessment and sentence plan, which hindered their opportunity to progress. Prisoners were often released late on home detention curfew. Public protection arrangements were adequate. Transfers were rarely informed by sentence planning needs. The demand for resettlement support was high and prisoners' needs were assessed on arrival and before release, but too many did not know where to go to for help across any of the resettlement pathways. The quality of resettlement work was mixed. The number of prisoners released without accommodation over recent months had increased considerably, to an unacceptable level. Good support was provided for families and visits but more needed to be done to help prisoners to secure employment. **Outcomes for prisoners were poor against this healthy prison test.***

S45 *At the last inspection in May 2014 we found that outcomes for prisoners in HMP Wormwood Scrubs were not sufficiently good against this healthy prison test. We made 18 recommendations in the area of resettlement. At this follow-up inspection we found that four of the recommendations had been achieved, two had been partially achieved and 12 had not been achieved.*

- S46 The current offender needs analysis was too limited and the reducing reoffending strategy was not specific to the complex population. Oversight of reducing reoffending had improved with the reintroduction of a monthly committee and the establishment of a well-attended partnership meeting. The community rehabilitation company (CRC) provision had developed adequately but information sharing needed further improvement.
- S47 The offender management model was underdeveloped and staff shortages had resulted in most prisoners not having an offender supervisor. Most eligible prisoners, including some high risk of harm cases, did not have a current offender assessment system (OASys) assessment or sentence plan, which potentially hindered their risk management and progression. Where an offender supervisor had regular contact with prisoners, the quality of the work undertaken was good.
- S48 Too many prisoners were released on home detention curfew after their eligibility date but obstacles to timely release were not well monitored.
- S49 For prisoners presenting public protection issues, contact restrictions were applied appropriately, and mail and telephone monitoring was reviewed regularly and removed when possible. The absence of an interdepartmental risk management team hindered multidisciplinary risk management.
- S50 Initial categorisation of prisoners post-sentence was timely but too many reviews were late. A good number of prisoners were transferred each month but too little attention was given to prioritising transfers based on offending-related needs or sentence plan targets.
- S51 The demand for resettlement services was high, with over 200 prisoners released each month, many following very short sentences. All prisoners had their resettlement needs checked on arrival and before release. Some initial resettlement needs assessments lacked

information, and plans often failed to specify clear targets to achieve. Most prisoners did not know who to turn to for help across any of the resettlement pathways.

- S52 Resettlement pathway work was mixed. The St Mungo's Broadway housing advice service provided a wide range of accommodation support but access was problematic and the proportion of prisoners released into accommodation had fallen drastically, to less than 60% in the previous month.
- S53 Career advice and action planning with prisoners for employment and training after release required improvement. There were too few opportunities to produce a CV and submit job applications, and the virtual campus (internet access for prisoners to community education, training and employment opportunities) was not used effectively. There was insufficient work and vocational training available to enable prisoners to develop work skills to enhance their employment opportunities on release.
- S54 Health care discharge planning arrangements were timely and appropriate, and pre-release planning for patients with enduring mental health problems was effective. Release arrangements for prisoners with substance misuse issues were good, with the presence of a full-time transitional support worker, who offered pre-release information and up to three months' post-release mentoring.
- S55 A wide range of support and advice for prisoners with financial problems was provided, and prisoners were helped to open bank accounts.
- S56 Provision for social visits was good. There was a spacious visitors centre, staffed by the Spurgeons family support organisation and volunteers, and the visits hall had a play area and refreshments bar. Family days and weekly family visiting sessions helped prisoners to maintain family contacts. The family development worker supported prisoners with child contact problems and there were parenting skills and relationships courses available.
- S57 There was little analysis of the offending-related needs of the population, to determine provision. The Getting it Right resettlement programme was in an early stage of delivery. Although this looked promising, more needed to be done to prioritise places and promote attendance.

## Main concerns and recommendations

- S58 Concern: Over half the prisoners said that they had felt unsafe at some time at the prison. The number of violent incidents had increased and was much higher than that at similar prisons, and we were not assured that all incidents were captured. Violence was not well enough understood or addressed and there was no support for victims.

**Recommendation: All incidents of violence should be captured and analysed, and action should be taken to reduce violence and make the prison safer. Victims should be identified and supported.**

- S59 Concern: Two prisoners had committed suicide since the previous inspection. We found prisoners at risk of self-harm in very poor conditions, with little occupation. Assessment, care in custody and teamwork (ACCT) procedures and documentation gave little assurance that prisoners in crisis were given adequate care.

**Recommendation: All prisoners at risk of self-harm should be held in decent conditions, with sufficient support and activities. ACCT procedures and documentation should be significantly improved.** (Repeated recommendation S44)

S60 Concern: Levels of use of force had increased and were far higher than those at similar prisons. Managerial oversight was weak and we were not assured that all uses of force were justified or proportionate.

**Recommendation: Managerial oversight of use of force should be sufficient to ensure that force is used proportionately and only as a last resort.**

S61 Concern: Living conditions were poor for too many prisoners. Many cells were poorly maintained and had broken windows and broken furniture; showers were in a poor condition; and prisoners struggled to get hold of basic essentials such as clean clothing and bedding. Most of these issues were as a result of failings in the nationally agreed maintenance and stores contracts.

**Recommendation: Cells and showers should be maintained to an acceptable and decent standard, and the central stores should provide adequate clothing, bedding and furniture.**

S62 Concern: Most prisoners were unlocked for less than two hours a day. The quantity and range of activity places were inadequate. Prisoner access to, and attendance at, most activities, including the library, were poor.

**Recommendation: Prisoners should be unlocked for at least 10 hours a day. The quantity and range of activity places should be adequate to meet the needs of the population, and all prisoners should be able to attend.**

S63 Concern: There was little operational integration of offender management and resettlement pathways work, and reducing reoffending work was seriously compromised by the limited time that offender supervisors had to work with prisoners.

**Recommendation: There should be a coordinated, whole-prison approach to resettlement at an operational level which effectively integrates reducing reoffending and offender management, and is driven by the offender management unit. Offender supervisors should have time to manage prisoners' sentences appropriately.** (Repeated recommendation S47)

S64 Concern: In the previous month, over 40% of prisoners had been released without a suitable address, and education, training and employment pathway provision was poor.

**Recommendation: Prisoners should be released with a suitable address and there should be effective interventions to support them into employment, training or education.** (Repeated recommendation S48)

# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

**I.1** *Waits in court cells were often too long after completion of cases. Escort vehicles were often dirty and full of graffiti. Large numbers of prisoners arrived at the prison late in the day and often waited too long to be disembarked from vehicles.*

**I.2** The establishment served courts in West London. Most journeys to the prison were short but many vehicles we looked at were dirty, and some cells in cellular vehicles contained substantial amounts of graffiti.

**I.3** The two video courts were well used and reduced the amount of times prisoners were required to attend court. However, many prisoners spent too long in court cells after completion of their cases, and on most days many vehicles, carrying large numbers of prisoners, generally arrived at the prison between 5pm and 7 pm. In November 2015, 19 vehicles had arrived after 7pm. This had a detrimental impact on the reception experience for many prisoners (see section on early days in custody). Prisoners often waited too long to be disembarked from vehicles but they were not handcuffed.

### Recommendation

**I.4** **Prisoners should be held in court cells for the minimum possible period and should arrive at the establishment no later than 7pm.**

## Early days in custody

### Expected outcomes:

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

**I.5** *Serious congestion in reception was caused by large numbers of prisoners arriving late in the day. Prisoners often stayed in reception too long. Awareness of vulnerability was often limited and staff were not always responsive to prisoners during risk interviews. We were concerned that prisoners did not always receive all essential first night procedures during busier times. Induction was reasonably comprehensive for those who underwent the process but we were not assured that all prisoners completed it. Insufficient attention was paid to non-English speakers throughout their early days at the prison.*

- I.6** Large numbers of prisoners arriving from court late in the day caused congestion in reception, and processes sometimes continued into the early hours of the morning. This was unacceptable for all prisoners concerned but particularly for those new to custody and those who were required in court again the following morning.
- I.7** Reception was extremely busy. Every day during the inspection almost 80 prisoners arrived and 40 prisoners left to go to court and be discharged. Around 100 new prisoners arrived each week. In spite of the best efforts of most staff, many prisoners spent long periods in reception (often up to four hours). In our survey, prisoners were negative about their early days experience, across a number of indicators.
- I.8** Communal areas in reception were clean and spacious. Holding rooms were rarely supervised, and often dirty and covered in graffiti, and there was nothing to occupy prisoners.
- I.9** All prisoners were strip-searched on arrival and when leaving the prison, in the absence of supporting intelligence, which was disproportionate. If prisoners arrived at a recognised mealtime, they were provided with food and a drink. Outside of these times, prisoners received nothing to eat or drink.
- I.10** All prisoners had a confidential interview with a reception officer. The quality of the interviews varied and some staff had a limited awareness of vulnerability. Some staff were mechanistic in their approach and, although they usually focused on risk factors, they did not always probe prisoners for information beyond what was on their list of questions, and did not always ask after their general welfare.
- I.11** Health services staff in reception worked from a room that did not always afford sufficient privacy. On a particularly busy night during the inspection, 10 prisoners did not receive a health screening (see paragraph 2.84 and recommendation 2.91). Detoxification arrangements were unsafe (see paragraph 1.74).
- I.12** Two Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) worked in reception as orderlies but were not always easily identifiable as Listeners. They provided new arrivals with clean clothes to last until the weekly clothing exchange but only three pairs of boxer shorts and three pairs of socks were supplied (see paragraph 2.3 and main recommendation S61).
- I.13** During busier times, not all prisoners went to the relatively small first night centre. Those who went there were given a warm welcome from the small group of Insiders (prisoners who introduce new arrivals to prison life) and received a brief introductory presentation to the prison, focusing on sources of support. Prisoners did not receive a confidential supplementary interview with an officer to focus on their welfare but were subject to enhanced checks every two hours by night staff.
- I.14** The first night centre was clean and bright but many cells there were dirty, contained graffiti and were poorly equipped, some with no television. Showers were generally dirty and covered in graffiti. Depending on their time of arrival, most prisoners on the first night centre were given a free telephone call but few were offered a shower, regardless of the time of arrival. Prisoners arriving late were unable to take a shower before returning to court the next day, often in the same clothes they arrived in.
- I.15** During the inspection, new prisoners were located across the prison as there was no space on the first night centre, which was often used as a place of refuge for those who could not be located elsewhere in the prison (see also paragraph 1.26). Those prisoners who were not located on the first night centre generally received a poorer experience and inadequate support; they did not receive the introductory talk from Insiders and were not subject to

enhanced first night checks. They did not receive a free telephone call or shower on the first night.

- I.16** Induction generally took place on the morning after arrival, in a pleasant room on the first night unit. Insiders and an officer delivered a comprehensive presentation and were responsive to questions. However, the presentation was constantly interrupted by staff from other departments competing for time to carry out various induction assessments, which resulted in the session being rushed. Prisoners were seen by staff from various departments and agencies as part of the induction process, including the offender management unit (see section on offender management and planning), Citizens Advice, the chaplaincy, health care and the National Career Service. However, there were no records to assure us that all prisoners completed induction and we were provided with no records for gym or library inductions.
- I.17** We were not assured that newly arrived prisoners who spoke little or no English were given sufficient interpreting and translation support. Staff had an inconsistent approach to the use of professional telephone interpreting. Information on early days and induction was available in a number of different languages but was not always provided when needed. We saw several non-English speakers being subjected to an induction presentation in English which they could not understand or participate in (see paragraph 2.32 and recommendation 2.39).

## Recommendations

- I.18** **Newly arrived prisoners should, during the first night process, undergo a comprehensive risk assessment to identify and address vulnerability.**
- I.19** **Prisoners should only be strip-searched following an individual risk assessment.** (Repeated recommendation I.11)
- I.20** **All newly arrived prisoners should be supported by staff and peers in reception and on their first night and should have the opportunity to make a telephone call, have access to showers, and have clean and properly equipped cells.**
- I.21** **Induction should be given sufficient time to ensure that all aspects can be covered, and all newly arrived prisoners should complete the process.**

## Housekeeping point

- I.22** Prisoners who arrive in reception outside of recognised mealtimes should be offered something to drink.

## 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.23** *Too many prisoners felt unsafe. Levels of violence were high. Data collation had improved recently but some incidents were not recorded. The new violence reduction strategy and action plan were not well embedded and were not yet having an impact on reducing levels of violence. The work of the safer custody and security teams was not sufficiently well coordinated to identify and address issues concerning debt and gangs. Support for vulnerable prisoners or those in fear for their safety was inadequate. The new pro-social board was a positive initiative.*
- I.24** In our survey, over half of prisoners said that they had felt unsafe at some time at the prison and almost one in four told us that they currently felt unsafe, both of which were higher than at similar prisons. Levels of violence were far higher than at similar prisons and than at the time of the previous inspection. The number of assaults against staff and prisoners was double that at the time of the previous inspection and at similar prisons. Some incidents were serious and included weapons.
- I.25** Measures to address violence required improvement. Although data collation systems had recently improved, we were concerned that some violent incidents were not recorded. The monthly violence reduction meeting was not always well attended. It considered a wide range of data but little action appeared to be taken to address areas of concern. The most notable reasons for violence included frustration at the lack of purposeful activity; debt associated with delays in receiving prison shop goods; illicit activity concerning drugs and mobile telephones; and, to a lesser degree, some gang activity. There was insufficient coordination between the security and safer custody teams to identify and address issues, particularly regarding gangs and debt. A very recent (October 2015) violence reduction strategy and action plan had been launched. However, actions were not well embedded across the prison and had yet to result in a reduction in the levels of violence (see main recommendation S58).
- I.26** There was limited support for vulnerable prisoners and victims of violence and antisocial behaviour. Many staff had a limited awareness of wider vulnerability issues. There was no vulnerable prisoner wing, and we found a number of prisoners across the prison, including on the first night centre and Conibeere unit, who feared for their safety because of the nature of their offence, debt or gang issues and refused to leave their cells, or did so infrequently. Safer custody staff had recently begun to visit these prisoners personally and had issued some written guidance about the support that was available to them but there were no formal support plans for them, wing staff were sometimes unaware of them and they generally accessed a poor regime (see main recommendation S38).
- I.27** Perpetrators of violence were generally dealt with via adjudication or the incentives and eared privileges (IEP) scheme, neither of which addressed the reasons behind such behaviour or challenged prisoners to change. Enquiries into violence and other antisocial behaviour had started only recently. The quality of these investigations was reasonably good and the resulting actions were mostly appropriate. The safer custody team had begun to issue unacceptable behaviour notifications to perpetrators of violence and other antisocial behaviour. When prisoners were involved in more than one incident in a 28-day period, safer custody staff aimed to convene a multidisciplinary pro-social board which directly

challenged the behaviour. Although only a few boards had been convened at the time of the inspection, there had been a reduction in the number and severity of incidents for those involved.

## 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.28** *Despite considerable efforts by the safer custody team, care and support for many prisoners at risk of suicide and self-harm were inadequate. There had been two self-inflicted deaths since the previous inspection. There was an under-recording of acts of self-harm. Many assessment, care in custody and teamwork (ACCT) documents contained serious weaknesses. Some new support initiatives introduced by the mental health and psychology teams were positive. Too many prisoners in crisis were segregated.*

**I.29** The remit of the safer custody team was extensive and included self-harm and suicide prevention, violence reduction, equality and use of force. Until recently, there had not always been safer custody staff in post and they had been cross-deployed frequently. We found some under-reporting of the number of acts of self-harm.

**I.30** There was no local suicide and self-harm prevention strategy but there was a comprehensive death in custody action plan, derived from recommendations made by the Prisons and Probation Ombudsman following deaths in custody, and a local safer custody action plan. These plans recognised shortfalls such as staff training and the quality of assessment, care in custody and teamwork (ACCT) case management documents, and efforts had been made to address them. However, insufficient progress had been made, and arrangements to support prisoners at risk of suicide and self-harm were not yet effective. There had been two self-inflicted deaths in custody since the previous inspection.

**I.31** Many prisoners we spoke to said that most staff did not care for or support them through their crises. Although we saw some excellent individualised care for a small number of prisoners, this tended to be in smaller, more discrete units, such as the in-patient unit and first night centre.

**I.32** Many of the prisoners on ACCTs were housed in poor accommodation. At least two were in cells with broken windows with jagged glass (see Appendix VI). Despite efforts to try to prioritise those on ACCTs for placement into activities, we found most such prisoners locked up in their cells with little to keep them purposefully occupied (see main recommendation S59). An outreach worker from the education department engaged with a small number of prisoners on ACCTs to provide some in-cell activity. Nineteen Listeners worked on a rota basis and had good access to prisoners at risk.

**I.33** The quality of ACCT documents had improved slightly from a very low base, and assessments were timely and generally good. However, there were still significant frailties with the ACCT process: reviews were often not multidisciplinary; case management was inconsistent; care maps were often limited and sometimes appeared incomplete when the document was closed; ACCTs were sometimes closed before the trigger date or event had happened; levels of observations were sometimes set too low compared with the risk posed,

and they were not always completed at the required frequency; many observations were too predictable, particularly at night; and there was often limited evidence in case notes that staff engaged meaningfully with prisoners (see main recommendation S59).

- I.34** Although the safer custody team had delivered refresher training in suicide and self-harm prevention to a large number of staff, we came across officers, including night staff, who told us that they had not received any refresher training.
- I.35** The mental health and psychology teams had introduced several new initiatives to support prisoners in crisis, including the 'self-harming programme' and 'learning to cope clinic', but few prisoners had engaged with these programmes to date.
- I.36** Over 70 prisoners on ACCTs had been held on the segregation unit in the previous six months, often in the absence of exceptional circumstances to warrant this.

## Recommendations

- I.37 All acts of self-harm should be recorded.**
- I.38 All staff should receive regular refresher training in safer custody issues, including suicide and self-harm prevention.**
- I.39 Prisoners on assessment, care in custody and teamwork (ACCT) procedures should only be held on the segregation unit in exceptional circumstances and as a last resort.**

## Safeguarding (protection of adults at risk)

### Expected outcomes:

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

**I.40** *There was a prison-wide safeguarding strategy and there were some good examples of safeguarding need being met. However, further work was needed to ensure better identification and support of prisoners in need by wing staff.*

- I.41** There was a prison-wide safeguarding policy, and the prison's safeguarding lead attended the local adults safeguarding board.
- I.42** Although wing staff were unclear about the concept of safeguarding adults and had little knowledge of the Care Act, we saw examples of them identifying some less obvious needs and making appropriate referrals to specialist staff in the prison. However, the limited amount of time out of cell (see section on time out of cell) and use of professional interpreting (see paragraph 2.32), and lack of awareness about prisoners who might have been self-isolating, did not give us confidence that all needs would be identified.

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

- I.43** Communication between the health services team and the prison was generally not good enough to ensure that all needs were met and understood by all those involved in their support, including wing staff.
- I.44** The health services team was able to refer cases to adult social services under the Care Act. Nine referrals had been made but there had been long delays in assessments being carried out. At the time of the inspection, no assessments had resulted in the provision of local authority support, although some had concluded that continuing care should be funded by the NHS (see also paragraph 2.75).

## Recommendation

- I.45** **The safeguarding strategy should ensure good communication of safeguarding needs across the prison and that individual needs are met through multidisciplinary care planning, involving health services and wing staff alike.**

## 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.46** *The flow of information into the security department was reasonably good, although analysis was inadequate. Drugs and alcohol were easily available (and the use of non-detectable new psychoactive substances was increasing rapidly) but there was no supply reduction strategy or action plan. Links between the security department and other areas of the prison were underdeveloped.*

- I.47** There were no obvious deficiencies in physical security, with the exception of far too many broken windows facing the perimeter wall (especially on A wing). Many of these had arisen as a result of prisoners attempting to retrieve contraband thrown over the wall, much of which had been retrieved by the perimeter patrols.
- I.48** There was a reasonable flow of intelligence, with an average of 400 intelligence reports (IRs) – most relating to drugs and weapons – being submitted in the previous six months. However, there was no record of actions arising from the subsequent analysis – for example, the number of searches requested against the number carried out. Given the high mandatory drug testing (MDT) positive rate (see below) and regular finds of drugs and mobile telephones within the grounds, we did not consider that the number of intelligence-led searches and suspicion drug tests was sufficient to meet the challenge posed to the prison.
- I.49** Access around the site was well managed and supervision of prisoners during free-flow was good. Dynamic security was weak. Relationships between staff and prisoners were often distant and few staff we spoke to demonstrated sufficient knowledge of the prisoners in their care, often stating ‘not my wing’ or even ‘not my prison’ as a reason (see also paragraph 2.13).
- I.50** A range of data relating to the number of IRs received was presented at the monthly security committee meeting (including the drug supply reduction strategy) but there was little in-depth analysis to identify current and emerging issues, and develop strategies to disrupt and

address illicit behaviour. There were insufficient links to other departments, resulting in vital information-sharing opportunities, concerning gang-related activity, violent incidents and emerging drug threats, being missed. Monthly objectives were identified but there was little knowledge of these beyond attendees of the meeting.

- I.51** In our survey, 39% prisoners said that it was easy to get drugs and 20% that it was easy to get alcohol. Eleven per cent said that they had developed a problem with diverted medication since they had been at the prison (see also paragraph I.76) – these results were all higher than at similar prisons and than at the time of the previous inspection. Prisoners told us (and this was supported by finds and incidents) that the availability of new psychoactive substances (NPS; new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects) was increasing rapidly, and these drugs were not detectable by MDT.
- I.52** The positive random MDT rate for the six months to October 2015 was high, at 15.4%. However, the establishment had conducted only six suspicion drug tests in the six months to the end of November 2015. There was no drug supply reduction plan or drug strategy meeting to coordinate and direct action against substance misuse.

