

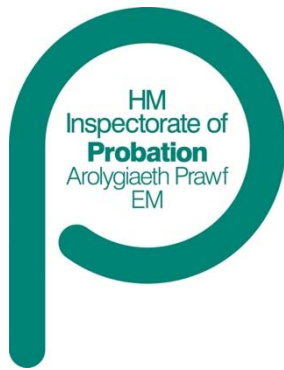
Report on an announced inspection of

# **HMP Nottingham**

by HM Chief Inspector of Prisons

**1–5 February 2016**

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.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

# Introduction

HMP Nottingham is a local prison holding just over 1,000 adult and young adult male prisoners. It was constructed in the 19th century but was largely rebuilt between 2008 and 2010. It holds a range of prisoners, including those remanded by the courts, newly sentenced prisoners and prisoners nearing release. It also holds a significant number of men recalled to prison after breaching licence conditions, and a few with an indeterminate sentence.

At our last inspection in September 2014, we had serious concerns about many outcomes for prisoners. We were particularly concerned that levels of violence were far too high, and that this was having a destabilising impact across the establishment. As a result, this inspection was announced in advance to give prison leaders time before our arrival to focus on addressing our concerns.

At this inspection we found that the prison still faced many significant challenges. However, while much work still needed to be done, we saw managers and staff working very hard to address areas of concern, and tangible progress in all four of our healthy prison areas, although this was not sufficient in every case to change our assessments.

Some aspects of support for those arriving new into the prison had improved and induction was now much better, but delays in reception were still significant. Those prisoners who were vulnerable because of the nature of their offences and who were held on the induction wing had a poor experience. Some aspects of first night substance misuse work needed urgent attention.

There was still too much serious violence and disorder. This was despite real efforts that had been made to address this. A more strategic and proactive approach to the underlying causes, such as the prevalence of new psychoactive substances and associated debt had not yet had a significant impact. It was, therefore, not surprising that many prisoners still told us they felt unsafe. High levels of force were used and, while governance of this had improved, we were concerned that some serious allegations made about staff were not being taken seriously enough.

Levels of vulnerability, and in particular men with mental health problems, were higher than many similar prisons we have visited, and higher than at our last inspection. We found a number of men with complex combinations of vulnerability and problematic behaviour and, almost inevitably, some of these were being held in the segregation unit. This was an inappropriate place to hold such men. A specific area was needed where appropriate therapeutic care and support could be provided for the high number of men with acute mental health problems.

The significant efforts being made by the prison management to improve living conditions were not helped by shortages of essential items for daily living. Some of these were outside the prison's control but prisoners still faced a number of frustrations which added to the challenge of keeping the prison calm and ordered. We found some excellent staff who worked positively with prisoners and were not afraid to challenge or reward behaviour as appropriate. However, too many wing based staff remained distant and somewhat dismissive of the men in their care. Equality work had started to refocus and some progress had been made in meeting the needs of protected groups, although much more was needed.

Real strides had been made in stabilising the regime, and the core day introduced in October 2015 was delivering a reasonable amount of time out of cell for most prisoners. Leadership of learning and skills had improved and attendance at activities was also better, but still needed improvement. Achieving these improvements would benefit men by aiding their rehabilitation, and would help to stabilise the prison further.

Leadership in resettlement had improved and real progress had been made in developing provision from the previous very low base. Offender management work was developing, if variable in quality, and public protection work was mostly robust. However, oversight arrangements needed to improve, for example in high risk of harm cases and categorisation. We were particularly concerned that some re-categorisation decisions were being wrongly made without appropriate risk assessments. Reintegration work was developing well and the new community rehabilitation company was making a positive contribution to this.

We were far more optimistic after this inspection than when we last inspected in 2014. The decline in standards had been arrested, the culture within the prison had improved, and there was a real sense that the leadership of the prison had a grip on what needed to be done. There was a refreshing sense of honesty and realism about the scale of the challenges that faced them. The plans that were in place to make the prison safer and more decent were credible. However, much of the very real progress that had been made was fragile, and a great deal of work was still needed to consolidate the position.

There is no doubt that this prison has suffered from a lack of continuity and consistency in its leadership. At the time of this inspection there had been five governors in the space of four years. The current governor has grasped some difficult issues and laid some good if inevitably fragile foundations. However, our understanding is that he too will shortly move to another prison. For the future, every effort should be made to stabilise the leadership of this challenging prison.

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

March 2016

# Fact page

**Task of the establishment**

Category B local prison holding young adult and adult males

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

Public

**Region/Department**

East Midlands

**Number held**

1,048

**Certified normal accommodation**

718

**Operational capacity**

1,060

**Date of last full inspection**

September 2014

**Brief history**

HMP Nottingham was first opened in 1890 and has operated as a category B local establishment since 1997. All of the original Victorian prison was demolished in 2008, with only part of the gatehouse and the wall remaining. Work to rebuild an expanded prison was completed in February 2010. As part of this modernisation the operational capacity increased from 550 to 1060. The establishment serves local courts in Derbyshire and Nottinghamshire.

**Short description of residential units**

A wing integrated drug treatment system: 122 cells holding up to 180

B wing general population: 160 cells holding up to 220

C wing general population & full-time workers: 64 cells holding up to 110

D wing first night centre & induction: 99 cells holding up to 155

E wing general population: 100 cells holding up to 155

F wing general population: 77 cells holding up to 100

G wing vulnerable prisoner unit: 98 cells holding up to 140

**Name of governor/director**

David Bamford

**Escort contractor**

GeoAmey

**Health service provider**

Nottinghamshire Healthcare NHS Foundation Trust

**Learning and skills providers**

Milton Keynes College

**Independent Monitoring Board chair**

Keith Jamieson

**Community rehabilitation company (CRC)**

Derbyshire, Leicestershire, Nottinghamshire and Rutland



# 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 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

# Summary

## Safety

- S1 *There were some long waits in court cells before prisoners were transferred to the prison but journeys were usually short. Despite significant efforts and some progress, the prison was still not safe. Delays in reception remained lengthy. Early days support had improved but offence related vulnerable prisoners on the induction wing had a poor regime. Despite a more strategic approach to addressing violence, levels remained far too high and many incidents were serious. Better support was needed for prisoners who self-harmed but there was now a good focus on prisoners requiring safeguarding. Security arrangements were good but there were significant challenges in managing illicit drug use. Backlogs of adjudication cases had been reduced but were still evident. The segregation unit was an inappropriate place to hold men with severe mental health problems. Use of force was very high and its governance was not strong enough. Some aspects of substance misuse support were inadequate. **Outcomes for prisoners were poor against this healthy prison test.***
- S2 *At the last inspection in September 2014, we found that outcomes for prisoners in Nottingham were poor against this healthy prison test. We made 21 recommendations in the area of safety. At this follow-up inspection we found that six of the recommendations had been achieved, six had been partially achieved and nine had not been achieved.*
- S3 Some prisoners had long waits in court cells before being escorted to the prison and often arrived late in the evening. Most journeys to the prison were short. Movement in and out of the prison was considerable and this presented a number of challenges. The prison reception was busy but clean. Reception interviews were not always carried out in private and too many prisoners were strip-searched. Prisoners still spent too long waiting in reception. Enhanced checks on prisoners during the first night were introduced during the inspection. Prisoner peer supporters provided valuable support to new arrivals, although latecomers could not always avail themselves of this help.
- S4 Some offence related vulnerable prisoners located on D wing experienced an impoverished regime. The recently introduced induction programme was thorough and records showed that all prisoners received induction promptly after arrival.
- S5 Significant attention had been paid to improving the stability of Nottingham since our last inspection, with some success. However, a number of key safety indicators in our prisoner survey were worse than in similar prisons; for example, 61% said they had felt unsafe at some time in Nottingham which was one of the highest figures we have seen. Strategic structures to identify and address violence and antisocial behaviour had improved and were now properly focused. The safer custody team were enthusiastic and were beginning to work well with other departments, including security, to try to understand patterns of violence and antisocial behaviour. Despite this, violence remained very high. We understood the approach being taken to address these issues but were concerned that it was not sophisticated enough to motivate positive changes in behaviour. Arrangements were better for managing the mainly offence related vulnerable prisoners on G wing, but required further improvement.

- S6 Recommendations from Prisons and Probation Ombudsman death in custody reports were being addressed but some recurring themes required consistent attention and reinforcement. The quality of ACCT<sup>2</sup> documents was variable and many still had weaknesses. Quality assurance procedures were not yet producing the necessary improvement. We spoke to some prisoners on ACCTs who said they did not feel supported by staff and had nothing to keep them occupied. The exceptional circumstances for locating some prisoners on ACCT in the segregation unit were not always clearly demonstrated.
- S7 Arrangements for safeguarding the more vulnerable adults at risk, such as those with learning disabilities or mental health problems, were progressing well and were much better than we usually see. Referrals from a broad range of staff and prisoners were properly considered at the weekly multidisciplinary safeguarding meeting and there was evidence of appropriate action to care for those identified as being at risk.
- S8 Security meetings were given a high priority and attendance was very good. Some elements of dynamic security had improved and the management of intelligence remained very good. However, supervision of prisoners remained inconsistent in residential areas and the quality of relationships were too variable. The random positive mandatory drug testing positive rate was within target but new psychoactive substances<sup>3</sup> were now a significant problem. In our survey, 56% of prisoners believed it was easy to get drugs in the prison, which was a very high proportion. A number of sensible initiatives were in progress to address these problems.
- S9 There was evidence that the incentives and earned privileges (IEP) scheme was being used strategically to help reduce violence and other poor behaviour. The numbers on the basic level were high. The regime for these prisoners was poor and there was little to help them deal with the underlying causes of their behaviour.
- S10 The number of adjudications was high, which reflected the high levels of violence and incidents. Backlogs of cases had been reduced but were still evident. Some adjudications could have been more appropriately managed through the IEP scheme.
- S11 Use of force was high. Although governance had improved, there remained some significant gaps, particularly in scrutinising allegations by prisoners of staff using force disproportionately. Robust action had been taken in some cases where this had been proved. There was little use of special accommodation, which was commendable.
- S12 The segregation unit was an inappropriate location to care for and support the number of prisoners with complex mental health problems. Staff-prisoner relationships in segregation were good, but the regime was very limited, as was formal reintegration planning.
- S13 Prisoners requiring substance misuse stabilisation and detoxification were initially located on D wing, which was concerning. Clinical monitoring and observation at night were not taking place and cell hatches impeded vision.
- S14 Prescribing regimes for opiate-dependent prisoners were flexible, but there were no substance misuse GP sessions or clinics during the day for treatment reviews. GPs relied on recovery workers to make clinical judgements, which was inappropriate.
- S15 Psychosocial support was inadequate, which was reflected in poor survey findings.

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<sup>2</sup> Assessment, care in custody and teamwork case management for prisoners at risk of suicide or self-harm.

<sup>3</sup> 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.

## Respect

S16 *Efforts were being made to ensure the decency of the living environment, although this remained a challenge and prisoners faced significant frustration in accessing many everyday items. Staff-prisoner relationships remained varied and too many wing-based staff had low expectations of men in their care. Much equality and diversity work was embryonic and some needs were not being met. Faith provision was good. The management of general complaints was reasonable, although some complaints against staff needed to be taken more seriously. Legal services support was inadequate. Health care provision was reasonable overall. Good support was provided to the significant number of men with mental health problems, although those with acute problems needed more therapeutic care. Prisoners were very negative about the food. There were delays in prisoners receiving their first canteen order. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S17 *At the last inspection in September 2014, we found that outcomes for prisoners in Nottingham were not sufficiently good against this healthy prison test. We made 23 recommendations in the area of respect.<sup>4</sup> At this follow-up inspection we found that seven of the recommendations had been achieved, eight had been partially achieved, six had not been achieved and two were no longer relevant.*

S18 Communal areas and showers were clean and a cell painting programme was in progress. Prisoners expressed frustration about poor access to many basic items and help with routine queries. This was reflected in our survey where responses to questions about all aspects of residential life were poorer than the comparator. Considerable efforts had been made to address some of these issues, although more needed to be done. Many cells were cramped with inadequate toilet screens. Prisoners could have a shower each day and fewer had problems getting access to a telephone than at the previous inspection. A new applications system and prisoner consultation groups had been introduced but it was too early to determine the impact. Signpost peer workers were a good initiative to improve communication with prisoners.

S19 In our survey, prisoners were less likely than the comparator to say that staff treated them with respect and that they had a member of staff they could turn to if they had a problem. We observed a very mixed picture: some excellent staff engaged positively with prisoners, but too many were distant and had low expectations of men in their care. Staffing levels caused wing staff to be overstretched and they had limited time to engage with prisoners. Some aspects of staff supervision on wings needed to be better. The personal officer scheme did not operate consistently, although there were pockets of good work.

S20 The strategic management of equality and diversity had been relaunched and outcomes and trends across protected characteristics were being monitored and investigated. These foundations needed development; there was no external oversight of diversity work and prisoner equality representatives, while enthusiastic, required better support. The diversity incident report form procedures had only recently been reinstated after eight months when none had been processed. The forms were now available on wings but needed better promotion to prisoners and staff. The quality of investigations needed improvement but responses were usually prompt and respectful.

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

- S21 Focus groups for prisoners with protected characteristics had recently been introduced, but more support was needed for the large number of foreign nationals. The safeguarding meeting was starting to improve the care of prisoners with disabilities and support was offered by health care. Better coordination of this work was needed and we were not confident that all men with disabilities were being identified. There was no formal support for gay prisoners or Gypsy, Roma and Traveller groups but there was some supportive gender work. Little work was done to address the specific needs of the few young adults held.
- S22 Faith provision was good. Prisoners could attend corporate worship and faith enrichment activities. There was a strong and effective community engagement strategy. The chaplaincy provided good pastoral care and was well integrated into the prison.
- S23 In our survey, responses about the fairness and timeliness of replies to complaints were worse than the comparator and the number of complaints submitted was high. The quality of most responses that we reviewed was good. However, many complaints about staff were managed at too low a level and were not taken seriously enough. Data on complaints were sometimes used to improve services.
- S24 The provision of legal rights remained inadequate, although bail accommodation services were now available.
- S25 In our survey, prisoners were less satisfied with the overall quality of health care than the comparator, although we found services to be good overall. Partnership working and clinical governance were effective and staff had good access to supervision and professional development. The health care centre was clean, although not all clinic rooms met infection control standards. Prisoners had access to an appropriate range of primary care services, and most waiting times were acceptable, although not for the optician and dentist. Long-term conditions were well managed with good use of care planning and regular reviews. Too many external hospital appointments were rescheduled because of a lack of staff. The management of medicines was reasonably good, although the supervision of medicine queues by prison staff remained inconsistent.
- S26 Our survey identified significantly more prisoners with mental health problems than at comparator prisons and at the last inspection. The integrated mental health team provided a good and developing service to meet the high level of need. Nevertheless, more therapeutic care and support was needed for the high number of men with acute mental health problems, some of whom ended up in segregation.
- S27 Prisoners were very negative about the food provided. We found the range and standard of food to be reasonable, but meals were served too early.
- S28 Prisoners were provided with a basic canteen pack on arrival but there was usually a delay before they received their first full order.

## Purposeful activity

S29 *Time out of cell had improved and the regime was more reliable and predictable. Slippage and lock-downs still occurred, but improved delivery of the regime was helping to stabilise the prison. Overall, Ofsted rated learning and skills provision as requiring improvement. However, a number of aspects had progressed since the last inspection and leadership and management were now much more focused on improvement. There were enough part- and full-time activities for the population, and they were managed more efficiently. While attendance at activities had improved, this still needed to be much better and the range and level of provision needed further development. Much teaching and learning was good and achievements were improving. Access to the library was inadequate but opportunities for PE were reasonable. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S30 *At the last inspection in September 2014, we found that outcomes for prisoners in Nottingham were poor against this healthy prison test. We made 12 recommendations in the area of purposeful activity. At this follow-up inspection we found that four of the recommendations had been achieved, six had been partially achieved and two had not been achieved.*

S31 Time out of cell had improved and the regime was more predictable than at the previous inspection. Curtailment of the regime had reduced but there was still regime slippage. Most prisoners could have a reasonable amount of time out of their cell with the exception of those on the basic regime who could have as little as one hour a day. Roll checks indicated that an average of 24% of the population were locked up during the middle of the core day. This had reduced considerably since the last inspection.

S32 Effective joint working between prison and college managers had resulted in improvements since the previous inspection. College managers made particularly good use of learner feedback and positive steps had been taken to improve attendance, although it was still too low. The curriculum was too narrow and there were limited opportunities at higher qualification levels.

S33 Achievement on many college courses had been poor, but significant improvements had been made in the current academic year, including in English and mathematics. Work in some workshops was not challenging enough.

S34 Sufficient activity places were provided to meet the needs of the population. Much teaching and learning in education was good. The range of vocational training courses was too narrow and there were not enough training opportunities in prison work. Induction and initial assessment ensured that learners enrolled on a course that matched their needs and previous attainment. Too many classroom and vocational training sessions failed to challenge and stretch prisoners' skills and understanding and not enough guidance was given to help learners to improve their English. Additional learning support was very effective, although prisoner peer mentors needed better training.

S35 Prisoners' behaviour in learning, skills and work was good and they applied themselves very well to their jobs. Attendance in learning, skills and work had improved since the previous inspection, but overall remained low. However, attendance by vulnerable prisoners was good.

S36 The library offered an up-to-date range of fiction and non-fiction books to meet the needs of the diverse prison population and actively promoted literacy and reading.

- S37 The library was only open on weekdays during the day, which limited access for prisoners engaged in full-time activities.
- S38 Gym staff had improved access to PE for all prisoners, including vulnerable and older men. Attendance had improved but it was not yet good enough. Gym induction was good and linked to prisoners' health needs. Only a very limited range of PE qualifications were offered.

## Resettlement

S39 *Strategic management of resettlement had improved considerably and resettlement provision reflected a needs analysis. Partnership working was good, although links between resettlement and wing staff remained limited. Offender management had improved overall, but the quality of work still varied and management oversight was inadequate. Public protection work was now good but we had significant concerns about the re-categorisation process. Through-the-gate resettlement work had developed considerably and reasonable resettlement pathway support was provided. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S40 *At the last inspection in September 2014, we found that outcomes for prisoners in Nottingham were poor against this healthy prison test. We made 14 recommendations in the area of resettlement. At this follow-up inspection we found that six of the recommendations had been achieved, three had been partially achieved and five had not been achieved.*

- S41 Strategic management of resettlement had improved; work was informed by an up-to-date needs analysis, a detailed reducing re-offending strategy and an action plan.
- S42 Resettlement meetings had good interdepartmental attendance and coordination between the community resettlement company (CRC) and the offender management unit was effective. Bimonthly resettlement and wellbeing days brought community organisations into the prison and raised awareness of the support available for prisoners. Release on temporary licence was not being used to support through-the-gate work.
- S43 Despite some continuing weaknesses, offender management had improved. Nevertheless, in our survey fewer prisoners than the comparator said they had a named offender supervisor. Cross-deployment of uniformed staff affected their ability to have regular contact with prisoners. Efforts had been made to reduce the OASys<sup>5</sup> backlog to about 60. The quality assurance of high risk of serious harm cases was not sufficiently robust. P-Nomis, the electronic case note system, was not used well enough to encourage participation in resettlement work by non-offender management staff. Home detention curfew procedures had been reinstated, although assessments for about a quarter of prisoners were still late. Targeted work with men who had been recalled to prison was being developed. An integrated offender management scheme offered a dedicated service to prolific offenders. Lifer days were a positive initiative but poorly attended. No work was done with men potentially facing a life sentence. The small number of parole dossiers submitted were timely.
- S44 Initial public protection processes were reasonable and reviewed regularly. Multi-agency public protection arrangements (MAPPA) systems were robust and cases were routinely discussed at interdepartmental risk management team meetings.

<sup>5</sup> Offender assessment system for prisons and probation providing a framework for assessing the likelihood of reoffending and the risk of harm to others.



- S45 Categorisation reviews had been reinstated but not all re-categorisation decisions were legitimate, and oversight was inadequate.
- S46 The CRC effectively assessed and addressed the immediate needs of newly arriving prisoners, and the resettlement needs of those nearing release. Resettlement pathway provision was generally good, and there was reasonable access to a range of services through regular resettlement fairs. Despite this, awareness among prisoners of some resettlement services was low and the work of the resettlement team needed better promotion.
- S47 The CRC provided a good range of accommodation support and the no fixed abode rate on release had reduced.
- S48 Good employment advice and guidance were provided but only about half the prisoners had these sessions before release. Links with employers were growing but were still inadequate.
- S49 Pre-release health care arrangements were effective and included appropriate community liaison. An outreach worker in the mental health team provided through-the-gate resettlement support. A palliative care pathway was available if needed.
- S50 Substance misuse through-care provision was good and strong links had been developed with community service providers. A substance misuse practitioner was present in reception to provide harm reduction information before release.
- S51 The service for prisoners requiring help with finances had improved and included signposting to community support organisations. Prisoners could open bank accounts before release and Jobcentre Plus workers provided advice on benefits.
- S52 The provision for prison visits was reasonable, although some visitors described long queues at the prison gate and delays in the start of visits. Broader work to support contact with children and families was limited to the Big Book Share project and family days, but there were advanced plans to run a relationship course.
- S53 No offending behaviour courses were offered as it was a local prison. No motivational work was undertaken with prisoners convicted of sexually motivated offences who were in denial and there was no victim awareness work.
- S54 Useful information about, and signposting to, organisations providing support to victims of domestic abuse and sex workers were provided.

