

Report on an unannounced inspection of

HMP Stafford

by HM Chief Inspector of Prisons

8–19 February 2016

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Glossary of terms

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

Introduction

HMP Stafford is one of the oldest prisons in the country, built in 1794, and added to at various times in the 19th and 20th centuries. Despite its age, the prison is very well maintained and exceptionally clean throughout, and presents itself as a safe environment. It was re-roled in 2014 to be a category C sex offender prison, and currently holds around 750 prisoners. Despite the fact that it is not a resettlement prison, on average some 20–25 prisoners are released directly into the community each month. This presents some particular challenges that have still to be met.

This was the first inspection since the re-rolling, and the change in population has contributed to a number of key themes. First, the age profile has changed; there is now a much older population than in the past, and this has produced challenges, detailed in the report, in health care and in finding suitable purposeful activity for older men. Second, the transition from a mixed population to an all sex offender prison has seemingly contributed to a calmer atmosphere, and enabled free flow to be introduced throughout much of the prison. This has been well managed and has also contributed to a sense of calm and order. The change in role of the prison has clearly been grasped by the prison management as both a challenge and an opportunity.

The current governor and team have a shared ambition to build a solid basis of safety, stability and respect within the prison, and to use this as a foundation on which to make further progress. The concept of 'active citizenship' is promulgated in the prison, to encourage a shared vision of creating decent surroundings. During the inspection I was able to detect a distinct sense of pride in the prison across all levels of staff, and indeed among some of the prisoners I spoke to.

While the prison is safe and stable, there are still some issues that need to be addressed. The details can be found in the body of the report, but some of the key areas are as follows. Health care for the ageing population needs to be improved. Although the inspection found that overall it was reasonably good, there were far too many cancelled external hospital appointments, there were delays in obtaining supplies and there was not enough primary mental health care. The relationships between staff and prisoners were generally good, with 85% of prisoners saying they were treated with respect. However, the perceptions of black and minority ethnic prisoners of their treatment was less favourable, and there were indications of disproportion both for them and Muslim prisoners, in terms of the use of adjudications and time spent in segregation. This must be analysed and addressed. In terms of purposeful activity, while recognising that the needs of an older population are different, much of the work was unchallenging, providing little intellectual challenge or stimulation.

Some of the greatest challenges lay in managing the resettlement of those men released directly into the community from the prison. Details of the current serious weaknesses and what needs to be done can be found in the report, but in essence, the inspection found that we could not be confident that releases into the community were either effectively coordinated or safe. This is a very serious issue and needs to be addressed as a matter of urgency. It was also of concern that more than 10% of those released had no suitable accommodation to go to.

Overall, HMP Stafford is a prison that, under energetic leadership, has grasped the challenge presented by its change of role, and has made considerable progress. It is perhaps notable that in the area where the prison achieved the highest grading of 'good' – in safety, was also the area where it had achieved 16 of the 22 recommendations made following the last inspection. This is in stark contrast to those prisons where our recommendations have been taken less seriously. There is still much work to be done at Stafford, particularly in the areas of health care and resettlement, if the progress that has been made is to be consolidated and built upon.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

April 2016

Fact page

Task of the establishment

Category C training prison

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

Public

Region/Department

West Midlands

Number held

745

Certified normal accommodation

751

Operational capacity

751

Date of last full inspection

July 2011

Brief history

HMP Stafford was built in 1794. It was closed from 1916 to 1949 but has otherwise remained in continuous use. The wings were built in 1834, 1844 and 1852. A further quick build (G wing) was subsequently added. The most recent additions have been a visits complex and centre, an education centre, a kitchen and a modern 40-bed residential unit. A site adjacent to the prison was purchased and developed as an industrial workshop complex in 1986.

The prison re-roled in August 2014 from a category C adult male prison to a category C sex offender prison.

Short description of residential units

The seven wings, A to G wing, all hold sex offenders. All wings provide normal accommodation and D wing also holds prisoners on induction.

Unit	CNA	Operational capacity
A wing	108	108
B wing	72	72
C wing	126	126
D wing	95	95
E wing	155	155
F wing	155	155
G wing	40	40
	751	751

Name of governor/director

P J Butler

Escort contractor

GeoAmey

Health service commissioner and provider

Staffordshire and Stoke-on-Trent Partnership NHS Trust

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Learning and skills providers

Milton Keynes College

Independent Monitoring Board chair

Sally Osborne-Town

About this inspection and report

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

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

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

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

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

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

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **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.¹

¹ 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 *Reception and induction were well managed and prisoners received useful peer support. Safer custody procedures were good. Levels of violence were low and prisoners at risk of self-harm received effective coordinated care. Safeguarding procedures were well developed. Security was proportionate and there was no evidence of serious drug problems. The segregation unit provided a good environment and staff treated prisoners decently. Adjudications were conducted thoroughly. Use of force was low and governance was generally good. The incentives and earned privileges scheme was reasonable. Substance misuse services were very good. **Outcomes for prisoners were good against this healthy prison test.***
- S2 *At the last inspection in 2011, we found that outcomes for prisoners in Stafford were reasonably good against this healthy prison test. We made 22 recommendations in the area of safety. At this follow-up inspection we found that 16 of the recommendations had been achieved, three had been partially achieved, two had not been achieved and one was no longer relevant.*
- S3 Most prisoners said that they were treated well by escort staff. The atmosphere in reception was relaxed, staff treated new arrivals politely and provided reasonable support. Prisoners working in reception gave reassurance to new arrivals. Private reception interviews were of variable quality, and not all prisoners were sufficiently encouraged to disclose information about risk. Some staff strip-searched new receptions regardless of risk. The induction unit was a reasonably welcoming environment and most new arrivals felt safe on their first night. Induction was thorough and useful.
- S4 The number of bullying and violent incidents was substantially lower than in comparator prisons. In our survey, the vast majority of prisoners told us they felt safe and fewer reported victimisation than at other prisons. Antisocial behaviour was managed reasonably well. Serious allegations of bullying and victimisation were appropriately referred to the police, but the outcome of these investigations and subsequent follow-up support were not always clear. Safer custody meetings were effective.
- S5 There had been one self-inflicted death since the previous inspection but none in the previous four years. There had also been eight deaths from natural causes since the last inspection. Recommendations from the Prisons and Probation Ombudsman were taken seriously and most had been fully implemented. The number of self-harm incidents was lower than at similar prisons and prisoners at risk of self-harm told us they were well supported. Staff had good knowledge of their individual circumstances and ACCT² processes were mostly good. A multi-agency safer health meeting provided a useful opportunity to monitor and support prisoners at risk. Listeners³ were well supported and access to them was good. On our night visit, not all staff were first aid trained and none had had ACCT training. Only one had been trained to use a defibrillator and most could not locate one when asked. Some night staff lacked confidence in how to act in potentially life threatening situations.

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

³ Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

- S6 The safeguarding policy was comprehensive and systems were in place to identify prisoners who were vulnerable, of concern or at risk from others. The prison had good links with the local safeguarding board through the regional NOMS representative.
- S7 The well-organised security team took a proportionate and proactive approach. Detailed monthly assessments were produced, analysing intelligence and trends for each area. There was more freedom of movement and searching had become more intelligence led since the previous inspection. The amount of security information coming in from staff was below average, although it had been rising; the information was well processed and disseminated, but there was no reliable system for checking that actions in response were carried through. The random mandatory drug testing rate was zero and the security department and Drug and Alcohol Recovery Service (DARS) responded proactively to the risks posed by increasing levels of new psychoactive substances.⁴ Diverted medication was the main issue of concern and the risks associated with this were not managed well enough.
- S8 Very few prisoners were on the basic level of the incentives and earned privileges (IEP) scheme and 44% were on enhanced. Case notes showed an appropriate balance of positive and negative IEP entries, but some older prisoners were disadvantaged because jobs that opened the way to enhanced status were not available to them. The prison had adopted a promising 'active citizenship' approach to give prisoners a more meaningful sense of progression on the scheme.
- S9 The number of adjudications had dropped substantially since the last inspection, and the process was carried out very thoroughly, with good quality assurance. There were still a few cases where the incident would have been better dealt with through less time-consuming forms of sanction.
- S10 The level of use of force was low and had been dropping. Recording, governance and analysis of use of force incidents were good, although not all planned interventions were filmed. A formal debrief was carried out of both prisoners and staff after each incident, and this was good practice. Control and restraint methods were almost always used in a calm and correct way, with good de-escalation.
- S11 The bright segregation unit was in very good physical condition, staff treated prisoners with respect and were responsive to individual risk and need. Some staff were routinely strip-searching prisoners on entry to the unit, which was inappropriate. There was good monthly reporting and analysis of detailed data on those segregated.
- S12 Few prisoners had clinical drug treatment needs, but the DARS delivered a high quality integrated service. In our survey, nearly all prisoners who had received support from the team found it helpful.

⁴ New drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

Respect

*S13 The prison was exceptionally clean and cells were in good repair. Staff-prisoner relationships were good. Most aspects of equality and diversity work were significantly better than we normally see. Faith provision was very good. There were few complaints and replies were timely but of variable quality. Health services were reasonable overall but there were significant concerns about missed external appointments, primary mental health and dental provision. The standard of catering was good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S14 At the last inspection in 2011, we found that outcomes for prisoners in Stafford were reasonably good against this healthy prison test. We made 46 recommendations in the area of respect.⁵ At this follow-up inspection we found that 19 of the recommendations had been achieved, six had been partially achieved, 20 had not been achieved and one was no longer relevant.

S15 Despite the age of the prison, residential units were in excellent condition and communal areas were impressively clean. Cells were also in generally good condition and toilet screening was much more decent than we usually see. Prisoners in the decorating parties were properly trained and painted to a good standard. Prisoners had good access to telephones and showers. Outside areas were free of litter and the garden outside G wing was particularly well maintained.

S16 We saw friendly and appropriate interactions between staff and prisoners. In our survey, 85% of prisoners said that most staff treated them with respect and a similar number said they had someone to turn to with problems, significantly better than at similar prisons. Too few staff had undergone the anti-conditioning training.

S17 There was a good model for the provision of equality work, which included particularly strong engagement with well-trained and supported prisoner representatives. There was a large population of older prisoners and they were positive about their treatment. Good efforts had been made to respond to their individual needs. However, overall provision did not yet reflect the size and needs of the population, although the prison had appropriately engaged with Age UK to help address this issue. Care for prisoners with disabilities who had the greatest need was good. Prisoner carers provided some excellent support and care assistants provided valuable personal care. However, there was evidence of some unmet low level need. Not enough had been done to engage with black and minority ethnic, Muslim or foreign national prisoners. Some disparities had also been identified in equality monitoring data for black and minority ethnic and Muslim prisoners, but action to address these concerns had been slow. There was good support for gay prisoners and for veterans, and a transgender prisoner was positive about her care.

S18 Although the managing chaplain's post was vacant, the chaplaincy had maintained a high level of provision for its diverse population and was a visible presence on the wings. Very good pastoral support was provided to meet the particular needs of the ageing population.

S19 The number of complaints was relatively low. While some replies were polite, timely and focused, too many were dismissive and unhelpful. Quality assurance was reasonably good and complaints analysis had identified important performance issues, but monitoring of trends

⁵ This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

was rudimentary. There was better support for prisoners' legal needs than we usually see, but the library did not have some up-to-date key texts.

- S20 Health provision was not consistently meeting the needs of the ageing population. Governance was reasonable overall, with effective working between providers and the prison. The range of primary care services was appropriate and access to nurses and GPs was good. There were very long waits to see a dentist, including for urgent treatment, and the range of treatments did not match need. There was a very high need for hospital appointments and at times over a quarter of appointments were cancelled or rescheduled because there were not enough escort staff. Medicines management was poor and too many men were prescribed tradable medicines to keep in their own possession. Pharmacist oversight was inadequate, supervision of medication queues was poor and there were regular delays in obtaining medication supplies. Health promotion was well coordinated and effective, and supported by trained and committed health care champions. There was not enough primary mental health care provision to meet the need and too many appointments were cancelled. The health care team did not have a sufficient mix of specialist skills and support to meet secondary mental health needs. There was no lead member of staff for older people or palliative care/end of life and no staff with specialist dementia skills. Too few prison staff had received mental health awareness training. The prison was well aware of its responsibilities under the Care Act 2014 and social care was well organised. The Care Quality Commission issued three 'requirement to improve' notices (see appendix III).
- S21 Prisoners were positive about the quality of the food and the kitchen worked particularly well with the chaplaincy and health care teams to ensure that special needs were met. Shop provision was adequate, but prisoners had to wait too long to receive their first full canteen order.

Purposeful activity

S22 *Time out of cell was very good and most prisoners were involved in work or education. Education and vocational training were well managed by the OLASS (offender learning and skills service) provider. Prison oversight of other parts of the provision was weak and employability skills were not developed sufficiently. The quality of education and vocational training, and the level of achievements were good. The library provided an effective service but attendance was low. PE provision was good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S23 *At the last inspection in 2011, we found that outcomes for prisoners in Stafford were good against this healthy prison test. We made 15 recommendations in the area of purposeful activity. At this follow-up inspection we found that three of the recommendations had been achieved, seven had been partially achieved, four had not been achieved and one was no longer relevant.*

- S24 The regime offered almost 10 hours out of cell for those in full-time work. Our role checks during peak activity times found that less than 5% of prisoners were locked up. Prisoners were more positive about time out of cell than at the last inspection, although wing regimes frequently had to be curtailed because staff were diverted to cover hospital escorts.
- S25 The management of the learning and skills provision by the college was good. Teachers were well supervised by managers, and prisoners in education had a good quality learning experience. However, the overall management of purposeful activity by the prison was weak and the quality of provision across purposeful activity was not scrutinised well enough. Data were not used well enough to help managers evaluate activities. There was no clear learning and skills strategy.

- S26 Most prisoners were engaged in purposeful activity and the available spaces were well used. However, many prisoners were under-occupied and the process of allocation did not always ensure that the most appropriate activity was chosen to meet prisoners' needs. A new pay policy focused on promoting engagement in activities, but it had resulted in some unfairness and inequality. The National Careers Service provision was good.
- S27 Prisoners developed good skills in education and vocational training. The development of speaking and listening skills in most education classes was good. The quality of learning resources in all classes was good, and the wall displays were creative and informative. Individual learning plans were not always detailed enough and prisoners were not always clear about how they might improve. Most work was unchallenging and did not prepare prisoners well enough for work in the community. Some provision was designed to occupy the retired population, which was positive, but it lacked structure and provided little intellectual stimulation.
- S28 Prisoners were well behaved in classes, and attendance and punctuality were good. They engaged in a range of activities that developed their personal and social skills. In industries and work, prisoners developed respectful relationships with their instructors and other prisoners. There was not enough focus on essential employability skills such as English and mathematics while prisoners were at work.
- S29 Achievements in education and vocational training had continued to improve since the previous inspection. Prisoners made good progress over time in all education subjects and displayed good standards of work. There were similarly good outcomes in vocational training. The college had identified variations in achievement between different groups but work to address this was at an early stage. The prison did not routinely set and measure targets for prisoners taking part in work or industries.
- S30 Library facilities were good and provided a wide range of resources and a variety of books for different cultures and ages. The timetable had been changed to improve access, but the available data suggested that library use was still low, particularly during the week.
- S31 The gym had good facilities and was well attended. However, the range of accredited PE qualifications was too narrow and prisoners were not always assessed by health care before joining the gym. The use of the health champions to promote nutrition across the prison was good.

Resettlement

- S32 *Not enough offending behaviour work was done with sex offenders and a small but significant number were released from Stafford without necessary resettlement support, creating significant risks. Strategic management of reducing reoffending was underdeveloped. Offender supervisors did not support prisoners well enough through their sentence and many lacked the skills and confidence for work with sex offenders. There were some weaknesses in public protection work. There was good developing work with indeterminate sentence prisoners. Visits provision was generally good but not enough was done to promote family ties. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S33 *At the last inspection in 2011, we found that outcomes for prisoners in Stafford were reasonably good against this healthy prison test. We made 32 recommendations in the area of resettlement. At this follow-up inspection we found that 14 of the recommendations had been achieved, two had been partially achieved, 13 had not been achieved and three were no longer relevant.*

- S34 Despite considerable efforts to move them to resettlement prisons, a number of high risk men were released directly from the prison with outstanding resettlement needs. The prison faced a difficult challenge in meeting these needs without a community rehabilitation company or other resettlement support. Strategic management had not helped understanding or action in relation to these problems. There was no reducing re-offending strategy, no strategic needs analysis had been undertaken and planning meetings had only very recently been re-established.
- S35 Almost all prisoners had a named offender supervisor, but there was a lack of regular and meaningful contact between offender supervisors and their prisoners. Individual caseloads were relatively high. Offender supervisors lacked specialist training in working with a sex offender population, and did not undertake any one-to-one work despite a pressing need. Too many men did not have a current OASys⁶ and sentence plan; many were out of date by two years or more. Where sentence plans were in place, they were relevant and outcome focused, but sentence planning meetings were not sufficiently multidisciplinary. Not all risk management plans took enough account of risks in custody and on release.
- S36 Initial public protection procedures were adequate and reviewed regularly. There were some inadequacies in the management of MAPPAs (multi-agency public protection arrangements); levels were not always set before release and not all relevant cases were discussed at the interdepartmental risk management team meeting. Reports to MAPPAs meetings lacked useful analysis and were not fit for purpose.
- S37 All men in the prison were category C prisoners. Some transfers took months to achieve while others did not take place at all.
- S38 Monthly meetings for indeterminate sentence prisoners (ISPs) were generally well attended and had led to a number of helpful actions, including the imminent introduction of lifer days. Lifer and ISP prisoner representatives provided helpful support to their peers.
- S39 We were not confident that releases into the community were coordinated and safe. Resettlement needs were not effectively addressed before release. Release plans drawn up by offender supervisors consisted simply of a summary of information, failing to identify or help to address resettlement needs.
- S40 There was no one to assist prisoners with accommodation needs. More than 10% of men discharged in the previous six months were homeless, including high risk prisoners. Job Centre Plus attended the prison twice a week to help prisoners with benefits and pensions, but there was no advice on debt. Prisoners received good employment, training and education advice and guidance, and pre-release support for prisoners over retirement age was also good. There were effective health and substance misuse support arrangements for prisoners being released.
- S41 The visits hall was a large, bright and well maintained space, but the visitors' centre was cramped. The visits queuing system was inefficient and there were appropriate plans to change it. The searching of visitors and children was carried out sensitively and supervision in the visits hall was unobtrusive. Family visits took place regularly and were popular. They did not meet the needs of older prisoners without young children. There were no family support interventions or relationship courses.
- S42 Too many men were not completing appropriate offending behaviour work and no victim awareness work was delivered. Around 60% of the population was ineligible for the sex

⁶ Offender assessment system (assessment system for both prisons and probation, providing a framework for assessing the likelihood of reoffending and the risk of harm to others).

offender treatment programme (SOTP), either because they were too low risk or because they were in denial. There was no alternative provision for these men. For those who were eligible, provision could not meet the demand as there had been no increase in SOTP places since the re-role to a fully sex offender prison in January 2015. Some prisoners were likely to serve their entire sentences without any intervention to address their offending

Main concerns and recommendations

S43 **Concern:** There was not enough provision to meet primary mental health needs and too many appointments were cancelled. The health care team did not have a sufficient mix of specialist skills and support to meet secondary mental health needs. There were no staff with specialist dementia skills or lead responsibility for work with older prisoners.