## Recommendations

- I.53** **Intelligence data (including requests for searches and suspicion tests) should be scrutinised to identify trends and hotspots of illegal activity, and clear objectives developed and shared in order to respond to emerging threats to the security and safety of the prison.**
- I.54** **The scale and nature of drug use should be analysed, and clear and measurable action taken to reduce availability and use.**

## Incentives and earned privileges<sup>3</sup>

### Expected outcomes:

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

- I.55** *There was no evidence that the incentives and earned privileges scheme incentivised good behaviour. Staff understanding of the policy and processes was poor.*

- I.56** At the time of the inspection, 143 prisoners were on the enhanced level of the scheme and 54 were on basic. All prisoners arriving at the prison, even those transferring from other prisons, were placed on entry level, regardless of their history.
- I.57** The differentials between the levels of the scheme were clear in the IEP policy, and included varying access to television, earnings and association. However, the very restricted regime and limited time unlocked rendered much of the scheme ineffective as there was too little offered to encourage good behaviour.

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

- I.58** Prisoners on the basic regime said that they had received no warnings before being downgraded, and prisoner records confirmed inconsistencies in application. Prisoners stayed on the basic level for too long, in poor conditions, with little opportunity to demonstrate improved behaviour. Too few individual behavioural targets were set and the basic regime was not implemented according to the policy – for example, some prisoners were allowed a television but others were not.
- I.59** A recent audit of the scheme had identified important failings, and an action plan had been developed as a result. A re-launch was under way to raise staff awareness and understanding about the scheme. A comprehensive information pack had been sent to staff to support the re-launch but too few staff said that they knew about it.

## Recommendation

- I.60** **The incentives and earned privileges (IEP) scheme should be applied consistently to support positive behaviour. The regime for prisoners on the basic level should include periods of association, purposeful activity and daily access to showers and telephones.** (Repeated recommendation I.49)

## 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.61** *The number of adjudications was high. Managerial scrutiny of use of force had lapsed and the number of incidents was high. There was little evidence of de-escalation, and oversight of use of special accommodation was poor. The number of prisoners segregated was similar to that at similar prisons and lengths of stay were not usually excessive. Staff–prisoner relationships on the unit were good.*

## Disciplinary procedures

- I.62** The number of adjudications had increased substantially and was higher than elsewhere; in the previous six months, there had been over 1,500 hearings, compared with around 1,000 at the time of the previous inspection. Records and data we saw indicated that many adjudications could have been dealt with less formally. Many cases remained incomplete or had been dismissed because they were out of time. There was no quality assurance process.

## Recommendation

- I.63** **There should be regular oversight and monitoring of adjudications, including a system for quality assurance.**

## The use of force

- I.64** Levels of use of force had increased considerably and were far higher than at similar prisons and than at the time of the previous inspection. A disproportionate number of incidents

involved young adults. Managerial oversight was weak and there had been only two use of force committee meetings in 2015. There was little scrutiny of individual incidents and no reviews of video recordings of planned interventions. The video recordings and use of force paperwork we reviewed showed too little de-escalation and we were not assured that all uses were proportionate. A wide range of data was collated by the use of force coordinator but this was not used effectively to identify any emerging issues (see main recommendation S60).

- I.65** There were few recorded uses of the special accommodation but we found evidence of routine unauthorised and unmonitored use in paperwork and in video footage of planned removals. Baton use was also higher than at similar prisons (11 batons had been drawn in the previous six months) and than at the time of the previous inspection but there was no evidence of any review of use.

## Recommendation

- I.66 All uses of special accommodation should be authorised and monitored.**

## Segregation

- I.67** Levels of segregation were comparable to those at similar prisons. The segregation unit was generally clean and in good order. Cells were mostly well equipped and clean. Prisoners we spoke to on the unit reported good treatment by the unit staff and we saw generally helpful interactions.. The average length of stay on the unit was nine days, although some prisoners had been located there for long periods, often for their own protection, waiting for a place at a category B sex offender prison. There were no formal reintegration plans but records showed that most prisoners returned to normal location.
- I.68** The regime on the unit was poor, particularly for the few prisoners who stayed for long periods, and there was no opportunity for any on- or off-unit activity. Exercise periods, although held in association with others, were too short, at around 30 minutes. Segregated prisoners on the basic level of the IEP scheme had access to only three showers per week.

## Recommendation

- I.69 The regime on the segregation unit should be improved, to include the opportunity for a daily shower for prisoners on the basic level of the IEP scheme, some purposeful activity and the opportunity for at least 60 minutes in the open air.**

## 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.70** *The psychosocial team delivered a wide range of group-work options but prisoners' access varied widely according to their location in the prison. First night arrangements for prisoners with substance use treatment needs were inconsistent and unsafe, especially for those in alcohol withdrawal. Daily medication administration was not well managed, especially on the drug treatment wing (C wing). With the exception of joint clinical reviews, clinical and psychosocial services were not sufficiently well integrated.*
- I.71** Psychosocial services were delivered by the Rehabilitation of Addicted Prisoners trust (RAPT) and clinical treatment by Central and North West London NHS Trust (CNWL).
- I.72** The psychosocial team delivered one-to-one sessions and a wide range of groups at low- and medium-intensity levels. Group-work courses included Living Safely (a low-intensity programme covering harm reduction), Stepping Stones (a medium-intensity programme looking at motivational enhancement, relapse prevention and an introduction to recovery principles) and Responsible Recovery (a medium-intensity support and recovery group). Mutual aid meetings, run by external facilitators from Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), were also available weekly.
- I.73** Prisoners' access to these groups varied widely according to where they were located. Those on the drug treatment wing (C wing) theoretically had access to all programmes and regular one-to-one sessions, although regime and staff shortage issues had caused some sessions to be cancelled. We were also told that some wing officers failed to unlock prisoners on this wing to attend groups, even though they had been notified in good time. Prisoners on the other wings had even more limited access to groups; for example, those on E wing had no access to group programmes except for mutual aid meetings with AA and NA staff.
- I.74** First night arrangements for prisoners with substance use treatment needs were inconsistent. Prisoners arriving at the establishment after 7pm were not guaranteed to see a doctor or go to the Conibeere detoxification/stabilisation unit, or even to be prescribed the necessary detoxification medication on their first night. Patients with alcohol misuse problems were especially at risk as failure to treat alcohol withdrawal can result in death (see also paragraph I.11). An internal audit conducted in September 2015 showed that, in a two-week period, 17 prisoners who had been found in their initial screening to have alcohol problems had not seen a doctor on their first night.
- I.75** The small Conibeere unit was the nominated stabilisation wing. The quality of care and clinical treatment there, provided by staff and trained peer supporters, was good. However, it was used to hold high-risk prisoners with behavioural problems or other vulnerabilities (see paragraph I.26) but not necessarily with substance use treatment needs. This meant that, at times, when large numbers of prisoners arrived at the establishment together, those with detoxification needs were placed in double cells on the first night centre or even on other, general location wings instead of the Conibeere unit. As only the latter unit had 24-hour nursing cover, these other options were not able to provide the best level of care.
- I.76** A total of 140 prisoners were receiving opiate substitution treatment, of whom 101 were on maintenance doses and 39 on reducing doses. The daily administration of controlled drugs

was not managed well, especially on C wing. We saw prisoners jostling around the medication hatch, with little challenge by officers. This rendered the process open to abuse and gave individuals no privacy when talking to nurses (see paragraph 2.101 and recommendation 2.104).

- I.77** With the exception of joint clinical reviews, clinical and psychosocial services were insufficiently well integrated. There were no regular formal meetings between teams to discuss individual cases.

## Recommendations

- I.78** Prisoners with substance use problems should have access to group programmes, regardless of their wing location.
- I.79** The prison and its primary health and substance use service partners should work together to introduce and oversee unambiguous, safe and effective first night clinical treatment. This should follow national guidance in taking account of prisoners' prescribing and observation needs.
- I.80** The role of the Conibeere unit should be clarified. Its current dual role as a stabilisation unit and as a unit for prisoners with behavioural problems and other vulnerabilities should cease.

## Section 2. Respect

### Residential units

#### Expected outcomes:

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

**2.1** *The overall cleanliness and standards of communal areas and cells had improved but too many cells were overcrowded and in poor condition, with graffiti and broken furniture and windows. Many showers were stained, dirty and poorly screened. Despite considerable effort by the prison, there were significant issues with the quantity and quality of prison clothing and furniture. Applications were not tracked, and applications orderlies had access to sensitive information and prisoners' mail.*

**2.2** The cleanliness and standards of accommodation had improved. However, too many cells were overcrowded and still in a poor state, particularly on the older wings, where we saw graffiti and dirty toilets without lids or screening. Prisoners had improvised with makeshift screens made from bedding. Broken windows were sometimes sealed with newspaper and magazines to prevent cold draughts. A programme of deep-cleaning toilets was under way during the inspection but we were told that the performance of the new facilities management providers was poor and had led to delays in repairs and maintenance (see main recommendation S61).

**2.3** Many cells lacked adequate furniture and prisoners and staff complained about the lack of clothing and bedding. In our survey, only 67% of prisoners said that they received clean sheets every week, and 42% that they were offered clean clothes for the week, both of which were worse than the comparators. The stock of clothing was too small and of poor quality. The prison had made substantial attempts to remedy the situation through local and national channels (see main recommendation S61) but the national contracts to deliver basic essentials such as clothing, bedding and furniture were failing.

**2.4** Prisoners were employed to clear the external areas twice a day. In spite of this, considerable amounts of litter and food waste quickly accumulated, which exacerbated the serious vermin problem. We routinely observed rats in the prison grounds during the day and night.

**2.5** Prisoners had access to showers and telephones during association periods. There were sufficient telephones on each wing. Showers were often dirty and had developed problems with rust and lime scale. Some also had no effective privacy screening (see main recommendation S61).

**2.6** In our survey, 65% of prisoners said that it was easy to make an application, which was lower than the 73% comparator. Fewer than at comparator establishments said that applications were dealt with fairly or quickly. A relatively new system was in place, whereby prisoners were employed to collect, sort and log all applications. These were not tracked and there was no way to check the timeliness of replies. We were concerned to see applications orderlies given access to sensitive information and prisoners' mail.

## Recommendations

- 2.7** Cells designated as single cells should not be used for more than one prisoner.
- 2.8** The timeliness and quality of responses to prisoner applications should be monitored by prison staff. Applications orderlies should not have access to sensitive information.

## 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.**

**2.9** *Fewer prisoners in our survey than at similar prisons said that staff treated them respectfully, and more reported victimisation by staff. While we witnessed some good staff–prisoner interactions, we saw the indifference of some staff undermine the regime and some serious complaints were not investigated well enough.*

- 2.10** In our survey, only 63% of prisoners said that most staff treated them respectfully, which was far lower than the 74% comparator, and only 61% of prisoners said that they knew a member of staff that they could turn to for help if they had a problem. Over a third said that they had been victimised by staff, which was also higher than at similar prisons.
- 2.11** We saw some good interactions between staff and prisoners but we also witnessed some inappropriate and unprofessional exchanges.
- 2.12** Prisoners complained of inconsistency in the application of the prison rules and we saw some staff who ignored, or failed to inform themselves of, the correct rules and procedures – for example, some staff failed to follow unlock times or the rules for basic prisoners – and this undermined prisoner confidence in staff and the regime. Several complaints against staff had not been investigated properly (see paragraph 2.53).
- 2.13** A recent influx of detached duty prison officers had temporarily increased staff numbers but their inability to log into electronic case notes and their poor knowledge of prisoners were unhelpful and a potential risk. There was no personal officer scheme in operation, and case notes contained little evidence of regular, high-quality interaction. Only 25% of prisoners in our survey said that someone had checked on their welfare in the last week.

## Recommendations

- 2.14** Prisoners' poor perceptions of staff and high levels of victimisation from staff should be explored and issues addressed.
- 2.15** Detached duty staff should have access to electronic case notes.

## Equality and diversity

### Expected outcomes:

**The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>4</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.**

**2.16** *The strategic management of equality work was weak. There had been too few diversity and equality action team meetings; consultation with key protected groups was poor; and the prison had been too slow to act on significant adverse monitoring data for some groups. There was insufficient support for a number of groups, including foreign national prisoners, those with disabilities and young adults. However, black and minority ethnic prisoners responded similarly to, or better than, white prisoners on their treatment and conditions and there was some good provision for Gypsy, Traveller and Romany, and older prisoners.*

### Strategic management

- 2.17** There was a tailored equality policy which covered all protected characteristics. However, it was underdeveloped – for example, it did not cover the needs of young adults.
- 2.18** There had been too few diversity and equality team (DEAT) meetings, and none between March and August 2015. Prisoner representatives had attended only one meeting in 2015. However, the local chief immigration officer had attended the last two meetings, which enabled the prison to address some of the practical and logistical problems associated with the management of a large foreign national prisoner group.
- 2.19** Although there was evidence that DEAT meetings and the equality action plan had produced some useful work, they had not ensured the prompt investigation of concerning data from the equality monitoring tool (EMT), particularly for Muslim prisoners and young adults (see below).
- 2.20** In addition to the functional head, two officers and an administrator undertook equality work but they were also engaged in safer custody work, and it was difficult to see how they could adequately address the complex equality issues they faced when also dealing with high levels of violence (see also paragraph 1.24).
- 2.21** There were prisoner diversity representatives on each wing, who provided useful support to prisoners and were well supported by the equality team.
- 2.22** A total of 18 discrimination incidents had been reported in the previous six months. Investigations were adequate and evidenced good challenge of racist behaviour. Not all responses were timely.
- 2.23** There was good engagement with some external support groups and charities.

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

## Recommendations

- 2.24** The diversity and equality team should meet regularly, to provide strategic oversight of equality work and ensure that equality monitoring tool (EMT) data and other evidence suggesting the disproportionate treatment of a protected group is investigated promptly.
- 2.25** There should be regular consultation meetings with prisoners from all minority groups, to discuss EMT data and prisoners' perceptions about equality and diversity.

## Protected characteristics

- 2.26** About 60% of prisoners came from a black and minority ethnic background. In our survey, this group reported similarly to, or better than, white prisoners on most questions. EMT data showed that black prisoners were disproportionately represented on the basic level of the incentives and earned privileges (IEP) scheme, but raised no other consistent, significant concerns. There had been no black and minority ethnic forums.
- 2.27** Gypsy, Traveller and Romany prisoners had access to good support from the Irish Council of Prisoners Overseas, including a monthly support group.
- 2.28** Almost 30% of prisoners were Muslim, and in our survey they reported a worse experience of prison life than other prisoners, particularly concerning questions about their dealings with staff. Only 4% of Muslim prisoners said that staff spoke to them all/most of the time during association, compared with 15% of their non-Muslim counterparts. Only 28% said that they had been treated fairly in their experience of the IEP scheme, compared with 41% of non-Muslim prisoners. They also reported a worse experience on questions concerning victimisation by staff. The poor perceptions of this group were reflected in adverse EMT data for the year across many measured areas. For example, Muslim prisoners were more likely to be charged with an adjudication and to be on the basic level of the IEP scheme, and they spent more time in segregation. There were no regular forums for this group.
- 2.29** Systems to identify prisoners with disabilities were inadequate. A total of 156 prisoners had no information recorded on whether or not they had a disability. Those with a disability reported a worse experience of prison life than others across most questions in our survey, including on safety and victimisation. There were no forums for these prisoners. The EMT did not provide any comparative information on the treatment of this group, and the reasons for this had not been fixed.
- 2.30** Not all prisoners who needed a personal evacuation plan had one. Some staff did not know of prisoners in their care who had a plan, and the standard of plans was poor. No prisoners with disabilities had a wing support plan and we found some examples of unmet need. There was an informal buddy scheme, in which prisoners with disabilities received help with some daily tasks from others. However, it was not sufficiently well supervised, leaving some at risk of exploitation. Little had been done to adapt cells, showers and other areas for the use of prisoners with disabilities.
- 2.31** Although we found some examples of unmet need, older prisoners reported more positively than younger prisoners across a range of questions in our survey, and those we spoke to felt well supported by staff. There were monthly forums for this group, which were attended by health services staff. There was also a well-structured activities programme for the over-50s.

- 2.32** Foreign national prisoners comprised 33% of the population, with about 50 who did not speak English. They reported more positively than British prisoners across a range of questions in our survey. More documents than we usually see had been translated into common languages. However, we were told that wing staff rarely used professional telephone interpreting. Several staff told us that there were only one or two non-English speakers on their wing, suggesting that they substantially underestimated the scale of the issue. We saw some examples of the prison failing to use independent interpreting for confidential communications. Regular monthly forums had been held for a nationality group, selected from those with the highest number of prisoners.
- 2.33** Five immigration enforcement officers were based in the prison, and weekly surgeries were held on each wing. Prisoners told us that Home Office decision making was slow and many lived in prolonged uncertainty about their future. There was poor access to free independent immigration advice, even for prisoners and detainees who were entitled to legal aid. Several prisoners reported problems in putting money on their foreign national PIN telephone accounts, compounding their sense of isolation, particularly for those who did not speak English.
- 2.34** A total of 36 foreign nationals were being held under immigration powers. Prisoners were only told at the end of their sentence that they were going to be detained – in some cases, on the day they were due to be released, which was unacceptable, although the prison had made efforts to mitigate the problem.
- 2.35** EMT data for the year showed that young adults received disproportionate treatment across most measured activities but this had not been investigated. Staff had not been trained to work with young adults and there were no regular forums for this group. The prison had some ideas as to how to improve outcomes for the group but these had not been formulated into a plan.
- 2.36** There was insufficient support for gay prisoners, who were not systematically identified on arrival, or subsequently.

## Recommendations

- 2.37** **Members of protected groups should be identified systematically and confidentially, and individual support plans provided when needed.**
- 2.38** **Discrete action plans should be developed and maintained, to promote good outcomes for Muslim prisoners, those with disabilities and young adults.**
- 2.39** **Staff should use an accredited professional interpreting service whenever matters of accuracy and/or confidentiality are involved.**
- 2.40** **Immigration detainees should be given at least one month's notice of a decision to detain them.**

## Housekeeping point

- 2.41** Prisoners should be able to add money promptly to their foreign national PIN telephone account.

## 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.**

**2.42** *Prisoners of all religions could attend worship and the chaplaincy provided a range of religious meetings. Links with community faith groups were good and resettlement support was effective. There were good initiatives to tackle radicalisation and promote religious understanding.*

**2.43** In our survey, more prisoners than at comparator prisons said that their religious beliefs were respected and that it was easy to attend religious services. Since the previous inspection, the requirement for a weekly application to attend worship had been lifted and there were prisoner multi-faith representatives on the wings to advise and support other prisoners.

**2.44** Religious leaders for all religions represented at the prison provided worship and chaplaincy services. In addition to the impressive Christian chapel, there was a multi-faith centre, currently undergoing refurbishment, where a range of religions, including Sikh and Hindu, held meetings.

**2.45** The diverse chaplaincy was well integrated into the prison regime. The managing chaplain was a member of the senior management team and chaplains were core members of prison management groups, including security, safer custody, equality and reducing reoffending.

**2.46** Community contacts were well developed with Muslim and Christian groups, providing support for prisoners in the prison and in the community after release. The chaplaincy also managed the Inside Out group, which mentored prisoners and supported them on release. At the time of the inspection, they were mentoring nine prisoners and supporting 14 in the community.

**2.47** Volunteers played a large role in supporting classes and worship, and as prison visitors.

**2.48** The chaplaincy was developing effective strategies for challenging radicalisation. The Tarbiyah programme, instruction in Islam approved by the National Offender Management Service, was provided and there were events for prisoners and staff promoting knowledge of Islam. Chaplains were members of the Pathfinder group, which planned the management of prisoners convicted of extremist offences, or as being vulnerable to radicalisation.

## 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.**

**2.49** *Access to the complaints process was reasonable. Too many responses were late and their quality was not good enough but quality assurance processes provided some valuable feedback. Complaints against staff were not investigated adequately. Information from complaints was used to improve the timeliness of responses but not to improve conditions in the prison.*

- 2.50** In our survey, more prisoners than at the time of the previous inspection but fewer than at comparator prisons said that it was easy to make a complaint. We found complaints boxes on all wings, with a full range of complaint forms, envelopes for making confidential access complaints, and information leaflets about the Prisons and Probation Ombudsman.
- 2.51** Too many complaints were not dealt with promptly, and in our survey only 17% of prisoners, against a comparator of 26%, said that they were dealt with within seven days. Prison managers had recognised this problem and were monitoring the timeliness of responses through the senior management team. Timeliness was improving but was still not good enough.
- 2.52** Quality assurance measures had been introduced and we saw some valuable feedback provided to staff answering complaints. However, too many responses were still curt and many did not deal fully and reasonably with the issue complained about. We found examples of complaints alleging discriminatory behaviour which had not been dealt with through the discrimination incident report form process.
- 2.53** Of particular concern was the cursory way in which complaints about staff had been handled, especially allegations of excessive and unwarranted force, for which there was no record of a rigorous examination of all the evidence available. For example, one response expressed regret that a prisoner had been injured during restraint but did not report on an examination of use of force records.
- 2.54** Information about the type and origin of complaints was gathered and reported to the senior management team. While the issue of timeliness was being addressed, there was no use of complaints information to inform action to improve the establishment.

### Recommendations

- 2.55** **Prisoner complaints should be answered within seven days; responses should be polite and deal with the issue complained about.**
- 2.56** **Prisoners' complaints about staff should be investigated thoroughly and appropriate action taken.**
- 2.57** **Prisoner complaints which allege discrimination should be investigated through discrimination incident report form procedures.**

## 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.**

**2.58** *There were no trained legal services staff but prisoners representing themselves could work on cases in the library. The bail information service had been withdrawn. Legal visits were not sufficiently private and were difficult to book.*

**2.59** There were no trained legal services staff. Prisoners representing themselves were able to work on legal cases in the prison library and had access to a wide range of legal textbooks, although access to the library was problematic (see paragraph 3.45).

**2.60** The bail information service, previously provided to identify and support prisoners who could apply for bail, was no longer available. Although prisoners could be helped to obtain a bail address through the Bail Accommodation Support Service (BASS), in reality this was used solely to provide accommodation for those applying for home detention curfew.

**2.61** In our survey, prisoners' responses to questions about legal visits and communication with their legal representatives were more negative than those at similar prisons. The severe restrictions on time out of cell made it difficult for many prisoners to telephone legal representatives, and they told us that staff were not always able to let them out individually to make calls (see also section on time out of cell).