## Main concerns and recommendations

- S55 **Concern:** Nottingham is a complex and challenging prison which has experienced significant instability over recent years. The rapid turnover of governing governors over the last four years has in our view contributed to this. The current governor has grasped many of the problems faced and laid foundations to build upon, but we were told he would be leaving in the near future. More continuity in leadership is essential if the prison is to embed and build upon these improvements.

**Recommendation:** NOMS should ensure that the next governor of Nottingham has sufficient time in post to build upon the recent progress made to ensure the prison provides safe and decent outcomes for the men held.

S56 **Concern:** Levels of violence remained far too high and it was not surprising that in our survey, 61% of prisoners said they had felt unsafe at some time in the prison. The problems now being experienced with NPS supply and use and associated debt and bullying were significant factors in this. A number of initiatives were in progress to address these challenges but more work was needed with perpetrators to address the underlying reasons for their poor behaviour and support for victims needed improvement.

**Recommendation: A broader range of interventions should be introduced to address the underlying reasons for poor behaviour and violence among some prisoners, and support for the victims of violence should improve.**

S57 **Concern:** The number of prisoners with emotional wellbeing or mental health problems was high. Some of these men had a combination of mental illness and very challenging behaviour, and inevitably most of them ended up being managed in the segregation unit. More than half the prisoners in the unit at the time of the inspection had enduring mental health needs and we saw men whose disturbed behaviour consistently caused significant problems. Managers told us that this had been a typical population profile for the previous six months. Appropriate care for these men could not be provided in the segregation unit which was designed for punishment purposes or the isolation of men at risk from others. Few prison officers working in the prison or the segregation unit had received mental health awareness training.

**Recommendation: There should be a therapeutic area or inpatient unit to cater for the high level of men with significant mental health needs in the prison, with appropriate risk assessed admission and discharge criteria.**

S58 **Concern:** The quality of staff-prisoner relationships remained too mixed. Some interactions were excellent but too many were distant and lacked awareness of the positive influence wing staff could have on those in their care. Some staff were dismissive even of reasonable requests from prisoners for assistance, and failed to challenge poor behaviour appropriately or acknowledge positive behaviour. Wing staff had little input into resettlement work. Aspects of staff supervision on wings needed improvement. These cultural issues were contributing to the frustrations felt by prisoners and the failure to give full support to efforts to stabilise the prison and rehabilitate the men.

**Recommendation: Determined efforts should be made to ensure that all wing staff treat prisoners with decency and respect, provide support when needed, acknowledge good behaviour, challenge poor behaviour and actively supervise the wings.**

S59 **Concern:** Despite some improvements since the last inspection, attendance at activities was still not good enough. Some classroom based activities were running with few prisoners in attendance which affected their quality adversely. In addition, the prison was still experiencing significant instability and getting more prisoners to activities would support work to make the prison safer and to rehabilitate the men.

**Recommendation: Prison and college managers should continue to identify the reasons for poor attendance and take corrective action.**

S60 **Concern:** There was no routine oversight or robust quality assurance of the work completed by offender supervisors and case administrators. This was concerning. We found a case in our sample where the risk of harm level had been wrongly assessed as medium when it should have been high. This had not been picked up when the case was counter signed by a manager. We also found cases of re-categorisation decisions from B to C which were incorrect, and not based on the required reduction in risk.

**Recommendation: Managers should carry out regular oversight and quality assurance of offender supervisor and case administrator work to ensure all elements of offender management are delivered to the required standard.**



# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

- I.1 Most prisoners had short journeys to Nottingham from local courts. Some prisoners reported long waits in court before leaving and the person escort records that we examined confirmed this. Escort staff gave a good handover for any prisoners at risk of harm. The vans we inspected were clean and about two-thirds of prisoners in our survey said they were treated well or very well by escort staff. Almost 10% of prisoners arrived at Nottingham after 7pm which made it difficult to carry out all first night procedures with them (see section on early days in custody).
- I.2 All prisoners we spoke to who were being transferred to or from the establishment had been told about the move on the morning of the transfer. Not all had had enough time to notify friends or family.
- I.3 There was a well-used court video link, which reduced the number of escorts to courts.

## Early days in custody

### Expected outcomes:

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

- I.4 Movement in and out of the prison was considerable and this presented a number of challenges in managing the throughput of prisoners. The small reception area was clean and quite crowded during busy periods. Only 55% of prisoners said they were treated well or very well in reception against the comparator of 62%. The interactions between staff and prisoners that we observed varied; some but not all staff made efforts to put men at ease. Too many prisoners spent too long in reception with very little to occupy them, sometimes up to six hours. Only 19% against the comparator of 41% said they spent less than two hours in reception and some prisoners did not arrive on the first night centre until after 9pm. Delays in seeing GPs were sometimes significant and contributed to the lengthy process (see sections on substance misuse and delivery of care – physical health).
- I.5 All prisoners passing through reception were either strip-searched or asked to change into clean clothes supervised by staff. There was little privacy and we observed many confidential interviews carried out in the main reception area in sight and hearing of prisoner orderlies and prisoners in holding cells. Most prisoners had access to showers in reception and telephone calls were facilitated in the health care centre after prisoners had been seen by health care staff. Vulnerable prisoners were kept separate through the whole reception and first night process.
- I.6 All prisoners went from reception to D wing. First night staff were well informed about new arrivals and could identify those who needed extra support. Not all new arrivals had access to everything they needed, including adequate clothing. Some cells were in poor condition

with extensive graffiti, although those we pointed out to staff were redecorated during the inspection. Additional first night checks for new arrivals were implemented during the inspection. Some offence related vulnerable prisoners could spend several weeks on D wing awaiting a cell on G wing. During this time, they experienced an extremely poor regime with very limited time out of cell or access to purposeful activity (see recommendation I.17).

- I.7** Peer supporters, known as signpost orderlies, met most new arrivals but did not always remain unlocked to see those who arrived after 9pm. They offered a range of support such as submitting applications and accessing pin phones and prisoners we spoke to were grateful for this. We observed peer supporters seeking out prisoners who needed help. Signpost orderlies presented part of the new induction programme which took place daily and they were well supervised by staff. Record keeping had improved and all prisoners, including vulnerable prisoners, had a thorough induction, including visits from different departments in the prison.

## Recommendations

- I.8 All new arrivals should have a speedy, comprehensive and efficient reception, including prompt access to a GP and privacy for confidential interviews.**
- I.9 Prisoners should only be strip-searched following an individual risk assessment.**  
(Repeated recommendation I.8)

## 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.10** Significant efforts had been made to stabilise the establishment since the previous inspection. There was clear evidence of progress and greater control, but incidents of violence and antisocial behaviour remained very high. During the previous six months, there had been 229 assaults on staff and prisoners, many of them serious and some involving weapons (see main recommendation S55). Many of these problems were related illicit drugs issues, including NPS<sup>6</sup> and associated debt (see paragraph I.39).
- I.11** A number of key safety indicators in our survey were worse than the comparator and some were worse than at the last inspection. Sixty-one per cent of respondents said they had felt unsafe at some time and 28% that they felt unsafe at the time of the inspection against respective comparators of 45% and 21%.
- I.12** Measures to address violence and antisocial behaviour had improved. Strategic structures were appropriate and the wider safer custody team was enthusiastic and focused. The new violence reduction strategy was comprehensive and reasonably well embedded. The recording and reporting of incidents had improved considerably but further efforts were needed to ensure that all incidents were captured. Links with other departments, including security, were developing well and were contributing to greater understanding of the reasons for the violence.

<sup>6</sup> New psychoactive substances: new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

- I.13** Strategies to deal with the perpetrators of violent and antisocial behaviour were mostly punitive and focused on the use of formal disciplinary procedures and the basic level of the incentives and earned privileges (IEP) scheme (see section on incentives and earned privileges). As an initial response, robust action to tackle the significant issues faced by the prison was understandable, but we were concerned that this approach in isolation was not sophisticated enough in the long term to motivate positive changes in behaviour.
- I.14** Violence and antisocial behaviour were now being investigated. Investigations were of a reasonable quality, including monitoring of CCTV, but they were not always timely.
- I.15** There was limited individual support for many victims of violence or antisocial behaviour and an immediate cell or wing move was generally undertaken to protect the victim. Some prisoners were referred to the safeguarding committee (see section on safeguarding).
- I.16** Arrangements for prisoners who were vulnerable because of their offence had improved. They were now located on G wing and had access to a workshop and some education classes. However, the range of activities was too narrow (see section on purposeful activity). Men told us they were subject to verbal abuse from other prisoners when they left the wing for activities such as visits and gym. There was a lack of space on G wing and some vulnerable prisoners remained on D wing for far too long after arrival. They were clearly identifiable and it was understandable that they felt unsafe. They had access to a severely impoverished regime (see section on early days in custody).

## Recommendation

- I.17 Arrangements for vulnerable men on D wing should be reviewed. They should remain there for a short period only and should have equal access to services and facilities.**

## Self-harm and suicide prevention

### Expected outcomes:

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

- I.18** There had been five deaths since the previous inspection, one of which had been self-inflicted. There was no local suicide and self-harm prevention strategy. A comprehensive consolidated action plan was maintained and included all recommendations from previous Prisons and Probation Ombudsman reports into deaths in custody since 2004. Progress had been made with many recommendations but there were a few recurring themes and we were not confident that the need for improvements was consistently reinforced.
- I.19** Levels of self-harm were high and we found some incidents that had not been recorded or reported. Over 500 prisoners had been on an ACCT<sup>7</sup> in the previous six months and it was evident from these records that many had mental health problems. The quality of ACCT documents had improved but there were still weaknesses: reviews were often not multidisciplinary; case management was inconsistent; care maps were often limited; observations were not always completed at the required frequency and many were too

<sup>7</sup> Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

predictable. There was often limited evidence in case notes that staff engaged meaningfully with prisoners.

- I.20** Some prisoners we spoke to said they did not feel cared for or supported by staff while they were in crisis. Some said they felt observed rather than engaged with and we found some in cells with nothing to keep them occupied. This was exacerbated for men on ACCTs who were segregated. We were uncertain of the accuracy of data which showed that more than 20 prisoners had been segregated in the previous six months. A governor's authority was required for segregation, but we did not find this in all cases and we were not confident that men on ACCTs were always segregated in exceptional circumstances.
- I.21** Two-thirds of staff had not received safer custody refresher training in the previous three years.

## Recommendations

- I.22 All acts of self-harm should be recorded and prisoners subject to ACCT procedures should receive appropriate care from well trained staff, all of which should be well documented.**
- I.23 Prisoners on ACCT procedures should only be held in 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>8</sup>**

- I.24** Arrangements for safeguarding adults at risk had been in place for six months and were progressing well. There was a comprehensive and well embedded safeguarding strategy. The nominated safeguarding lead attended a number of local adult safeguarding boards.
- I.25** A multidisciplinary committee met weekly to consider safeguarding referrals from staff and prisoners. Referrals included those at risk of violence, prisoners on ACCTs and prisoners with mental and physical health problems. The committee took action to meet the needs of individuals and to protect those at risk. Support plans were put in place for prisoners with identified safeguarding needs but they often focused too much on process rather than informing staff how to address the needs of prisoners at risk.

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<sup>8</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).



## 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.26 Procedural security had improved and was well managed. Closed visits were conducted properly, and some of the previous restrictive practices such as routine inclusion on the escape list of prisoners in possession of a mobile phone had ceased, although routine strip-searching of prisoners in reception continued. Intelligence systems were very well managed. The security department received more than 600 intelligence reports (IRs) each month. These were processed and communicated quickly to appropriate areas by trained analysts and collators.
- I.27 A weekly intelligence meeting was well attended by managers from all main areas of the prison. It was particularly effective in communicating relevant security information, and fed into nearly all decision-making processes in the prison.
- I.28 The monthly security meeting was also well attended and links with other key departments, particularly drug services and safer custody, were very good. The comprehensive agenda included a thorough analysis of IRs relating to security intelligence.
- I.29 Risk management systems were well integrated and effective. The modified free flow system to allow supervised movements at the beginning and end of planned activities was particularly well managed and proportionate. We saw no evidence of a risk-averse approach to the allocation of activity spaces.
- I.30 Important elements of dynamic security had improved but there were still gaps. The regime was now more predictable and the tension between staff and prisoners that we had previously observed had eased. The flow of information into the security department was good and there had been some improvement in relationships between staff and prisoners, although some remained distant. There was often not enough supervision of prisoners in key areas, particularly residential units (see section on staff-prisoner relationships).
- I.31 The number of serious incidents had significantly reduced since the last inspection but remained too high. For example, in the previous six months there had been at least 40 incidents of disorder, and very high numbers of fights and assaults (see section on bullying and violence reduction). Systems to identify and address these issues were developing.
- I.32 Links with the local police remained excellent, particularly concerning organised crime and gang related issues. Local corruption prevention measures were well organised and effective. There were more links with community agencies and good information sharing.
- I.33 The availability of drugs was high and in our survey 56% of prisoners said it was easy to get illegal drugs against the comparator of 36% and 50% at the previous inspection.
- I.34 The mandatory drug testing (MDT) suite was not fit for purpose. It was located next to the treatment room of the drug support unit, which was inappropriate, the suite was too small and there was no sterile searching area.

- I.35** The random MDT positive rate was within target and averaged 9.8% in the previous six months, and most positive tests were for cannabis and subutex. However, the lack of a test for NPS meant this was not a true reflection of the problems faced. Suspicion testing had increased.
- I.36** Since the previous inspection, NPS, in particular mamba,<sup>9</sup> had become a major problem. The proactive response to this issue included development of a detailed supply reduction action plan which was updated regularly, and weekly meetings to analyse incidents and review measures taken to address the problem. There was good communication and joint working between departments.

## Recommendation

- I.37** **The MDT suite should be relocated to an appropriate waiting, searching and testing environment.**

## Incentives and earned privileges<sup>10</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.38** The number of prisoners on the basic level of the IEP scheme was higher than we usually see and the number on enhanced level was lower, which reflected the high levels of violence, incidents and poor behaviour. At the time of the inspection, nearly two-thirds of prisoners were on the standard level, only 9.5% on enhanced and 12.5% (128 prisoners) on basic with the remainder on entry level.
- I.39** The scheme was used strategically to reinforce zero tolerance of bullying and violence and to address high levels of disruptive and antisocial behaviour. Prisoners were demoted to basic level following single acts of violence, serious disruptive behaviour or incidents involving drugs. Behaviour warnings that we saw appeared fair - many were issued to prisoners who had refused to attend work or engage in the regime.
- I.40** However, the scheme was not fully embedded and managerial oversight was inadequate. Reviews were timely but usually cursory and rarely focused on relevant issues. Behaviour improvement targets were not set and implemented appropriately (see main recommendation S58).
- I.41** There was little evidence that changes over time were monitored or acted on, and the scheme did not address the underlying causes of poor behaviour. The basic regime was poor, particularly for unemployed prisoners who were only allowed out of their cell for an hour a day, providing little opportunity for them to demonstrate improvements in their behaviour.
- I.42** The entry level of the scheme was not managed well enough. Most prisoners were promoted to standard level at the end of their second week, but some who had been transferred in from other prisons were wrongly placed on the entry level.

<sup>9</sup> A synthetic drug that mimics the effects of cannabis but is much stronger, with no discernible odour, and cannot be detected by drug tests.

<sup>10</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.

## Recommendation

- I.43 The regime for prisoners on basic level should provide opportunities for prisoners to demonstrate positive changes in behaviour.**

## 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.**

### Disciplinary procedures

- I.44** The number of formal adjudications averaged about 380 a month, which was high. This reflected the level of violent incidents and antisocial behaviour and was nearly three times higher than at the last inspection. It also demonstrated that robust action was being taken to address this disorder.
- I.45** There had been a reduction in cases not being heard or reviewed because prisoners had been discharged, and opened adjudications that had not been proceeded with because time scales had not been met, but there were still too many. Credible plans were in place to reduce these cases further.
- I.46** The written records of hearings that we examined and those that we attended indicated that hearings were conducted fairly and prisoners were given the opportunity to explain their version of events. Punishments were fair and the published tariff was useful to adjudicating governors. However, some charges were petty and could have been dealt with less formally through the IEP scheme.
- I.47** Monthly statistics on the number and nature of adjudications were presented to the senior management team and there was evidence that they were noted and categorised and used to identify and address trends.

### The use of force

- I.48** There was a high level of use of force, with 346 cases in the previous six months. This was higher than we see in many similar prisons.
- I.49** Formal monitoring of incidents had improved but there were still significant gaps. A well-constructed use of force committee met each month to oversee processes and provide governance. All incidents were discussed and a senior manager quality assured some associated documentation. Information, including the nature and location of the incident and the ethnicity of the prisoners involved, was collated and presented for analysis. Trends were identified and appropriate action taken.
- I.50** However, some aspects of oversight were poor. Video recordings of planned incidents were not scrutinised sufficiently, officers often needlessly wore balaclavas during planned incidents and there was evidence of collusion between officers when giving written accounts of incidents. We also found examples of legitimate formal complaints from prisoners about excessive use of force by staff which had not been investigated adequately (see recommendation 2.38).

- I.51** Use of special accommodation was commendably low. It had been used on only two occasions in the previous six months, both for justifiable reasons.

## Recommendation

- I.52** **All use of force incidents, including written records from all officers involved and video recordings of planned incidents, should be scrutinised by senior managers and emerging issues addressed promptly.**

## Segregation

- I.53** Living conditions in the segregation unit were reasonably good. Communal areas and cells were clean and free of graffiti. The five cage-like exercise yards were featureless and, although rarely used, conditions in the unfurnished special cell were stark.
- I.54** At the time of our inspection, eight prisoners were segregated, of whom five were held under prison rule 45 for good order or discipline and three in cellular confinement as punishment following adjudication.
- I.55** During the previous six months, 153 prisoners had been segregated, usually under prison rule 45. We were concerned about the significant proportion of men with mental health problems who had been held in segregation and the length of time they spent there.
- I.56** Managers and staff, including mental health workers, told us that more than half the current population in the unit had enduring mental health needs and that this had been a typical population profile during the previous six months. We saw men whose consistently disturbed behaviour caused significant problems to staff and other residents in the unit.
- I.57** We saw one prisoner flood his cell on four occasions and others constantly banging their cell doors and shouting. We spoke to prisoners who were obviously confused and some who would not engage with us at all.
- I.58** Individual support plans had been raised for a few prisoners, but they were superficial and did not focus adequately on planning day-to-day care. Segregation unit staff were kind and caring but clearly overwhelmed and unable to meet the complex needs of some prisoners.
- I.59** The regime for men in segregation was impoverished and there was too little in place to prevent further deterioration. Although the daily routine included showers, a 30-minute exercise period and access to a telephone, prisoners spent almost all day locked in cells with nothing to do. Some were unable to participate at all in the regime because of their very difficult and disruptive behaviour.

## 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.60** The substance misuse policy was comprehensive and included detailed action plans for supply and demand reduction. Drug strategy meetings took place regularly and were well attended. Weekly meetings were held to address NPS problems.

- I.61** Clinical and psychosocial substance misuse services were provided by the Nottinghamshire Health Care Trust. In our survey, only 49% of prisoners who reported drug problems and 36% alcohol problems said they had received support, against respective comparators of 58% and 55%. The substance misuse team did not contribute to induction and there were not enough psychosocial interventions. Their active caseload stood at 393, but prisoners' contact with recovery workers was infrequent and only a few engaged in group work. Alcoholics Anonymous groups met weekly and a service user forum had been introduced, but there was no peer support scheme and the designated drug treatment unit did not have a recovery ethos.
- I.62** Substance dependent prisoners were screened at reception, but treatment was still delayed until 7pm when the substance misuse GP arrived, which was unsatisfactory. Prisoners requiring stabilisation or detoxification were initially located on D wing, the first night centre, rather than on A wing, the drug treatment unit. Cells on D wing did not have the appropriate hatches to enable unobstructed observation.
- I.63** During the inspection it was discovered that no night time clinical checks for substance misuse patients had been carried out on the first night centre by the substance misuse or primary care night staff since October 2015, when D wing became the first night centre. This was unacceptable and posed significant risk. The Health Care Trust responded immediately by launching an investigation.
- I.64** During the previous month, 53 prisoners had been assessed for alcohol treatment and 216 prisoners were receiving opiate substitute treatment, with 21% reducing their dosage. Prescribing regimes were flexible, but a shortage of substance misuse nurses meant that recovery workers often carried out treatment reviews on their own. There were no daytime substance misuse clinics, and it was unsatisfactory for GPs to rely on recovery workers to make clinical judgements.
- I.65** Most substance dependent prisoners were located on A wing where controlled drug administration was appropriately supervised. Substance misuse and mental health nurses coordinated care for prisoners with drug, alcohol and mental health problems, and two dual diagnosis nurses were due to take up post to enhance the service.

