

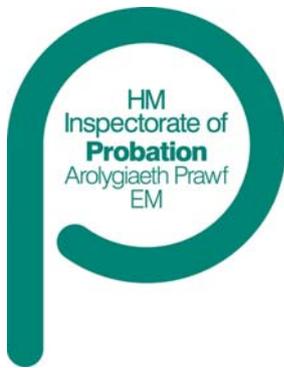
Report on an unannounced inspection of

# **HMP/YOI Moorland**

by HM Chief Inspector of Prisons

**1–12 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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# Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Respect	27
Section 3. Purposeful activity	39
Section 4. Resettlement	46
Section 5. Summary of recommendations and housekeeping points	55
Section 6. Appendices	61
Appendix I: Inspection team	61
Appendix II: Progress on recommendations from the last report	63
Appendix III: Care Quality Commission Requirement Notice	71
Appendix IV: Prison population profile	73
Appendix V: Summary of prisoner questionnaires and interviews	77

### **Glossary of terms**

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

# Introduction

HMP Moorland holds around 1,000 prisoners, of which around 250 are foreign national offenders and 340 are sex offenders. The prison is also in the process of adapting to a new role as a resettlement prison for the area. The recent history of the prison has been one of considerable uncertainty and disruption. At one point, the prison had been earmarked for privatisation before this plan was abandoned at a late stage. It was also suggested to the inspection team that the benchmarking process had been particularly challenging for Moorland.

We were invited by the prison's leadership team to take note of the progress made at the prison in the face of its difficult recent past and it is fair to say that the introduction of a sex offender treatment programme, in response to the prison being re-roled as a national resource for holding sex offenders, has been a significant achievement. It is also noteworthy that since the last inspection, the prison has made huge strides in improving its grading for 'purposeful activity' from 'poor' to 'reasonably good'.

However, the prison is facing some immense challenges, and the progress that has been made will prove to be fragile if these challenges are not met. In particular, the threat posed to the stability of the prison by the impact of new psychoactive substances (NPS) is severe, and needs to be addressed as a matter of urgency. Despite some positive initiatives, including improved perimeter fence patrols and good liaison with local police, it appears to be a deteriorating picture. Forty-eight per cent of prisoners now say that it is easy to get drugs at Moorland, compared to 28% at the last inspection. Every day, there are several 'acute health incidents' due to NPS, and 13% of prisoners surveyed said that they had developed a drug problem since being in Moorland. The consequence of this appeared to be an increasingly violent environment with higher numbers of fights and assaults than at similar prisons and than at our last inspection, and with almost one in five prisoners saying they feel unsafe currently. In the face of this, the lack of an integrated approach across the whole prison to the management of NPS is unacceptable. The inspection team reported that the 'drug strategy committee met only inconsistently, was poorly attended and failed to provide a strategic action plan' which was indicative of this problem.

The fact that the challenge provided by NPS has yet to be tackled effectively is perhaps not so surprising when it appears that there are other less serious, but nevertheless important issues, that are causing frustration to prisoners and affecting their relationships with staff. Prisoners have expressed a lack of confidence in the applications system, with the fairness and timeliness of the complaints system, and with the provision of health services. Only 29% of prisoners said they were satisfied with the health services, compared to 47% at the time of the last inspection. The adjudications system appears to have lost credibility as at the time of the inspection there were some 400 remanded cases, many of which would never reach a conclusion. Many of these were administrative transactions that could be dealt with in a more timely and efficient way, which would reduce frustrations and improve relationships between prisoners and staff.

There are real opportunities at Moorland to make progress, but the issues of NPS and inefficiencies in routine transactions that have such a negative impact on prisoners' experiences need to be addressed. In particular, there is a real opportunity to make progress in embracing the prison's new role as a resettlement prison, and in delivering treatment programmes for sex offenders.

We saw evidence that many staff wanted to build constructive relationships with prisoners and to address the challenges facing Moorland. It will be the task of a focused and visible leadership team to inspire the staff to grasp the opportunities provided by the new roles that Moorland has assumed.

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

April 2016

# Fact page

## Task of the establishment

Category C adult and young adult men's HMP/YOI resettlement national resource also holding adult male foreign national prisoners and a national resource for adult male sex offenders.

## Prison status

Public

## Region

Yorkshire and Humberside

## Number held

985

## Certified normal accommodation

1,006

## Operational capacity

1,027

## Date of last full inspection

December 2012

## Brief history

HMP Moorland opened in 1991, with a remand and young offender institution (YOI) function. It expanded in 1998 and 2011, when it started to receive sex offenders from Yorkshire and Humberside. In September 2002, HMP/YOI Moorland merged with HMP/YOI Hatfield. In July 2011, Moorland and Hatfield were subject to market testing and placed into the 'South Yorkshire cluster', which included HMP Lindholme. This became HMP South Yorkshire. In January 2014, HMP/YOI Moorland reverted to a single prison.

## Short description of residential units

There are six residential house blocks holding a mix of adults and young offenders.

House blocks 1 to 4	-	each hold between 155 and 170 prisoners; house blocks 3 and 4 hold only adult sex offenders.
House block 5	-	120 single cells.
House block 6	-	180 single cell.
House block 7	-	a single landing with 23 cells, a gated cell and a Listener suite, and also used for inductions.

The segregation unit has 26 single cells and two special accommodation cells.

## Name of governor

Tim Beeston

## Escort contractor

GEOAmey

## Health service provider

Nottinghamshire Healthcare NHS Trust

**Learning and skills provider**

Novus

**Independent Monitoring Board chair**

Jane Morgan

**Community rehabilitation company (CRC)**

South Yorkshire CRC, run by Sodexo in partnership with Nacro.

# 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
  - **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 *Early days arrangements were satisfactory. Levels of violence were high, and prisoners expressed legitimate concerns about their safety. Safer custody work was reasonable but lacked analysis, and required better monitoring and management of perpetrators of violence. Although there were many at-risk prisoners subject to case management, they were generally managed appropriately and felt supported. Security arrangements were generally proportionate but new psychoactive substances (NPS)<sup>2</sup> were having a significant destabilising effect. The number of adjudications was becoming unmanageable, and the segregation unit environment was poor. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S2 *At the last inspection in 2012 we found that outcomes for prisoners in Moorland were reasonably good against this healthy prison test. We made 23 recommendations in the area of safety. At this follow-up inspection we found that 11 of the recommendations had been achieved, four had been partially achieved, six had not been achieved and two were no longer relevant.*

S3 Most prisoners had short journeys to the prison, but they were not positive about their treatment during escort and the vans we saw were in poor condition. The prison did not always receive key risk information about new arrivals.

S4 The reception environment was better than at the last inspection, although still stark. New arrivals were moved quickly into the induction unit or on to a wing, and staff were helpful and courteous to them. Fewer foreign national than British prisoners said they had received induction, and staff told us they only used professional telephone interpreting with non-English speakers if there was evidence of risk concerns, relying on limited written translated material only. In our survey, fewer prisoners than the comparator and than at the last inspection said they felt safe on their first night – with an even poorer response from minority groups and vulnerable prisoners. Although over 40% of new arrivals went straight to a wing from reception, rather than stay on the first night unit, all new arrivals received an appropriate first night assessment and induction programme.

S5 Systems and practices for identifying violence were generally good, and the prison used a wide range of data and intelligence to identify trends and hotspots. However, despite this, such systems were largely ineffective, although victims were generally well supported. The number of violent incidents, fights and assaults had increased since our last inspection, and levels were also higher than at similar prisons. In our survey, almost a fifth of respondents said they felt unsafe at the time of the inspection and 43% that they had felt unsafe at some time. Throughout the inspection, prisoners and staff told us there were times when they felt unsafe. The management of areas of identified concern and perpetrators of violence – including those referred to the recently formed safety interventions meeting – was generally weak, and investigations into incidents were not always thorough enough, or even undertaken. There were few interventions for perpetrators and little evidence that they were challenged about their poor behaviour.

<sup>2</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.

- S6 Care for prisoners at risk of suicide or self-harm on assessment, care in custody and teamwork (ACCT) case management was generally good, and the more complex prisoners living on house block 7 received very good support and some interventions to help them cope better. Prisoners were complimentary about the support from staff. Our survey results showed that access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was a problem. Listeners told us their rota was not always adhered to, and cited instances when they had not been called out to support prisoners requesting help.
- S7 Although good links had been established with the local safeguarding board to protect prisoners at risk because of their health, age or disability, procedures within the prison were not well known by staff and there was a lack of staff training in safeguarding matters. Only one case had been appropriately referred and dealt with so far.
- S8 Procedural security arrangements were proportionate and prisoners had reasonable movement around the prison. There were good examples of dynamic security. However, we saw many areas with few staff present. Intelligence development and objective setting were good and linked closely with external agencies. Mandatory drug testing (MDT) positive rates were low (3.06%), but did not cover NPS, which was a dominant problem that had increased significantly over the previous 12 months. In our survey, 48% of prisoners said it was easy to get drugs in the prison. Staff and prisoners alike told us that the prison was becoming increasingly unsafe due to NPS use, which was linked to debt and violence. Appropriate supply reduction measures had been developed and there were good links with local police, but there was a lack of a whole-prison approach and targeted interventions.
- S9 There was a comprehensive incentives and earned privileges (IEP) policy, with a clear outline of benefits and the behaviour expected. However, only 35% of respondents in our survey thought that they had been treated fairly under the IEP scheme. Reviews of prisoner IEP levels were not always consistent, especially when they were being downgraded to the basic level. Prisoners on basic were able to work and access offending behaviour programmes, if required, but the sanctions on basic level were not effective in managing inappropriate behaviour. Target setting and monitoring of prisoners on basic were too variable, often undermining the initial work by the safer custody team.
- S10 The administration of adjudications was fair, and procedures were carried out properly. However, the number had increased greatly and was now scarcely manageable: there were currently 400 uncompleted and remanded cases, potentially undermining the effectiveness of the scheme. The use of force was high although records indicated that staff use was proportionate and they regularly used de-escalation techniques. Managers reviewed use of force, but recording and governance were not consistent or thorough. Special accommodation was properly authorised and not used for longer than necessary. The use of segregation also remained high. Several cells were in poor condition with graffiti, and the unit was dirty. It was difficult for the reduced number of segregation unit staff to provide an adequate regime, especially as a shower and one exercise yard were out of action. Staff and managers treated segregated prisoners appropriately, but the multiple systems for recording information created unnecessary difficulties for effective care and reintegration planning.
- S11 Clinical outcomes for prisoners with substance misuse histories had improved since the last inspection through better integration with the psychosocial team, including the development of joint care plans and reviews. There was an appropriate range of low and high intensity recovery programmes, and provision to address prisoners with alcohol problems was planned.

## Respect

*S12 Most cells were maintained to a reasonable standard, although some communal areas were grubby. Most staff attempted to engage positively with prisoners, but contact was often reactive and many staff appeared under considerable pressure. There was a lack of consultation with minority prisoners, and support for disabled and foreign national prisoners was poor. Prisoners had little confidence in the complaints system. Health services were generally reasonable with good mental health provision. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

*S13 At the last inspection in 2012 we found that outcomes for prisoners in Moorland were not sufficiently good against this healthy prison test. We made 19 recommendations in the area of respect. At this follow-up inspection we found that four of the recommendations had been achieved, one had been partially achieved, 13 had not been achieved and one was no longer relevant.*

S14 Some single cells were still used to house two prisoners. Cells were generally in good decorative order, and prisoners had reasonable opportunity and materials to keep them clean. The communal areas on some house blocks were dirty and littered, especially the stairs. Showers were generally well kept and all the prisoners we spoke to said they could get daily showers. Although there were adequate telephones on wings, not all were in kiosks to provide privacy and soundproofing. Many prisoners lacked confidence in the application system, and there was no tracking to ensure applications received responses.

S15 Staff were struggling with the very many and essential day-to-day requests and requirements of prisoners, and had little time to engage with them meaningfully. However, the interactions we saw were polite, if brief and, in some cases, superficial. In our survey, prisoners indicated that staff-prisoner relationships had not improved since the last inspection, and were more negative than the comparator. Staff entries in prisoners' electronic case notes were variable, and too many provided limited insight or knowledge of the prisoner. The personal officer scheme was ineffective overall.

S16 The strategic management of diversity work and action planning were weak, and had failed to respond to the chronic understaffing that had undermined work in this area. Consultation with prisoners from protected characteristic groups was poor, with only three forums in 2015 - and no forums for most groups. Prisoners had little confidence in the discrimination reporting system, and investigations took too long, although the quality of most responses was adequate. Despite some negative survey results, most prisoners from a black and minority ethnic background and Muslim prisoners we spoke to did not feel discriminated against, and this was supported by equality monitoring data. There was insufficient support for foreign national prisoners, who expressed considerable frustration about the slow progress of their immigration cases. Evacuation and wing care planning for prisoners with disabilities was poor. The prison's physical environment was wholly unsuited to those with more severe mobility restrictions. 'The retreat' was a welcome initiative for older and vulnerable prisoners, and a good basis to develop further provision for older prisoners in Moorland.

S17 Most prisoners had adequate access to corporate worship and religious instruction. However, chaplaincy vacancies had undermined provision, which, despite committed staff, was not as good as we usually see.

S18 Prisoners had little confidence in the complaints system, and the majority of responses we saw lacked sufficient detail to indicate that they had been properly considered. Responses to confidential access complaints were generally of better quality.

- S19 Health services were reasonable with effective governance and partnerships arrangements, and a single provider delivering integrated health care. Although some prisoners we spoke to were dissatisfied with the care provided, the range of services was good with reasonable access (except for the physiotherapist and podiatrist). The number of NPS-related incidents and other emergencies had sometimes curtailed some clinics. Chronic disease management and services for those with complex health care needs were underdeveloped. External hospital appointments were also sometimes cancelled for staffing reasons. Dental provision was good with an appropriate range of treatments, but waiting lists were too long. Pharmacy services were effective but prison staff supervision of medicine administration on wings was poor, and prisoners occasionally had to wait for their prescribed medication. Specialist mental health services were good, with timely and clinically appropriate interventions for prisoners. Primary mental health services were more limited, and concentrated on assessment and signposting to specialist support.
- S20 In our survey, prisoners were more positive about the food than at the last inspection. Consultation arrangements were good and, although prisoners complained about the portion sizes, we found that both the quality and size of meals were appropriate. Staff supervision during meals on some residential units was poor, and servery orderlies did not always wear appropriate clothing. There were reasonable arrangements to offset the delays for new arrivals in receiving shop orders. Although prisoners could buy a reasonable range of items from catalogues, there were delays of up to three months for deliveries.

## Purposeful activity

- S21 *Under the restricted regime, time out of cell was not unreasonable, despite some less predictable restrictions. There had been some substantial improvements in the management and availability of education, work and training, with places for 87% of the population. The development of English and mathematic skills was good. Some wing work was still not purposeful, but prisoner achievements through education and workshops were good. There was poor attendance at activities by some prisoners, and some work sessions ended too early. Prisoners had good access to library and PE facilities, which had a range of resources. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S22 *At the last inspection in 21012 we found that outcomes for prisoners in Moorland were poor against this healthy prison test. We made 13 recommendations in the area of purposeful activity. At this follow-up inspection we found that eight of the recommendations had been achieved, three had been partially achieved and two had not been achieved.*
- S23 Although the prison was providing a restricted regime, most fully employed prisoners could have up to nine hours a day out of their cell; however, an unemployed prisoner was likely to be restricted to as little as 3.25 hours a day, which was insufficient. There were also frequent planned curtailments of weekday association and time out of cell at the weekend. In our spot check, we found approximately 30% of prisoners locked up or on domestic duties during the core day.
- S24 Senior leaders and managers from both the prison and the learning and skills provider had been effective in addressing the underlying reasons for the poor attendance and low levels of activity found at the last inspection. As a consequence, attendance by prisoners in education, and to a lesser extent in workshops, had improved, and the number of activities had increased. The new arrangements for the strategic governance of learning and skills provision were good. All key partner agencies engaged well in joint planning and the monitoring of provision, which enabled quality improvement actions to be implemented quickly and

effectively. There was a positive commitment to raising the standards of teaching and assessment by instructors in the workshops through well-planned recruitment of staff with relevant industry experience. This was reinforced by comprehensive professional development programmes and robust performance management. The self-assessment of provision, while thorough and inclusive, was overgenerous in its overall judgements and not self-critical enough about some remaining areas of weakness.

- S25 The number of activity places had increased substantially, with 87% of the prison population allocated to some form of education, training or work. There were now sufficient work opportunities for all vulnerable prisoners. There was a range of English and mathematics provision up to level 2, as well as English for speakers of other languages (ESOL) for the large foreign national population. Vocational provision was matched well to regional employment priorities. There was a good mix of work available to the majority of prisoners, but too many were employed on the wings as cleaners and painters and decorators where the work was purposeless, unproductive and largely unsupervised, resulting in many wings and exercise yards being dirty and strewn with litter. There was a lack of accurate and up-to-date information on some prisoners' prior attainment and employment, which meant that some became disengaged as they were allocated to courses they had already completed elsewhere.
- S26 The quality of teaching, learning and assessment was good. Teachers and instructors planned sessions well, using the results of initial and diagnostic assessments to inform individual learning plans based on challenging targets. There were effective reviews to monitor prisoners' progress. There was some inspirational teaching, especially in mathematics and English. The planning and use of additional learning support and learning mentors were effective in supporting learners to progress, particularly in English, mathematics and ESOL classes. Teachers and mentors gave detailed verbal and written feedback to learners on their work, which enabled them to improve.
- S27 In the majority of the education classes, vocational workshops and prison industries, prisoners turned up punctually ready to learn and work. They behaved well and with respect. They developed good employability skills, which were reinforced effectively by their teachers and instructors. However, a minority of prisoners, particularly those employed on the unproductive work on the wings, lacked any real work ethic, often resulting in poor and disrespectful behaviour. Although attendance overall had improved, there were still pockets where attendance was low. In some workshops, prisoners were allowed to pack away their tools too early, bringing an already short working day to a premature end.
- S28 Success rates were very high across all the main subject areas. The development of prisoners' English and mathematics skills was very good at all levels, including the few who did level 2 English, which had been poor at the last inspection. Prisoners developed good practical skills in vocational courses and produced work to a good standard. All prisoners in workshops had the opportunity to achieve an accredited qualification.
- S29 The library and gym facilities were well managed and provided a range of resources and activities. The library had good links with the education department to support the development of literacy, and with the Shannon Trust, which offered a reading plan to develop prisoners' literacy skills. The library had extended its provision on to one of the vulnerable prisoner units. There were both indoor and outdoor PE facilities. The gym offered effective remedial support for prisoners referred from the health centre and drugs and alcohol rehabilitation staff.

## Resettlement

- S30 *The overall strategic approach to resettlement was weak and lacked focus on the principles of resettlement. Most of the work of the offender management unit (OMU) was focused on process with limited engagement with prisoners to address issues of risk. Too few prisoners were fully engaged with their sentence plans. Public protection arrangements were generally sound. There was no specialist provision for prisoners serving indeterminate sentences. Reintegration planning was reasonable and resettlement plans were appropriate, although there was not enough coordination between the resettlement team and the OMU. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S31 *At the last inspection in 2012 we found that outcomes for prisoners in Moorland were not sufficiently good against this healthy prison test. We made 13 recommendations in the area of resettlement. At this follow-up inspection we found that six of the recommendations had been achieved, four had been partially achieved and three had not been achieved.*
- S32 Changes to the management of resettlement since the previous inspection had led to some uncertainty and confusion. Although the reducing reoffending strategy placed considerable emphasis on creating a rehabilitative culture, it was a statement of intent rather than a working tool. Staff we spoke to throughout the inspection, including those working in the OMU, did not have a clear understanding of the concept of a resettlement prison or what their role in it should be. There had been no comprehensive needs analysis of the population, which had inhibited the development of a coherent resettlement strategy.
- S33 The prison's work with strategic partners in the community was improving. Strategic resettlement meetings had been established, but attendance was limited and discussions lacked analysis. The prison was still at the early stages of establishing its identity as a resettlement prison.
- S34 Many offender supervisors did not feel adequately equipped to carry out their task effectively because of insufficient training and lack of casework supervision. Their level and quality of contact with prisoners were not adequate, and too much of their work was process-driven, rather than focused on addressing the prisoner's behaviour. Links between the OMU and staff working in the resettlement hub were weak, and so support to prisoners was not well coordinated. Sentence plans were not always sufficiently detailed, and not enough prisoners were fully engaged in their plans.
- S35 The quality of public protection work continued to be high and all relevant cases were reviewed thoroughly and regularly. Restrictions on prisoners were applied rigorously and monitored closely, and risk assessment work associated with multi-agency public protection arrangements (MAPPA) cases was efficient.
- S36 The prison released between 60 and 70 prisoners a month. Prisoners had good access to staff working in the resettlement hub to ensure that all their basic resettlement needs were addressed. Most prisoners had a resettlement plan, and those we examined contained evidence that comprehensive support had been offered. Staff from some resettlement services were co-located to provide a one-stop shop to address prisoners' needs, but not all providers were so integrated.
- S37 New arrivals who needed early assistance to maintain housing tenancies or pay off rent arrears were identified quickly and offered useful support. The specialist housing adviser undertook pre-release housing assessments. Although permanent accommodation was hard to obtain, a high proportion of men being released were placed in supported or hostel-type

accommodation. The housing adviser had established a tracking system to assess housing outcomes for released prisoners, but this work was not integrated into the OMU.