**2.62** Legal visits were available every day but there were not enough rooms for all such visits, and some had to be held in an open area, which did not provide adequate privacy. Visiting legal representatives complained about the complications involved in booking a visit to their clients; all bookings had to be made via email and it took three working days to be told if the time requested was available, causing problems in scheduling consultations within the limits of some remand periods.

## Recommendations

**2.63 Remanded prisoners should be offered access to a bail support service.**

**2.64 Legal visitors should be provided with adequate privacy.**

## Housekeeping point

**2.65** Legal visitors should have their booking confirmed immediately.

## 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.**

- 2.66** *Most areas of health provision were reasonably good but weaknesses in reception screening and poor access to external hospital appointments created serious risk. An adequate range of primary care services was provided but on some wings prisoners waited too long to see the GP. The management of long-term conditions was mostly reasonable, although care planning was limited to those with long-term conditions and complex physical health needs. The management of medicines was reasonably good, although supervision of medicine administration queues by custody staff was unsatisfactory. Dental services were satisfactory. Mental health services were good but too many prisoners waited too long for transfers to secure hospitals.*
- 2.67** *The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)<sup>5</sup> and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement with subsequent notices issued by the CQC which have been detailed within Appendix III of this report.*

### Governance arrangements

- 2.68** The Care Quality Commission issued two 'requirement to improve' notices following the inspection (see Appendix III).
- 2.69** NHS England commissioned Central London Community Healthcare NHS Trust (CLCH) to provide health services, and they subcontracted Central and North West London NHS Trust (CNWL) to provide secondary mental health services. Working relationships between the commissioner, prison and providers were good. Well-attended partnership board meetings and monthly quality forums covered all essential areas. A prison health and social care needs assessment completed in March 2015 informed service delivery. A newly commissioned service was due to start in April 2016. The service had experienced staffing shortages, which had been mostly mitigated by the use of regular agency and bank staff; however, they still had some vacancies.
- 2.70** In our survey, the number of prisoners who said that the overall quality of health services was good or very good was similar to the comparator and higher than at the time of the previous inspection.
- 2.71** Health services were delivered in the health centre and on the wings. Most areas provided a good environment. Nurses undertook the cleaning of the treatment rooms, including the floors, but not always daily. Most rooms looked clean but this arrangement did not meet NHS standards and was not good use of nurses' time.

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

- 2.72** The health care interactions we observed were conducted in a professional and caring manner. An appropriate range of policies, including control of communicable diseases and safeguarding, was utilised.
- 2.73** Mandatory training was well managed and professional development opportunities were available. Health services staff felt supported, although not all had received regular formalised managerial or clinical supervision, so it was unclear if the needs of the individual or the organisation were being met.
- 2.74** A senior nurse had been identified for the care of older prisoners. There was access to mobility and health aids.
- 2.75** Since the implementation of the Care Act in April 2015, the health services team had made nine social care referrals. Further work had been identified by the relevant agencies as assessments by the local authority had taken too long, resulting in a third of the referred prisoners being discharged before assessment (see also paragraph 1.44).
- 2.76** There was a confidential health care complaints system. Most of the responses we sampled were timely and respectful but some did not address the issues highlighted.
- 2.77** Standardised, regularly checked emergency bags, including oxygen and automated external defibrillators, were located in clinical rooms across the prison. Most custody staff we spoke to were aware of the emergency response protocol, although too few had received emergency first-aid training. Ambulance response times were good.
- 2.78** Health promotion materials were displayed in the health centre and on the wings, although limited information was available in languages other than English. Waiting times for smoking cessation services were short and access to immunisations and screening for blood-borne viruses were good. Abdominal aortic aneurysm screening and bowel screening were not carried out, despite attempts to organise this, because of external difficulties. Barrier protection was available from health services staff and was advertised.

## Recommendations

- 2.79 All clinical areas should meet relevant cleaning and infection control standards.**
- 2.80 All staff should have easy access to recorded clinical and managerial supervision.**
- 2.81 Prison staff should be trained to respond to medical emergencies and receive first-aid and resuscitation training.**

## Housekeeping points

- 2.82** All complaint responses should address the concerns raised.
- 2.83** Health promotion literature should be available in a range of languages pertinent to the population.

## Delivery of care (physical health)

- 2.84** Large numbers of prisoners often arrived in reception late and did not always receive an initial health screening to identify immediate health needs until the following day, which

posed a potential risk to the health and safety of the prisoner (see also paragraph 1.11). The initial screening tool included mental health, disability and substance misuse. Assessments were completed by registered nurses and appropriate referrals were made. Professional telephone interpreting, with dual handsets, was available for non-English-speaking prisoners. During the inspection, we saw two prisoners being screened at the same time in closely adjoining rooms, with the door open. In one room, there was the facility for two prisoners to be screened simultaneously; a curtain divided the area but it did not close fully, a shared toilet was located in this area, and conversations could be overheard. All of these issues compromised prisoners' confidentiality and dignity.

- 2.85** Prisoners could see a nurse each day on the wings but only for a limited time, owing to the restrictions of the regime, and they sometimes had to choose between attending an appointment and undertaking other essential activities.
- 2.86** A regular group of six GPs was available from 9am until 10pm. Out-of-hours emergency GP cover was provided by Prime Care, to the same level as in the community.
- 2.87** A pharmacist-run respiratory clinic and a specialist nurse diabetic clinic were held weekly. There was a long-term condition register and regular reviews were held with health services staff. Entries on SystemOne (the electronic clinical record) were good but there were no care plans for individuals with complex or long-term conditions, with the exception of a few for wound management.
- 2.88** An adequate range of primary care services was available, with reasonable waiting times, although the waiting list for the optician was too long, with the longest wait being five weeks and six days. GP and advanced nurse practitioner clinics were run on each wing but on some wings prisoners waited two to three weeks to see a GP, which was too long. A consultant provided a weekly sexual health clinic.
- 2.89** Access to external hospital appointments had deteriorated. An increase in the number of incidents requiring emergency care and a shortage of custody escort staff had contributed to this, resulting in prisoners waiting too long for necessary treatment, and this was having a detrimental impact on their health.
- 2.90** The mental health inreach team (MHIRT) managed the inpatient unit and provided a good environment and support for up to 17 patients, most of whom had severe mental illness and complex needs. Admissions were all for clinical need but there were often too few beds available to meet demand. This resulted in patients sometimes being located on the first night centre and on the wings, where they received good support, while waiting for admission to the inpatients unit. Twice-weekly multidisciplinary ward rounds supported effective case management, with good care planning and access to appropriate activities on and off the unit.

## Recommendations

- 2.91** **The initial health screening of prisoners in reception should be carried out in a confidential area and at an appropriate time to ensure that immediate health needs and the safety of the prisoner are met.**
- 2.92** **Prisoners should have adequate time to attend health care appointments, including receiving their medication, without having to choose between this and other necessary activities.**

- 2.93 Prisoners with life-long conditions and complex needs should receive regular reviews which generate an evidence-based care plan.**
- 2.94 Waiting times for primary care services, including the optician and GP, should not exceed clinically accepted waiting times in the community.**
- 2.95 External hospital appointments should not be cancelled and custody escort arrangements should be adequate and effective to meet the health care needs of the prison population.**

## Pharmacy

- 2.96** Medicines were well organised, with regular stock and expiry date checks. Drug refrigerator temperatures were recorded appropriately. Controlled drugs were managed effectively, although one register did not comply with legal requirements. The transport of medicines around the prison was secure. Errors, near misses and drug alerts were well managed.
- 2.97** Appropriate up-to-date protocols were followed, including a prescribing formulary (a list of medications used to inform prescribing) tailored to the environment, and prescribing levels of tradable medicines were low. Patient group directions (to enable nurses to supply and administer prescription-only medicine) and over-the-counter medicines were limited in range and most medicines could only be supplied against a prescription.
- 2.98** Most medicines were issued for named patients, with suitable arrangements for repeat prescribing. Robust reconciliation processes with community prescribers ensured that prisoners on arrival had their prescriptions verified. Prisoners had access to medication out of hours, and for transfers and court appearances.
- 2.99** Just over half of patients received their medication in possession and risk assessments were recorded and reviewed on SystemOne. Prisoners did not have lockable in-cell cabinets to store their medicines safely and there were no routine spot checks of prescribed medicines.
- 2.100** Electronic prescribing and administration of medicines were used well and concerns about drug compliance were followed up appropriately.
- 2.101** Medicines were generally administered at clinically appropriate times, although there was no routine provision for doses that needed to be given 12 hours apart. Prison staff did not routinely supervise the administration of medicines, which compromised safety and confidentiality and increased the likelihood of diversion and bullying. Delays caused by understaffing and compounded by the prison regime meant that medicine rounds consistently over-ran and often clashed with other scheduled clinics. We saw prisoners attending GP appointments in the same room as a medicines administration round, separated only by a curtain, which posed a security risk.
- 2.102** Prisoners could ask to see a pharmacist but there was no access to medicines use reviews. A well-attended medicines management committee met monthly and monitored prescribing trends, including those of tradable medicines.

## Recommendations

- 2.103 Prisoners should have secure storage for medication, and systematic checks should be conducted on patients receiving in-possession medication.**

- 2.104 Medicines administration should be supervised adequately by custody officers to ensure confidentiality and prevent diversion.**
- 2.105 Prisoners should have access to targeted medicines use reviews and there should be a wider range of patient group directions.**

### Housekeeping points

- 2.106** Controlled drug registers in the pharmacy should comply with legal requirements.
- 2.107** Treatment rooms to provide clinical consultations should not be used at the same time as medicines administration, to reduce security risks.

### Dentistry

- 2.108** Tooth And Mouth Limited provided a full range of NHS-equivalent services. The average wait for routine appointments was six weeks, with 86 prisoners on the waiting list at the time of the inspection. Dental clinics were provided five days a week, with one day for urgent dental care.
- 2.109** The dental suite was modern, spacious, met current infection control standards and was suitably equipped, with a separate decontamination room. Dental equipment, including an X-ray machine, was maintained and serviced regularly. There were arrangements for the disposal of dental waste.

### Delivery of care (mental health)

- 2.110** CLCH provided primary mental health services and CNWL provided the MHIRT. An open joint referral system was checked daily to ensure that urgent cases were seen promptly. A twice-weekly referrals meeting, attended by both providers, had been introduced in October 2015 to improve the management of referrals and joint working.
- 2.111** The primary mental health team, comprising two nurses, received an average of 36 referrals a month and offered prompt assessment and access to an impressive range of groups, including music and drama therapy. The team lacked the resources to offer one-to-one brief interventions, which meant that the needs of some prisoners were not met. There was no counselling but the chaplaincy offered support for bereavement issues.
- 2.112** The MHIRT had an impressive skills mix, including learning disabilities, psychiatry, psychology, mental health nurses and family support workers. An appropriate range of individual and group support was provided for prisoners with severe and enduring mental illness and for some with mild-to-moderate needs, including self-harm, to mitigate the limitations in the primary mental health service. The team received around 100 referrals a month, and at the time of the inspection was supporting 130 prisoners. Liaison with community services and joint working with the prison were effective, and the team provided regular mental health awareness training to custody staff.
- 2.113** Eight of the 17 prisoners transferred to external mental health units in the previous eight months had waited more than five weeks, and one 20 weeks, which was excessive. Delays were generally outside of the prison's control and were due to a lack of beds, particularly in medium secure units.

## Recommendations

- 2.114 Prisoners with mild-to-moderate mental health problems should have access to a full range of support, including individual brief interventions and counselling.**
- 2.115 Prisoners requiring a transfer under the Mental Health Act should be 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.**

**2.116** *The food provided was poor. Meals were served too early and all prisoners ate in their cells, including those with unscreened toilets. Food consultation arrangements were reasonable. Kitchen facilities were generally clean, although some key equipment had been broken for a long time.*

- 2.117** In our survey, only 11% of prisoners said that the food provided was good, against the 21% comparator. All prisoners ate in their cells, including those with shared unscreened toilets. Breakfast packs were too small and issued with the lunchtime meal on the day before consumption. A fairly meagre cold lunch bag was distributed onto some wings from 11am, and the evening meal was served as early as 4.30pm on some wings – and even earlier at weekends.
- 2.118** Prisoners told us, and we observed, that food was served cold, with little or no monitoring of temperatures beyond the kitchen. The food we tasted was bland and unappetising. The quantity of food served was generally adequate (for the main cooked meals) but supervision was variable and portion control was often poor, leading to wide variations in what some prisoners received.
- 2.119** Twenty-five prisoners were employed at any one time in the kitchen. Although they had all had completed food hygiene training, there were no opportunities to obtain National Vocational Qualifications.
- 2.120** The kitchen and most serveries were generally clean but too much vital cooking equipment had been out of action for a long time.
- 2.121** Consultation arrangements with prisoners about the food were reasonable and included in the main prisoner forum. Comments books on the wings were not widely available as staff told us that they ‘slowed mealtimes down too much’.

## Recommendations

- 2.122 Lunch should not be served before midday and the evening meal not before 5pm. Breakfast should be served on the day it is eaten and should be of adequate quality and quantity. (Repeated recommendation 2.219)**
- 2.123 Catering equipment should be repaired or replaced within seven days of failure.**

## Purchases

### Expected outcomes:

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

**2.124** *Some prisoners waited far too long to receive their first full prison shop order. Distribution arrangements were effective and consultation was adequate.*

**2.125** Prison shop orders placed by the 12pm Friday deadline were distributed by wing from Tuesday to Thursday in the following week. New prisoners could therefore wait up to 13 days to receive their first full shop order, which was far too long and increased the risk of debt (see paragraph 1.25). In theory, new prisoners were allowed to buy additional smoking packs but in practice this rarely happened.

**2.126** Goods were distributed directly to prisoners in their cells by DHL staff and there was good monitoring of missing items.

**2.127** Catalogue orders could be made but there was a 50 pence administration charge per item.

**2.128** Prisoners were consulted about the shop and we saw evidence of the shop list being amended in response to consultation.

### Recommendations

**2.129** **Newly arrived prisoners should be able to buy items from the shop.** (Repeated recommendation 2.137)

**2.130** **Prisoners should be able to buy catalogue items without incurring an administration charge.**



## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

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

**3.1** *Many prisoners had too little time out of their cells and most were not involved in any activity. Exercise yards, with the exception of two, were bare and strewn with rubbish.*

**3.2** Since the previous inspection, as a result of acute staff shortages, an emergency regime had been running, which severely restricted prisoners' time unlocked. These restrictions had recently been relaxed a little with the arrival of additional staff, and a new core day had been introduced. However, staff did not always follow the new core day, there was regular slippage and there were considerable inconsistencies in time unlocked across the wings.

**3.3** Those in full-time work or education (mostly housed on B and E wings) had one hour of evening association four times a week, and had a maximum of eight hours a day unlocked.

**3.4** For most prisoners on the remaining wings, the published core day, specifying more than two hours unlocked each weekday day, was not adhered to. Typically, prisoners who did not work had one hour 40 minutes unlocked, either in the morning or afternoon. Even limited opportunities for prisoners to leave their cells were restricted by the delivery of lunch packs to cells and the cutting of association time for the distribution of prison shop purchases. In our spot checks during daytime unlock periods, an average of 55% of prisoners were locked in their cells and only 25% were involved in an activity, with only 13% in activities off the wing (see main recommendation S62).

**3.5** Prisoners had a maximum of only 40 minutes of outdoor exercise a day. The exercise areas varied in quality. There was a wide range of exercise equipment on the A wing yard, which we saw being well used, and a more limited range on the D wing yard. Other yards were bare and there was accumulated rubbish on many of them.

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

## Learning and skills and work activities

### Expected outcomes:

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

**3.6** *The senior management team had made substantial changes to the management of learning and skills and work, and recent action introduced by the new management team had started to show signs of improvement. Senior managers were clear about what needed to improve but shortages of prison staff had delayed progress. There were insufficient activity places and over 600 prisoners were unemployed. There was good partnership working between the prison and the education provider. Data collection had improved but was not used sufficiently effectively to evaluate the impact of improvements. The prison self-assessment was good but quality improvement measures were underdeveloped. The standard of teaching, learning and assessment in the education provision required improvement. The quality of coaching was generally good in vocational training. Individual learning plans were insufficiently detailed. Standards of behaviour were good. Too few prisoners had access to work and vocational training opportunities. Attendance and punctuality were poor. Overall achievements had improved but needed to improve further. The library facilities were good but underused.*

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

<b>Overall effectiveness of learning and skills and work:</b>	<i>inadequate</i>
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>requires improvement</i>
<i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>requires improvement</i>
<i>Personal development and behaviour</i>	<i>requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>inadequate</i>

### Management of learning and skills and work

**3.8** Following the previous inspection, the senior management team had recognised the need to restructure the learning and skills and work provision, and had made considerable management changes. Recent actions introduced by the new management team had started to show improvement. Senior managers were clear about what needed to improve but shortages of prison staff had delayed progress. The management of prisoner movements to activities was ineffective at ensuring that they were able to access activities and were punctual. Partnership working between the prison and the new education provider was good, with an increased focus on quality improvement. However, the education and vocational training provision provided by Novus required improvement. The collection and

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

analysis of data had improved but this information was not used effectively to evaluate the impact of the improvement measures introduced.

- 3.9** The prison self-assessment process had improved. The resulting report was comprehensive in its coverage, using clear evidence to support judgements, and it identified many of the areas for improvement that we found during the inspection. The quality improvement group, chaired by the governor, had a clear focus on reviewing performance and monitoring progress, and was becoming an effective tool for improvement. Good use was made of consultation with prisoners to support planning and curriculum development.
- 3.10** The quality improvement arrangements in the non-Offender Learning and Skills Service (OLASS) provision needed further development, particularly the planning of observations of teaching and learning. Quality improvement arrangements carried out by the education provider, particularly the observations of teaching and learning, had recently been improved. Development needs identified as part of the observation process effectively linked to staff development and performance management. Opportunities for staff development, both in the prison and externally, had improved and there was good support for tutors who needed to improve their skills.

## Recommendations

- 3.11** **Established data systems should be used to evaluate the impact of quality improvement measures.**
- 3.12** **Quality improvement arrangements for the non-Offender Learning and Skills Service provision should be strengthened, particularly for the observation of teaching, learning and coaching.**

## Provision of activities

- 3.13** Around 519 activity places were provided, which was insufficient to engage all prisoners in purposeful activities throughout the week. The variety and amount of purposeful work and vocational training provided were inadequate (see main recommendation S62). Vocational training was available in barbering, painting and decorating, industrial cleaning, laundry and rail maintenance. The range and variety of education courses were good, with a strong focus on English and mathematics. A few prisoners were studying on Open University or distance learning courses.
- 3.14** Allocation to activities took place weekly. A sequencing board had recently been introduced, to improve the sequencing of activities, in an attempt to reduce disruptions to learning. However, not all prisoners were allocated in a timely way, and activity places were left unfilled. There were waiting lists for the most popular courses. Almost 600 prisoners were unemployed and often those allocated to an activity arrived late or failed to attend because they had not been unlocked on time or not been unlocked at all (see main recommendation S62).
- 3.15** The amount of prison work available was limited, and it provided insufficient opportunities for prisoners to develop good work skills. Pay rates were under review, and the proposed new rates ensured that prisoners attending education classes would not be disadvantaged.
- 3.16** The education induction was effective. Initial assessment of prisoners' English and mathematics skills informed the allocation process effectively, ensuring that they were directed to the correct course. Timely careers advice and guidance, provided by the

National Careers Service as part of the induction process, was effective but there was an insufficient focus on promoting the achievement of English and mathematics as essential employability skills.

## Quality of provision

- 3.17** The standard of teaching, learning and assessment in the education provision required improvement, reflected by some considerable variance in prisoners' attainments.
- 3.18** Most teachers used a range of teaching methods and resources to create enjoyable learning sessions. They used good questioning techniques to check learners' understanding but too few teachers used this opportunity to extend learners' subject knowledge. In the better lessons – for example, in English for speakers of other languages (ESOL), entry-level mathematics, levels 1 and 2 in information communication technology (ICT), and English – teachers planned lessons well, clearly identifying the individual learning targets for each prisoner, which were explicitly linked to their individual learning plans. Teachers planned learning and assessment activities that challenged the more able and developed the less able learners well; a summary of the progress made by each learner was recorded accurately. In the weaker lessons, the use of peer assessment and self-reflection was underdeveloped. Teachers did not always use initial assessment information about learners' individual learning needs to plan learning and assessment effectively. As a result, not all prisoners made sufficient progress.
- 3.19** Teachers and tutors managed classroom behaviour well, producing a positive learning environment. However, in most sessions, teachers made insufficient use of the small number of prisoners designated as peer mentors, to help them manage the range of prisoners' expertise and skills in the session. Planning for the promotion of literacy and numeracy skills outside of English and mathematics classes was underdeveloped, which meant that not all teachers and tutors integrated English and mathematics skills development into education sessions well enough.
- 3.20** The quality of coaching in vocational training was generally good. Instructors were appropriately qualified and worked hard to meet the differing individual needs of learners. Prisoners in vocational training workshops had good opportunities to improve their English and mathematics.
- 3.21** Teachers and tutors provided prisoners with good levels of support, both in workshops and in classroom-based learning. A designated teacher provided vulnerable prisoners with adequate in-cell assistance. Specialist help and the monitoring of its impact for learners with additional support needs were underdeveloped; as a result, managers were not yet measuring the progress of these individuals against that of other learners.
- 3.22** In vocational training, resources were generally good and instructors used them well to demonstrate good professional practice to learners. Resources in barbering were excellent and reflected professional standards.
- 3.23** Prisoners received helpful verbal feedback from teachers and tutors. However, the quality of teachers' written feedback was too variable and often did not specify exactly what a prisoner needed to do to improve further. Teachers did not always correct spelling and punctuation errors in learners' written work, to help them identify their mistakes and improve their work.
- 3.24** Teachers set specific and individual targets for learners and most measured learners' progress in lessons. However, individual learning plans were not sufficiently detailed, which

meant that learners were not always clear about their strengths, what they needed to do to improve and where to get help and support. In vocational training, the use of individual learning plans was excellent in barbering but ineffective on other vocational courses. The quality of written resources in a small amount of the vocational training was poor, with bad grammar and poor spelling.