Recommendation: Nursing staff levels and skills mix should reflect the complex health needs of the population. Primary mental health care provision should meet demand and reflect the specialised nature and risks of the population.

S44 **Concern:** The management of purposeful activity by the prison was weak and there was no clear learning and skills strategy. Prison managers did not scrutinise the purposeful activity provision well enough and had not evaluated it effectively. They were unable to provide sufficient challenge to all delivery partners to continue improving. The analysis of data was not used well to inform their decisions.

Recommendation: The quality of purposeful activity should be regularly evaluated by prison managers using data on outcomes, and delivery partners should be challenged to effect improvements. All activity should be underpinned by a clear learning and skills and work strategy, which is shared with partners.

S45 **Concern:** A number of high risk men were released directly from the prison with outstanding resettlement needs. The prison faced a difficult challenge in meeting these needs without a community rehabilitation company or other resettlement support. Strategic management had not helped understanding or action in relation to these problems. There was no reducing re-offending strategy, no strategic needs analysis had been undertaken and planning meetings had only very recently been re-established.

Recommendation: There should be a robust reducing re-offending strategy, incorporating offender management and resettlement, which sets out the unique strategic challenges faced by the prison and how to address them. It should be informed by a needs analysis and driven by regular strategic planning meetings.

S46 **Concern:** There was no alternative provision for the two-thirds of prisoners who were ineligible for the sex offender treatment programme. There were not enough places even for those who were eligible, and a number of men were released without undertaking any offending behaviour work.

Recommendation: A range of appropriate interventions, with sufficient places to meet the need, should be available to ensure that all prisoners address their offending behaviour in an appropriate and timely way to minimise the risk of harm to others and to protect the public.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1** About 15 new arrivals were received each week. Most prisoners spent less than two hours in escort vehicles but we encountered one prisoner who had taken more than 24 hours to arrive from a prison 63 miles away, having spent a night at a third prison. Prisoners were held in claustrophobic cells on escort vehicles without seatbelts but the vans were clean and equipped with water, snacks and first aid kits. In our survey, 83% of prisoners said that escort staff treated them well against the comparator of 72% and 70% at the previous inspection. Reception closed over lunch and vehicles which would have arrived at this time waited at courts in Stafford. Not all prisoners were told in advance that they were coming to Stafford. Person escort records were completed to a reasonably good standard. Prisoners were no longer routinely handcuffed from escort vehicles to reception (see health care paragraph 2.43).

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.2** The atmosphere in reception was relaxed and orderly. Staff greeted new arrivals politely and gave reasonable support. Two prisoner orderlies offered new arrivals a hot drink and provided reassurance. An Insider⁷ and a Listener⁸ also met new arrivals. An officer interviewed prisoners in private to complete the helpful 'first night care and induction' booklet. The quality of these interviews varied: some elicited the detainee's mood and anxieties; others were formulaic and perfunctory. Some reception staff strip-searched new arrivals regardless of risk (see paragraph 1.20 and recommendation 1.24). All prisoners were searched using a body orifice security scanner and were seen by a nurse.
- I.3** New arrivals were taken to the welcoming induction unit on D wing. The wing was extremely clean and in good decorative order. First night cells were free of graffiti and fit for purpose. In our survey, 89% of prisoners said they felt safe on their first night against the comparator of 82% and 77% at the previous inspection. New arrivals were given a shower, hot food and a telephone call on the wing. D wing staff interviewed prisoners on their second day to further assess and monitor their welfare.

⁷ Insiders are prisoners who introduce new arrivals to prison life.

⁸ Listeners are prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

- I.4** Staff and prisoners delivered the five-day rolling induction programme. A helpful induction booklet had been printed but not all prisoners received a copy. A prisoner information desk provided additional information for new arrivals. The induction course was informative and helped to prepare prisoners for life at the establishment.

Recommendation

- I.5 All private interviews with new arrivals in reception should be conducted to a high standard. The interviews should elicit the prisoner's mood and any associated risks.**

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.6** Levels of violence were considerably lower than in similar prisons. There had been 10 assaults and seven fights during the previous six months compared with 41 fights and assaults over a similar period at the last inspection. In our survey, fewer prisoners than the comparator said that they had been victimised by other prisoners or by staff. Only 9% said they felt unsafe against a comparator of 15%.
- I.7** The number of prisoners subject to monitoring was relatively low; 33 prisoners had been subject to anti-bullying measures during the previous six months and three were being monitored at the time of the inspection. The tackling antisocial behaviour strategy (TAB) included a linear three-stage process to reduce the likelihood of incidents escalating to physical violence. Staff recorded the behaviour of prisoners in TAB dossiers and weekly reviews took place. Support for victims was not documented in the TAB dossiers that we reviewed, which focused too much on the perpetrators of antisocial behaviour.
- I.8** A full-time police liaison officer employed by the prison referred serious allegations of violence to community police officers and carried out investigations inside the prison. There had been 18 referrals during the previous six months. Allegations made by prisoners were taken seriously and referred appropriately, but the outcome of the investigations and any support put in place for prisoners were not clearly documented in the case files that we looked at.
- I.9** The dedicated safer custody team was adequately resourced and highly committed. Safer custody team meetings took place monthly and there was evidence of action points being followed up. A monthly report, which included identified trends, was prepared by the safer custody team. Meetings were well attended by a range of staff, along with Listeners and a representative from the Samaritans.

Recommendation

- I.10 There should be clearly documented support for the victims of bullying and violent incidents. The outcomes of police investigations into serious allegations and subsequent support offered should be clearly recorded.**

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.11 There had been nine deaths in custody since the previous inspection, including one in 2012 that was self-inflicted. Most recommendations from Prisons and Probation Ombudsman (PPO) reports into deaths from natural causes had been implemented and all the recommendations from the PPO report into the self-inflicted death had been implemented.
- I.12 There had been 40 self-harm incidents involving 35 prisoners during the previous six months, considerably lower than in comparator prisons. Nearly 100 ACCTs⁹ had been opened during the previous six months, similar to the level at the previous inspection. Staff were knowledgeable about the prisoners on ACCTs and potential triggers for self-harm were identified. Observational entries and action plans in ACCT documents were detailed and there was evidence of timely and robust post-closure interviews.
- I.13 Analysis of incidents was good and trends were reviewed at the monthly safer custody meeting. A fortnightly multi-agency safer health meeting was chaired by the head of safer custody. This well attended meeting included detailed discussions about prisoners, including those subject to ACCT procedures. Discussions focused on the specific needs and risks of prisoners, and included reviews of the care in place and plans to revise the monitoring and support for prisoners of concern.
- I.14 In our survey, 74% of prisoners said that they could speak to a Listener at any time compared with 56% at other prisons and 60% at the previous inspection. Twenty-three trained Listeners worked in the prison supported by a peer coordinator. Listeners told us their work was valued by staff and they were positive about the support they received from the Samaritans whom they met each month.
- I.15 During our night visit, we found that not all staff were first aid trained and none we spoke to had received ACCT training. Only one member of staff had received training to use a defibrillator and most could not locate one when asked. Some staff lacked confidence in their role and were unsure about how to respond to life-threatening situations, such as when prisoners were unconscious in their cells.

Recommendation

- I.16 **Staff on night duty should be trained in first aid, ACCT procedures, use of a defibrillator and response to an in-cell emergency.**

⁹ Assessment, care in custody and teamwork case management for prisoners at risk of suicide or self-harm.

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.¹⁰

- I.17** The safeguarding policy was comprehensive and contained clear guidance to staff on identifying prisoners who were vulnerable, of concern or at risk from others. Copies of the policy were available in reception and on all residential units. Staff we spoke to were aware of when prompt and appropriate action should be taken when abuse by prisoners was alleged or suspected. They were also aware of their duty to raise legitimate concerns about the conduct of staff in relation to the management and treatment of prisoners.
- I.18** The prison had constructive links with the local safeguarding board and was represented at external strategic safeguarding meetings by the regional NOMS representative. The head of safer custody was the nominated safeguarding lead in the establishment. No safeguarding referrals had been made to community social services during the previous six months.

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.19** The security department worked well as a team and coordinated well with residential, safer custody and other functions in the prison. About 200 intelligence reports were submitted by staff each month, fewer than at similar prisons, although the number was rising. The information was collated and analysed and monthly reports provided detailed information for each wing, to give staff an up-to-date picture of security issues. There was no system for checking that actions generated from intelligence reports had been carried out and some actions, such as timely drug tests, had been missed. The team worked with the police liaison officer to address risks of offence-related criminality both in and outside the establishment. There was no evidence of concerns about extremism and radicalisation, but measures to address them included routine meetings with the regional NOMS Pathfinder lead and regular contact with the police.
- I.20** Physical and procedural security measures were proportionate. A re-role in 2014 had resulted in a much older and more settled population and greater freedom of movement had been introduced to reflect reduced risks. CCTV coverage had been introduced on A, B and C wings, as well as round the perimeter, and this had improved security. Searching was generally intelligence led and appropriate. However, some staff were inappropriately strip-searching all prisoners on reception regardless of individual risk (see early days in custody paragraph I.2).

¹⁰ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

- I.21** The positive random mandatory drug testing (MDT) rate was 0% for the six months to January 2016. There was a small amount of graffiti in the holding cells, but the MDT suite was otherwise very clean, tidy and appropriately equipped. Staff redeployment had resulted in some slippage of suspicion tests but this had not been reported to the drug strategy committee. New psychoactive substances (NPS),¹¹ specifically synthetic cannabinoids, were beginning to appear in the prison at a relatively low level. The security department was aware of the risks posed by NPS and was well integrated with the Drug and Alcohol Recovery Service (DARS) through the drug strategy committee.
- I.22** In our survey, significantly fewer prisoners than the comparator said they had developed a problem with diverted medication in the prison. Nevertheless, it was the primary risk and not enough was done to reduce in-possession levels and to improve the supervision of medication queues (see recommendation 2.63). The issue of diverted medication was discussed regularly at the drug strategy committee (see substance misuse paragraph I.35).

Recommendations

- I.23** **The security team should track all actions commissioned as a result of intelligence reports, pursuing any that are late and ensuring that lessons are learned.**
- I.24** **Prisoners should only be strip-searched on the basis of individual risk assessment.**

Incentives and earned privileges¹²

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.25** The incentives and earned privileges (IEP) policy was up to date and comprehensive. At the time of the inspection, six prisoners were on the basic level and 44% on the enhanced level. The benefits of the enhanced regime were limited to better access to savings and an extra monthly visit and, in our survey, less than half the respondents said that the different levels of the scheme encouraged them to change their behaviour. Access to the more open regime on G wing was limited to 40 prisoners on enhanced level. Case notes on IEP showed a good balance of positive and negative entries by staff.
- I.26** The establishment was attempting to increase the value of IEP through an 'active citizenship'¹³ approach, drawing on research outcomes to motivate prisoners to make sustained positive contributions to the common good of the prison community. The range of avenues to the enhanced level was being broadened and this helped to mitigate some perceived unfairness; for example, some older and retired prisoners felt that because they did not have access to responsible paid jobs in the prison, they were not given the opportunity to meet the criteria for the enhanced level. This attempt to give more

¹¹ 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.

¹² In the previous report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

¹³ The establishment was drawing on the concept of 'active citizenship' in prisons as set out in a report, 'Time Well Spent' by Edgar, Jacobson and Biggar, Prison Reform Trust 2011.

opportunities for meaningful progression during the sentence was in its early stages, but held considerable promise.

Good practice

- I.27** *The establishment was attempting to increase the value of IEP through an ‘active citizenship’ approach, drawing on research outcomes to motivate prisoners to make sustained positive contributions to the common good of the prison community. The ‘active citizenship’ approach was used to broaden pathways to the enhanced level while remaining within the parameters of national policy.*

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.28** There were 45% fewer adjudications than in the previous six months, and this was not wholly accounted for by the changed offender profile from a mixed category C population to the current older sex offender population. The adjudication process was carried out with full attention to proper procedure, but also with a humane and personal attitude by staff and adjudicating governors. There was effective record keeping and quality assurance of the process. In a few cases, formal adjudication was used to deal with offences which could have been addressed more immediately, effectively and economically by less cumbersome behaviour management processes, such as IEP. A balanced and reasonable approach was taken to the degree of responsibility which could be attributed to some prisoners for their actions, for example in cases of dementia onset. There had been some training in awareness of dementia, autism and mental health, which helped staff to assess the appropriateness of disciplinary action, and there was good liaison with clinical staff on this issue.

The use of force

- I.29** Use of force ran at a consistently low level and had been on a reducing trajectory, with 39 incidents in the previous six months. Written records by staff involved in use of force were thorough and demonstrated proportionate use of restraint techniques. Authorisation of use of force, supervision and quality assurance were of a high standard. Over the past two years, every use of force incident had been followed by an individual formal debrief of prisoner and staff by the duty governor. There was effective analysis of trends and patterns in use of force over time.
- I.30** Video evidence showed that in planned interventions, staff teams restrained prisoners in a calm and organised way, making efforts to de-escalate situations in the early stages and after bringing a refractory prisoner under control. One exception showed the inexperience of staff in using force as they had to be talked in detail through techniques by a more experienced officer while the prisoner remained pinned to the floor. Most planned interventions in the last few months had not been filmed, but training was planned to reinforce the need to record planned interventions.

Good practice

- I.31** *Over the previous two years, the duty governor had consistently conducted and recorded a formal debrief with the prisoner and members of staff after every use of force.*

Segregation

- I.32** The physical environment of the segregation unit was excellent, with an immaculate standard of decoration and cleanliness. Staff knew the prisoners well and treated them with an appropriate combination of clear boundaries and informal courtesy. They did not overreact to difficult behaviour and had sufficient awareness of the nature and needs of the population to individualise the care and management of behaviour. Low numbers were segregated. Detailed monthly statistical reports on the profile of segregated prisoners, including their length of stay, enabled the safer custody team to keep a close watch on any patterns requiring attention.
- I.33** The approach to searching on entry to the unit was inconsistent. There was some evidence of strip-searching of all prisoners on arrival in segregation without risk assessment, although this was not the official policy (see recommendation I.24). During the inspection managers reinforced the need for individual risk assessment to decide whether to strip-search.

Recommendation

- I.34 All planned use of force should be filmed.**

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.35** Clinical and psychosocial services were delivered by Lifeline – known locally as the Drug and Alcohol Recovery Service (DARS). Health care and safer custody staff did not attend the monthly drug strategy committee regularly and there was no representation from residence or the offender management unit. Monthly actions were generated, most of which related to the issue of diverted medication.
- I.36** The DARS psychosocial caseload consisted of 142 prisoners (19% of the population) who received one-to-one case management support and a good range of group work interventions. A holistic therapy programme provided additional support. There were still no counselling services to address issues underpinning vulnerability to substance misuse.
- I.37** Five well-supervised and supported DARS peer supporters delivered induction sessions, individual support for prisoners on the DARS caseload, co-facilitation of group sessions and service user feedback. Group sessions were evaluated through feedback sheets completed after each course. In our survey, 96% of prisoners who had received support from DARS said it had been helpful against the comparator of 77%.
- I.38** Prisoners with a low-level dual diagnosis of mental health and substance misuse problems were supported by the clinical nurses on the DARS team. Those with higher levels of need were referred to mental health in-reach services. Joint reviews with DARS provided continuity of care.

- I.39** Five prisoners were receiving opiate substitution treatment, all on methadone. The medication was administered from a building apart from the wings, which offered a good level of privacy. The process was supervised each day by one of two regularly detailed officers. All the prisoners told us they received very good levels of support, with daily access to the substance use nurse and psychosocial workers who acted as second signatories to the controlled drug administration.

Recommendation

- I.40** Prisoners undertaking **DARS** drug and alcohol programmes should have access to counselling services, to address issues underpinning their vulnerability to substance misuse.

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 Residential units were in excellent condition despite the age of the prison. All cells had been refurbished with wooden furniture and lockable cupboards. Some prisoners had privacy keys. Toilet cubicles adjoined the cells and had fully screened doors. Facilities on the newer G wing were better than older parts of the prison. Prisoners were held in single cells, each with a shower and toilet.
- 2.2 Communal areas throughout the prison were impressively clean. Unlike many other old prisons, landings, stairways and rooms on the units were litter and dirt free. The prisoner painting party had received proper training and decorated to a very high standard. External areas had no litter and the limited green space had been well tended. Exercise yards were small but efforts had been made to make them greener.
- 2.3 The offensive displays policy was adhered to and we did not see any graffiti in residential areas. In our survey, more prisoners (81%) than the comparator (69%) said that it was normally quiet enough to be able to relax or sleep at night. Cell bell data and our own tests showed that call bells were generally answered within five minutes. Showers were well ventilated and clean. The showers on D wing had recently been refurbished and were immaculate. Prisoners had access to cleaning products to clean their cells.
- 2.4 Prisoners could apply for services in writing but their opinions as to the effectiveness and timeliness of the applications system varied. A new application form was to be introduced shortly after our inspection to improve its effectiveness. The new forms were in triplicate and would enable better tracking of applications.
- 2.5 Access to telephones had improved since our last inspection and there were now enough phones for prisoners to use them once a day. Prisoners' access to incoming and outgoing mail was reasonably good. Laundry services were efficient and prisoners received enough clean bedding. Prisoners could wear their own clothes and could access their stored property.

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.

- 2.6 Relationships between prisoners and staff were good. In our survey, 85% of prisoners said that staff treated them with respect and 84% said that there was a member of staff they could turn to if they had a problem, both significantly higher than the comparator and the previous inspection. Interactions were friendly and appropriate, but too many staff continued to use surnames only when addressing prisoners.

- 2.7** Staff had a good knowledge of prisoners in their care. Wing staff usually made regular entries about prisoners' good and poor behaviour on P-Nomis (electronic case notes), suggesting a reasonable level of engagement. There was no longer a formal personal officer scheme and offender supervisors were tasked with fulfilling the main elements of this role. However, their contact with prisoners was very limited (see offender management and planning paragraph 4.4). The available figures showed that only 27% of staff had received anti-conditioning training, none of whom were regular wing staff. No uniformed staff, including offender supervisors, had received any other specialist training to work with sex offenders.
- 2.8** Consultation with prisoners was good. Prisoners could raise issues through prison council representatives who attended the monthly meetings. Minutes showed that meaningful discussions took place at prisoner council meetings with evidence of changes in response to action points. Minutes were displayed around the prison on wing notice boards.

Recommendation

- 2.9 All staff should receive regular anti-conditioning training, and offender supervisors should receive specialist training for work with sex offenders.**

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 characteristic¹⁴ 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

- 2.10** There was a clear management structure for equality work and particularly strong engagement with prisoner representatives. The policy and action plan covered all minority groups, but they were out of date and an analysis of current need was especially important in light of the ageing population and high levels of disability. The Civil Service basic e-learning equality training package did not equip staff to meet the complex challenges they faced at Stafford. In recognition of this, 20 staff were completing an NVQ in dementia awareness but more training specific to the needs of the population was required.
- 2.11** There was a management team lead for each protected group and well trained prisoner equality representatives on each wing, who felt supported by the equality administrator. The monthly equality action group (EAG) meeting was jointly chaired by the deputy governor and a prisoner representative. Prisoners met the equality administrator in advance to discuss common concerns for the agenda. Meetings were practical and demonstrated purposeful engagement. They were well attended by prisoners, but less so by the management leads, but the latter routinely submitted a report to the meeting.