## Recommendations

- I.66** **Prisoners with drug and/or alcohol problems should have access to a supportive environment and a range of recovery-focused interventions which meet their needs.**
- I.67** **The prison and the health care provider should ensure that prisoners requiring stabilisation or detoxification should receive this promptly on arrival, that appropriate 24-hour observation and monitoring takes place and that regular treatment reviews take place.**



## 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 Efforts were being made to provide a decent living environment, although this remained a challenge and prisoners faced significant frustration over access to many everyday items. In our survey, responses to all questions about aspects of residential life were worse than comparator prisons, including access to clean clothes and cleaning materials. Only 46% of prisoners against the comparator of 68% said that they normally received clean sheets weekly.
- 2.2 Considerable efforts had been made to address some of these issues, although further improvement was needed. Some prisoners were being charged for televisions they did not have and there had been problems with the central supply of some items. The prison had tried to mitigate this by buying clothes and equipment locally and trawling cells to recover surplus kit and identify shortages. Only remand prisoners and those on the enhanced regime were allowed to wear their own clothes. There had been liaison with HMP Ranby (where items were sent to be laundered) to improve laundry procedures.
- 2.3 The regime had become more predictable since the previous inspection: considerably more prisoners could have a shower each day and fewer had problems gaining access to a telephone (see section on time out of cell).
- 2.4 Areas around the residential wings had improved and were reasonably clean but many cells holding two prisoners were cramped. Many toilet screens had been replaced but screening was still inadequate and not all toilets had lids. Communal areas and showers were clean and a cell painting programme was in progress which helped to keep most cells in a reasonable state. Many cells had new curtains. Pictures displayed in cells did not always comply with the offensive displays policy.
- 2.5 There was good analysis of the promptness of responses to cell bells and managers looked in to unacceptable delays, which was a new initiative. Our own review found that many prisoners had waited more than five minutes and many for significantly longer. D and E wings did not have an electronic monitoring system and no alternative system was used. This was a particular concern on D wing in its role of first night centre where prisoners could be particularly vulnerable.
- 2.6 Many prisoners were frustrated at not receiving answers to routine queries. A new applications system had been introduced in November 2015 with prisoners retaining a carbon copy of their application. Staff collected applications from the business hub but they were not logged or monitored for timelines. In our survey, fewer prisoners than the comparator thought that applications were dealt with fairly or promptly. Signpost peer workers were a good initiative to speed things up and wing rules had been translated into several languages.

- 2.7** Prisoner consultation groups had been introduced in October 2015 and managers had used these meetings to outline the implications of resource changes. Wing meetings were also held but attendance varied widely. All meetings had appropriate agenda but changes were not always demonstrated and it was too early to assess the impact of these initiatives.

## Recommendations

- 2.8** Prisoners should have ready access to basic items, including clean bedding, clothes and cleaning materials.
- 2.9** Applications procedures should be improved and monitored to ensure that responses are timely and appropriate. (Repeated recommendation 2.8)

## 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.**

- 2.10** The quality of staff-prisoner relationships remained very varied. In our survey, prisoners were less likely than in comparator prisons to say that most staff treated them with respect, or that they had a member of staff they could turn to if they had a problem. However, 26% of prisoners said they had a personal officer against 16% at the previous inspection, although this was still lower than the comparator.
- 2.11** Some excellent staff engaged positively with prisoners. These included some wing staff and many specialist staff who we saw providing support when needed and appropriately challenging prisoners when they behaved badly. However, too many staff remained distant and had low expectations of men in their care. We saw examples of staff being dismissive of men making reasonable requests for assistance (see main recommendation S58). Staffing levels were such that wing staff were stretched and had limited time to engage with prisoners or to supervise residential areas effectively, but it was evident that some managed this despite the pressures.
- 2.12** The personal officer scheme reflected these differences; we saw pockets of good work and some detailed P-Nomis case file entries (the prison electronic records system), but this was the exception and the scheme did not operate in a meaningful way for many prisoners.



## Equality and diversity

### Expected outcomes:

**The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>11</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.**

### Strategic management

- 2.13** The strategic management of equality and diversity had been relaunched during summer 2015 and equality and much diversity work was embryonic. It was managed day to day by the safer custody team and the bimonthly equality action team (EAT) meetings were led by the deputy governor. Prisoner equality representatives now attended the EAT and a strategy document had been produced in December 2015 which included sections on each of the protected characteristics and an action plan to develop provision.
- 2.14** Outcomes across protected characteristics were monitored and trends explored. The NOMS equality monitoring tool was being used and any out-of-range findings in two consecutive quarters triggered an investigation. For example, the over-representation of young adults on adjudications and on the basic regime had been identified.
- 2.15** However, there was no external oversight of diversity work and no staff champions or leads for each of the protected characteristics. There was no foreign national strategy and no equality impact assessments had been completed. Only 12 staff (3%) had completed on-line equality and diversity training. Prisoner equality representatives were enthusiastic about their role, but needed better training and support.
- 2.16** Discrimination incident report form (DIRF) procedures had lapsed for eight months until November 2015 when the system was restarted. DIRFs were now available on wings and were posted in locked boxes to be collected by staff from the business hub. DIRF procedures were not promoted well enough to prisoners and staff and the quality of investigations needed improvement. Some were not thorough and did not address the underlying concerns, but responses were usually prompt and respectful. There was no external scrutiny of report forms.

### Recommendation

- 2.17 The equality and diversity strategy should be developed. There should be effective external oversight of the strategy and discrimination incident report forms should be promoted, adequately investigated and quality assured.**

### Protected characteristics

- 2.18** Focus groups had recently started for some prisoners with protected characteristics. Groups for black and minority ethnic prisoners and those with disabilities had been held in November 2015 and a group for younger prisoners in January 2016.

<sup>11</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.19** Twenty-nine per cent of the population were from a black and minority ethnic background. In our survey, the perceptions of this group of prisoners were poorer than white prisoners and they felt more victimised by staff and by other prisoners. In our focus group, some black and minority ethnic prisoners thought that some staff lacked awareness of different cultures but otherwise their concerns were similar to those of white prisoners.
- 2.20** In our survey, significantly more Muslim than non-Muslim prisoners said they felt victimised by staff and by other prisoners because of their religion. Nearly 9% of the population were Muslim and the EAT had identified that these prisoners needed to be adequately represented on wing serveries and were monitoring this.
- 2.21** Foreign national prisoners accounted for 12% of the population, but there were no dedicated staff or support group to address their needs. Telephone interpretation services had been used on only 73 occasions during the previous year and limited material was available in other languages.
- 2.22** At the time of the inspection, 12 prisoners were held solely on immigration warrants, one of whom had been held since September 2015. They were treated as remand prisoners. Immigration officers visited the prison each week but they needed to target support for more urgent cases and communicate the outcomes of interviews more clearly. Independent legal advice was still not available. The library had a range of books in other languages.
- 2.23** The multidisciplinary weekly safeguarding meeting was starting to have an impact on the care of some prisoners with disabilities and a range of support was offered by health care, including a learning disability nurse. This work needed better coordination and we were not confident that all men with disabilities were being identified. In our survey, 31% of prisoners said they had a disability while P-Nomis (the prison electronic records system) had identified 215 (21%) with disabilities.
- 2.24** Most wings had cells with some adaptations for prisoners with physical disabilities. There was no formal prisoner carer scheme and some older prisoners and prisoners with disabilities said they relied on the informal help of prisoners to get basic tasks completed. The one forum held for prisoners with disabilities and older prisoners had identified improvements needed to support this group, including the need for retired prisoners and those unfit to work to be unlocked at the same time as those engaged in purposeful activity. Prisoners told us that this did not always happen and it was also reflected in DIRFs.
- 2.25** Health care had developed good links to community resources to support older prisoners and personal emergency evacuation plans had been completed in appropriate cases.
- 2.26** The number of young prisoners had reduced significantly since our last inspection from 21% to 3.6%. The one support group for young prisoners which had been held on G wing (vulnerable prisoners) had focused on their perceptions of safety. In common with other vulnerable prisoners, they had been subject to verbal abuse when moving around the establishment and required action had been recorded in the equality action plan.
- 2.27** There was no formal support for gay or Gypsy, Roma and Traveller prisoners. However, staff were aware of a few prisoners considering gender reassignment and some supportive work had been completed with them.

## Recommendation

- 2.28** Greater attention should be given to meeting the needs and concerns presented by the protected characteristic groups and there should be regular opportunities for them to provide feedback and influence provision.

## 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.**

- 2.29** Faith provision was good. The chaplaincy included 17 chaplains employed on a full-time or sessional basis. A core team met regularly and worked collaboratively.
- 2.30** Prisoners wishing to attend corporate worship had to be registered for the particular faith and give 24 hours' notice of their intention to attend. Separate Catholic, Church of England and Free Church services were held for vulnerable prisoners but they were integrated for Muslim Friday prayers. Segregated prisoners could apply to attend corporate services.
- 2.31** A range of faith enrichment activities included bible studies and Muslim study groups. The chaplaincy worked well with the catering department to celebrate religious festivals and holy days.
- 2.32** There was a strong and effective community engagement strategy which included 36 volunteers.
- 2.33** Good pastoral care was provided and more prisoners than at our last inspection said they saw a chaplain on arrival. A chaplain visited the segregation unit each day. They offered support for prisoners on ACCT<sup>12</sup> procedures but were not always invited to ACCT reviews (see section on suicide and self-harm prevention). Chaplains offered bereavement support and one was undergoing training by Cruse Bereavement Care.
- 2.34** Facilities were good and included two multi-faith rooms, ablution facilities, a pastoral care room and small group room.
- 2.35** The chaplaincy was well integrated into prison life. Representatives attended key meetings including safeguarding, security, reducing reoffending and safer custody. The managing chaplain was a member of the senior management team.

## 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.**

- 2.36** In our survey, responses about the fairness and timeliness of complaints were worse than comparator prisons. Complaint forms were readily accessible. Almost 3,000 complaints had been submitted in the previous six months, which was a high number. Complaints were

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<sup>12</sup> Assessment, care in custody and teamwork case management reviews.

discussed by the management team and trends and patterns identified. There was evidence that action was taken to address issues and improve services.

- 2.37** Quality assurance measures had improved the overall quality of complaint responses. Most were timely, polite and focused. We were, however, particularly concerned at the handling of complaints about staff, including allegations of excessive and unwarranted force. They were not taken seriously enough and were dealt with at too low a level. There was no record that a rigorous examination of all the evidence had taken place.

## Recommendation

- 2.38 Prisoners' complaints about staff should be investigated thoroughly and appropriate action taken.**

## 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.**

- 2.39** There was still little support for prisoners to exercise their legal rights. Prisoners requiring legal assistance had to apply to their personal officers and offender supervisors who could provide a list of local solicitors and services. Bail accommodation services had been introduced but prisoners could not use 'access to justice' laptops.
- 2.40** Legal visits were available daily and were well used.

## Recommendation

- 2.41 Prisoners should be supported to exercise their legal rights, including the use of an 'access to justice' scheme laptop.**

## 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.**

- 2.42** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)<sup>13</sup> and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.

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<sup>13</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>.

## Governance arrangements

- 2.43** The CQC found there were no breaches of the relevant regulations.
- 2.44** NHS England commissioned Nottinghamshire Healthcare NHS Foundation Trust to provide health services. A draft prison health and social care needs assessment informed service delivery. Working relationships between the commissioner, prison and provider were good with well attended partnership board meetings and a range of offender health governance meetings.
- 2.45** There was good overview of serious incidents, death in custody action plans and a robust clinical incident reporting system, and lessons learnt were shared with staff. No clinical checks for substance misuse patients had been carried out at night for more than three months and an immediate investigation was instigated during the inspection (see substance misuse section).
- 2.46** In our survey, 27% of prisoners said that the overall quality of health services was good or very good against the comparator of 36% and 36% at the previous inspection.
- 2.47** The health care centre where clinics were held was clean and well equipped with a large open waiting area, although the holding room was too small. The wing treatment rooms were clean but did not meet all infection control standards.
- 2.48** A relatively new team of clinical managers were driving service delivery and improvement with the oversight of an experienced area manager. The service had some staff vacancies which were covered by regular agency staff. Health interactions that we observed were conducted in a professional and caring manner.
- 2.49** An appropriate range of policies and procedures were used, including outbreaks of infection and safeguarding.
- 2.50** Mandatory training was well managed and professional development opportunities were encouraged. Health care staff felt supported and received regular managerial and clinical supervision.
- 2.51** Standardised, regularly checked emergency bags, including oxygen and automated external defibrillators (AEDs), were located in clinical rooms across the prison. Prison officers had access to AEDs but checks were inconsistent and most officers we spoke to did not know the location of the nearest AED. Some custody staff had received first aid training and other sessions were planned. Ambulance response times were good.
- 2.52** A senior nurse had been identified for the care of older prisoners and there were specific clinics, age-appropriate screening and vaccinations, which was positive. Mobility and health aids were available.
- 2.53** Since the implementation of the Care Act (2014) in April 2015, Nottingham City Council had provided referral guidance for social care needs. At the time of the inspection, only one prisoner was receiving a care package provided by the health care team, although other referrals had been made.
- 2.54** A confidential health care complaints system was now in place and the responses sampled were timely, respectful and focused.
- 2.55** Health promotion material was displayed in health care areas and a prison-wide health promotion group had been set up. Most information leaflets were available in other

languages and formats on request, but this was not well advertised. Waiting times for smoking cessation services were reasonable and access to immunisations and screening for blood-borne viruses was good. Barrier protection was available from health staff.

## Recommendations

- 2.56 The automated external defibrillators (AEDs) available to prison staff should be regularly checked and all staff on duty should know the location of the nearest AED.**
- 2.57 All clinical areas should meet infection control standards.**

## Delivery of care (physical health)

- 2.58** All new arrivals received a comprehensive health screening, including mental health and substance misuse, by a registered nurse and appropriate referrals were made. A follow-up general health check within 72 hours was also offered. We observed good communication between health care staff and prisoners and effective community liaison ensured continuity of care. A health care assistant completed a basic physical health check.
- 2.59** A local GP practice provided eight daytime sessions, including Saturday afternoon, and five evening sessions during the week and telephone support. Out-of-hours telephone cover was provided by the Gables medical group from 5pm to 7am. The addition of two non-medical prescribers and the triage clinic run by the advanced nurse practitioner had contributed to a reduction in the GP waiting list, which was now within an acceptable timeframe. The evening GP session started at 7pm which contributed to the long waits prisoners sometimes experienced in reception or meant that they had to be escorted back to see the GP (see section on early days in custody).
- 2.60** The primary care team delivered a variety of nurse-led clinics, including tissue viability and vaccinations. Appropriately trained staff provided a good range of life-long condition clinics.
- 2.61** Entries on SystemOne electronic patient records were reasonable and assessment templates reflecting national clinical guidance and care plans were in place and developing.
- 2.62** An appropriate range of primary care services was available, including physiotherapy. Most waiting times were acceptable, although prisoners waited too long for the optician and dentist. A consultant provided a weekly sexual health clinic.
- 2.63** The application process for health services was well managed but there remained a high level of non-attendance for some clinics which was under review.
- 2.64** Access to external hospital appointments had deteriorated since our last inspection. An increase in incidents needing emergency care and a lack of custody escort staff had contributed to prisoners waiting too long for necessary treatment.

## Recommendations

- 2.65 Waiting times for primary care services, including the optician and dentist, should not exceed clinically accepted waiting times in the community. The high rate of non-attendance for some clinics should be investigated and action taken to address this.**

**2.66 External hospital appointments should not be cancelled and custody escort arrangements should be adequate to meet the health care needs of the population effectively.**

## Pharmacy

- 2.67** Medicines were supplied promptly by community pharmacies. Medicines, including some controlled drugs, were delivered outside the prison gate which posed safety concerns, although these were being addressed.
- 2.68** A full-time pharmacist and pharmacy technicians effectively managed stock and ordering repeat prescriptions. Most medicines were issued for named patients and were appropriately labelled.
- 2.69** The pharmacy technician shift pattern had recently changed to cover weekends and evenings and they now worked with nursing staff to administer medication at those times as well as during the day. There was adequate access to medicines out of hours and for transfers and court appearances.
- 2.70** Prisoners could see a pharmacist for advice and medicine use reviews were undertaken by the GP, non-medical prescribers and the pharmacist.
- 2.71** Medicines were administered three times a day from wing treatment rooms, and night medicines were administered separately at around 8pm. All prescribed medicines were recorded on SystemOne, although paper charts were used for supervised medication. There were no gaps in records and non-attendance was followed up. The prisoner's identity was confirmed and medication administration that we observed was respectful. Custody staff did not supervise all administration of medicines which compromised safety and confidentiality and increased the potential for diversion. There were no lockable in-cell cupboards to store medication securely. Routine spot checks of prescribed medicines with appropriate follow up were conducted.
- 2.72** The in-possession policy had been reviewed since our last inspection and covered all essential areas. Approximately 13% of prisoners on medication had it in possession and in-possession risk assessments were completed appropriately. Several pharmacy standard operating procedures had recently been updated with firm plans to review and update other out-of-date policies and procedures.
- 2.73** Controlled drugs were managed effectively, with daily balances recorded appropriately and a weekly audit. Drug refrigerator temperatures were appropriately recorded in most areas, although in one clinic room there was no recording of minimum and maximum fridge temperatures for three days. Transport of medicines around the prison was secure. Errors, near misses and drug alerts were well managed.
- 2.74** There was a limited range of patient group directions (PGDs)<sup>14</sup> and over-the-counter medicines and most medicines could only be supplied against a prescription.
- 2.75** The Nottinghamshire offender health drugs and therapeutics committee met every two months with an appropriate agenda.

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<sup>14</sup> PGDs authorise appropriate health care professionals to supply and administer prescription-only medicine.

## Recommendations

- 2.76** There should be adequate supervision of all medicines administration by custody staff to ensure confidentiality and prevent diversion, and prisoners should have secure storage for medication.
- 2.77** A wider range of medicines should be available for nurses and pharmacy staff to administer without a prescription when clinically appropriate. (Repeated recommendation 2.71)

## Dentistry

- 2.78** Time for Teeth provided four dental sessions a week split between triage and treatment. A full range of treatments was provided. The appointment system was under review to reduce the waiting list for routine appointments, which was too long at eight weeks.
- 2.79** Emergency provision was effective. Oral health promotion and the dental consultation that we observed were good.
- 2.80** The dental surgery met infection control standards apart from the damaged floor. All equipment was appropriately maintained. There was a separate decontamination room and dental waste was disposed of professionally.

## Recommendation

- 2.81** The flooring in the dental surgery should be replaced to meet infection control standards.

## Delivery of care (mental health)

- 2.82** A multidisciplinary mental health team, including mental health nurses, a learning disability nurse, psychologist and psychiatrist and an outreach worker, provided a good integrated primary and secondary mental health service. The team was available from Monday to Friday 8am to 4pm. They had positive working relationships with the prison, primary care and the substance misuse team.
- 2.83** About 250 referrals were received monthly through reception screening, staff or self-referral. All new referrals were monitored and prioritised every weekday morning. Mental health assessments were carried out within five working days and urgent referrals were seen the same day.
- 2.84** In our survey, 58% of prisoners, against the comparator of 39% and 44% in 2014, said they had emotional wellbeing or mental health problems.
- 2.85** At the time of the inspection, the team was supporting 310 prisoners, with 123 prisoners on the secondary care team's caseload. Effective twice-weekly multidisciplinary team meetings reviewed ongoing care and new referrals.
- 2.86** A stepped care model was being developed with a range of treatments from less intensive interventions for prisoners with short-term mild and moderate mental health needs to services for prisoners with longstanding and complex problems. Treatment included



supported self-help, one-to-one psychological therapies and psychiatrist clinics. A new psychological wellbeing practitioner was due to start in the near future.

- 2.87** Daily attendance at the segregation unit by a mental health link nurse was a positive developing initiative. Some prisoners with mental health problems were located on the segregation unit, which was not an appropriate environment. Unit officers provided reasonable care within limitations, although few custody staff had received mental health awareness training. There was no in-patient unit or therapeutic facility to meet the high level of mental health need in the prison (see main recommendation S57).
- 2.88** There had been 11 transfers under the Mental Health Act to secure mental health units from August 2015 to January 2016. Only three had taken place within the 14-day timescale.

## Recommendations

- 2.89 All discipline staff should have regular mental health awareness training to recognise and take appropriate action when a prisoner has mental health problems, with segregation unit staff prioritised for this.** (Repeated recommendation 2.81)
- 2.90 Patients requiring a transfer under the Mental Health Act should be transferred expeditiously and 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.**

- 2.91** The kitchen was clean and well maintained. There were adequate chilled and frozen food storage facilities, with a separate area for halal products. A kitchen journal recorded the dates, times and food temperatures from delivery to placement on food trolleys to be taken to residential units.
- 2.92** Serveries on residential units were reasonably clean and prisoners working there wore suitable protective clothing.
- 2.93** Lunch and dinner were selected from a four-week rolling menu with a reasonable variety of healthy options. Menu options included fruit and vegetables each day. In our survey, only 16% of respondents said that the food was good or very good.
- 2.94** Meals were served too early, lunch sometimes as early as 11am and dinner between 4 and 5pm.
- 2.95** Breakfast packs were issued in the evening on the day before they were eaten.
- 2.96** Consultation arrangements were good. There were food comments books on each wing and prisoners were surveyed twice a year. The catering manager attended consultation meetings with prisoners and there was evidence that their views were taken seriously and their suggestions acted on.

## Recommendation

**2.97 Lunch should not be served before noon and the evening meal not before 5pm.**

## Purchases

### Expected outcomes:

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

**2.98** Prisoners could buy a reasonable range of goods to meet diverse needs. There were over 300 products, many of which had been suggested at regular prisoner consultation meetings. Despite this, in our survey, only 43% of prisoners said that the shop sold a wide enough range of goods to meet their needs.

**2.99** New arrivals were given an advance for a smoker's pack or a grocery pack. Prisoners who arrived late were able to submit a shop order, but newly arrived prisoners could wait more than a week for full access to the shop. Order forms were collected on Monday mornings only and some prisoners could wait up to 11 days to receive a full canteen order. This was mitigated by allowing them to receive a further reception pack during the week to tide them over to their first delivery.

**2.100** There were catalogues from which prisoners could shop, and they could order newspapers and magazines every week.