- S38 The quality of the National Careers Service work was good. However, the continuing absence of a virtual campus (giving prisoners access to community education, training and employment opportunities via the internet) hindered some opportunities for post-release training and employment.
- S39 Primary health care staff gave prisoners due for release information about registration with a GP, and issued take-home medication where required. The mental health in-reach team had active links with community mental health teams and other agencies to support discharge planning for prisoners with enduring mental health needs.
- S40 There had been improvements in the provision of debt advice and money management, and prisoners were now given active advice on all aspects of debt. There was clear evidence that many men had benefited from help managing outstanding debts. There were now monthly workshops on money management, and up to 15 prisoners a month were helped to set up accounts with credit unions.
- S41 The visits facilities were good, visitors were treated well and there was a relaxed atmosphere in the visits hall. Visitors were consulted about their experience, including through a survey carried out in June 2015; its results had yet to be analysed. There were currently no parenting courses but there were plans to introduce a family programme.
- S42 There were well-established and relevant cognitive skills groupwork programmes for a significant minority of prisoners, with reliable processes for referring and reviewing cases. However, there was little provision for prisoners who were unsuitable or did not meet the criteria for these programmes, and there had been little work to identify shortfalls in programme provision. Since the last inspection, the prison had become a treatment site for sex offenders and, although initial targets were modest, there was now a firm foundation for developing this work.

## Main concerns and recommendations

- S43 Concern: Violence had increased since our previous inspection. In our survey, almost a fifth of respondents said they felt unsafe at the time of the inspection and 43% that they had felt unsafe at some time. Management of perpetrators of violence was inconsistent, and investigations were not always thorough enough or even undertaken.

**Recommendation: The prison should further explore and address the reasons for the high and increasing levels of violence, and give more focus to investigating all incidents and managing perpetrators of low level violence and antisocial behaviour. There should be more consultation with prisoners and peer representatives to discuss violence and its main causes.**

S44 Concern: The availability of new psychoactive substances (NPS), was becoming a dominant issue and had increased significantly in the previous 12 months. Almost half the prisoners in our survey said it was easy to get drugs in the prison and staff and prisoners alike told us that the prison was becoming increasingly unsafe due to NPS use, which was linked to debt and violence. Despite some positive approaches to reduce availability there was a lack of a whole-prison approach and targeted interventions.

**Recommendation: The prison should undertake an integrated and whole prison approach to managing the issue of substance misuse and especially new psychoactive substances (NPS). The drug strategy committee should meet regularly, include senior representation from all prison departments, and generate strategic action plans to reduce drug supply and demand.**

S45 Concern: Prisoner perceptions of staff were unchanged since the last inspection and remained lower than in comparable establishments. Staff often struggled with the many demands made of them and, while most contacts with prisoners were polite, they were also mostly brief and often superficial.

**Recommendation: Prisoners' perceptions of poor staff-prisoner relationships should be explored and findings acted on.** (Repeated main recommendation HP55)

S46 Concern: Work on diversity continued to be weak and had been undermined by chronic understaffing in the area. Minority prisoner consultation was poor, with only three forums for those with protected characteristics during 2015. There was little confidence in the discrimination reporting scheme and insufficient support for foreign national prisoners.

**Recommendation: The prison should prioritise work on equality and diversity, and should ensure that all prisoners with protected characteristics have their needs assessed and, where possible, met.**

S47 Concern: Moorland was struggling to clarify its role as a resettlement prison. Many staff did not have a clear understanding of the concept or what their role should be. Many offender supervisors felt ill-equipped for their work in the offender management unit, and this was reflected in some of the casework we reviewed.

**Recommendation: The prison should clarify its role and define its function as a resettlement prison, and ensure that staff in the offender management unit understand this and are appropriately equipped to be effective in their work.**

# 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 prisoner journeys to the prison were short, but in our survey prisoner perceptions of their treatment were less positive than the comparator. The escort vans we inspected were not in good condition. Moorland staff rarely handcuffed prisoners leaving or arriving, and only following a specific risk assessment. Reception was shut over the lunch period, but arriving prisoners rarely had long waits in the van then because of better liaison by the escort contractor.
- I.2** During the inspection, a prisoner arrived who had not eaten for over a week, but there was no information received about this before his arrival and no mention of it on the escort record or from the escort staff. New prisoners often arrived without key risk assessment documentation. However, the prison had done useful work to quantify this and identify the sending establishments that were mostly responsible, and the situation was now improving.

## 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.3** Reception staff were courteous and efficient in dealing with prisoners. The area, especially the holding rooms, was better kept than at the previous inspection, clean and freshly painted, but the rooms were still unwelcoming. Although standard questions to new arrivals about risks and needs had been translated into several commonly used languages, this did not cover all non-English speakers – such as a group of five Polish prisoners who arrived during the inspection. In this case, staff did not consider using professional telephone interpreting for their initial interview, health screening or induction, as they said that they only used this on the basis of evidence of significant risk, for example of self-harm.
- I.4** In our survey, more prisoners than at our 2012 inspection said they had a range of problems when they arrived. Fewer prisoners than the comparator and at the previous inspection said they had felt safe on their first night at Moorland – with poorer responses from minority groups and vulnerable prisoners. Prisoner orderlies now worked daily in the reception and induction areas, giving useful support to new arrivals.
- I.5** Although house block 7 was the first night and induction unit, many new arrivals did not go there except for immediate priorities, such as health screening and checking of risk assessments. This was because most of the cells were taken up for the safe custody of at-risk prisoners (see paragraph I.14). The atmosphere on this wing was far from ideal for new arrivals. In consequence, all prisoners allocated to the two wings for vulnerable prisoners went straight to their wing, as did many mainstream new arrivals as well (42% in the last three months). First night interviews and checks were in that case carried out by the wing

staff, and the prisoners brought back for an induction session the following day. Wing staff carried out first-night procedures competently.

- I.6** Induction was delivered in a well-equipped room by knowledgeable staff. Nevertheless, in our survey prisoners were less positive than at the last inspection about the relevance of information given to them during induction.

## Recommendation

- I.7** **First night care and induction should take place in an appropriate environment that is effective in meeting the needs of new arrivals, particularly those identified as vulnerable prisoners and those from minority groups, particularly those who do not understand English well.**

## 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.8** Reported violent incidents had increased since our last inspection and were higher than in similar prisons. There had been 77 assaults on prisoners, 70 fights and 27 assaults on staff in the previous six months. A violence reduction strategy had been developed, but this was not informed by a survey of or detailed consultation with prisoners about their views on safety, and the results of prisoner exit surveys were not used to inform practice. The availability of new psychoactive substances (NPS)<sup>3</sup> was a significant problem at Moorland and posed a real threat to the safety of prisoners and the stability of the prison.
- I.9** In our survey, almost a fifth of prisoners said that they felt unsafe at the time of our inspection; 43% said they had felt unsafe at some time, which was higher than the comparator and at our last inspection. Throughout the inspection, staff and prisoners told us there were times when they felt unsafe.
- I.10** Systems and practices for identifying violence were good and all records of incidents were examined daily to ensure that all were logged. Monitoring and analysis of data at the monthly safer custody meeting did not extend to actions to address identified trends and hotspots.
- I.11** Management of perpetrators was confusing and often ineffective, although support for victims was good. Investigations into acts of violence and antisocial behaviour were not always thorough enough and did not always show that action had been taken against all identified perpetrators. We found cases that had not been investigated at all due to the time it had taken for prisoner statements to reach the safer custody team. Wing staff did not always follow up recommendations for action, which undermined the good initial work of the safer custody team. We were not assured that all perpetrators of low level antisocial behaviour, including violence, were sufficiently challenged or monitored. Warning letters sent to prisoners who had been involved in or thought to have been involved in antisocial behaviour, including violence, were generic and did not specify the behaviour or what the prisoner could do to improve. Repeat offenders could be referred to the safety interventions

<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.

meeting for enhanced monitoring but, in practice, the subsequent monitoring was poor. (See main recommendation S43.)

## 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.12 There had been more incidents of self-harm than at the previous inspection and at similar establishments. Incidents of serious self-harm/near misses were well investigated with recommendations made where necessary. There had been six deaths in custody since our last inspection, and the related action plans from the Prisons and Probation Ombudsman (PPO) were being addressed and monitored at the monthly safer custody meetings.
- I.13 There had been 66 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm opened in the last six months, with 31 open at the start of the inspection. The quality of some ACCT documents that we examined was reasonable. However, daily entries by staff in many lacked detail, and night time observations were too often predictable. In contrast, residential staff who we spoke to knew the personal circumstances of individual prisoners, and prisoners we spoke to were positive about the care they received. Case reviews were carried out on time, but were not often attended by appropriate staff. Care maps were generally adequate but actions were not time bound in all cases, and it was not possible to know if all actions had been completed before the document was closed. The safer custody team carried out quality checks on all ACCT documents, and some issues had been identified and addressed.
- I.14 Few prisoners on open ACCTs had been held in segregation in the previous six months, and each such case had a written explanation about why this was the best location for them at the time. Prisoners with more complex needs were located on house block 7 (see also paragraph I.5). A member of the safer custody team was assigned to coordinate support for these prisoners, who received enhanced care appropriate to their needs. The Listener care suite and constant observation cell were also on this unit, but neither was adequately prepared for immediate occupation.
- I.15 Suicide and self-harm prevention were discussed in detail at the same meeting as bullying and violence, with a strong focus on and well-developed strategy to manage those at risk of self-harm.
- I.16 In our survey, prisoners were less positive than the comparator and at the last inspection about access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). Listeners told us that the rota was not always adhered to, and cited cases of prisoners who had asked for Listeners but none had been called out to attend.

### Recommendations

- I.17 **All staff involved in the care of prisoners on assessment, care in custody and teamwork case management should attend or contribute to ACCT case reviews, and care maps should be time bound.**

- I.18 Night time observations of prisoners on open ACCT documents should be carried out at irregular and unpredictable intervals, according to the assessed risk.**

## 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>4</sup>**

- I.19** The prison had good links with Doncaster safeguarding adults board. A senior manager from neighbouring HMP Lindholme represented Moorland at the board meetings, and a senior manager from Moorland regularly met Doncaster Council commissioners for safeguarding.
- I.20** Safeguarding processes in the prison had been mapped out to reflect what happened in the community, and a clear safeguarding policy implemented. One case had been referred to outside agencies for advice, although we found at least one more case that should have been considered under safeguarding procedures.
- I.21** Although the safer custody meeting had a standard agenda item on the protection of prisoners at risk, this rarely generated much discussion, and links between the safer custody team and safeguarding were weak. We found a complaint of possible sexual grooming received by the safer custody team that had not been investigated or referred to safeguarding, as it had taken too long to reach the team, and as a consequence had also not been referred to the public protection team/department. Wing staff told us that they had not received training in safeguarding adults and were not confident in identifying prisoners who could be vulnerable or at risk from others.

### Recommendation

- I.22 Wing staff should be trained in safeguarding procedures and be aware of their responsibilities under the Care Act, and all relevant departments should be informed of any reported safeguarding matters.**

## 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.23** Security was generally well managed and security procedures were broadly proportionate. Prisoners had reasonable movement around the prison and could access regime activities without a problem. Dynamic security was good most of the time, and we observed good staff-prisoner interaction. However, staff supervision was too often poor at key times and in areas identified as hotspots for violent incidents, such as association and the serving of

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<sup>4</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).

midday meals. We witnessed several occasions when prisoners entered residential offices where official sensitive material relating to others was visible.

- I.24** The security committee meeting was well attended, with good intelligence objective setting, which was communicated to relevant areas. A high number of intelligence reports were submitted, about 1,000 a month, but these were managed well, with procedures to follow up weekend backlogs.
- I.25** In our survey, 48% of prisoners, against the comparator of 38% and 28% at the last inspection, said it was easy to get drugs at Moorland and 13%, against the comparator of 9%, said they had developed a drug problem in the prison. There was good partnership working with the police, particularly to reduce the supply of NPS, which had been a significant threat in the previous 12 months. This had included good dual police-prison approaches to the management of drugs packages thrown over the wall – 40 had been intercepted in the previous 12 months, with five during the inspection week. Measures had included increased perimeter patrols and improved CCTV, with plans to improve security at perimeter hotspots.
- I.26** The positive random mandatory drug testing (MDT) rate was low at only 3.06% for the six months to January 2016, against a target of 6%. However, these figures did not include the use of NPS (specifically synthetic cannabinoids), which was a dominant problem. This was set to change with the planned introduction of a pilot NPS testing programme at Moorland in April 2016 as part of a national trial.
- I.27** There were several acute health incidents each day related to suspected NPS use by prisoners, which was a major drain on discipline and health care staff resources. Staff and prisoners told us the prison was becoming more and more unsafe due to intoxicated NPS users, and the violence associated with NPS-related debt and bullying. Although the security department had taken a reasonable approach in countering concerns about NPS in the jail, and the substance misuse service had worked hard to publicise the dangers of NPS use, there was no prison-wide or appropriately integrated approach to the many aspects of supply and demand reduction. For example, the drug strategy committee met only inconsistently, was poorly attended and failed to provide a strategic action plan.
- I.28** At the time of inspection, 38 prisoners were subject to closed visits and 101 visitors were on either closed visits or a complete ban. Such restrictions were due, appropriately, to issues relating to visits and were reviewed monthly. However, documentation to advise prisoners of the outcomes of such reviews did not provide guidance or information about what they were required to do to return to normal visit conditions.

## Recommendations

- I.29** **Staff should supervise all areas, particularly those highlighted as hotspots for violence.**
- I.30** **Prisoners should not enter staff offices if official sensitive material about others is on display.**
- I.31** **Prisoners should be given information on the steps they need to take to be removed from closed visits.**

## Incentives and earned privileges

### Expected outcomes:

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

- I.32** There was a comprehensive IEP policy with a clear outline of benefits and the behaviour expected. However, in our survey, only 35% of respondents felt that they had been treated fairly under the IEP scheme, which was a significant drop since the last inspection and considerably lower than the comparator.
- I.33** Although changes in IEP levels took place following a review by a senior manager, the approach was not always consistent, especially when reducing a prisoner to the basic level. In some cases, prisoners were given just two warnings before they were reviewed, whereas others received four or five warnings before a review to demote them to basic.
- I.34** Prisoners on the basic level were able to work and access offending behaviour programmes, if required, but the sanctions at basic level were not effective in managing inappropriate behaviour. Target setting and monitoring of prisoners on basic were too variable, often undermining initial work by the safer custody team.

### Recommendations

- I.35** There should be a consistent approach to reviewing prisoner incentives and earned privileges (IEP) levels, including the number of warnings given before there is a review to downgrade.
- I.36** Prisoners on the basic level of IEP should be closely monitored and set appropriate individual targets to encourage positive behaviour, as well as the necessary support to achieve such targets.

## 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.37** The number of adjudications had risen by 54% since the previous inspection to 1,275 in the previous six months. This was much higher than at similar establishments. Adjudications were carried out fairly, courteously and with proper attention to due process, and adjudicators ensured that the prisoner understood what was happening. However, the number of charges made it very difficult to resolve cases promptly, with over 400 remanded at the time of the inspection. Managers viewed some of the behaviour that was the subject of charges as more suited to other responses, such as an IEP warning. The consequence was that the adjudication process was not proving an effective behaviour management tool overall, and was taking up a great deal of staff and management time.

- I.38** In all aspects of discipline – adjudications, use of force and segregation – thorough and reliable data were collected and reported each month. However, there was no evidence that such data were analysed or discussed to trace patterns, identify trends or learn lessons.

## Recommendation

- I.39** **There should be an overall behaviour management strategy that addresses the prison's current needs of order and control, spells out the purpose of adjudications and the criteria for laying a charge, and ensures the analysis of trends and patterns in the data on disciplinary action.**

## The use of force

- I.40** There had been 110 uses of force in the previous six months, which was high for the type of establishment. There was evidence that de-escalation methods were used, as well as proper techniques of restraint, and recordings showed calm and controlled management of violent situations. Managers reviewed uses of force, but the record keeping was patchy and incomplete, so we were not completely assured that all situations were managed well with correct authorisation of use of force.
- I.41** The use of special (unfurnished) cells had improved. Although they had been used relatively frequently, eight times in the previous six months, for periods averaging almost four hours, and 19 times throughout 2015, there was evidence of justification and proper authorisation in the cases where the full record was available. There were no cases where the prisoner had been kept in these harsh conditions for longer than necessary.

## Segregation

- I.42** The high use of the segregation unit reflected the behavioural challenges of the population, and there was no evidence of its improper use. Conditions were inhospitable: several cells had stained and damaged flooring, and graffiti. The unit was dirty at several times during the inspection. One of the two exercise yards and one of the two showers were both out of use owing to serious damage by prisoners.
- I.43** Unit staff were calm and appropriate in their interactions with prisoners, although not building real rapport. The level of staffing had been reduced, and the lack of a first-line manager on the unit for most of the day was seen by staff and prisoners as a disadvantage in consistent prisoner management. The heavy administrative workload on adjudications, which took a segregation unit officer away from frontline duties for substantial parts of the day, also made it impossible to give every segregated prisoner daily basic elements of the regime – such as a shower, time in the open air or a telephone call.
- I.44** Staff were expected to make daily records of the behaviour and demeanour of segregated prisoners in several media, including paper personal files, reintegration plans, observation books, the online case management system and, in a few cases, an ACCT form. This multiple-entry system meant that there was no reliable and convenient way of checking full up-to-date information about each prisoner, or of adding to it, and this affected the effectiveness of care and reintegration planning.

## Recommendations

- I.45** The segregation unit should be kept clean, and the cells free of graffiti and long-term wear and tear.
- I.46** The establishment should work towards streamlined single-entry record keeping in the segregation unit, with appropriate support from NOMS.

## 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.47** Nottinghamshire Healthcare Trust provided integrated clinical and psychosocial services through the substance misuse service (SMS). Although the establishment had ceased to run a drug recovery wing, there was an appropriate range of low intensity substance awareness and harm reduction groups for the 160 prisoners (16.2% of the population) on the SMS caseload. The high intensity 'Building skills for recovery' (BSR) programme was delivered effectively to around 24 prisoners a year.
- I.48** Although alcohol was covered in the BSR programme, prisoners told us that there were insufficient interventions for those with only alcohol as a dependency. In our survey, only 32% of prisoners, against the comparator of 65%, said they had received help for an alcohol problem. Alcoholics Anonymous meetings were not available. There were also no medium intensity drug-related programmes. However, there were plans to introduce an alcohol-specific course and a medium intensity substance misuse programme by the end of February 2016.
- I.49** Prisoners with a low level dual diagnosis of mental health and substance misuse problems received support from registered mental health nurses (RMNs) on the SMS team. More complex dual diagnosis cases were cared for jointly with the mental health team, with work to recruit more staff to develop the dual diagnosis care pathway.
- I.50** At the time of the inspection, 66 prisoners (6.7% of the population) were receiving opiate substitution treatment. An appropriate number, 62% of the total in treatment, were on reducing doses. Prisoners' clinical outcomes had improved since the last inspection through better integration with the psychosocial team, including the delivery of joint care plans and reviews. However, there was inadequate supervision by discipline officers of the administration of controlled drugs (see paragraphs 2.66-67). Prisoners on methadone opiate substitution who also persistently used synthetic cannabinoids were correctly placed on a rapid detoxification from methadone to reduce the risk of overdose.

## Recommendation

- I.51** The prison should consistently provide suitably trained discipline officers to supervise prisoners receiving medication.

## 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 Cells were generally in good decorative order, and prisoners had reasonable opportunity and the materials to keep them clean. However, the central and communal areas on some house blocks were dirty and littered, especially on the stairs. (See also paragraph 3.23.)
- 2.2 Some single cells were still used to house two prisoners, and not all cells had toilet screens. Curtain screening around the toilets on house block 7 was easily damaged, leaving some prisoners sharing a cell with little privacy. The offensive display policy was not always enforced, and some offensive material was visible in some cells.
- 2.3 Showers were generally in a good state of repair and prisoners said they could get daily showers. Although this was supported by 90% of the respondents in our survey, this was fewer than at the last inspection. Prisoners were still unable to have their own clothes sent into the prison. Although the system for getting access to stored property seemed straightforward, only 12% of prisoners in our survey said they found it easy. Washing facilities for clothes were generally good, although washing machines on house blocks were not always repaired promptly.
- 2.4 Prisoners had reasonable access to making telephone calls, although those who attended work or education had less time for this, and the telephones were not always working. Several kiosks had been installed to provide privacy and sound proofing, but telephones without kiosks remained noisy and public.
- 2.5 Many prisoners expressed frustration and lacked confidence in the application system. Although application forms were accessible on the wing, and prisoner information desk workers and some staff helped prisoners make applications, there was no tracking system to ensure applications were responded to.

#### Recommendations

- 2.6 **All areas of the prison, especially communal areas, should be kept clean.**
- 2.7 **Prisoners should not share cells that are intended for single use.** (Repeated recommendation 2.8)
- 2.8 **Toilet areas in all cells, including those for single occupancy, should be fully screened.**
- 2.9 **The progress of applications and their responses should be tracked.**

## 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** Responses to our survey indicated that staff-prisoner relationships had not improved since the last inspection, and remained poorer than the comparator. Staff were struggling with the very many and essential day-to-day requests and requirements of prisoners, and had little time to engage with them meaningfully. (See main recommendation S45.) Communal areas were not always well supervised during domestic periods (when prisoners could shower, make telephone calls and clean their cells) and association. (See recommendation 1.29.) However, the interactions we saw were polite, although brief and superficial. Staff usually addressed prisoners by their surnames rather than their preferred names.
- 2.11** Staff entries in prisoners' electronic case notes were variable and too many were sparse, showing limited insight into or knowledge of the prisoner; there were few quality assurance checks of entries by personal officers. The personal officer scheme was ineffective overall; in our survey, over half of all respondents said they did not have a personal officer.
- 2.12** There was no regular consultation with prisoners. Although a monthly prisoner forum meeting had been scheduled to start in May 2015, it had not often met.