¹⁴ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.12** During the previous six months, 14 discrimination incident report forms (DIRFs) had been submitted. Responses to many were late, but otherwise investigations were adequate. There was some trends analysis of DIRF responses, but not of complaints involving a protected characteristic.
- 2.13** Links with community support agencies for protected groups were limited. Consultation was good for some groups but poor for others.

Recommendations

- 2.14** **Equality strategy and action planning should be developed and informed by a periodic analysis of need and advice from care specialists for elderly people.**
- 2.15** **There should be consultation/support forums for all protected groups.**

Protected characteristics

- 2.16** The age profile of the population was striking. There were 222 prisoners over 50, more than double the number at the last inspection, and 72 prisoners over 70. Eleven had a terminal illness and two had advanced dementia. The prison had engaged with Age UK to help address the consequent issues. Provision was developing and, although it did not yet reflect the size and needs of the population, older prisoners in our survey reported a more positive experience across many parameters of life in the prison than those under 50.
- 2.17** A senior support group (SSG) enabled prisoners over 64 to meet during the day. There were plans to expand the facilities as only 30 could be accommodated at a time and prisoners attended by rota. There were few structured activities in the SSG, although there were plans to address this. Some prisoners made up tea packs, a menial task not suited to a population at risk of dementia (see paragraph 3.21 and recommendation 3.23 in the purposeful activity section). Retired prisoners not able to attend the SSG stayed on their wings and some could be locked in cells for much of the day, depending on staff levels. There were too many older prisoners to locate them all in ground floor cells.
- 2.18** Support was good for prisoners with disabilities who had the greatest need. Appropriate arrangements were in place for Care Act 2014 referrals. Two care assistants from a private agency had provided excellent support to the two prisoners with dementia and a Macmillan nurse had been appointed to support the terminally ill prisoners. Peer carers provided valuable personal care. Prisoners who needed a personal emergency evacuation plan had one and they were clearly identified on notices in wing offices, although plans were superficial. There was some unmet need, such as equipment to help prisoners dress and other daily living aids. In our survey, while 89% of prisoners with disabilities said staff treated them with respect, they otherwise indicated a worse experience than others across a range of areas. Data from the prison's equality monitoring tool showed no disproportionate treatment of prisoners with disabilities. There was no forum for exploring the data and prisoners' perceptions.
- 2.19** Black and minority ethnic prisoners reported a worse experience than white prisoners across a wide range of questions in our survey, particularly concerning their interactions with staff. These negative perceptions were reflected in data from the equality monitoring tool which indicated disproportionate treatment for black prisoners under the adjudication system and time spent in segregation. The prison had been too slow to act on these findings. There were good forums for Gypsy, Roma and Traveller prisoners, but no forums for black and minority ethnic prisoners to explore the data and their perceptions.

- 2.20** A programme of faith awareness training for staff had been suspended while a new managing chaplain was appointed. The prison had again been slow to respond to data from the equality monitoring tool which showed disproportionate treatment of Muslim prisoners under the adjudication system and in the use of segregation.
- 2.21** Provision for foreign national prisoners was managed by the offender management unit, but it was not well integrated into diversity work. The three foreign national representatives did not attend the monthly diversity meeting or the EAG and had not received appropriate training. Consultation was undertaken with the foreign national representatives who were negative about their experience of Stafford. There were no forums for other foreign national prisoners. No use had been made of telephone interpretation during the previous six months despite some need, and not all health care staff were aware of the availability of telephone interpreting services. Immigration Service surgeries were held every six weeks, but there was poor access to independent legal representation.
- 2.22** There was good provision for veterans, with regular forums and active engagement with community support groups.
- 2.23** An active gay/bisexual/transgender support group was attended regularly by over 40 prisoners and there was good engagement with community support groups. There was evidence of some good support for transgender prisoners.

Recommendations

- 2.24** **An appropriate stock of daily living aids should be maintained to meet the needs of all prisoners with disabilities.**
- 2.25** **Adverse data from the equality monitoring tool should be investigated and addressed promptly.**
- 2.26** **The needs of foreign national prisoners should be met, including the provision of interpreting and translation services.**

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.

- 2.27** Two vacant posts, one for a managing chaplain, were being covered by sessional and volunteer staff. This had placed some strain on the service, but it was coping well. Prisoners we spoke to said faith provision was good and this was reflected in our survey. Almost all prisoners had enough access to corporate worship and religious instruction and facilities were adequate.
- 2.28** Fewer prisoners than the comparator in our survey said they had access to a chaplain or religious leader when they arrived. Records showed that all new prisoners were seen within 24 hours, although resources prevented the chaplaincy from contributing to induction.
- 2.29** Each wing and the segregation unit were visited daily and all prisoners were seen before they were discharged. All prisoners on an ACCT were visited at least weekly. We were told that

the team had been unable to attend as many ACCT reviews as they would have liked and they had not been present at any of the cases we looked at.

- 2.30** We observed some good interactions between the chaplaincy, prisoners and wing staff. Pastoral support was very good and the chaplaincy provided a welfare service for prisoners near to death. They were notified of bereavements so that they could be involved in informing the prisoner. Stafford bereavement and loss counsellors visited to provide individual sessions for prisoners.

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.

- 2.31** Complaint boxes and forms were available on all wings, although some boxes were located in front of staff offices. During the previous six months, 755 complaints had been submitted, which was lower than at similar prisons. The quality of replies varied: many were polite, timely and focused, and offered apologies where appropriate, while others were dismissive and perfunctory. One particularly unhelpful reply concluded by telling the prisoner that if he had not been sent to prison in the first place he would have no cause to complain. However, 22% of complaints had been upheld. The senior management team analysed rudimentary monthly complaints reports but did not monitor complaints by protected characteristic. The deputy governor quality assured a sample of replies each month and addressed issues that consistently caused complaints.

Recommendations

- 2.32** Complaint boxes should be located away from staff offices to enable prisoners to submit complaints discreetly.
- 2.33** All replies to complaints should be respectful and focused.

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.

- 2.34** An active legal officer service was better than we usually see and provided assistance on criminal law matters in particular. There was no 'access to justice' laptop for appellants representing themselves and some essential up-to-date legal texts were not available in the library. There was little dedicated support and advice for older prisoners on the preparation of wills and powers of attorney. Prisoners had sufficient time to contact their solicitors. Legal visits were available every weekday morning, but they were held in the social visits area, with no privacy screens.

Recommendation

2.35 Prisoners should be able to consult their solicitors in private.

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.

2.36 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹⁵ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement with subsequent notices issued by the CQC which have been detailed in Appendix III of this report.

Governance arrangements

2.37 The Care Quality Commission issued three 'requirement to improve' notices.

2.38 Health services were commissioned by NHS England. Primary care services were provided by Staffordshire and Stoke-on-Trent Partnership NHS Trust (SSOTP) and the general practitioner (GP) service was provided by Prison Care consortium. Secondary mental health was provided by South Staffordshire and Shropshire Foundation Trust.

2.39 A comprehensive health needs assessment had been published in June 2015 and would inform the new contracted services from April 2016. A quarterly area partnership board had suitable prison, commissioner and provider representation. A framework of local and Trust-wide governance meetings facilitated suitable scrutiny but some meetings had not been held recently. Nursing capacity was stretched. The skill mix was reasonable but too few nursing staff had completed training in minor injury or illness. There was no internal lead member of healthcare staff for older people or palliative care/end of life and no staff with specialist dementia skills (see main recommendation S43).

2.40 All health staff had completed prison training on conditioning by prisoners. However, caring for this population required staff to deal with issues such as unsolicited disclosures and disordered thinking and behaviours. Clinical supervision arrangements were not used by all staff. Clinical incidents were appropriately reported and 143 incidents had been logged between May 2015 and January 2016. There was a suitable range of up-to-date policies and standard operating procedures, although paper copies in some treatment rooms were not always up to date.

2.41 Consulting rooms in the main health care department were clean. Some wing treatment rooms had non-compliant basin taps and one sink on E/F wing was used for both specimen disposal and hand washing. The reception health care room and two main health care rooms were extremely cold. A patient environment audit in 2015 showed some outstanding actions.

¹⁵ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

- 2.42** Prisoners over 65 and those with mobility problems were not routinely handcuffed for external hospital appointments except when a specific risk had been identified. It was not clear whether other restraint decisions for escort were informed by health staff.
- 2.43** There was nursing cover from 7.30am to 5.30pm during the week. Medical emergencies were well managed and nursing staff had received up-to-date basic life support training. Too few prison staff had been trained in basic life support or use of the automated defibrillator. Defibrillators were sited on wings but not all prison staff knew what they were or how to use them (see paragraph 1.15 in self-harm and suicide prevention section). Emergency equipment was suitably located but checks were not made consistently.
- 2.44** In response to the Care Act 2014, the prison had developed an excellent working relationship with the local authority. Prisoners with social care needs were identified and provided with suitable care packages. At the time of the inspection, two prisoners were receiving personal care from community carers aided by trained prisoner carers for general tasks. Prisoners who needed mobility equipment and adaptations were referred to local occupational therapy services.
- 2.45** A basic information leaflet about health services was given to prisoners on induction by the health champions (see paragraph 3.35). There was a lack of awareness among some nursing staff of how to support prisoners with limited English skills. Prisoners made few formal complaints and used the NHS PALS (patient advice liaison service) to raise 78 concerns between April and December 2015 which were dealt with appropriately by the Trust. There was health representation on the prisoner consultative council but no separate health forum.
- 2.46** The health promotion programme was a product of excellent joint working between prison and health care and was supported by trained and committed prisoner health care champions. With the exception of oral health promotion, a wide range of information and advice was available and the weight management clinic run by a health care support worker was commendable. There were effective links between health care and the gym and catering.
- 2.47** Prisoners could request condoms and lubricant and there was age-appropriate immunisation and health screening.

Good practice

- 2.48** *The structured weight management programme led by a suitably trained health care assistant was producing positive improvements in individuals' lifestyles.*

Delivery of care (physical health)

- 2.49** In our survey, more prisoners (66%) said that they could access a nurse easily than at comparator prisons (51%) and more prisoners said that the quality of GP and nurse services was good.
- 2.50** Prisoners were screened on arrival and appropriate referrals were made. Well-developed care planning and wing-based nursing supported consistent care, treatment and review for patients with complex needs. Patient records were of good quality.
- 2.51** The range of primary care services was reasonable and waiting times were equivalent to the community. GPs offered good continuity and a range of minor treatments. Nurse triage supported effective prioritisation of GP time. Prisoners requiring GP support out of hours were screened through a telephone triage system and appropriate action was taken.

Scheduled nurse clinics included NHS health checks. Long-term medical conditions were monitored well and patients were effectively supported to manage their own conditions.

- 2.52** The demand for external hospital appointments had significantly increased, with approximately 200 appointments a month. Referrals were appropriate and appointments were proactively managed; however, the lack of resources to provide escorts resulted in the cancellation of more than a quarter of appointments. GPs prioritised attendance at external appointments but clinically necessary appointments were frequently cancelled. Nurses maintained good links with hospitals but there were regular challenges in finding suitable inpatient places for men needing hospital admission.

Recommendation

- 2.53 Prisoners should have access to all required secondary health services within community equivalent waiting times. Prioritisation of attendance should be based on clinical decisions.**

Pharmacy

- 2.54** Lloyds Pharmacy at HMP Oakwood supplied medicines. A pharmacist visited two half days a month and a pharmacy technician weekly.
- 2.55** Limited medicines administration times resulted in medicines being administered three rather than four times a day and intervals between some twice-daily dose medicines were outside the 12-hour dosage intervals. We were also concerned that limited administration times had sometimes encouraged inappropriate use of medicines such as modified release Tramadol. Some medicines to help sleep were given too early. There was poor supervision of medicine administration by prison staff at the treatment hatches.
- 2.56** Many prisoners said they had not received in-possession medicine supplies on time and we observed several men unable to get medicines when they needed them despite prescriptions written well in advance. The system of faxing prescriptions to Oakwood failed regularly.
- 2.57** The prescribing formulary lacked recognised pain management medicines. Approximately 13% (96) of prisoners were prescribed Tramadol and a further 7% (56) were prescribed Codeine. This level of prescribing of strong analgesia without regular review or robust evaluation of pain and potential for other types of therapy did not adhere to best practice guidance. Most prisoners could keep their medicines in possession and there was a clear policy and process for risk assessment. However, the policy enabled potentially tradable medicines such as Gabapentin and Pregabalin to be given in possession and approximately 5% (39) of the population were prescribed Gabapentin. We also noted one patient with an in-possession prescription and no suitable risk assessment. Patients had limited opportunity to see the pharmacist for advice.
- 2.58** Prisoners could buy simple remedies from the canteen list and nurses could treat minor conditions and supply more potent medicines.
- 2.59** Stock management and reconciliation were poor, with inadequate storage space and regular over-ordering to compensate for supply delays. Named patient and stock medicines were not separated well enough and this had resulted in at least one patient having duplicate products. Medicines for destruction were stored on the floor in two wing treatment rooms and on D wing a large quantity of named patient Tramadol was stored in a cupboard due to over ordering. We also observed loose blisters of Tramadol and Paracetamol.

- 2.60** Refrigerator temperatures were checked but nursing staff did not know how to reset them and the fridge in A wing treatment room was not working.
- 2.61** The system for receiving medicines into the prison was poor and we observed five boxes of general medicines unattended in the general waiting area at the entrance to the prison. There was a good system for the collection and transportation of controlled drugs. Up-to-date protocols and procedures were in place. There was no regular medicines management meeting for the prison. SSOTP held a monthly medicines management group meeting but the prison was not discussed and the pharmacist had not been invited to attend.

Recommendations

- 2.62** There should be regular and vigilant supervision by officers at the medicine hatches to ensure there is no diversion of medicines.
- 2.63** The in-possession policy, risk assessment process and the prescribing formulary should reflect established good practice in relation to the status and indication for all prescribed medicines.
- 2.64** Supervised medicines should be administered according to recommended dosage regimes to ensure clinically effective treatment.
- 2.65** There should be sufficient pharmacist hours to meet need.
- 2.66** There should be a comprehensive review of medicines management, including ordering, receipt, storage and supply of medicines, with regular oversight through prison specific medicines management meetings.

Dentistry

- 2.67** Dental provision did not meet the needs of the population; 117 men were awaiting routine dental treatment, almost half for more than eight weeks. Two sessions a week consisted of 16 appointments but prioritisation was not effective and appropriate treatment was not always timely. A further 64 prisoners were waiting up to 13 weeks to start treatment plans, such as dentures. In our survey, 8% of prisoners said that access to dental services was good and 31% that the quality was good against respective comparators of 14% and 44%.
- 2.68** Oral health advice was limited. Men had access to emergency dental treatment through GP prescribing and a local dental access centre. Governance arrangements were reasonable, but some checks to monitor service safety had not been regularly completed.

Recommendations

- 2.69** Waiting times for prisoners to be assessed for dental treatment should be in line with those in the community.
- 2.70** The range of treatments offered should reflect national guidance and meet prisoners' needs.

Delivery of care (mental health)

- 2.71** There were approximately 70 men on the primary mental health caseload. We observed some good care and men were positive about their experience. The in-reach team provided a daily presence and supported approximately 30 prisoners. Too many primary mental health appointments were being cancelled. The team comprised community psychiatric nurses, a social worker and weekly clinic sessions from an adult general psychiatrist. There was no clinical psychology input or counselling and staff lacked the specialist skills and support to deal with this population (see main recommendation S43). There was no service to meet the needs of prisoners with a learning disability or men on the autistic spectrum. Too few prison staff had received mental health awareness training.
- 2.72** New urgent referrals were seen within 48 hours and routine referrals within 35 days. Referrals were made using a recognised mental health assessment tool (TAG, or threshold assessment grid), but the quality of some referral information was inconsistent and did not allow nurses to determine the correct priority. A new system being piloted showed early promise but it was too early to assess its impact.
- 2.73** Primary mental health nurses attended many ACCT reviews and the prison-wide multi-agency for safer health meeting (see self-harm and suicide prevention paragraph I.13). There was an effective working relationship with the secondary in-reach team from South Staffordshire and Shropshire Foundation Trust, with reciprocal representation at the two team meetings. This facilitated suitable discussion of cases, appropriate referrals and case management.
- 2.74** During the previous year, five referrals had been made under the Mental Health Act 1983. Most men had waited reasonable periods for assessment, transfer or refusal of placement, but one prisoner had waited four months from initial referral to a further assessment for a different placement, which was too long.

Recommendation

- 2.75 All staff should receive mental health awareness training.**

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.

- 2.76** In our survey, 48% of prisoners said the food was good or very good against 29% in similar prisons. Lunch and dinner were selected from a four-week rolling menu, which offered a wide variety of healthy options and accommodated different diets. Menu options included fruit and vegetables every day, but breakfast packs were meagre.
- 2.77** The quality of meals we sampled was adequate and, with the exception of breakfast, prisoners did not complain about the size of portions. Portion control and staff supervision of the serving of meals were very good. There was little complaint about the storage, preparation and serving of halal food and we found these arrangements to be satisfactory. In general, consultation with prisoners about catering was very good. Special diets and religious events were well catered for.

- 2.78** The kitchen was clean and properly maintained. Twenty-seven prisoners worked in the kitchen and seven were studying for an NVQ level 2 in food production.

Purchases

Expected outcomes:

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

- 2.79** Prisoners were entitled to purchase an induction pack on arrival. Canteen orders were placed on a Monday afternoon and were delivered the following Friday. A prisoner could wait for 10 days to receive his first full canteen order, which was too long.
- 2.80** Prisoners' money was handled efficiently and appropriately, and prisoners were given a weekly printout of their account at no cost. Prisoners could order goods from a variety of catalogues, but were charged a 50p administration fee.
- 2.81** The canteen provided a reasonable choice for most prisoners and this was reflected in our survey, particularly in responses from older prisoners. Only a third of black and minority ethnic prisoners said the canteen sold a wide enough range of goods against two-thirds of white prisoners. The reasons for this were unclear. The last quarterly prisoner forum on the canteen had been cancelled and there were no black and minority ethnic consultation forums (see equality and diversity paragraph 2.19).

Recommendation

- 2.82** **Prisoners who miss the submission date for the weekly order form should not have to wait a week to be able to place an order.** (Repeated recommendation 8.13)

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.¹⁶

- 3.1** Time out of cell was good. During our roll checks in peak work times, only 5% of prisoners were locked in their cells, while 85% were engaged in purposeful activity. Most prisoners were out of their cell for up to 10 hours on a weekday; lock-up for roll checks was kept to a minimum, and in our survey men were more positive on this topic than at the previous inspection. However, a limit on the number who could be unlocked on each wing during the working day meant that some who were not working (including some retired prisoners) were locked up for much of that time. Staff frequently had to be taken from the wings for hospital escorts. This caused shutdown of a wing, for example over the lunchtime association period; this had occurred 13 times in January 2016.
- 3.2** Exercise periods were limited to 30 minutes; the yards were largely featureless, except for the well-tended garden by G wing (benches had been ordered and received, but not yet fitted). The association areas on several wings were cramped, but reasonably well equipped.

Recommendation

- 3.3 Prisoners should have at least one hour's exercise in the open air each day.**

¹⁶ 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.