## Recommendation

**2.101 Prisoners should be able to access a full canteen order within 72 hours of arrival.**

## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

**All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.<sup>15</sup>**

- 3.1** A new core day had been introduced in October 2015. Time out of cell had improved and the regime was now more stable and predictable, with daily access to showers and telephones. A regime management plan identified staff shortages in advance and curtailments to the core day had reduced over recent months as staffing had improved. Lock-downs occurred on a rota which made them fairer and more predictable. There was still some slippage in the regime and prisoners were not routinely unlocked at scheduled times.
- 3.2** The published regime enabled most prisoners to be out of their cell between eight and 10 hours on at least two days a week, although unemployed prisoners or those refusing to work had about five hours out of cell and prisoners on the basic level of the incentives and earned privileges scheme had as little as one hour (see section on incentives and earned privileges). During two roll checks, an average of 24% of the population were locked up, a considerable reduction since the previous inspection. In our survey, 32% of prisoners said that they went on association more than five times a week against 8% at the last inspection but 43% in comparator prisons. Where possible, prisoners were notified in advance of any unscheduled changes to the regime.

### Learning and skills and work activities

#### Expected outcomes:

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

**3.3** *Ofsted<sup>16</sup> made the following assessments about the learning and skills and work provision:*

<b>Overall effectiveness of learning and skills and work:</b>	<b>Requires improvement</b>
<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>

<sup>15</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.

<sup>16</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>.

*Personal development and behaviour:*

*Requires improvement*

*Leadership and management of learning and skills and work:*

*Requires improvement*

## Management of learning and skills and work

- 3.4** The leadership and management of learning and skills and work benefited significantly from an effective quality improvement strategy and good partnership working between prison and college managers. However, the education and vocational training provision from Milton Keynes College still needed improvement. Many of the actions were relatively recent and had not yet benefited learners. These included improvements in the management and delivery of induction and the process for allocating prisoners to activities. Managers had made appropriate links with local employers which, although still in their infancy, had resulted in a few successful employment outcomes.
- 3.5** Following the previous inspection, the college had appointed a new education manager and deputy manager. The head of reducing reoffending had taken on direct liaison with college managers. Prison and college managers had worked well together to tackle the very low attendance at activities found at the last inspection. There had been significant improvements in getting prisoners to scheduled activities, but attendance remained too low (see main recommendation S59). College managers had implemented performance management procedures to support staff to improve their practice, for example in functional skills and in English for speakers of other languages. The reliance on agency teaching staff had been reduced. Teaching and learning now effectively met the needs of the population, but it was too early to judge the impact on outcomes for learners.
- 3.6** In recent months, quality improvement group meetings had been reinstated to ensure that all stakeholders were regularly informed about the key performance indicators for learning, skills and work. The quality improvement action plan was particularly detailed and the pace of recent improvements had been good. Managers made good use of data on performance and course outcomes to manage the provision and to support self-assessment judgements, which were accurate, realistic and evaluative. The observation of teaching and learning helped teachers to improve, although observers were not always critical enough about the quality of sessions. Particularly good use was made of regular learner feedback forums to make improvements and to respond to prisoners' requests, such as for the introduction of an arts course.
- 3.7** An appropriately detailed curriculum needs analysis had been carried out which made good use of local market intelligence to provide a curriculum which met the needs of the population. College managers had a particularly keen awareness of the importance of prisoners developing functional skills in English and mathematics and prioritised attainment in these subjects. However, the vocational curriculum was relatively narrow and offered few opportunities for men to gain occupational skills in a wide range of trades.

## Recommendation

- 3.8** **The curriculum should provide a wider range of vocational training courses, some at higher levels.**

## Provision of activities

- 3.9** There were about 220 part-time education places and 910 work activity places, of which 270 were full time. This was enough for prisoners to engage in full-time or part-time activities throughout the week. Few men were unemployed. Allocations took account of prisoners' interests, previous experience and attainment, especially in English and mathematics. The procedure for allocating prisoners to purposeful activities had recently been strengthened so that prison and college staff now worked more closely and most men, including offence related vulnerable prisoners, were allocated to an activity which met their needs and interests. However, although the range of provision for offence related vulnerable prisoners had improved since the previous inspection, it remained too limited, and the only available workshop activity was filling breakfast packs.
- 3.10** The range of classroom-based courses was satisfactory, although vocational training opportunities were limited (see recommendation 3.8). Prisoner feedback regularly included requests for training in trades such as painting and decorating, bricklaying and plastering, but these requests had not been met. The vast majority of provision was at entry level or level 1 and very little classroom or vocational training was offered at level 2. There were opportunities to study Open University distance learning courses. Pay rates were equitable and did not act as a disincentive for prisoners who attended education or training.

## Quality of provision

- 3.11** Teachers had high expectations of learners in education and planned learning well. Lessons were interesting and prisoners were motivated to learn and achieve. In vocational training and industry workshops, prisoners worked well on their tasks, but staff did not routinely challenge prisoners to develop their skills and understanding.
- 3.12** Induction and initial assessment were effective and ensured that prisoners were placed on the most appropriate training and education programme. Prisoners completed a well-structured initial assessment of their mathematics and English skills and were required to achieve prescribed levels in these subjects before entering work and other education courses.
- 3.13** Classroom teaching was good and supported learners well to achieve their goals. Teachers planned learning in detail and used a variety of teaching and learning methods which met the needs of individual learners. They used learning technologies well to stimulate and enhance learning and, in most cases, ensured that activities for learners were suitably demanding. However, the relatively high number of classes with very few learners limited their ability to interact with and learn from each other.
- 3.14** Since the previous inspection, vocational qualifications had been introduced in industry workshops, mostly at foundation or level 1. Instructors provided adequate training for prisoners, but did not help them to develop skills beyond the basic level required by the qualification. Prison wing workers received basic training but no opportunity to study at a higher level. Staff provided good quality training in industrial cleaning and bicycle maintenance and prisoners were developing good vocational skills in these trades.
- 3.15** Teachers identified quickly prisoners who needed extra help with their studies and learning support assistants provided good support which enabled learners to achieve well. Since the previous inspection, peer mentors had received basic training to provide support, but teachers did not always deploy them effectively in lessons.

- 3.16** Assessment was accurate and timely. Managers had recently introduced an incentive scheme to recognise and reward prisoners for skills they were developing in vocational workshops. These skills included time-keeping, positive attitudes to work and team working. Instructors recorded prisoners' progress, but did not provide sufficiently detailed feedback on prisoners' achievements and how they could improve further. For prisoners working towards qualifications, such as in bicycle maintenance, instructors did not indicate how they might achieve higher standards.
- 3.17** Teachers and instructors did not give enough written feedback to prisoners on assessed work to help them understand how to improve. In contrast, they gave frequent and encouraging verbal feedback in education which learners found helpful.
- 3.18** Teachers monitored learners' progress thoroughly. Learners kept detailed daily learning logs of personal progress against their short-term targets. Teachers made daily written comments in these logs which provided a comprehensive record of learning and progress. They discussed each learner's progress with them every week and set new short-term goals so that learners knew what they needed to achieve.
- 3.19** In vocational training, instructors did not correct or guide prisoners adequately on their use of English, for example, they returned assessed work without correcting spelling and grammar. In education, teachers routinely corrected errors and regularly emphasised the importance of accurate English and mathematics in the workplace. Learners' mathematics skills were developed successfully, for example, in a media lesson, learners practised their mathematics as they calculated 'back timings' for radio presentations.
- 3.20** Teachers promoted equality and diversity well. In one class, the teacher responded to a question about Londonderry by leading a stimulating discussion on why different sections of the Northern Irish community used different names for the same city. Instructors did not develop diversity awareness during workshop sessions. Instructors and teachers supported learners effectively to develop mutually respectful attitudes and positive behaviour during work.

## Recommendation

- 3.21** **Teachers and instructors should have consistently high expectations of learners and written feedback on assessed work should contain clear guidance to support improvement. Prisoners in workshops should receive more instruction to enable them to develop their skills and achieve qualifications.**

## Personal development and behaviour

- 3.22** Prisoners taking courses in practical subjects developed self-confidence and skills that prepared them well for employment and training on release. Their behaviour was good and they demonstrated an appropriate work ethic and respect for each other and for staff.
- 3.23** The further development of prisoners' preparation for life after prison was significantly hampered by the failure of too many to attend scheduled activities. A range of complex reasons for the pattern of historically poor attendance was evident and senior managers, including the governor, had taken steps to improve the situation. As a consequence, attendance at activities had improved considerably since the previous inspection, but still required improvement.

- 3.24** The ability of prisoners to develop employability and life skills was limited by the relatively narrow range and level of vocational training courses offered. Few opportunities were available for men working in prison industries to achieve relevant accreditation.
- 3.25** Most prisoners were able to make informed decisions about the next steps in their education, employment, self-employment or training and those with complex needs received particularly effective support on release.

## Recommendation

- 3.26 Opportunities should be provided for prisoners to achieve a qualification relevant to their work.**

## Education and vocational achievements

- 3.27** Achievement on most college courses was very poor during the year 2014 to 2015. Data for 2015 to 2016 to date indicated that success rates had improved considerably and were now high. Outcomes in English and mathematics courses had also improved significantly. Outcomes in English for speakers of other languages had also improved but remained too low.
- 3.28** Prisoners developed a good range of vocational skills, especially in industrial cleaning and bicycle repair. Opportunities for prisoners to develop occupational skills above basic level were very limited. Teachers and trainers helped to develop learners' English and mathematics skills, but not consistently.
- 3.29** Teachers and instructors generally set work of an appropriate standard, although in too many classroom and workshop sessions, they did not challenge prisoners enough and failed to meet the needs of more able learners. They did not always have high enough expectations of the level at which prisoners could work and prisoners often became bored and distracted. In some prison workshops, such as textiles, the work was not demanding enough and prisoners failed to develop useful employment skills.

## Library

- 3.30** Nottingham City Council provided the well-run and managed library service. A suitable range of recent fiction and non-fiction books were displayed well, including 'easy readers' and an adequate supply of books in foreign languages. A limited range of DVDs were stocked for prisoners to borrow. Facilities for independent study and research were suitable and included four computers. Legal texts and Prison Service instructions were readily available and regularly referred to by prisoners.
- 3.31** Library staff actively promoted literacy and reading through initiatives such as 'Reading Ahead' and the 'Big Book Share'. The latter initiative helped prisoners who were fathers to read and record bedtime stories for their children, and rewarded the children by providing them with two new story books selected by their father.
- 3.32** Prison induction did not include enough information about the library service. Few prisoners visited the library during induction or attended activities run by library staff. Prisoners on each residential wing were entitled to two library visits a week, which few took up. However, the proportion of vulnerable prisoners who visited the library regularly was comparatively high. Library opening hours were adequate but did not include evenings or

weekends, which restricted access for those engaged in full-time employment. The number of prisoners the library could accommodate at a time was limited.

## Recommendation

- 3.33 Library staff should provide more information about the library and its services to improve access, particularly for men working full time in prison industries.**

## 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.**

- 3.34** Managers had improved access to physical education since the previous inspection and all residential wings were allocated enough time during the week for visits to the gymnasium. This included sessions for older and vulnerable prisoners. Staffing in PE had improved to nearly a full complement. Deployment of PE staff to other duties, a significant problem at the previous inspection, had reduced. Cancellation of gym sessions was rare. Although attendance at PE sessions had increased, it required further improvement. Our survey of prisoners showed that only 12% of prisoners visited the gym at least three times a week against the comparator of 25%, although this had improved from 4% at the previous inspection.
- 3.35** PE staff were well integrated in the induction programme and prisoners were aware of the facilities. PE staff worked well with health care staff to provide remedial gym programmes for prisoners with pre-existing conditions or injuries. Prisoners received appropriate instruction in the use of weights and cardiovascular equipment and there were very few reported accidents or injuries. In addition to regular gym sessions, staff were beginning to introduce other activities, such as five-a-side football on Friday afternoons.
- 3.36** Gym facilities were adequate to meet the needs of the population. They included a well-equipped sports hall for team games, racquet sports and circuit training, an all-weather outdoor football pitch and two fitness suites with up-to-date weights and cardiovascular equipment. Shower and changing facilities were satisfactory. Gym staff were suitably qualified to provide supervision and instruction in a range of fitness, sport and first aid activities. During the previous six months, they had started to offer training in first aid and health and nutrition, but they had yet to provide a wider range of vocational qualifications related to PE.

## Recommendations

- 3.37 Gymnasium staff should identify the reasons for poor attendance at PE sessions and take corrective action to improve attendance.**
- 3.38 A wider range of vocational qualifications related to physical education should be provided.**



## Section 4. Resettlement

### Strategic management of resettlement

#### Expected outcomes:

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

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

**Good planning ensures a seamless transition into the community.**

- 4.1 The strategic management of resettlement had improved since our last inspection. There was an up-to-date needs analysis derived from prisoner surveys and OASys<sup>17</sup> data. The detailed reducing re-offending strategy incorporated offender management, identified a lead for each pathway and was underpinned by an overarching action plan. Seven cross-cutting themes, for example gang culture, had been identified as additional reducing re-offending priorities specific to Nottingham and were set out in the strategy with associated actions.
- 4.2 Resettlement meetings every two months were well attended by a good range of appropriate departments, including the offender management unit (OMU). Monthly pathway meetings were equally well attended, including by some community service providers. Strategic links and coordination between the OMU and the community rehabilitation company were developing well and proving effective.
- 4.3 Resettlement and wellbeing days, which took place every two months, were open to all prisoners and were a valuable way of bringing community organisations into the prison and raising awareness of the available support. The previous day in January 2015 had been attended by 13 organisations.
- 4.4 Release on temporary licence (ROTL) was not being used to support through-the-gate work.

### 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.**

- 4.5 Despite continuing weaknesses, offender management had improved since our last inspection. The OMU, consisting of 12 uniformed offender supervisors and eight probation staff, was a cohesive and motivated team. New systems and processes had been implemented which contributed to improved administration of cases. However, cross deployment of uniformed offender supervisors was still a serious problem which affected regular and meaningful contact with prisoners. This was reflected in our survey in which 20% of prisoners said they had a named offender supervisor against the comparator of 30%, despite the fact that all prisoners were allocated an offender supervisor on arrival. Almost all the prison offender supervisors were new, inexperienced and still learning and did not have the support of formal casework supervision.

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<sup>17</sup> Offender assessment system for prisons and probation, providing a framework for assessing the likelihood of reoffending and the risk of harms to others.

- 4.6** Efforts had been made to reduce the backlog of about 60 OASys documents. Approximately two-thirds of these were the responsibility of community probation offender managers while the remainder were the responsibility of prison offender supervisors. Assessments were adequate in most of the cases that we examined, but over half the sentence plans were not outcome focused. In two cases the sentence plans had simply been duplicated from a community based plan and were inappropriate.
- 4.7** P-Nomis (prison electronic records system) was not well used by offender supervisors; there were few entries and some contained little detail. This did not encourage participation in resettlement work, particularly by wing staff who offender supervisors said did not always understand their work.
- 4.8** Risk management procedures were generally good, although there was no routine management oversight or robust quality assurance of cases involving high risk of serious harm or risk to children, which allowed important matters to go unnoticed. For example, in one case we examined the prisoner's risk level had been identified as medium when it should have been assessed as high, and the assessment had been signed off by a manager.
- 4.9** Assessments for release on home detention curfew (HDC) had restarted during the previous six months. The assessments were multidisciplinary and had appropriate management oversight, but not all were timely and about a quarter were late. As a result, some men were released a week or more after their eligibility date.
- 4.10** Over 10% of the population had been recalled to prison. Some good work was being developed by the community rehabilitation company to target work with these prisoners. There was an integrated offender management scheme which offered a dedicated through-the-gate service to prolific offenders.

## Recommendations

- 4.11 A sufficiently resourced offender management unit should ensure that all relevant prisoners receive prompt and effective OASys assessments, sentence planning and reviews, supported by meaningful input from offender supervisors and offender managers which is recorded and accessible to other staff, to enable them to progress through their sentence.**
- 4.12 Prisoners approved for home detention curfew should be released on the earliest eligible date.**

## Public protection

- 4.13** The initial public protection procedures were reasonable and they were reviewed regularly. Daily screening of new receptions for restraining orders, identifiable victims or risk to children was afforded a high priority and was effectively managed by probation officers. In the cases that we examined, there were satisfactory arrangements to instigate immediate public protection arrangements for mail and telephone monitoring and/or restricted visits.
- 4.14** MAPPA (multi-agency public protection arrangements) systems had improved and were now robust; relevant prisoners were appropriately identified, MAPPA F forms (offender information sharing report) were completed promptly and offender supervisors attended MAPPA meetings. Pre-release MAPPA cases were routinely discussed at the interdepartmental risk management team meetings.

## Categorisation

- 4.15** The prison held 95 category B, 460 category C and 12 category D prisoners at the time of the inspection. Initial categorisation decisions were made promptly using the standard algorithm.
- 4.16** Categorisation reviews had been reinstated since the last inspection and were timely. The reviews that we looked at drew on a range of information, including security, but we were concerned that not all re-categorisation decisions were legitimate (see main recommendation S60). We saw two cases, and were told of a third, where prisoners serving long sentences had been re-categorised from category B to C, to facilitate their transfer to a particular establishment to complete a programme. While the documentation indicated that the prisoners had not demonstrated poor behaviour, it showed that they had not done any work to reduce the risk of re-offending which was a requirement for re-categorisation. Oversight was inadequate in most cases; offender supervisors and case administrators countersigned decisions and there was no management oversight unless a prisoner was assessed as category D and suitable for open conditions.

## Indeterminate sentence prisoners

- 4.17** At the time of the inspection, 46 indeterminate sentence prisoners were held, 22 with a life sentence and 24 serving an indeterminate sentence for public protection. Offender supervisors did not interview prisoners on remand who were likely to receive an indeterminate sentence to explain the implications and provide support. During the previous six months, submission of the small number of parole dossiers had been timely.
- 4.18** Four lifer days had been held during 2015. These were essentially extended family visits but planning was in progress to incorporate other elements, such as attendance by community organisations, talks from lifer prisoners from other prisons and the provision of parole information. Attendance by prisoners had been poor; about 90 invitations had been sent out for each day, but the maximum number of attendees was only eight. Vulnerable prisoners were not permitted to attend.

## Recommendation

- 4.19** **Offender supervisors should provide information and support to men on remand, who are likely to receive an indeterminate sentence.**

## Reintegration planning

### Expected outcomes:

**Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.**

- 4.20** Derbyshire, Leicestershire, Nottinghamshire and Rutland community rehabilitation company (DLNR CRC) was contracted to provide a universal service to all prisoners, including those on remand, to address accommodation, education, training and employment and finance needs. The CRC also directed victims of domestic abuse and sexual violence to services.
- 4.21** All prisoners had an assessment of their immediate needs on arrival, such as maintenance of tenancies and housing benefits. Part 1 of the basic custody screening tool was completed by

offender supervisors and part 2 by CRC staff. The CRC reassessed prisoners' outstanding resettlement needs 12 weeks before release, provided useful support and directed men to pathway services. Initial and pre-release assessments undertaken by the CRC were often conducted on busy wings due to a lack of office space, which compromised privacy.

- 4.22** Resettlement pathway provision was good, and there was reasonable access to a range of services through regular resettlement fairs, including the Prince's Trust, Open University and the Department for Work and Pensions. Useful information was also provided about organisations providing support to victims of domestic abuse and sex workers. Despite this, our survey indicated that awareness among prisoners of some resettlement services required improvement.

## Recommendations

- 4.23 Assessments undertaken by the CRC should be conducted in a private setting to maintain confidentiality.**
- 4.24 The work of the resettlement team and the range of services provided should be better promoted to ensure that prisoners are aware of how to access relevant services.**

## Accommodation

- 4.25** The CRC had two dedicated specialist accommodation workers who provided a wide range of support for prisoners in need of accommodation on release. Despite this, in our survey, only 25% of prisoners said that they knew where to get help with accommodation against the comparator of 32%. A link worker from a local housing association worked in the prison three days a week to offer additional support.
- 4.26** During the previous six months, 1,468 prisoners had been released, 133 of whom had no fixed address.

## Education, training and employment

- 4.27** The National Careers Service subcontracted careers advice and guidance to Futures Advice Skills and Employment. The quality of the service required improvement. Advisers provided guidance for prisoners about their options and linked this well to their previous experience and future plans. However, they only saw about half the prisoners identified as high priority before they were released. The virtual campus<sup>18</sup> was used appropriately.
- 4.28** A number of considered partnership initiatives were promising, but recent, for example working with local employers to develop specific skills for employment interviews. Plans to work with The Prince's Trust and a number of national employers were awaiting implementation. The CRC had forged strong links with the prison reducing re-offending and careers advice teams, which benefited prisoners with the greatest barriers to employment. It was too soon to judge the effectiveness of this work. There was no pre-release course for prisoners seeking work or training.

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<sup>18</sup> Internet access for prisoners to community education, training and employment opportunities.

## Recommendation

- 4.29 All prisoners nearing their release date should receive careers advice and guidance.**

## Health care

- 4.30** Pre-release health care arrangements were effective and included appropriate community liaison. All prisoners on medication were discharged with a week's supply.
- 4.31** There were good links with palliative care and end of life services when required.
- 4.32** A specialist out-reach worker in the integrated mental health team provided through-the-gate resettlement support.

## Drugs and alcohol

- 4.33** Good through-care arrangements were in place to ensure the continuation of substance misuse treatment and support on release. A substance misuse practitioner was based in reception to give harm reduction information to prisoners before they were released.
- 4.34** Strong links with community drug and alcohol services had been developed, and drug workers from the community visited the prison regularly.

## Finance, benefit and debt

- 4.35** A comprehensive range of finance, benefit and debt services were available. The CRC held a monthly housing surgery which prisoners could apply to attend which included a financial adviser and a representative from the Money Advice service.
- 4.36** The education department delivered a financial planning course. Prisoners were able to open bank accounts before release; 50 had been opened since the service was introduced in October 2015.
- 4.37** The Department for Work and Pensions continued to provide assistance with benefits claims.