- 3.25** The promotion of equality of opportunity in education classes was good. On most courses, teachers celebrated diversity well, promoting a wide range of subjects, such as World Aids Day. In barbering, teachers engaged learners in discussions about articles from newspapers, such as a barbershop accused of breaching equality legislation by banning women.

## Recommendations

- 3.26** The overall quality of teaching, learning and assessment should be improved.
- 3.27** The role of peer mentors should be developed further, so that they can support and meet the needs of other learners more ably.
- 3.28** All staff should promote the importance of English and mathematics skills and ensure that all learners improve these skills so that they are better prepared for work.
- 3.29** The progress of learners with additional support needs should be monitored and the effectiveness of additional support evaluated.
- 3.30** The quality of feedback on learners' written work and individual learning plans should be improved, so that they know how to improve further.

## Personal development and behaviour

- 3.31** Learners enjoyed their learning, were engaged and motivated, and had a good attitude to developing new skills. In vocational training, they were confident to talk about their work and responded to questions well. On the barbering course, they developed skills to communicate effectively with clients as well as developing confidence in the application of professional skills. In ESOL and ICT courses, they were able to identify the new skills they had developed, and how they might use them in everyday situations and at work. However, in education classes, they did not always pay sufficient attention to ensure that the presentation of their work was good.
- 3.32** Standards of behaviour were good and prisoners were respectful to their teachers and peers. They worked well together, contributing to discussions in a controlled and meaningful way.
- 3.33** In non-accredited learning groups for vulnerable and older prisoners, prisoners developed good personal and social skills, gaining confidence to engage in debates, such as with the Oxford Union Debating Society, and engaging with the Shannon Trust mentoring programme.
- 3.34** Too few prisoners had access to work and vocational training opportunities to enable them to develop employability skills. In the small amount of prison work available, prisoners did not develop a good work ethic. Attendance and punctuality were not sufficiently good (see paragraph 3.14 and main recommendation S62). Too few learners gained a good understanding of employer expectations.

- 3.35** Most prisoners were able to make informed choices about their next steps in seeking education, training and future employment. However, too few had opportunities to develop employability skills, such as job search or interview skills.

### Recommendations

- 3.36** All staff should actively promote a positive attitude to learning, skills and work, supported by effective prison-wide strategies to improve attendance, punctuality and a work ethic.
- 3.37** Learners should be encouraged to improve the presentation of their written work, to reflect better their abilities.

### Education and vocational achievements

- 3.38** Too few prisoners were engaged in gaining accredited qualifications. Overall success rates had increased during the current year but still required improvement. Success rates were high on ESOL, foundation English, and mathematics; however, they were particularly low in level 2 English and mathematics. Most learners made the expected progress in lessons.
- 3.39** Learners' standard of work in ESOL and ICT was good but in other subjects was not sufficiently good in too many cases.
- 3.40** In vocational training, the number of learners who completed their qualifications successfully in industrial cleaning, painting and decorating, and the laundry was high. However, the number taking qualifications in the laundry was low owing to the lack of appropriately qualified staff. No learners had successfully completed the recently introduced barbering course or the rail maintenance course. They made good progress in acquiring vocational skills. They also improved their mathematical skills and use of English. The standard of work in vocational training was good.

### Recommendations

- 3.41** More learners should be engaged in accredited qualifications.
- 3.42** All learners should make at least good progress.
- 3.43** Success rates in English and mathematics should be improved.

### Library

- 3.44** The library facilities, provided by Hammersmith and Fulham Council, were good but underused. Only 293 prisoners had a library membership. Prisoners' induction to the library had been suspended.
- 3.45** The library was appropriately staffed, supported by one prisoner orderly. It was well lit and spacious, with an area for private study. Access to the library for prisoners was poor. The small number on education courses had the opportunity to visit the library once a week during classes but none of the wings had scheduled visits. In our survey, 24% of prisoners said that they used the library at least once a week, which was lower than the comparator.

- 3.46** A wide range of fiction and non-fiction titles and religious and audio books were available, including a selection in different languages. A range of Prison Service Orders and Instructions, and legal textbooks was stocked. Prisoners had access to three computers, which were used for letter writing and for practising the driving test theory assessment. Inter-library loan facilities were effective. The Shannon Trust reading provision, administered by the prison, involved 15 mentors and 70 mentees. Prisoners engaged in Reading Ahead (formerly called the Six-Book Challenge) and a few published authors had led prisoner reading groups.
- 3.47** Each wing in the prison had a 'reading room' supported by the charity 'Give a Book', where prisoners were able to access a small range of reading material and a quiet place to read whenever they were unlocked for association.

## Recommendation

- 3.48** **All prisoners should receive an induction to the library and be provided with reasonable and regular access.**

## 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.**

**3.49** *The PE department provided a wide range of both indoor and outdoor facilities. Access for prisoners was generally good but, owing to staff shortages, frequent closure had taken place. The number of accredited courses was too limited. The shower facilities and ventilation needed improvement. There was no collection and analysis of data to monitor usage by different groups.*

- 3.50** There was a wide range of PE facilities, including a sports hall, a weights room and a gym equipped with cardiovascular machines. An outside all-weather pitch was used regularly, including by players from a local football club, who trained with young offenders. Clean gym kit was available to all prisoners.
- 3.51** Recreational PE was generally good and gym programmes reflected the needs of the prison population. The only qualification offered was a healthy living course, intended to train wing representatives to promote healthy living. A specialist get-fit course was available for prisoners with substance abuse issues. Links with the health care department were good; a remedial course for medical referrals had recently been reinstated. Plans were well developed to introduce a peer mentors course and a first-aid course.

**3.52** Over the summer months, the gym had been closed many times owing to staff shortages. This had now improved, although there were still two staff vacancies. Prisoners could use the gym at least twice a week, with access during the evening and at weekends prioritised for prisoners in full-time work. Access was fair as prisoners self-selected to go by landing and were unlocked accordingly. Staff did not collate and analyse the available data, to monitor the use of the gym by different groups within the population. The health clearance and induction to the gym were adequate.

### **Recommendation**

**3.53** The use of the gym by different groups should be monitored, to ensure equity of access.

## 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 current needs analysis and strategy did not explore different needs within the diverse groups held at the establishment. Oversight of reducing reoffending had improved and the partnership and sequencing meetings were positive additions. The community rehabilitation company provision had developed adequately.*

**4.2** The prison held a complex population, including young adults, indeterminate-sentenced prisoners (ISPs) and a much increased population of recalled prisoners but their sentence management and resettlement needs had not been explored. A survey of prisoners' perceptions, including views about resettlement, had been completed in December 2014 but this analysis was not supported by the use of offender assessment system (OASys) data or other robust evidence. There was a current reducing reoffending strategy but it was limited to a descriptive overview of the various resettlement functions, rather than setting priorities based on evidence.

**4.3** Oversight of reducing reoffending had deteriorated shortly after the previous inspection. The appointment of a new strategic manager as the head of reducing reoffending in January 2015 had prompted the reintroduction of a monthly committee to provide better oversight. Attendance was reasonable and minutes showed that action was taken as a result of the agenda items. However, there was a lack of a whole-prison approach to reducing reoffending, and the offender management unit (OMU) was not at the heart of this work. There was a lack of integration of functions at an operational level (see main recommendation S63).

**4.4** There was a new and well-attended partnership meeting, which met outside of the main prison and included internal and external agencies involved in delivering resettlement services. This provided an opportunity to discuss developments and avoid duplication of provision. A recently introduced sequencing board (see paragraph 3.14) provided a good opportunity to consider prisoners' needs when deciding about the services and interventions required and when to provide them.

**4.5** Resettlement assessments and planning had been taken on by the community rehabilitation company (CRC), MTCNovo, and arrangements had developed adequately. Joint working and communication between the CRC and other departments was too limited, however, and P-Nomis (electronic case notes) was rarely used to record outcomes of resettlement assessments and the referrals made. This meant that other staff, including wing staff, did not know what support and help were being offered to individual prisoners. Offender supervisors did not always have access to the pre-release plan, so there was a danger of duplication of work or gaps in provision (see main recommendation S63).

## Recommendations

- 4.6** The resettlement needs analysis should be more comprehensive and robust. The specific needs of specific groups of prisoners should be explored and the reducing reoffending strategy should set out priorities for the full range of prisoners held, including foreign nationals and young adults.
- 4.7** The community rehabilitation company staff should record all actions taken on P-Nomis, and the resettlement plans should be easily accessible by all other prison staff, including offender supervisors.

## Offender management and planning

### Expected outcomes:

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

**4.8** *The offender management model was underdeveloped. High levels of staff shortages prevented effective offender management and there was a huge backlog of offender assessment system (OASys) assessments and sentence plans, which hindered prisoners' progression. Too many high-risk prisoners did not have an offender supervisor or OASys assessment. Public protection work was reasonable but over-reliant on individual practitioners who were not formally supported by inter-departmental information exchange and risk management planning. Too many categorisation reviews were late and transfers were often not informed by offending-related needs. Too many category B prisoners and indeterminate-sentenced prisoners stayed at the prison for too long with too few progression opportunities.*

- 4.9** The offender management model was underdeveloped. There was a custody office separate to the OMU, and another public protection officer who worked mainly in isolation from the others. There was limited joint working and most tasks were process driven rather than based on outcomes for prisoners or the delivery of an 'end-to-end' service (see main recommendation S63).
- 4.10** Acute staff shortages prevented the delivery of effective offender management, even to some high risk of harm prisoners. At the time of the inspection, only a third of prison offender supervisor and half of probation staff posts were filled. As a result, the allocation of offender supervisors was routine only for indeterminate-sentenced prisoners (ISPs), leaving most prisoners (including about a third of the high risk of harm prisoners) without one. In our survey, only 13% of respondents, against the 30% comparator and 18% at the time of the previous inspection, said that they had an offender supervisor. Many prisoners we spoke to said that they did not know who to turn to for help in meeting their sentence planning targets (see main recommendation S63).
- 4.11** A further consequence of the lack of staff in the OMU was the poor level of OASys assessment completion, which created an enormous backlog. Sixty per cent of prisoners who needed an OASys assessment did not have one, including some high risk of harm cases, potentially hindering their progression. In our survey, only 13% of respondents said that they had a sentence plan, against the 34% comparator and 27% at the time of the previous inspection. The backlog was not well monitored or managed and it was difficult to see how it would be overcome in the immediate future (see main recommendation S63).

- 4.12** In the completed OASys assessments that we saw, the analyses of risk of serious harm often lacked detailed information about specific areas of risk, and were not routinely updated following new offences or harmful behaviour in prison. Only three of the 12 cases we reviewed had adequate risk management plans, and too many did not contain actions to be taken to manage risks both in and out of custody. In cases where an offender supervisor had regular contact with prisoners, the quality of the work undertaken was good, and these prisoners reported positively on their relationships with offender supervisors.
- 4.13** A large proportion of eligible prisoners were granted home detention curfew. Although processes were usually started 12 weeks before release, too many prisoners were released late. Some late releases were due to delays in receiving reports from community-based responsible officers about the suitability of the release address, but this was not always the case and there had been no analysis of causes of delay.

## Recommendations

- 4.14** **The quality of the risk of harm assessments should be improved, to ensure that all factors are analysed and planned for.**
- 4.15** **Prisoners approved for home detention curfew should have a timely release which coincides with their eligibility date.** (Repeated recommendation 4.20)

## Public protection

- 4.16** Public protection procedures were adequate but over-reliant on one or two members of staff. All prisoners were screened on arrival, to identify cases for which mail and telephone monitoring was needed and ensure that accurate alerts were placed on P-Nomis. The use of mail and telephone monitoring was reviewed regularly and removed at the earliest opportunity. Applications for contact with children were assessed appropriately and suitable levels of contact approved where possible.
- 4.17** All multi-agency public protection arrangements (MAPPA) cases were identified on arrival but in some cases the MAPPA level before release was not confirmed, potentially limiting the prison's involvement in risk management planning. The quality of written contributions to MAPPA level 2 and level 3 meetings was adequate, and staff told us that they attended level 3 meetings in person.
- 4.18** The interdepartmental risk management team meeting was no longer held, which was a significant gap in terms of risk management and planning. Awareness of the need to monitor risk-related behaviour was underdeveloped. No links were made between harmful behaviour in custody and the need to review the risk assessment, inform the community-based responsible officer or amend P-Nomis alerts.

## Recommendation

- 4.19** **The multi-agency public protection arrangements (MAPPA) level should be confirmed at least six months before a prisoner's release. Review of contact restrictions and pre-release planning for high-risk and MAPPA cases should be improved by the introduction of inter-departmental consultation and information exchange.**

## Categorisation

- 4.20** Initial categorisation was mainly up to date but there was a large backlog of reviews owing to staff shortages. Completed reviews were of high quality, containing a useful amount of information and evidence to support the decision made.
- 4.21** A good number of category C prisoners were transferred each month to various establishments. It proved more difficult to transfer some other prisoners, including the more complex ISPs and category B sex offenders, owing to the lack of places nationally. Some of these prisoners were left at the establishment for far too long with few progression opportunities.
- 4.22** Most category D prisoners were moved to open conditions fairly quickly, and transfer holds for others were used appropriately and for time-limited periods.
- 4.23** Too little attention was given to prioritising transfer places based on sentence plan targets or the need to progress. The decision about who to transfer was left mainly to two administrators in the observation, classification and allocation office, which was not appropriate.

## Recommendations

- 4.24** **Categorisation reviews should be up to date and offending-related needs or sentence plan targets should inform the prioritisation of transfers.**
- 4.25** **Places should be available for category B sex offenders and indeterminate-sentenced prisoners to transfer to allow them to progress without undue delay.**

## Indeterminate sentence prisoners

- 4.26** The number of ISPs held had increased from 23 at the time of the previous inspection to 35. Some prisoners whose cases were more complex were held at the prison for far too long, owing to the lack of other prisons able or willing to accept them. Some ISPs had been at the prison for over two years, which was inappropriate (see recommendation 4.25).
- 4.27** Parole report writing was up to date and almost all ISPs were managed appropriately by qualified probation staff. No information or support was offered to those on remand who were potentially facing an indeterminate sentence. A consultation forum had met recently but there was no other specific provision, and there were no constructive interventions, for ISPs, such as accredited offending behaviour programmes (see also section on attitudes, thinking and behaviour and recommendation 4.62). This meant that they had little chance of demonstrating a reduction in risk and were left stagnating in terms of their sentence plan as they were unable to make any significant progress.

## Recommendation

- 4.28** **Remand prisoners facing a potential indeterminate sentence should be identified and offered information and support.** (Repeated recommendation 4.33)

## 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.**

**4.29** *Assessment of resettlement needs on arrival and before release had developed as required under the new community rehabilitation company arrangements but quality of assessments was too often poor and plans failed to be specific enough. Too many prisoners did not know who to turn to for help with resettlement. Far too many were released without an address, and help for prisoners in seeking work on release required further improvement. There were good arrangements for continuing health and social care on release and prisoners with substance use issues were well supported. There was good support for prisoners with financial problems, and there were arrangements for opening bank accounts. Visits provision was reasonable and the prison family worker provided a wide range of support for prisoners with children. Provision for attitudes, thinking and behaviour was inadequate and not based on a clear needs analysis.*

**4.30** In our survey, more prisoners than at comparator establishments said that they had had resettlement problems on arrival – for example, housing or financial issues. In addition, the demand for resettlement services was high, with over 200 prisoners released each month, many following very short sentences.

**4.31** All prisoners had their resettlement needs checked on arrival, using the basic custody screening tool stages 1 and 2. Stage 1 was completed by offender supervisors but those we saw were of poor quality, with too little information included. Stage 2 was completed by Novus, the education and vocational training provider, but too many plans failed to set clear targets to achieve.

**4.32** Prisoners were reassessed by Penrose, a resettlement agency for offenders across London prisons, three months before release and a resettlement plan was developed, which was sent to the community-based providers to encourage 'through-the-gate' support.

**4.33** In our survey, for all of the resettlement pathways, considerably fewer prisoners than at similar prisons said that they knew who to turn to for help (see below). No clear information was available to prisoners to describe how the CRC core services would be delivered and how they could access them.

### Recommendation

**4.34** **The quality of resettlement assessments and plans should be improved and more should be done to ensure that prisoners know who to turn to for help.**

### Accommodation

**4.35** In our survey, only 26% of prisoners said that they knew where to get help with accommodation. The proportion of prisoners recorded by the prison as having accommodation on discharge had fallen dramatically in recent months, from 95.3% in April 2015 to 59.4% in October 2015.

- 4.36** A dedicated team from St Mungo's Broadway housing advice service provided help with maintaining tenancies and with finding accommodation on release. Prisoners who were released without accommodation were provided with information about homelessness services in their areas.
- 4.37** St Mungo's were working actively with a reasonable number of prisoners but in a period when outcomes for accommodation on release had deteriorated, their situation had been uncertain. Referrals were no longer accepted directly from prisoners and staff, and St Mungo's had stopped providing initial advice during induction. These procedures were replaced by CRC assessments and referrals. This did not, however, explain the poor outcomes because the number of referrals had increased with the changes but the reason for this deterioration in outcomes had not been explored adequately (see main recommendation S64).

## Education, training and employment

- 4.38** The quality of the National Careers Service, provided by Prospects through their agent, the Prisoner Liaison Information Advisory Service (PLIAS), required improvement. Prisoners received good access to careers advice at the beginning of their sentence and before release. Links between the prison, National Careers Service, CRCs and the education provider had started to be developed, but there was insufficient joint working to improve positive employment and training outcomes for prisoners. There were too few activities available to enable prisoners to develop the skills needed to improve their employment prospects on release, and insufficient opportunities for them to develop employability skills, such as CV writing and job applications (see also section on learning and skills and work activities). The prison had organised job fairs during the previous summer and autumn, which had been well attended by partners, including employers. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not used effectively (see main recommendation S64).

## Health care

- 4.39** Health care discharge planning arrangements were timely and appropriate, with a minimum of one week's supply of medication given to prisoners on release, on a risk-assessed basis, and a discharge summary letter.
- 4.40** Liaison with community services to support continuity of care after release for prisoners with severe and enduring mental started early and was effective.
- 4.41** There was good support for prisoners with palliative or end-of-life needs.

## Drugs and alcohol

- 4.42** The Rehabilitation of Addicted Prisoners trust (RAPt) team had good links with local community drug and alcohol support networks. Prisoners' resettlement outcomes were further enhanced by the presence of a full-time transitional support worker, who offered pre-release information and up to three months' post-release mentoring support.
- 4.43** The RAPt national transitional support network was also available to prisoners on release if they relocated to other areas.

## Finance, benefit and debt

- 4.44** Two Citizens Advice staff provided a wide range of support for prisoners with debt problems, including initial advice, informing creditors of a prisoner's circumstances, and long-term casework with more intractable problems, including bankruptcy applications. They provided weekly surgeries and met up to 300 prisoners a month.
- 4.45** Support for prisoners opening bank accounts was well developed. Accounts were opened for eligible prisoners, and those who were being released too soon to be able to process this were provided with details of suitable banks and the required identification documents.
- 4.46** A budgeting course was provided by the education department, and those opening a bank account were given a briefing on how to use it, but there was no course to help prisoners to understand wider financial matters such as credit, insurance and saving.
- 4.47** Jobcentre Plus informed prisoners about welfare entitlements and set up appointments for them to make claims.

## Recommendation

- 4.48** **A course in financial education should be made available.**

## Children, families and contact with the outside world

- 4.49** The booking of visits had improved, with the development of internet booking and prisoners being able to book visits themselves, but visitors and prisoners alike still complained that they could not quickly determine if the date of the visit they had requested was available, which made planning visits difficult.
- 4.50** The demand for visits was high and at the time of the inspection weekend visits had to be booked two weeks in advance.
- 4.51** Legal and social visitors were booked in in the modern and bright visitors centre. This was staffed by the Spurgeons family support organisation and volunteers, who were welcoming and helpful to visitors. The centre provided a comfortable waiting area, with a wide range of information on posters and leaflets, a children's play area and toilet facilities. Spurgeons staff and volunteers could provide advice on family matters and advised on family support organisations available in visitors' home areas. Other organisations using the visitors centre to provide services for families included Crosslight Debt Advice, Barnardos and the community mental health service.
- 4.52** There were weekly parent and child visits, where prisoners could play with their children, and these were popular with prisoners. Six family visits a year during school holidays were available to all prisoners.
- 4.53** The visits hall was large and the visits sessions we observed started on time, although the large number of visitors took some time to get through booking-in and security processes. There were good refreshments facilities and there was a children's play area, although the latter was not always staffed. In spite of the thorough fingerprint identification of visitors, prisoners were still required to wear identifying bibs. Oversight of visits by staff was appropriate, and reasonable contact was allowed between visitors and prisoners, but prisoners could not use the toilet during sessions without the session being ended.

- 4.54** There was a dedicated family worker in the prison, who was supported by prisoner family orderlies on the wings. She provided individual support for prisoners in family matters, including facilitating social services contact and providing supervised contact with children.
- 4.55** A parenting course, Time to Connect, was run for prisoners every two months and included two sessions with their children. A relationships programme, Building Stronger Families, was provided for prisoners and their partners four times a year.

### Recommendations

- 4.56** Visitors and prisoners should know which sessions are available when they book visits.
- 4.57** Prisoners should be allowed to use the toilet during a visit without the session being ended.

### Housekeeping point

- 4.58** Prisoners should not be required to wear identifying bibs during visits.

### Attitudes, thinking and behaviour

- 4.59** As with other local prisons, the establishment did not provide accredited offending behaviour programmes beyond those related to substance misuse, which was appropriate.
- 4.60** However, there had not been a comprehensive needs analysis to determine the other types of offending behaviour interventions that might be needed across the complex population held at the prison. Some pockets of provision had developed, such as the Getting it Right programme, which had just started and included some work targeting attitudes, thinking and behaviour. Although this looked promising, referrals rates were low, attendance was poor and too little was done to prioritise the limited number of places to the needs of the population.
- 4.61** Mentoring was available through Sova and the chaplaincy, which provided prisoners with extra, valuable and ongoing practical, emotional and behavioural support on release.

### Recommendations

- 4.62** Sufficient offending behaviour interventions, of an appropriate type, should be provided, informed by the findings of a needs analysis of the population.
- 4.63** The Getting it Right programme places should be more clearly targeted and attendance improved.