3.4 Ofsted¹⁷ made the following assessments about the learning and skills and work provision:

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

Management of learning and skills and work

- 3.5** The overall leadership and management of learning and skills and work required improvement. The management of the OLASS (offender learning and skills service) provision was good, and particularly effective work had taken place since the previous inspection to monitor and develop the quality of teaching and learning. In consequence, prisoners developed good vocational, English and mathematics skills. Education managers were committed to delivering high standards and performed well with little oversight by the prison.
- 3.6** In contrast, the management of purposeful activity by the prison was not effective enough. The joint working at operational level across some areas of purposeful activity was good but this had not been informed by an agreed development strategy. Areas such as industries and work had not been directed well or supported to develop further since the previous inspection (see main recommendation S44).
- 3.7** The prison's leaders and managers did not scrutinise the purposeful activity provision well enough. They had not evaluated it effectively and were not able to provide sufficient challenge to all delivery partners to continue improving. The analysis of data was not used well to inform their decisions (see main recommendation S44).
- 3.8** The prison had not forged enough links with external employers and guest speakers to support prisoners' transition into work. There were not enough opportunities for prisoners

¹⁷ 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>.

to engage with employers to improve their understanding of what was expected in the workplace.

Recommendation

- 3.9 Prisoners should have the opportunity to engage with employers and guest speakers to support their transition into work on release.**

Provision of activities

- 3.10** There were enough purposeful activity spaces for most but not all of the population. Approximately 40 prisoners were unemployed or did not attend activities, for example, as a result of sickness. Most of the activity places were full time. The process of allocation to activities did not ensure that the most appropriate activity was chosen to meet each prisoner's developmental needs.
- 3.11** The breadth of education courses offered by the Milton Keynes College (the College) was good. English and mathematics were offered from entry level to level 2. Several courses had been introduced recently to meet the needs of foreign nationals and prisoners of different ages. A few prisoners were studying distance learning and Open University courses.
- 3.12** Opportunities were limited for prisoners to acquire appropriate qualifications to prepare themselves for employment on release. Only 40 vocational training spaces were available and prisoners had to wait too long to attend these popular courses. Too many jobs such as laundry, kitchens and wing cleaning did not keep prisoners busy or challenged enough.
- 3.13** The pay policy had recently been revised to incentivise attendance to education, but it had created some unfairness and inequality among prisoners. Prisoners doing the same job could be paid a different rate. Prisoners for whom achieving a level 2 in English and mathematics was not a realistic prospect did not have the same chances to reach the higher pay band.

Recommendations

- 3.14 There should be sufficient activity spaces for the population, especially in vocational training. Allocation to activity should prioritise identified needs.**
- 3.15 Prisoners doing the same job should be paid the same rate.**

Quality of provision

- 3.16** Most lessons had good pace and prisoners received positive verbal feedback from teachers where appropriate. The development of speaking and listening skills was good in most classes in education and vocational training.
- 3.17** In vocational training, most learners were challenged appropriately and demonstrated a clear understanding of their chosen occupation. They developed good mathematics and problem-solving skills in vocational training sessions.
- 3.18** The quality of learning resources in all classes supported a high standard of work. Wall displays were good and included job opportunities. Thought-provoking presentations supported prisoners' understanding of a wide range of diversity issues.

- 3.19** Prisoners with additional learning needs received highly effective support which enabled them to progress well. In industries, learners with disabilities had access to adapted equipment and undertook similar tasks to others. Prisoners used safe working practices.
- 3.20** Induction to education was delivered well by knowledgeable and helpful prisoners. Initial assessment provided appropriate information about needs and previous attainment. However, in many sessions teachers did not use this information adequately to plan for the needs of prisoners with different levels of ability. Individual learning plans were not always detailed enough and did not make clear how prisoners might improve.
- 3.21** In the senior support group, there was not enough social and intellectual stimulation to support retired prisoners. Sessions lacked structure and not enough activities were delivered (see paragraph 2.17 in equality and diversity section).

Recommendations

- 3.22** **Teachers should plan effectively to meet the needs of prisoners of all abilities, and prisoners' individual learning plans should clarify how they can improve and achieve their targets.**
- 3.23** **The senior support group for older prisoners should provide more structured activities and social and intellectual challenge.**

Personal development and behaviour

- 3.24** Attendance and punctuality to activities were good. Prisoners behaved well in all activities and developed respectful relationships. Most said they enjoyed attending education and vocational training.
- 3.25** Prisoners received good advice and guidance from College staff on the opportunities available in learning and skills to help them achieve their aspirations. However, the work activities undertaken by prisoners were not demanding enough and did not prepare them well for the external world of work. They did not develop essential employability skills such as English and mathematics.

Recommendation

- 3.26** **Purposeful activities should be used to their full potential to ensure that all prisoners develop essential employability skills, such as English and mathematics.**

Education and vocational achievements

- 3.27** Prisoners' achievements in education had continued to improve since the previous inspection and they now made good progress over time in all subjects. Many articulated clearly the new skills and knowledge they had gained.
- 3.28** Nearly all prisoners achieved their vocational qualifications within expected timeframes, displaying good standards of work in education and vocational training. They produced good, mock on-line resources to enable others to develop useful life skills, such as using different payment methods.

- 3.29** During the previous year, prisoners from specific minority ethnic backgrounds had not achieved as well as their peers. Actions to address this had been taken but it was too early to gauge their impact. Targets for achievement in work or industries were not set routinely to encourage good outcomes. Achievement in courses, such as performing manufacturing operations delivered by Stoke-on-Trent College (a subcontractor of Milton Keynes College), required improvement.

Library

- 3.30** Staffordshire County Council provided the library services. The library was small but well organised and the team of experienced, unqualified library staff managed it well. Orderlies facilitated reading activities such as 'Turning Pages'¹⁸ and 'Storybook Dads'.¹⁹
- 3.31** The library opening times had been extended, but use of the library throughout the week was generally low. Data were not used effectively to determine trends in use and which groups of prisoners did not attend.
- 3.32** Access for prisoners with limited mobility had been improved and it was now appropriate for all prisoners. A wide range of good resources was available to meet the needs of the population, including a limited but appropriate range of vocational books. Requests for books were dealt with effectively. The library had a full and up-to-date range of Prison Service Orders and legal books, although none on immigration issues.

Recommendation

- 3.33** **Data on attendance at the library should be analysed to identify patterns of use and to ensure that all groups of prisoners use the facilities well.**

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

- 3.34** The physical education (PE) department was well staffed by trained officers who held teaching qualifications and, in some cases, qualifications to support older prisoners and those requiring remedial support. The range of accredited qualifications offered was narrow but achievement rates were good (see recommendation 3.14). English and mathematics skills were no longer developed as part of the qualifications.
- 3.35** All prisoners had good access to gym and remedial sessions. Attendance at the time of the inspection was good. Recreational gym was now available at weekends and evenings. The use of health champions to promote nutrition and well-being across the prison was good.
- 3.36** Data were not used effectively to determine use. Gym staff regularly reviewed participation rates, but action had not been taken to determine why some prisoners did not engage with PE.

¹⁸ Turning Pages is a reading programme created by the Shannon Trust, written specifically for adults (unlike its predecessor Toe by Toe) and delivered by peer mentors.

¹⁹ Storybook dads is a project for prisoners to record stories for their children.

- 3.37** Prisoners received an appropriate induction to PE, staff ensured that they were fit to participate and referred individuals to health care if any concerns were identified at induction. However, links with health care required further development to ensure that all prisoners were initially put on the appropriate programmes. Links with the health care department were good for prisoners with identified mental health needs or requiring physiotherapy and medical referrals.
- 3.38** Facilities were good and equipment was in good condition. Prisoners had access to a free weights room, a cardiovascular room and an additional space with further cardiovascular equipment. A large indoor sports hall with three badminton courts was complemented by an outside all-weather pitch and bowling area.

Recommendation

- 3.39** **Links between health care and the gym should be strengthened to ensure that all prisoners are placed on appropriate programmes.**

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** Despite considerable efforts to move them to resettlement prisons, over 100 high risk men had been released directly from the prison in the previous six months. As a non-resettlement prison, the establishment was not resourced to deliver pathway services and faced a difficult challenge in meeting the resettlement needs of these prisoners without input from a community rehabilitation company or other resettlement support. Consequently, men were discharged into the community with outstanding resettlement needs.
- 4.2** Strategic management was not strong enough to mitigate these problems. While helpful strategic planning had been initiated by individual managers, the establishment did not have a reducing re-offending strategy, no strategic needs analysis had been undertaken and planning meetings had only very recently been re-established (see main recommendation S45).

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.

- 4.3** The offender management unit (OMU) was profiled for 16 uniformed offender supervisor posts, a hybrid role requiring the officer to spend some time on wings as a supervising officer. Two seconded probation staff supervised most prisoners serving indeterminate sentences. Individual caseloads averaged 55, which was relatively high given that they comprised men posing a medium or high risk of serious harm to others.
- 4.4** Prisoners were aware of their named offender supervisors but reported very little contact with them; no minimum frequency of contact was set by OMU managers and we found evidence of appropriate contact in only a third of the cases we examined. Interaction tended to be reactive, usually prompted by applications from prisoners. One prisoner had been in the prison for 20 months and had only seen his offender supervisor twice. The small number of life and indeterminate sentence prisoners (ISPs) we spoke to were the exception and were more positive. The reason for lack of contact was not clear, although it was evident that cross deployment of offender supervisors had increased in recent weeks.
- 4.5** Offender supervisors lacked specialist training in working with a sex offender population, although they received some informal support from more experienced colleagues, including probation officers and the psychology team. Some were relatively new in post and had

undertaken little formal training other than OASys²⁰ training. Despite a pressing need to complete one-to-one work with prisoners who were not able to access a programme (see section on attitudes, thinking and behaviour), offender supervisors were neither trained nor experienced in this type of work to motivate men or challenge their offending behaviour. Neither they nor OMU managers saw such work as part of the offender supervisor role, which was a missed opportunity.

- 4.6** There was a significant backlog of 200 OASys assessments, 166 of which were the responsibility of the National Probation Service and 34 the responsibility of the prison. Six assessments had not been reviewed since 2012, eight since 2013 and 84 since 2014, which was concerning. Although a senior probation officer attached to the prison one day a week escalated some cases at the request of offender supervisors, there was no systematic or effective process to ensure that the National Probation Service completed OASys that they were responsible for (see recommendation 4.14).
- 4.7** When up-to-date sentence plans were in place, objectives were relevant with definitive outcomes. Nearly all the prisoners we spoke to said they understood their targets and had been fully engaged with their initial sentence plan. However, in more than three-quarters of those sampled, the plan for the work had not been reviewed adequately. Sentence plan meetings took place but they were not multidisciplinary because other relevant departments were not asked to contribute. Not all risk management plans reflected adequately risks while in custody and on release.
- 4.8** Release on home detention curfew and release on temporary licence were not used because of the risk level of prisoners and the nature of their offences.

Recommendation

- 4.9 Adequately trained offender supervisors should have regular and meaningful contact with prisoners to motivate, challenge and support them throughout their sentence. This should be underpinned by robust management oversight and quality assurance to ensure that all elements of offender management are timely and of adequate quality.**

Public protection

- 4.10** At the time of the inspection, 741 prisoners were listed on the sex offenders register, of whom 565 posed a risk to children, and 753 prisoners were listed on VISOR (violent and sex offender register). There were three MAPPA level 3 (multi-agency public protection arrangements), 36 MAPPA level 2 and 710 MAPPA level 1 prisoners.
- 4.11** Initial public protection procedures in relation to visits, mail and telephone monitoring, sexual offences and restraining orders were satisfactory. Initial screening was undertaken on arrival, restrictions were applied appropriately and reviewed regularly. Applications for contact with children by prisoners with public protection restrictions were managed appropriately. At the time of the inspection, 35 prisoners were subject to mail and telephone monitoring. The VISOR was kept up to date and assessed regularly by the administrative officer responsible for public protection. However, there was no cover in his absence.

²⁰ Offender assessment system (assessment system for both prisons and probation, providing a framework for assessing the likelihood of reoffending and the risk of harm to others).

- 4.12** There were some inadequacies in the management of MAPPA cases. Too many prisoners who were MAPPA eligible did not have a confirmed management level before release. There was no robust process to ensure that MAPPA levels were known six months before release, with the potential for the OMU to miss opportunities for involvement in multi-agency planning. Reports to MAPPA meetings were completed when requested, but they provided little analysis of behaviour and were not fit for purpose. An OMU manager attended level 3 MAPPA meetings or contributed via telephone conference or video link.
- 4.13** Monthly interdepartmental risk management team (IRMT) meetings were well attended, including by the police liaison officer and security department. Offender supervisors were required to attend or contribute in writing. Not all relevant cases were discussed at the meeting. The agenda comprised MAPPA level 3 cases, very high risk cases, and men who had come to the attention of staff because they caused concern. On average between one and five prisoners were discussed, a very small number given the population. We were not satisfied that the meeting gave enough priority to prisoners due for release into the community.

Recommendations

- 4.14** **An effective strategic framework should be in place for the prison to escalate issues within the National Probation Service to ensure that the Service meets its responsibilities to complete relevant OASys and to confirm MAPPA levels at least six months before release.**
- 4.15** **Reports to MAPPA meetings should contain appropriate analysis and be fit for purpose.**
- 4.16** **All relevant cases should be discussed at the IRMT meeting, including prisoners due for release into the community.**

Categorisation

- 4.17** All prisoners were Category C. An average of 85 categorisation reviews were conducted each month. However, all prisoners were medium or high risk offenders and were not eligible for re-categorisation into the open estate except by the Parole Board, which had re-categorised one man in this way in the previous six months.
- 4.18** As a result, men were not transferred on the basis of re-categorisation, but to complete programmes or, because they were progressing to the end of their sentence, they required a transfer to their designated resettlement prison. Despite significant efforts by the prison, both scenarios proved problematic: some prisons did not accept sex offenders, programme places were not always available, and transport was occasionally difficult to arrange. Some transfers took months to achieve while others did not take place at all and men were released directly from Stafford.

Recommendation

- 4.19** **The national management of prisoner movements should enable prisons to make speedy transfers to other establishments for the purposes of programmes or resettlement.**

Indeterminate sentence prisoners

- 4.20** There were 66 indeterminate sentence prisoners, 18 serving a life sentence and 48 an indeterminate sentence for public protection.
- 4.21** Monthly meetings for indeterminate sentence prisoners were well attended. A number of helpful actions had been generated following a scoping exercise to ascertain their needs, including the imminent introduction of lifer days. There were 10 lifer and ISP prisoner representatives. They contributed to induction and provided helpful support to their peers using an information folder provided by a custodial manager who acted as lifer manager. There was an ISP policy, although it was out of date.
- 4.22** ISPs with an impending parole review were given a day off work on full pay to prepare for the hearing, which was commendable. During the previous six months, 27 parole reports had been submitted, of which 12 had resulted in parole being granted.

Reintegration planning

Expected outcomes:

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

- 4.23** During the previous six months, 126 prisoners had been released from the prison into the community. We were not confident that these releases were coordinated and safe given the risk level posed by the men and their outstanding resettlement needs, which had not been effectively addressed before release.
- 4.24** Offender supervisors drew up what was termed a release plan which was shared with the community offender manager. However, release plans simply comprised a summary of information about the prisoner, largely drawn from P-Nomis (electronic case notes), and did not identify or help to address resettlement needs. Probation offender managers were confused about the correct procedure and viewed it as the prison's responsibility to meet resettlement needs. As a non-resettlement prison, Stafford had no identified resource to do this.

Recommendation

- 4.25** **There should be a robust and effective system in place to identify and address outstanding resettlement needs before prisoners return to the community, to ensure that their release is coordinated and as safe as possible.**

Accommodation

- 4.26** There was no assistance in the establishment for prisoners with accommodation needs. During the previous six months, more than 10% of prisoners released were homeless. We found one particularly worrying case of a high risk sex offender who had done nothing to reduce his risk of reoffending being released without an address (see recommendation 4.35).

Education, training and employment

- 4.27** The National Careers Service (NCS) provided by Right Steps Careers was good. Interviews with prisoners were conducted in a constructive manner, and clear actions were agreed. The provision was managed well and focused on meeting the needs of the changing population. Older prisoners benefited from good advice and guidance which increased their chances of purposeful retirement.
- 4.28** Approximately 10 prisoners were released each month, several of whom were over retirement age. Prisoners preparing for release were encouraged to participate in employability courses, and they used the virtual campus²¹ for CV writing and job search. Advisers helped older prisoners to acquire volunteering work before release.
- 4.29** The NCS contractor did not collect comprehensive data on the number of prisoners who gained employment or training after release, but a new member of staff had recently been employed to develop this.

Health care

- 4.30** Arrangements to support men with palliative or end of life needs were informed by joint prison and health decisions. Effective links to hospitals, a local hospice and community services ensured that men being transferred, or released on compassionate grounds, received good care which met their needs. There were plans to introduce an enhanced care unit with one palliative bed.
- 4.31** There were effective links with community mental health services and probation service on release for men with serious and enduring mental health needs. If prisoners were transferring to another establishment, links were made with the mental health team at the receiving prison.

Good practice

- 4.32** *A palliative care project, with a dedicated specialist nurse, was replicating success in other prisons and developing end of life pathways. This was beginning to have a positive impact on men's experiences.*

Drugs and alcohol

- 4.33** The Drug and Alcohol Recovery Service worked with prisoners to formulate release plans, including referrals to community drug and alcohol support agencies and accommodation providers. The team followed up newly released prisoners with telephone support after a week and then three and six months after release.

²¹ Prisoner access to community education, training and employment opportunities via the internet.

Finance, benefit and debt

- 4.34** A member of staff from Job Centre Plus attended the prison twice a week to help prisoners with benefits and pension credits and to apply for Job Seekers' Allowance before release. This enabled prisoners to avoid a funding gap. There was no assistance for prisoners who were in debt. During the previous six months, prison staff had helped 23 prisoners apply to open a bank account.

Recommendation

- 4.35 All prisoners who are to be released directly from the prison should have full access to specialist accommodation and debt advice services.**

Children, families and contact with the outside world

- 4.36** The visits hall was spacious, clean and in good decorative order. However, the fixed chairs allocated to each table limited the number of people who could be seated during a visit and prevented flexible use of the space for activities, especially during family days. There was a large, brightly decorated play area in the visits hall but this was unsupervised and there were no toys in the area at the time of the inspection. A tea bar in the visits hall served a limited range of refreshments. No healthy options or hot food were available for families with children.
- 4.37** The system for visitors to enter the visits hall was inefficient. Visitors were required to obtain a numbered tally from visitors' centre staff on the day of their visit to exchange for their visiting order before entry. Visiting orders could not be picked up until 1pm, so all visitors returned to the centre at the same time. This resulted in very cramped conditions and unnecessary delays to the start of visits. Staff told us that they were due to change this system imminently. There was still no toilet in the visitors' centre for people with disabilities.
- 4.38** Staff carried out searches on visitors in a respectful manner and were particularly sensitive to the needs of the children and babies they searched. The supervision of visits in the visits hall was not intrusive. A private room close to the visits hall was available to prisoners and their visitors if they needed to share important or difficult news. Prisoners were allowed to wear their own clothes during visits, an improvement since the last inspection.
- 4.39** Six scheduled family visits a year were run in partnership with the charity Halow, which supports young people with a learning disability. However, prisoners with children over the age of 16 could not apply and there was no similar provision for them. Applications for family visits were managed well and subject to strict security and public protection checks before approval. Thirty prisoners had recorded stories for the 'Storybook Dads' programme over the previous year but there were no other family support interventions or programmes to maintain family ties.