## Children, families and contact with the outside world

- 4.38** Visits provision was reasonable; social visits were available in the morning and afternoon every day except Monday and Wednesday. The Prison Advice and Care Trust (PACT), a charity supporting families affected by imprisonment, ran the well equipped visitors' centre which was open seven days a week to provide support and advice to visitors. Visits could be booked through PACT by email, text, online, telephone and in person at the end of a visit. Visitors and prisoners told us that visits did not always start on time because long queues formed at the prison gate while searching was undertaken. Drug dogs were frequently used.
- 4.39** There were two visits halls, rooms 1 and 2, both with capacity for about 30 prisoners. They contained fixed plastic seating and clear perspex tables. Some attempt had been made to soften the environment with notice boards and pictures. Staff supervision was unobtrusive and proportionate. Each room had a soft play area for young children; children were booked

into both rooms, although only room 1 was stocked with play equipment and supervised by a play worker from PACT. We saw the play worker sitting in the play area in room 1 with no children, while in room 2 children had access to very little play equipment or activities. This was pointed out to managers who committed to resolve the confusion. Plans were in place to buy games consoles for older children. Each room had a tea bar selling sandwiches, snacks and hot and cold drinks. Prisoners were required to wear red bibs during visits.

- 4.40** There was limited support for prisoners to maintain relationships with their family and friends, although the Big Book Share project, enabling fathers to record a story and send it to their children, was a positive initiative (see section on library). Advanced plans were in place for the CRC to run a relationship course with PACT. Family visits for 24 prisoners took place each month facilitated by two play workers. Activities such as face painting were organised and there was a free buffet. However, prisoners on basic regime and vulnerable prisoners were not eligible, which was not appropriate.

## Recommendations

- 4.41 All visits should start on time.**
- 4.42 All prisoners should have access to family days, subject to risk assessment and public protection considerations.**

## Attitudes, thinking and behaviour

- 4.43** There were no accredited offending behaviour programmes and the primary purpose was to complete assessments and sentence plans and move prisoners on accordingly. While this applied to most prisoners, 34 men had been at Nottingham for over 12 months.
- 4.44** Records showed that the transfer of category B sex offenders was particularly difficult, especially those in denial of their offences. Levels of contact between offender supervisors and prisoners were low and no tailored interventions, such as motivational work, were being undertaken to help these prisoners accept responsibility and progress through the prison system. There was no victim awareness work apart from an in-cell booklet which prisoners completed themselves (see section on categorisation).

## Recommendation

- 4.45 Appropriate programmes or one-to-one interventions should be available for prisoners who remain at Nottingham for long periods.**

## Section 5. Summary of recommendations

The following is a listing of repeated and new recommendations 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 NOMS

- 5.1** NOMS should ensure that the next governor of Nottingham has sufficient time in post to build upon the recent progress made to ensure the prison provides safe and decent outcomes for the men held. (S55)

### Main recommendations

To the governor

- 5.2** A broader range of interventions should be introduced to address the underlying reasons for poor behaviour and violence among some prisoners, and support for the victims of violence should improve. (S56)
- 5.3** There should be a therapeutic area or inpatient unit to cater for the high level of men with significant mental health needs in the prison, with appropriate risk assessed admission and discharge criteria. (S57)
- 5.4** Determined efforts should be made to ensure that all wing staff treat prisoners with decency and respect, provide support when needed, acknowledge good behaviour, challenge poor behaviour and actively supervise the wings. (S58)
- 5.5** Prison and college managers should continue to identify the reasons for poor attendance and take corrective action. (S59)
- 5.6** Managers should carry out regular oversight and quality assurance of offender supervisor and case administrator work to ensure all elements of offender management are delivered to the required standard. (S60)

### Recommendations

To the governor

#### Early days in custody

- 5.7** All new arrivals should have a speedy, comprehensive and efficient reception, including prompt access to a GP and privacy for confidential interviews. (1.8)
- 5.8** Prisoners should only be strip-searched following an individual risk assessment. (1.9, repeated recommendation 1.8)

#### Bullying and violence reduction

- 5.9** Arrangements for vulnerable men on D wing should be reviewed. They should remain there for a short period only and should have equal access to services and facilities. (1.17)

### Self-harm and suicide prevention

- 5.10** All acts of self-harm should be recorded and prisoners subject to ACCT procedures should receive appropriate care from well trained staff, all of which should be well documented. (1.22)
- 5.11** Prisoners on ACCT procedures should only be held in the segregation unit in exceptional circumstances and as a last resort. (1.23)

### Security

- 5.12** The MDT suite should be relocated to an appropriate waiting, searching and testing environment. (1.37)

### Incentives and earned privileges

- 5.13** The regime for prisoners on basic level should provide opportunities for prisoners to demonstrate positive changes in behaviour. (1.43)

### Discipline

- 5.14** All use of force incidents, including written records from all officers involved and video recordings of planned incidents, should be scrutinised by senior managers and emerging issues addressed promptly. (1.52)

### Substance misuse

- 5.15** Prisoners with drug and/or alcohol problems should have access to a supportive environment and a range of recovery-focused interventions which meet their needs. (1.66)
- 5.16** The prison and the health care provider should ensure that prisoners requiring stabilisation or detoxification should receive this promptly on arrival, that appropriate 24-hour observation and monitoring takes place and that regular treatment reviews take place. (1.67)

### Residential units

- 5.17** Prisoners should have ready access to basic items, including clean bedding, clothes and cleaning materials. (2.8)
- 5.18** Applications procedures should be improved and monitored to ensure that responses are timely and appropriate. (2.9, repeated recommendation 2.8)

### Equality and diversity

- 5.19** The equality and diversity strategy should be developed. There should be effective external oversight of the strategy and discrimination incident report forms should be promoted, adequately investigated and quality assured. (2.17)
- 5.20** Greater attention should be given to meeting the needs and concerns presented by the protected characteristic groups and there should be regular opportunities for them to provide feedback and influence provision. (2.28)



## Complaints

- 5.21** Prisoners' complaints about staff should be investigated thoroughly and appropriate action taken. (2.38)

## Legal rights

- 5.22** Prisoners should be supported to exercise their legal rights, including the use of an 'access to justice' scheme laptop. (2.41)

## Health services

- 5.23** The automated external defibrillators (AEDs) available to prison staff should be regularly checked and all staff on duty should know the location of the nearest AED. (2.56)
- 5.24** All clinical areas should meet infection control standards. (2.57)
- 5.25** Waiting times for primary care services, including the optician and dentist, should not exceed clinically accepted waiting times in the community. The high rate of non-attendance for some clinics should be investigated and action taken to address this. (2.65)
- 5.26** External hospital appointments should not be cancelled and custody escort arrangements should be adequate to meet the health care needs of the population effectively. (2.66)
- 5.27** There should be adequate supervision of all medicines administration by custody staff to ensure confidentiality and prevent diversion, and prisoners should have secure storage for medication. (2.76)
- 5.28** A wider range of medicines should be available for nurses and pharmacy staff to administer without a prescription when clinically appropriate. (2.77, repeated recommendation 2.71)
- 5.29** The flooring in the dental surgery should be replaced to meet infection control standards. (2.81)
- 5.30** All discipline staff should have regular mental health awareness training to recognise and take appropriate action when a prisoner has mental health problems, with segregation unit staff prioritised for this. (2.89, repeated recommendation 2.81)
- 5.31** Patients requiring a transfer under the Mental Health Act should be transferred expeditiously and within the current transfer guidelines. (2.90)

## Catering

- 5.32** Lunch should not be served before noon and the evening meal not before 5pm. (2.97)

## Purchases

- 5.33** Prisoners should be able to access a full canteen order within 72 hours of arrival. (2.101)

## Learning and skills and work activities

- 5.34** The curriculum should provide a wider range of vocational training courses, some at higher levels. (3.8)

- 5.35** Teachers and instructors should have consistently high expectations of learners and written feedback on assessed work should contain clear guidance to support improvement. Prisoners in workshops should receive more instruction to enable them to develop their skills and achieve qualifications. (3.21)
- 5.36** Opportunities should be provided for prisoners to achieve a qualification relevant to their work. (3.26)
- 5.37** Library staff should provide more information about the library and its services to improve access, particularly for men working full time in prison industries. (3.33)

#### **Physical education and healthy living**

- 5.38** Gymnasium staff should identify the reasons for poor attendance at PE sessions and take corrective action to improve attendance. (3.37)
- 5.39** A wider range of vocational qualifications related to physical education should be provided. (3.38)

#### **Offender management and planning**

- 5.40** A sufficiently resourced offender management unit should ensure that all relevant prisoners receive prompt and effective OASys assessments, sentence planning and reviews, supported by meaningful input from offender supervisors and offender managers which is recorded and accessible to other staff, to enable them to progress through their sentence. (4.11)
- 5.41** Prisoners approved for home detention curfew should be released on the earliest eligible date. (4.12)
- 5.42** Offender supervisors should provide information and support to men on remand, who are likely to receive an indeterminate sentence. (4.19)

#### **Reintegration planning**

- 5.43** Assessments undertaken by the CRC should be conducted in a private setting to maintain confidentiality. (4.23)
- 5.44** The work of the resettlement team and the range of services provided should be better promoted to ensure that prisoners are aware of how to access relevant services. (4.24)
- 5.45** All prisoners nearing their release date should receive careers advice and guidance. (4.29)
- 5.46** All visits should start on time. (4.41)
- 5.47** All prisoners should have access to family days, subject to risk assessment and public protection considerations. (4.42)
- 5.48** Appropriate programmes or one-to-one interventions should be available for prisoners who remain at Nottingham for long periods. (4.45)

## Section 6. Appendices

### Appendix I: Inspection team

Peter Clarke	Chief inspector
Sean Sullivan	Team leader
Bev Alden	Inspector
Francesca Cooney	Inspector
Karen Dillon	Inspector
Paul Fenning	Inspector
Kellie Reeve	Inspector
Gordon Riach	Inspector
Natalie-Anne Hall	Researcher
Helen Ranns	Researcher
Michelle Bellham	Researcher
Heidi Webb	Researcher
Sigrid Engelen	Substance misuse inspector
Maureen Jamieson	Health services inspector
Matthew Tedstone	Care Quality Commission inspector
Jai Sharda	Ofsted inspector
Rieks Drijver	Ofsted inspector
Allan Shaw	Ofsted inspector
Ian Simpkins	Offender management inspector
Mike Ryan	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 process to manage prisoners' early days lacked rigour. Reception interviews were not private and induction was poor. Many prisoners felt unsafe, levels of violence were high and many incidents were serious. Investigations were poor and strategic oversight was lacking. Self-harm prevention processes were not sufficiently good. The security department was well run and effective. Mandatory drug testing positive rates were reducing. Use of force was high and its governance was weak. The segregation unit was well managed and the length of stay was usually short. Prisoners recovering from substance misuse problems received limited support. Outcomes for prisoners were poor against this healthy prison test.*

#### **Main recommendations**

Reception and first night processes should ensure a speedy and efficient reception. First night staff should be well informed about all new arrivals, including their personal circumstances and risk factors, and all prisoners should receive a full induction within a week of arrival. (S37)

##### **Partially achieved**

All violent incidents should be fully investigated and systematic action taken to address bullying and support victims. The safer custody committee should ensure rigorous and prompt remedial action in response to emergent concerns about violence. (S39)

##### **Not achieved**

#### **Recommendations**

Prisoners should only be strip-searched following an individual risk assessment. (1.8)

##### **Not achieved** (Recommendation repeated, 1.9)

The regime activities for vulnerable prisoners should match the opportunities available to the rest of the population. (1.15)

##### **Not achieved**

All prisoners at risk of self-harm should have access to sufficient support and activities. Assessment, care in custody and teamwork (ACCT) procedures and documentation should be significantly improved. (1.21)

##### **Achieved**

Prisoners should be able to access a working Samaritans telephone. (1.22)

##### **Achieved**

There should be a single named safeguarding lead member of staff who should attend the local safeguarding adults board. (1.27)

**Achieved**

There should be a formal carers' scheme to support prisoners who cannot look after themselves. (1.28)

**Not achieved**

Work to meet the safeguarding needs of individual prisoners should be shared across the prison and with wing staff. (1.29)

**Partially achieved**

The routine inclusion of all prisoners found in possession of a mobile phone on to the escape risk list (the E list) without a detailed assessment of the overall and immediate threat should end. (1.39)

**Achieved**

Suspicion drug testing should be completed within the stipulated timescale. (1.40)

**Achieved**

The incentives and earned privileges (IEP) scheme should be properly managed and offer support to help individuals deal with the issues behind their poor behaviour, and should be well advertised and fully explained to prisoners. (1.45)

**Partially achieved**

The regime for prisoners on basic should be improved. (1.44)

**Not achieved**

All disciplinary hearings should be heard and dealt with on time. (1.51)

**Partially achieved**

Governance of the use of force should be rigorous, and information about trends and patterns should be used strategically to help reduce its use. (1.55)

**Partially achieved**

The regime in the segregation unit for longer stay prisoners should be improved and include purposeful activities to help prevent psychological deterioration. (1.61)

**Not achieved**

General practitioners should be available to assess new arrivals with substance misuse issues promptly. (1.71)

**Not achieved**

There should be a forum to consult and take feedback from substance misuse service users. (1.72)

**Achieved**

The integrated drug treatment system (IDTS) service should be recovery-focused with an appropriate mix of psychotherapeutic opportunities. (1.73)

**Not achieved**

Compact-based drug testing should be available to prisoners who choose abstinence. (1.74)

**Not achieved**

# Respect

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

*At the last inspection, in 2014, many cells were in poor condition. Staff-prisoner relationships had deteriorated. The management of diversity work was inadequate. The chaplaincy provided a generally good service. Complaint responses were appropriate but often late. Health services were generally good but it took too long to see doctors and this created significant risks. Prisoners were very negative about the food. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

### Main recommendations

Effective prison-wide prisoner consultation, discussion and support forums should be developed, including some for groups with protected characteristics. (S38)

**Partially achieved**

Prison cells and the general environment should provide clean, safe and decent living conditions for all prisoners. (S40)

**Partially achieved**

### Recommendations

Immigration detainees should not be held in prisons other than in exceptional circumstances following risk assessment. (2.26)

**Achieved**

Prisoners should have regular and predictable access to telephones to maintain family contact. (2.7)

**Achieved**

Applications procedures should be improved and monitored to ensure that responses are timely and appropriate. (2.8)

**Not achieved** (Recommendation repeated, 2.9)

Each prisoner should be checked on regularly 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. (2.13)

**Partially achieved**

Strategic management of equality should be improved and include consideration of all protected groups. Managers should specifically ensure that disparities emerging from equality monitoring data are acted upon, discrimination reports are thoroughly investigated, and respect for diversity is appropriately promoted. (2.19)

**Partially achieved**

External support groups and networks for all protected groups should be promoted and prisoners helped to make contact with them. (2.27)

**Not achieved**

All prisoners should be able to see a chaplain in private and attend religious services. (2.30)

**Achieved**

Complaints should be investigated and responded to promptly, and monitoring should ensure that concerns are systematically identified and addressed. (2.34)

**Partially achieved**

Prisoners should be supported to exercise their legal rights, including help and advice from trained advisers when applying for bail and the use of an 'access to justice' scheme laptop. (2.37)

**Partially achieved**

All clinical areas should fully comply with current infection control standards, and all waiting areas should be equivalent to those in community services. (2.47)

**Not achieved**

There should be systematic health promotion throughout the prison, overseen by a prison health promotion action group. (2.48)

**Achieved**

All new arrivals should receive a comprehensive secondary assessment within 72 hours. (2.58)

**No longer relevant**

Prisoners should have 24-hour access to a GP for advice and face-to-face assessment. (2.59)

**Partially achieved**

Prisoners should be able to access all primary care services within a reasonable timescale. (2.60)

**Partially achieved**

There should be triage algorithms for nurse assessment clinics to ensure consistent decision making. (2.61)

**Achieved**

The enhanced care area should provide an adequate therapeutic environment and regime. (2.62)

**No longer relevant**

Prisoners should be able to see a pharmacist for medicines use advice and review. (2.68)

**Achieved**

Medication administration should always be safe and secure with consistent supervision by discipline staff. (2.69)

**Partially achieved**

The in-possession policy should follow current best practice guidance on the prescribing of highly tradable medicines. (2.70)

**Achieved**

A wider range of medicines should be available for nurses and pharmacy staff to administer without a prescription when clinically appropriate. (2.71)

**Not achieved** (Recommendation repeated 2.77)

All discipline staff should have regular mental health awareness training to recognise and take appropriate action when a prisoner has mental health problems, with segregation unit staff prioritised for this. (2.81)

**Not achieved** (Recommendation repeated, 2.89)

The quality of food should be improved in consultation with prisoners. Food comment books should be regularly monitored by the catering manager, with appropriate responses recorded and action taken where required. (2.87)

**Achieved**



Prisoners should not have to pay an administration fee for shop orders. (2.91)

**Not achieved**

## 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 very limited and still not predictable. Activities were regularly cancelled, causing frustration and anger. Strategic management of activities was narrowly focused. There were enough activity places but attendance was poor. The quality of teaching and learning in education was generally good. Most workshops provided unchallenging work. Too few prisoners used the library. There was unacceptably poor access to PE. **Outcomes for prisoners were poor against this healthy prison test.**

### Main recommendation

The prison should deliver a predictable and equitable regime that allows prisoners to have significant time out of cell, complete domestic tasks, and engage in scheduled learning and skills activities, work and PE. (S41)

**Partially achieved**

### Recommendations

The prison should routinely evaluate the performance of different groups of prisoners in learning and work to ensure all achieve at equally high levels. (3.12)

**Achieved**

The scope and accuracy of self-assessment, quality assurance and improvement planning should be extended, and include all areas of learning and skills and work. (3.13)

**Achieved**

Entry-level provision in English and mathematics should be extended to cater adequately for the prison population. (3.18)

**Achieved**

The work available should be suitable to prepare prisoners for employment on release. Greater priority should be given to developing employability and vocational skills. (3.19)

**Partially achieved**

Allocation of prisoners to work should take into account needs identified in sentence plans and National Careers Service individual action plans. (3.20)

**Partially achieved**

Additional learning support should be given to prisoners with the greatest need, and there should be more use of peer mentors to support learning. (3.26)

**Partially achieved**

Education induction should ensure that all prisoners understand the work and learning available to them, and initial assessments should accurately identify all those who need to improve their English and mathematics skills. (3.27)

**Achieved**

The prison should raise achievement rates on educational and vocational courses so that they are consistently good. (3.32)

**Partially achieved**

Prisoners in workshops and other prison jobs should routinely have opportunities to gain qualifications or other recognition for the skills they acquire. (3.33)

**Partially achieved**

The prison should take action to increase regular library visits, including the extension of opening hours to evenings and weekends. (3.37)

**Not achieved**

### Physical education and healthy living

The prison should identify and provide suitable provision leading to vocational qualifications in PE and healthy living. (3.43)

**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, strategic management of resettlement was underdeveloped, although there had been some work to prepare for transition to a resettlement prison. The offender management unit was overwhelmed with work and offender supervisor work was very limited. There was a significant offender assessment system (OASys) backlog. Important elements of public protection work were not done. Resettlement needs were poorly assessed. Health and drugs resettlement pathway work was good, but other pathways did not provide enough support to prisoners before release. Outcomes for prisoners were poor against this healthy prison test.*

### Main recommendations

Prisoners subject to multi-agency public protection arrangements (MAPPAs) should be correctly identified, and there should be appropriate contact with external offender managers. An inter-departmental risk management meeting should meet regularly to ensure all MAPPA nominal and high risk cases are fully considered six months before release. (S42)

**Achieved**

All prisoners should be given an immediate needs assessment on their arrival covering all resettlement pathways, and this should be reviewed in sufficient time before their release to address outstanding needs. (S43)

**Achieved**

## Recommendations

The strategic management of resettlement should be developed to incorporate and coordinate both offender management and resettlement pathways provision, and be informed by a needs analysis that draws on an appropriate range of data. (4.6)

**Achieved**

A sufficiently resourced offender management unit should ensure that all relevant prisoners receive prompt and effective OASys assessments, sentence planning and reviews, supported by meaningful input from offender supervisors and offender managers, to enable them to progress through their sentence. (4.13)

**Not achieved**

Managers should carry out regular oversight and quality assurance of offender supervisor work to ensure all elements of offender management are delivered to a high standard. (4.14)

**Not achieved**

Categorisation reviews should be held on time. (4.21)

**Achieved**

Prisoners should have access to specialist housing advice when required. (4.31)

**Achieved**

The prison should provide an effective programme of pre-release employment, training and education activities, including use of the virtual campus for job searching. Links with employers should be developed to increase job opportunities for prisoners on release. (4.34)

**Not achieved**

Peer mentors should be available to support prisoners recovering from drug and alcohol misuse. (4.38)

**Partially achieved**

Finance, benefit and debt provision should meet the needs of prisoners during custody and in preparation for release. (4.40)

**Achieved**

Provision for prisoners to maintain family ties should be improved, including parenting/relationship courses and continued access to family days. (4.45)

**Partially achieved**

The two children's play areas in the visits hall should be renovated, and play sessions should be supervised during visits. (4.46)

**Partially achieved**

The prison should offer appropriate offending behaviour courses to meet the identified needs of the population. (4.49)

**Not achieved**



## Appendix III: Prison population profile

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

### Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	13	559	54.6
Recall	4	106	10.5
Convicted unsentenced	5	117	11.6
Remand	16	218	22.3
Civil prisoners	0	1	0.1
Detainees	0	5	0.5
Other	0	4	0.4
<b>Total</b>	<b>38</b>	<b>1,010</b>	<b>100%</b>