## Section 5. Summary of recommendations and housekeeping points

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

### Main recommendations To National Offender Management Service

- 5.1** Cells and showers should be maintained to an acceptable and decent standard, and the central stores should provide adequate clothing, bedding and furniture. (S61)

### Main recommendations To the governor

- 5.2** All incidents of violence should be captured and analysed, and action should be taken to reduce violence and make the prison safer. Victims should be identified and supported. (S58)
- 5.3** All prisoners at risk of self-harm should be held in decent conditions, with sufficient support and activities. ACCT procedures and documentation should be significantly improved. (S59, repeated recommendation S44)
- 5.4** Managerial oversight of use of force should be sufficient to ensure that force is used proportionately and only as a last resort. (S60)
- 5.5** Prisoners should be unlocked for at least 10 hours a day. The quantity and range of activity places should be adequate to meet the needs of the population, and all prisoners should be able to attend. (S62)
- 5.6** There should be a coordinated, whole-prison approach to resettlement at an operational level which effectively integrates reducing reoffending and offender management, and is driven by the offender management unit. Offender supervisors should have time to manage prisoners' sentences appropriately. (S63, repeated recommendation S47)
- 5.7** Prisoners should be released with a suitable address and there should be effective interventions to support them into employment, training or education. (S64, repeated recommendation S48)

### Recommendations To Prisoner Escort and Custody Services

#### Courts, escort and transfers

- 5.8** Prisoners should be held in court cells for the minimum possible period and should arrive at the establishment no later than 7pm. (1.4)

## Recommendations To National Offender Management Service

### Offender management and planning

- 5.9** Places should be available for category B sex offenders and indeterminate-sentenced prisoners to transfer to allow them to progress without undue delay. (4.25)

## Recommendations To the governor

### Early days in custody

- 5.10** Newly arrived prisoners should, during the first night process, undergo a comprehensive risk assessment to identify and address vulnerability. (1.18)
- 5.11** Prisoners should only be strip-searched following an individual risk assessment. (1.19, repeated recommendation 1.11)
- 5.12** All newly arrived prisoners should be supported by staff and peers in reception and on their first night and should have the opportunity to make a telephone call, have access to showers, and have clean and properly equipped cells. (1.20)
- 5.13** Induction should be given sufficient time to ensure that all aspects can be covered, and all newly arrived prisoners should complete the process. (1.21)

### Self-harm and suicide

- 5.14** All acts of self-harm should be recorded. (1.37)
- 5.15** All staff should receive regular refresher training in safer custody issues, including suicide and self-harm prevention. (1.38)
- 5.16** Prisoners on assessment, care in custody and teamwork (ACCT) procedures should only be held on the segregation unit in exceptional circumstances and as a last resort. (1.39)

### Safeguarding

- 5.17** The safeguarding strategy should ensure good communication of safeguarding needs across the prison and that individual needs are met through multidisciplinary care planning, involving health services and wing staff alike. (1.45)

### Security

- 5.18** Intelligence data (including requests for searches and suspicion tests) should be scrutinised to identify trends and hotspots of illegal activity, and clear objectives developed and shared in order to respond to emerging threats to the security and safety of the prison. (1.53)
- 5.19** The scale and nature of drug use should be analysed, and clear and measurable action taken to reduce availability and use. (1.54)

## Incentives and earned privileges

- 5.20** The incentives and earned privileges (IEP) scheme should be applied consistently to support positive behaviour. The regime for prisoners on the basic level should include periods of association, purposeful activity and daily access to showers and telephones. (1.60, repeated recommendation 1.49)

## Discipline

- 5.21** There should be regular oversight and monitoring of adjudications, including a system for quality assurance. (1.63)
- 5.22** All uses of special accommodation should be authorised and monitored. (1.66)
- 5.23** The regime on the segregation unit should be improved, to include the opportunity for a daily shower for prisoners on the basic level of the IEP scheme, some purposeful activity and the opportunity for at least 60 minutes in the open air. (1.69)

## Substance misuse

- 5.24** Prisoners with substance use problems should have access to group programmes, regardless of their wing location. (1.78)
- 5.25** The prison and its primary health and substance use service partners should work together to introduce and oversee unambiguous, safe and effective first night clinical treatment. This should follow national guidance in taking account of prisoners' prescribing and observation needs. (1.79)
- 5.26** The role of the Conibeere unit should be clarified. Its current dual role as a stabilisation unit and as a unit for prisoners with behavioural problems and other vulnerabilities should cease. (1.80)

## Residential units

- 5.27** Cells designated as single cells should not be used for more than one prisoner. (2.7)
- 5.28** The timeliness and quality of responses to prisoner applications should be monitored by prison staff. Applications orderlies should not have access to sensitive information. (2.8)

## Staff-prisoner relationships

- 5.29** Prisoners' poor perceptions of staff and high levels of victimisation from staff should be explored and issues addressed. (2.14)
- 5.30** Detached duty staff should have access to electronic case notes. (2.15)

## Equality and diversity

- 5.31** The diversity and equality team should meet regularly, to provide strategic oversight of equality work and ensure that equality monitoring tool (EMT) data and other evidence suggesting the disproportionate treatment of a protected group is investigated promptly. (2.24)

- 5.32** There should be regular consultation meetings with prisoners from all minority groups, to discuss EMT data and prisoners' perceptions about equality and diversity. (2.25)
- 5.33** Members of protected groups should be identified systematically and confidentially, and individual support plans provided when needed. (2.37)
- 5.34** Discrete action plans should be developed and maintained, to promote good outcomes for Muslim prisoners, those with disabilities and young adults. (2.38)
- 5.35** Staff should use an accredited professional interpreting service whenever matters of accuracy and/or confidentiality are involved. (2.39)
- 5.36** Immigration detainees should be given at least one month's notice of a decision to detain them. (2.40)

### Complaints

- 5.37** Prisoner complaints should be answered within seven days; responses should be polite and deal with the issue complained about. (2.55)
- 5.38** Prisoners' complaints about staff should be investigated thoroughly and appropriate action taken. (2.56)
- 5.39** Prisoner complaints which allege discrimination should be investigated through discrimination incident report form procedures. (2.57)

### Legal rights

- 5.40** Remanded prisoners should be offered access to a bail support service. (2.63)
- 5.41** Legal visitors should be provided with adequate privacy. (2.64)

### Health services

- 5.42** All clinical areas should meet relevant cleaning and infection control standards. (2.79)
- 5.43** All staff should have easy access to recorded clinical and managerial supervision. (2.80)
- 5.44** Prison staff should be trained to respond to medical emergencies and receive first-aid and resuscitation training. (2.81)
- 5.45** The initial health screening of prisoners in reception should be carried out in a confidential area and at an appropriate time to ensure that immediate health needs and the safety of the prisoner are met. (2.91)
- 5.46** Prisoners should have adequate time to attend health care appointments, including receiving their medication, without having to choose between this and other necessary activities. (2.92)
- 5.47** Prisoners with life-long conditions and complex needs should receive regular reviews which generate an evidence-based care plan. (2.93)
- 5.48** Waiting times for primary care services, including the optician and GP, should not exceed clinically accepted waiting times in the community. (2.94)

- 5.49** External hospital appointments should not be cancelled and custody escort arrangements should be adequate and effective to meet the health care needs of the prison population. (2.95)
- 5.50** Prisoners should have secure storage for medication, and systematic checks should be conducted on patients receiving in-possession medication. (2.103)
- 5.51** Medicines administration should be supervised adequately by custody officers to ensure confidentiality and prevent diversion. (2.104)
- 5.52** Prisoners should have access to targeted medicines use reviews and there should be a wider range of patient group directions. (2.105)
- 5.53** Prisoners with mild-to-moderate mental health problems should have access to a full range of support, including individual brief interventions and counselling. (2.114)
- 5.54** Prisoners requiring a transfer under the Mental Health Act should be transferred within the current transfer guidelines. (2.115)

### Catering

- 5.55** Lunch should not be served before midday and the evening meal not before 5pm. Breakfast should be served on the day it is eaten and should be of adequate quality and quantity. (2.122, repeated recommendation 2.219)
- 5.56** Catering equipment should be repaired or replaced within seven days of failure. (2.123)

### Purchases

- 5.57** Newly arrived prisoners should be able to buy items from the shop. (2.129, repeated recommendation 2.137)
- 5.58** Prisoners should be able to buy catalogue items without incurring an administration charge. (2.130)

### Learning and skills and work activities

- 5.59** Established data systems should be used to evaluate the impact of quality improvement measures. (3.11)
- 5.60** Quality improvement arrangements for the non-Offender Learning and Skills Service provision should be strengthened, particularly for the observation of teaching, learning and coaching. (3.12)
- 5.61** The overall quality of teaching, learning and assessment should be improved. (3.26)
- 5.62** The role of peer mentors should be developed further, so that they can support and meet the needs of other learners more ably. (3.27)
- 5.63** All staff should promote the importance of English and mathematics skills and ensure that all learners improve these skills so that they are better prepared for work. (3.28)
- 5.64** The progress of learners with additional support needs should be monitored and the effectiveness of additional support evaluated. (3.29)

- 5.65** The quality of feedback on learners' written work and individual learning plans should be improved, so that they know how to improve further. (3.30)
- 5.66** All staff should actively promote a positive attitude to learning, skills and work, supported by effective prison-wide strategies to improve attendance, punctuality and a work ethic. (3.36)
- 5.67** Learners should be encouraged to improve the presentation of their written work, to reflect better their abilities. (3.37)
- 5.68** More learners should be engaged in accredited qualifications. (3.41)
- 5.69** All learners should make at least good progress. (3.42)
- 5.70** Success rates in English and mathematics should be improved. (3.43)
- 5.71** All prisoners should receive an induction to the library and be provided with reasonable and regular access. (3.48)

#### Physical education and healthy living

- 5.72** The use of the gym by different groups should be monitored, to ensure equity of access. (3.53)

#### Strategic management of resettlement

- 5.73** The resettlement needs analysis should be more comprehensive and robust. The specific needs of specific groups of prisoners should be explored and the reducing reoffending strategy should set out priorities for the full range of prisoners held, including foreign nationals and young adults. (4.6)
- 5.74** The community rehabilitation company staff should record all actions taken on P-Nomis, and the resettlement plans should be easily accessible by all other prison staff, including offender supervisors. (4.7)

#### Offender management and planning

- 5.75** The quality of the risk of harm assessments should be improved, to ensure that all factors are analysed and planned for. (4.14)
- 5.76** Prisoners approved for home detention curfew should have a timely release which coincides with their eligibility date. (4.15, repeated recommendation 4.20)
- 5.77** The multi-agency public protection arrangements (MAPPA) level should be confirmed at least six months before a prisoner's release. Review of contact restrictions and pre-release planning for high-risk and MAPPA cases should be improved by the introduction of inter-departmental consultation and information exchange. (4.19)
- 5.78** Categorisation reviews should be up to date and offending-related needs or sentence plan targets should inform the prioritisation of transfers. (4.24)
- 5.79** Remand prisoners facing a potential indeterminate sentence should be identified and offered information and support. (4.28, repeated recommendation 4.33)

## Reintegration planning

- 5.80** The quality of resettlement assessments and plans should be improved and more should be done to ensure that prisoners know who to turn to for help. (4.34)
- 5.81** A course in financial education should be made available. (4.48)
- 5.82** Visitors and prisoners should know which sessions are available when they book visits. (4.56)
- 5.83** Prisoners should be allowed to use the toilet during a visit without the session being ended. (4.57)
- 5.84** Sufficient offending behaviour interventions, of an appropriate type, should be provided, informed by the findings of a needs analysis of the population. (4.62)
- 5.85** The Getting it Right programme places should be more clearly targeted and attendance improved. (4.63)

## Housekeeping points

### Early days in custody

- 5.86** Prisoners who arrive in reception outside of recognised mealtimes should be offered something to drink. (1.22)

### Equality and diversity

- 5.87** Prisoners should be able to add money promptly to their foreign national PIN telephone account. (2.41)

### Legal rights

- 5.88** Legal visitors should have their booking confirmed immediately. (2.66)

### Health services

- 5.89** All complaint responses should address the concerns raised. (2.82)
- 5.90** Health promotion literature should be available in a range of languages pertinent to the population. (2.83)
- 5.91** Controlled drug registers in the pharmacy should comply with legal requirements. (2.106)
- 5.92** Treatment rooms to provide clinical consultations should not be used at the same time as medicines administration, to reduce security risks. (2.107)

## Reintegration planning

- 5.93** Prisoners should not be required to wear identifying bibs during visits. (4.58)



## Section 6. Appendices

### Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Alison Perry	Team leader
Andrew Rooke	Inspector
Sandra Fieldhouse	Inspector
Paul Rowlands	Inspector
Kellie Reeve	Inspector
Deri Hughes-Roberts	Inspector
Elizabeth Walsh	Inspector
Michelle Bellham	Researcher
Tim McSweeney	Researcher
Sophie Skinner	Researcher
Heidi Webb	Researcher
Paul Roberts	Substance misuse inspector
Maureen Jamieson	Health services inspector
Majella Pearce	Health services inspector
Helen Boniface	Pharmacist
Kathleen Byrne	Care Quality Commission Inspector
Stephen Miller	Ofsted inspector
Charles Clark	Ofsted inspector
Denise Olander	Ofsted inspector
Liz Smith	Offender management inspector
Tessa Webb	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, the reception process took too long. First night procedures were adequate but too many prisoners waited several weeks for a full induction. There was a high number of violent incidents, and too many were not investigated adequately. We were extremely concerned about the poor care for some prisoners at risk of self-harm. It was unacceptable that repeated Prisons and Probation Ombudsman recommendations had not been implemented following a number of self-inflicted deaths. Security was reasonably well managed, but there were some procedural gaps. Mandatory drug testing (MDT) rates were high. Conditions for prisoners on the basic level of the incentives and earned privileges (IEP) scheme were poor. The segregation unit was well managed and provided good care for prisoners. Use of force had risen substantially since the previous inspection. Substance use services were good. **Outcomes for prisoners were poor against this healthy prison test.***

#### Main recommendations

An effective violence reduction strategy should be introduced in consultation with prisoners to help ensure that prisoners are safe from bullying and victimisation. (S43)

**Not achieved**

All prisoners at risk of self-harm should be held in decent conditions with sufficient support and activities. ACCT procedures and documentation should be significantly improved. (S44) **Not achieved** (recommendation repeated, S59)

#### Recommendations

Written information for prisoners on what they can expect from reception processes should be available in foreign languages. (I.3)

**Achieved**

Reception holding rooms should be effectively supervised and kept free of graffiti. (I.10)

**Not achieved**

Prisoners should only be strip-searched following an individual risk assessment. (I.11)

**Not achieved** (recommendation repeated, I.19)

The entire first night centre should be refurbished. (I.12)

**Not achieved**

Prisoners should receive a full induction which covers everything they need to know about the prison within a week of arrival. (I.13)

**Not achieved**

All bullying and violent incidents should be fully investigated and all relevant parties interviewed. (1.19)

**Not achieved**

Bullies should be challenged and their poor behaviour addressed, and victims should be systematically supported. (1.20)

**Not achieved**

ACCT procedures should effectively support prisoners at risk of self-harm. Specifically, triggers should describe future events that may cause self-harm; assessments and care plans should be detailed; reviews should be multidisciplinary; observations should be conducted within the specified time frame; and entries in the observation record should describe the prisoner's mood. (1.29)

**Not achieved**

Prisoners should be able to speak to a listener at all times. (1.30)

**Achieved**

A prison-wide safeguarding policy should be drawn up and all wing staff should be fully conversant with the concept of safeguarding. (1.33)

**Not achieved**

Procedural security should be improved and prisoners should not be held in cells with broken windows. (1.39)

**Partially achieved**

Drug service managers should attend security committee meetings and links between the security department and drug service providers should be improved. (1.40)

**Partially achieved**

Target searches and suspicion testing should take place within the required timeframe. Requests for suspicion tests should be recorded. (1.41)

**Not achieved**

The incentives and earned privileges scheme should be applied consistently to support positive behaviour. The regime for prisoners on the basic level should include periods of association, purposeful activity and daily access to showers and telephones. (1.49)

**Not achieved** (recommendation repeated, 1.60)

Information about trends and patterns should be used strategically to help reduce the use of force, and de-escalation should be used to its fullest extent. (1.56)

**Not achieved**

Prisoners should be strip-searched only when justified by a risk assessment. (1.60)

**Not achieved**

Cells on the segregation unit should be clean and free of graffiti, and conditions in the special cells and exercise yard should be improved. (1.61)

**Partially achieved**

There should be a formal strategy to identify and monitor the supply and reduction of drugs and alcohol. Regular monitoring should be informed by substance misuse services, security and other relevant prison departments. (1.68)

**Not achieved**

## Respect

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

*At the last inspection, in 2014, many cells were overcrowded and in an unacceptably poor condition and residential areas were in need of substantial investment. Staff-prisoner relationships were mixed and the personal officer scheme was ineffective. Equality and diversity work was weak, although some positive changes had recently been made. Services for the large number of foreign nationals and immigration detainees were particularly poor. Faith provision was good. The food was adequate but all prisoners had to eat in cells, some with unscreened toilets. Prisoners resorted to the complaints system for low-level matters that should have been dealt with by wing staff. Too many complaint responses were poor in tone and quality. Bail information services were good but there was no general legal services work. Health services were good overall. The dental waiting list was unacceptably long. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

### Main recommendations

Prison cells and the general environment should provide clean, safe and decent living conditions for all prisoners. (S45)

**Not achieved**

### Recommendations

Cells designed to accommodate one prisoner should not be occupied by two. (2.13)

**Not achieved**

Cell furniture should be in a good state of repair. Defective furniture should be replaced promptly. (2.14)

**Not achieved**

The timeliness and quality of responses to prisoner applications should be monitored and improved as necessary. (2.15)

**Not achieved**

Each prisoner should regularly be checked on by a named member of staff who should be aware of the prisoner's individual needs, provide support and encourage family contact. A good quality record of contact should be maintained. (2.23)

**Not achieved**

Effective prison-wide prisoner consultation arrangements should be developed. (2.24)

**Achieved**

Equality policies should be up to date and reflect local provision for all protected characteristics. (2.31)

**Not achieved**

Equality meetings should be informed by equality monitoring data and attended by relevant individuals, including prisoner representatives. (2.32)

**Not achieved**

Discrimination incidents should be properly logged and investigated. Prisoners should receive timely replies after reporting a discrimination incident. (2.33)

**Achieved**

Members of protected groups should be identified systematically and confidentially, and individual support plans developed where needed. They should be consulted about their views and needs, and appropriate action plans implemented. (2.43)

**Not achieved**

Immigration detainees should not be held in prisons other than in exceptional circumstances following risk assessment. (2.44)

**Achieved**

Staff should make translated documents readily available to foreign national prisoners and use an accredited translation or interpretation service whenever matters of accuracy and/or confidentiality are a factor. (2.45)

**Not achieved**

Prisoners who use wheelchairs should be accommodated in cells adapted for the purpose. (2.46)

**Not achieved**

Prisoners with disabilities should have up-to-date personal emergency evacuation plans where necessary, and all wing staff should be aware of them. (2.47)

**Not achieved**

Prisoners with little or no English should have access to information about applications and complaints in their own language. (2.63)

**Not achieved**

Complaints monitoring and quality assurance should ensure that complaints are investigated and responded to fully and promptly and in an appropriate tone. (2.64)

**Not achieved**

All legal representatives should be able to have a legal visit with their clients in privacy and legal visits should start on time. (2.67)

**Not achieved**

Prison staff should be trained to respond to medical emergencies, including protocols, basic resuscitation and use of the automated defibrillator. (2.79)

**Not achieved**

Reception health screening of prisoners should be carried out in confidence and at an appropriate time. Telephone interpretation should be available with dual handsets. (2.92)

**Partially achieved**

Prisoners should be unlocked for health appointments, should not be penalised for system failings or forced to choose between essential health appointments and other necessary activities. Missed appointments should be followed up. (2.93)

**Partially achieved**

The inpatient unit should be used for prisoners with properly identified clinical needs and prisoners with serious mental health needs should be prioritised. (2.94)

**Achieved**

Prisoners who report injuries or assaults should always be examined by a health professional and the assessment recorded in their clinical record. (2.95)

**Achieved**

Each prisoner record should include a properly documented in-possession risk assessment. (2.106)

**Achieved**

There should be adequate supervision of all medicines administration to ensure safe administration and confidentiality and prevent diversion and bullying. Photo identification should be incorporated on to SystemOne and preferably on prisoner held ID cards. (2.107)

**Partially achieved**

There should be formal arrangements to enable nurses to administer a wider range of medications to make better use of GP time. (2.108)

**Not achieved**

Prisoners with urgent dental needs should be seen promptly to ensure their immediate needs are met. (2.115)

**Achieved**

The transfer of prisoners with serious mental health needs should not be delayed. (2.121)

**Not achieved**

Prison staff should receive mental health awareness training to support prisoners with challenging and complex mental ill health and behavioural problems. (2.122)

**Achieved**

Lunch should not be served before midday and the evening meal not before 5pm. Breakfast should be served on the day it is eaten and should be of adequate quality and quantity. (2.129)

**Not achieved** (recommendation repeated, 2.123)

Prisoners on special diets should be given adequate quality and variety of food. (2.130)

**Achieved**

Prisoners' views on food should be sought and responded to at regular intervals. (2.131)

**Not achieved**

Newly arrived prisoners should be able to buy items from the shop. (2.137)

**Not achieved** (recommendation repeated, 2.130)

## Purposeful activity

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

*At the last inspection, in 2014, time out of cell was insufficient. Leadership and management had been ineffective in improving activities provision. There were too few activity places for the population and attendance was poor. Success rates and retention were low, notably on functional skills courses. Vocational training options were limited. The quality of teaching and learning in education was variable. There was limited access to the library. Access to PE was poor. Outcomes for prisoners were poor against this healthy prison test.*

## Main recommendations

There should be a sufficient quantity, quality and range of activity places to meet the needs of the population. Attendance and success rates should be substantially increased. (S46)

**Not achieved**

## Recommendations

Prisoners should have at least 10 hours out of their cells on weekdays and be able to access a full regime every day. (3.4)