Recommendations

- 4.40 The visits hall should have more comfortable seating, an accessible toilet and an adequately resourced and supervised play area.**
- 4.41 A range of family support interventions should be provided to promote the maintenance of family ties, including for prisoners with older children.**

Attitudes, thinking and behaviour

- 4.42** The prison delivered the sex offender treatment programme (SOTP), extended SOTP, healthy sex programme and the thinking skills programme. However, too many prisoners did not complete appropriate offending behaviour work. Access to the SOTP was restricted to prisoners who scored high on the risk matrix 2000 (RM2K),²² accepted at least some sexual element to their offence and were within seven years of release or parole. About 60% of the population were not eligible to complete the programme because they were in denial of their offences (192 prisoners) or because they scored too low on the RM2K (261 men). Despite this, many of these prisoners had been set a misleading sentence planning target to complete the programme.
- 4.43** There were not enough places on the programme for prisoners who did meet the criteria. Despite efforts to secure more provision, there had been no increase in SOTP places since the re-role to a fully sex offender prison in January 2015. In over three-quarters of the cases that we sampled, we found that there was not enough offending behaviour work for the relevant stage of the sentence. A pilot of a short duration treatment programme was planned, which was suitable for medium-risk offenders.
- 4.44** No victim work was carried out despite an evident need for it. We saw one example of a prisoner who was given a victim awareness workbook to complete on his own in his cell, which was inappropriate.
- 4.45** Restricted access to programmes and a lack of one-to-one work by offender supervisors meant that some prisoners were likely to serve their whole sentence with no intervention to address their offending. One prisoner assessed as unsuitable for SOTP told us: *'as I don't fit into a box, I don't get the opportunity to talk about my offences, I would have served six years with no treatment, how am I able to be released?'* (see main recommendation S46).

²² A risk prediction and classification tool for adult sex offenders.

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** Nursing staff levels and skills mix should reflect the complex health needs of the population. Primary mental health care provision should meet demand and reflect the specialised nature and risks of the population. (S43)
- 5.2** The quality of purposeful activity should be regularly evaluated by prison managers using data on outcomes, and delivery partners should be challenged to effect improvements. All activity should be underpinned by a clear learning and skills and work strategy, which is shared with partners. (S44)
- 5.3** There should be a robust reducing re-offending strategy, incorporating offender management and resettlement, which sets out the unique strategic challenges faced by the prison and how to address them. It should be informed by a needs analysis and driven by regular strategic planning meetings. (S45)
- 5.4** A range of appropriate interventions, with sufficient places to meet the need, should be available to ensure that all prisoners address their offending behaviour in an appropriate and timely way to minimise the risk of harm to others and to protect the public. (S46)

Recommendation

To NOMS

- 5.5** The national management of prisoner movements should enable prisons to make speedy transfers to other establishments for the purposes of programmes or resettlement. (4.19)

Recommendations

To the governor

Early days in custody

- 5.6** All private interviews with new arrivals in reception should be conducted to a high standard. The interviews should elicit the prisoner's mood and any associated risks. (1.5)

Bullying and violence reduction

- 5.7** There should be clearly documented support for the victims of bullying and violent incidents. The outcomes of police investigations into serious allegations and subsequent support offered should be clearly recorded. (1.10)

Self-harm and suicide

- 5.8** Staff on night duty should be trained in first aid, ACCT procedures, use of a defibrillator and response to an in-cell emergency. (1.16)

Security

- 5.9** The security team should track all actions commissioned as a result of intelligence reports, pursuing any that are late and ensuring that lessons are learned. (1.23)
- 5.10** Prisoners should only be strip-searched on the basis of individual risk assessment. (1.24)

Discipline

- 5.11** All planned use of force should be filmed. (1.34)

Substance misuse

- 5.12** Prisoners undertaking DARS drug and alcohol programmes should have access to counselling services, to address issues underpinning their vulnerability to substance misuse. (1.40)

Staff-prisoner relationships

- 5.13** All staff should receive regular anti-conditioning training, and offender supervisors should receive specialist training for work with sex offenders. (2.9)

Equality and diversity

- 5.14** Equality strategy and action planning should be developed and informed by a periodic analysis of need and advice from care specialists for elderly people. (2.14)
- 5.15** There should be consultation/support forums for all protected groups. (2.15)
- 5.16** An appropriate stock of daily living aids should be maintained to meet the needs of all prisoners with disabilities. (2.24)
- 5.17** Adverse data from the equality monitoring tool should be investigated and addressed promptly. (2.25)
- 5.18** The needs of foreign national prisoners should be met, including the provision of interpreting and translation services. (2.26)

Complaints

- 5.19** Complaint boxes should be located away from staff offices to enable prisoners to submit complaints discreetly. (2.32)
- 5.20** All replies to complaints should be respectful and focused. (2.33)

Legal rights

- 5.21** Prisoners should be able to consult their solicitors in private. (2.35)

Health services

- 5.22** Prisoners should have access to all required secondary health services within community equivalent waiting times. Prioritisation of attendance should be based on clinical decisions. (2.53)
- 5.23** There should be regular and vigilant supervision by officers at the medicine hatches to ensure there is no diversion of medicines. (2.62)
- 5.24** The in-possession policy, risk assessment process and the prescribing formulary should reflect established good practice in relation to the status and indication for all prescribed medicines. (2.63)
- 5.25** Supervised medicines should be administered according to recommended dosage regimes to ensure clinically effective treatment. (2.64)
- 5.26** There should be sufficient pharmacist hours to meet need. (2.65)
- 5.27** There should be a comprehensive review of medicines management, including ordering, receipt, storage and supply of medicines, with regular oversight through prison specific medicines management meetings. (2.66)
- 5.28** Waiting times for prisoners to be assessed for dental treatment should be in line with those in the community. (2.69)
- 5.29** The range of treatments offered should reflect national guidance and meet prisoners' needs. (2.70)
- 5.30** All staff should receive mental health awareness training. (2.75)

Purchases

- 5.31** Prisoners who miss the submission date for the weekly order form should not have to wait a week to be able to place an order. (2.82, repeated recommendation 8.13)

Time out of cell

- 5.32** Prisoners should have at least one hour's exercise in the open air each day. (3.3)

Learning and skills and work activities

- 5.33** Prisoners should have the opportunity to engage with employers and guest speakers to support their transition into work on release. (3.9)
- 5.34** There should be sufficient activity spaces for the population, especially in vocational training. Allocation to activity should prioritise identified needs. (3.14)
- 5.35** Prisoners doing the same job should be paid the same rate. (3.15)
- 5.36** Teachers should plan effectively to meet the needs of prisoners of all abilities, and prisoners' individual learning plans should clarify how they can improve and achieve their targets. (3.22)
- 5.37** The senior support group for older prisoners should provide more structured activities and social and intellectual challenge. (3.23)

- 5.38** Purposeful activities should be used to their full potential to ensure that all prisoners develop essential employability skills, such as English and mathematics. (3.26)
- 5.39** Data on attendance at the library should be analysed to identify patterns of use and to ensure that all groups of prisoners use the facilities well. (3.33)

Physical education and healthy living

- 5.40** Links between health care and the gym should be strengthened to ensure that all prisoners are placed on appropriate programmes. (3.39)

Offender management and planning

- 5.41** Adequately trained offender supervisors should have regular and meaningful contact with prisoners to motivate, challenge and support them throughout their sentence. This should be underpinned by robust management oversight and quality assurance to ensure that all elements of offender management are timely and of adequate quality. (4.9)
- 5.42** An effective strategic framework should be in place for the prison to escalate issues within the National Probation Service to ensure that the Service meets its responsibilities to complete relevant OASys and to confirm MAPPA levels at least six months before release. (4.14)
- 5.43** Reports to MAPPA meetings should contain appropriate analysis and be fit for purpose. (4.15)
- 5.44** All relevant cases should be discussed at the IRMT meeting, including prisoners due for release into the community. (4.16)

Reintegration planning

- 5.45** There should be a robust and effective system in place to identify and address outstanding resettlement needs before prisoners return to the community, to ensure that their release is coordinated and as safe as possible. (4.25)
- 5.46** All prisoners who are to be released directly from the prison should have full access to specialist accommodation and debt advice services. (4.35)
- 5.47** The visits hall should have more comfortable seating, an accessible toilet and an adequately resourced and supervised play area. (4.40)
- 5.48** A range of family support interventions should be provided to promote the maintenance of family ties, including for prisoners with older children. (4.41)

Examples of good practice

- 5.49** The establishment was attempting to increase the value of IEP through an 'active citizenship' approach, drawing on research outcomes to motivate prisoners to make sustained positive contributions to the common good of the prison community. The 'active citizenship' approach was used to broaden pathways to the enhanced level while remaining within the parameters of national policy. (1.27)

- 5.50** Over the previous two years, the duty governor had consistently conducted and recorded a formal debrief with the prisoner and members of staff after every use of force. (1.31)
- 5.51** The structured weight management programme led by a suitably trained health care assistant was producing positive improvements in individuals' lifestyles. (2.48)
- 5.52** A palliative care project, with a dedicated specialist nurse, was replicating success in other prisons and developing end of life pathways. This was beginning to have a positive impact on men's experiences. (4.32)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Hindpal Singh Bhui	Team leader
Beverley Alden	Inspector
Colin Carroll	Inspector
Fionnuala Gordon	Inspector
Deri Hughes Roberts	Inspector
Martin Kettle	Inspector
Laura Green	Researcher
Alissa Redmond	Researcher
Joe Simmonds	Researcher
Heidi Webb	Researcher
Paul Roberts	Substance misuse inspector
Nicola Rabjohns	Health services inspector
Deborah Hylands	Pharmacist
Jan Fooks-Bale	Care Quality Commission inspector
Diane Koppit	Ofsted inspector
Maria Navarro	Ofsted inspector
Denise Olander	Ofsted inspector
Tracey Zimmerman	Ofsted inspector
Yvette Howson	Offender management inspector
Nicola McCloskey	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2011, reception was welcoming and induction arrangements were appropriate and met prisoner needs. Prisoners' perceptions of safety were mixed, with black and minority ethnic and Muslim prisoners having very poor perceptions. We were not assured that the prison was fully sighted on the whole range of safety indicators. Suicide and self-harm procedures were good. Use of segregation was low, supported by effective reintegration planning. Use of force was low. Some aspects of security were over-restrictive. Drug use appeared low. Integrated drug treatment system arrangements were generally sound. Vulnerable prisoners were held safely and had access to the full regime. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

There should be effective links between security, violence reduction and residential staff to improve data collection on the number and type of violent incidents. Prisoners should be consulted at regular and frequent intervals about concerns for their safety. (HP56)

Achieved

Recommendations

Prisoners should not be handcuffed when moving from the escort vehicle to reception unless a risk assessment deems this necessary. (1.7)

Achieved

All holding rooms should be clean and well decorated. (1.15)

Achieved

Procedures should be expedited so that prisoners are not delayed in reception for long periods. (1.16)

Achieved

The reasons for poor prisoner perceptions about the quality of the induction programmed should be explored. (1.23)

Achieved

Consultation with prisoners about issues concerning their safety should be improved. (3.7)

Achieved

All staff should be actively involved in monitoring and addressing violence and bullying, and the tackling anti-social behaviour strategy should be understood and vigorously applied. (3.8)

Achieved

The violence reduction coordinator should be allocated enough time to be able to carry out required duties. (3.9)

No longer relevant

Rules and regulations should be appropriate and proportionate to the security category of the prison and the population. The rules requiring the use of handcuffs for all prisoners when walking between escort vans and reception, the locking of prisoners in their cells on return from activities, keeping cell doors locked during association and restricting the numbers of prisoners on association should be reviewed. (7.9)

Partially achieved

Links between safer custody and security staff should be strengthened. (7.10)

Achieved

Required outcomes from security intelligence reports relating to drug testing should be carried out quickly. (7.11)

Not achieved

Confidential information about prisoners should not be on display in the adjudications room. (7.18)

Achieved

Minor infringements of rules and regulations should be dealt with using the incentives and earned privileges (IEP) scheme. (7.19)

Partially achieved

Safer custody matters should be followed up either during or after adjudications have been heard, and details should be recorded on the adjudication hearing record. (7.20)

Achieved

Punishments should not be determined until all the evidence has been heard and a finding of guilt recorded. (7.21)

Achieved

Adjudication records should give a full account of the events leading to the charge being laid. (7.22)

Achieved

Use of force meetings should be held at regular intervals and analysis of ongoing trends carried out and acted on where necessary. (7.28)

Achieved

Planned use of force should be recorded, and staff trained in the use of recording equipment. Recordings should be reviewed by managers. (7.29)

Partially achieved

Access to the segregation unit exercise yard should be made easier for those with mobility problems. (7.36)

Not achieved

The IEP scheme should be published to all staff and prisoners and be fully implemented across all residential wings. (7.45)

Achieved

The impact of the IEP scheme on older, black and minority ethnic and Muslim prisoners and those with disabilities should be fully assessed and the findings incorporated into the scheme. (7.46)

Achieved

Controlled drugs should be administered in a safe and suitable environment. (3.56)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2011, the environment was generally well decorated and clean, particularly in communal and external areas. The quantity and quality of prison clothing were poor. Restrictions on association time meant that not all prisoners could shower daily and access to telephones was unacceptably limited. Prisoners' perceptions of staff were mixed but we observed reasonable levels of engagement and respect. Personal officer work was underdeveloped. A good incentives and earned privileges scheme was insufficiently understood by staff and prisoners. Diversity was generally well managed and facilities for older prisoners were particularly good. Black and minority ethnic prisoners reported negatively on a number of issues. The range and standard of the food provided were good. Health services were good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

The daily regime should allow for all prisoners to take a shower. (HP53)

Achieved

Prisoners should have reasonable access to telephones. (HP54)

Achieved

The regime should be reviewed and the availability of association should be increased. (HP55)

Achieved

The prison should investigate the reasons behind the negative perceptions of black and minority ethnic and Muslim prisoners. (HP57)

Not achieved

Recommendations

All prisoners should be able to lock personal items away securely in their cell. (2.15)

Achieved

Prisoners should be allowed access to their cells during association periods. (2.16)

Achieved

There should be at least one telephone per 20 prisoners on E wing. (2.17)

Achieved

Prisoners should be provided weekly with clean clothing in a good state of repair. (2.24)

Achieved

Prisoners should be able to access their property within a reasonable timescale. (2.25)

Achieved

All prisoners should be addressed by their title or preferred name. (2.33)

Not achieved

The personal officer scheme should be fully implemented. (2.37)

Not achieved

Simple complaints should be dealt with quickly and where possible by officers on residential units. (3.28)

Not achieved

The quality of responses to formal complaints should be improved. (3.29)

Partially achieved

Prisoners should be provided with the opportunity to contact their legal representative on any day. (3.38)

Achieved

The chaplaincy should develop links with community groups representing all faiths, to provide resettlement support. (3.50)

Partially achieved

The membership of the equality group should be reviewed, to ensure that it includes all relevant departments of the prison. (4.7)

Achieved

There should be a diversity action plan which includes time-limited annual targets for the development of each diversity strand, with responsibilities assigned. (4.8)

Achieved

Full equality impact assessments should be completed on aspects of the regime prioritised by the diversity and race equality action team. (4.9)

Not achieved

Staff should receive specific training in race equality. (4.26)

Not achieved

Links with external ethnic community groups should be developed. (4.27)

Partially achieved

Discrimination complaints should be analysed for patterns and trends and lead to action by prison managers. (4.28)

Achieved

Prisoners making a discrimination complaint should be provided with a full explanation of the findings and informed how to appeal. (4.29)

Achieved

Faith awareness training should be delivered to all staff. (4.36)

Achieved

The foreign national policy should be available to all foreign national prisoners in a language they understand and should be fully and actively implemented. (4.46)

Not achieved

Accredited interpreting services should be used for communicating with prisoners who do not speak English when dealing with confidential matters. (4.47)

Not achieved

Key written information should be provided in languages other than English, appropriate to the needs of the population. (4.48)

Not achieved

Monthly surgeries with the UK Border Agency should be publicised and made available to foreign national prisoners. (4.49)

Partially achieved

There should be policies for older prisoners and those with disabilities which set out how the needs of these groups will be met. (4.61)

Not achieved

Representation of older prisoners and those with disabilities in the regime should be monitored and analysed. (4.62)

Achieved

The prison should maintain an accurate and consistent record of all prisoners who declare a disability and use it to ensure that their needs are met. (4.63)

Not achieved

All prisoners with disabilities that require it should have access to a system of paid peer assistance. (4.64)

Achieved

Consultation arrangements which inform their management should be developed for prisoners with disabilities. (4.65)

Not achieved

Facilities for the senior support group should be expanded and adequately resourced so that it is able to accommodate all those wishing to attend. (4.66)

Not achieved

Retired prisoners should not be required to pay for their television. (4.67)

Not achieved

The policy on gay and transgender prisoners should set out clearly the facilities available to them and the consultation process which operates. (4.73)

Not achieved

All health care treatment areas should be subject to a regular redecoration programme. (5.10)

No longer relevant

Nursing staff levels should be re-evaluated to ensure the continuity of care and further development of health services. (5.24)

Partially achieved

Joint working between health services and gym staff should be improved. (5.39)

Not achieved

Prisoners should be returned to their wings or workplace as soon as their health clinic appointment has been completed. (5.40)

Achieved

Access to the pharmacist should be advertised to prisoners and there should be sufficient pharmacist hours to meet this need. (5.49)

Partially achieved

Discipline officers should ensure that only one prisoner at a time is at the medicine hatch during medicine administration. (5.50)

Not achieved

The system of relying on faxed prescriptions should be subject to audit by the pharmacist, who should check a random number of prescriptions against the original prescription. (5.51)

Achieved

The use of pre-packs should be reviewed and subject to audit, to ensure that stock control is managed appropriately. (5.52)

Not achieved

Controlled drugs registers should comply with regulations. Registers should be completed appropriately. (5.53)

Achieved

Breakfast should be issued on the day that it is to be eaten. (8.7)

Not achieved

Prisoners who miss the submission date for the weekly order form should not have to wait a week to be able to place an order. (8.13)

Not achieved (Recommendation repeated, 2.82)

Purposeful activity

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

At the last inspection in 2011, prisoners had satisfactory time out of cell for most of the working week. There were inadequate periods of association. The focus on learning and skills and the learning and skills provision were very good. There were sufficient activity places to engage all prisoners in purposeful activity. All places were fully utilised and prisoners were fully occupied during the working day. The quality and variety of education, vocational training and work were good and met prisoner need. There had been a sustained improvement in achievements and qualifications were good. There were good opportunities for prisoners to develop work and employability skills. Library and PE provision were reasonable. Outcomes for prisoners were good against this healthy prison test.