Sentence	18–20 yr olds	21 and over	%
Unsentenced	24	352	35.9
Less than six months	2	156	15.1
six months to less than 12 months	2	111	10.8
12 months to less than 2 years	2	89	8.7
2 years to less than 4 years	6	99	10.1
4 years to less than 10 years	1	108	10.4
10 years and over (not life)	0	49	4.7
ISPP (indeterminate sentence for public protection)	0	24	2.3
Life	1	22	4.5
<b>Total</b>	<b>38</b>	<b>1,010</b>	<b>100%</b>

Age	Number of prisoners	%
Please state minimum age here: 18	N/A	N/A
Under 21 years	38	3.6
21 years to 29 years	388	37.0
30 years to 39 years	351	33.5
40 years to 49 years	171	16.3
50 years to 59 years	75	7.2
60 years to 69 years	16	1.5
70 plus years	9	0.9
Please state maximum age here: 80	N/A	N/A
<b>Total</b>		

Nationality	18–20 yr olds	21 and over	%
British	32	885	87.5
Foreign nationals	6	121	12.1
Not Stated	0	4	0.4
<b>Total</b>	<b>38</b>	<b>1,010</b>	<b>100%</b>

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	25	430	43.4
Uncategorised sentenced	1	10	1.0

Category A	N/A	N/A	N/A
Category B	0	95	9.1
Category C	0	460	43.9
Category D	0	12	1.1
Other – YIO Closed	12	3	1.4
<b>Total</b>	<b>38</b>	<b>1,010</b>	<b>100%</b>

<b>Ethnicity</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
White			
British	24	723	71.3
Irish	0	7	0.7
Gypsy/Irish Traveller	5	5	1.0
Other white	2	74	7.3
Mixed			
White and black Caribbean	1	30	3.0
White and black African	0	2	0.2
White and Asian	0	5	0.5
Other mixed	0	5	0.5
Asian or Asian British			
Indian	0	14	1.3
Pakistani	0	30	2.9
Bangladeshi	0	2	0.2
Chinese	0	0	0%
Other Asian	1	17	1.7
Black or black British			
Caribbean	3	61	6.1
African	2	19	2.0
Other black	0	9	0.9
Other ethnic group			
Arab	0	0	0%
Other ethnic group	0	5	0.5
Not stated	0	2	0.2
<b>Total</b>	<b>38</b>	<b>1,010</b>	<b>100%</b>

<b>Religion</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Baptist	0	1	0.1
Church of England	1	153	14.7
Roman Catholic	8	142	14.3
Other Christian denominations	10	163	16.5
Muslim	2	87	8.5
Sikh	0	5	0.5
Hindu	0	1	0.1
Buddhist	1	14	1.4
Jewish	0	4	0.4
Other	1	10	1.0
No religion	15	424	41.9
Not Stated	0	6	0.6
<b>Total</b>	<b>38</b>	<b>1,010</b>	<b>100%</b>

<b>Other demographics</b>	<b>18–20 yr 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 yr olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	4	0.4	203	19.4
1 month to 3 months	7	0.7	202	19.3
3 months to six months	0	0%	122	11.6
six months to 1 year	3	0.3	97	9.3
1 year to 2 years	0	0%	28	2.7
2 years to 4 years	0	0%	5	0.5
4 years or more	0	0%	1	0.1
<b>Total</b>	<b>14</b>	<b>1.3</b>	<b>658</b>	<b>62.8</b>

**Unsentenced prisoners only**

<b>Length of stay</b>	<b>18–20 yr olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	20	5.3	112	29.8
1 month to 3 months	3	0.8	123	32.7
3 months to six months	1	0.3	79	21.0
6 months to 1 year	0	0%	33	8.8
1 year to 2 years	0	0%	5	1.3
2 years to 4 years	0	0%	0	0%
4 years or more	0	0%	0	0%
<b>Total</b>	<b>24</b>	<b>2.3</b>	<b>352</b>	<b>33.6</b>

<b>Main offence</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Violence against the person			
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded /holding warrant			
<b>Total</b>	<b>Not Currently Available</b>	<b>Not Currently Available</b>	<b>Not Currently Available</b>





## Appendix IV: Summary of prisoner questionnaires and interviews

### Prisoner survey methodology

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

### Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment<sup>19</sup>. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

### Distributing and collecting questionnaires

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

Our questionnaire is available in a number of different languages and via a telephone interpretation 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 18 January 2016 the prisoner population at HMP Nottingham was 1,035. Using the method described above, questionnaires were distributed to a sample of 236 prisoners.

We received a total of 205 completed questionnaires, a response rate of 87%. Fourteen respondents refused to complete a questionnaire and 17 questionnaires were not returned.

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<sup>19</sup> 95% confidence interval with a sampling error of 7%. 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	32
B	44
C	22
D	27
E	29
F	19
G	30
Segregation unit	2

### Presentation of survey results and analyses

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

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences<sup>20</sup> are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Nottingham in 2016 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 Nottingham in 2016 compared with the responses of prisoners surveyed at HMP Nottingham in 2014.
- A comparison within the 2016 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2016 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2016 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2016 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 2016 survey between the vulnerable prisoner wing (G) and the rest of the establishment.

<sup>20</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>	
	Under 21 .....	7 (3%)
	21 - 29.....	76 (37%)
	30 - 39.....	71 (35%)
	40 - 49.....	34 (17%)
	50 - 59.....	10 (5%)
	60 - 69.....	3 (1%)
	70 and over.....	3 (1%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	Yes .....	98 (48%)
	Yes - on recall.....	23 (11%)
	No - awaiting trial.....	52 (25%)
	No - awaiting sentence .....	30 (15%)
	No - awaiting deportation.....	2 (1%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<b>Not sentenced</b> .....	84 (42%)
	Less than 6 months.....	28 (14%)
	6 months to less than 1 year .....	23 (11%)
	1 year to less than 2 years.....	13 (6%)
	2 years to less than 4 years .....	15 (7%)
	4 years to less than 10 years.....	16 (8%)
	10 years or more.....	9 (4%)
	IPP (indeterminate sentence for public protection).....	7 (3%)
	Life.....	7 (3%)
<b>Q1.5</b>	<b>Are you a foreign national (i.e. do not have UK citizenship)?</b>	
	Yes .....	28 (14%)
	No.....	172 (86%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>	
	Yes .....	193 (95%)
	No.....	10 (5%)
<b>Q1.7</b>	<b>Do you understand written English?</b>	
	Yes .....	190 (94%)
	No.....	12 (6%)

**Q1.8 What is your ethnic origin?**

White - British (English/ Welsh/ Scottish/ Northern Irish).....	138 (69%)	Asian or Asian British - Chinese .....	1 (1%)
White - Irish .....	4 (2%)	Asian or Asian British - other.....	0 (0%)
White - other.....	19 (10%)	Mixed race - white and black Caribbean .....	5 (3%)
Black or black British - Caribbean.....	10 (5%)	Mixed race - white and black African ...	1 (1%)
Black or black British - African .....	2 (1%)	Mixed race - white and Asian .....	1 (1%)
Black or black British - other .....	1 (1%)	Mixed race - other .....	4 (2%)
Asian or Asian British - Indian .....	1 (1%)	Arab.....	1 (1%)
Asian or Asian British - Pakistani.....	9 (5%)	Other ethnic group .....	2 (1%)
Asian or Asian British - Bangladeshi.....	0 (0%)		

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

Yes .....	8 (4%)
No.....	186 (96%)

**Q1.10 What is your religion?**

None.....	55 (28%)	Hindu .....	1 (1%)
Church of England .....	55 (28%)	Jewish .....	1 (1%)
Catholic .....	37 (19%)	Muslim .....	24 (12%)
Protestant.....	0 (0%)	Sikh .....	0 (0%)
Other Christian denomination .....	7 (4%)	Other .....	11 (6%)
Buddhist .....	3 (2%)		

**Q1.11 How would you describe your sexual orientation?**

Heterosexual/Straight.....	189 (96%)
Homosexual/Gay.....	4 (2%)
Bisexual.....	4 (2%)

**Q1.12 Do you consider yourself to have a disability?**

(i.e do you need help with any long term physical, mental or learning needs)

Yes .....	61 (31%)
No.....	138 (69%)

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

Yes .....	17 (9%)
No.....	182 (91%)

**Q1.14 Is this your first time in prison?**

Yes .....	53 (26%)
No.....	148 (74%)

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

Yes .....	119 (60%)
No.....	80 (40%)

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

Less than 2 hours .....	153 (76%)
2 hours or longer .....	37 (18%)
Don't remember .....	12 (6%)

<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> .....	153 (77%)
	Yes .....	18 (9%)
	No.....	25 (13%)
	Don't remember .....	2 (1%)
<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> .....	153 (77%)
	Yes .....	3 (2%)
	No.....	39 (20%)
	Don't remember .....	5 (3%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>	
	Yes .....	121 (60%)
	No.....	64 (32%)
	Don't remember .....	17 (8%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes .....	146 (73%)
	No.....	49 (25%)
	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>	
	Very well.....	42 (21%)
	Well.....	88 (44%)
	Neither .....	51 (25%)
	Badly.....	13 (6%)
	Very badly .....	4 (2%)
	Don't remember .....	3 (1%)
<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>	
	Yes, someone told me .....	130 (64%)
	Yes, I received written information .....	10 (5%)
	No, I was not told anything .....	55 (27%)
	Don't remember .....	11 (5%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes .....	156 (77%)
	No.....	38 (19%)
	Don't remember .....	8 (4%)

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

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	Less than 2 hours .....	39 (19%)
	2 hours or longer .....	153 (76%)
	Don't remember .....	9 (4%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	Yes .....	154 (77%)
	No .....	38 (19%)
	Don't remember .....	8 (4%)

<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>	
	Very well.....	27 (14%)
	Well.....	83 (42%)
	Neither.....	52 (26%)
	Badly.....	25 (13%)
	Very badly.....	12 (6%)
	Don't remember.....	1 (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>	
	Loss of property.....	29 (15%)
	Housing problems.....	45 (23%)
	Contacting employers.....	8 (4%)
	Contacting family.....	78 (40%)
	Childcare.....	4 (2%)
	Money worries.....	50 (26%)
	Feeling depressed or suicidal.....	71 (37%)
	Physical health.....	44 (23%)
	Mental health.....	82 (42%)
	Needing protection from other prisoners.....	21 (11%)
	Getting phone numbers.....	71 (37%)
	Other.....	13 (7%)
	<b>Did not have any problems.....</b>	<b>35 (18%)</b>
<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>	
	Yes.....	35 (18%)
	No.....	120 (63%)
	<b>Did not have any problems.....</b>	<b>35 (18%)</b>
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>	
	Tobacco.....	145 (73%)
	A shower.....	123 (62%)
	A free telephone call.....	124 (62%)
	Something to eat.....	142 (71%)
	PIN phone credit.....	79 (40%)
	Toiletries/ basic items.....	109 (55%)
	<b>Did not receive anything.....</b>	<b>13 (7%)</b>
<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>	
	Chaplain.....	84 (43%)
	Someone from health services.....	128 (65%)
	A Listener/Samaritans.....	41 (21%)
	Prison shop/ canteen.....	48 (24%)
	<b>Did not have access to any of these.....</b>	<b>45 (23%)</b>
<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>	
	What was going to happen to you.....	59 (30%)
	What support was available for people feeling depressed or suicidal.....	45 (23%)
	How to make routine requests (applications).....	53 (27%)
	Your entitlement to visits.....	54 (27%)
	Health services.....	75 (38%)
	Chaplaincy.....	71 (36%)
	<b>Not offered any information.....</b>	<b>85 (43%)</b>
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>	
	Yes.....	123 (62%)
	No.....	69 (35%)
	Don't remember.....	8 (4%)

<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>	
	<b>Have not been on an induction course</b> .....	57 (29%)
	Within the first week.....	86 (43%)
	More than a week.....	38 (19%)
	Don't remember .....	17 (9%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	<b>Have not been on an induction course</b> .....	57 (30%)
	Yes .....	72 (38%)
	No.....	50 (26%)
	Don't remember .....	12 (6%)
<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	<b>Did not receive an assessment</b> .....	80 (40%)
	Within the first week.....	50 (25%)
	More than a week.....	46 (23%)
	Don't remember .....	23 (12%)

#### 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?	14 (7%)	44 (24%)	30 (16%)	51 (27%)	38 (20%)	10 (5%)
	Attend legal visits?	21 (12%)	54 (31%)	41 (23%)	25 (14%)	16 (9%)	20 (11%)
	Get bail information?	8 (5%)	13 (8%)	27 (16%)	39 (23%)	42 (25%)	37 (22%)
<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>						
	<b>Not had any letters</b> .....						25 (13%)
	Yes .....						96 (50%)
	No.....						70 (37%)
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>						
	Yes .....						49 (26%)
	No.....						33 (17%)
	Don't know .....						110 (57%)
<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?	63 (33%)	129 (67%)	1 (1%)			
	Are you normally able to have a shower every day?	129 (67%)	63 (33%)	0 (0%)			
	Do you normally receive clean sheets every week?	87 (46%)	100 (53%)	2 (1%)			
	Do you normally get cell cleaning materials every week?	82 (44%)	103 (55%)	3 (2%)			
	Is your cell call bell normally answered within five minutes?	19 (10%)	167 (88%)	3 (2%)			
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	69 (36%)	120 (63%)	2 (1%)			
	If you need to, can you normally get your stored property?	30 (16%)	118 (62%)	41 (22%)			

<b>Q4.5</b>	<b>What is the food like here?</b>	
	Very good.....	7 (4%)
	Good.....	25 (13%)
	Neither.....	47 (24%)
	Bad.....	56 (28%)
	Very bad.....	63 (32%)
<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>	
	<b>Have not bought anything yet/ don't know.....</b>	12 (6%)
	Yes.....	84 (43%)
	No.....	100 (51%)
<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>	
	Yes.....	87 (45%)
	No.....	43 (22%)
	Don't know.....	65 (33%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>	
	Yes.....	84 (43%)
	No.....	42 (22%)
	Don't know/ N/A.....	68 (35%)
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>	
	Yes.....	85 (45%)
	No.....	24 (13%)
	Don't know/ N/A.....	82 (43%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	<b>I don't want to attend.....</b>	26 (13%)
	Very easy.....	28 (15%)
	Easy.....	45 (23%)
	Neither.....	24 (12%)
	Difficult.....	23 (12%)
	Very difficult.....	6 (3%)
	Don't know.....	41 (21%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>		
	Yes.....	140 (72%)	
	No.....	44 (23%)	
	Don't know.....	11 (6%)	
<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>		
		<b>Not made one</b>	<b>Yes</b>
		<b>No</b>	
	Are applications dealt with fairly?	24 (13%)	45 (24%) 120 (63%)
	Are applications dealt with quickly (within seven days)?	24 (13%)	23 (13%) 137 (74%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>		
	Yes.....	98 (51%)	
	No.....	54 (28%)	
	Don't know.....	40 (21%)	



<b>Q5.4</b>	<b>Please answer the following questions about complaints</b> ( <i>If you have not made a complaint please tick the 'not made one' option</i> )			
		<b>Not made one</b>	Yes	No
	Are complaints dealt with fairly?	69 (36%)	27 (14%)	96 (50%)
	Are complaints dealt with quickly (within seven days)?	69 (37%)	23 (12%)	95 (51%)
<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>			
	Yes .....			46 (24%)
	No.....			144 (76%)
<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>			
	<i>Don't know who they are</i> .....			76 (40%)
	Very easy.....			8 (4%)
	Easy.....			18 (9%)
	Neither.....			21 (11%)
	Difficult.....			46 (24%)
	Very difficult.....			21 (11%)

### 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>			
	<i>Don't know what the IEP scheme is</i> .....			36 (19%)
	Yes .....			48 (25%)
	No .....			83 (43%)
	Don't know .....			26 (13%)
<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>			
	<i>Don't know what the IEP scheme is</i> .....			36 (20%)
	Yes .....			57 (31%)
	No.....			75 (41%)
	Don't know .....			15 (8%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>			
	Yes .....			22 (12%)
	No.....			161 (88%)
<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> .....			155 (84%)
	Very well.....			7 (4%)
	Well.....			6 (3%)
	Neither.....			7 (4%)
	Badly.....			5 (3%)
	Very badly.....			5 (3%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>			
	Yes .....			121 (64%)
	No.....			67 (36%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>			
	Yes .....			114 (61%)
	No.....			74 (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>	
	Yes .....	43 (22%)
	No.....	151 (78%)
<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<b>Do not go on association</b> .....	18 (9%)
	Never.....	57 (30%)
	Rarely .....	49 (25%)
	Some of the time .....	42 (22%)
	Most of the time .....	16 (8%)
	All of the time.....	11 (6%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<b>I have not met him/her</b> .....	144 (74%)
	In the first week.....	12 (6%)
	More than a week.....	19 (10%)
	Don't remember .....	20 (10%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<b>Do not have a personal officer/ I have not met him/ her</b> .....	144 (75%)
	Very helpful.....	13 (7%)
	Helpful .....	17 (9%)
	Neither .....	10 (5%)
	Not very helpful .....	2 (1%)
	Not at all helpful.....	7 (4%)

### Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>	
	Yes .....	120 (61%)
	No.....	76 (39%)
<b>Q8.2</b>	<b>Do you feel unsafe now?</b>	
	Yes .....	52 (28%)
	No.....	137 (72%)
<b>Q8.3</b>	<b>In which areas have you felt unsafe? (Please tick all that apply to you.)</b>	
	<b>Never felt unsafe</b> .....	76 (41%)
	Everywhere .....	41 (22%)
	Segregation unit .....	11 (6%)
	Association areas .....	47 (25%)
	Reception area .....	28 (15%)
	At the gym .....	17 (9%)
	In an exercise yard .....	40 (21%)
	At work.....	25 (13%)
	During movement .....	45 (24%)
	At education .....	17 (9%)
	At meal times.....	33 (18%)
	At health services.....	23 (12%)
	Visits area .....	28 (15%)
	In wing showers .....	44 (24%)
	In gym showers .....	21 (11%)
	In corridors/stairwells.....	28 (15%)
	On your landing/wing .....	50 (27%)
	In your cell.....	30 (16%)
	At religious services.....	12 (6%)
<b>Q8.4</b>	<b>Have you been victimised by other prisoners here?</b>	
	Yes .....	84 (44%)
	No.....	107 (56%)

**Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)**

<i>Insulting remarks (about you or your family or friends)</i> .....	45 (24%)
<i>Physical abuse (being hit, kicked or assaulted)</i> .....	28 (15%)
<i>Sexual abuse</i> .....	3 (2%)
<i>Feeling threatened or intimidated</i> .....	46 (24%)
<i>Having your canteen/property taken</i> .....	26 (14%)
<i>Medication</i> .....	12 (6%)
<i>Debt</i> .....	14 (7%)
<i>Drugs</i> .....	16 (8%)
<i>Your race or ethnic origin</i> .....	14 (7%)
<i>Your religion/religious beliefs</i> .....	13 (7%)
<i>Your nationality</i> .....	10 (5%)
<i>You are from a different part of the country than others</i> .....	16 (8%)
<i>You are from a traveller community</i> .....	4 (2%)
<i>Your sexual orientation</i> .....	5 (3%)
<i>Your age</i> .....	5 (3%)
<i>You have a disability</i> .....	9 (5%)
<i>You were new here</i> .....	19 (10%)
<i>Your offence/ crime</i> .....	15 (8%)
<i>Gang related issues</i> .....	24 (13%)

**Q8.6 Have you been victimised by staff here?**

Yes .....	70 (36%)
No .....	122 (64%)

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

<i>Insulting remarks (about you or your family or friends)</i> .....	26 (14%)
<i>Physical abuse (being hit, kicked or assaulted)</i> .....	12 (6%)
<i>Sexual abuse</i> .....	2 (1%)
<i>Feeling threatened or intimidated</i> .....	32 (17%)
<i>Medication</i> .....	12 (6%)
<i>Debt</i> .....	2 (1%)
<i>Drugs</i> .....	3 (2%)
<i>Your race or ethnic origin</i> .....	5 (3%)
<i>Your religion/religious beliefs</i> .....	10 (5%)
<i>Your nationality</i> .....	5 (3%)
<i>You are from a different part of the country than others</i> .....	9 (5%)
<i>You are from a traveller community</i> .....	2 (1%)
<i>Your sexual orientation</i> .....	2 (1%)
<i>Your age</i> .....	5 (3%)
<i>You have a disability</i> .....	8 (4%)
<i>You were new here</i> .....	13 (7%)
<i>Your offence/ crime</i> .....	13 (7%)
<i>Gang related issues</i> .....	8 (4%)

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

<b>Not been victimised</b> .....	86 (50%)
Yes .....	34 (20%)
No .....	53 (31%)

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

	<b>Don't know</b>	<b>Very easy</b>	<b>Easy</b>	<b>Neither</b>	<b>Difficult</b>	<b>Very difficult</b>
The doctor	24 (13%)	3 (2%)	27 (14%)	22 (12%)	61 (32%)	52 (28%)
The nurse	23 (12%)	7 (4%)	39 (21%)	36 (19%)	48 (26%)	35 (19%)
The dentist	31 (16%)	4 (2%)	11 (6%)	23 (12%)	44 (23%)	75 (40%)