### Recommendations

- 2.13** **Personal officers should engage meaningfully with prisoners, and there should be quality assurance to ensure an effective scheme.**
- 2.14** **There should be regular, consistent and frequent consultation to explore and address prisoners' continuing negative perceptions of staff.**

## 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>5</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

- 2.15** The equality strategy covered all protected characteristics but contained few details about the governance of this work and how some broad objectives would be achieved. Strategic planning was weak and undermined by chronic understaffing. The work was overseen by an equality manager who was also the head of safer custody. Day-to-day work was mostly undertaken by an equality officer; although she had 180 hours a month profiled for this work,

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

routine redeployment meant that an average of only 20 hours a month had been provided in the previous five months. (See main recommendation S46.)

- 2.16** The equality action team had only met three times in the past year, which was insufficient for the scale of need and the scarce resources. The equality action plan did not address staffing shortages and had fallen largely into disuse. No equality impact assessments had been completed in the previous year.
- 2.17** Consultation with prisoners from minority groups was poor. Many forums had been cancelled and there had only been three in the previous year – and none for most protected groups. There had been little engagement with external support organisations, and insufficient celebration of diversity through special events.
- 2.18** The seven prisoner equality representatives had only met the equality officer twice in 2015, rather than monthly as scheduled. Representatives spoke well of the equality officer, but were frustrated at her redeployment and the lack of staff support. Training scheduled for the representatives had been cancelled on three successive occasions.
- 2.19** Feedback in our prisoner groups indicated a lack of confidence in the discrimination incident reporting form (DIRF) system (see main recommendation S46). According to the log, there had been 37 DIRFs in the previous six months. Many investigations had not been completed within the prison's 28-day time limit, although most responses were adequate.

## Protected characteristics

- 2.20** Approximately 25% of prisoners were from black or minority ethnic backgrounds. Although in our survey black and minority ethnic prisoners were more negative than white prisoners across a range of areas, those we spoke to were mostly positive about diversity issues. Data from the equality monitoring tool showed no significant disproportionate treatment of this group, although there were no forums where such data and negative perceptions could be explored.
- 2.21** Our survey indicated that the prison held about 30 Gypsy, Roma or Traveller prisoners, but the prison recorded only five. There had been little provision and no forums for this group.
- 2.22** About 14% of prisoners were Muslim. In our survey, 30% of Muslim prisoners said they currently felt unsafe, compared with 17% of non-Muslims. However, they reported little victimisation, and none said they had been victimised by either prisoners or staff because of their religion. Equality monitoring data showed no significant disproportionate treatment of Muslim prisoners.
- 2.23** There were approximately 200 foreign national prisoners, including eight detained beyond the end of their sentence. There was no foreign national strategy, but there were some useful information sheets for prisoners. Even though many foreign national prisoners threatened with deportation had been in the UK for some years and some had close connections, including British children, they had poor access to free independent legal advice due to restrictions in the scope of legal aid. In our survey, foreign nationals were generally more negative than British prisoners. Those we spoke to were frustrated at the lack of information on and slow progress in their cases. There were six Home Office Immigration Enforcement staff on site, but they also undertook casework in nine other prisons. They had no facilities for regular surgeries with prisoners, and no access to telephone interpreting – they could only communicate with some prisoners in planned interactions through booking an interpreter in advance. There was little information for prisoners in foreign languages, apart from some translated material in reception (see paragraph 1.3). There were no

telephone conferencing facilities on the house blocks, and many staff we spoke to had not used professional interpreting (see also paragraph 1.3). Prisoners were often only told they were going to be detained at the end of their sentence, sometimes only on the day before they were due to be released, which was unacceptable.

- 2.24** In our survey, prisoners with disabilities gave a poorer response than those without disabilities across many areas. There were no forums for such prisoners. The use of evacuation and care plans for prisoners with disabilities was poor, and some with very significant mobility disabilities had no such plans. While these prisoners did have paid carers, the physical design of the prison was unsuitable for those with the most severe disabilities, because of the steps into showers and outside exercise areas, multiple landings and stairs. We spoke to two men who had not had a shower for over a week, and another who had told his wife to visit him only once a month, because it was too tiring for him to make his way to the visits hall and back.
- 2.25** Older prisoners and those with disabilities were not locked in their cells during the core day. Older vulnerable prisoners had access to a quiet room, ‘the retreat’, where they could meet during the day. This initiative was a good basis to develop further provision for this age group. However, retired prisoners still had to pay to have a television in their cell.
- 2.26** There were around 50 to 60 young adults. There had been some preliminary work to explore the needs of this group and a strategy was being developed, but there was little dedicated provision for them as yet. Equality monitoring data showed disproportionate treatment of young adults across many areas, including adjudications and the IEP scheme. Staff had not received any training on working with young adults.
- 2.27** There was no specific policy for gay and bisexual prisoners, although there had been a recent forum involving prisoners from the vulnerable prisoner unit and the main site, which we do not often see. There had been no prior arrangements when the first transgender prisoners arrived in 2015, and so there had been a delay in meeting their needs. However, there were now appropriate arrangements and support was mostly satisfactory. There was some evidence of inappropriate staff use of the male pronoun, but the interactions we observed were polite.

## Recommendations

- 2.28** The prison should monitor the needs of foreign national prisoners to ensure that they are met, including provision of interpreting services.
- 2.29** Home Office Immigration Enforcement staff should progress immigration casework efficiently, and the on-site immigration team should communicate effectively with prisoners through surgeries and use of telephone interpreting, where needed.
- 2.30** The prison's reception criteria should be assessed to ensure compliance with equality legislation, and to ensure that no prisoners with disabilities are held unless their needs can be met, including full access to the regime.
- 2.31** House block staff should have ready access to evacuation and care plans for all prisoners who need them, and these plans should be reviewed regularly.
- 2.32** Retired prisoners should not be required to pay for the rental of their TV.

## 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.**

- 2.33** Responses to our survey on faith provision were negative – only 45% of prisoners said their religious beliefs were respected, against the comparator of 53%, and access to chaplains was poorer than elsewhere. Chaplaincy vacancies had undermined provision, which was not as good as we usually see. There was one full-time Anglican vacancy, no Buddhist chaplain and the Mormon chaplain had been on sick leave for the previous three months. However, for most prisoners, access to corporate worship and religious instruction was adequate.
- 2.34** Residents on the vulnerable prisoner unit received the same provision of corporate worship and classes as other prisoners. Those in the larger faith communities could attend worship with mainstream prisoners and, although this was not formally monitored, the team could evidence that vulnerable prisoners took part. Facilities for corporate worship were adequate. However, when the chapel was used for Friday Muslim prayers, it was at the limit of its capacity and could not accommodate any increase in the number wishing to attend.
- 2.35** The chaplaincy was not always able to visit every house block daily and could not see all prisoners on ACCTs. They were not able to answer all applications within 24 hours, although prisoners with priority need were seen promptly. Chaplains described very good relationships with wing staff, and there was good use of staff training days to foster good working relationships. Prisoners we spoke to were positive about the support they received from the team and described some good pastoral care.
- 2.36** Links with external faith communities were underdeveloped and there was little chaplaincy engagement with resettlement work, although we were told this would be addressed when the new Anglican chaplain arrived.

## 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.**

- 2.37** There had been 904 complaints in the previous six months, which was half the number when we last inspected. Too many responses to complaints were late. Prisoners in our groups had little confidence in the complaints system, and in our survey, fewer prisoners than the comparator said that complaints were dealt with fairly or quickly.
- 2.38** Some responses to complaints were good, but the majority we looked at, while courteous, lacked sufficient detail to explain the reasons for the response, and so build confidence in the system. While responses indicated that the complaint had been upheld, this was rarely stated explicitly, and apologies were often not offered when due. The prison did not publish statistics for upheld complaints, which might also have helped build confidence in the system. A 10% sample of complaints was quality checked by the business hub manager. There was some evidence that deficiencies were addressed, but this had not improved systemic problems. Prisoners who had made a complaint were given a satisfaction survey. Despite good follow up of those who had answered negatively, the impact of this was limited as so few prisoners completed the survey.

- 2.39** Responses to complaints dealt with under the confidential access process were generally of better quality, and most were courteous and showed adequate investigation of the matter. There was evidence that the confidential access process was used as a last resort when prisoners had failed otherwise to get a satisfactory response to their problems.

## Recommendation

- 2.40** The complaints process should be assessed and measures taken to improve and maintain prisoner confidence in it.

## 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.**

- 2.41** There was limited support for prisoners' legal needs. The library offered a signposting service and assisted prisoners in contacting solicitors and faxing legal documents; notices in all house blocks advertised this service. An 'access to justice' laptop was available for prisoners representing themselves. Foreign nationals had poor access to legal representation (see paragraph 2.23).
- 2.42** In our survey, only 36% of prisoners said it was easy to attend legal visits, against the comparator of 48%. When we asked the date of the next available slot for a legal visit, we were told that would be in three weeks' time, which was too long a wait.

## Recommendation

- 2.43** The prison should offer prompt appointments for legal visits.

## 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.**

- 2.44** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)<sup>6</sup> and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. One area was identified that required improvement with a subsequent notice issued by the CQC, detailed in Appendix III of this report.

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<sup>6</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

- 2.45** Nottinghamshire NHS Foundation Trust was commissioned to provide health services. There was no current health needs analysis to inform care provision. An area partnership board was established and relationships with prison management were good. Overarching clinical governance and accountability arrangements were clear, but insufficient time was given to local priorities.
- 2.46** Staffing levels and skill mix were appropriate, but high demand and continuing vacancies had placed significant pressure on frontline staff. Training for staff was generally good, with access to clinical supervision and professional development and an effective appraisal system. There were policies to prevent communicable disease and deal with outbreaks. There was a robust approach to dealing with serious untoward incidents and clear evidence of learning. There was equity of access to services for all prisoner groups. Clinical rooms were generally appropriate, and infection prevention audits had identified areas requiring improvement.
- 2.47** The regularity of incidents involving new psychoactive substances (NPS) had required frequent calls to emergency services (see also paragraph 1.27). External and internal responses had been prompt and effective. Resuscitation equipment was available to a trained nursing team, and was appropriately located and regularly maintained. Few prison staff had up-to-date resuscitation skills or ready access to automated electronic defibrillators after 7.30pm, when there was no on-site health care presence; this was an avoidable risk to prisoner health.
- 2.48** A dedicated lead for older people had recently been identified, but prisoner needs had not been fully assessed. Social care arrangements had been developed appropriately and an action plan was being adopted, with a clear referral system and nominated workers from the local authority who carried out prompt assessments. However, the needs of prisoners with disabilities and health issues were not fully met because of equipment and environmental constraints, particularly on house blocks 3 and 4, where they had inadequate access to showers, fresh air and medication (see also paragraph 2.24).
- 2.49** In our survey, fewer prisoners than the comparator (29% against 44%) and than at the last inspection (47%) were satisfied with the overall quality of health services. Some prisoners expressed concerns about the poor attitude of a few health staff, but we observed positive interaction from knowledgeable health care professionals. There were some prisoner health representatives but consultation was not effective.
- 2.50** When prisoners made complaints about health services, decisions about whether to deal with them informally or formally were often arbitrary, and prisoners were left unaware that they could raise them at a higher level. The quality of the formal health complaints process was good. Informal complaint handling was more variable with insufficient quality assurance, and responses did not always address the concerns raised.
- 2.51** Written information about health services for prisoners was adequate but little was displayed on wings, and was in English only. There were excellent health promotion initiatives, such as the Connect prison television service, but there was no prison-wide approach to health promotion that engaged prisoners.
- 2.52** Clinics offered vaccinations for blood-borne viruses. Age-appropriate screening was still developing, and access to barrier protection was available but not advertised.

## Recommendations

- 2.53** Custodial staff should be trained in basic life support, and should be able to access and know how to use automated external defibrillation equipment.
- 2.54** Responses to prisoner health care complaints should be quality assured to ensure they address the issues raised, and that all responses inform the prisoner how they can raise their concerns further if they remain dissatisfied.

## Delivery of care (physical health)

- 2.55** A nurse saw new arrivals in reception promptly for a health assessment, with a follow up if appropriate. Professional interpreting for non-English speakers was available but was not routinely used, which could lead to clinical risks not being identified. Prisoners who needed interpreting services were also not identified before a health care appointment. (See also paragraph 2.23 and recommendation 2.28.)
- 2.56** Prisoners made a written application to make a health care appointment. A printout was displayed on wings advising prisoners of their appointments, but this list was not always accessible until the day of the appointment, and so prisoners were unaware of their appointment or who they were due to see. There was a high frequency of prisoners not attending their appointments, which made the system ineffective, creating prisoner frustration. Patients had to attend a triage appointment with a nurse to reduce the number of inappropriate referrals to the GP. However, not all staff had the relevant training and skills to offer a fully effective triage system. Urgent appointments could be facilitated on the day of referral where needed.
- 2.57** There were an appropriate range of clinics with reasonable access, except for physiotherapy and podiatry, which were new providers and not yet fully established. We saw evidence of good communication with specialist services to obtain advice and support to meet patients' needs.
- 2.58** Although the health care provided was appropriate, the quality of clinical record keeping, including care plans, was variable. Management of prisoners with long-term conditions or complex care needs was underdeveloped, and plans to address this were too recent to assess their effectiveness.
- 2.59** External health care appointments were well managed, although too many routine appointments were cancelled due to emergencies or lack of escort staff. In the previous seven months, 140 appointments had been cancelled or rescheduled, including 47 in one month. NHS waiting times were being monitored and partly informed decisions about priority of need, which were overseen by a GP or matron.

## Recommendations

- 2.60** Prisoners identified as needing access to professional interpreting should be identified in their health care record so that appropriate arrangements can be made before health care appointments.
- 2.61** Prisoners should be notified in advance that they have been accepted on to a health care waiting list, and informed promptly of the date and nature of their appointment.

- 2.62 Prisoner access to physiotherapy and podiatrist services should be the equivalent to that in the community.**
- 2.63 Prisoners with long-term conditions and complex care needs should have their needs fully assessed and recorded, with clear agreed care plans that address their needs.**

## Pharmacy

- 2.64** Medicines were dispensed by a community pharmacy against faxed prescriptions and were received on site the following day; same-day deliveries were available for emergency prescriptions.
- 2.65** An up-to-date medications in-possession policy took account of the patient and their medication, but risk assessments were not always systematically reviewed. One patient received a medicine in possession that was not allowed under the policy, but the reason for this exception was not recorded. Approximately 30% of patients received weekly in-possession medication during the morning administration round. The prison was actively working to increase safely the number of patients receiving medication in possession.
- 2.66** Pharmacy technicians and nurses administered medication each day at 8am and 4pm. The number of patients receiving supervised and in-possession medication meant that the morning administration round lasted around two hours, and patients had long waits. We were told that medicines could be administered in the evening if clinically indicated, but this was not routine. Medicine queues on house block I, which included administration of controlled drugs, operated from two hatches that were only partially supervised by prison staff. All other house blocks had no officer supervision, and the protracted queues significantly increased the risk of diversion (see recommendation 1.51).
- 2.67** Controlled drugs administration from the central pharmacy meant that patients received their medication around mid-morning, sometimes after waiting for other medication on the wing. This regime created inappropriate intervals between doses, as well as openly identifying prisoners in receipt of controlled drugs.
- 2.68** Medicines were individually labelled with a small stock available to prescribers. Stock check arrangements were appropriately recorded, with medicines stored in the main pharmacy unit and wing treatment rooms, but details of returned unused medications, including one with a high abuse potential, were not always fed back to the prescriber. The fridge in the dispensary was consistently above the acceptable upper temperature of 8°C, due to a fridge programming error. Fridges on some wings were occasionally recorded as out of range, which could have affected the stored medication.

## Recommendations

- 2.69 Patient waiting time for their medications should be reduced. There should be greater use of in-possession medication, and the supply of supervised and in-possession medications should be separated.**
- 2.70 Where possible, controlled drugs should be administered during the wing administration rounds to ensure they are supplied at appropriate intervals, and to prevent the identification of patients collecting controlled drugs.**

- 2.71 The equipment for the safe storage of medicine should be appropriately maintained, and medicines should be stored at the appropriate temperature and not dispensed if they have been stored incorrectly.**

## Dentistry

- 2.72** 'Time for Teeth' had provided dental services since September 2015, including seven clinics a week. Clinics had been cancelled due to longstanding and frequent breakdowns of the dental chair. The dental chair also had exposed wires, which was resolved during the inspection at our request. The problems with the chair had affected waiting times, but the new provider was working hard to reduce these. At the time of the inspection, 89 prisoners were waiting for an initial assessment, with the longest wait at five weeks. Prisoners had access to a range of treatments, emergency care and oral health advice. There were appropriate decontamination processes, supported by relevant policies and procedures. However, this was hindered by the lack of magnifying light; installation of this light had been requested but not completed.

## Recommendation

- 2.73 All dental equipment should be safe, appropriate and well maintained.**

## Delivery of care (mental health)

- 2.74** The mental health in-reach team operated a weekday service providing both primary and secondary care through an appropriate mix of psychiatry, mental health nurses, therapists and clinical psychology. Prisoner access to the service could be triggered through reception screening, by referral from custodial or generic health care staff, or by written application from prisoners. A primary care lead staff member reviewed referrals and was the first point of contact and initial assessment. Therapies for common mental health problems were facilitated, and included access to psychological and cognitive behavioural therapy (CBT) treatments, although there was no counselling provision except for chaplaincy bereavement services.
- 2.75** The team met weekly to review cases and assign patients to a nominated caseworker. Most men referred to the service were seen within two weeks and urgent referrals were seen on the same day. Waiting times for treatment were equivalent to community services. The team provided input into the segregation unit and contributed to ACCT case management, where appropriate. Support programmes for prisoners with a history of self-harm had been introduced and were having a positive impact.
- 2.76** The team's caseload totalled 49 prisoners, of who five had enduring mental health problems and were cared for by specialist staff using the care programme approach (CPA). Record keeping on SystemOne (the electronic clinical information system) was of a consistently high standard. CPA documents and risk assessments were completed robustly, and information was shared appropriately with relevant stakeholders. Very few custody staff we spoke to had undertaken mental health awareness training but there were plans to introduce training packages. We found five cases in the last 12 months where there had been delays in transferring patients requiring treatment for their condition to hospital.

## Recommendation

- 2.77 The transfer of prisoners to hospital under the Mental Health Act should take place within agreed Department of Health timescales.**

## 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.**

- 2.78** In our survey, 27% of prisoners said the food was good, which was significantly better than at the last inspection. However, those we spoke to were more negative about meal portions. Despite this, our view was that both the quantity and quality of food were reasonable.
- 2.79** A four-week menu cycle offered varied options for each meal, catering for the full range of religious and dietary requirements. There was some consultation with prisoners, but there was no annual survey and food comments books were not readily available in serveries.
- 2.80** Breakfast packs continued to be given out the evening before the meal, and both lunch and dinner continued to be served too early at 11.30am and 4.30pm, although each meal was served over approximately 30 minutes to allow for prisoners returning from activities. There were no self-catering facilities, although microwaves were being piloted. Opportunities for prisoners to dine in association were often hampered by regime restrictions.
- 2.81** The main kitchen was clean and well maintained, and prisoners who worked there had basic food hygiene training. There was additional vocational training up to national vocational qualification (NVQ) level 2, and 12 prisoners had received accreditation in the previous four months. Most residential servery areas were acceptably clean, but we found food left on some hotplates following the evening meal. Prisoners working on residential serveries did not always wear appropriate clothing.
- 2.82** Staff supervision of meals, particularly at lunch, was sometime insufficient, and prisoners said they occasionally felt intimidated by other prisoners. We were told that this had occasionally led to prisoners stealing food from the serveries and taking it away, which meant that more had to be ordered from the kitchen. (See also recommendation 1.29.)

## Recommendations

- 2.83 There should be an annual food survey of prisoners to support consultation arrangements, and food comments books should be available on all wings.**
- 2.84 Prisoners should be provided with breakfast on the day it is to be eaten, and meals should not be served before 12 noon and 5pm.**
- 2.85 The microwave pilot should be implemented across the establishment to enable prisoners to supplement their meals.**
- 2.86 Servery workers should wear appropriate clothing.**

## Purchases

### **Expected outcomes:**

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

- 2.87** Prisoners could choose from around 400 goods on the shop list. Although it included some religious and ethnic products, in our survey, black and minority ethnic, Muslim and foreign national prisoners were all more negative about the range of items to suit their needs in the shop. Consultation arrangements were insufficient and minutes of meetings did not indicate any outcomes or actions. Consultation of minority groups was very limited (see paragraph 2.17).
- 2.88** New arrivals could wait up to 10 days for their first shop delivery, but there were arrangements to allow them to buy additional reception packs where required. Prisoners could order additional goods, including hobby materials, from a range of catalogues, although they could wait up to three months for deliveries. All orders attracted a handling fee, although this 50p charge was waived for orders relating to the needs of minority groups for items not routinely available through the prison shop. Prisoners could buy newspapers and magazines through the library.

### **Recommendations**

- 2.89** **There should be more effective consultation with prisoners about the prison shop, especially with those from minority groups.**
- 2.90** **New arrivals should be able to receive a full shop order within their first 72 hours.**
- 2.91** **Prisoners should not be charged a fee for catalogue purchases.**

## 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>7</sup>**

- 3.1** Although the prison operated a restricted regime, most fully employed prisoners had up to nine hours a day out of their cell on a weekday. However, unemployed prisoners were likely to be restricted to as little as 3.15 hours a day out of their cell, which was insufficient. In addition, weekday evening association was cancelled for about one house block each day. At weekends, most prisoners had about eight hours a day out of their cell, but there were frequent curtailments on selected house blocks, which reduced this to about five hours. In the previous four weeks, there had been 19 instances when a house block's regime was curtailed.
- 3.2** In our roll checks during core day periods, we found over 17% of the population locked in their cells and not engaged in activity. Due to slippages in the regime, several wings were having domestic periods and 13% of prisoners were unlocked but not engaged with purposeful activity. This meant, therefore, that 30% of prisoners were not involved in purposeful activity, which was very poor for a resettlement prison.
- 3.3** Regime curtailments also meant that not all prisoners had access to one hour of exercise in the open air each day. Exercise yards were mainly bleak, but with some seating.