Recommendations

Prisoners should be able to access their cells during association. (6.7)

Achieved

Prisoners should have access to one hour of exercise in the open air every day. (6.8)

Not achieved

A review of the pay scales should be undertaken and pay rates increased. (6.15)

Partially achieved

Prisoners' employability skills should be formally recognised and recorded. (6.20)

Partially achieved

The level of qualifications offered should be extended, to provide progression routes for learners. (6.26)

Partially achieved

Lesson plans should be further developed to identify activities to extend learning opportunities for more able prisoners. (6.27)

Partially achieved

Individual learning plans should be better used to provide learners with clearly defined short-term targets, to guide their learning and measure their progress. (6.28)

Partially achieved

Target setting for all learners should be improved by setting relevant and measurable short-term targets. (6.36)

Partially achieved

When observing tutors, a better focus should be provided on the learning taking place. (6.37)

Partially achieved

Access to the library should be improved for prisoners with mobility difficulties. (6.43)

Achieved

Information and data on individuals who do not use the library should be gathered and analysed, better to target, promote and advertise the services and activities. (6.44)

Not achieved

The prison should determine why attendance is low for recreational PE and put in place actions to improve it. (6.52)

No longer relevant

Health services staff should communicate with PE staff if a prisoner is unfit to participate in PE. (6.53)

Not achieved

The showers should be refurbished. (6.54)

Achieved

Results from observation of teaching and learning should be used to improve their quality. (6.55)

Not achieved

Resettlement

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

At the last inspection in 2011, a good reducing reoffending strategy was yet to be fully translated into practice. Offender management had suffered from recent structural changes and there were insufficient links between offender management and the rest of the prison. Prisoners and offender supervisors had little ongoing contact. Provision for prisoners on indeterminate sentences for public protection was limited. Recategorisation procedures were sound. Public protection arrangements were generally good. There was insufficient use of release on temporary licence. Reintegration planning was reasonable and in some cases good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

The prison should review its approach to offender management and ensure that all staff in the offender management unit have sufficient capacity and confidence, and that all staff understand their role in reducing reoffending. (HP58)

Not achieved

The needs of IPP prisoners should be targeted and supported by regular contact with offender supervisors. (HP59)

Achieved

The planned level of offending behaviour provision should meet the identified level of need. (HP60)

Not achieved

Recommendations

The resettlement strategy should be more widely communicated across the prison and all prisoners should know whom to contact to get help. (9.7)

Not achieved

The offender management unit policy should be more detailed and provide guidance on the amount and type of contact that offender supervisors should have with prisoners each month. Contact should be proactive and not just reactive. (9.18)

Not achieved

The backlog of offender assessment system (OASys) assessments should be addressed. (9.19)

Not achieved

Where relevant, all service providers and staff from relevant departments should contribute formally to the OASys assessment and sentence plan. (9.20)

Not achieved

The use of release on temporary licence to support resettlement should be increased. (9.21)

No longer relevant

Multi-agency public protection arrangements (MAPPA) level 3 meetings should be attended by a manager from the prison. (9.26)

Achieved

There should be a greater sharing of relevant information between the public protection officer and offender supervisors in high and very high risk of harm cases to improve the quality of risk management. (9.27)

Achieved

The negative views of prisoners serving indeterminate sentences for public protection should be explored and steps taken to promote a more positive experience that encourages progression. (9.30)

Achieved

The resettlement officer should receive adequate training to provide housing information and advice. (9.36)

No longer relevant

The prison should engage with employers, to develop course planning to reflect employer needs and further improve the employment prospects of prisoners. (9.40)

Not achieved

Prisoners should be able to access specialist advice on finance, benefit and debt. (9.50)

Achieved

Prisoners should be able to open a bank account before discharge. (9.51)

Achieved

The drug strategy document should be updated, include alcohol services and contain detailed action plans and performance measures. (9.62)

Achieved

The counselling, assessment, referral, advice and throughcare (CARAT) service should establish a formal mechanism for regular service user feedback. (9.63)

Achieved

Prisoners undertaking the Building Skills for Recovery programme should have access to counselling services, to address issues underpinning their vulnerability to substance misuse. (9.64)

Not achieved

The establishment should provide additional support for prisoners to remain drug free. (9.65)

Achieved

Prisoners should be able to wear their own clothes during visits. (9.75)

Achieved

The visits booking system should be effective, to avoid unnecessary delays for visitors. (9.76)

Achieved

The processing, searching and booking-in procedures for visitors should be efficient and not delay the start of the visit. (9.77)

Not achieved

Prisoners should be moved to the main hall once their visitor has arrived. (9.78)

Achieved

Visitor surveys should be completed regularly and used to improve provision. (9.79)

Achieved

Families should be invited to participate in important processes during the prisoner's sentence. (9.80)

Not achieved

Relationship counselling and a programme aimed at improving parenting skills should be provided. (9.81)

Not achieved

Release on temporary licence should be more widely used to promote contact with children and families and support resettlement. (9.82)

No longer relevant

The regional needs analysis should be supported by a prisoner survey and the identification of specific diversity issues at the establishment. (9.87)

Not achieved

Gaps in provision and difficulties in accessing places on programmes within the region should be addressed, to ensure timely and adequate provision. (9.88)

Not achieved

The backlog of structured assessment of risk and need (SARN) reports should be addressed. (9.89)

Achieved

Monitoring of waiting times should be undertaken to identify issues and trends. Action should be taken to reduce the length of wait to a minimum. (9.90)

Partially achieved

Integration between programmes and other staff in the prison should be improved, to ensure effective communication. (9.91)

Partially achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider: Staffordshire and Stoke-on-Trent Partnership NHS Trust

Location: HMP Stafford

Location ID: R1EX8

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

Action we have told the provider to take

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

Regulation 9 - Person centred care

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

How the regulation was not being met:

The dental services provided were not consistently meeting the needs of the prison population. Access to dental services was poor.

Dental waiting times for both urgent and routine treatment were too long and not equivalent to those in the community:

- 117 patients were awaiting routine dental treatment, with 54 (46%) waiting longer than eight weeks
- A further 64 patients had been waiting up to 13 weeks to start treatment plans, delayed pending contract changes
- Prioritisation of dental appointments was ineffective, resulting in delays for patients in clinical need

The range of dental care and treatment provided did not reflect NHS care and treatment in the wider community:

- Staff described the service as providing urgent care and treatment only. Patient records reflected this

- Some longer treatments, including dentures and dental bridges, were not being provided
- Oral health advice was very limited

Regulation 12 Safe care and treatment

We found that the registered person had not ensured that care and treatment was provided in a safe way for service users. Service users were not protected against the risks of receiving inappropriate treatment, associated with the management of medicines and clinical equipment. This was in breach of Regulation 12 (1)(2)(a)(b)(e)(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

The risks associated with medicines management were not being identified or mitigated effectively. Pharmacist oversight was inadequate to assure safe and effective of medicines management:

- The prescribing formulary did not reflect current best practice to support safe and effective prescribing. Too many patients were prescribed tradable medicines to keep in their own possession; sometimes in the absence of a suitable individual risk assessment
- The supply of patients' prescribed medicines was frequently delayed, resulting in anxiety for them and gaps in treatment
- The system for receiving medicines into the prison was unsafe. We observed five boxes of medicines left unattended in the prison waiting area
- Stock management and reconciliation was poor. Inadequate storage space and regular over-ordering to compensate for supply delays increased the risk of errors being made
- Medicine fridges were not suitably monitored to ensure the integrity of medicines. Whilst their temperatures were checked, nursing staff did not know how to reset thermometers to achieve accuracy
- In two treatment rooms medicines for destruction were stored on the floor
- Limited medicines administration times encouraged the inappropriate use of medicines:
 - Medicines prescribed for night sedation were given too early
 - Medicines recommended to be given four times a day were prescribed and given three times a day
 - Intervals between some medicines prescribed to be given twice a day (12 hourly) were given outside the recommended dosage intervals

The checking of clinical equipment was inconsistent and did not ensure such equipment was suitable for use; particularly in relation to dental x-ray and emergency medical equipment.

Regulation 18 Staffing

We found that the registered person had not ensured that the profile and deployment of nursing staff supported service users' needs to be fully met. This was in breach of Regulation 18 (1)(2)(a)

	of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
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How the regulation was not being met:

Primary mental health care was insufficient to meet the prison population's particular needs. Nurses' time allocated for primary mental health was not protected, resulting in appointments being cancelled. No staff were experienced in the delivery of dementia care and treatment.

Too few primary care nursing staff had completed appropriate training in long term conditions, or assessment of minor injury or illness, to enable them to effectively prioritise appointments and meet the needs of the prison population without the need for GP input.

Staff were not always suitably supervised. Clinical supervision arrangements were not used by some staff in accordance with trust policy.

Appendix IV: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced		699	94.1%
Recall		44	5.9%
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees			
Total		743	100%

Sentence	18–20 yr olds	21 and over	%
Unsentenced			
Less than six months			
6 months to less than 12 months			
12 months to less than 2 years		9	1.2%
2 years to less than 4 years		122	16.4%
4 years to less than 10 years		427	57.5%
10 years and over (not life)		119	16%
ISPP (indeterminate sentence for public protection)		48	6.5%
Life		18	2.4%
Total		743	100%

Age	Number of prisoners	%
Please state minimum age here:	22	
Under 21 years		
21 years to 29 years	128	17.2%
30 years to 39 years	156	21%
40 years to 49 years	137	18.4%
50 years to 59 years	153	20.6%
60 years to 69 years	97	13.1%
70 plus years	72	9.7%
Please state maximum age here:	89	
Total	743	100%

Nationality	18–20 yr olds	21 and over	%
British		709	95.4%
Foreign nationals		34	4.6%
Total		743	100%

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced			
Category A			
Category B			
Category C		743	100%
Category D			
Other			
Total		743	100%

Ethnicity	18–20 yr olds	21 and over	%
White			
British		623	83.8%
Irish		10	1.3%
Gypsy/Irish Traveller		3	0.4%
Other white		10	1.3%
Mixed			
White and black Caribbean		12	1.6%
White and black African			
White and Asian		1	0.1%
Other mixed		1	0.1%
Asian or Asian British			
Indian		11	1.5%
Pakistani		23	3.1%
Bangladeshi		6	0.8%
Chinese			
Other Asian		6	0.8%
Black or black British			
Caribbean		20	2.7%
African		12	1.6%
Other black		2	0.3%
Other ethnic group			
Arab		1	0.1%
Other ethnic group			
Not stated		2	0.3%
Total		743	100%

Religion	18–20 yr olds	21 and over	%
Baptist		2	0.3%
Church of England		193	26%
Roman Catholic		81	10.9%
Other Christian denominations		102	13.7%
Muslim		50	6.7%
Sikh		5	0.7%
Hindu		2	0.3%
Buddhist		17	2.3%
Jewish			
Other		45	6.1%
No religion		246	33.1%
Total		743	100%

Other demographics	18–20 yr olds	21 and over	% of population
Veteran (ex-armed services)		48	6.5%
Total		48	

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			30	4%
1 month to 3 months			69	9.3%
3 months to six months			125	16.8%
six months to 1 year			195	26.2%
1 year to 2 years			257	34.6%
2 years to 4 years			52	7%
4 years or more			15	2%
Total			743	100%

Sentenced prisoners only

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

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month				
1 month to 3 months				
3 months to six months				
six months to 1 year				
1 year to 2 years				
2 years to 4 years				
4 years or more				
Total				

Main offence	18–20 yr olds	21 and over	%
Violence against the person		1	0.1%
Sexual offences		737	99.2%
Burglary			
Robbery		2	0.3%
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences		3	0.4%
Civil offences			
Offence not recorded /holding warrant			
Total		743	100%

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 establishment²³. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

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

Our questionnaire is available in a number of different languages and via a telephone interpretation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

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

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

Survey response

At the time of the survey on 8 February 2016 the prisoner population at HMP Stafford was 748. Using the method described above, questionnaires were distributed to a sample of 204 prisoners.

We received a total of 196 completed questionnaires, a response rate of 96%. This included one questionnaire completed via interview. Three respondents refused to complete a questionnaire and five questionnaires were not returned.

²³ 95% confidence interval with a sampling error of 7%. The formula assumes an 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/unit	Number of completed survey returns
A	28
B	19
C	35
D	21
E	42
F	40
G	10
Segregation unit	1

Presentation of survey results and analyses

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

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 differences²⁴ 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 Stafford in 2016 compared with responses from prisoners surveyed in all 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 Stafford in 2016 compared with the responses of prisoners surveyed at HMP Stafford in 2011.
- 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 the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2016 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2016 survey between responses of prisoners who considered themselves to be a veteran and those who did not.

²⁴ 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. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ was considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1.1	What wing or houseblock are you currently living on? See shortened methodology	
Q1.2	How old are you?	
	<i>Under 21</i>	0 (0%)
	<i>21 - 29</i>	32 (16%)
	<i>30 - 39</i>	40 (21%)
	<i>40 - 49</i>	38 (19%)
	<i>50 - 59</i>	42 (22%)
	<i>60 - 69</i>	21 (11%)
	<i>70 and over</i>	22 (11%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	181 (94%)
	<i>Yes - on recall</i>	12 (6%)
	<i>No - awaiting trial</i>	0 (0%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced	0 (0%)
	<i>Less than 6 months</i>	0 (0%)
	<i>6 months to less than 1 year</i>	2 (1%)
	<i>1 year to less than 2 years</i>	7 (4%)
	<i>2 years to less than 4 years</i>	43 (23%)
	<i>4 years to less than 10 years</i>	96 (51%)
	<i>10 years or more</i>	23 (12%)
	<i>IPP (indeterminate sentence for public protection)</i>	14 (7%)
	<i>Life</i>	4 (2%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)	
	<i>Yes</i>	17 (9%)
	<i>No</i>	174 (91%)
Q1.6	Do you understand spoken English?	
	<i>Yes</i>	190 (99%)
	<i>No</i>	2 (1%)
Q1.7	Do you understand written English?	
	<i>Yes</i>	191 (99%)
	<i>No</i>	2 (1%)

Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	164 (84%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	3 (2%)	<i>Asian or Asian British - other</i> 0 (0%)
	<i>White - other</i>	2 (1%)	<i>Mixed race - white and black Caribbean</i> 2 (1%)
	<i>Black or black British - Caribbean</i>	8 (4%)	<i>Mixed race - white and black African</i> 1 (1%)
	<i>Black or black British - African</i>	3 (2%)	<i>Mixed race - white and Asian</i> 1 (1%)
	<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i> 0 (0%)
	<i>Asian or Asian British - Indian</i>	3 (2%)	<i>Arab</i> 0 (0%)
	<i>Asian or Asian British - Pakistani</i>	6 (3%)	<i>Other ethnic group</i> 0 (0%)
	<i>Asian or Asian British - Bangladeshi</i>	2 (1%)	

Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	
	Yes	5 (3%)
	No	186 (97%)

Q1.10	What is your religion?		
	<i>None</i>	44 (23%)	<i>Hindu</i> 1 (1%)
	<i>Church of England</i>	72 (37%)	<i>Jewish</i> 0 (0%)
	<i>Catholic</i>	24 (12%)	<i>Muslim</i> 13 (7%)
	<i>Protestant</i>	2 (1%)	<i>Sikh</i> 1 (1%)
	<i>Other Christian denomination</i>	10 (5%)	<i>Other</i> 23 (12%)
	<i>Buddhist</i>	3 (2%)	

Q1.11	How would you describe your sexual orientation?	
	<i>Heterosexual/ Straight</i>	176 (91%)
	<i>Homosexual/Gay</i>	7 (4%)
	<i>Bisexual</i>	11 (6%)

Q1.12	Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?	
	Yes	53 (27%)
	No	143 (73%)

Q1.13	Are you a veteran (ex-armed services)?	
	Yes	20 (10%)
	No	173 (90%)

Q1.14	Is this your first time in prison?	
	Yes	141 (72%)
	No	55 (28%)

Q1.15	Do you have children under the age of 18?	
	Yes	83 (43%)
	No	111 (57%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?	
	<i>Less than 2 hours</i>	114 (58%)
	<i>2 hours or longer</i>	68 (35%)
	<i>Don't remember</i>	14 (7%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	114 (60%)
	Yes	61 (32%)
	No	10 (5%)
	Don't remember	6 (3%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	114 (58%)
	Yes	6 (3%)
	No	69 (35%)
	Don't remember	6 (3%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	139 (71%)
	No	42 (21%)
	Don't remember	15 (8%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	148 (76%)
	No	44 (22%)
	Don't remember	4 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	68 (35%)
	Well	94 (48%)
	Neither	23 (12%)
	Badly	2 (1%)
	Very badly	6 (3%)
	Don't remember	3 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	Yes, someone told me	108 (55%)
	Yes, I received written information	13 (7%)
	No, I was not told anything	73 (37%)
	Don't remember	2 (1%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	165 (85%)
	No	28 (14%)
	Don't remember	2 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	134 (68%)
	2 hours or longer	50 (26%)
	Don't remember	12 (6%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	170 (87%)
	No	14 (7%)
	Don't remember	12 (6%)

Q3.3	Overall, how were you treated in reception?			
	Very well		72 (37%)	
	Well		88 (45%)	
	Neither		24 (12%)	
	Badly		6 (3%)	
	Very badly		2 (1%)	
	Don't remember		3 (2%)	
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)			
	Loss of property	34 (18%)	Physical health	27 (14%)
	Housing problems	17 (9%)	Mental health	37 (19%)
	Contacting employers	0 (0%)	Needing protection from other prisoners	2 (1%)
	Contacting family	39 (20%)	Getting phone numbers	21 (11%)
	Childcare	1 (1%)	Other	13 (7%)
	Money worries	21 (11%)	Did not have any problems	72 (37%)
	Feeling depressed or suicidal	37 (19%)		
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?			
	Yes		47 (25%)	
	No		71 (37%)	
	Did not have any problems		72 (38%)	
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)			
	Tobacco		124 (63%)	
	A shower		40 (20%)	
	A free telephone call		132 (67%)	
	Something to eat		98 (50%)	
	PIN phone credit		79 (40%)	
	Toiletries/ basic items		101 (52%)	
	Did not receive anything		9 (5%)	
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)			
	Chaplain		90 (48%)	
	Someone from health services		135 (71%)	
	A Listener/Samaritans		86 (46%)	
	Prison shop/ canteen		44 (23%)	
	Did not have access to any of these		21 (11%)	
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)			
	What was going to happen to you		99 (53%)	
	What support was available for people feeling depressed or suicidal		84 (45%)	
	How to make routine requests (applications)		103 (55%)	
	Your entitlement to visits		74 (40%)	
	Health services		104 (56%)	
	Chaplaincy		93 (50%)	
	Not offered any information		38 (20%)	

Q3.9	Did you feel safe on your first night here?	
	Yes	174 (89%)
	No	16 (8%)
	Don't remember	5 (3%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	8 (4%)
	Within the first week	161 (83%)
	More than a week	19 (10%)
	Don't remember	6 (3%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	8 (4%)
	Yes	124 (65%)
	No	46 (24%)
	Don't remember	14 (7%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment	17 (9%)
	Within the first week	113 (59%)
	More than a week	39 (20%)
	Don't remember	24 (12%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to...					
		Very easy	Easy	Neither	Difficult	Very difficult N/A
	Communicate with your solicitor or legal representative?	25 (14%)	54 (29%)	22 (12%)	18 (10%)	13 (7%) 53 (29%)
	Attend legal visits?	23 (14%)	32 (19%)	22 (13%)	7 (4%)	12 (7%) 72 (43%)
	Get bail information?	1 (1%)	6 (4%)	12 (8%)	1 (1%)	13 (8%) 123 (79%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	Not had any letters					43 (22%)
	Yes					59 (30%)
	No					92 (47%)
Q4.3	Can you get legal books in the library?					
	Yes					112 (58%)
	No					10 (5%)
	Don't know					72 (37%)