<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people?</b>						
		<b>Not been</b>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	38 (20%)	11 (6%)	40 (21%)	33 (17%)	45 (24%)	22 (12%)
	The nurse	32 (17%)	14 (8%)	46 (25%)	39 (21%)	30 (16%)	24 (13%)
	The dentist	56 (31%)	10 (5%)	23 (13%)	36 (20%)	31 (17%)	27 (15%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<b>Not been</b> .....						29 (16%)
	<i>Very good</i> .....						13 (7%)
	<i>Good</i> .....						29 (16%)
	<i>Neither</i> .....						38 (21%)
	<i>Bad</i> .....						41 (22%)
	<i>Very bad</i> .....						34 (18%)
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes .....						101 (54%)
	No .....						85 (46%)
<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>						
	<b>Not taking medication</b> .....						85 (45%)
	<i>Yes, all my meds</i> .....						27 (14%)
	<i>Yes, some of my meds</i> .....						19 (10%)
	No .....						56 (30%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>						
	Yes .....						109 (58%)
	No .....						80 (42%)
<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison?</b>						(e.g. a
	psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)						
	<b>Do not have any emotional or mental health problems</b> .....						80 (43%)
	Yes .....						45 (24%)
	No .....						59 (32%)

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>		
	Yes .....		64 (34%)
	No .....		124 (66%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>		
	Yes .....		43 (23%)
	No .....		145 (77%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>		
	<i>Very easy</i> .....		87 (45%)
	<i>Easy</i> .....		21 (11%)
	<i>Neither</i> .....		13 (7%)
	<i>Difficult</i> .....		3 (2%)
	<i>Very difficult</i> .....		8 (4%)
	<i>Don't know</i> .....		60 (31%)

<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy.....	22 (11%)
	Easy.....	31 (16%)
	Neither.....	21 (11%)
	Difficult.....	15 (8%)
	Very difficult.....	22 (11%)
	Don't know.....	81 (42%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes.....	21 (11%)
	No.....	167 (89%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes.....	15 (8%)
	No.....	175 (92%)
<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> .....	108 (58%)
	Yes.....	38 (21%)
	No.....	39 (21%)
<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?</b>	
	<i>Did not / do not have an alcohol problem</i> .....	145 (78%)
	Yes.....	15 (8%)
	No.....	27 (14%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	<i>Did not have a problem/ did not receive help</i> .....	136 (78%)
	Yes.....	25 (14%)
	No.....	14 (8%)

### Section II: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<b>Don't know</b>	Very Easy	Easy	Neither	Difficult	Very difficult
	Prison job	16 (8%)	20 (10%)	41 (21%)	27 (14%)	49 (25%)	47 (24%)
	Vocational or skills training	36 (19%)	9 (5%)	32 (17%)	34 (18%)	40 (21%)	36 (19%)
	Education (including basic skills)	27 (15%)	17 (10%)	50 (28%)	30 (17%)	31 (17%)	23 (13%)
	Offending behaviour programmes	53 (31%)	6 (4%)	11 (6%)	23 (13%)	40 (23%)	38 (22%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>						
	<b>Not involved in any of these</b> .....						72 (40%)
	Prison job.....						78 (44%)
	Vocational or skills training.....						4 (2%)
	Education (including basic skills).....						36 (20%)
	Offending behaviour programmes.....						3 (2%)

<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>				
		<b>Not been involved</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
	Prison job	42 (26%)	37 (23%)	62 (38%)	21 (13%)
	Vocational or skills training	51 (37%)	24 (18%)	41 (30%)	21 (15%)
	Education (including basic skills)	44 (30%)	49 (33%)	40 (27%)	16 (11%)
	Offending behaviour programmes	54 (41%)	17 (13%)	38 (29%)	22 (17%)
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>				
	<i>Don't want to go</i> .....				22 (12%)
	<i>Never</i> .....				77 (42%)
	<i>Less than once a week</i> .....				46 (25%)
	<i>About once a week</i> .....				33 (18%)
	<i>More than once a week</i> .....				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> .....				70 (40%)
	<i>Yes</i> .....				50 (29%)
	<i>No</i> .....				54 (31%)
<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> .....				38 (21%)
	<i>0</i> .....				75 (41%)
	<i>1 to 2</i> .....				49 (26%)
	<i>3 to 5</i> .....				21 (11%)
	<i>More than 5</i> .....				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> .....				35 (19%)
	<i>0</i> .....				38 (20%)
	<i>1 to 2</i> .....				59 (31%)
	<i>3 to 5</i> .....				44 (23%)
	<i>More than 5</i> .....				13 (7%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>				
	<i>Don't want to go</i> .....				11 (6%)
	<i>0</i> .....				20 (11%)
	<i>1 to 2</i> .....				42 (22%)
	<i>3 to 5</i> .....				55 (29%)
	<i>More than 5</i> .....				59 (32%)
<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> .....				66 (35%)
	<i>2 to less than 4 hours</i> .....				51 (27%)
	<i>4 to less than 6 hours</i> .....				35 (19%)
	<i>6 to less than 8 hours</i> .....				16 (9%)
	<i>8 to less than 10 hours</i> .....				4 (2%)
	<i>10 hours or more</i> .....				9 (5%)
	<i>Don't know</i> .....				6 (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 .....	48 (26%)
	No .....	139 (74%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes .....	98 (52%)
	No .....	89 (48%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes .....	68 (36%)
	No .....	121 (64%)
<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> .....	46 (25%)
	<i>Very easy</i> .....	25 (13%)
	<i>Easy</i> .....	42 (22%)
	<i>Neither</i> .....	12 (6%)
	<i>Difficult</i> .....	30 (16%)
	<i>Very difficult</i> .....	27 (14%)
	<i>Don't know</i> .....	5 (3%)

## 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>	
	<b>Not sentenced</b> .....	84 (43%)
	Yes .....	60 (31%)
	No .....	51 (26%)
<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>	
	<b>Not sentenced/ NA</b> .....	135 (70%)
	<i>No contact</i> .....	31 (16%)
	<i>Letter</i> .....	9 (5%)
	<i>Phone</i> .....	7 (4%)
	<i>Visit</i> .....	18 (9%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes .....	35 (20%)
	No .....	143 (80%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<b>Not sentenced</b> .....	84 (44%)
	Yes .....	15 (8%)
	No .....	94 (49%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<b>Do not have a sentence plan/ not sentenced</b> .....	178 (92%)
	<i>Very involved</i> .....	6 (3%)
	<i>Involved</i> .....	3 (2%)
	<i>Neither</i> .....	1 (1%)
	<i>Not very involved</i> .....	4 (2%)
	<i>Not at all involved</i> .....	1 (1%)

- Q13.6 Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)**
- |                                                         |           |
|---------------------------------------------------------|-----------|
| <b>Do not have a sentence plan/ not sentenced</b> ..... | 178 (92%) |
| Nobody.....                                             | 11 (6%)   |
| Offender supervisor .....                               | 3 (2%)    |
| Offender manager .....                                  | 2 (1%)    |
| Named/ personal officer .....                           | 3 (2%)    |
| Staff from other departments .....                      | 2 (1%)    |
- Q13.7 Can you achieve any of your sentence plan targets in this prison?**
- |                                                         |           |
|---------------------------------------------------------|-----------|
| <b>Do not have a sentence plan/ not sentenced</b> ..... | 178 (92%) |
| Yes .....                                               | 3 (2%)    |
| No.....                                                 | 11 (6%)   |
| Don't know .....                                        | 2 (1%)    |
- Q13.8 Are there plans for you to achieve any of your sentence plan targets in another prison?**
- |                                                         |           |
|---------------------------------------------------------|-----------|
| <b>Do not have a sentence plan/ not sentenced</b> ..... | 178 (92%) |
| Yes .....                                               | 5 (3%)    |
| No.....                                                 | 8 (4%)    |
| Don't know .....                                        | 3 (2%)    |
- Q13.9 Are there plans for you to achieve any of your sentence plan targets in the community?**
- |                                                         |           |
|---------------------------------------------------------|-----------|
| <b>Do not have a sentence plan/ not sentenced</b> ..... | 178 (92%) |
| Yes .....                                               | 3 (2%)    |
| No.....                                                 | 5 (3%)    |
| Don't know .....                                        | 7 (4%)    |
- Q13.10 Do you have a needs based custody plan?**
- |                  |          |
|------------------|----------|
| Yes .....        | 10 (5%)  |
| No.....          | 78 (42%) |
| Don't know ..... | 97 (52%) |
- Q13.11 Do you feel that any member of staff has helped you to prepare for your release?**
- |           |           |
|-----------|-----------|
| Yes ..... | 14 (8%)   |
| No.....   | 172 (92%) |
- Q13.12 Do you know of anyone in this prison who can help you with the following on release?: (please tick all that apply)**
- |                   | <b>Do not need help</b> | <b>Yes</b> | <b>No</b> |
|-------------------|-------------------------|------------|-----------|
| Employment        | 30 (17%)                | 32 (19%)   | 110 (64%) |
| Accommodation     | 25 (15%)                | 36 (21%)   | 109 (64%) |
| Benefits          | 24 (14%)                | 43 (25%)   | 105 (61%) |
| Finances          | 23 (14%)                | 27 (16%)   | 116 (70%) |
| Education         | 31 (19%)                | 34 (21%)   | 99 (60%)  |
| Drugs and alcohol | 33 (20%)                | 44 (27%)   | 88 (53%)  |
- Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?**
- |                            |          |
|----------------------------|----------|
| <b>Not sentenced</b> ..... | 84 (45%) |
| Yes .....                  | 41 (22%) |
| No.....                    | 62 (33%) |



Main comparator and comparator to last time



Prisoner survey responses HMP Nottingham 2016

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

Key to tables		HMP Nottingham 2016	Local prisons comparator	HMP Nottingham 2016	HMP Nottingham 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>205</b>	<b>6,038</b>	<b>205</b>	<b>190</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	3%	6%	3%	7%
1.3	Are you sentenced?	59%	67%	59%	60%
1.3	Are you on recall?	11%	9%	11%	11%
1.4	Is your sentence less than 12 months?	25%	20%	25%	27%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	3%	3%	1%
1.5	Are you a foreign national?	14%	13%	14%	11%
1.6	Do you understand spoken English?	95%	98%	95%	99%
1.7	Do you understand written English?	94%	96%	94%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	19%	25%	19%	19%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	5%	4%	6%
1.1	Are you Muslim?	12%	13%	12%	5%
1.11	Are you homosexual/gay or bisexual?	4%	3%	4%	2%
1.12	Do you consider yourself to have a disability?	31%	24%	31%	22%
1.13	Are you a veteran (ex-armed services)?	9%	5%	9%	7%
1.14	Is this your first time in prison?	26%	33%	26%	27%
1.15	Do you have any children under the age of 18?	60%	54%	60%	56%
<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?	18%	23%	18%	18%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	40%	38%	40%	36%
2.3	Were you offered a toilet break?	6%	8%	6%	11%
2.4	Was the van clean?	60%	57%	60%	53%
2.5	Did you feel safe?	73%	74%	73%	77%
2.6	Were you treated well/very well by the escort staff?	65%	66%	65%	67%
2.7	Before you arrived here were you told that you were coming here?	64%	64%	64%	67%
2.7	Before you arrived here did you receive any written information about coming here?	5%	4%	5%	3%
2.8	When you first arrived here did your property arrive at the same time as you?	77%	78%	77%	88%

## Main comparator and comparator to last time

### Key to tables

	HMP Nottingham 2016	Local prisons comparator	HMP Nottingham 2016	HMP Nottingham 2014
Any percentage highlighted in green is significantly better				
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Any percentage highlighted in orange shows a significant difference in prisoners' background details				
Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction</b>				
3.1 Were you in reception for less than 2 hours?	19%	41%	19%	19%
3.2 When you were searched in reception, was this carried out in a respectful way?	77%	78%	77%	82%
3.3 Were you treated well/very well in reception?	55%	62%	55%	55%
When you first arrived:				
3.4 Did you have any problems?	82%	77%	82%	80%
3.4 Did you have any problems with loss of property?	15%	16%	15%	12%
3.4 Did you have any housing problems?	23%	22%	23%	18%
3.4 Did you have any problems contacting employers?	4%	5%	4%	5%
3.4 Did you have any problems contacting family?	40%	34%	40%	37%
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?	26%	24%	26%	24%
3.4 Did you have any problems with feeling depressed or suicidal?	37%	23%	37%	23%
3.4 Did you have any physical health problems?	23%	18%	23%	22%
3.4 Did you have any mental health problems?	43%	23%	43%	27%
3.4 Did you have any problems with needing protection from other prisoners?	11%	8%	11%	11%
3.4 Did you have problems accessing phone numbers?	37%	31%	37%	40%
For those with problems:				
3.5 Did you receive any help/ support from staff in dealing with these problems?	23%	31%	23%	19%
When you first arrived here, were you offered any of the following:				
3.6 Tobacco?	73%	79%	73%	78%
3.6 A shower?	62%	28%	62%	63%
3.6 A free telephone call?	62%	53%	62%	72%
3.6 Something to eat?	71%	70%	71%	77%
3.6 PIN phone credit?	40%	52%	40%	54%
3.6 Toiletries/ basic items?	55%	57%	55%	54%
<b>SECTION 3: Reception, first night and induction continued</b>				
When you first arrived here did you have access to the following people:				
3.7 The chaplain or a religious leader?	43%	45%	43%	36%
3.7 Someone from health services?	65%	67%	65%	61%
3.7 A Listener/Samaritans?	21%	31%	21%	14%
3.7 Prison shop/ canteen?	25%	21%	25%	21%
When you first arrived here were you offered information about any of the following:				
3.8 What was going to happen to you?	30%	41%	30%	28%
3.8 Support was available for people feeling depressed or suicidal?	23%	37%	23%	21%
3.8 How to make routine requests?	27%	34%	27%	23%
3.8 Your entitlement to visits?	27%	34%	27%	22%

## Main comparator and comparator to last time

### Key to tables

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Any percentage highlighted in green is significantly better				
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3.8 Health services?	38%	44%	38%	32%
3.8 The chaplaincy?	36%	39%	36%	24%
3.9 Did you feel safe on your first night here?	62%	71%	62%	70%
3.10 Have you been on an induction course?	71%	74%	71%	37%
For those who have been on an induction course:				
3.11 Did the course cover everything you needed to know about the prison?	54%	49%	54%	32%
3.12 Did you receive an education (skills for life) assessment?	60%	73%	60%	39%
<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?	31%	37%	31%	25%
4.1 Attend legal visits?	42%	51%	42%	39%
4.1 Get bail information?	13%	18%	13%	11%
4.2 Have staff ever opened letters from your solicitor or legal representative when you were not with them?	50%	42%	50%	41%
4.3 Can you get legal books in the library?	26%	35%	26%	25%
For the wing/unit you are currently on:				
4.4 Are you normally offered enough clean, suitable clothes for the week?	33%	50%	33%	30%
4.4 Are you normally able to have a shower every day?	67%	75%	67%	29%
4.4 Do you normally receive clean sheets every week?	46%	68%	46%	58%
4.4 Do you normally get cell cleaning materials every week?	44%	53%	44%	41%
4.4 Is your cell call bell normally answered within five minutes?	10%	27%	10%	10%
4.4 Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	36%	58%	36%	36%
4.4 Can you normally get your stored property, if you need to?	16%	21%	16%	11%
4.5 Is the food in this prison good/very good?	16%	21%	16%	13%
4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	47%	43%	48%
4.7 Are you able to speak to a Listener at any time, if you want to?	45%	53%	45%	34%
4.8 Are your religious beliefs are respected?	43%	49%	43%	31%
4.9 Are you able to speak to a religious leader of your faith in private if you want to?	45%	50%	45%	31%
4.10 Is it easy/very easy to attend religious services?	38%	44%	38%	27%
<b>SECTION 5: Applications and complaints</b>				
5.1 Is it easy to make an application?	72%	72%	72%	65%
For those who have made an application:				
5.2 Do you feel applications are dealt with fairly?	27%	49%	27%	32%
5.2 Do you feel applications are dealt with quickly (within seven days)?	14%	34%	14%	14%
5.3 Is it easy to make a complaint?	51%	50%	51%	50%
For those who have made a complaint:				
5.4 Do you feel complaints are dealt with fairly?	22%	29%	22%	19%
5.4 Do you feel complaints are dealt with quickly (within seven days)?	20%	25%	20%	11%

## Main comparator and comparator to last time

### Key to tables

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Percentages which are not highlighted show there is no significant difference				
5.5 Have you ever been prevented from making a complaint when you wanted to?	24%	21%	24%	22%
5.6 Is it easy/very easy to see the Independent Monitoring Board?	14%	18%	14%	13%
<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?	25%	41%	25%	29%
6.2 Do the different levels of the IEP scheme encourage you to change your behaviour?	31%	40%	31%	30%
6.3 In the last six months have any members of staff physically restrained you (C&R)?	12%	10%	12%	8%
6.4 In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	43%	35%	43%	45%
<b>SECTION 7: Relationships with staff</b>				
7.1 Do most staff, in this prison, treat you with respect?	64%	73%	64%	70%
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%	61%
7.3 Has a member of staff checked on you personally in the last week to see how you were getting on?	22%	27%	22%	18%
7.4 Do staff normally speak to you most of the time/all of the time during association?	14%	17%	14%	12%
7.5 Do you have a personal officer?	26%	35%	26%	16%
For those with a personal officer:				
7.6 Do you think your personal officer is helpful/very helpful?	61%	67%	61%	65%
<b>SECTION 8: Safety</b>				
8.1 Have you ever felt unsafe here?	61%	45%	61%	54%
8.2 Do you feel unsafe now?	28%	21%	28%	29%
8.4 Have you been victimised by other prisoners here?	44%	31%	44%	39%
Since you have been here, have other prisoners:				
8.5 Made insulting remarks about you, your family or friends?	24%	13%	24%	22%
8.5 Hit, kicked or assaulted you?	15%	9%	15%	12%
8.5 Sexually abused you?	2%	2%	2%	2%
8.5 Threatened or intimidated you?	24%	17%	24%	27%
8.5 Taken your canteen/property?	14%	8%	14%	13%
8.5 Victimised you because of medication?	6%	5%	6%	9%
8.5 Victimised you because of debt?	7%	4%	7%	5%
8.5 Victimised you because of drugs?	8%	4%	8%	8%
8.5 Victimised you because of your race or ethnic origin?	7%	4%	7%	4%
8.5 Victimised you because of your religion/religious beliefs?	7%	3%	7%	3%
8.5 Victimised you because of your nationality?	5%	3%	5%	5%
8.5 Victimised you because you were from a different part of the country?	8%	4%	8%	8%
8.5 Victimised you because you are from a Traveller community?	2%	2%	2%	2%
8.5 Victimised you because of your sexual orientation?	3%	1%	3%	2%
8.5 Victimised you because of your age?	3%	3%	3%	4%

Main comparator and comparator to last time

Key to tables

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8.5	Victimised you because you have a disability?	5%	4%	5%	5%
8.5	Victimised you because you were new here?	10%	7%	10%	10%
8.5	Victimised you because of your offence/crime?	8%	6%	8%	10%
8.5	Victimised you because of gang related issues?	13%	5%	13%	11%
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	37%	33%	37%	30%
Since you have been here, have staff:					
8.7	Made insulting remarks about you, your family or friends?	14%	12%	14%	14%
8.7	Hit, kicked or assaulted you?	6%	6%	6%	7%
8.7	Sexually abused you?	1%	1%	1%	2%
8.7	Threatened or intimidated you?	17%	13%	17%	16%
8.7	Victimised you because of medication?	6%	5%	6%	5%
8.7	Victimised you because of debt?	1%	2%	1%	3%
8.7	Victimised you because of drugs?	2%	3%	2%	3%
8.7	Victimised you because of your race or ethnic origin?	3%	4%	3%	4%
8.7	Victimised you because of your religion/religious beliefs?	5%	4%	5%	4%
8.7	Victimised you because of your nationality?	3%	3%	3%	3%
8.7	Victimised you because you were from a different part of the country?	5%	3%	5%	4%
8.7	Victimised you because you are from a Traveller community?	1%	2%	1%	2%
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	2%
8.7	Victimised you because of your age?	3%	2%	3%	4%
8.7	Victimised you because you have a disability?	4%	3%	4%	3%
8.7	Victimised you because you were new here?	7%	5%	7%	7%
8.7	Victimised you because of your offence/crime?	7%	4%	7%	5%
8.7	Victimised you because of gang related issues?	4%	3%	4%	8%
For those who have been victimised by staff or other prisoners:					
8.8	Did you report any victimisation that you have experienced?	39%	34%	39%	40%
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	16%	22%	16%	13%
9.1	Is it easy/very easy to see the nurse?	24%	43%	24%	25%
9.1	Is it easy/very easy to see the dentist?	8%	9%	8%	11%
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?	34%	41%	34%	36%
9.2	The nurse?	39%	52%	39%	45%
9.2	The dentist?	26%	29%	26%	26%
9.3	The overall quality of health services?	27%	36%	27%	36%