**Not achieved**

Quality improvement systems should use a wide range of data to coordinate, manage, monitor and improve all aspects of learning, skills and work. (3.12)

**Partially achieved**

The self-assessment process should identify what is working well and what needs to be improved. Self-assessment action plans should have specific, measurable, achievable, realistic and time-bound objectives. (3.13)

**Achieved**

Prisoners should be paid on time. (3.16)

**Achieved**

The quality of teaching and learning should be improved by sharing best practice. Sessions should be meaningful, interactive, engaging and challenging. (3.25)

**Partially achieved**

The induction, assessment and allocation process should meet prisoners' needs and be linked to their sentence plans. (3.26)

**Partially achieved**

The implementation of individual learning plans should be strengthened with training on setting targets. ILPs should be completed fully and progress reviews carried out regularly. (3.27)

**Partially achieved**

Prisoners should be set detailed, measurable and short-term targets. Their progress against these targets should be accurately recorded. (3.28)

**Partially achieved**

There should be sufficient specialist support for all prisoners with additional learning needs. (3.29)

**Partially achieved**

Prisoners' retention, success rates and standards of work should be improved in education and vocational training. (3.35)

**Partially achieved**

Variations in attainment between different protected groups should be monitored. Any attainment gaps should be reduced. (3.36)

**Partially achieved**

A weekly schedule of visits to the library from education should be implemented. These should be spread equitably across the week and prisoners should be brought to the library on time. (3.40)

**Not achieved**

The showers and changing rooms should be refurbished in all the PE venues to enable prisoners to shower in private, and all areas should be well ventilated. (3.44)

**Not achieved**

## Resettlement

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

*At the last inspection, in 2014, the strategic vision for resettlement was good and was starting to be implemented. Too many high-risk cases did not have a completed OASys (offender assessment system) and sentence planning was inconsistent. Information sharing was weak. Public protection work was reasonable. Pathway support was variable and outcomes were poor in some pathways. The visitors' centre was excellent, but the visits area was run down and visits were often delayed. There was some good family support work. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

### Main recommendations

There should be a coordinated, whole-prison approach to resettlement at an operational level which effectively integrates reducing re-offending and offender management and is driven by the OMU. Offender supervisors should have time to manage prisoners' sentences appropriately. (S47)

**Not achieved** (recommendation repeated, S63)

Prisoners should not be released without a suitable address or without effective interventions to support them into employment, training or education. (S48)

**Not achieved** (recommendation repeated, S64)

### Recommendations

The case allocation procedure should ensure that prisoners who pose the highest risk of harm to the public are managed by the most appropriate offender supervisor. (4.16)

**Not achieved**

All relevant prisoners should have a timely OASys and sentence planning boards and reviews should be undertaken. Boards should include contributions from the offender manager, offender supervisor and relevant staff from the prison. (4.17)

**Not achieved**

All relevant prisoners should have a good quality risk management plan which addresses the risk they pose in prison and on release. (4.18)

**Not achieved**

There should be a single recording system which all relevant staff are able to use. (4.19)

**Achieved**

Prisoners approved for home detention curfew should have a timely release which coincides with their eligibility date. (4.20)

**Not achieved** (recommendation repeated, 4.15)

Risk management meetings should address broader issues of risk, including risks to staff and other prisoners, and should not be cancelled. (4.27)

**Not achieved**

Community offender managers should contribute to re-categorisation decisions where applicable. (4.31)

**Achieved**

Remand prisoners facing a potential indeterminate sentence should be identified and offered information and support. (4.33)

**Not achieved** (recommendation repeated, 4.28)

Indeterminate and longer sentence prisoners should be moved to an appropriate prison as quickly as possible so that they can progress with their sentence plans. (4.34)

**Not achieved**

All aspects of the education, training and employment resettlement pathway should be improved, including effective coordination and liaison with wings and prisoners, the provision of appropriate and timely courses and efficient scheduling of appointments. (4.44)

**Partially achieved**

Prisoners with continuing social care needs should be linked with appropriate support services. (4.48)

**Partially achieved**

All prisoners should have at least one weekly visit and daily visits should be run, including some evening sessions. (4.63)

**Not achieved**

Children should not be treated as adults for the purpose of visits. (4.64)

**Not achieved**

Visits should start on time and visitors should not be turned away if they have valid identification. (4.65)

**Achieved**

The visits user group should be reinstated and convened frequently to improve communications between Spurgeons, the prison and prisoners' families. (4.66)

**Achieved**

Accredited programmes should be provided to meet the offending behaviour needs of the population. Where this is not possible, prisoners should be transferred to an appropriate establishment as soon as practicable. (4.71)

**Not achieved**

# Appendix III: Care Quality Commission Requirement Notice



## Requirement Notices

**Provider:** Central London Community Healthcare NHS Trust

**Location:** HMP Wormwood Scrubs

**Location ID:** RYXX6

**Regulated activities:** Treatment of disease, disorder, or injury, Diagnostic and screening.

### Action we have told the provider to take

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

#### Regulation 10 Dignity and Respect

**10(1)** Service users must be treated with dignity and respect.

**10(2)** Without limiting paragraph (1), the things which a registered person is required to do to comply with paragraph (1) include in particular—

10(2)(a) ensuring the privacy of the service user;

#### How the regulation was not being met:

Patients using the service must be treated with respect and dignity at all times while they are receiving care and treatment. To meet this regulation, providers must make sure that they provide care and treatment in a way that ensures people's dignity and treats them with respect at all times.

All reasonable efforts should be made to make sure that discussions about care treatment and support only take place where they cannot be overheard.

Staff must make sure that people have privacy when they receive treatment and that they are supported to wash, bath, use the toilet and hold private conversations.

It was the practice that patients underwent an initial health assessment/screen by a qualified and experienced nurse when they first arrived at HMP Wormwood Scrubs.

We saw that two patients were interviewed at the same time in close proximity to each other in adjoining rooms. We saw that the door in between the rooms was left open. Conversations taking place between staff and patients could be heard between the two treatment areas.

Patients shared the toilet area, which meant that one patient had to walk through the treatment area in which another patient was being interviewed in order to access toilet

facilities. We saw that patients passing through this area could view the computer screen on which the other patient's details were being recorded.

One of the treatment rooms used for health screens accommodated two prisoners. This meant that two patient health assessments could be completed at the same time.

We observed this area was divided by a curtain; however the curtain did not fully close due to the positioning of a table. We further observed the close proximity of two computer terminals and where nurses and patients would sit meant that patients' confidentiality, dignity and respect was compromised.

**Regulation 12 Safe care and treatment**

**12.—**(1) Care and treatment must be provided in a safe way for service users.  
 (2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—  
 (a) assessing the risks to the health and safety of service users of receiving the care or treatment;  
 (b) doing all that is reasonably practicable to mitigate any such risks;  
 (d) ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way;  
 (i) Where responsibility for the care and treatment of service users is shared with, or transferred to, other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users.

**How the regulation was not being met:**

The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment

Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety and welfare.

Large numbers of prisoners often arrived late to HMP Wormwood Scrubs; consequently this meant that the initial health assessment/screen was completed in the late evening and early hours of the following morning. However we found that this was not consistently happening and that a number of prisoners did not receive an initial health assessment/screen before being transferred to wings and units across the prison. Of particular concern were those prisoners with substance and alcohol dependency issues. This posed a potential risk to prisoners, nursing staff and operational prison staff.

It was the practice that prisoners were located on the first night centre or on the Conibeere unit, which was a unit that provided specialist treatment for prisoners with substance and alcohol dependency issues. We saw that an internal audit completed in September 2015 showed that in a two-week period, 17 prisoners who had been shown to have alcohol detoxification needs did not see a GP on their first night. Whilst these prisoners were given a starting dose of medication to prevent fatal seizures; subsequent necessary doses had to be

prescribed by out-of-hours doctors, which in some cases took until the next morning. This was unsafe and put prisoners at risk.

We found that whilst the staff group who conducted health assessments was an experienced and qualified staff group they did not record the reasons for making a decision about which prisoner was transferred to a wing without a health care assessment/screen and neither were risk assessments undertaken as part of the decision making process.

We found that too many external hospital appointments were cancelled or rescheduled. HMP Wormwood Scrubs provided up to four daily escorts for prisoners that needed to attend external hospital appointments. Prisoners we spoke with expressed their concern and frustration at having external hospital appointments cancelled. One prisoner we spoke with had three external appointments cancelled before finally being seen. Another prisoner we spoke with had a hospital appointment rescheduled; they told us how anxious they were that they may not be supported to also attend this appointment. They told us they felt unwell and they believed their health was deteriorating.

We found the Trust had completed an audit of external hospital appointments including the reasons for the appointments being cancelled, between May 2015 and November 2015.

Reasons for cancelling an external hospital appointment included, for example, preparation for tests had not been followed, and prisoners requiring emergency treatment or attendance at A&E departments took precedence over routine scheduled hospital appointments. However we saw that the vast majority of patients' hospital appointments were cancelled due to the lack of availability of prison staff to escort patients to appointments.

We were told that GPs were consulted as part of the decision making processes as to which prisoners' attendance at an external appointment was prioritised over another patient, which was good practice and based on clinical need.

Whilst the audit provided valuable information on the scale of the problem for prisoners accessing external hospital appointment and ongoing treatment we saw limited evidence of action taken by the Trust, including dialogue with operational prison staff, to improve outcomes for prisoners.

Overall arrangements in relation to prisoners accessing external hospital appointment this meant that there was a potential risk and impact on prisoners' health and wellbeing.

We found limited evidence of regular care planning for prisoner with complex physical health care needs, though some patients were reviewed at the weekly 'virtual ward round.' In these instances we saw notes were recorded on individual prisoner records which recorded detail on care and treatments being provided.



## Appendix IV: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	20	530	43.7
Recall	8	122	10.3
Convicted unsentenced	20	159	14.2
Remand	41	319	28.6
Civil prisoners	0	0	0
Detainees	0	30	2.4
Other	0	9	0.7
<b>Total</b>	<b>89</b>	<b>1,169</b>	<b>100</b>

Sentence	18–20-year-olds	21 and over	%
Unsentenced	61	512	45.5
Less than 6 months	4	134	11
6 months to less than 12 months	3	100	8.2
12 months to less than 2 years	5	97	8.1
2 years to less than 4 years	11	129	11.1
4 years to less than 10 years	4	127	10.4
10 years and over (not life)	1	35	2.9
ISPP (indeterminate sentence for public protection)	0	16	1.3
Life	0	19	1.8
<b>Total</b>	<b>89</b>	<b>1,169</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here: 18		
Under 21 years	89	7.1
21 years to 29 years	456	36.2
30 years to 39 years	405	32.2
40 years to 49 years	193	15.3
50 years to 59 years	87	6.9
60 years to 69 years	22	1.7
70 plus years	6	0.5
Please state maximum age here: 80		
<b>Total</b>		

Nationality	18–20-year-olds	21 and over	%
British	63	723	62.5
Foreign nationals	22	399	33.5
Not stated	4	47	4.1
<b>Total</b>	<b>89</b>	<b>1,169</b>	<b>100</b>

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	54	497	43.8
Uncategorised sentenced	14	161	13.9
Category A	0	0	0
Category B	0	66	5.2

Category C	1	431	34.3
Category D	0	10	0.8
YOI closed	19	4	1.8
YOI open	1	0	0.1
<b>Total</b>	<b>89</b>	<b>1,169</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
<b>White</b>			
British	18	268	22.7
Irish	2	29	2.5
Gypsy/Irish Traveller	1	11	1.0
Other white	7	182	15
<b>Mixed</b>			
White and black Caribbean	4	35	3.1
White and black African	0	8	0.6
White and Asian	1	7	0.6
Other mixed	2	32	2.7
<b>Asian or Asian British</b>			
Indian	1	75	6.0
Pakistani	2	36	3.0
Bangladeshi	0	9	0.7
Chinese	0	5	0.4
Other Asian	1	70	5.6
<b>Black or black British</b>			
Caribbean	19	141	12.7
African	17	166	14.5
Other black	7	37	3.5
<b>Other ethnic group</b>			
Arab	2	8	0.8
Other ethnic group	3	26	2.3
Not stated	2	24	2.1
<b>Total</b>			

<b>Religion</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
Baptist	0	2	0.2
Church of England	4	133	10.9
Roman Catholic	15	260	21.9
Other Christian denominations	20	190	16.7
Muslim	32	329	28.7
Sikh	0	45	3.6
Hindu	1	33	2.7
Buddhist	1	14	1.2
Jewish	0	7	0.6
Other	2	11	1.0
No religion	12	24	10.8
Not stated	2	21	1.8
<b>Total</b>			

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

**Sentenced prisoners only**

<b>Length of stay</b>	<b>18–20-year-olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	13	1.0	176	14
1 month to 3 months	9	0.7	222	17.6
3 months to 6 months	4	0.3	137	10.9
6 months to 1 year	2	0.2	80	6.4
1 year to 2 years	0	0	0	0
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
<b>Total</b>	<b>28</b>	<b>2.2</b>	<b>657</b>	<b>52.2</b>

**Sentenced prisoners only**

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

**Unsentenced prisoners only**

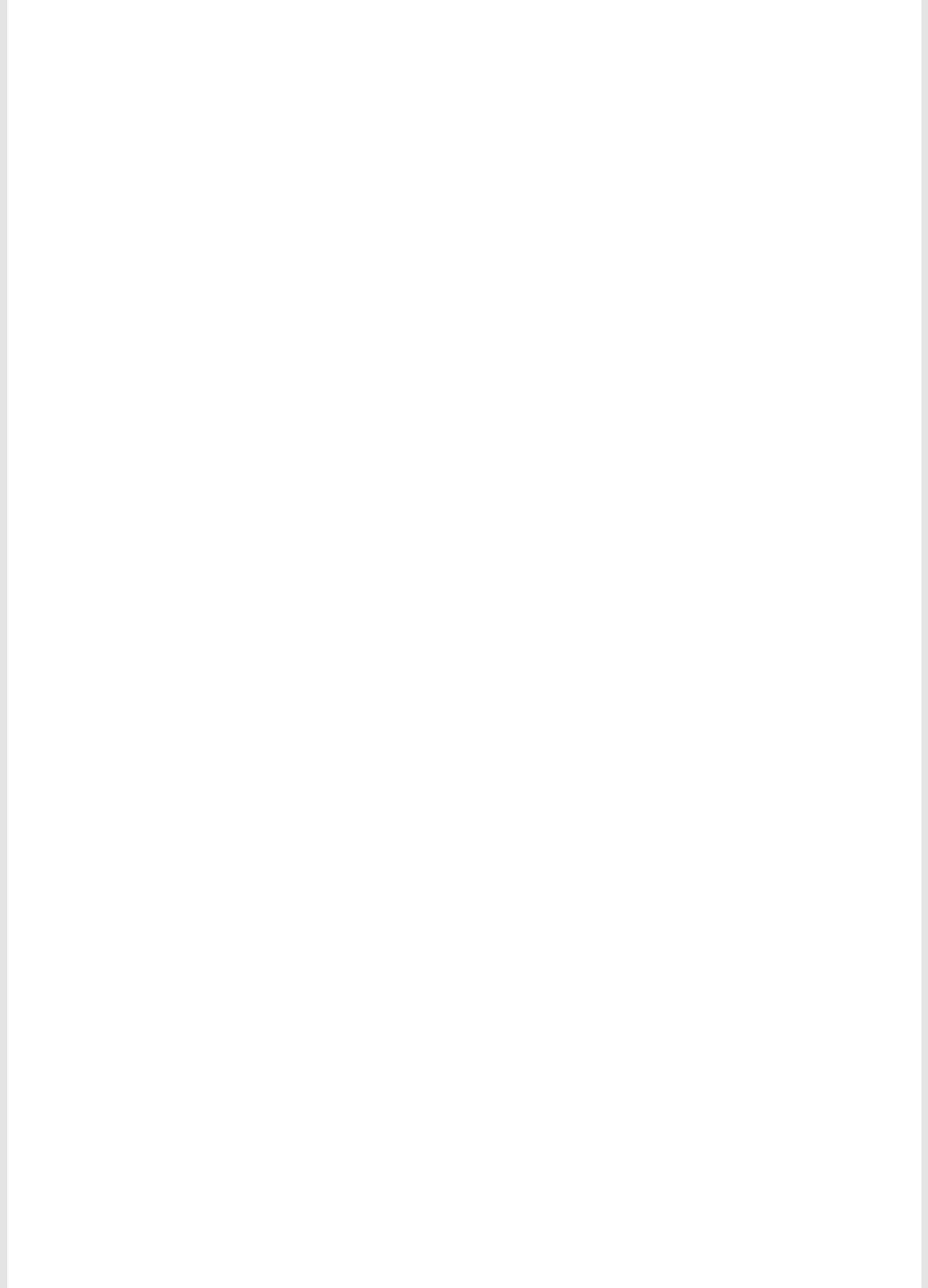
<b>Length of stay</b>	<b>18–20-year-olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	22	3.8	190	33.2
1 month to 3 months	23	4.0	157	27.4
3 months to 6 months	13	2.3	123	21.5
6 months to 1 year	3	0.5	35	6.1
1 year to 2 years	0	0	6	1.0
2 years to 4 years	0	0	1	0.2
4 years or more	0	0	0	0
<b>Total</b>	<b>61</b>	<b>4.8</b>	<b>512</b>	<b>40.7</b>



## Appendix V: Photograph



**A broken window in a cell holding a prisoner in crisis who had self-harmed by cutting himself.**



## Appendix VI: Summary of prisoner questionnaires and interviews

### Prisoner survey methodology

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

### Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment.<sup>8</sup> Respondents were then randomly selected from a P-NOMIS prisoner population printout using a systematic sampling method.

### 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 16 November 2015 the prisoner population at HMP Wormwood Scrubs was 1,193. Using the method described above, questionnaires were distributed to a sample of 238 prisoners.

We received a total of 177 completed questionnaires, a response rate of 74%. This included four questionnaires completed via interview. Seventeen respondents refused to complete a questionnaire, 29 questionnaires were not returned and 15 were returned blank.

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

Wing/Unit	Number of completed survey returns
A	41
B	28
C	46
D	31
E	22
R	3
X	3
Health care	1
Segregation	2

### Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Wormwood Scrubs.

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant<sup>9</sup> differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Wormwood Scrubs 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 Wormwood Scrubs in 2015 compared with the responses of prisoners surveyed at HMP Wormwood Scrubs 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 nationals and those who are foreign nationals.
- A comparison within the 2015 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2015 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2015 survey between those who are aged 50 and over and those under 50.

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

## Survey summary

### Section I: About You

<b>Q1.1</b>	<b>What wing or houseblock are you currently living on?</b> See shortened methodology	
<b>Q1.2</b>	<b>How old are you?</b>	
	<i>Under 21</i>	10 (6%)
	<i>21 - 29</i>	59 (34%)
	<i>30 - 39</i>	64 (36%)
	<i>40 - 49</i>	24 (14%)
	<i>50 - 59</i>	15 (9%)
	<i>60 - 69</i>	4 (2%)
	<i>70 and over</i>	0 (0%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	<i>Yes</i>	88 (51%)
	<i>Yes - on recall</i>	14 (8%)
	<i>No - awaiting trial</i>	37 (21%)
	<i>No - awaiting sentence</i>	30 (17%)
	<i>No - awaiting deportation</i>	5 (3%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<i>Not sentenced</i>	72 (42%)
	<i>Less than 6 months</i>	23 (14%)
	<i>6 months to less than 1 year</i>	16 (9%)
	<i>1 year to less than 2 years</i>	12 (7%)
	<i>2 years to less than 4 years</i>	17 (10%)
	<i>4 years to less than 10 years</i>	15 (9%)
	<i>10 years or more</i>	9 (5%)
	<i>IPP (indeterminate sentence for public protection)</i>	3 (2%)
	<i>Life</i>	3 (2%)
<b>Q1.5</b>	<b>Are you a foreign national (i.e. do not have UK citizenship)?</b>	
	<i>Yes</i>	53 (30%)
	<i>No</i>	122 (70%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>	
	<i>Yes</i>	169 (97%)
	<i>No</i>	6 (3%)
<b>Q1.7</b>	<b>Do you understand written English?</b>	
	<i>Yes</i>	165 (94%)
	<i>No</i>	10 (6%)

<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	41 (24%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	6 (3%)	<i>Asian or Asian British - other</i> 7 (4%)
	<i>White - other</i>	24 (14%)	<i>Mixed race - white and black Caribbean</i> 6 (3%)
	<i>Black or black British - Caribbean</i>	20 (11%)	<i>Mixed race - white and black African</i> 7 (4%)
	<i>Black or black British - African</i>	35 (20%)	<i>Mixed race - white and Asian</i> 1 (1%)
	<i>Black or black British - other</i>	1 (1%)	<i>Mixed race - other</i> 3 (2%)
	<i>Asian or Asian British - Indian</i>	8 (5%)	<i>Arab</i> 5 (3%)
	<i>Asian or Asian British - Pakistani</i>	6 (3%)	<i>Other ethnic group</i> 3 (2%)
	<i>Asian or Asian British - Bangladeshi</i>	1 (1%)	
<b>Q1.9</b>	<b>Do you consider yourself to be Gypsy/ Romany/ Traveller?</b>		
	<i>Yes</i>		4 (2%)
	<i>No</i>		161 (98%)
<b>Q1.10</b>	<b>What is your religion?</b>		
	<i>None</i>	15 (9%)	<i>Hindu</i> 4 (2%)
	<i>Church of England</i>	29 (17%)	<i>Jewish</i> 4 (2%)
	<i>Catholic</i>	48 (28%)	<i>Muslim</i> 47 (28%)
	<i>Protestant</i>	1 (1%)	<i>Sikh</i> 5 (3%)
	<i>Other Christian denomination</i>	13 (8%)	<i>Other</i> 2 (1%)
	<i>Buddhist</i>	1 (1%)	
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>		
	<i>Heterosexual/ Straight</i>		161 (96%)
	<i>Homosexual/Gay</i>		2 (1%)
	<i>Bisexual</i>		4 (2%)
<b>Q1.12</b>	<b>Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?</b>		
	<i>Yes</i>		36 (21%)
	<i>No</i>		136 (79%)
<b>Q1.13</b>	<b>Are you a veteran (ex- armed services)?</b>		
	<i>Yes</i>		6 (4%)
	<i>No</i>		164 (96%)
<b>Q1.14</b>	<b>Is this your first time in prison?</b>		
	<i>Yes</i>		63 (36%)
	<i>No</i>		112 (64%)
<b>Q1.15</b>	<b>Do you have children under the age of 18?</b>		
	<i>Yes</i>		93 (53%)
	<i>No</i>		83 (47%)