Q4.4	Please answer the following questions about the wing/unit you are currently living on:		
		Yes	No
			Don't know
	Do you normally have enough clean, suitable clothes for the week?	159 (82%)	32 (16%) 3 (2%)
	Are you normally able to have a shower every day?	176 (90%)	19 (10%) 0 (0%)
	Do you normally receive clean sheets every week?	189 (98%)	4 (2%) 0 (0%)
	Do you normally get cell cleaning materials every week?	127 (66%)	64 (33%) 2 (1%)
	Is your cell call bell normally answered within five minutes?	97 (51%)	53 (28%) 42 (22%)
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	154 (81%)	36 (19%) 0 (0%)
	If you need to, can you normally get your stored property?	65 (35%)	50 (27%) 73 (39%)
Q4.5	What is the food like here?		
	Very good		18 (9%)
	Good		75 (38%)
	Neither		61 (31%)
	Bad		30 (15%)
	Very bad		11 (6%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?		
	Have not bought anything yet/ don't know		4 (2%)
	Yes		116 (61%)
	No		71 (37%)
Q4.7	Can you speak to a Listener at any time, if you want to?		
	Yes		145 (74%)
	No		11 (6%)
	Don't know		39 (20%)
Q4.8	Are your religious beliefs respected?		
	Yes		123 (64%)
	No		19 (10%)
	Don't know/ N/A		51 (26%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?		
	Yes		117 (60%)
	No		6 (3%)
	Don't know/ N/A		71 (37%)
Q4.10	How easy or difficult is it for you to attend religious services?		
	I don't want to attend		52 (27%)
	Very easy		51 (26%)
	Easy		61 (31%)
	Neither		9 (5%)
	Difficult		3 (2%)
	Very difficult		3 (2%)
	Don't know		15 (8%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes			174 (91%)
	No			15 (8%)
	Don't know			3 (2%)
Q5.2	Please answer the following questions about applications (if you have not made an application please tick the 'not made one' option).			
		Not made one	Yes	No
	Are applications dealt with fairly?	13 (7%)	122 (66%)	49 (27%)
	Are applications dealt with quickly (within seven days)?	13 (7%)	86 (48%)	79 (44%)
Q5.3	Is it easy to make a complaint?			
	Yes			123 (63%)
	No			19 (10%)
	Don't know			53 (27%)
Q5.4	Please answer the following questions about complaints (if you have not made a complaint please tick the 'not made one' option).			
		Not made one	Yes	No
	Are complaints dealt with fairly?	92 (48%)	43 (23%)	56 (29%)
	Are complaints dealt with quickly (within seven days)?	92 (49%)	37 (20%)	60 (32%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?			
	Yes			23 (12%)
	No			166 (88%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?			
	Don't know who they are			41 (22%)
	Very easy			22 (12%)
	Easy			38 (20%)
	Neither			61 (32%)
	Difficult			18 (10%)
	Very difficult			9 (5%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)			
	Don't know what the IEP scheme is			7 (4%)
	Yes			100 (52%)
	No			63 (33%)
	Don't know			22 (11%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)			
	Don't know what the IEP scheme is			7 (4%)
	Yes			78 (42%)
	No			81 (44%)
	Don't know			19 (10%)

Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	5 (3%)
	No	185 (97%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	172 (92%)
	Very well	5 (3%)
	Well	5 (3%)
	Neither	4 (2%)
	Badly	0 (0%)
	Very badly	1 (1%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	165 (85%)
	No	29 (15%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	160 (84%)
	No	30 (16%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	59 (31%)
	No	134 (69%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	18 (9%)
	Never	40 (21%)
	Rarely	40 (21%)
	Some of the time	46 (24%)
	Most of the time	29 (15%)
	All of the time	19 (10%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	77 (41%)
	<i>In the first week</i>	28 (15%)
	<i>More than a week</i>	64 (34%)
	<i>Don't remember</i>	21 (11%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	77 (42%)
	Very helpful	32 (17%)
	Helpful	37 (20%)
	Neither	19 (10%)
	Not very helpful	10 (5%)
	Not at all helpful	10 (5%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes	52 (27%)
	No	142 (73%)

Q8.2	Do you feel unsafe now?		
	Yes		18 (9%)
	No		174 (91%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)		
	Never felt unsafe	142 (77%)	At meal times 6 (3%)
	Everywhere	6 (3%)	At health services 5 (3%)
	Segregation unit	5 (3%)	Visits area 6 (3%)
	Association areas	8 (4%)	In wing showers 13 (7%)
	Reception area	2 (1%)	In gym showers 9 (5%)
	At the gym	8 (4%)	In corridors/stairwells 7 (4%)
	In an exercise yard	6 (3%)	On your landing/wing 10 (5%)
	At work	12 (7%)	In your cell 12 (7%)
	During movement	13 (7%)	At religious services 1 (1%)
	At education	7 (4%)	
Q8.4	Have you been victimised by other prisoners here?		
	Yes		41 (21%)
	No		152 (79%)
Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)		
	Insulting remarks (about you or your family or friends)		16 (8%)
	Physical abuse (being hit, kicked or assaulted)		5 (3%)
	Sexual abuse		2 (1%)
	Feeling threatened or intimidated		22 (11%)
	Having your canteen/property taken		5 (3%)
	Medication		5 (3%)
	Debt		4 (2%)
	Drugs		4 (2%)
	Your race or ethnic origin		4 (2%)
	Your religion/religious beliefs		5 (3%)
	Your nationality		2 (1%)
	You are from a different part of the country than others		5 (3%)
	You are from a traveller community		3 (2%)
	Your sexual orientation		4 (2%)
	Your age		3 (2%)
	You have a disability		8 (4%)
	You were new here		6 (3%)
	Your offence/ crime		8 (4%)
	Gang related issues		5 (3%)
Q8.6	Have you been victimised by staff here?		
	Yes		34 (18%)
	No		159 (82%)

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>	14 (7%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	2 (1%)
<i>Sexual abuse</i>	1 (1%)
<i>Feeling threatened or intimidated</i>	22 (11%)
<i>Medication</i>	2 (1%)
<i>Debt</i>	2 (1%)
<i>Drugs</i>	2 (1%)
<i>Your race or ethnic origin</i>	7 (4%)
<i>Your religion/religious beliefs</i>	9 (5%)
<i>Your nationality</i>	6 (3%)
<i>You are from a different part of the country than others</i>	3 (2%)
<i>You are from a traveller community</i>	2 (1%)
<i>Your sexual orientation</i>	3 (2%)
<i>Your age</i>	3 (2%)
<i>You have a disability</i>	3 (2%)
<i>You were new here</i>	8 (4%)
<i>Your offence/ crime</i>	15 (8%)
<i>Gang related issues</i>	5 (3%)

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

Not been victimised	130 (74%)
Yes	14 (8%)
No	31 (18%)

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

	Don't know	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	9 (5%)	12 (6%)	40 (21%)	31 (16%)	73 (38%)	26 (14%)
The nurse	11 (6%)	44 (24%)	80 (43%)	18 (10%)	28 (15%)	6 (3%)
The dentist	31 (17%)	3 (2%)	12 (6%)	8 (4%)	44 (24%)	87 (47%)

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

	Not been	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	10 (5%)	28 (15%)	76 (40%)	31 (16%)	30 (16%)	15 (8%)
The nurse	8 (4%)	62 (33%)	67 (36%)	26 (14%)	15 (8%)	10 (5%)
The dentist	61 (34%)	12 (7%)	26 (14%)	25 (14%)	20 (11%)	38 (21%)

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

Not been	6 (3%)
<i>Very good</i>	20 (11%)
<i>Good</i>	69 (36%)
<i>Neither</i>	39 (21%)
<i>Bad</i>	33 (17%)
<i>Very bad</i>	23 (12%)

Q9.4 Are you currently taking medication?

Yes	134 (70%)
No	58 (30%)

Q9.5 If you are taking medication, are you allowed to keep some/ all of it in your own cell?

Not taking medication	58 (30%)
<i>Yes, all my meds</i>	100 (52%)
<i>Yes, some of my meds</i>	21 (11%)
No	13 (7%)

Q9.6	Do you have any emotional or mental health problems?	
	Yes	63 (33%)
	No	130 (67%)
Q9.7	Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?	
	<i>Do not have any emotional or mental health problems</i>	130 (69%)
	Yes	27 (14%)
	No	31 (16%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	22 (11%)
	No	170 (89%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	20 (10%)
	No	172 (90%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	18 (9%)
	Easy	25 (13%)
	Neither	9 (5%)
	Difficult	4 (2%)
	Very difficult	6 (3%)
	Don't know	128 (67%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	2 (1%)
	Easy	9 (5%)
	Neither	13 (7%)
	Difficult	5 (3%)
	Very difficult	16 (8%)
	Don't know	146 (76%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	5 (3%)
	No	187 (97%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	7 (4%)
	No	182 (96%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	164 (87%)
	Yes	18 (10%)
	No	7 (4%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	<i>Did not / do not have an alcohol problem</i>	172 (91%)
	Yes	13 (7%)
	No	4 (2%)

Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	162 (88%)
	Yes	22 (12%)
	No	1 (1%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		Don't know	Very Easy	Easy	Neither	Difficult	Very difficult
	Prison job	14 (7%)	51 (27%)	77 (40%)	15 (8%)	23 (12%)	11 (6%)
	Vocational or skills training	30 (17%)	15 (9%)	60 (34%)	19 (11%)	36 (21%)	14 (8%)
	Education (including basic skills)	16 (9%)	20 (11%)	85 (48%)	23 (13%)	22 (12%)	11 (6%)
	Offending behaviour programmes	64 (38%)	7 (4%)	28 (17%)	26 (15%)	20 (12%)	24 (14%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>						23 (12%)
	Prison job						110 (59%)
	Vocational or skills training						33 (18%)
	Education (including basic skills)						41 (22%)
	Offending behaviour programmes						14 (7%)
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?						
		Not been involved	Yes	No		Don't know	
	Prison job	20 (12%)	69 (40%)	68 (40%)		15 (9%)	
	Vocational or skills training	31 (22%)	69 (49%)	27 (19%)		14 (10%)	
	Education (including basic skills)	25 (16%)	80 (52%)	34 (22%)		15 (10%)	
	Offending behaviour programmes	48 (37%)	36 (27%)	30 (23%)		17 (13%)	
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>						11 (6%)
	Never						26 (14%)
	Less than once a week						57 (30%)
	About once a week						72 (38%)
	More than once a week						25 (13%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?						
	<i>Don't use it</i>						29 (15%)
	Yes						108 (57%)
	No						54 (28%)
Q11.6	How many times do you usually go to the gym each week?						
	<i>Don't want to go</i>						60 (32%)
	0						40 (21%)
	1 to 2						52 (28%)
	3 to 5						27 (14%)
	More than 5						9 (5%)

Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	41 (21%)
	0	28 (15%)
	1 to 2	58 (30%)
	3 to 5	39 (20%)
	More than 5	26 (14%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	21 (11%)
	0	5 (3%)
	1 to 2	8 (4%)
	3 to 5	28 (15%)
	More than 5	129 (68%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	<i>Less than 2 hours</i>	13 (7%)
	2 to less than 4 hours	11 (6%)
	4 to less than 6 hours	20 (11%)
	6 to less than 8 hours	70 (37%)
	8 to less than 10 hours	32 (17%)
	10 hours or more	33 (18%)
	Don't know	9 (5%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	84 (45%)
	No	102 (55%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	68 (36%)
	No	121 (64%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	34 (18%)
	No	158 (82%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	40 (21%)
	Very easy	14 (7%)
	Easy	33 (17%)
	Neither	19 (10%)
	Difficult	32 (17%)
	Very difficult	53 (28%)
	Don't know	0 (0%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	0 (0%)
	Yes	177 (93%)
	No	14 (7%)

Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	Not sentenced/ NA	14 (7%)
	No contact	57 (30%)
	Letter	63 (34%)
	Phone	43 (23%)
	Visit	54 (29%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	169 (90%)
	No	18 (10%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	0 (0%)
	Yes	125 (67%)
	No	61 (33%)
Q13.5	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/ not sentenced	61 (34%)
	Very involved	21 (12%)
	Involved	39 (21%)
	Neither	12 (7%)
	Not very involved	18 (10%)
	Not at all involved	31 (17%)
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)	
	Do not have a sentence plan/ not sentenced	61 (34%)
	Nobody	49 (27%)
	Offender supervisor	53 (29%)
	Offender manager	33 (18%)
	Named/ personal officer	13 (7%)
	Staff from other departments	14 (8%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	Do not have a sentence plan/ not sentenced	61 (34%)
	Yes	61 (34%)
	No	33 (18%)
	Don't know	27 (15%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	Do not have a sentence plan/ not sentenced	61 (33%)
	Yes	14 (8%)
	No	73 (40%)
	Don't know	36 (20%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	Do not have a sentence plan/ not sentenced	61 (33%)
	Yes	29 (16%)
	No	36 (20%)
	Don't know	58 (32%)

Q13.10 Do you have a needs based custody plan?

Yes	5 (3%)
No	62 (33%)
Don't know	121 (64%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?

Yes	25 (14%)
No	160 (86%)

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

	Do not need help		
	Yes		No
Employment	52 (28%)	42 (23%)	89 (49%)
Accommodation	46 (26%)	26 (15%)	107 (60%)
Benefits	41 (23%)	33 (18%)	108 (59%)
Finances	51 (30%)	18 (10%)	103 (60%)
Education	62 (36%)	29 (17%)	81 (47%)
Drugs and alcohol	78 (46%)	36 (21%)	54 (32%)

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

Not sentenced	0 (0%)
Yes	103 (59%)
No	71 (41%)

Main comparator and comparator to last time



Prisoner survey responses HMP Stafford 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 Stafford 2016	Category C training prisons comparator	HMP Stafford 2016	HMP Stafford 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		196	6,325	196	188
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	2%	0%	0%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	6%	9%	6%	9%
1.4	Is your sentence less than 12 months?	1%	6%	1%	11%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	7%	9%	7%	11%
1.5	Are you a foreign national?	9%	10%	9%	7%
1.6	Do you understand spoken English?	99%	99%	99%	
1.7	Do you understand written English?	99%	98%	99%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	13%	25%	13%	25%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	4%	3%	2%
1.1	Are you Muslim?	7%	13%	7%	10%
1.11	Are you homosexual/gay or bisexual?	9%	3%	9%	6%
1.12	Do you consider yourself to have a disability?	27%	20%	27%	19%
1.13	Are you a veteran (ex-armed services)?	10%	6%	10%	
1.14	Is this your first time in prison?	72%	37%	72%	38%
1.15	Do you have any children under the age of 18?	43%	51%	43%	49%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	35%	45%	35%	25%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	79%	73%	79%	
2.3	Were you offered a toilet break?	7%	8%	7%	
2.4	Was the van clean?	71%	63%	71%	
2.5	Did you feel safe?	76%	80%	76%	
2.6	Were you treated well/very well by the escort staff?	83%	72%	83%	70%
2.7	Before you arrived here were you told that you were coming here?	55%	61%	55%	
2.7	Before you arrived here did you receive any written information about coming here?	7%	15%	7%	
2.8	When you first arrived here did your property arrive at the same time as you?	85%	86%	85%	86%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction				
3.1 Were you in reception for less than 2 hours?	68%	53%	68%	
3.2 When you were searched in reception, was this carried out in a respectful way?	87%	85%	87%	79%
3.3 Were you treated well/very well in reception?	82%	75%	82%	63%
When you first arrived:				
3.4 Did you have any problems?	63%	60%	63%	65%
3.4 Did you have any problems with loss of property?	18%	18%	18%	20%
3.4 Did you have any housing problems?	9%	13%	9%	15%
3.4 Did you have any problems contacting employers?	0%	2%	0%	4%
3.4 Did you have any problems contacting family?	20%	18%	20%	22%
3.4 Did you have any problems ensuring dependants were being looked after?	1%	1%	1%	7%
3.4 Did you have any money worries?	11%	13%	11%	13%
3.4 Did you have any problems with feeling depressed or suicidal?	19%	14%	19%	17%
3.4 Did you have any physical health problems?	14%	12%	14%	
3.4 Did you have any mental health problems?	19%	16%	19%	
3.4 Did you have any problems with needing protection from other prisoners?	1%	5%	1%	11%
3.4 Did you have problems accessing phone numbers?	11%	16%	11%	19%
For those with problems:				
3.5 Did you receive any help/ support from staff in dealing with these problems?	40%	36%	40%	
When you first arrived here, were you offered any of the following:				
3.6 Tobacco?	63%	75%	63%	90%
3.6 A shower?	20%	28%	20%	22%
3.6 A free telephone call?	67%	41%	67%	69%
3.6 Something to eat?	50%	56%	50%	77%
3.6 PIN phone credit?	40%	52%	40%	
3.6 Toiletries/ basic items?	52%	46%	52%	
SECTION 3: Reception, first night and induction continued				
When you first arrived here did you have access to the following people:				
3.7 The chaplain or a religious leader?	48%	53%	48%	
3.7 Someone from health services?	72%	70%	72%	
3.7 A Listener/Samaritans?	46%	33%	46%	
3.7 Prison shop/ canteen?	23%	24%	23%	8%
When you first arrived here were you offered information about any of the following:				
3.8 What was going to happen to you?	53%	50%	53%	45%
3.8 Support was available for people feeling depressed or suicidal?	45%	40%	45%	45%
3.8 How to make routine requests?	55%	44%	55%	40%
3.8 Your entitlement to visits?	40%	40%	40%	37%

Main comparator and comparator to last time

Key to tables

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3.8	Health services?	56%	52%	56%	52%
3.8	The chaplaincy?	50%	48%	50%	41%
3.9	Did you feel safe on your first night here?	89%	82%	89%	77%
3.10	Have you been on an induction course?	96%	90%	96%	98%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	67%	60%	67%	53%
3.12	Did you receive an education (skills for life) assessment?	91%	84%	91%	
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	43%	46%	43%	34%
4.1	Attend legal visits?	33%	48%	33%	44%
4.1	Get bail information?	5%	15%	5%	13%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	30%	39%	30%	46%
4.3	Can you get legal books in the library?	58%	42%	58%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	82%	67%	82%	53%
4.4	Are you normally able to have a shower every day?	90%	93%	90%	43%
4.4	Do you normally receive clean sheets every week?	98%	73%	98%	94%
4.4	Do you normally get cell cleaning materials every week?	66%	67%	66%	28%
4.4	Is your cell call bell normally answered within five minutes?	51%	36%	51%	42%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	81%	69%	81%	63%
4.4	Can you normally get your stored property, if you need to?	35%	24%	35%	28%
4.5	Is the food in this prison good/very good?	48%	29%	48%	37%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	61%	48%	61%	52%
4.7	Are you able to speak to a Listener at any time, if you want to?	74%	56%	74%	60%
4.8	Are your religious beliefs are respected?	64%	53%	64%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	60%	58%	60%	53%
4.10	Is it easy/very easy to attend religious services?	58%	49%	58%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	91%	82%	91%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	71%	58%	71%	59%
5.2	Do you feel applications are dealt with quickly (within seven days)?	52%	40%	52%	51%
5.3	Is it easy to make a complaint?	63%	59%	63%	