## Main comparator and comparator to last time

### Key to tables

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9.4 Are you currently taking medication?	54%	51%	54%	51%
For those currently taking medication:				
9.5 Are you allowed to keep possession of some or all of your medication in your own cell?	45%	59%	45%	40%
9.6 Do you have any emotional well being or mental health problems?	58%	39%	58%	44%
For those who have problems:				
9.7 Are you being helped or supported by anyone in this prison?	43%	43%	43%	45%
<b>SECTION 10: Drugs and alcohol</b>				
10.1 Did you have a problem with drugs when you came into this prison?	34%	32%	34%	32%
10.2 Did you have a problem with alcohol when you came into this prison?	23%	22%	23%	19%
10.3 Is it easy/very easy to get illegal drugs in this prison?	56%	36%	56%	50%
10.4 Is it easy/very easy to get alcohol in this prison?	28%	17%	28%	19%
10.5 Have you developed a problem with drugs since you have been in this prison?	11%	9%	11%	13%
10.6 Have you developed a problem with diverted medication since you have been in this prison?	8%	8%	8%	11%
For those with drug or alcohol problems:				
10.7 Have you received any support or help with your drug problem while in this prison?	49%	58%	49%	37%
10.8 Have you received any support or help with your alcohol problem while in this prison?	36%	55%	36%	35%
For those who have received help or support with their drug or alcohol problem:				
10.9 Was the support helpful?	64%	77%	64%	70%
<b>SECTION 11: Activities</b>				
Is it very easy/ easy to get into the following activities:				
11.1 A prison job?	31%	30%	31%	25%
11.1 Vocational or skills training?	22%	28%	22%	15%
11.1 Education (including basic skills)?	38%	44%	38%	22%
11.1 Offending behaviour programmes?	10%	18%	10%	5%
Are you currently involved in any of the following activities:				
11.2 A prison job?	44%	43%	44%	44%
11.2 Vocational or skills training?	2%	8%	2%	4%
11.2 Education (including basic skills)?	20%	24%	20%	13%
11.2 Offending behaviour programmes?	2%	7%	2%	1%
11.3 Have you had a job while in this prison?	74%	68%	74%	62%
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	31%	39%	31%	27%
11.3 Have you been involved in vocational or skills training while in this prison?	63%	55%	63%	42%
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?	28%	44%	28%	30%
11.3 Have you been involved in education while in this prison?	71%	66%	71%	45%
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	47%	50%	47%	43%
11.3 Have you been involved in offending behaviour programmes while in this prison?	59%	53%	59%	36%
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?	22%	40%	22%	27%
11.4 Do you go to the library at least once a week?	22%	28%	22%	12%
11.5 Does the library have a wide enough range of materials to meet your needs?	29%	32%	29%	21%

## Main comparator and comparator to last time

### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
11.6	Do you go to the gym three or more times a week?	12%	25%	12%	4%
11.7	Do you go outside for exercise three or more times a week?	30%	40%	30%	41%
11.8	Do you go on association more than five times each week?	32%	43%	32%	8%
11.9	Do you spend ten or more hours out of your cell on a weekday?	5%	9%	5%	5%
<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?	26%	31%	26%	26%
12.2	Have you had any problems with sending or receiving mail?	52%	49%	52%	55%
12.3	Have you had any problems getting access to the telephones?	36%	34%	36%	56%
12.4	Is it easy/ very easy for your friends and family to get here?	36%	36%	36%	39%
<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?	54%	61%	54%	48%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	53%	42%	53%	57%
13.2	Contact by letter?	15%	29%	15%	22%
13.2	Contact by phone?	12%	13%	12%	8%
13.2	Contact by visit?	31%	37%	31%	25%
13.3	Do you have a named offender supervisor in this prison?	20%	30%	20%	16%
For those who are sentenced:					
13.4	Do you have a sentence plan?	14%	33%	14%	23%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	60%	56%	60%	46%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	74%	44%	74%	83%
13.6	Offender supervisor?	20%	33%	20%	9%
13.6	Offender manager?	13%	27%	13%	13%
13.6	Named/ personal officer?	20%	11%	20%	4%
13.6	Staff from other departments?	13%	18%	13%	4%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	19%	53%	19%	25%
13.8	Are there plans for you to achieve any of your targets in another prison?	31%	27%	31%	17%
13.9	Are there plans for you to achieve any of your targets in the community?	20%	32%	20%	33%
13.10	Do you have a needs based custody plan?	6%	7%	6%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	8%	11%	8%	5%
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?	23%	26%	23%	15%
13.12	Accommodation?	25%	32%	25%	20%
13.12	Benefits?	29%	35%	29%	27%
13.12	Finances?	19%	21%	19%	14%
13.12	Education?	26%	27%	26%	18%
13.12	Drugs and alcohol?	33%	41%	33%	23%
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?	40%	45%	40%	33%

## Diversity analysis



### Key question responses (ethnicity, foreign national and religion) HMP Nottingham 2016

**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>38</b>	<b>161</b>	<b>28</b>	<b>172</b>	<b>24</b>	<b>170</b>
1.3	Are you sentenced?	50%	61%	50%	61%	33%	64%
1.5	Are you a foreign national?	27%	10%			26%	13%
1.6	Do you understand spoken English?	95%	96%	72%	99%	96%	95%
1.7	Do you understand written English?	95%	95%	63%	99%	91%	95%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			39%	16%	78%	11%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	4%	8%	3%	0%	4%
1.1	Are you Muslim?	50%	3%	22%	11%		
1.12	Do you consider yourself to have a disability?	22%	33%	25%	32%	17%	31%
1.13	Are you a veteran (ex-armed services)?	8%	9%	11%	9%	8%	8%
1.14	Is this your first time in prison?	34%	24%	61%	21%	37%	24%
2.6	Were you treated well/very well by the escort staff?	60%	66%	56%	66%	50%	66%
2.7	Before you arrived here were you told that you were coming here?	68%	63%	59%	65%	67%	65%
3.2	When you were searched in reception, was this carried out in a respectful way?	76%	77%	77%	78%	75%	77%
3.3	Were you treated well/very well in reception?	55%	55%	59%	55%	50%	55%
3.4	Did you have any problems when you first arrived?	78%	82%	81%	83%	92%	81%
3.7	Did you have access to someone from health care when you first arrived here?	61%	67%	66%	65%	30%	69%
3.9	Did you feel safe on your first night here?	43%	66%	56%	62%	39%	67%
3.10	Have you been on an induction course?	75%	70%	78%	69%	73%	71%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	38%	30%	26%	31%	32%	30%



## Diversity analysis

### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	39%	31%	39%	32%	39%	32%
4.4	Are you normally able to have a shower every day?	72%	66%	66%	67%	66%	67%
4.4	Is your cell call bell normally answered within five minutes?	6%	11%	8%	10%	9%	10%
4.5	Is the food in this prison good/very good?	13%	17%	11%	17%	13%	16%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	27%	47%	41%	43%	17%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	34%	48%	42%	45%	23%	49%
4.8	Do you feel your religious beliefs are respected?	39%	44%	63%	40%	61%	42%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	51%	44%	58%	42%	48%	47%
5.1	Is it easy to make an application?	73%	71%	66%	73%	70%	72%
5.3	Is it easy to make a complaint?	59%	48%	54%	50%	48%	51%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	22%	25%	15%	27%	4%	27%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	29%	26%	32%	35%	31%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	20%	10%	28%	10%	17%	11%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	65%	64%	48%	67%	56%	64%
7.2	Is there a member of staff you can turn to for help if you have a problem in prison?	67%	60%	56%	61%	52%	62%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14%	14%	15%	14%	9%	15%
7.4	Do you have a personal officer?	28%	26%	26%	25%	17%	28%
8.1	Have you ever felt unsafe here?	66%	60%	63%	62%	74%	60%
8.2	Do you feel unsafe now?	37%	26%	34%	26%	50%	24%
8.3	Have you been victimised by other prisoners?	54%	42%	45%	45%	70%	40%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	32%	23%	15%	26%	35%	24%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	20%	4%	11%	7%	30%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	14%	5%	0%	8%	26%	4%

## Diversity analysis

### Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
8.5	Have you been victimised because of your nationality? (By prisoners)	11%	4%	11%	4%	22%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	11%	3%	0%	6%	9%	4%
8.6	Have you been victimised by a member of staff?	53%	32%	45%	36%	61%	32%
8.7	Have you ever felt threatened or intimidated by staff here?	14%	18%	11%	18%	13%	18%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	11%	1%	4%	3%	13%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	11%	4%	15%	4%	17%	3%
8.7	Have you been victimised because of your nationality? (By staff)	6%	2%	7%	2%	9%	2%
8.7	Have you been victimised because you have a disability? (By staff)	11%	3%	0%	5%	9%	4%
9.1	Is it easy/very easy to see the doctor?	12%	17%	12%	17%	5%	18%
9.1	Is it easy/ very easy to see the nurse?	20%	26%	24%	25%	9%	28%
9.4	Are you currently taking medication?	40%	58%	46%	56%	35%	58%
9.6	Do you feel you have any emotional well being/mental health issues?	46%	61%	31%	62%	52%	59%
10.3	Is it easy/very easy to get illegal drugs in this prison?	46%	58%	46%	57%	55%	57%
11.2	Are you currently working in the prison?	38%	45%	34%	46%	27%	46%
11.2	Are you currently undertaking vocational or skills training?	6%	1%	4%	2%	5%	2%
11.2	Are you currently in education (including basic skills)?	18%	20%	23%	19%	27%	20%
11.2	Are you currently taking part in an offending behaviour programme?	0%	2%	0%	2%	0%	2%
11.4	Do you go to the library at least once a week?	26%	20%	28%	21%	27%	21%
11.6	Do you go to the gym three or more times a week?	23%	10%	12%	13%	9%	12%
11.7	Do you go outside for exercise three or more times a week?	40%	29%	44%	28%	36%	29%
11.8	On average, do you go on association more than five times each week?	41%	30%	12%	35%	32%	32%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	3%	5%	12%	3%	5%	5%
12.2	Have you had any problems sending or receiving mail?	67%	49%	32%	56%	82%	48%
12.3	Have you had any problems getting access to the telephones?	51%	32%	31%	37%	78%	30%

## Diversity Analysis



### Key question responses (disability) HMP Nottingham 2016

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

#### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	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>61</b>	<b>138</b>
1.3	Are you sentenced?	58%	59%
1.5	Are you a foreign national?	12%	16%
1.6	Do you understand spoken English?	97%	94%
1.7	Do you understand written English?	95%	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)?	13%	21%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	4%
1.1	Are you Muslim?	7%	14%
1.12	Do you consider yourself to have a disability?		
1.13	Are you a veteran (ex-armed services)?	15%	6%
1.14	Is this your first time in prison?	17%	30%
2.6	Were you treated well/very well by the escort staff?	72%	61%
2.7	Before you arrived here were you told that you were coming here?	62%	66%
3.2	When you were searched in reception, was this carried out in a respectful way?	75%	77%
3.3	Were you treated well/very well in reception?	53%	56%
3.4	Did you have any problems when you first arrived?	92%	77%
3.7	Did you have access to someone from health care when you first arrived here?	62%	66%
3.9	Did you feel safe on your first night here?	49%	67%
3.10	Have you been on an induction course?	69%	72%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	25%	34%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	25%	36%
4.4	Are you normally able to have a shower every day?	63%	68%
4.4	Is your cell call bell normally answered within five minutes?	4%	13%
4.5	Is the food in this prison good/very good?	10%	19%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	38%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	46%	43%
4.8	Do you feel your religious beliefs are respected?	40%	45%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	45%	45%
5.1	Is it easy to make an application?	62%	75%
5.3	Is it easy to make a complaint?	35%	56%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	14%	30%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	29%	33%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	17%	10%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	61%	66%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	59%	62%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	12%	15%
7.4	Do you have a personal officer?	23%	28%
8.1	Have you ever felt unsafe here?	74%	55%
8.2	Do you feel unsafe now?	39%	24%
8.3	Have you been victimised by other prisoners?	50%	41%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	29%	22%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	8%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	6%
8.5	Have you been victimised because of your nationality? (By prisoners)	7%	5%
8.5	Have you been victimised because of your age? (By prisoners)	4%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	14%	1%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	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?	40%	34%
8.7	Have you ever felt threatened or intimidated by staff here?	30%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	5%
8.7	Have you been victimised because of your nationality? (By staff)	2%	3%
8.7	Have you been victimised because of your age? (By staff)	4%	2%
8.7	Have you been victimised because you have a disability? (By staff)	14%	0%
9.1	Is it easy/very easy to see the doctor?	14%	17%
9.1	Is it easy/ very easy to see the nurse?	22%	26%
9.4	Are you currently taking medication?	83%	42%
9.6	Do you feel you have any emotional well being/mental health issues?	82%	47%
10.3	Is it easy/very easy to get illegal drugs in this prison?	67%	52%
11.2	Are you currently working in the prison?	44%	43%
11.2	Are you currently undertaking vocational or skills training?	2%	3%
11.2	Are you currently in education (including basic skills)?	11%	24%
11.2	Are you currently taking part in an offending behaviour programme?	2%	2%
11.4	Do you go to the library at least once a week?	19%	23%
11.6	Do you go to the gym three or more times a week?	9%	14%
11.7	Do you go outside for exercise three or more times a week?	26%	32%
11.8	On average, do you go on association more than five times each week?	28%	34%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	2%	6%
12.2	Have you had any problems sending or receiving mail?	54%	52%
12.3	Have you had any problems getting access to the telephones?	38%	34%



## Prisoner survey responses HMP Nottingham 2016 VP Wing Comparator

**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	G Wing	A, B, C, D, E and F Wing
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>30</b>	<b>173</b>
<b>SECTION 1: General information</b>		
1.2 Are you under 21 years of age?	7%	3%
1.3 Are you sentenced?	77%	56%
1.3 Are you on recall?	7%	12%
1.4 Is your sentence less than 12 months?	13%	28%
1.4 Are you here under an indeterminate sentence for public protection (IPP prisoner)?	10%	2%
1.5 Are you a foreign national?	7%	15%
1.6 Do you understand spoken English?	100%	94%
1.7 Do you understand written English?	100%	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.)	10%	20%
1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?	10%	3%
1.1 Are you Muslim?	10%	13%
1.11 Are you homosexual/gay or bisexual?	10%	3%
1.12 Do you consider yourself to have a disability?	27%	31%
1.13 Are you a veteran (ex-armed services)?	21%	7%
1.14 Is this your first time in prison?	50%	23%
1.15 Do you have any children under the age of 18?	37%	64%
<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?	7%	20%
2.5 Did you feel safe?	63%	74%
2.6 Were you treated well/very well by the escort staff?	60%	66%
2.7 Before you arrived here were you told that you were coming here?	57%	65%
2.8 When you first arrived here did your property arrive at the same time as you?	93%	75%
<b>SECTION 3: Reception, first night and induction</b>		
3.1 Were you in reception for less than 2 hours?	23%	18%
3.2 When you were searched in reception, was this carried out in a respectful way?	74%	77%
3.3 Were you treated well/very well in reception?	43%	57%

### Key to tables

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	Any percentage highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
	When you first arrived:		
3.4	Did you have any problems?	89%	80%
3.4	Did you have any problems with loss of property?	11%	15%
3.4	Did you have any housing problems?	14%	24%
3.4	Did you have any problems contacting employers?	4%	4%
3.4	Did you have any problems contacting family?	47%	39%
3.4	Did you have any problems ensuring dependants were being looked after?	4%	2%
3.4	Did you have any money worries?	25%	26%
3.4	Did you have any problems with feeling depressed or suicidal?	68%	31%
3.4	Did you have any physical health problems?	14%	24%
3.4	Did you have any mental health problems?	43%	42%
3.4	Did you have any problems with needing protection from other prisoners?	36%	7%
3.4	Did you have problems accessing phone numbers?	36%	37%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	53%	76%
3.6	A shower?	23%	68%
3.6	A free telephone call?	43%	65%
3.6	Something to eat?	60%	73%
3.6	PIN phone credit?	27%	42%
3.6	Toiletries/ basic items?	40%	57%
<b>SECTION 3: Reception, first night and induction continued</b>			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	35%	44%
3.7	Someone from health services?	52%	67%
3.7	A Listener/Samaritans?	10%	22%
3.7	Prison shop/ canteen?	10%	27%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	30%	30%
3.8	Support was available for people feeling depressed or suicidal?	17%	24%
3.8	How to make routine requests?	23%	27%
3.8	Your entitlement to visits?	23%	27%
3.8	Health services?	27%	39%
3.8	The chaplaincy?	30%	36%
3.9	Did you feel safe on your first night here?	30%	67%
3.10	Have you been on an induction course?	74%	71%
3.12	Did you receive an education (skills for life) assessment?	38%	64%

**Key to tables**

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	Percentages which are not highlighted show there is no significant difference		
<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%	30%
4.1	Attend legal visits?	47%	42%
4.1	Get bail information?	12%	13%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	50%	51%
4.3	Can you get legal books in the library?	23%	26%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	80%	24%
4.4	Are you normally able to have a shower every day?	77%	66%
4.4	Do you normally receive clean sheets every week?	80%	39%
4.4	Do you normally get cell cleaning materials every week?	93%	34%
4.4	Is your cell call bell normally answered within five minutes?	10%	10%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	53%	33%
4.4	Can you normally get your stored property, if you need to?	14%	16%
4.5	Is the food in this prison good/very good?	34%	13%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	57%	40%
4.7	Are you able to speak to a Listener at any time, if you want to?	62%	41%
4.8	Are your religious beliefs are respected?	35%	44%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	48%	43%
4.10	Is it easy/very easy to attend religious services?	31%	39%
<b>SECTION 5: Applications and complaints</b>			
5.1	Is it easy to make an application?	74%	72%
5.3	Is it easy to make a complaint?	60%	49%
5.5	Have you ever been prevented from making a complaint when you wanted to?	10%	27%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	14%	13%
<b>SECTION 6: Incentive and earned privileges scheme</b>			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	23%	25%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	29%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	13%
<b>SECTION 7: Relationships with staff</b>			
7.1	Do most staff, in this prison, treat you with respect?	73%	62%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	69%	59%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	34%	20%
7.4	Do staff normally speak to you most of the time/all of the time during association?	20%	13%
7.5	Do you have a personal officer?	53%	21%



**Key to tables**

	Any percentage highlighted in green is significantly better	G Wing	A, B, C, D, E and F Wing
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	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 8: Safety</b>			
8.1	Have you ever felt unsafe here?	77%	58%
8.2	Do you feel unsafe now?	30%	27%
8.4	Have you been victimised by other prisoners here?	66%	39%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	47%	18%
8.5	Hit, kicked or assaulted you?	7%	16%
8.5	Sexually abused you?	7%	1%
8.5	Threatened or intimidated you?	34%	21%
8.5	Taken your canteen/property?	20%	11%
8.5	Victimised you because of medication?	7%	5%
8.5	Victimised you because of debt?	0%	8%
8.5	Victimised you because of drugs?	3%	9%
8.5	Victimised you because of your race or ethnic origin?	13%	6%
8.5	Victimised you because of your religion/religious beliefs?	10%	6%
8.5	Victimised you because of your nationality?	7%	5%
8.5	Victimised you because you were from a different part of the country?	10%	8%
8.5	Victimised you because you are from a traveller community?	3%	2%
8.5	Victimised you because of your sexual orientation?	7%	2%
8.5	Victimised you because of your age?	3%	3%
8.5	Victimised you because you have a disability?	7%	4%
8.5	Victimised you because you were new here?	13%	9%
8.5	Victimised you because of your offence/crime?	34%	3%
8.5	Victimised you because of gang related issues?	10%	13%
<b>SECTION 8: Safety continued</b>			
8.6	Have you been victimised by staff here?	31%	38%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	17%	13%
8.7	Hit, kicked or assaulted you?	0%	8%
8.7	Sexually abused you?	0%	1%
8.7	Threatened or intimidated you?	17%	17%
8.7	Victimised you because of medication?	3%	7%
8.7	Victimised you because of debt?	0%	1%
8.7	Victimised you because of drugs?	0%	2%
8.7	Victimised you because of your race or ethnic origin?	7%	2%
8.7	Victimised you because of your religion/religious beliefs?	10%	4%
8.7	Victimised you because of your nationality?	3%	3%
8.7	Victimised you because you were from a different part of the country?	3%	5%

## Key to tables

	Any percentage highlighted in green is significantly better	G Wing	A, B, C, D, E and F Wing
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.7	Victimised you because you are from a traveller community?	3%	1%
8.7	Victimised you because of your sexual orientation?	3%	1%
8.7	Victimised you because of your age?	3%	3%
8.7	Victimised you because you have a disability?	3%	4%
8.7	Victimised you because you were new here?	7%	7%
8.7	Victimised you because of your offence/crime?	21%	4%
8.7	Victimised you because of gang related issues?	0%	5%
<b>SECTION 9: Health services</b>			
9.1	Is it easy/very easy to see the doctor?	13%	16%
9.1	Is it easy/very easy to see the nurse?	23%	24%
9.1	Is it easy/very easy to see the dentist?	10%	8%
9.4	Are you currently taking medication?	57%	53%
9.6	Do you have any emotional well being or mental health problems?	60%	57%
<b>SECTION 10: Drugs and alcohol</b>			
10.1	Did you have a problem with drugs when you came into this prison?	7%	39%
10.2	Did you have a problem with alcohol when you came into this prison?	7%	26%
10.3	Is it easy/very easy to get illegal drugs in this prison?	57%	56%
10.4	Is it easy/very easy to get alcohol in this prison?	20%	29%
10.5	Have you developed a problem with drugs since you have been in this prison?	3%	13%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	3%	9%
<b>SECTION 11: Activities</b>			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	23%	32%
11.1	Vocational or skills training?	3%	25%
11.1	Education (including basic skills)?	37%	38%
11.1	Offending Behaviour Programmes?	8%	11%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	33%	46%
11.2	Vocational or skills training?	0%	3%
11.2	Education (including basic skills)?	29%	19%
11.2	Offending Behaviour Programmes?	0%	2%
11.4	Do you go to the library at least once a week?	35%	20%
11.5	Does the library have a wide enough range of materials to meet your needs?	38%	27%
11.6	Do you go to the gym three or more times a week?	3%	14%
11.7	Do you go outside for exercise three or more times a week?	34%	29%
11.8	Do you go on association more than five times each week?	30%	32%
11.9	Do you spend ten or more hours out of your cell on a weekday?	3%	5%

**Key to tables**

	Any percentage highlighted in green is significantly better	G Wing	A, B, C, D, E and F Wing
	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>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?	21%	26%
12.2	Have you had any problems with sending or receiving mail?	57%	52%
12.3	Have you had any problems getting access to the telephones?	37%	35%
12.4	Is it easy/ very easy for your friends and family to get here?	30%	37%
<b>SECTION 13: Preparation for release</b>			
13.3	Do you have a named offender supervisor in this prison?	41%	16%
13.10	Do you have a needs based custody plan?	3%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	10%	7%