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>On your most recent journey here, how long did you spend in the van?</b>	
	<i>Less than 2 hours</i>	128 (74%)
	<i>2 hours or longer</i>	29 (17%)
	<i>Don't remember</i>	15 (9%)

<b>Q2.2</b>	<b>On your most recent journey here, were you offered anything to eat or drink?</b>	
	<i>My journey was less than two hours</i>	128 (75%)
	Yes	15 (9%)
	No	24 (14%)
	Don't remember	4 (2%)
<b>Q2.3</b>	<b>On your most recent journey here, were you offered a toilet break?</b>	
	<i>My journey was less than two hours</i>	128 (76%)
	Yes	4 (2%)
	No	34 (20%)
	Don't remember	3 (2%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>	
	Yes	93 (54%)
	No	66 (38%)
	Don't remember	13 (8%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes	117 (69%)
	No	48 (28%)
	Don't remember	5 (3%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	<i>Very well</i>	26 (15%)
	<i>Well</i>	82 (48%)
	<i>Neither</i>	40 (23%)
	<i>Badly</i>	12 (7%)
	<i>Very badly</i>	6 (4%)
	Don't remember	5 (3%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)</b>	
	<i>Yes, someone told me</i>	101 (59%)
	<i>Yes, I received written information</i>	4 (2%)
	<i>No, I was not told anything</i>	53 (31%)
	Don't remember	13 (8%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes	125 (74%)
	No	37 (22%)
	Don't remember	8 (5%)

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

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	<i>Less than 2 hours</i>	36 (21%)
	<i>2 hours or longer</i>	126 (74%)
	Don't remember	9 (5%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	Yes	116 (68%)
	No	43 (25%)
	Don't remember	11 (6%)

<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>		
	<i>Very well</i>		19 (11%)
	<i>Well</i>		59 (34%)
	<i>Neither</i>		47 (27%)
	<i>Badly</i>		26 (15%)
	<i>Very badly</i>		19 (11%)
	<i>Don't remember</i>		2 (1%)
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>		
	<i>Loss of property</i>	35 (21%)	<i>Physical health</i> 26 (16%)
	<i>Housing problems</i>	42 (25%)	<i>Mental health</i> 30 (18%)
	<i>Contacting employers</i>	13 (8%)	<i>Needing protection from other prisoners</i> 18 (11%)
	<i>Contacting family</i>	65 (39%)	<i>Getting phone numbers</i> 57 (34%)
	<i>Childcare</i>	4 (2%)	<i>Other</i> 13 (8%)
	<i>Money worries</i>	45 (27%)	<i>Did not have any problems</i> 21 (13%)
	<i>Feeling depressed or suicidal</i>	39 (23%)	
<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>		
	<i>Yes</i>		33 (20%)
	<i>No</i>		112 (67%)
	<i>Did not have any problems</i>		21 (13%)
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply)</b>		
	<i>Tobacco</i>		123 (72%)
	<i>A shower</i>		56 (33%)
	<i>A free telephone call</i>		115 (68%)
	<i>Something to eat</i>		126 (74%)
	<i>PIN phone credit</i>		80 (47%)
	<i>Toiletries/ basic items</i>		100 (59%)
	<i>Did not receive anything</i>		9 (5%)
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)</b>		
	<i>Chaplain</i>		68 (41%)
	<i>Someone from health services</i>		108 (65%)
	<i>A Listener/Samaritans</i>		36 (22%)
	<i>Prison shop/ canteen</i>		31 (19%)
	<i>Did not have access to any of these</i>		39 (24%)
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)</b>		
	<i>What was going to happen to you</i>		58 (35%)
	<i>What support was available for people feeling depressed or suicidal</i>		49 (30%)
	<i>How to make routine requests (applications)</i>		53 (32%)
	<i>Your entitlement to visits</i>		71 (43%)
	<i>Health services</i>		68 (41%)
	<i>Chaplaincy</i>		58 (35%)
	<i>Not offered any information</i>		59 (36%)

<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>	
	Yes	104 (62%)
	No	55 (33%)
	Don't remember	10 (6%)
<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>	
	Have not been on an induction course	57 (34%)
	Within the first week	65 (39%)
	More than a week	24 (14%)
	Don't remember	22 (13%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	Have not been on an induction course	57 (34%)
	Yes	42 (25%)
	No	51 (31%)
	Don't remember	16 (10%)
<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	Did not receive an assessment	53 (32%)
	Within the first week	53 (32%)
	More than a week	46 (28%)
	Don't remember	13 (8%)

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

<b>Q4.1</b>	<b>How easy is it to...</b>					
		Very easy	Easy	Neither	Difficult	Very difficult N/A
	Communicate with your solicitor or legal representative?	16 (10%)	38 (23%)	21 (13%)	42 (25%)	36 (22%) 14 (8%)
	Attend legal visits?	15 (10%)	41 (27%)	29 (19%)	26 (17%)	19 (13%) 21 (14%)
	Get bail information?	4 (3%)	13 (9%)	19 (13%)	22 (15%)	47 (33%) 37 (26%)
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>					
	Not had any letters					39 (24%)
	Yes					75 (45%)
	No					51 (31%)
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>					
	Yes					56 (34%)
	No					28 (17%)
	Don't know					81 (49%)

<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>		
	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	69 (42%)	93 (56%)	3 (2%)
Are you normally able to have a shower every day?	125 (74%)	41 (24%)	3 (2%)
Do you normally receive clean sheets every week?	110 (67%)	49 (30%)	5 (3%)
Do you normally get cell cleaning materials every week?	46 (28%)	108 (66%)	10 (6%)
Is your cell call bell normally answered within five minutes?	30 (18%)	120 (72%)	16 (10%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	84 (51%)	77 (46%)	5 (3%)
If you need to, can you normally get your stored property?	24 (14%)	112 (67%)	31 (19%)
<b>Q4.5</b>	<b>What is the food like here?</b>		
			1 (1%)
Very good			18 (10%)
Good			52 (30%)
Neither			38 (22%)
Bad			64 (37%)
Very bad			
<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>		
			15 (9%)
Have not bought anything yet/ don't know			75 (45%)
Yes			77 (46%)
No			
<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>		
			72 (43%)
Yes			31 (18%)
No			66 (39%)
Don't know			
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>		
			103 (60%)
Yes			35 (20%)
No			33 (19%)
Don't know/ N/A			
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>		
			78 (46%)
Yes			28 (16%)
No			65 (38%)
Don't know/ N/A			
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>		
			11 (6%)
I don't want to attend			38 (22%)
Very easy			46 (27%)
Easy			19 (11%)
Neither			26 (15%)
Difficult			13 (8%)
Very difficult			17 (10%)
Don't know			

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>	
		108 (65%)
Yes		44 (27%)
No		14 (8%)
Don't know		

<b>Q5.2</b>	<b>Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)</b>			
		Not made one	Yes	No
	Are applications dealt with fairly?	23 (14%)	53 (33%)	83 (52%)
	Are applications dealt with quickly (within seven days)?	23 (15%)	31 (20%)	102 (65%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>			
	Yes			78 (46%)
	No			49 (29%)
	Don't know			41 (24%)
<b>Q5.4</b>	<b>Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)</b>			
		Not made one	Yes	No
	Are complaints dealt with fairly?	68 (41%)	29 (18%)	68 (41%)
	Are complaints dealt with quickly (within seven days)?	68 (42%)	16 (10%)	77 (48%)
<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>			
	Yes			34 (22%)
	No			121 (78%)
<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>			
	Don't know who they are			71 (43%)
	Very easy			10 (6%)
	Easy			22 (13%)
	Neither			21 (13%)
	Difficult			31 (19%)
	Very difficult			11 (7%)

### Section 6: Incentive and earned privileges scheme

<b>Q6.1</b>	<b>Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)</b>		
	Don't know what the IEP scheme is		41 (24%)
	Yes		64 (38%)
	No		52 (31%)
	Don't know		12 (7%)
<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)</b>		
	Don't know what the IEP scheme is		41 (25%)
	Yes		63 (39%)
	No		48 (30%)
	Don't know		10 (6%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>		
	Yes		14 (9%)
	No		149 (91%)

<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>	
	<i>I have not been to segregation in the last 6 months</i>	132 (83%)
	<i>Very well</i>	5 (3%)
	<i>Well</i>	5 (3%)
	<i>Neither</i>	3 (2%)
	<i>Badly</i>	5 (3%)
	<i>Very badly</i>	10 (6%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	<i>Yes</i>	105 (63%)
	<i>No</i>	63 (38%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	<i>Yes</i>	100 (61%)
	<i>No</i>	65 (39%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	<i>Yes</i>	41 (25%)
	<i>No</i>	126 (75%)
<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i>	8 (5%)
	<i>Never</i>	54 (32%)
	<i>Rarely</i>	43 (26%)
	<i>Some of the time</i>	44 (26%)
	<i>Most of the time</i>	11 (7%)
	<i>All of the time</i>	8 (5%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i>	142 (84%)
	<i>In the first week</i>	6 (4%)
	<i>More than a week</i>	10 (6%)
	<i>Don't remember</i>	11 (7%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<i>Do not have a personal officer/ I have not met him/ her</i>	142 (87%)
	<i>Very helpful</i>	4 (2%)
	<i>Helpful</i>	12 (7%)
	<i>Neither</i>	3 (2%)
	<i>Not very helpful</i>	1 (1%)
	<i>Not at all helpful</i>	1 (1%)

### Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>	
	<i>Yes</i>	93 (55%)
	<i>No</i>	77 (45%)

<b>Q8.2</b>	<b>Do you feel unsafe now?</b>		
	Yes		40 (24%)
	No		129 (76%)
<b>Q8.3</b>	<b>In which areas have you felt unsafe? (Please tick all that apply to you.)</b>		
	Never felt unsafe	77 (48%)	At meal times 19 (12%)
	Everywhere	26 (16%)	At health services 6 (4%)
	Segregation unit	10 (6%)	Visits area 13 (8%)
	Association areas	38 (24%)	In wing showers 29 (18%)
	Reception area	14 (9%)	In gym showers 13 (8%)
	At the gym	13 (8%)	In corridors/stairwells 21 (13%)
	In an exercise yard	22 (14%)	On your landing/wing 30 (19%)
	At work	7 (4%)	In your cell 16 (10%)
	During movement	25 (16%)	At religious services 7 (4%)
	At education	8 (5%)	
<b>Q8.4</b>	<b>Have you been victimised by other prisoners here?</b>		
	Yes		49 (29%)
	No		121 (71%)
<b>Q8.5</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>		
	Insulting remarks (about you or your family or friends)		15 (9%)
	Physical abuse (being hit, kicked or assaulted)		18 (11%)
	Sexual abuse		2 (1%)
	Feeling threatened or intimidated		29 (17%)
	Having your canteen/property taken		13 (8%)
	Medication		6 (4%)
	Debt		5 (3%)
	Drugs		4 (2%)
	Your race or ethnic origin		3 (2%)
	Your religion/religious beliefs		5 (3%)
	Your nationality		4 (2%)
	You are from a different part of the country than others		5 (3%)
	You are from a traveller community		0 (0%)
	Your sexual orientation		1 (1%)
	Your age		3 (2%)
	You have a disability		3 (2%)
	You were new here		7 (4%)
	Your offence/ crime		6 (4%)
	Gang related issues		9 (5%)
<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>		
	Yes		66 (39%)
	No		103 (61%)

**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>	27 (16%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	16 (9%)
<i>Sexual abuse</i>	3 (2%)
<i>Feeling threatened or intimidated</i>	34 (20%)
<i>Medication</i>	8 (5%)
<i>Debt</i>	2 (1%)
<i>Drugs</i>	4 (2%)
<i>Your race or ethnic origin</i>	8 (5%)
<i>Your religion/religious beliefs</i>	6 (4%)
<i>Your nationality</i>	8 (5%)
<i>You are from a different part of the country than others</i>	5 (3%)
<i>You are from a traveller community</i>	3 (2%)
<i>Your sexual orientation</i>	1 (1%)
<i>Your age</i>	6 (4%)
<i>You have a disability</i>	5 (3%)
<i>You were new here</i>	10 (6%)
<i>Your offence/ crime</i>	8 (5%)
<i>Gang related issues</i>	9 (5%)

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

<i>Not been victimised</i>	90 (58%)
<i>Yes</i>	28 (18%)
<i>No</i>	37 (24%)

**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	25 (15%)	6 (4%)	32 (19%)	12 (7%)	58 (35%)	34 (20%)
The nurse	19 (11%)	17 (10%)	68 (41%)	20 (12%)	30 (18%)	12 (7%)
The dentist	35 (21%)	1 (1%)	13 (8%)	11 (7%)	42 (26%)	61 (37%)

**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	40 (24%)	10 (6%)	45 (27%)	22 (13%)	23 (14%)	24 (15%)
The nurse	24 (15%)	19 (12%)	46 (28%)	22 (14%)	24 (15%)	27 (17%)
The dentist	65 (41%)	3 (2%)	21 (13%)	26 (16%)	17 (11%)	27 (17%)

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

<i>Not been</i>	19 (12%)
<i>Very good</i>	11 (7%)
<i>Good</i>	40 (24%)
<i>Neither</i>	33 (20%)
<i>Bad</i>	34 (21%)
<i>Very bad</i>	28 (17%)

**Q9.4 Are you currently taking medication?**

<i>Yes</i>	77 (46%)
<i>No</i>	89 (54%)

<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>	
	<i>Not taking medication</i>	89 (54%)
	<i>Yes, all my meds</i>	13 (8%)
	<i>Yes, some of my meds</i>	18 (11%)
	<i>No</i>	46 (28%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>	
	<i>Yes</i>	54 (33%)
	<i>No</i>	112 (67%)
<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?</b>	
	<i>Do not have any emotional or mental health problems</i>	112 (68%)
	<i>Yes</i>	25 (15%)
	<i>No</i>	28 (17%)

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	<i>Yes</i>	51 (31%)
	<i>No</i>	111 (69%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	<i>Yes</i>	24 (15%)
	<i>No</i>	139 (85%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	<i>Very easy</i>	43 (26%)
	<i>Easy</i>	21 (13%)
	<i>Neither</i>	6 (4%)
	<i>Difficult</i>	6 (4%)
	<i>Very difficult</i>	4 (2%)
	<i>Don't know</i>	83 (51%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	<i>Very easy</i>	16 (10%)
	<i>Easy</i>	16 (10%)
	<i>Neither</i>	7 (4%)
	<i>Difficult</i>	11 (7%)
	<i>Very difficult</i>	13 (8%)
	<i>Don't know</i>	100 (61%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	<i>Yes</i>	12 (8%)
	<i>No</i>	148 (93%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	<i>Yes</i>	18 (11%)
	<i>No</i>	142 (89%)

<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	<i>Did not / do not have a drug problem</i>	101 (65%)
	Yes	32 (21%)
	No	22 (14%)
<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?</b>	
	<i>Did not / do not have an alcohol problem</i>	139 (85%)
	Yes	11 (7%)
	No	13 (8%)
<b>Q10.9</b>	<b>Was the support or help you received, while in this prison, helpful?</b>	
	<i>Did not have a problem/ did not receive help</i>	122 (78%)
	Yes	27 (17%)
	No	7 (4%)

### Section II: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	14 (8%)	3 (2%)	18 (11%)	18 (11%)	50 (30%)	63 (38%)
	Vocational or skills training	31 (20%)	1 (1%)	18 (11%)	18 (11%)	46 (29%)	43 (27%)
	Education (including basic skills)	30 (19%)	6 (4%)	22 (14%)	22 (14%)	42 (26%)	37 (23%)
	Offending behaviour programmes	56 (36%)	0 (0%)	11 (7%)	13 (8%)	31 (20%)	43 (28%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>						
	<i>Not involved in any of these</i>					79 (50%)	
	Prison job					59 (37%)	
	Vocational or skills training					13 (8%)	
	Education (including basic skills)					25 (16%)	
	Offending behaviour programmes					6 (4%)	
<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	70 (46%)	34 (23%)	35 (23%)	12 (8%)		
	Vocational or skills training	76 (60%)	21 (17%)	13 (10%)	16 (13%)		
	Education (including basic skills)	70 (56%)	25 (20%)	17 (13%)	14 (11%)		
	Offending behaviour programmes	77 (66%)	14 (12%)	14 (12%)	12 (10%)		
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>						
	<i>Don't want to go</i>					15 (9%)	
	Never					82 (49%)	
	Less than once a week					29 (17%)	
	About once a week					33 (20%)	
	More than once a week					7 (4%)	

<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>	
	<i>Don't use it</i>	63 (39%)
	Yes	47 (29%)
	No	51 (32%)
<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>	
	<i>Don't want to go</i>	18 (11%)
	0	68 (41%)
	1 to 2	47 (29%)
	3 to 5	29 (18%)
	More than 5	2 (1%)
<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>	
	<i>Don't want to go</i>	11 (7%)
	0	21 (13%)
	1 to 2	43 (26%)
	3 to 5	46 (28%)
	More than 5	42 (26%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>	
	<i>Don't want to go</i>	3 (2%)
	0	11 (7%)
	1 to 2	11 (7%)
	3 to 5	33 (20%)
	More than 5	107 (65%)
<b>Q11.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)</b>	
	<i>Less than 2 hours</i>	94 (55%)
	2 to less than 4 hours	17 (10%)
	4 to less than 6 hours	22 (13%)
	6 to less than 8 hours	14 (8%)
	8 to less than 10 hours	9 (5%)
	10 hours or more	9 (5%)
	Don't know	5 (3%)

### Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	Yes	36 (22%)
	No	126 (78%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes	79 (48%)
	No	84 (52%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes	47 (29%)
	No	115 (71%)

<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i>	33 (20%)
	<i>Very easy</i>	17 (10%)
	<i>Easy</i>	36 (22%)
	<i>Neither</i>	18 (11%)
	<i>Difficult</i>	24 (14%)
	<i>Very difficult</i>	32 (19%)
	<i>Don't know</i>	7 (4%)

### Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<i>Not sentenced</i>	72 (42%)
	<i>Yes</i>	49 (29%)
	<i>No</i>	50 (29%)
<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)</b>	
	<i>Not sentenced/ NA</i>	122 (72%)
	<i>No contact</i>	28 (16%)
	<i>Letter</i>	9 (5%)
	<i>Phone</i>	8 (5%)
	<i>Visit</i>	9 (5%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	<i>Yes</i>	21 (13%)
	<i>No</i>	142 (87%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<i>Not sentenced</i>	72 (42%)
	<i>Yes</i>	13 (8%)
	<i>No</i>	86 (50%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	158 (94%)
	<i>Very involved</i>	3 (2%)
	<i>Involved</i>	4 (2%)
	<i>Neither</i>	0 (0%)
	<i>Not very involved</i>	2 (1%)
	<i>Not at all involved</i>	1 (1%)
<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	158 (94%)
	<i>Nobody</i>	4 (2%)
	<i>Offender supervisor</i>	3 (2%)
	<i>Offender manager</i>	5 (3%)
	<i>Named/ personal officer</i>	0 (0%)
	<i>Staff from other departments</i>	1 (1%)

<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>			
	<i>Do not have a sentence plan/ not sentenced</i>			158 (93%)
	Yes			5 (3%)
	No			5 (3%)
	Don't know			1 (1%)
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>			
	<i>Do not have a sentence plan/ not sentenced</i>			158 (93%)
	Yes			7 (4%)
	No			1 (1%)
	Don't know			4 (2%)
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>			
	<i>Do not have a sentence plan/ not sentenced</i>			158 (93%)
	Yes			3 (2%)
	No			4 (2%)
	Don't know			5 (3%)
<b>Q13.10</b>	<b>Do you have a needs-based custody plan?</b>			
	Yes			16 (10%)
	No			66 (42%)
	Don't know			75 (48%)
<b>Q13.11</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>			
	Yes			14 (9%)
	No			141 (91%)
<b>Q13.12</b>	<b>Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)</b>			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	25 (17%)	24 (16%)	101 (67%)
	Accommodation	25 (17%)	32 (22%)	91 (61%)
	Benefits	30 (21%)	28 (19%)	88 (60%)
	Finances	31 (22%)	18 (13%)	95 (66%)
	Education	30 (21%)	27 (19%)	88 (61%)
	Drugs and alcohol	42 (29%)	28 (19%)	76 (52%)
<b>Q13.13</b>	<b>Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?</b>			
	<i>Not sentenced</i>			72 (44%)
	Yes			41 (25%)
	No			50 (31%)

## Main comparator and comparator to last time



### Prisoner survey responses HMP Wormwood Scrubs 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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<b>Number of completed questionnaires returned</b>		<b>177</b>	<b>6,047</b>	<b>177</b>	<b>189</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	6%	6%	6%	4%
1.3	Are you sentenced?	59%	67%	59%	57%
1.3	Are you on recall?	8%	9%	8%	11%
1.4	Is your sentence less than 12 months?	23%	20%	23%	23%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	3%	2%	2%
1.5	Are you a foreign national?	30%	12%	30%	25%
1.6	Do you understand spoken English?	97%	98%	97%	93%
1.7	Do you understand written English?	94%	97%	94%	88%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	59%	24%	59%	53%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	5%	2%	9%
1.1	Are you Muslim?	28%	12%	28%	24%
1.11	Are you homosexual/gay or bisexual?	4%	3%	4%	3%
1.12	Do you consider yourself to have a disability?	21%	24%	21%	19%
1.13	Are you a veteran (ex-armed services)?	4%	5%	4%	4%
1.14	Is this your first time in prison?	36%	33%	36%	36%
1.15	Do you have any children under the age of 18?	53%	54%	53%	47%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	17%	22%	17%	13%
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%	34%
2.3	Were you offered a toilet break?	10%	8%	10%	0%
2.4	Was the van clean?	54%	58%	54%	54%
2.5	Did you feel safe?	69%	75%	69%	67%
2.6	Were you treated well/very well by the escort staff?	63%	66%	63%	63%
2.7	Before you arrived here were you told that you were coming here?	59%	64%	59%	65%
2.7	Before you arrived here did you receive any written information about coming here?	2%	4%	2%	3%
2.8	When you first arrived here did your property arrive at the same time as you?	74%	79%	74%	75%