Main comparator and comparator to last time

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	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	43%	34%	43%	26%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	38%	29%	38%	36%
5.5	Have you ever been prevented from making a complaint when you wanted to?	12%	19%	12%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	32%	29%	32%	18%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	49%	52%	51%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	46%	42%	56%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	3%	7%	3%	3%
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?	67%	37%	67%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	85%	79%	85%	69%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	84%	73%	84%	73%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	31%	30%	31%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	25%	21%	25%	16%
7.5	Do you have a personal officer?	60%	65%	60%	77%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	64%	63%	64%	62%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	27%	36%	27%	37%
8.2	Do you feel unsafe now?	9%	15%	9%	15%
8.4	Have you been victimised by other prisoners here?	21%	27%	21%	25%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	8%	12%	8%	12%
8.5	Hit, kicked or assaulted you?	3%	8%	3%	4%
8.5	Sexually abused you?	1%	1%	1%	2%
8.5	Threatened or intimidated you?	11%	16%	11%	
8.5	Taken your canteen/property?	3%	7%	3%	4%
8.5	Victimised you because of medication?	3%	4%	3%	
8.5	Victimised you because of debt?	2%	4%	2%	
8.5	Victimised you because of drugs?	2%	4%	2%	4%
8.5	Victimised you because of your race or ethnic origin?	2%	4%	2%	3%
8.5	Victimised you because of your religion/religious beliefs?	3%	3%	3%	2%
8.5	Victimised you because of your nationality?	1%	3%	1%	

Main comparator and comparator to last time

Key to tables

		HMP Stafford 2016	Category C training prisons comparator	HMP Stafford 2016	HMP Stafford 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Victimised you because you were from a different part of the country?	3%	4%	3%	7%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	
8.5	Victimised you because of your sexual orientation?	2%	2%	2%	1%
8.5	Victimised you because of your age?	2%	3%	2%	2%
8.5	Victimised you because you have a disability?	4%	3%	4%	2%
8.5	Victimised you because you were new here?	3%	5%	3%	7%
8.5	Victimised you because of your offence/crime?	4%	5%	4%	9%
8.5	Victimised you because of gang related issues?	3%	5%	3%	3%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	18%	29%	18%	23%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	7%	11%	7%	9%
8.7	Hit, kicked or assaulted you?	1%	4%	1%	1%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	11%	12%	11%	
8.7	Victimised you because of medication?	1%	3%	1%	
8.7	Victimised you because of debt?	1%	2%	1%	
8.7	Victimised you because of drugs?	1%	2%	1%	3%
8.7	Victimised you because of your race or ethnic origin?	4%	4%	4%	6%
8.7	Victimised you because of your religion/religious beliefs?	5%	3%	5%	4%
8.7	Victimised you because of your nationality?	3%	2%	3%	
8.7	Victimised you because you were from a different part of the country?	2%	3%	2%	2%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	1%
8.7	Victimised you because of your age?	2%	2%	2%	1%
8.7	Victimised you because you have a disability?	2%	3%	2%	2%
8.7	Victimised you because you were new here?	4%	4%	4%	8%
8.7	Victimised you because of your offence/crime?	8%	4%	8%	7%
8.7	Victimised you because of gang related issues?	3%	3%	3%	2%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	31%	40%	31%	35%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	27%	30%	27%	41%
9.1	Is it easy/very easy to see the nurse?	66%	51%	66%	69%

Main comparator and comparator to last time

Key to tables

		HMP Stafford 2016	Category C training prisons comparator	HMP Stafford 2016	HMP Stafford 2011
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
9.1	Is it easy/very easy to see the dentist?	8%	14%	8%	11%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	58%	48%	58%	54%
9.2	The nurse?	72%	58%	72%	66%
9.2	The dentist?	31%	44%	31%	43%
9.3	The overall quality of health services?	48%	44%	48%	44%
9.4	Are you currently taking medication?	70%	49%	70%	52%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	90%	83%	90%	
9.6	Do you have any emotional well being or mental health problems?	33%	31%	33%	31%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	47%	52%	47%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	12%	24%	12%	27%
10.2	Did you have a problem with alcohol when you came into this prison?	10%	16%	10%	19%
10.3	Is it easy/very easy to get illegal drugs in this prison?	23%	39%	23%	35%
10.4	Is it easy/very easy to get alcohol in this prison?	6%	24%	6%	
10.5	Have you developed a problem with drugs since you have been in this prison?	3%	9%	3%	11%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	4%	7%	4%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	72%	62%	72%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	77%	64%	77%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	96%	77%	96%	77%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	67%	46%	67%	
11.1	Vocational or skills training?	43%	42%	43%	
11.1	Education (including basic skills)?	59%	56%	59%	
11.1	Offending behaviour programmes?	21%	23%	21%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	59%	59%	59%	70%
11.2	Vocational or skills training?	18%	16%	18%	25%
11.2	Education (including basic skills)?	22%	23%	22%	25%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better		HMP Stafford 2016	Category C training prisons comparator	HMP Stafford 2016	HMP Stafford 2011
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					
11.2	Offending behaviour programmes?	7%	12%	7%	13%
11.3	Have you had a job while in this prison?	88%	83%	88%	97%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	45%	44%	45%	32%
11.3	Have you been involved in vocational or skills training while in this prison?	78%	74%	78%	86%
	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?	63%	56%	63%	63%
11.3	Have you been involved in education while in this prison?	84%	79%	84%	88%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	62%	58%	62%	62%
11.3	Have you been involved in offending behaviour programmes while in this prison?	63%	71%	63%	75%
	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?	43%	50%	43%	51%
11.4	Do you go to the library at least once a week?	51%	43%	51%	52%
11.5	Does the library have a wide enough range of materials to meet your needs?	57%	46%	57%	
11.6	Do you go to the gym three or more times a week?	19%	34%	19%	21%
11.7	Do you go outside for exercise three or more times a week?	34%	52%	34%	38%
11.8	Do you go on association more than five times each week?	68%	67%	68%	43%
11.9	Do you spend ten or more hours out of your cell on a weekday?	18%	17%	18%	9%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	45%	34%	45%	27%
12.2	Have you had any problems with sending or receiving mail?	36%	42%	36%	47%
12.3	Have you had any problems getting access to the telephones?	18%	21%	18%	45%
12.4	Is it easy/ very easy for your friends and family to get here?	25%	28%	25%	
SECTION 13: Preparation for release					
	For those who are sentenced:				
13.1	Do you have a named offender manager (home probation officer) in the probation service?	93%	82%	93%	
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	33%	36%	33%	
13.2	Contact by letter?	36%	35%	36%	
13.2	Contact by phone?	25%	25%	25%	
13.2	Contact by visit?	31%	32%	31%	
13.3	Do you have a named offender supervisor in this prison?	90%	74%	90%	
	For those who are sentenced:				
13.4	Do you have a sentence plan?	67%	64%	67%	73%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better		HMP Stafford 2016	Category C training prisons comparator	HMP Stafford 2016	HMP Stafford 2011
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	50%	53%	50%	44%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	41%	48%	41%	
13.6	Offender supervisor?	44%	36%	44%	
13.6	Offender manager?	27%	26%	27%	
13.6	Named/ personal officer?	11%	12%	11%	
13.6	Staff from other departments?	12%	15%	12%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	50%	62%	50%	60%
13.8	Are there plans for you to achieve any of your targets in another prison?	11%	20%	11%	
13.9	Are there plans for you to achieve any of your targets in the community?	24%	29%	24%	
13.10	Do you have a needs based custody plan?	3%	7%	3%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	14%	15%	14%	14%
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?	32%	34%	32%	
13.12	Accommodation?	20%	38%	20%	
13.12	Benefits?	23%	40%	23%	
13.12	Finances?	15%	28%	15%	
13.12	Education?	26%	35%	26%	
13.12	Drugs and alcohol?	40%	44%	40%	
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?	59%	55%	59%	47%

Diversity analysis



Key question responses (ethnicity) HMP Stafford 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

		Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		26	169
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	24%	7%
1.6	Do you understand spoken English?	96%	99%
1.7	Do you understand written English?	96%	99%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	3%
1.1	Are you Muslim?	44%	1%
1.12	Do you consider yourself to have a disability?	23%	28%
1.13	Are you a veteran (ex-armed services)?	4%	11%
1.14	Is this your first time in prison?	77%	72%
2.6	Were you treated well/very well by the escort staff?	69%	85%
2.7	Before you arrived here were you told that you were coming here?	38%	58%
3.2	When you were searched in reception, was this carried out in a respectful way?	81%	88%
3.3	Were you treated well/very well in reception?	66%	85%
3.4	Did you have any problems when you first arrived?	84%	60%
3.7	Did you have access to someone from health care when you first arrived here?	54%	75%
3.9	Did you feel safe on your first night here?	81%	91%
3.10	Have you been on an induction course?	92%	96%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	28%	45%
4.4	Are you normally offered enough clean, suitable clothes for the week?	60%	85%
4.4	Are you normally able to have a shower every day?	81%	92%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Is your cell call bell normally answered within five minutes?	38%	52%
4.5	Is the food in this prison good/very good?	34%	50%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	34%	65%
4.7	Are you able to speak to a Listener at any time, if you want to?	58%	77%
4.8	Do you feel your religious beliefs are respected?	64%	64%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	73%	58%
5.1	Is it easy to make an application?	72%	93%
5.3	Is it easy to make a complaint?	58%	64%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	23%	57%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	42%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	1%
7.1	Do most staff, in this prison, treat you with respect?	69%	88%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	72%	86%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	8%	27%
7.4	Do you have a personal officer?	68%	58%
8.1	Have you ever felt unsafe here?	38%	25%
8.2	Do you feel unsafe now?	9%	10%
8.3	Have you been victimised by other prisoners?	27%	20%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	19%	10%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	4%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	32%	16%
8.7	Have you ever felt threatened or intimidated by staff here?	24%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	20%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	24%	2%
8.7	Have you been victimised because of your nationality? (By staff)	8%	2%
8.7	Have you been victimised because you have a disability? (By staff)	0%	2%
9.1	Is it easy/very easy to see the doctor?	34%	26%
9.1	Is it easy/ very easy to see the nurse?	54%	69%
9.4	Are you currently taking medication?	58%	72%
9.6	Do you feel you have any emotional well being/mental health issues?	27%	33%
10.3	Is it easy/very easy to get illegal drugs in this prison?	24%	22%
11.2	Are you currently working in the prison?	32%	63%
11.2	Are you currently undertaking vocational or skills training?	28%	16%
11.2	Are you currently in education (including basic skills)?	32%	21%
11.2	Are you currently taking part in an offending behaviour programme?	4%	8%
11.4	Do you go to the library at least once a week?	44%	52%
11.6	Do you go to the gym three or more times a week?	52%	14%
11.7	Do you go outside for exercise three or more times a week?	27%	35%
11.8	On average, do you go on association more than five times each week?	54%	70%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	11%	18%
12.2	Have you had any problems sending or receiving mail?	46%	35%
12.3	Have you had any problems getting access to the telephones?	34%	15%

Diversity Analysis



Key question responses (disability and age over 50) HMP Stafford 2016

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

Key to tables

		Consider themselves to have a disability		Do not consider themselves to have a disability		Prisoners aged 50 and over		Prisoners under the age of 50	
	Any percentage highlighted in green is significantly better								
	Any percentage highlighted in blue is significantly worse								
	Any percentage highlighted in orange shows a significant difference in prisoners' background details								
	Percentages which are not highlighted show there is no significant difference								
Number of completed questionnaires returned		53	143			85	110		
1.3	Are you sentenced?	100%	100%			100%	100%		
1.5	Are you a foreign national?	11%	8%			5%	12%		
1.6	Do you understand spoken English?	98%	99%			99%	99%		
1.7	Do you understand written English?	98%	99%			99%	99%		
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	11%	14%			3%	21%		
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	2%			3%	3%		
1.1	Are you Muslim?	2%	9%			0%	12%		
1.12	Do you consider yourself to have a disability?					39%	18%		
1.13	Are you a veteran (ex-armed services)?	22%	6%			18%	5%		
1.14	Is this your first time in prison?	66%	74%			68%	75%		
2.6	Were you treated well/very well by the escort staff?	85%	82%			91%	76%		
2.7	Before you arrived here were you told that you were coming here?	49%	57%			59%	52%		
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	87%			90%	85%		
3.3	Were you treated well/very well in reception?	79%	83%			90%	76%		
3.4	Did you have any problems when you first arrived?	77%	57%			61%	64%		
3.7	Did you have access to someone from health care when you first arrived here?	75%	70%			77%	67%		
3.9	Did you feel safe on your first night here?	87%	90%			95%	85%		
3.10	Have you been on an induction course?	92%	97%			95%	96%		
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	45%	42%			40%	44%		
4.4	Are you normally offered enough clean, suitable clothes for the week?	84%	81%			93%	73%		
4.4	Are you normally able to have a shower every day?	88%	91%			95%	86%		

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
	Any percentage highlighted in blue is significantly worse				Prisoners under the age of 50
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Is your cell call bell normally answered within five minutes?	63%	46%	56%	46%
4.5	Is the food in this prison good/very good?	56%	45%	54%	43%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	66%	59%	71%	52%
4.7	Are you able to speak to a Listener at any time, if you want to?	75%	74%	81%	69%
4.8	Do you feel your religious beliefs are respected?	72%	61%	77%	54%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	63%	59%	65%	57%
5.1	Is it easy to make an application?	88%	92%	95%	87%
5.3	Is it easy to make a complaint?	65%	62%	67%	61%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	44%	55%	57%	48%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	30%	47%	38%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	2%	3%	3%	3%
7.1	Do most staff, in this prison, treat you with respect?	89%	84%	91%	81%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	88%	83%	85%	83%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	18%	28%	23%	26%
7.4	Do you have a personal officer?	51%	63%	58%	60%
8.1	Have you ever felt unsafe here?	38%	23%	17%	35%
8.2	Do you feel unsafe now?	10%	9%	5%	13%
8.3	Have you been victimised by other prisoners?	40%	14%	19%	23%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	19%	9%	7%	15%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	1%	1%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	1%	3%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	2%	1%	0%	2%
8.5	Have you been victimised because of your age? (By prisoners)	4%	1%	3%	1%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability		Prisoners aged 50 and over
	Any percentage highlighted in blue is significantly worse				Prisoners under the age of 50
	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 you have a disability? (By prisoners)	10%	2%	6%	3%
8.6	Have you been victimised by a member of staff?	21%	16%	7%	26%
8.7	Have you ever felt threatened or intimidated by staff here?	16%	10%	3%	18%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	3%	1%	6%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	5%	0%	8%
8.7	Have you been victimised because of your nationality? (By staff)	4%	3%	1%	5%
8.7	Have you been victimised because of your age? (By staff)	2%	2%	0%	3%
8.7	Have you been victimised because you have a disability? (By staff)	4%	1%	1%	2%
9.1	Is it easy/very easy to see the doctor?	27%	27%	33%	23%
9.1	Is it easy/ very easy to see the nurse?	82%	61%	76%	59%
9.4	Are you currently taking medication?	86%	64%	85%	59%
9.6	Do you feel you have any emotional well being/mental health issues?	56%	24%	23%	40%
10.3	Is it easy/very easy to get illegal drugs in this prison?	26%	22%	16%	27%
11.2	Are you currently working in the prison?	50%	62%	53%	63%
11.2	Are you currently undertaking vocational or skills training?	14%	19%	15%	20%
11.2	Are you currently in education (including basic skills)?	22%	22%	28%	18%
11.2	Are you currently taking part in an offending behaviour programme?	10%	7%	4%	10%
11.4	Do you go to the library at least once a week?	47%	52%	54%	49%
11.6	Do you go to the gym three or more times a week?	14%	21%	6%	29%
11.7	Do you go outside for exercise three or more times a week?	29%	35%	43%	28%
11.8	On average, do you go on association more than five times each week?	49%	74%	60%	73%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	18%	17%	19%	17%
12.2	Have you had any problems sending or receiving mail?	44%	33%	29%	42%
12.3	Have you had any problems getting access to the telephones?	17%	18%	12%	22%

Diversity analysis



Key question responses (veterans) HMP Stafford 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	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		20	173
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	5%	10%
1.6	Do you understand spoken English?	95%	99%
1.7	Do you understand written English?	95%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	5%	14%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	3%
1.1	Are you Muslim?	0%	8%
1.12	Do you consider yourself to have a disability?	55%	23%
1.14	Is this your first time in prison?	65%	73%
2.6	Were you treated well/very well by the escort staff?	86%	82%
2.7	Before you arrived here were you told that you were coming here?	55%	55%
3.2	When you were searched in reception, was this carried out in a respectful way?	90%	87%
3.3	Were you treated well/very well in reception?	95%	80%
3.4	Did you have any problems when you first arrived?	74%	62%
3.7	Did you have access to someone from health care when you first arrived here?	79%	70%
3.9	Did you feel safe on your first night here?	100%	89%
3.10	Have you been on an induction course?	95%	96%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	45%	42%
4.4	Are you normally offered enough clean, suitable clothes for the week?	90%	81%
4.4	Are you normally able to have a shower every day?	100%	89%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Is your cell call bell normally answered within five minutes?	60%	49%
4.5	Is the food in this prison good/very good?	40%	48%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	86%	58%
4.7	Are you able to speak to a Listener at any time, if you want to?	95%	72%
4.8	Do you feel your religious beliefs are respected?	75%	63%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	86%	58%
5.1	Is it easy to make an application?	95%	91%
5.3	Is it easy to make a complaint?	86%	60%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	65%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	45%	42%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	3%
7.1	Do most staff, in this prison, treat you with respect?	100%	84%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	86%	84%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	26%	24%
7.4	Do you have a personal officer?	53%	61%
8.1	Have you ever felt unsafe here?	15%	28%
8.2	Do you feel unsafe now?	0%	11%
8.3	Have you been victimised by other prisoners?	21%	22%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	11%	12%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	1%
8.5	Have you been victimised because of your age? (By prisoners)	6%	1%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	5%
8.6	Have you been victimised by a member of staff?	15%	18%
8.7	Have you ever felt threatened or intimidated by staff here?	11%	11%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	5%
8.7	Have you been victimised because of your nationality? (By staff)	0%	4%
8.7	Have you been victimised because of your age? (By staff)	0%	2%
8.7	Have you been victimised because you have a disability? (By staff)	0%	2%
9.1	Is it easy/very easy to see the doctor?	33%	26%
9.1	Is it easy/ very easy to see the nurse?	71%	66%
9.4	Are you currently taking medication?	88%	68%
9.6	Do you feel you have any emotional well being/mental health issues?	39%	32%
10.3	Is it easy/very easy to get illegal drugs in this prison?	6%	25%
11.2	Are you currently working in the prison?	39%	61%
11.2	Are you currently undertaking vocational or skills training?	6%	19%
11.2	Are you currently in education (including basic skills)?	28%	22%
11.2	Are you currently taking part in an offending behaviour programme?	0%	8%
11.4	Do you go to the library at least once a week?	47%	50%
11.6	do you go to the gym three or more times a week?	15%	19%
11.7	Do you go outside for exercise three or more times a week?	32%	34%
11.8	On average, do you go on association more than five times each week?	69%	68%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	15%	18%
12.2	Have you had any problems sending or receiving mail?	47%	35%
12.3	Have you had any problems getting access to the telephones?	11%	18%