#### Recommendations

- 3.4** The proportion of prisoners involved in purposeful activity should be increased in line with the prison's role as a resettlement prison.
- 3.5** All prisoners should have the opportunity for evening association.

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<sup>7</sup> Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

## Learning and skills and work activities

### Expected outcomes:

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

**3.6** Ofsted<sup>8</sup> made the following assessments about the learning and skills and work provision:

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

### Management of learning and skills and work

- 3.7** Senior leaders and managers from both the prison and the learning and skills provider had been effective in addressing the underlying reasons for the poor attendance of prisoners and low number of activity places found at the last inspection. Recreational PE during the core day was no longer permitted for employed prisoners, and the incentives and earned privileges (IEP) scheme had been reformed to deter non-attendance in education and work. As a result, attendance in education in particular, and to a lesser extent in workshops, had improved, and the number of activity places had increased.
- 3.8** The new arrangements for the strategic governance of learning and skills provision were good. All key partner agencies engaged well in joint planning and the monitoring of the quality of provision, which enabled the majority of quality improvement actions, such as raising the numbers of learners achieving level 2 qualifications in English, to be implemented effectively.
- 3.9** The education and vocational training provision delivered by Novus was good, but we found some variability in the quality of the provision in the vocational workshops. Managers had raised the standards of teaching and assessment of both teachers and instructors through well-planned recruitment of staff with relevant industry experience, reinforced by comprehensive professional development programmes.
- 3.10** The performance management of teaching staff by managers was largely effective, with some poorer performing staff supported to improve or move on. However, the action plans from

<sup>8</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>.

the observations of teaching, learning and assessment were over-focused on the implementation of processes, and there was not enough on how teaching practice could be improved and shared to become outstanding.

- 3.11** The combined self-assessment process for the prison activities and the educational provision engaged all key partners, and incorporated the views of prisoners effectively. However, it was too narrow in focus, missing key areas for improvement, such as the variability of some vocational teaching in the workshops, and the poor behaviour and attitudes of a minority of prisoners employed on the wings.

## Recommendations

- 3.12** Education managers should develop action plans following observations that identify clearly how teachers can improve and share their teaching practice.
- 3.13** Managers should ensure that self-assessment considers all aspects of the delivery of learning and skills provision, and is rigorously self-critical.

## Provision of activities

- 3.14** There had been an increase in the activity places for prisoners, with 87% of the population able to access some form of work, training or education. The previous inequity of access to activities for vulnerable prisoners had been completely reversed, so there were now more work places available than the number of vulnerable prisoners. Effective partnership working between the prison and Novus had improved the efficiency of prisoner allocation to activities, but there was still some underuse of places, particularly for mainstream prisoners in prison industries and workshops.
- 3.15** Education and vocational training provided nearly 300 places, mostly part time. There was a good range of English and mathematics provision from entry up to level 2, and English for speakers of other languages (ESOL) for the large number of foreign national prisoners, plus information and communications technology (ICT) and media qualifications, and business courses for prisoners interested in self-employment. The vocational provision was matched well to regional economic priorities and labour market intelligence.
- 3.16** There was a good mix of work for the majority of prisoners, including gardening, furniture repair, tailoring, TV and video repair, and the production of Braille resources. However, too many prisoners were employed on the wings as cleaners and painters where the work was often purposeless, unproductive and largely unsupervised, with the result that many wings and exercise yards were dirty and strewn with litter. There were plans to increase work activities in the two remaining vacant workshops to reduce the prison's dependency on unproductive work on the wings.
- 3.17** The induction process run by the National Careers Service was effective in informing the sequencing of education and training for most prisoners. However, information on the prior attainment and employment histories of a minority of prisoners was not available or accurate enough, and some prisoners were put on courses and activities they had already completed in other prisons, which caused them to become disengaged.

## Recommendations

- 3.18** Prison managers should accelerate the commissioning of new activities in the remaining vacant workshops to reduce the number of prisoners on wing activities.
- 3.19** Prison managers should improve the accuracy of information on the prior attainment and employment histories of all prisoners.

## Quality of provision

- 3.20** The quality of teaching, learning and assessment was good. The majority of teachers and instructors planned their sessions well, using the results of initial and diagnostic assessments to inform individual learning plans based on challenging targets. These were reviewed effectively to monitor prisoners' progress. Teachers provided detailed verbal and written feedback, enabling prisoners to improve.
- 3.21** There was some inspirational teaching in mathematics and ESOL, where teachers encouraged independent learning and good skills development. In English and mathematics, teachers used relevant and interesting resources to motivate prisoners to develop their skills further through making sense of complex texts or giving more detail in their answers. Prisoners were challenged to discuss topical issues, such as prison reform, in a tolerant way.
- 3.22** Vocational training took place in good quality facilities. The majority of instructors planned training activities well, enabling prisoners to make good progress in improving their technical skills, knowledge and understanding. Prisoners on the barbering course, for example, practised customer service skills that would help them to gain work. However, there was variability in the quality of training. On the cleaning course, activities were not sufficiently well planned, and too many prisoners did not have enough to occupy them and so disrupted the learning and assessment of other prisoners on the course.
- 3.23** Work activities kept most prisoners purposefully occupied. Instructors provided good guidance to new workers to help them settle into the work, and encouraged more experienced workers to supervise their less experienced colleagues. However, work activities for the minority of prisoners allocated to cleaning and painting jobs on the wings were poorly managed. Even though communal areas such as exercise yards were dirty, cleaners spent too much of the core day in their cells or on the wings but not in any meaningful work.

## Recommendation

- 3.24** Education managers should ensure that vocational training instructors plan activities that engage prisoners in learning for the full duration of planned sessions.

## Personal development and behaviour

- 3.25** Although the majority of prisoners behaved well in their allocated education and work activities, there was a persistent minority whose attitudes and behaviours were poor. These prisoners were concentrated in wing work and some vocational workshops, and had poor attendance records, were often late if they did attend, and showed little motivation to complete tasks. Not all instructors in workshops challenged this poor behaviour consistently,

and in some cases prisoners were allowed to pack away their tools well before the end of sessions, undermining the development of a consistent work ethic.

- 3.26** The majority of prisoners turned up punctually ready to work and learn. They behaved well and were respectful of their teachers and instructors. As a result, they developed good employability skills, which were reinforced effectively by their teachers and instructors. They took a pride in their achievements, which were celebrated every month through a well-attended presentation event for those who attained qualifications, and commendations for the work of peer mentors in supporting other prisoners in classrooms.

## Recommendation

- 3.27** **Prison managers should ensure that work allocated to prisoners on the wings is purposeful and keeps them occupied for the core day.**

## Education and vocational achievements

- 3.28** Success rates were very high across employability skills, ICT, and personal and social development courses, with nearly all prisoners achieving their qualifications. In English, mathematics and ESOL, success rates were well above comparable national rates, apart from the small number of prisoners taking level 2 qualifications in English, who achieved at the national rate, although this was a significant improvement on previous years. The development of English and mathematics skills in vocational workshops was also effective, with prisoners developing high levels of confidence in how to apply these skills to practical tasks. The small number of young adults achieved as well as the adult prisoners.
- 3.29** Prisoners developed good practical skills in vocational courses and produced work to a high standard. Prisoners working in the gardens, for example, were able to practise their ground maintenance skills by looking after the outdoor football pitch. All prisoners in workshops had the opportunity to achieve a qualification in performing manufacturing operations.
- 3.30** A few prisoners in prison work made very good use of an employment and training portfolio, which had been introduced to record and recognise the employability skills they developed through their work. Although these portfolios had been issued to all prison workers, the large majority did not use them.

## Recommendation

- 3.31** **Managers and instructors should promote the employability benefits of the employment and training portfolios to prisoners.**

## Library

- 3.32** The library service provided by Doncaster Metropolitan Borough Council was good. As well as the main library, an outreach branch had been opened on one wing to widen access to vulnerable prisoners. Staffing levels were adequate. There had been occasional closures, but library staff had minimised disruptions to service to ensure that prisoners had consistent access to reading and digital materials.
- 3.33** Three-quarters of the prison population were active members of the library service. Employed prisoners had timetabled access to the library at the end of the working day.

However, there was insufficient analysis of library use, and librarians did not know enough about which prisoners used the library, and how to reach out to involve prisoners not using it.

- 3.34** There were good resources in both libraries, including well-categorised fiction and non-fiction. The main library gave ready access to legal texts, but this was not the case in the satellite library. Emerging and developing readers could borrow a range of books. There was an extensive range of foreign-language dictionaries and readers. Library staff responded quickly to the need for additional foreign language texts, although access to foreign language newspapers depended on the generosity and goodwill of embassies. Prisoners used the inter-library loans service well.
- 3.35** The library service worked well with education staff to develop the language skills of prisoners taking ESOL and entry-level English courses. It also supported programmes such as the Shannon Trust reading plan to develop prisoners' literacy skills.

### Recommendation

- 3.36** **Library managers should identify the range and type of prisoners who use the service so that provision can be better targeted.**

## 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.**

- 3.37** PE was well managed by suitably qualified staff, supported by a team of prisoner orderlies. Prisoners could attend recreational PE and sports activities during evenings and weekends. PE staff monitored use of the gym and sports activities well, and targeted specific groups and house blocks where use was low. Around half of prisoners regularly used the gym; staff had a target to improve this to at least 60%.
- 3.38** Indoor exercise facilities were good, providing a wide range of exercise activities, team sports, and cardiovascular and weights training. Changing areas and showers were clean and maintained to a high standard. External sports facilities were particularly good and included an all-weather surface and a full-size grass football pitch.
- 3.39** During the core day, PE staff provided comprehensive inductions for new prisoners that promoted healthy living and the benefits of exercise well. Links with the health care and rehabilitation teams were effective, providing remedial PE to prisoners. Specific PE sessions for older prisoners and those with disabilities had been introduced since the last inspection.
- 3.40** The PE department was accredited to provide a range of qualifications, including level 1 in healthy living, level 2 fitness instructor, level 2 gym instructor, and level 3 health and fitness. However, too few prisoners had opportunities to achieve these through the PE courses they attended.

### Recommendation

- 3.41** **The PE department should enable prisoners to have the opportunity to achieve accredited qualifications through scheduled PE courses.**



# Section 4. Resettlement

## Strategic management of resettlement

### Expected outcomes:

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

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

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

- 4.1** The prison's resettlement work had changed greatly since the previous inspection. It was now designated as a resettlement prison and a sex offender treatment site, as well as a foreign national prisoner 'hub' (designated to hold foreign nationals, with permanent Home Office Immigration Enforcement staff). There had also been major structural changes in the way community services for prisoners were delivered, which now incorporated the South Yorkshire Community Rehabilitation Company (CRC)<sup>9</sup> and the National Probation Service.
- 4.2** The scale of the changes had led to some uncertainty and confusion. Staff we spoke to throughout the inspection, including those working in the offender management unit (OMU), did not have a clear understanding of the concept of a resettlement prison or their role in it. Some managers also acknowledged that clarity of the role, for both the prison and partner agencies, had only been very recent. The recent reducing reoffending strategy placed a strong emphasis on creating a rehabilitative culture and described the role of a resettlement prison. However, it was more a statement of intent than a working tool, and there was no action plan to translate the theory into practice. (See main recommendation S47.)
- 4.3** There were monthly strategic reducing reoffending meetings, but attendance was poor, basic information was often missing, and discussions lacked analysis. However, relationships between the prison and community strategic partners were beginning to improve, although the prison was still establishing its identity as a resettlement prison. In our survey, only 43% of respondents, against the comparator of 55%, said that had done anything or that anything had happened to them at Moorland to make them less likely to offend in the future.
- 4.4** There had been some prisoner needs analysis in relation to learning and skills, and detailed research in advance of the introduction of the sex offender treatment programme (SOTP). However, there had been no comprehensive needs analysis of the whole population, even though its profile had changed significantly.

### Recommendations

- 4.5** **There should be a reducing reoffending action plan to reflect the prison's strategic objectives of resettlement and offender management. Progress against identified objectives should be monitored and revised to meet the needs of the population.**
- 4.6** **There should be a comprehensive needs analysis of the whole prison population, and any shortfalls in provision should be identified and met.**

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<sup>9</sup> Since May 2015 rehabilitation services, both in custody and after release, have been organised through CRCs which are responsible for work with medium- and low-risk offenders. The National Probation Service (NPS) has maintained responsibility for high- and very high-risk offenders.

## 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.**

- 4.7** We were joined at the inspection by colleagues from HM inspectorate of Probation who looked in detail at 12 cases, six of which were the responsibility of the National Probation Service and the rest the responsibility of prison offender supervisors. Several other cases were also reviewed but in less detail.
- 4.8** The cases we reviewed varied in the quality of assessments and in their completeness. All of the prisoners involved had a completed OASys (offender assessment system) assessment. Although assessments of the prisoner's likelihood of reoffending and their risk of harm were reasonably good, where they had been completed, four of the 12 cases were missing a likelihood of reoffending, and only seven of the nine requiring one had a sufficient risk of harm assessment. In just over half of the records we examined where Moorland staff had completed assessments, the sentence planning and risk management planning sections of the OASys lacked sufficient focus and detail.
- 4.9** Our review of cases was also confirmed in our survey results: significantly fewer prisoners than the comparator or at the previous inspection said they had a sentence plan, or that they could achieve any of their sentence planning targets at Moorland. Almost 60% of prisoners who had a sentence plan said that no one was working with them to achieve their targets.
- 4.10** There was no clear management expectation of minimum levels of contact between offender supervisors and prisoners. Contact tended to be mainly triggered by the requirement for reports on recategorisation or home detention curfew (HDC), rather than to address issues of prisoner risk or reoffending. Most prisoners we spoke to either did not know who their offender supervisor was or had little contact with them. Offender supervisors themselves said they did not have sufficient contact with prisoners to get to know them well. We assessed that only one of the 12 prisoner cases we looked at in detail had sufficient and meaningful communication with their offender supervisor.
- 4.11** The offender supervisors in the OMU included both seconded probation staff and dual-role disciplinary staff, who also worked as wing supervisory officers. Some of the latter were more interested in the role of offender supervisor than others, but in all cases the split role had affected the time available to engage with prisoners; this was also compounded by regular redeployment elsewhere in the prison to cover staff gaps. Probation staff offered informal support to discipline offender supervisors, but formal training and supervision were limited. Some discipline offender supervisors indicated that they felt ill equipped to take a more offence-focused approach, especially with sex offenders.
- 4.12** Records of offender supervisor contacts with prisoners lacked detail, and what was recorded was primarily on departmental contact logs, separate from the P-Nomis Prison Service IT system, and therefore not accessible to other staff in the prison.
- 4.13** On average, the prison considered about 15 HDC applications a month, with about half successful. We were informed that prisoners frequently arrived from sending establishments with the relevant documentation partially or completely absent. Since the previous inspection, a tracking system had been introduced to improve efficiency and, despite difficulties in processing information, at the time of the inspection there was only one case slightly out of date. Prisoners were no longer able to present their cases personally at HDC

boards but, to offset this, the staff responsible for administering HDC said that they interviewed prisoners if there was uncertainty or if they had particular queries.

## Recommendations

- 4.14 All sentence plans and risk management plans should be sufficiently focused and detailed.**
- 4.15 Offender supervisors should have greater contact with prisoners on their caseloads to get to know them and to address issues relating to sentence plan objectives, risk and reoffending.**
- 4.16 All offender supervisors should have sufficient training, personal development and appropriate supervision to undertake their role.**
- 4.17 Offender supervisors should use the P-Nomis IT system to record contacts with prisoners and other casework activity in sufficient detail to enable other staff to understand the work undertaken and the progress of the prisoner.**

## Public protection

- 4.18** The weekly inter-departmental risk management team (IDRMT) meeting was well attended and dealt effectively with relevant public protection issues. There were satisfactory arrangements to assist with public protection in all the cases in our sample, where needed. Minutes of the IDRMT showed that public protection cases generally were dealt with systematically. Restrictions on prisoners were applied rigorously and monitored closely. The documents we examined clearly showed a strong emphasis on protecting victims. We examined a sample of multi-agency public protection arrangements (MAPPA) 'F' reports (assessments for community meetings), which were of a satisfactory standard, although the quality of the section summarising the main risks identified was too variable.

## Recommendation

- 4.19 The quality of multi-agency public protection arrangements (MAPPA) 'F' reports should be consistently good throughout.**

## Categorisation

- 4.20** On average, around 60 cases a month were reviewed for recategorisation. We were informed that approximately 10% of cases a month were reclassified from category C to D (open conditions). The assessment process was thorough but prisoners were no longer invited to attend the board to discuss their application. Prisoners still had the opportunity to appeal against decisions, and at the time of the inspection one prisoner was pursuing this. Since the previous inspection, cases had been tracked for timeliness, and there were currently 41 assessments that had not been completed. There were close links with receiving prisons, and Moorland staff were usually able to negotiate suitable transfers without excessive delay.

## Recommendation

### 4.21 Categorisation reviews should be completed on time.

## Indeterminate sentence prisoners

**4.22** At the time of the inspection, the prison held 40 prisoners subject to an indeterminate sentence for public protection (IPP) and seven young adults serving life sentences; an additional adult prisoner was serving a mandatory life sentence. These prisoners were located throughout the prison and, apart from the additional risk assessments they were subject to, were treated in the same way as everyone else. There was a lack of awareness about the needs of prisoners in this category. No staff were trained specifically in the needs of IPP or life sentence prisoners, and there was no support forum for them. The work associated with the parole process had increased since the previous inspection, and at the time of the inspection 70 cases were being processed. We were told that all this work was up to date.

## Recommendation

### 4.23 The prison should recognise, understand and address the distinctive needs of indeterminate sentence prisoners.

## 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.**

S48 The resettlement team included a small group of staff from different specialist backgrounds, some of who were based in the prison and some visited at set times. They provided guidance and advice on accommodation, education, training and employment, and finance, benefit and debt needs. The team could also make referrals, both internally and externally, for prisoners who had problems with substance misuse or health matters. Staff from some resettlement services were co-located to provide a one-stop shop to address prisoners' needs, but not all pathway providers were so integrated.

**4.24** The prison normally released between 60 and 70 prisoners a month, who all had good access to staff working in the resettlement hub. New arrivals were informed during their induction about the range of resettlement services available, and could refer themselves for advice and guidance during their sentence. They were also routinely contacted within 12 weeks of their release date and interviewed by a member of the resettlement team to ensure all their basic resettlement needs were addressed before discharge.

**4.25** Most prisoners had a resettlement plan. We examined a sample of 20. Each contained an individual assessment of need, with clear evidence that the prisoner had been offered relevant and useful support. The resettlement files held much extremely useful information about the individual needs of prisoners. However, links between staff working in the resettlement team and those based in the OMU were not close. As a result, the community-based offender manager, who was responsible for supervising the prisoner following his release, was not always fully informed of all the work that had been carried out with the

prisoner in the prison. In our survey, only 9% of prisoners with a sentence plan said that a member of staff had helped them prepare for release, against the comparator of 16%.

## Recommendation

- 4.26 The resettlement team and the offender management unit should coordinate their work to ensure that pre-release work with prisoners is carried out efficiently.**

## Accommodation

- 4.27** There was very good support for prisoners who needed help with accommodation on release. New arrivals who required assistance to maintain tenancies or pay off rent arrears were identified quickly and offered useful support. An experienced specialist housing adviser saw all prisoners around 12 weeks before their release, and had an extensive range of useful local contacts.
- 4.28** Many prisoners who sought assistance were either hard to place or not regarded as priority cases, and it was difficult to obtain permanent accommodation for them. Despite this, records indicated that a high proportion of released men were placed in some form of hostel-type accommodation, which they would have been unlikely to have secured solely through their own efforts. Twelve of the 570 prisoners released in the previous six months left with no fixed accommodation. In some of these cases, the housing adviser had found housing opportunities for them that they had been unable or unwilling to pursue. She had established a simple tracking system to assess outcomes for the individuals she had made arrangements for in the community, although this important initiative was not integrated with the work carried out in the OMU.

## Education, training and employment

- 4.29** The quality of the National Careers Service provided by Prospect was good. Alongside Prospect, workers from Nacro ran good quality workshops on job search and money management, while Jobcentre Plus staff arranged benefits for prisoners being released. Twelve weeks before prisoners were released, Prospect staff agreed action plans, which they then followed up effectively with prisoners after their release.
- 4.30** There were plans to organise employers' fairs, and Prospect's regional employer engagement coordinator was making contacts with local businesses, but it was too early to assess the results of these initiatives in terms of increased employment opportunities for prisoners. Prisoner job search was hampered by the continued delay in the installation of the virtual campus (giving prisoners access to community education, training and employment opportunities via the internet).

## Recommendation

- 4.31 Prison managers and National Careers Service staff should increase the contacts between the prison and external employers and businesses to improve the employment opportunities for prisoners on release.**

## Health care

- 4.32** Pre-release health care arrangements were effective. Prisoners were reviewed by a member of the primary health care team, supplied with take-home medicines if needed and given information about registering with a GP. The mental health team was active in supporting men with enduring mental health needs awaiting discharge or transfer, linking effectively with external community and hospital services.

## Drugs and alcohol

- 4.33** The substance misuse service (SMS) case managers worked with prisoners in their last weeks of sentence to prepare release plans. The team had good links with local and regional community support agencies, some of which provided a gate pick-up service. However, there was a lack of communication between the SMS and OMU to provide a more integrated approach to reintegration planning

## Recommendation

- 4.34** **The substance misuse service and offender management unit should ensure that relevant information about prisoners is regularly sought and shared to improve reintegration planning outcomes.**

## Finance, benefit and debt

- 4.35** Work in this area was better organised and more systematic than at the last inspection. Prisoners were now given advice on all aspects of debt, and records showed clear evidence that many prisoners had benefited from help in addressing outstanding debts. There were monthly workshops on money management covering finance, benefit and banking, and all prisoners had the opportunity to participate. Jobcentre Plus staff interviewed prisoners two weeks before their release to provide assistance in claiming state benefit. Around 15 prisoners a month were helped to set up accounts with credit unions before they were released.