## Main comparator and comparator to last time

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<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	21%	42%	21%	19%
3.2	When you were searched in reception, was this carried out in a respectful way?	68%	78%	68%	70%
3.3	Were you treated well/very well in reception?	45%	63%	45%	43%
	When you first arrived:				
3.4	Did you have any problems?	87%	75%	87%	79%
3.4	Did you have any problems with loss of property?	21%	16%	21%	18%
3.4	Did you have any housing problems?	25%	22%	25%	25%
3.4	Did you have any problems contacting employers?	8%	5%	8%	7%
3.4	Did you have any problems contacting family?	39%	33%	39%	33%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	3%	2%	3%
3.4	Did you have any money worries?	27%	23%	27%	26%
3.4	Did you have any problems with feeling depressed or suicidal?	23%	23%	23%	21%
3.4	Did you have any physical health problems?	16%	18%	16%	20%
3.4	Did you have any mental health problems?	18%	23%	18%	19%
3.4	Did you have any problems with needing protection from other prisoners?	11%	8%	11%	6%
3.4	Did you have problems accessing phone numbers?	34%	31%	34%	35%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	23%	32%	23%	24%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	72%	80%	72%	72%
3.6	A shower?	33%	29%	33%	30%
3.6	A free telephone call?	68%	54%	68%	69%
3.6	Something to eat?	74%	71%	74%	75%
3.6	PIN phone credit?	47%	53%	47%	55%
3.6	Toiletries/ basic items?	59%	58%	59%	63%
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	41%	46%	41%	46%
3.7	Someone from health services?	66%	67%	66%	67%
3.7	A Listener/Samaritans?	22%	32%	22%	22%
3.7	Prison shop/ canteen?	19%	22%	19%	19%

## Main comparator and comparator to last time

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	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	35%	41%	35%	36%
3.8	Support was available for people feeling depressed or suicidal?	30%	37%	30%	27%
3.8	How to make routine requests?	32%	35%	32%	34%
3.8	Your entitlement to visits?	43%	34%	43%	42%
3.8	Health services?	41%	45%	41%	44%
3.8	The chaplaincy?	35%	40%	35%	42%
3.9	Did you feel safe on your first night here?	62%	72%	62%	65%
3.10	Have you been on an induction course?	66%	74%	66%	61%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	39%	51%	39%	40%
3.12	Did you receive an education (skills for life) assessment?	68%	73%	68%	59%
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	32%	38%	32%	31%
4.1	Attend legal visits?	37%	52%	37%	37%
4.1	Get bail information?	12%	18%	12%	12%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	46%	41%	46%	41%
4.3	Can you get legal books in the library?	34%	35%	34%	31%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	42%	50%	42%	44%
4.4	Are you normally able to have a shower every day?	74%	74%	74%	67%
4.4	Do you normally receive clean sheets every week?	67%	70%	67%	80%
4.4	Do you normally get cell cleaning materials every week?	28%	54%	28%	43%
4.4	Is your cell call bell normally answered within five minutes?	18%	27%	18%	23%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	51%	58%	51%	55%
4.4	Can you normally get your stored property, if you need to?	14%	21%	14%	14%
4.5	Is the food in this prison good/very good?	11%	21%	11%	9%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	47%	45%	42%
4.7	Are you able to speak to a Listener at any time, if you want to?	43%	53%	43%	26%
4.8	Are your religious beliefs are respected?	60%	49%	60%	60%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	46%	50%	46%	43%
4.10	Is it easy/very easy to attend religious services?	49%	43%	49%	57%

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<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	65%	73%	65%	61%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	39%	51%	39%	36%
5.2	Do you feel applications are dealt with quickly (within seven days)?	23%	35%	23%	22%
5.3	Is it easy to make a complaint?	46%	50%	46%	35%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	30%	29%	30%	24%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	17%	26%	17%	14%
5.5	Have you ever been prevented from making a complaint when you wanted to?	22%	21%	22%	20%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	19%	18%	19%	16%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	38%	41%	38%	30%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	40%	39%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	9%	9%	10%
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?	36%	36%	36%	29%
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	63%	74%	63%	65%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	61%	68%	61%	58%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	25%	27%	25%	19%
7.4	Do staff normally speak to you most of the time/all of the time during association?	11%	17%	11%	10%
7.5	Do you have a personal officer?	16%	36%	16%	21%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	76%	67%	76%	42%
<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	55%	44%	55%	49%
8.2	Do you feel unsafe now?	24%	20%	24%	22%
8.4	Have you been victimised by other prisoners here?	29%	30%	29%	24%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	9%	13%	9%	7%
8.5	Hit, kicked or assaulted you?	11%	9%	11%	7%
8.5	Sexually abused you?	1%	2%	1%	0%
8.5	Threatened or intimidated you?	17%	16%	17%	11%

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8.5	Taken your canteen/property?	8%	8%	8%	6%
8.5	Victimised you because of medication?	4%	6%	4%	4%
8.5	Victimised you because of debt?	3%	4%	3%	2%
8.5	Victimised you because of drugs?	2%	4%	2%	2%
8.5	Victimised you because of your race or ethnic origin?	2%	4%	2%	5%
8.5	Victimised you because of your religion/religious beliefs?	3%	3%	3%	3%
8.5	Victimised you because of your nationality?	2%	3%	2%	3%
8.5	Victimised you because you were from a different part of the country?	3%	4%	3%	3%
8.5	Victimised you because you are from a Traveller community?	0%	2%	0%	2%
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.5	Victimised you because of your age?	2%	3%	2%	3%
8.5	Victimised you because you have a disability?	2%	4%	2%	2%
8.5	Victimised you because you were new here?	4%	7%	4%	5%
8.5	Victimised you because of your offence/crime?	4%	6%	4%	3%
8.5	Victimised you because of gang related issues?	5%	5%	5%	3%
8.6	Have you been victimised by staff here?	39%	32%	39%	35%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	16%	12%	16%	11%
8.7	Hit, kicked or assaulted you?	10%	6%	10%	4%
8.7	Sexually abused you?	2%	1%	2%	2%
8.7	Threatened or intimidated you?	21%	12%	21%	15%
8.7	Victimised you because of medication?	5%	5%	5%	3%
8.7	Victimised you because of debt?	1%	2%	1%	1%
8.7	Victimised you because of drugs?	2%	3%	2%	2%
8.7	Victimised you because of your race or ethnic origin?	5%	4%	5%	5%
8.7	Victimised you because of your religion/religious beliefs?	4%	4%	4%	4%
8.7	Victimised you because of your nationality?	5%	3%	5%	5%
8.7	Victimised you because you were from a different part of the country?	3%	3%	3%	2%
8.7	Victimised you because you are from a Traveller community?	2%	1%	2%	3%
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.7	Victimised you because of your age?	4%	2%	4%	2%
8.7	Victimised you because you have a disability?	3%	3%	3%	3%
8.7	Victimised you because you were new here?	6%	5%	6%	6%

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8.7	Victimised you because of your offence/crime?	5%	4%	5%	4%
8.7	Victimised you because of gang related issues?	6%	3%	6%	3%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	43%	33%	43%	35%
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	23%	21%	23%	17%
9.1	Is it easy/very easy to see the nurse?	51%	43%	51%	50%
9.1	Is it easy/very easy to see the dentist?	9%	9%	9%	4%
	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%	41%	44%	25%
9.2	The nurse?	47%	52%	47%	44%
9.2	The dentist?	26%	30%	26%	25%
9.3	The overall quality of health services?	35%	36%	35%	19%
9.4	Are you currently taking medication?	46%	51%	46%	38%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	40%	59%	40%	48%
9.6	Do you have any emotional well being or mental health problems?	33%	39%	33%	29%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	47%	43%	47%	30%
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	32%	32%	32%	25%
10.2	Did you have a problem with alcohol when you came into this prison?	15%	21%	15%	18%
10.3	Is it easy/very easy to get illegal drugs in this prison?	39%	36%	39%	25%
10.4	Is it easy/very easy to get alcohol in this prison?	20%	16%	20%	10%
10.5	Have you developed a problem with drugs since you have been in this prison?	8%	9%	8%	6%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	11%	8%	11%	6%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	59%	57%	59%	71%
10.8	Have you received any support or help with your alcohol problem while in this prison?	46%	56%	46%	61%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	80%	78%	80%	81%

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<b>SECTION 11: Activities</b>					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	13%	31%	13%	14%
11.1	Vocational or skills training?	12%	29%	12%	17%
11.1	Education (including basic skills)?	18%	45%	18%	34%
11.1	Offending behaviour programmes?	7%	18%	7%	5%
Are you currently involved in any of the following activities:					
11.2	A prison job?	37%	43%	37%	29%
11.2	Vocational or skills training?	8%	9%	8%	8%
11.2	Education (including basic skills)?	16%	24%	16%	22%
11.2	Offending behaviour programmes?	4%	7%	4%	5%
11.3	Have you had a job while in this prison?	54%	68%	54%	59%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	42%	39%	42%	37%
11.3	Have you been involved in vocational or skills training while in this prison?	40%	55%	40%	53%
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?	42%	44%	42%	54%
11.3	Have you been involved in education while in this prison?	44%	66%	44%	61%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	45%	51%	45%	49%
11.3	Have you been involved in offending behaviour programmes while in this prison?	34%	52%	34%	48%
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?	35%	40%	35%	37%
11.4	Do you go to the library at least once a week?	24%	28%	24%	23%
11.5	Does the library have a wide enough range of materials to meet your needs?	29%	32%	29%	32%
11.6	Do you go to the gym three or more times a week?	19%	25%	19%	14%
11.7	Do you go outside for exercise three or more times a week?	54%	39%	54%	49%
11.8	Do you go on association more than five times each week?	65%	42%	65%	46%
11.9	Do you spend ten or more hours out of your cell on a weekday?	5%	9%	5%	2%
<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	22%	32%	22%	19%
12.2	Have you had any problems with sending or receiving mail?	49%	48%	49%	49%
12.3	Have you had any problems getting access to the telephones?	29%	34%	29%	41%
12.4	Is it easy/ very easy for your friends and family to get here?	32%	36%	32%	31%

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<b>SECTION 13: Preparation for release</b>					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	50%	61%	50%	42%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	58%	42%	58%	49%
13.2	Contact by letter?	19%	29%	19%	27%
13.2	Contact by phone?	17%	13%	17%	20%
13.2	Contact by visit?	19%	37%	19%	24%
13.3	Do you have a named offender supervisor in this prison?	13%	30%	13%	18%
For those who are sentenced:					
13.4	Do you have a sentence plan?	13%	34%	13%	27%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	70%	56%	70%	50%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	40%	45%	40%	64%
13.6	Offender supervisor?	30%	32%	30%	12%
13.6	Offender manager?	50%	26%	50%	8%
13.6	Named/ personal officer?	0%	11%	0%	12%
13.6	Staff from other departments?	10%	18%	10%	8%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	46%	53%	46%	22%
13.8	Are there plans for you to achieve any of your targets in another prison?	58%	27%	58%	35%
13.9	Are there plans for you to achieve any of your targets in the community?	25%	32%	25%	19%
13.10	Do you have a needs based custody plan?	10%	7%	10%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	9%	11%	9%	10%
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?	19%	26%	19%	27%
13.12	Accommodation?	26%	33%	26%	30%
13.12	Benefits?	24%	36%	24%	35%
13.12	Finances?	16%	21%	16%	20%
13.12	Education?	24%	27%	24%	30%
13.12	Drugs and alcohol?	27%	41%	27%	36%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	45%	45%	45%	51%

## Diversity analysis



### Key question responses (ethnicity, foreign national and religion) HMP Wormwood Scrubs 2015

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

#### Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
<b>Number of completed questionnaires returned</b>		<b>103</b>	<b>71</b>	<b>53</b>	<b>122</b>	<b>47</b>	<b>122</b>
1.3	Are you sentenced?	61%	53%	62%	58%	56%	60%
1.5	Are you a foreign national?	35%	25%			28%	31%
1.6	Do you understand spoken English?	100%	92%	92%	99%	98%	96%
1.7	Do you understand written English?	99%	87%	89%	98%	98%	93%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			68%	56%	89%	49%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	1%	4%	4%	2%	0%	4%
1.1	Are you Muslim?	42%	8%	26%	29%		
1.12	Do you consider yourself to have a disability?	15%	30%	13%	24%	16%	23%
1.13	Are you a veteran (ex-armed services)?	2%	6%	4%	3%	0%	5%
1.14	Is this your first time in prison?	40%	30%	53%	28%	45%	34%
2.6	Were you treated well/very well by the escort staff?	67%	60%	62%	64%	66%	61%
2.7	Before you arrived here were you told that you were coming here?	56%	64%	43%	67%	59%	58%
3.2	When you were searched in reception, was this carried out in a respectful way?	69%	68%	64%	70%	54%	72%
3.3	Were you treated well/very well in reception?	46%	46%	49%	43%	45%	45%
3.4	Did you have any problems when you first arrived?	87%	88%	88%	88%	80%	90%
3.7	Did you have access to someone from health care when you first arrived here?	69%	59%	58%	68%	64%	64%
3.9	Did you feel safe on your first night here?	61%	64%	61%	62%	59%	62%
3.10	Have you been on an induction course?	69%	62%	74%	62%	64%	65%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	30%	36%	34%	32%	31%	32%

## 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	Are you normally offered enough clean, suitable clothes for the week?	44%	39%	54%	36%	46%	40%
4.4	Are you normally able to have a shower every day?	75%	73%	74%	74%	78%	72%
4.4	Is your cell call bell normally answered within five minutes?	20%	15%	16%	18%	21%	18%
4.5	Is the food in this prison good/very good?	10%	13%	19%	7%	9%	11%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	39%	55%	49%	43%	43%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	40%	46%	36%	45%	43%	41%
4.8	Do you feel your religious beliefs are respected?	64%	55%	69%	57%	57%	62%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	52%	35%	42%	47%	57%	41%
5.1	Is it easy to make an application?	62%	70%	70%	63%	64%	66%
5.3	Is it easy to make a complaint?	44%	49%	44%	48%	40%	51%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	39%	37%	41%	37%	28%	41%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	36%	38%	40%	33%	40%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	8%	10%	8%	16%	6%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	60%	66%	74%	57%	54%	65%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	61%	61%	67%	58%	56%	61%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	7%	19%	2%	15%	4%	15%
7.4	Do you have a personal officer?	19%	12%	27%	11%	17%	15%
8.1	Have you ever felt unsafe here?	50%	60%	47%	59%	47%	58%
8.2	Do you feel unsafe now?	20%	28%	21%	25%	26%	24%
8.3	Have you been victimised by other prisoners?	24%	34%	27%	30%	19%	33%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	10%	25%	13%	19%	9%	20%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	0%	0%	3%	2%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	2%	2%	3%	4%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	4%	0%	3%	0%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	1%	3%	2%	2%	0%	3%

## Diversity analysis

### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in green is significantly better							
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
8.6	Have you been victimised by a member of staff?	37%	41%	29%	43%	48%	37%
8.7	Have you ever felt threatened or intimidated by staff here?	18%	24%	8%	26%	22%	20%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	3%	4%	5%	11%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	2%	0%	5%	7%	2%
8.7	Have you been victimised because of your nationality? (By staff)	4%	4%	0%	7%	9%	3%
8.7	Have you been victimised because you have a disability? (By staff)	1%	6%	0%	4%	0%	5%
9.1	Is it easy/very easy to see the doctor?	21%	26%	18%	25%	15%	26%
9.1	Is it easy/ very easy to see the nurse?	51%	52%	50%	52%	47%	52%
9.4	Are you currently taking medication?	40%	56%	42%	48%	38%	48%
9.6	Do you feel you have any emotional well being/mental health issues?	26%	42%	26%	36%	22%	35%
10.3	Is it easy/very easy to get illegal drugs in this prison?	39%	39%	28%	45%	35%	41%
11.2	Are you currently working in the prison?	37%	38%	30%	40%	41%	35%
11.2	Are you currently undertaking vocational or skills training?	8%	8%	6%	9%	4%	10%
11.2	Are you currently in education (including basic skills)?	15%	18%	24%	12%	18%	15%
11.2	Are you currently taking part in an offending behaviour programme?	2%	6%	2%	5%	0%	5%
11.4	Do you go to the library at least once a week?	27%	20%	39%	17%	21%	26%
11.6	Do you go to the gym three or more times a week?	18%	22%	14%	21%	13%	21%
11.7	Do you go outside for exercise three or more times a week?	55%	55%	59%	52%	46%	58%
11.8	On average, do you go on association more than five times each week?	69%	58%	58%	67%	67%	62%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	4%	7%	8%	4%	2%	7%
12.2	Have you had any problems sending or receiving mail?	42%	56%	32%	56%	45%	51%
12.3	Have you had any problems getting access to the telephones?	29%	28%	33%	28%	26%	28%

## Diversity Analysis



### Key question responses (disability and age over 50) HMP Wormwood Scrubs 2015

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

#### Key to tables

		Consider themselves to have a disability		Do not consider themselves to have a disability	
				Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>36</b>	<b>136</b>	<b>19</b>	<b>157</b>
1.3	Are you sentenced?	58%	59%	63%	59%
1.5	Are you a foreign national?	20%	34%	52%	28%
1.6	Do you understand spoken English?	97%	96%	94%	97%
1.7	Do you understand written English?	92%	95%	94%	94%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	42%	63%	61%	59%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	2%	7%	2%
1.1	Are you Muslim?	21%	29%	20%	29%
1.12	Do you consider yourself to have a disability?			55%	16%
1.13	Are you a veteran (ex-armed services)?	3%	4%	0%	4%
1.14	Is this your first time in prison?	25%	38%	50%	35%
2.6	Were you treated well/very well by the escort staff?	55%	66%	67%	63%
2.7	Before you arrived here were you told that you were coming here?	48%	62%	28%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	71%	68%	67%	68%
3.3	Were you treated well/very well in reception?	34%	49%	61%	44%
3.4	Did you have any problems when you first arrived?	97%	85%	100%	86%
3.7	Did you have access to someone from health care when you first arrived here?	71%	64%	69%	65%
3.9	Did you feel safe on your first night here?	55%	64%	69%	61%
3.10	Have you been on an induction course?	68%	66%	89%	63%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	29%	33%	37%	32%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse					
	Any percentage highlighted in orange shows a significant difference in prisoners' background details					
	Percentages which are not highlighted show there is no significant difference					
4.4	Are you normally offered enough clean, suitable clothes for the week?	30%	45%	77%	38%	
4.4	Are you normally able to have a shower every day?	67%	76%	72%	74%	
4.4	Is your cell call bell normally answered within five minutes?	21%	18%	22%	18%	
4.5	Is the food in this prison good/very good?	12%	11%	27%	9%	
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	59%	42%	73%	41%	
4.7	Are you able to speak to a Listener at any time, if you want to?	31%	45%	48%	42%	
4.8	Do you feel your religious beliefs are respected?	52%	62%	72%	59%	
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	33%	50%	48%	45%	
5.1	Is it easy to make an application?	52%	69%	69%	65%	
5.3	Is it easy to make a complaint?	55%	45%	61%	45%	
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	27%	42%	52%	36%	
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	25%	42%	55%	37%	
6.3	In the last six months have any members of staff physically restrained you (C&R)?	16%	6%	6%	9%	
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	59%	64%	79%	60%	
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	55%	62%	72%	59%	
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	3%	14%	6%	12%	
7.4	Do you have a personal officer?	19%	16%	45%	13%	
8.1	Have you ever felt unsafe here?	66%	51%	48%	56%	
8.2	Do you feel unsafe now?	42%	20%	11%	25%	
8.3	Have you been victimised by other prisoners?	38%	26%	27%	29%	
8.5	Have you ever felt threatened or intimidated by other prisoners here?	25%	14%	16%	17%	
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%	0%	2%	
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	3%	6%	3%	
8.5	Have you been victimised because of your nationality? (By prisoners)	9%	1%	6%	2%	
8.5	Have you been victimised because of your age? (By prisoners)	3%	2%	0%	2%	
8.5	Have you been victimised because you have a disability? (By prisoners)	9%	0%	0%	2%	

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	53%	34%	33%	39%
8.7	Have you ever felt threatened or intimidated by staff here?	33%	17%	11%	22%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	3%	6%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	4%	0%	4%
8.7	Have you been victimised because of your nationality? (By staff)	6%	4%	6%	5%
8.7	Have you been victimised because of your age? (By staff)	3%	4%	6%	3%
8.7	Have you been victimised because you have a disability? (By staff)	15%	0%	6%	2%
9.1	Is it easy/very easy to see the doctor?	12%	27%	21%	23%
9.1	Is it easy/ very easy to see the nurse?	48%	52%	73%	49%
9.4	Are you currently taking medication?	88%	35%	89%	41%
9.6	Do you feel you have any emotional well being/mental health issues?	74%	20%	48%	31%
10.3	Is it easy/very easy to get illegal drugs in this prison?	53%	36%	37%	40%
11.2	Are you currently working in the prison?	29%	40%	25%	39%
11.2	Are you currently undertaking vocational or skills training?	10%	8%	12%	8%
11.2	Are you currently in education (including basic skills)?	26%	14%	32%	14%
11.2	Are you currently taking part in an offending behaviour programme?	6%	3%	12%	3%
11.4	Do you go to the library at least once a week?	34%	22%	33%	22%
11.6	Do you go to the gym three or more times a week?	13%	20%	16%	20%
11.7	Do you go outside for exercise three or more times a week?	58%	54%	50%	54%
11.8	On average, do you go on association more than five times each week?	65%	64%	73%	64%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	12%	4%	6%	5%
12.2	Have you had any problems sending or receiving mail?	42%	49%	18%	52%
12.3	Have you had any problems getting access to the telephones?	28%	29%	18%	30%