## Children, families and contact with the outside world

- 4.36** Visiting facilities were good. Visitors told us that they were treated well and that it was easy to book visits. The comments book in the visitors' centre contained many positive comments. There had been a visitors' survey in June 2015 but the results had still not been analysed. The visits hall was bright and spacious, sessions started at the published time, and disabled-visitor access was good. There was a well-used tea bar and a well-equipped crèche. All prisoners received their visits in the same space, but vulnerable prisoners were located in a specific area and a separate part of the hall was designated for enhanced prisoners, with more comfortable furniture. The visits area was well supervised and the integrated approach to mixing prisoners worked well.
- 4.37** There was no record of prisoners who did not receive visits. Although staff responded to individual requests for assistance when prisoners wanted to get in touch with their family, there was little active planned work to engage with family members. No parenting courses were currently delivered, but there were plans to introduce a family programme. Prisoners were still able to participate in the Storybook Dads initiative, enabling them to record a

story for their children. We were told that family members were encouraged to attend parole hearings and ACCT reviews, but the take up was low.

## Recommendation

- 4.38 There should be an active and planned approach to engaging with prisoners' family members to enhance the effectiveness and the quality of resettlement.**

## Attitudes, thinking and behaviour

- 4.39** The prison ran two well-established and relevant accredited groupwork programmes. The Resolve programme was designed to reduce prisoner aggression and violence, and the Thinking Skills Programme was a more general cognitive behavioural course, addressing offending behaviour. There were reliable processes for referring and reviewing cases, and approximately 100 prisoners a year completed one of these programmes.
- 4.40** Since the previous inspection, there had been a large investment of resources into the environment and staff culture to introduce programmes for sex offenders. The SOTP had begun with a course in September 2015, with a second started in January 2016 – each took nine men. Programme facilitators had a weekly presence on the vulnerable prisoner unit to promote the programme, and some prisoners who had previously completed SOTPs had been recruited as mentors for others. Although this initiative was still at the early stages, and the initial targets were modest, it was a firm foundation for developing this work further.
- 4.41** There were few alternatives for prisoners who were unsuitable or did not meet the criteria for groupwork – such as one-to-one offence-focused interventions. Probation staff said they did not have the time to develop offence-focused work, and the prison offender supervisors felt that they had insufficient training for this work. Although the two groups had shared some expertise on risk and offending-related issues, this had been informal. Both groups of staff told us they would welcome the opportunity to become involved in more offence-related motivational and support work.

## Recommendation

- 4.42 There should be opportunities for offender supervisors to engage prisoners in offence-related work, supported by the expertise of probation staff.**

## Additional resettlement services

- 4.43** Since the previous inspection, the prison had introduced a new initiative, 'Advanced personal management' (APM), designed to support a range of prisoners unable or unwilling to engage with mainstream services in the prison, but who could benefit from support with work, education or training. This project was delivered by one member of staff who had a caseload of 15 at Moorland. The APM worker was based in the resettlement team, which was the source of most of his referrals. The project aimed to reach prisoners whose needs were unlikely to have been met otherwise. It was difficult to assess the value of the work, as it took an 'informal' approach to be less offputting to potential users. The initiative lacked any evaluation to measure its impact.

## Recommendation

- 4.44 The effectiveness of the 'advanced personal management' initiative should be evaluated.**



## Section 5. Summary of recommendations and housekeeping points

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

### Main recommendations

#### To the governor

- 5.1** The prison should further explore and address the reasons for the high and increasing levels of violence, and give more focus to investigating all incidents and managing perpetrators of low level violence and antisocial behaviour. There should be more consultation with prisoners and peer representatives to discuss violence and its main causes. (S43)
- 5.2** The prison should undertake an integrated and whole prison approach to managing the issue of substance misuse and especially new psychoactive substances (NPS). The drug strategy committee should meet regularly, include senior representation from all prison departments, and generate strategic action plans to reduce drug supply and demand. (S44)
- 5.3** Prisoners' perceptions of poor staff-prisoner relationships should be explored and findings acted on. (S46, repeated main recommendation HP55)
- 5.4** The prison should prioritise work on equality and diversity, and should ensure that all prisoners with protected characteristics have their needs assessed and, where possible, met. (S46)
- 5.5** The prison should clarify its role and define its function as a resettlement prison, and ensure that staff in the offender management unit understand this and are appropriately equipped to be effective in their work. (S47)

### Recommendation

#### To the Home Office

- 5.6** Home Office Immigration Enforcement staff should progress immigration casework efficiently, and the on-site immigration team should communicate effectively with prisoners through surgeries and use of telephone interpreting, where needed. (2.29)

### Recommendation

#### To NOMS and the governor

- 5.7** The establishment should work towards streamlined single-entry record keeping in the segregation unit, with appropriate support from NOMS. (1.46)

## Recommendations

To the governor

### Early days in custody

- 5.8** First night care and induction should take place in an appropriate environment that is effective in meeting the needs of new arrivals, particularly those identified as vulnerable prisoners and those from minority groups, particularly those who do not understand English well. (1.7)

### Self-harm and suicide

- 5.9** All staff involved in the care of prisoners on assessment, care in custody and teamwork case management should attend or contribute to ACCT case reviews, and care maps should be time bound. (1.17)
- 5.10** Night time observations of prisoners on open ACCT documents should be carried out at irregular and unpredictable intervals, according to the assessed risk. (1.18)

### Safeguarding

- 5.11** Wing staff should be trained in safeguarding procedures and be aware of their responsibilities under the Care Act, and all relevant departments should be informed of any reported safeguarding matters. (1.22)

### Security

- 5.12** Staff should supervise all areas, particularly those highlighted as hotspots for violence. (1.29)
- 5.13** Prisoners should not enter staff offices if official sensitive material about others is on display. (1.30)
- 5.14** Prisoners should be given information on the steps they need to take to be removed from closed visits. (1.31)

### Incentives and earned privileges

- 5.15** There should be a consistent approach to reviewing prisoner incentives and earned privileges (IEP) levels, including the number of warnings given before there is a review to downgrade. (1.35)
- 5.16** Prisoners on the basic level of IEP should be closely monitored and set appropriate individual targets to encourage positive behaviour, as well as the necessary support to achieve such targets. (1.36)

### Discipline

- 5.17** There should be an overall behaviour management strategy that addresses the prison's current needs of order and control, spells out the purpose of adjudications and the criteria for laying a charge, and ensures the analysis of trends and patterns in the data on disciplinary action. (1.39)

- 5.18** The segregation unit should be kept clean, and the cells free of graffiti and long-term wear and tear. (1.45)

#### Substance misuse

- 5.19** The prison should consistently provide suitably trained discipline officers to supervise prisoners receiving medication. (1.51)

#### Residential units

- 5.20** All areas of the prison, especially communal areas, should be kept clean. (2.6)
- 5.21** Prisoners should not share cells that are intended for single use. (2.7, repeated recommendation 2.8)
- 5.22** Toilet areas in all cells, including those for single occupancy, should be fully screened. (2.8)
- 5.23** The progress of applications and their responses should be tracked. (2.9)

#### Staff-prisoner relationships

- 5.24** Personal officers should engage meaningfully with prisoners, and there should be quality assurance to ensure an effective scheme. (2.13)
- 5.25** There should be regular, consistent and frequent consultation to explore and address prisoners' continuing negative perceptions of staff. (2.14)

#### Equality and diversity

- 5.26** The prison should monitor the needs of foreign national prisoners to ensure that they are met, including provision of interpreting services. (2.28)
- 5.27** The prison's reception criteria should be assessed to ensure compliance with equality legislation, and to ensure that no prisoners with disabilities are held unless their needs can be met, including full access to the regime. (2.30)
- 5.28** House block staff should have ready access to evacuation and care plans for all prisoners who need them, and these plans should be reviewed regularly. (2.31)
- 5.29** Retired prisoners should not be required to pay for the rental of their TV. (2.32)

#### Complaints

- 5.30** The complaints process should be assessed and measures taken to improve and maintain prisoner confidence in it. (2.40)

#### Legal rights

- 5.31** The prison should offer prompt appointments for legal visits. (2.43)

## Health services

- 5.32** Custodial staff should be trained in basic life support, and should be able to access and know how to use automated external defibrillation equipment. (2.53)
- 5.33** Responses to prisoner health care complaints should be quality assured to ensure they address the issues raised, and that all responses inform the prisoner how they can raise their concerns further if they remain dissatisfied. (2.54)
- 5.34** Prisoners identified as needing access to professional interpreting should be identified in their health care record so that appropriate arrangements can be made before health care appointments. (2.60)
- 5.35** Prisoners should be notified in advance that they have been accepted on to a health care waiting list, and informed promptly of the date and nature of their appointment. (2.61)
- 5.36** Prisoner access to physiotherapy and podiatrist services should be the equivalent to that in the community. (2.62)
- 5.37** Prisoners with long-term conditions and complex care needs should have their needs fully assessed and recorded, with clear agreed care plans that address their needs. (2.63)
- 5.38** Patient waiting time for their medications should be reduced. There should be greater use of in-possession medication, and the supply of supervised and in-possession medications should be separated. (2.69)
- 5.39** Where possible, controlled drugs should be administered during the wing administration rounds to ensure they are supplied at appropriate intervals, and to prevent the identification of patients collecting controlled drugs. (2.70)
- 5.40** The equipment for the safe storage of medicine should be appropriately maintained, and medicines should be stored at the appropriate temperature and not dispensed if they have been stored incorrectly. (2.71)
- 5.41** All dental equipment should be safe, appropriate and well maintained. (2.73)
- 5.42** The transfer of prisoners to hospital under the Mental Health Act should take place within agreed Department of Health timescales. (2.77)

## Catering

- 5.43** There should be an annual food survey of prisoners to support consultation arrangements, and food comments books should be available on all wings. (2.83)
- 5.44** Prisoners should be provided with breakfast on the day it is to be eaten, and meals should not be served before 12 noon and 5pm. (2.84)
- 5.45** The microwave pilot should be implemented across the establishment to enable prisoners to supplement their meals. (2.85)
- 5.46** Servery workers should wear appropriate clothing. (2.86)

## Purchases

- 5.47** There should be more effective consultation with prisoners about the prison shop, especially with those from minority groups. (2.89)
- 5.48** New arrivals should be able to receive a full shop order within their first 72 hours. (2.90)
- 5.49** Prisoners should not be charged a fee for catalogue purchases. (2.91)

## Time out of cell

- 5.50** The proportion of prisoners involved in purposeful activity should be increased in line with the prison's role as a resettlement prison. (3.4)
- 5.51** All prisoners should have the opportunity for evening association. (3.5)

## Learning and skills and work activities

- 5.52** Education managers should develop action plans following observations that identify clearly how teachers can improve and share their teaching practice. (3.12)
- 5.53** Managers should ensure that self-assessment considers all aspects of the delivery of learning and skills provision, and is rigorously self-critical. (3.13)
- 5.54** Prison managers should accelerate the commissioning of new activities in the remaining vacant workshops to reduce the number of prisoners on wing activities. (3.18)
- 5.55** Prison managers should improve the accuracy of information on the prior attainment and employment histories of all prisoners. (3.19)
- 5.56** Education managers should ensure that vocational training instructors plan activities that engage prisoners in learning for the full duration of planned sessions. (3.24)
- 5.57** Prison managers should ensure that work allocated to prisoners on the wings is purposeful and keeps them occupied for the core day. (3.27)
- 5.58** Managers and instructors should promote the employability benefits of the employment and training portfolios to prisoners. (3.31)
- 5.59** Library managers should identify the range and type of prisoners who use the service so that provision can be better targeted. (3.36)

## Physical education and healthy living

- 5.60** The PE department should enable prisoners to have the opportunity to achieve accredited qualifications through scheduled PE courses. (3.41)

## Strategic management of resettlement

- 5.61** There should be a reducing reoffending action plan to reflect the prison's strategic objectives of resettlement and offender management. Progress against identified objectives should be monitored and revised to meet the needs of the population. (4.5)

- 5.62** There should be a comprehensive needs analysis of the whole prison population, and any shortfalls in provision should be identified and met. (4.6)

### **Offender management and planning**

- 5.63** All sentence plans and risk management plans should be sufficiently focused and detailed. (4.14)
- 5.64** Offender supervisors should have greater contact with prisoners on their caseloads to get to know them and to address issues relating to sentence plan objectives, risk and reoffending. (4.15)
- 5.65** All offender supervisors should have sufficient training, personal development and appropriate supervision to undertake their role. (4.16)
- 5.66** Offender supervisors should use the P-Nomis IT system to record contacts with prisoners and other casework activity in sufficient detail to enable other staff to understand the work undertaken and the progress of the prisoner. (4.17)
- 5.67** The quality of multi-agency public protection arrangements (MAPPA) 'F' reports should be consistently good throughout. (4.19)
- 5.68** Categorisation reviews should be completed on time. (4.21)
- 5.69** The prison should recognise, understand and address the distinctive needs of indeterminate sentence prisoners. (4.23)

### **Reintegration planning**

- 5.70** The resettlement team and the offender management unit should coordinate their work to ensure that pre-release work with prisoners is carried out efficiently. (4.26)
- 5.71** Prison managers and National Careers Service staff should increase the contacts between the prison and external employers and businesses to improve the employment opportunities for prisoners on release. (4.31)
- 5.72** The substance misuse service and offender management unit should ensure that relevant information about prisoners is regularly sought and shared to improve reintegration planning outcomes. (4.31)
- 5.73** There should be an active and planned approach to engaging with prisoners' family members to enhance the effectiveness and the quality of resettlement. (4.38)
- 5.74** There should be opportunities for offender supervisors to engage prisoners in offence-related work, supported by the expertise of probation staff. (4.42)
- 5.75** The effectiveness of the 'Advanced personal management' initiative should be evaluated. (4.44)

## Section 6. Appendices

### Appendix I: Inspection team

Peter Clarke	Chief inspector
Martin Lomas	Deputy Chief Inspector
Keith McInnis	Team leader
Ian Dickens	Inspector
Karen Dillon	Inspector
Deri Hughes-Roberts	Inspector
Martin Kettle	Inspector
Ian Macfadyen	Inspector
Frances Russell	Inspector
Laura Green	Researcher
Tim McSweeney	Researcher
Joe Simmons	Researcher
Patricia Taflan	Researcher
Heidi Webb	Researcher
Paul Roberts	Substance misuse inspector
Steve Eley	Health services inspector
Peter Gibbs	Pharmacist
Catherine Raycraft	Care Quality Commission inspector
Malcolm Fraser	Ofsted inspector
Chris Jones	Ofsted inspector
Charles Searle	Ofsted inspector
Paddy Doyle	Offender management inspector
Keith Humphries	Offender management inspector



## Appendix II: Progress on recommendations from the last report

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

### Safety

#### **Prisoners, particularly the most vulnerable, are held safely.**

*At the last inspection, in 2012, prisoners received a swift reception process, satisfactory first night care and a relevant induction. Vulnerable prisoners had been safely introduced and young adults successfully integrated into the main prison. Many prisoners felt unsafe. Recorded levels of violence were not high but there were too many incidents of bullying. Care for those at risk of self-harm was generally good but assessment, care in custody and teamwork (ACCT) self-harm monitoring processes were lacking. Dynamic security was good and security measures were proportionate. Use of force had reduced but remained too high. Segregation was used too often and not monitored. Drug availability and use were at similar levels to those at comparator prisons. Good progression routes were available for prisoners with substance misuse issues but there was insufficient psychosocial support. Outcomes for prisoners were reasonably good against this healthy prison test.*

#### **Main recommendations**

All data on bullying should be analysed to identify trends and direct action. A clear policy should be introduced for the management and transfer of prisoners in the segregation and induction units and should include how problem or vulnerable behaviour and underlying causes will be investigated, how individual needs will be met and options for reintegration or transfer. Interventions should be introduced to challenge bullying behaviour and support victims. (HP54)

**Not achieved**

#### **Recommendations**

Prisoners should be disembarked promptly and handcuffs should not be used to restrain prisoners between escort vans and reception, except when justified by a risk assessment. (1.5)

**Partially achieved**

Reception holding rooms should be clean, free of graffiti and display relevant information about the prison. (1.14)

**Achieved**

Prisoners with a formal role in providing advice and support should be available on the induction unit. (1.15)

**Achieved**

Induction procedures should be completed promptly so that prisoners can be employed within a week of arrival. (1.16)

**Achieved**

Prisoners who are not new arrivals should not be located on the induction unit unless they have a specific role in induction. (1.17)

**Not achieved**

A violence reduction survey for prisoners should be carried out and used to inform the violence reduction strategy. It should explore reasons for prisoners' perceptions of staff intimidation and take action accordingly. (1.28, repeated recommendation 3.10)

**Not achieved**

Prisoners subject to assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures should only be held in segregation under exceptional circumstances. (1.35)

**Achieved**

Regular management reviews of support plans should ensure they are of a consistently high quality. (1.36, repeated recommendation 3.20)

**Not achieved**

Case reviews of prisoners on open ACCT documents should be better attended by representatives from all departments that have regular dealings with the prisoner. (1.37, repeated recommendation 3.21)

**Not achieved**

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.42)

**Achieved**

A log should be kept of every strip-search and squat-search. (1.50, repeated recommendation 7.17)

**Achieved**

A reduction in incentives and earned privileges level as a result of a single incident should only be awarded after a separate incentives and earned privileges (IEP) review. (1.57, repeated recommendation 7.66)

**Achieved**

The use of special accommodation should be monitored, formally recorded and reviewed. (1.67)

**Achieved**

A segregation monitoring and review group should be established to provide governance of segregation procedures. (1.73, repeated recommendation 7.56)

**Achieved**

Segregation unit staff should all be trained in de-escalation, diversity, suicide prevention, mental health awareness, personality disorder and motivational interviewing. (1.74, repeated recommendation 7.55)

**Partially achieved**

A formal reintegration and care planning process for segregated prisoners should be introduced. (1.75)

**Partially achieved**

There should be regular management oversight of using three officers to unlock prisoners. (1.76)

**Achieved**

Clinical substance misuse and psychosocial services should undertake joint care planning and treatment reviews. (1.86, repeated recommendation 3.60)

**Achieved**

The regime on the drug recovery wing should include recovery-focused group work and other relevant activities and interventions, including employment. (1.87)

**No longer relevant**

Compact-based drug testing should be introduced to the drug-free wing. (1.88)

**No longer relevant**

The prison should ensure an integrated approach to tackling both drug supply and demand reduction. (1.89)

**Not achieved**

A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems, and their care should be jointly coordinated by mental health, clinical substance misuse and psychosocial teams. (1.90, repeated recommendation 3.61)

**Partially achieved**

## Respect

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

*At the last inspection, in 2012, the external and internal areas were generally clean and well maintained. Access to showers was good. Mail services had improved but telephone calls were hampered by technical problems. Prisoners had little faith in the application process. Staff–prisoner relationships had improved but prisoners continued to report less favourably than at similar prisons. Diversity provision was generally poor and prisoners from minority groups were more negative about their treatment across most areas in our survey. Faith provision was good. The number of complaints submitted was relatively low but prisoners had little confidence in the system and we were not assured that all complaints were responded to. Health provision had improved overall and mental health services were particularly good. Prisoners’ perception of the food was very poor. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

### Main recommendations

Prisoners’ perceptions of poor staff-prisoner relationships and victimisation should be explored and findings acted on. (HP55)

**Not achieved** (recommendation repeated S44)

Governance and management oversight of diversity should be prioritised to ensure that the needs of all prisoners with protected characteristics are identified, assessed and met, and that any negative perceptions of particular groups are understood (HP56)

**Not achieved**

### Recommendations

Prisoners should not share cells that are intended for single use. (2.8)

**Not achieved** (recommendation repeated, 2.7)

Toilet areas in cells should be fully screened. (2.9)

**Not achieved**

Prisoner discussion and support forums should be introduced for all aspects of diversity, using professional interpreting where necessary. (2.25)

**Not achieved**

Foreign national prisoners should be given sufficient notice by the UK Border Agency of the intention to detain beyond sentence. (2.38)

**Not achieved**

A needs analysis of foreign national prisoners should be conducted annually and the policy document should be updated to include its findings and to outline the strategy. (2.39)

**Not achieved**

All prisoners with disabilities should be able to access a full regime. (2.40)

**Not achieved**

All older prisoners and those with disabilities should be assessed to establish the requirements for individual care plans, which should be regularly updated. (2.41)

**Not achieved**

Friday prayers should be held in an appropriate environment which is large enough to accommodate all attendees. (2.50)

**No longer relevant**

Prisoner confidence in the complaints system should be improved. (2.55)

**Not achieved**

A legal services officer, with the training and time to provide an effective service, should be known and accessible to prisoners. (2.61)

**Not achieved**

The environment should comply with infection control guidance and be refurbished. (2.67)

**Achieved**

The governor and head of health care should ensure that all staff know where emergency medical equipment is kept and what to do in an emergency. All first-aid equipment should be checked regularly and green boxes should contain a standardised range of products. (2.68)

**Partially achieved**

Access to hospital appointments should be monitored and cancellations and delays prevented. (2.71)

**Not achieved**

Patient group directions should be produced, to allow the supply of more potent medicines by the nursing staff, where appropriate. (2.77, repeated recommendation 5.38)

**Achieved**

Use of general stock should be audited, so that stock supplied can be reconciled against prescriptions and agreed stock levels. (2.78, repeated recommendation 5.35)

**Achieved**

A full range of services for prisoners with mental health needs should be implemented in line with the service review. (2.86)

**Achieved**

Meals should be served at appropriate mealtimes and prisoners should be provided with breakfast on the day it is to be eaten. (2.91, repeated recommendation 8.13)

**Not achieved**

## Purposeful activity

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

*At the last inspection, in 2012, time out of cell was reasonable for employed prisoners but very low for prisoners who were unemployed. Evening association finished far too early. Over a third of prisoners were locked up during the working day. Insufficient priority was given to learning and skills and work, the working day was routinely interrupted by recreational PE, and non-attendance was insufficiently challenged. There was too little vocational training, and opportunities to accredit work skills were missed. For those who attended, teaching and learning was generally good. Overall success rates were high. Library services were good. Recreational and vocational PE was reasonably good. Outcomes for prisoners were poor against this healthy prison test*

### Main recommendation

Attendance at learning and skills and work should be prioritised. The number of unemployed prisoners should be reduced and staff should monitor and challenge non-attendance. Other activities, including recreational PE, should be timetabled so that they do not disrupt the working day. (HP57)

**Achieved**

### Recommendations

Prisoners should have the opportunity for evening association. (3.5)

**Not achieved**

All prisoners should have one hour of exercise daily. (3.6)

**Not achieved**

Activity places should be utilised fully. (3.21)

**Partially achieved**

Provision for vulnerable prisoners should be increased. (3.22)

**Achieved**

The number of vocational training places should be increased. (3.23)

**Achieved**

The prison should coordinate better the induction process and the delivery of information on activities and careers guidance to ensure that prisoners' sentence planning needs have been prioritised and activities appropriately sequenced. (3.24)

**Partially achieved**

The use of individual learning plans should be improved and targets should be based on the results of initial and diagnostic assessment and on the development of prisoners' personal, social and communication skills. (3.31)

**Achieved**

Learning diaries should be better utilised to ensure that learners reflect effectively on their achievements in lessons. (3.32)

**Achieved**

Success rates in education, particularly in literacy at level 2, should be improved. (3.37)

**Achieved**

Prisoners' personal, social and written communication skills in lessons should be developed. (3.38)

**Achieved**

Prisoners' employability skills developed at work should be recognised and recorded. (3.39)

**Partially achieved**

Specific, appropriate recreational PE sessions should be offered to older prisoners and those with disabilities. (3.49)

**Achieved**

## Resettlement

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

*At the last inspection, in 2012, the strategic management of resettlement was poor and not informed by a needs analysis. Initial contact with offender supervisors was good but not all offender supervisors had the confidence and skills to manage the many high-risk prisoners being held. The timeliness of neither re-categorisation nor home detention curfew was monitored. Public protection measures had developed well and were very good. Links between offender management and resettlement were not strong. The resettlement services provided were adequate. With the high number of sex offenders, the lack of any sex offender treatment programmes was a serious concern. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

### Main recommendation

Attitudes, thinking and behaviour programmes to address sexual offending and sex offenders in denial should be provided. (HP58)

**Achieved**

### Recommendations

A regular and comprehensive needs analysis of the diverse population should be used to develop action plans that have specific outcome-focused objectives, including clear timescales for completion. (4.6)

**Not achieved**

Strategic management should be improved and a reducing reoffending strategy developed which clearly sets out the priorities for offender management, public protection and resettlement. (4.7)

**Not achieved**

Offender supervisors should be skilled in assessing and managing risk of harm and in working with sex offenders, including those in denial of their conviction. (4.14)

**Partially achieved**

The timeliness of home detention curfew approval should be improved, to ensure that the prisoners' release is not delayed. (4.15)

**Achieved**

Categorisation reviews should be concluded on time and timeliness monitored. (4.23)

**Partially achieved**

Family days should be available to all indeterminate-sentenced prisoners and scheduled throughout the year to meet demand. (4.28)

**Achieved**

Attendance at resettlement appointments should be improved and formal links with the offender management unit established. (4.33)

**Partially achieved**

The number of prisoners helped to obtain suitable accommodation should be monitored. (4.36)

**Achieved**

Links with employers should be developed. (4.41)

**Partially achieved**

Support for prisoners to maintain contact with their family members and friends should be prioritised and better family pathway provision developed. (4.55, repeated recommendation HP49)

**Not achieved**

Visits should start at the published time. (4.56)

**Achieved**

New offending behaviour initiatives should be formalised in a strategy and resourced accordingly. (4.62)

**Achieved**



# Appendix III: Care Quality Commission Requirement Notice



<b>Requirement Notice</b>	
<p><b>Provider:</b> Nottinghamshire Healthcare NHS Foundation Trust  <b>Location:</b> HMP Moorland, Bawtry Road, Hatfield Woodhouse, Doncaster DN7 6BW.  <b>Location ID:</b> RHAY6  <b>Regulated activities:</b> Treatment of disease, disorder or injury, diagnostic and screening and surgical procedures.</p>	
<p><b>Action we have told the provider to take</b></p> <p>The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.</p>	
<p><b>Regulation 12. Safe care and treatment</b></p>	<p>We found that the registered provider had not ensured the proper and safe management of medicines. This was in breach of 12(1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which states that:</p> <p><i>12.(1) Care and treatment must be provided in a safe way for service users.</i></p> <p><i>(2) Without limiting paragraph (1), the things which a registered person must do to comply with this paragraph include-</i></p> <p><i>(g) the proper and safe management of medicines.</i></p>

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

We found that the temperatures of the fridge in the pharmacy room in the main healthcare department were not being monitored on a daily basis and that the temperature often exceeded the recommended guidelines of 8°C. The fridge contained medicines and vaccinations which included hepatitis B, diphtheria, tetanus and polio vaccinations and insulin. The provider could not be sure of the efficacy of the medication and vaccines stored within this fridge. The table below shows our findings:

Month	Number of days temperature not recorded / out of a possible number	No of days where the temperature had been recorded where it exceeded recommended guidelines of 8°C
July 2015	13 out of 31	16
August 2015	14 out of 31	17
September 2015	6 out of 30	22
October 2015	8 out of 31	23
November 2016	14 out of 30	16
December 2015	10 out of 31	21
January 2015	10 out of 31	20
February 2016	8 out of 10 (up to the date of our inspection)	8

## Appendix IV: 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	32	861	90.4
Recall	3	83	8.7
Detainees	1	8	0.9
<b>Total</b>	<b>36</b>	<b>952</b>	<b>100</b>

Sentence	18–20 yr olds	21 and over	%
Unsentenced	1	8	0.9
Less than six months	0	2	0.2
Six months to less than 12 months	0	9	0.9
12 months to less than 2 years	3	100	10.4
2 years to less than 4 years	16	353	36.1
4 years to less than 10 years	10	385	40
10 years and over (not life)	1	67	6.9
ISPP (indeterminate sentence for public protection)	0	36	3.6
Life	4	4	4.6
<b>Total</b>	<b>36</b>	<b>952</b>	<b>100</b>

Age	Number of prisoners	%
Under 21 years	36	3.6
21 years to 29 years	353	35.7
30 years to 39 years	279	28.2
40 years to 49 years	171	17.3
50 years to 59 years	76	7.7
60 years to 69 years	45	4.6
70 plus years	28	2.8
<b>Total</b>	<b>988</b>	<b>100</b>

Nationality	18–20 yr olds	21 and over	%
British	33	749	79.1
Foreign nationals	3	202	20.7
Not stated	0	1	0.1
<b>Total</b>	<b>36</b>	<b>952</b>	<b>100</b>

Security category	18–20 yr olds	21 and over	%
Category B	0	3	0.3
Category C	6	932	94.9
Category D	0	9	0.9
Other: YOI closed	30	8	3.8
<b>Total</b>	<b>36</b>	<b>952</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
White			
British	26	641	67.5
Irish	0	5	0.5
Gypsy/Irish Traveller	1	10	1.1
Other white	2	75	7.8
Mixed			
White and black Caribbean	2	9	1.1
White and black African	0	2	0.2
White and Asian	0	1	0.1
Other mixed	0	9	0.9
Asian or Asian British			
Indian	0	19	1.9
Pakistani	0	49	5
Bangladeshi	0	6	0.6
Chinese	0	3	0.3
Other Asian	1	23	2.4
Black or black British			
Caribbean	2	34	3.6
African	2	37	3.9
Other black	0	13	1.3
Other ethnic group			
Arab	0	2	0.2
Other ethnic group	0	11	1.1
Not stated		3	0.3
<b>Total</b>	<b>36</b>	<b>952</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	3	206	21.2
Roman Catholic	10	165	17.7
Other Christian denominations	6	97	10.4
Muslim	2	138	14.2
Sikh	0	7	0.7
Hindu	0	2	0.2
Buddhist	0	32	3.2
Jewish	0	3	0.3
Other	0	8	0.8
No religion	15	293	31.2
<b>Total</b>	<b>36</b>	<b>952</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)	0	20	2
<b>Total</b>	<b>0</b>	<b>20</b>	

**Sentenced prisoners only**

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	5	0.5	120	12.1
1 month to 3 months	2	0.4	179	18.1
3 months to six months	10	1	193	19.5
Six months to 1 year	12	1.2	193	19.5
1 year to 2 years	3	0.3	153	15.5
2 years to 4 years	4	0.4	94	9.5
4 years or more	0	0	12	1.2
<b>Total</b>	<b>35</b>	<b>3.5</b>	<b>944</b>	<b>95.5</b>

**Unsentenced prisoners only**

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			1	0.1
1 month to 3 months	1	0.1	0	
3 months to six months			1	0.1
six months to 1 year			3	0.3
1 year to 2 years			1	0.1
2 years to 4 years			3	0.3
<b>Total</b>	<b>1</b>	<b>0.1</b>	<b>8</b>	<b>0.8</b>



## Appendix V: Summary of prisoner questionnaires and interviews

### Prisoner survey methodology

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

### Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment<sup>10</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 translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

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

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

### Survey response

At the time of the survey on 1 February 2016, the prisoner population at HMP/YOI Moorland was 986. Using the method described above, questionnaires were distributed to a sample of 228 prisoners.

We received a total of 196 completed questionnaires, a response rate of 86%. This included three questionnaires completed via interview. Five respondents refused to complete a questionnaire and 27 questionnaires were not returned.

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<sup>10</sup> 95% confidence interval with a sampling error of 7%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

<b>Wing/Unit</b>	<b>Number of completed survey returns</b>
House block 1	31
House block 2	30
House block 3	36
House block 4	36
House block 5	23
House block 6	35
House block 7	2
Segregation	3

### **Presentation of survey results and analyses**

Over the following pages we present the survey results for HMP/YOI Moorland.

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>11</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/YOI Moorland in 2016 compared with responses from prisoners surveyed in all other category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 36 category C trainer prisons since April 2011.
- The current survey responses from HMP/YOI Moorland in 2016 compared with the responses of prisoners surveyed at HMP/YOI Moorland in 2012.
- 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.

<sup>11</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>Q1.2</b>	<b>How old are you?</b>	
	<i>Under 21</i>	7 (4%)
	<i>21 - 29</i>	71 (37%)
	<i>30 - 39</i>	47 (24%)
	<i>40 - 49</i>	35 (18%)
	<i>50 - 59</i>	19 (10%)
	<i>60 - 69</i>	10 (5%)
	<i>70 and over</i>	5 (3%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	<i>Yes</i>	176 (91%)
	<i>Yes - on recall</i>	14 (7%)
	<i>No - awaiting trial</i>	0 (0%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	3 (2%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<b>Not sentenced</b>	3 (2%)
	<i>Less than 6 months</i>	3 (2%)
	<i>6 months to less than 1 year</i>	13 (7%)
	<i>1 year to less than 2 years</i>	16 (8%)
	<i>2 years to less than 4 years</i>	64 (33%)
	<i>4 years to less than 10 years</i>	72 (38%)
	<i>10 years or more</i>	15 (8%)
	<i>IPP (indeterminate sentence for public protection)</i>	4 (2%)
	<i>Life</i>	2 (1%)
<b>Q1.5</b>	<b>Are you a foreign national (i.e. do not have UK citizenship)?</b>	
	<i>Yes</i>	41 (21%)
	<i>No</i>	152 (79%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>	
	<i>Yes</i>	187 (97%)
	<i>No</i>	6 (3%)
<b>Q1.7</b>	<b>Do you understand written English?</b>	
	<i>Yes</i>	185 (95%)
	<i>No</i>	9 (5%)

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

<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	127 (65%)	<i>Asian or Asian British - Chinese</i>	1 (1%)
<i>White - Irish</i>	4 (2%)	<i>Asian or Asian British - other</i>	2 (1%)
<i>White - other</i>	18 (9%)	<i>Mixed race - white and black Caribbean</i>	4 (2%)
<i>Black or black British - Caribbean</i>	7 (4%)	<i>Mixed race - white and black African</i>	3 (2%)
<i>Black or black British - African</i>	11 (6%)	<i>Mixed race - white and Asian</i>	0 (0%)
<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i>	2 (1%)
<i>Asian or Asian British - Indian</i>	2 (1%)	<i>Arab</i>	1 (1%)
<i>Asian or Asian British - Pakistani</i>	7 (4%)	<i>Other ethnic group</i>	3 (2%)
<i>Asian or Asian British - Bangladeshi</i>	2 (1%)		

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

<i>Yes</i>	6 (3%)
<i>No</i>	183 (97%)

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

<i>None</i>	62 (32%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	50 (26%)	<i>Jewish</i>	1 (1%)
<i>Catholic</i>	29 (15%)	<i>Muslim</i>	21 (11%)
<i>Protestant</i>	3 (2%)	<i>Sikh</i>	1 (1%)
<i>Other Christian denomination</i>	14 (7%)	<i>Other</i>	4 (2%)
<i>Buddhist</i>	6 (3%)		

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

<i>Heterosexual/ Straight</i>	185 (97%)
<i>Homosexual/Gay</i>	2 (1%)
<i>Bisexual</i>	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)?**

<i>Yes</i>	50 (26%)
<i>No</i>	142 (74%)

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

<i>Yes</i>	12 (6%)
<i>No</i>	180 (94%)

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

<i>Yes</i>	108 (56%)
<i>No</i>	86 (44%)

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

<i>Yes</i>	97 (50%)
<i>No</i>	97 (50%)

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

<i>Less than 2 hours</i>	133 (69%)
<i>2 hours or longer</i>	48 (25%)
<i>Don't remember</i>	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>	133 (69%)
	Yes	41 (21%)
	No	18 (9%)
	Don't remember	1 (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>	133 (69%)
	Yes	3 (2%)
	No	55 (29%)
	Don't remember	1 (1%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>	
	Yes	109 (56%)
	No	69 (36%)
	Don't remember	15 (8%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes	138 (72%)
	No	47 (25%)
	Don't remember	6 (3%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	Very well	43 (22%)
	Well	88 (46%)
	Neither	40 (21%)
	Badly	8 (4%)
	Very badly	8 (4%)
	Don't remember	6 (3%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)</b>	
	Yes, someone told me	95 (49%)
	Yes, I received written information	34 (18%)
	No, I was not told anything	59 (31%)
	Don't remember	6 (3%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes	169 (88%)
	No	21 (11%)
	Don't remember	2 (1%)

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

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	Less than 2 hours	125 (65%)
	2 hours or longer	57 (30%)
	Don't remember	10 (5%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	Yes	152 (79%)
	No	30 (16%)
	Don't remember	10 (5%)

<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>			
	Very well		36 (19%)	
	Well		90 (47%)	
	Neither		43 (22%)	
	Badly		10 (5%)	
	Very badly		11 (6%)	
	Don't remember		3 (2%)	
<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	36 (19%)	Physical health	28 (15%)
	Housing problems	22 (12%)	Mental health	44 (24%)
	Contacting employers	6 (3%)	Needing protection from other prisoners	15 (8%)
	Contacting family	47 (25%)	Getting phone numbers	40 (21%)
	Childcare	4 (2%)	Other	10 (5%)
	Money worries	30 (16%)	<b>Did not have any problems</b>	59 (32%)
	Feeling depressed or suicidal	43 (23%)		
<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>			
	Yes		34 (18%)	
	No		92 (50%)	
	<b>Did not have any problems</b>		59 (32%)	
<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		143 (75%)	
	A shower		69 (36%)	
	A free telephone call		53 (28%)	
	Something to eat		97 (51%)	
	PIN phone credit		109 (57%)	
	Toiletries/ basic items		120 (63%)	
	<b>Did not receive anything</b>		6 (3%)	
<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		115 (61%)	
	Someone from health services		121 (64%)	
	A Listener/Samaritans		57 (30%)	
	Prison shop/ canteen		36 (19%)	
	<b>Did not have access to any of these</b>		41 (22%)	
<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		74 (40%)	
	What support was available for people feeling depressed or suicidal		58 (32%)	
	How to make routine requests (applications)		79 (43%)	
	Your entitlement to visits		66 (36%)	
	Health services		77 (42%)	
	Chaplaincy		89 (48%)	
	<b>Not offered any information</b>		54 (29%)	

<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>	
	Yes	144 (76%)
	No	42 (22%)
	Don't remember	4 (2%)
<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>	19 (10%)
	Within the first week	106 (56%)
	More than a week	51 (27%)
	Don't remember	13 (7%)
<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>	19 (10%)
	Yes	93 (49%)
	No	57 (30%)
	Don't remember	20 (11%)
<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>	24 (13%)
	Within the first week	37 (20%)
	More than a week	104 (56%)
	Don't remember	22 (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?	18 (10%)	45 (25%)	21 (11%)	35 (19%)	22 (12%) 42 (23%)
	Attend legal visits?	16 (9%)	44 (26%)	22 (13%)	12 (7%)	19 (11%) 56 (33%)
	Get bail information?	6 (4%)	11 (7%)	15 (10%)	13 (8%)	27 (17%) 84 (54%)
<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>					45 (24%)
	Yes					75 (40%)
	No					66 (35%)
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>					
	Yes					58 (31%)
	No					20 (11%)
	Don't know					112 (59%)

<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
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	14 (74%)	49 (25%)	2 (1%)
	<i>Are you normally able to have a shower every day?</i>	173 (90%)	19 (10%)	0 (0%)
	<i>Do you normally receive clean sheets every week?</i>	143 (74%)	45 (23%)	4 (2%)
	<i>Do you normally get cell cleaning materials every week?</i>	148 (78%)	38 (20%)	3 (2%)
	<i>Is your cell call bell normally answered within five minutes?</i>	34 (18%)	135 (71%)	22 (12%)
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	102 (54%)	83 (44%)	3 (2%)
	<i>If you need to, can you normally get your stored property?</i>	22 (12%)	95 (52%)	67 (36%)
<b>Q4.5</b>	<b>What is the food like here?</b>			
	<i>Very good</i>			5 (3%)
	<i>Good</i>			47 (24%)
	<i>Neither</i>			49 (26%)
	<i>Bad</i>			51 (27%)
	<i>Very bad</i>			40 (21%)
<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>			
	<b><i>Have not bought anything yet/ don't know</i></b>			3 (2%)
	<i>Yes</i>			83 (44%)
	<i>No</i>			103 (54%)
<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>			
	<i>Yes</i>			100 (52%)
	<i>No</i>			20 (10%)
	<i>Don't know</i>			74 (38%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>			
	<i>Yes</i>			84 (45%)
	<i>No</i>			23 (12%)
	<i>Don't know/ N/A</i>			81 (43%)
<b>Q4.9</b>	<b>Are you able to speak to a chaplain of your faith in private if you want to?</b>			
	<i>Yes</i>			87 (46%)
	<i>No</i>			11 (6%)
	<i>Don't know/ N/A</i>			92 (48%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>			
	<b><i>I don't want to attend</i></b>			45 (23%)
	<i>Very easy</i>			50 (26%)
	<i>Easy</i>			43 (22%)
	<i>Neither</i>			7 (4%)
	<i>Difficult</i>			11 (6%)
	<i>Very difficult</i>			2 (1%)
	<i>Don't know</i>			34 (18%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>			
	Yes			141 (74%)
	No			41 (21%)
	Don't know			9 (5%)
<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>	Yes	No
	Are applications dealt with fairly?	15 (8%)	77 (42%)	90 (49%)
	Are applications dealt with quickly (within seven days)?	15 (8%)	50 (28%)	113 (63%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>			
	Yes			109 (58%)
	No			40 (21%)
	Don't know			40 (21%)
<b>Q5.4</b>	<b>Please answer the following questions about complaints (if you have not made a complaint please tick the 'not made one' option):</b>			
		<b>Not made one</b>	Yes	No
	Are complaints dealt with fairly?	66 (35%)	27 (14%)	94 (50%)
	Are complaints dealt with quickly (within seven days)?	66 (35%)	19 (10%)	102 (55%)
<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>			
	Yes			35 (19%)
	No			152 (81%)
<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>			69 (37%)
	Very easy			8 (4%)
	Easy			19 (10%)
	Neither			29 (16%)
	Difficult			24 (13%)
	Very difficult			36 (19%)

### 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>	13 (7%)
	Yes	66 (35%)
	No	96 (50%)
	Don't know	16 (8%)
<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>	13 (7%)
	Yes	59 (32%)
	No	99 (54%)
	Don't know	14 (8%)

<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	Yes	23 (12%)
	No	166 (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>	
	<b><i>I have not been to segregation in the last 6 months</i></b>	146 (81%)
	Very well	6 (3%)
	Well	4 (2%)
	Neither	10 (6%)
	Badly	9 (5%)
	Very badly	5 (3%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	Yes	133 (71%)
	No	55 (29%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	Yes	136 (71%)
	No	55 (29%)
<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	48 (25%)
	No	142 (75%)
<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<b><i>Do not go on association</i></b>	10 (5%)
	Never	41 (21%)
	Rarely	61 (32%)
	Some of the time	49 (26%)
	Most of the time	13 (7%)
	All of the time	17 (9%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<b><i>I have not met him/her</i></b>	92 (49%)
	In the first week	30 (16%)
	More than a week	44 (23%)
	Don't remember	22 (12%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<b><i>Do not have a personal officer/ I have not met him/ her</i></b>	92 (49%)
	Very helpful	20 (11%)
	Helpful	34 (18%)
	Neither	13 (7%)
	Not very helpful	16 (9%)
	Not at all helpful	11 (6%)

## Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>		
	Yes		83 (43%)
	No		108 (57%)
<b>Q8.2</b>	<b>Do you feel unsafe now?</b>		
	Yes		34 (18%)
	No		152 (82%)
<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>	108 (59%)	<i>At meal times</i> 13 (7%)
	<i>Everywhere</i>	22 (12%)	<i>At health services</i> 12 (7%)
	<i>Segregation unit</i>	6 (3%)	<i>Visits area</i> 15 (8%)
	<i>Association areas</i>	24 (13%)	<i>In wing showers</i> 17 (9%)
	<i>Reception area</i>	6 (3%)	<i>In gym showers</i> 10 (5%)
	<i>At the gym</i>	10 (5%)	<i>In corridors/stairwells</i> 22 (12%)
	<i>In an exercise yard</i>	19 (10%)	<i>On your landing/wing</i> 20 (11%)
	<i>At work</i>	17 (9%)	<i>In your cell</i> 20 (11%)
	<i>During movement</i>	34 (18%)	<i>At religious services</i> 7 (4%)
	<i>At education</i>	9 (5%)	
<b>Q8.4</b>	<b>Have you been victimised by other prisoners here?</b>		
	Yes		68 (36%)
	No		123 (64%)
<b>Q8.5</b>	<b>If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)</b>		
	<i>Insulting remarks (about you or your family or friends)</i>		25 (13%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>		19 (10%)
	<i>Sexual abuse</i>		3 (2%)
	<i>Feeling threatened or intimidated</i>		35 (18%)
	<i>Having your canteen/property taken</i>		17 (9%)
	<i>Medication</i>		9 (5%)
	<i>Debt</i>		6 (3%)
	<i>Drugs</i>		7 (4%)
	<i>Your race or ethnic origin</i>		13 (7%)
	<i>Your religion/religious beliefs</i>		7 (4%)
	<i>Your nationality</i>		13 (7%)
	<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>		5 (3%)
	<i>Your age</i>		8 (4%)
	<i>You have a disability</i>		8 (4%)
	<i>You were new here</i>		12 (6%)
	<i>Your offence/ crime</i>		15 (8%)
	<i>Gang related issues</i>		9 (5%)
<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>		
	Yes		48 (25%)
	No		141 (75%)

**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>	20 (11%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	9 (5%)
<i>Sexual abuse</i>	2 (1%)
<i>Feeling threatened or intimidated</i>	24 (13%)
<i>Medication</i>	6 (3%)
<i>Debt</i>	1 (1%)
<i>Drugs</i>	2 (1%)
<i>Your race or ethnic origin</i>	9 (5%)
<i>Your religion/religious beliefs</i>	3 (2%)
<i>Your nationality</i>	9 (5%)
<i>You are from a different part of the country than others</i>	2 (1%)
<i>You are from a traveller community</i>	1 (1%)
<i>Your sexual orientation</i>	1 (1%)
<i>Your age</i>	5 (3%)
<i>You have a disability</i>	2 (1%)
<i>You were new here</i>	3 (2%)
<i>Your offence/ crime</i>	8 (4%)
<i>Gang related issues</i>	3 (2%)

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

<b>Not been victimised</b>	105 (58%)
Yes	39 (22%)
No	36 (20%)

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

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	23 (12%)	8 (4%)	15 (8%)	20 (11%)	65 (35%)	57 (30%)
The nurse	15 (8%)	26 (14%)	54 (29%)	30 (16%)	39 (21%)	20 (11%)
The dentist	29 (16%)	4 (2%)	9 (5%)	14 (8%)	48 (26%)	81 (44%)

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

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	33 (18%)	17 (9%)	45 (24%)	35 (19%)	36 (19%)	22 (12%)
The nurse	21 (11%)	20 (11%)	53 (29%)	36 (19%)	32 (17%)	23 (12%)
The dentist	50 (27%)	10 (5%)	30 (16%)	35 (19%)	31 (17%)	27 (15%)

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

<b>Not been</b>	16 (9%)
<i>Very good</i>	10 (5%)
<i>Good</i>	39 (21%)
<i>Neither</i>	43 (23%)
<i>Bad</i>	34 (18%)
<i>Very bad</i>	45 (24%)

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

Yes	106 (56%)
No	83 (44%)

<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>	
	<i>Not taking medication</i>	83 (44%)
	<i>Yes, all my meds</i>	57 (30%)
	<i>Yes, some of my meds</i>	26 (14%)
	<i>No</i>	22 (12%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>	
	<i>Yes</i>	76 (40%)
	<i>No</i>	112 (60%)
<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?</b>	
	<i>Do not have any emotional or mental health problems</i>	112 (60%)
	<i>Yes</i>	27 (15%)
	<i>No</i>	47 (25%)

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	<i>Yes</i>	29 (15%)
	<i>No</i>	160 (85%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	<i>Yes</i>	22 (12%)
	<i>No</i>	166 (88%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	<i>Very easy</i>	68 (37%)
	<i>Easy</i>	22 (12%)
	<i>Neither</i>	6 (3%)
	<i>Difficult</i>	3 (2%)
	<i>Very difficult</i>	1 (1%)
	<i>Don't know</i>	86 (46%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	<i>Very easy</i>	34 (18%)
	<i>Easy</i>	15 (8%)
	<i>Neither</i>	9 (5%)
	<i>Difficult</i>	7 (4%)
	<i>Very difficult</i>	13 (7%)
	<i>Don't know</i>	109 (58%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	<i>Yes</i>	25 (13%)
	<i>No</i>	162 (87%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	<i>Yes</i>	13 (7%)
	<i>No</i>	173 (93%)
<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>	139 (79%)
	<i>Yes</i>	19 (11%)
	<i>No</i>	17 (10%)

<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?</b>	
	<i>Did not / do not have an alcohol problem</i>	166 (88%)
	Yes	7 (4%)
	No	15 (8%)
<b>Q10.9</b>	<b>Was the support or help you received, while in this prison, helpful?</b>	
	<i>Did not have a problem/ did not receive help</i>	153 (87%)
	Yes	13 (7%)
	No	9 (5%)

### 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	15 (8%)	32 (17%)	71 (39%)	31 (17%)	23 (13%)	12 (7%)
	Vocational or skills training	31 (17%)	23 (13%)	58 (33%)	30 (17%)	23 (13%)	13 (7%)
	Education (including basic skills)	22 (12%)	34 (19%)	71 (40%)	25 (14%)	16 (9%)	9 (5%)
	Offending behaviour programmes	61 (35%)	5 (3%)	28 (16%)	24 (14%)	35 (20%)	22 (13%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>						
	<i>Not involved in any of these</i>						37 (20%)
	Prison job						129 (69%)
	Vocational or skills training						29 (16%)
	Education (including basic skills)						41 (22%)
	Offending behaviour programmes						13 (7%)
<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>	Yes	No			<i>Don't know</i>
	Prison job	18 (10%)	55 (31%)	81 (46%)			24 (13%)
	Vocational or skills training	28 (19%)	54 (36%)	47 (32%)			20 (13%)
	Education (including basic skills)	19 (12%)	63 (41%)	54 (35%)			17 (11%)
	Offending behaviour programmes	48 (36%)	24 (18%)	43 (32%)			19 (14%)
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>						
	<i>Don't want to go</i>						31 (16%)
	Never						35 (19%)
	Less than once a week						47 (25%)
	About once a week						70 (37%)
	More than once a week						5 (3%)
<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>						53 (28%)
	Yes						70 (37%)
	No						64 (34%)

<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>	49 (26%)
	0	36 (19%)
	1 to 2	38 (20%)
	3 to 5	60 (32%)
	More than 5	5 (3%)
<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>	40 (21%)
	0	39 (21%)
	1 to 2	56 (30%)
	3 to 5	35 (19%)
	More than 5	19 (10%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>	
	<i>Don't want to go</i>	6 (3%)
	0	5 (3%)
	1 to 2	13 (7%)
	3 to 5	49 (26%)
	More than 5	112 (61%)
<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>	21 (11%)
	<i>2 to less than 4 hours</i>	23 (12%)
	<i>4 to less than 6 hours</i>	29 (15%)
	<i>6 to less than 8 hours</i>	40 (21%)
	<i>8 to less than 10 hours</i>	43 (23%)
	<i>10 hours or more</i>	18 (10%)
	<i>Don't know</i>	14 (7%)

### 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	59 (32%)
	No	128 (68%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes	87 (47%)
	No	100 (53%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes	53 (28%)
	No	135 (72%)
<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>	34 (18%)
	<i>Very easy</i>	11 (6%)
	<i>Easy</i>	43 (23%)
	<i>Neither</i>	16 (8%)
	<i>Difficult</i>	40 (21%)
	<i>Very difficult</i>	41 (22%)
	<i>Don't know</i>	4 (2%)

## Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<i>Not sentenced</i>	3 (2%)
	Yes	150 (81%)
	No	33 (18%)
<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)</b>	
	<i>Not sentenced/ NA</i>	36 (19%)
	No contact	57 (30%)
	Letter	48 (26%)
	Phone	21 (11%)
	Visit	58 (31%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes	138 (75%)
	No	46 (25%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<i>Not sentenced</i>	3 (2%)
	Yes	98 (54%)
	No	80 (44%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	83 (45%)
	Very involved	21 (11%)
	Involved	29 (16%)
	Neither	14 (8%)
	Not very involved	16 (9%)
	Not at all involved	23 (12%)
<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	83 (46%)
	Nobody	58 (32%)
	Offender supervisor	30 (16%)
	Offender manager	17 (9%)
	Named/ personal officer	2 (1%)
	Staff from other departments	11 (6%)
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	83 (45%)
	Yes	43 (23%)
	No	29 (16%)
	Don't know	28 (15%)
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	83 (45%)
	Yes	11 (6%)
	No	68 (37%)
	Don't know	23 (12%)

<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>			
	<i>Do not have a sentence plan/ not sentenced</i>			83 (45%)
	Yes			28 (15%)
	No			40 (22%)
	Don't know			33 (18%)
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>			
	Yes			7 (4%)
	No			81 (46%)
	Don't know			89 (50%)
<b>Q13.11</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>			
	Yes			17 (9%)
	No			165 (91%)
<b>Q13.12</b>	<b>Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)</b>			
		<b>Do not need help</b>	<b>Yes</b>	<b>No</b>
	Employment	39 (22%)	51 (29%)	85 (49%)
	Accommodation	46 (27%)	47 (28%)	77 (45%)
	Benefits	37 (21%)	54 (31%)	82 (47%)
	Finances	41 (25%)	32 (20%)	90 (55%)
	Education	44 (27%)	38 (23%)	82 (50%)
	Drugs and alcohol	66 (42%)	27 (17%)	64 (41%)
<b>Q13.13</b>	<b>Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?</b>			
	<b>Not sentenced</b>			3 (2%)
	Yes			73 (42%)
	No			98 (56%)

## Main comparator and comparator to last time



### Prisoner survey responses HMP & YOI Moorland 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/YOI Moorland 2016	Category C training prisons comparator	HMP/YOI Moorland 2016	HMP Moorland 2012
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	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>196</b>	<b>6,317</b>	<b>196</b>	<b>177</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	4%	2%	4%	16%
1.3	Are you sentenced?	99%	100%	99%	98%
1.3	Are you on recall?	7%	9%	7%	10%
1.4	Is your sentence less than 12 months?	8%	6%	8%	8%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	9%	2%	11%
1.5	Are you a foreign national?	21%	9%	21%	18%
1.6	Do you understand spoken English?	97%	99%	97%	100%
1.7	Do you understand written English?	95%	98%	95%	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.)	23%	25%	23%	29%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	4%	3%	2%
1.1	Are you Muslim?	11%	13%	11%	19%
1.11	Are you homosexual/gay or bisexual?	3%	4%	3%	3%
1.12	Do you consider yourself to have a disability?	26%	20%	26%	21%
1.13	Are you a veteran (ex-armed services)?	6%	6%	6%	10%
1.14	Is this your first time in prison?	56%	37%	56%	51%
1.15	Do you have any children under the age of 18?	50%	51%	50%	44%
<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?	25%	46%	25%	24%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	68%	73%	68%	52%
2.3	Were you offered a toilet break?	5%	8%	5%	5%
2.4	Was the van clean?	56%	63%	56%	65%
2.5	Did you feel safe?	72%	80%	72%	81%
2.6	Were you treated well/very well by the escort staff?	68%	72%	68%	70%
2.7	Before you arrived here were you told that you were coming here?	50%	61%	50%	65%
2.7	Before you arrived here did you receive any written information about coming here?	18%	14%	18%	7%
2.8	When you first arrived here did your property arrive at the same time as you?	88%	86%	88%	83%

## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	65%	53%	65%	70%
3.2	When you were searched in reception, was this carried out in a respectful way?	79%	85%	79%	78%
3.3	Were you treated well/very well in reception?	65%	75%	65%	68%
When you first arrived:					
3.4	Did you have any problems?	68%	60%	68%	65%
3.4	Did you have any problems with loss of property?	19%	18%	19%	19%
3.4	Did you have any housing problems?	12%	13%	12%	12%
3.4	Did you have any problems contacting employers?	3%	2%	3%	4%
3.4	Did you have any problems contacting family?	25%	18%	25%	24%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	2%	2%	2%
3.4	Did you have any money worries?	16%	13%	16%	16%
3.4	Did you have any problems with feeling depressed or suicidal?	23%	14%	23%	16%
3.4	Did you have any physical health problems?	15%	12%	15%	10%
3.4	Did you have any mental health problems?	24%	15%	24%	15%
3.4	Did you have any problems with needing protection from other prisoners?	8%	5%	8%	5%
3.4	Did you have problems accessing phone numbers?	21%	16%	21%	20%
For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	27%	36%	27%	32%
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	75%	75%	75%	80%
3.6	A shower?	36%	28%	36%	38%
3.6	A free telephone call?	28%	43%	28%	22%
3.6	Something to eat?	51%	57%	51%	62%
3.6	PIN phone credit?	57%	52%	57%	63%
3.6	Toiletries/ basic items?	63%	46%	63%	58%
<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?	61%	53%	61%	63%
3.7	Someone from health services?	64%	70%	64%	66%
3.7	A Listener/Samaritans?	30%	33%	30%	24%
3.7	Prison shop/ canteen?	19%	24%	19%	23%
When you first arrived here were you offered information about any of the following:					
3.8	What was going to happen to you?	40%	50%	40%	57%
3.8	Support was available for people feeling depressed or suicidal?	32%	40%	32%	47%

## Main comparator and comparator to last time

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3.8	How to make routine requests?	43%	44%	43%	56%
3.8	Your entitlement to visits?	36%	40%	36%	65%
3.8	Health services?	42%	52%	42%	62%
3.8	The chaplaincy?	48%	48%	48%	59%
3.9	Did you feel safe on your first night here?	76%	82%	76%	82%
3.10	Have you been on an induction course?	90%	91%	90%	88%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	55%	60%	55%	57%
3.12	Did you receive an education (skills for life) assessment?	87%	84%	87%	78%
<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?	34%	46%	34%	49%
4.1	Attend legal visits?	36%	48%	36%	52%
4.1	Get bail information?	11%	15%	11%	13%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	40%	39%	40%	43%
4.3	Can you get legal books in the library?	31%	42%	31%	34%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	74%	66%	74%	71%
4.4	Are you normally able to have a shower every day?	90%	92%	90%	97%
4.4	Do you normally receive clean sheets every week?	75%	73%	75%	77%
4.4	Do you normally get cell cleaning materials every week?	78%	65%	78%	64%
4.4	Is your cell call bell normally answered within five minutes?	18%	36%	18%	32%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	54%	70%	54%	60%
4.4	Can you normally get your stored property, if you need to?	12%	24%	12%	20%
4.5	Is the food in this prison good/very good?	27%	29%	27%	18%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	49%	44%	40%
4.7	Are you able to speak to a Listener at any time, if you want to?	52%	56%	52%	59%
4.8	Are your religious beliefs are respected?	45%	53%	45%	53%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	46%	59%	46%	56%
4.10	Is it easy/very easy to attend religious services?	48%	49%	48%	49%
<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	74%	82%	74%	77%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	46%	58%	46%	54%
5.2	Do you feel applications are dealt with quickly (within seven days)?	31%	41%	31%	45%

## Main comparator and comparator to last time

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5.3	Is it easy to make a complaint?	58%	59%	58%	61%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	22%	34%	22%	30%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	16%	30%	16%	19%
5.5	Have you ever been prevented from making a complaint when you wanted to?	19%	19%	19%	21%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	15%	30%	15%	26%
<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?	35%	50%	35%	59%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	32%	47%	32%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	7%	12%	13%
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?	29%	37%	29%	41%
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	71%	79%	71%	70%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	71%	74%	71%	70%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	25%	31%	25%	24%
7.4	Do staff normally speak to you most of the time/all of the time during association?	16%	21%	16%	20%
7.5	Do you have a personal officer?	51%	66%	51%	65%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	58%	64%	58%	62%
<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	43%	35%	43%	33%
8.2	Do you feel unsafe now?	18%	15%	18%	18%
8.4	Have you been victimised by other prisoners here?	36%	27%	36%	26%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	13%	12%	13%	10%
8.5	Hit, kicked or assaulted you?	10%	7%	10%	4%
8.5	Sexually abused you?	2%	1%	2%	2%
8.5	Threatened or intimidated you?	18%	16%	18%	12%
8.5	Taken your canteen/property?	9%	6%	9%	3%
8.5	Victimised you because of medication?	5%	4%	5%	3%
8.5	Victimised you because of debt?	3%	4%	3%	4%
8.5	Victimised you because of drugs?	4%	4%	4%	2%

## Main comparator and comparator to last time

### Key to tables

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8.5	Victimised you because of your race or ethnic origin?	7%	4%	7%	5%
8.5	Victimised you because of your religion/religious beliefs?	4%	3%	4%	1%
8.5	Victimised you because of your nationality?	7%	3%	7%	5%
8.5	Victimised you because you were from a different part of the country?	5%	4%	5%	3%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.5	Victimised you because of your sexual orientation?	3%	2%	3%	2%
8.5	Victimised you because of your age?	4%	3%	4%	3%
8.5	Victimised you because you have a disability?	4%	3%	4%	2%
8.5	Victimised you because you were new here?	6%	5%	6%	4%
8.5	Victimised you because of your offence/crime?	8%	5%	8%	4%
8.5	Victimised you because of gang related issues?	5%	4%	5%	3%
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	25%	29%	25%	30%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	11%	11%	11%	9%
8.7	Hit, kicked or assaulted you?	5%	4%	5%	5%
8.7	Sexually abused you?	1%	1%	1%	0%
8.7	Threatened or intimidated you?	13%	12%	13%	10%
8.7	Victimised you because of medication?	3%	3%	3%	4%
8.7	Victimised you because of debt?	1%	2%	1%	2%
8.7	Victimised you because of drugs?	1%	2%	1%	3%
8.7	Victimised you because of your race or ethnic origin?	5%	4%	5%	2%
8.7	Victimised you because of your religion/religious beliefs?	2%	3%	2%	4%
8.7	Victimised you because of your nationality?	5%	2%	5%	5%
8.7	Victimised you because you were from a different part of the country?	1%	3%	1%	4%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	0%
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.7	Victimised you because of your age?	3%	2%	3%	1%
8.7	Victimised you because you have a disability?	1%	3%	1%	2%
8.7	Victimised you because you were new here?	2%	4%	2%	5%
8.7	Victimised you because of your offence/crime?	4%	4%	4%	2%
8.7	Victimised you because of gang related issues?	2%	3%	2%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	52%	40%	52%	30%

## Main comparator and comparator to last time

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<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	12%	31%	12%	24%
9.1	Is it easy/very easy to see the nurse?	44%	52%	44%	59%
9.1	Is it easy/very easy to see the dentist?	7%	14%	7%	14%
	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?	40%	49%	40%	53%
9.2	The nurse?	45%	58%	45%	57%
9.2	The dentist?	30%	44%	30%	38%
9.3	The overall quality of health services?	29%	44%	29%	47%
9.4	Are you currently taking medication?	56%	48%	56%	50%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	79%	83%	79%	77%
9.6	Do you have any emotional well being or mental health problems?	40%	30%	40%	37%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	37%	53%	37%	48%
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	15%	25%	15%	22%
10.2	Did you have a problem with alcohol when you came into this prison?	12%	17%	12%	15%
10.3	Is it easy/very easy to get illegal drugs in this prison?	48%	38%	48%	28%
10.4	Is it easy/very easy to get alcohol in this prison?	26%	23%	26%	20%
10.5	Have you developed a problem with drugs since you have been in this prison?	13%	9%	13%	6%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	7%	7%	7%	6%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	53%	62%	53%	54%
10.8	Have you received any support or help with your alcohol problem while in this prison?	32%	65%	32%	52%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	59%	77%	59%	76%
<b>SECTION 11: Activities</b>					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	56%	46%	56%	26%
11.1	Vocational or skills training?	46%	42%	46%	28%
11.1	Education (including basic skills)?	59%	56%	59%	46%
11.1	Offending behaviour programmes?	19%	23%	19%	17%

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Are you currently involved in any of the following activities:					
11.2	A prison job?	69%	59%	69%	53%
11.2	Vocational or skills training?	16%	16%	16%	16%
11.2	Education (including basic skills)?	22%	23%	22%	24%
11.2	Offending behaviour programmes?	7%	12%	7%	9%
11.3	Have you had a job while in this prison?	90%	83%	90%	65%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	34%	44%	34%	36%
11.3	Have you been involved in vocational or skills training while in this prison?	81%	74%	81%	55%
For those who have had vocational or skills training while in this prison:					
11.3	Do you feel the vocational or skills training will help you on release?	45%	57%	45%	41%
11.3	Have you been involved in education while in this prison?	88%	79%	88%	63%
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%	59%	47%	59%
11.3	Have you been involved in offending behaviour programmes while in this prison?	64%	71%	64%	48%
For those who have been involved in offending behaviour programmes while in this prison:					
11.3	Do you feel the offending behaviour programme(s) will help you on release?	28%	51%	28%	41%
11.4	Do you go to the library at least once a week?	40%	44%	40%	44%
11.5	Does the library have a wide enough range of materials to meet your needs?	37%	46%	37%	43%
11.6	Do you go to the gym three or more times a week?	35%	33%	35%	48%
11.7	Do you go outside for exercise three or more times a week?	29%	53%	29%	21%
11.8	Do you go on association more than five times each week?	61%	67%	61%	79%
11.9	Do you spend ten or more hours out of your cell on a weekday?	10%	17%	10%	9%
<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?	32%	34%	32%	32%
12.2	Have you had any problems with sending or receiving mail?	47%	42%	47%	46%
12.3	Have you had any problems getting access to the telephones?	28%	22%	28%	47%
12.4	Is it easy/ very easy for your friends and family to get here?	29%	28%	29%	32%
<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?	82%	82%	82%	86%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	38%	36%	38%	29%
13.2	Contact by letter?	32%	35%	32%	29%

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13.2	Contact by phone?	14%	25%	14%	17%
13.2	Contact by visit?	38%	32%	38%	47%
13.3	Do you have a named offender supervisor in this prison?	75%	74%	75%	77%
	For those who are sentenced:				
13.4	Do you have a sentence plan?	55%	65%	55%	71%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	49%	52%	49%	56%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	59%	48%	59%	46%
13.6	Offender supervisor?	30%	36%	30%	34%
13.6	Offender manager?	17%	27%	17%	30%
13.6	Named/ personal officer?	2%	13%	2%	6%
13.6	Staff from other departments?	11%	15%	11%	13%
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	43%	62%	43%	51%
13.8	Are there plans for you to achieve any of your targets in another prison?	11%	20%	11%	18%
13.9	Are there plans for you to achieve any of your targets in the community?	28%	29%	28%	29%
13.10	Do you have a needs based custody plan?	4%	7%	4%	6%
13.11	Do you feel that any member of staff has helped you to prepare for release?	9%	16%	9%	10%
	For those that need help do you know of anyone in this prison who can help you on release with the following:				
13.12	Employment?	38%	34%	38%	36%
13.12	Accommodation?	38%	38%	38%	43%
13.12	Benefits?	40%	40%	40%	36%
13.12	Finances?	26%	28%	26%	24%
13.12	Education?	32%	35%	32%	30%
13.12	Drugs and alcohol?	30%	45%	30%	36%
	For those who are sentenced:				
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	43%	55%	43%	42%

## Diversity analysis



### Key question responses (ethnicity, foreign national and religion) HMP & YOI Moorland 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>		45	149	41	152	21	170
1.3	Are you sentenced?	95%	99%	93%	100%	95%	99%
1.5	Are you a foreign national?	57%	11%			52%	17%
1.6	Do you understand spoken English?	95%	97%	93%	98%	100%	96%
1.7	Do you understand written English?	96%	95%	88%	97%	100%	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.)			61%	13%	95%	14%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	3%	5%	3%	0%	4%
1.1	Are you Muslim?	47%	1%	27%	7%		
1.12	Do you consider yourself to have a disability?	13%	30%	19%	28%	19%	27%
1.13	Are you a veteran (ex-armed services)?	2%	7%	5%	6%	5%	7%
1.14	Is this your first time in prison?	80%	48%	76%	49%	81%	52%
2.6	Were you treated well/very well by the escort staff?	74%	66%	74%	66%	67%	68%
2.7	Before you arrived here were you told that you were coming here?	56%	47%	55%	48%	43%	49%
3.2	When you were searched in reception, was this carried out in a respectful way?	67%	84%	80%	79%	67%	82%
3.3	Were you treated well/very well in reception?	56%	69%	64%	66%	48%	68%
3.4	Did you have any problems when you first arrived?	80%	65%	70%	68%	67%	68%
3.7	Did you have access to someone from health care when you first arrived here?	66%	63%	73%	62%	57%	65%
3.9	Did you feel safe on your first night here?	59%	81%	69%	79%	57%	79%
3.10	Have you been on an induction course?	86%	91%	84%	91%	86%	90%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	21%	39%	17%	39%	15%	38%

## Diversity analysis

### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	72%	74%	67%	76%	81%	73%
4.4	Are you normally able to have a shower every day?	83%	92%	95%	90%	81%	92%
4.4	Is your cell call bell normally answered within five minutes?	24%	16%	26%	16%	20%	18%
4.5	Is the food in this prison good/very good?	28%	27%	24%	28%	33%	27%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	29%	49%	30%	48%	26%	47%
4.7	Are you able to speak to a Listener at any time, if you want to?	43%	55%	32%	56%	33%	54%
4.8	Do you feel your religious beliefs are respected?	56%	42%	67%	39%	58%	43%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	57%	42%	59%	42%	52%	44%
5.1	Is it easy to make an application?	69%	76%	67%	77%	63%	75%
5.3	Is it easy to make a complaint?	57%	58%	61%	57%	42%	59%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	35%	35%	27%	37%	30%	36%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	44%	28%	31%	32%	53%	29%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	12%	11%	13%	5%	13%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	72%	71%	76%	70%	60%	72%
7.2	Is there a member of staff you can turn to for help if you have a problem in <del>the</del> prison?	70%	72%	72%	71%	70%	72%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	7%	18%	8%	18%	0%	17%
7.4	Do you have a personal officer?	54%	51%	36%	55%	75%	49%
8.1	Have you ever felt unsafe here?	60%	39%	54%	41%	50%	43%
8.2	Do you feel unsafe now?	27%	16%	25%	16%	30%	17%
8.3	Have you been victimised by other prisoners?	40%	35%	38%	34%	15%	38%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	14%	20%	10%	21%	5%	20%
8.5	Have you been victimised because of your race or ethnic origin since you <del>have</del> been here? (By prisoners)	23%	2%	18%	3%	5%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	3%	8%	3%	0%	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)	16%	4%	20%	3%	0%	7%
8.5	Have you been victimised because you have a disability? (By prisoners)	7%	3%	3%	5%	0%	4%
8.6	Have you been victimised by a member of staff?	33%	23%	31%	24%	26%	25%
8.7	Have you ever felt threatened or intimidated by staff here?	12%	13%	11%	14%	16%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	14%	2%	16%	2%	5%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	1%	3%	1%	5%	1%
8.7	Have you been victimised because of your nationality? (By staff)	10%	3%	18%	1%	0%	5%
8.7	Have you been victimised because you have a disability? (By staff)	0%	1%	0%	1%	0%	1%
9.1	Is it easy/very easy to see the doctor?	12%	12%	16%	12%	0%	13%
9.1	Is it easy/ very easy to see the nurse?	55%	40%	41%	45%	53%	42%
9.4	Are you currently taking medication?	44%	60%	46%	58%	30%	59%
9.6	Do you feel you have any emotional well being/mental health issues?	28%	45%	32%	42%	15%	43%
10.3	Is it easy/very easy to get illegal drugs in this prison?	39%	51%	44%	50%	26%	51%
11.2	Are you currently working in the prison?	69%	70%	64%	70%	58%	71%
11.2	Are you currently undertaking vocational or skills training?	19%	15%	18%	15%	10%	16%
11.2	Are you currently in education (including basic skills)?	38%	18%	36%	18%	16%	22%
11.2	Are you currently taking part in an offending behaviour programme?	5%	8%	5%	8%	0%	7%
11.4	Do you go to the library at least once a week?	56%	35%	49%	38%	55%	38%
11.6	Do you go to the gym three or more times a week?	51%	30%	46%	32%	40%	34%
11.7	Do you go outside for exercise three or more times a week?	35%	27%	22%	31%	40%	27%
11.8	On average, do you go on association more than five times each week?	49%	64%	53%	63%	60%	61%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This does not include hours at education, at work etc)	9%	10%	3%	11%	10%	9%
12.2	Have you had any problems sending or receiving mail?	45%	47%	53%	45%	47%	46%
12.3	Have you had any problems getting access to the telephones?	31%	28%	31%	28%	32%	28%

## Diversity analysis



### Key question responses (disability and age over 50) HMP/YOI Moorland 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

		Consider themselves to have a disability	Do not consider themselves to have a disability		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better					
	Any percentage highlighted in blue is significantly worse					
	Any percentage highlighted in orange shows a significant difference in prisoners' background details					
	Percentages which are not highlighted show there is no significant difference					
<b>Number of completed questionnaires returned</b>		<b>50</b>	<b>142</b>		<b>34</b>	<b>160</b>
1.3	Are you sentenced?	98%	99%		100%	98%
1.5	Are you a foreign national?	16%	23%		18%	22%
1.6	Do you understand spoken English?	98%	96%		97%	97%
1.7	Do you understand written English?	94%	96%		91%	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.)	12%	28%		15%	25%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	3%		0%	4%
1.1	Are you Muslim?	8%	12%		9%	12%
1.12	Do you consider yourself to have a disability?				39%	23%
1.13	Are you a veteran (ex-armed services)?	8%	5%		15%	4%
1.14	Is this your first time in prison?	44%	59%		62%	54%
2.6	Were you treated well/very well by the escort staff?	66%	68%		85%	65%
2.7	Before you arrived here were you told that you were coming here?	47%	49%		71%	45%
3.2	When you were searched in reception, was this carried out in a respectful way?	78%	80%		94%	77%
3.3	Were you treated well/very well in reception?	64%	66%		81%	62%
3.4	Did you have any problems when you first arrived?	89%	61%		63%	70%
3.7	Did you have access to someone from health care when you first arrived here?	61%	64%		62%	64%
3.9	Did you feel safe on your first night here?	63%	80%		71%	77%
3.10	Have you been on an induction course?	94%	89%		91%	90%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	34%	35%		34%	35%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	80%	71%	85%	71%
4.4	Are you normally able to have a shower every day?	88%	91%	79%	93%
4.4	Is your cell call bell normally answered within five minutes?	14%	20%	18%	18%
4.5	Is the food in this prison good/very good?	28%	27%	30%	26%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	43%	44%	55%	42%
4.7	Are you able to speak to a Listener at any time, if you want to?	52%	51%	41%	53%
4.8	Do you feel your religious beliefs are respected?	43%	45%	50%	43%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	47%	45%	41%	46%
5.1	Is it easy to make an application?	60%	79%	59%	77%
5.3	Is it easy to make a complaint?	50%	61%	53%	59%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	23%	39%	31%	36%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	24%	34%	25%	33%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	13%	0%	15%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	62%	74%	88%	67%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	70%	72%	80%	70%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	21%	14%	21%	15%
7.4	Do you have a personal officer?	48%	53%	73%	46%
8.1	Have you ever felt unsafe here?	50%	42%	30%	47%
8.2	Do you feel unsafe now?	28%	16%	9%	21%
8.3	Have you been victimised by other prisoners?	40%	35%	21%	39%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	25%	17%	18%	19%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	7%	6%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	2%	6%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	6%	7%	6%	6%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because of your age? (By prisoners)	4%	4%	6%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	12%	1%	6%	4%
8.6	Have you been victimised by a member of staff?	28%	25%	15%	28%
8.7	Have you ever felt threatened or intimidated by staff here?	15%	12%	12%	13%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	2%	6%	6%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	0%	0%	2%
8.7	Have you been victimised because of your nationality? (By staff)	4%	5%	3%	5%
8.7	Have you been victimised because of your age? (By staff)	0%	4%	3%	3%
8.7	Have you been victimised because you have a disability? (By staff)	4%	0%	0%	1%
9.1	Is it easy/very easy to see the doctor?	13%	11%	22%	10%
9.1	Is it easy/ very easy to see the nurse?	47%	42%	44%	44%
9.4	Are you currently taking medication?	83%	47%	75%	52%
9.6	Do you feel you have any emotional well being/mental health issues?	70%	31%	25%	44%
10.3	Is it easy/very easy to get illegal drugs in this prison?	53%	46%	45%	50%
11.2	Are you currently working in the prison?	66%	71%	78%	67%
11.2	Are you currently undertaking vocational or skills training?	13%	17%	12%	16%
11.2	Are you currently in education (including basic skills)?	17%	24%	22%	22%
11.2	Are you currently taking part in an offending behaviour programme?	11%	6%	12%	6%
11.4	Do you go to the library at least once a week?	33%	43%	47%	38%
11.6	Do you go to the gym three or more times a week?	17%	41%	19%	37%
11.7	Do you go outside for exercise three or more times a week?	23%	31%	22%	30%
11.8	On average, do you go on association more than five times each week?	62%	61%	40%	66%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	8%	10%	6%	10%
12.2	Have you had any problems sending or receiving mail?	54%	45%	28%	50%
12.3	Have you had any problems getting access to the telephones?	36%	25%	24%	29%



## Prisoner survey responses HMP & YOI Moorland 2016 (vulnerable prisoner house block 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

		House blocks 3 and 4	All other house blocks
	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>72</b>	<b>121</b>
<b>SECTION 1: General information</b>			
1.2	Are you under 21 years of age?	0%	6%
1.3	Are you sentenced?	100%	98%
1.3	Are you on recall?	8%	6%
1.4	Is your sentence less than 12 months?	4%	11%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	2%
1.5	Are you a foreign national?	7%	30%
1.6	Do you understand spoken English?	97%	97%
1.7	Do you understand written English?	96%	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.)	15%	29%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	2%
1.1	Are you Muslim?	8%	13%
1.11	Are you homosexual/gay or bisexual?	6%	2%
1.12	Do you consider yourself to have a disability?	33%	23%
1.13	Are you a veteran (ex-armed services)?	12%	3%
1.14	Is this your first time in prison?	68%	49%
1.15	Do you have any children under the age of 18?	42%	55%
<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?	29%	23%
2.5	Did you feel safe?	77%	69%
2.6	Were you treated well/very well by the escort staff?	71%	65%
2.7	Before you arrived here were you told that you were coming here?	53%	47%
2.8	When you first arrived here did your property arrive at the same time as you?	92%	87%
<b>SECTION 3: Reception, first night and induction</b>			
3.1	Were you in reception for less than 2 hours?	61%	67%
3.2	When you were searched in reception, was this carried out in a respectful way?	84%	76%
3.3	Were you treated well/very well in reception?	74%	60%

## Key to tables

	Any percentage highlighted in green is significantly better	House blocks 3 and 4	All other house blocks
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
	When you first arrived:		
3.4	Did you have any problems?	65%	70%
3.4	Did you have any problems with loss of property?	14%	22%
3.4	Did you have any housing problems?	7%	14%
3.4	Did you have any problems contacting employers?	1%	4%
3.4	Did you have any problems contacting family?	29%	22%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	4%
3.4	Did you have any money worries?	13%	17%
3.4	Did you have any problems with feeling depressed or suicidal?	25%	22%
3.4	Did you have any physical health problems?	14%	15%
3.4	Did you have any mental health problems?	19%	26%
3.4	Did you have any problems with needing protection from other prisoners?	9%	7%
3.4	Did you have problems accessing phone numbers?	19%	23%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	61%	82%
3.6	A shower?	28%	41%
3.6	A free telephone call?	26%	29%
3.6	Something to eat?	52%	50%
3.6	PIN phone credit?	48%	62%
3.6	Toiletries/ basic items?	64%	64%
<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?	54%	66%
3.7	Someone from health services?	61%	66%
3.7	A Listener/Samaritans?	26%	33%
3.7	Prison shop/ canteen?	16%	21%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	41%	41%
3.8	Support was available for people feeling depressed or suicidal?	32%	32%
3.8	How to make routine requests?	44%	43%
3.8	Your entitlement to visits?	33%	37%
3.8	Health services?	44%	40%
3.8	The chaplaincy?	44%	51%
3.9	Did you feel safe on your first night here?	69%	79%
3.10	Have you been on an induction course?	96%	86%
3.12	Did you receive an education (skills for life) assessment?	90%	86%

## Key to tables

	Any percentage highlighted in green is significantly better	House blocks 3 and 4	All other house blocks
	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 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?	41%	29%
4.1	Attend legal visits?	32%	36%
4.1	Get bail information?	4%	12%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	33%	45%
4.3	Can you get legal books in the library?	33%	28%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	92%	64%
4.4	Are you normally able to have a shower every day?	82%	95%
4.4	Do you normally receive clean sheets every week?	86%	67%
4.4	Do you normally get cell cleaning materials every week?	94%	68%
4.4	Is your cell call bell normally answered within five minutes?	21%	16%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	61%	51%
4.4	Can you normally get your stored property, if you need to?	17%	9%
4.5	Is the food in this prison good/very good?	32%	23%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	53%	39%
4.7	Are you able to speak to a Listener at any time, if you want to?	58%	47%
4.8	Are your religious beliefs are respected?	47%	42%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	40%	50%
4.10	Is it easy/very easy to attend religious services?	41%	53%
<b>SECTION 5: Applications and complaints</b>			
5.1	Is it easy to make an application?	78%	71%
5.3	Is it easy to make a complaint?	63%	53%
5.5	Have you ever been prevented from making a complaint when you wanted to?	18%	19%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	19%	11%
<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?	36%	34%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	31%	34%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	15%
<b>SECTION 7: Relationships with staff</b>			
7.1	Do most staff, in this prison, treat you with respect?	82%	64%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	85%	63%

**Key to tables**

	Any percentage highlighted in green is significantly better	House blocks 3 and 4	All other house blocks
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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		
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	32%	22%
7.4	Do staff normally speak to you most of the time/all of the time during association?	22%	11%
7.5	Do you have a personal officer?	69%	42%
<b>SECTION 8: Safety</b>			
8.1	Have you ever felt unsafe here?	37%	47%
8.2	Do you feel unsafe now?	14%	22%
8.4	Have you been victimised by other prisoners here?	40%	33%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	10%	15%
8.5	Hit, kicked or assaulted you?	6%	12%
8.5	Sexually abused you?	3%	1%
8.5	Threatened or intimidated you?	22%	15%
8.5	Taken your canteen/property?	3%	12%
8.5	Victimised you because of medication?	1%	7%
8.5	Victimised you because of debt?	0%	5%
8.5	Victimised you because of drugs?	1%	5%
8.5	Victimised you because of your race or ethnic origin?	7%	7%
8.5	Victimised you because of your religion/religious beliefs?	4%	3%
8.5	Victimised you because of your nationality?	6%	8%
8.5	Victimised you because you were from a different part of the country?	3%	6%
8.5	Victimised you because you are from a traveller community?	1%	1%
8.5	Victimised you because of your sexual orientation?	3%	3%
8.5	Victimised you because of your age?	4%	4%
8.5	Victimised you because you have a disability?	6%	3%
8.5	Victimised you because you were new here?	6%	6%
8.5	Victimised you because of your offence/crime?	17%	3%
8.5	Victimised you because of gang related issues?	3%	6%
<b>SECTION 8: Safety continued</b>			
8.6	Have you been victimised by staff here?	15%	31%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	4%	15%
8.7	Hit, kicked or assaulted you?	3%	6%
8.7	Sexually abused you?	0%	2%
8.7	Threatened or intimidated you?	8%	15%

### Key to tables

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8.7	Victimised you because of medication?	1%	4%
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?	0%	8%
8.7	Victimised you because of your religion/religious beliefs?	0%	3%
8.7	Victimised you because of your nationality?	3%	6%
8.7	Victimised you because you were from a different part of the country?	0%	2%
8.7	Victimised you because you are from a traveller community?	0%	1%
8.7	Victimised you because of your sexual orientation?	0%	1%
8.7	Victimised you because of your age?	0%	4%
8.7	Victimised you because you have a disability?	0%	2%
8.7	Victimised you because you were new here?	0%	3%
8.7	Victimised you because of your offence/crime?	6%	4%
8.7	Victimised you because of gang related issues?	0%	3%
<b>SECTION 9: Health services</b>			
9.1	Is it easy/very easy to see the doctor?	10%	12%
9.1	Is it easy/very easy to see the nurse?	38%	47%
9.1	Is it easy/very easy to see the dentist?	9%	6%
9.4	Are you currently taking medication?	67%	50%
9.6	Do you have any emotional well being or mental health problems?	38%	41%
<b>SECTION 10: Drugs and alcohol</b>			
10.1	Did you have a problem with drugs when you came into this prison?	3%	23%
10.2	Did you have a problem with alcohol when you came into this prison?	9%	12%
10.3	Is it easy/very easy to get illegal drugs in this prison?	37%	54%
10.4	Is it easy/very easy to get alcohol in this prison?	6%	38%
10.5	Have you developed a problem with drugs since you have been in this prison?	3%	17%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	2%	10%
<b>SECTION 11: Activities</b>			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	65%	52%
11.1	Vocational or skills training?	43%	47%
11.1	Education (including basic skills)?	65%	56%
11.1	Offending Behaviour Programmes?	25%	16%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	80%	64%
11.2	Vocational or skills training?	13%	18%

**Key to tables**

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11.2	Education (including basic skills)?	19%	24%
11.2	Offending Behaviour Programmes?	9%	6%
11.4	Do you go to the library at least once a week?	49%	34%
11.5	Does the library have a wide enough range of materials to meet your needs?	35%	40%
11.6	Do you go to the gym three or more times a week?	27%	40%
11.7	Do you go outside for exercise three or more times a week?	27%	29%
11.8	Do you go on association more than five times each week?	50%	67%
11.9	Do you spend ten or more hours out of your cell on a weekday?	10%	10%
<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?	36%	30%
12.2	Have you had any problems with sending or receiving mail?	45%	49%
12.3	Have you had any problems getting access to the telephones?	33%	25%
12.4	Is it easy/ very easy for your friends and family to get here?	34%	26%
<b>SECTION 13: Preparation for release</b>			
13.3	Do you have a named offender supervisor in this prison?	90%	66%
13.10	Do you have a needs based custody plan?	2%	6%
13.11	Do you feel that any member of staff has helped you to prepare for release?	10%	9%