

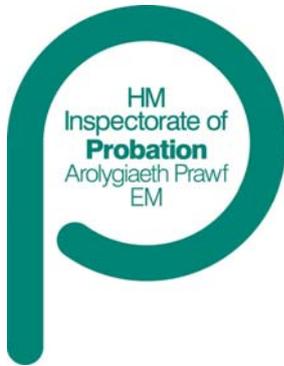
Report on an unannounced inspection of

HMP Chelmsford

by HM Chief Inspector of Prisons

4–15 April 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.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

Introduction

HMP Chelmsford is a medium sized local prison, holding up to 745 mainly adult men. An unusual establishment, it comprises older accommodation built in the 1830s with a similar amount of modern accommodation. We found that outcomes and perceptions among prisoners aligned closely with where they were located, with those prisoners in the older wings being far more negative about their treatment and experiences than those in the newer wings. As such it provided an interesting insight into the experience of prisoners more generally across the prison estate where environmental standards are similarly varied.

At recent inspections we have described Chelmsford as a basically decent institution doing its best despite some significant operational challenges. At this inspection our findings suggested that progress had stalled and that there had been some deterioration in outcomes, particularly concerning the quality of respect and the effectiveness of the prison's resettlement work. This, however, was not the whole picture and there was evidence to suggest problems were beginning to be addressed by a competent management team, building on some of the prison's strengths.

Chelmsford seemed to be a reasonably settled prison and prisoners' perceptions of safety hadn't changed since our last inspection, with about a fifth of all prisoners feeling unsafe. However, prisoners on the older wings felt the least safe and those wings experienced the most number of violent incidents. Violence and bullying had increased sharply and there was evidence that this was linked to drugs and debt. Work was being done to address violence and victimisation but greater coordination of effort and initiative was needed.

Chelmsford is a frontline establishment taking new prisoners from the streets, so it was encouraging to see basically sound reception and induction arrangements, although first night accommodation should have been better. Security was managed reasonably well but drugs availability, in particular the availability of new psychoactive substances (NPS), was a big problem. The prison was taking this seriously with a detailed action plan and active response to NPS, led directly by the governor. Use of force had also increased and had nearly doubled since we last inspected. Arrangements to account for its use were not good enough.

Of further concern were the four self-inflicted deaths since the last inspection and the considerable increase in incidents of self-harm to a level far higher than at similar prisons. The prison was working to implement recommendations made following the investigation of these deaths and case management of those at risk was reasonable. Prisoners we spoke to who were at risk spoke positively about the care they had received.

The quality of respect in the prison was mainly sustained by some very good relationships between staff and prisoners; this was an institutional strength. The disparity in the quality of accommodation between the older and the newer wings was, however, huge, with the older accommodation overcrowded, difficult to maintain and difficult to keep clean. The governor spoke of considerable difficulties with the performance of the Facilities Management Company, whose job, among other things, was to repair and maintain the site.

Structures were in place to promote equality for prisoners with protected characteristics but in reality their outcomes were disappointing and mixed. Work to promote the interests of the small population of young adults had lapsed, which again was disappointing. A further concern was the deterioration in the quality of health care. Weak partnerships, staff shortages and poor clinical governance had all contributed to a provision we judged to be inadequate.

Most prisoners had a reasonable amount of time out of cell, although this was not the case for a significant minority. Our Ofsted colleagues judged the overall effectiveness of learning and skills provision in Chelmsford as 'requiring improvement', but there were early signs that the new

management team was beginning to develop a vision for this work that would deliver improvement. Operational management was, however, not good enough for the time being. There was, for example, sufficient work and education for all prisoners to have at least some part-time activity, yet inadequate allocation had left many prisoners with nothing to do at all. Attendance and punctuality required improvement, although behaviour management in class was good. Standards of teaching, learning and assessment all required improvement, but achievement of accredited qualifications was better.

The greatest deterioration in outcomes was in the prison's resettlement work, which we had previously described as good. The reducing reoffending strategy was not informed by an analysis of need and recent weaknesses in management were only now being rectified. Offender management work was poor and undermined by staff shortages, a backlog of offender (OASys) assessments and poor quality casework. Too many prisoners were transferred out of Chelmsford without an OASys assessment or sentence plan to inform their move. Public protection work also required improvement. The high turnover of prisoners – about 100 were released each month – placed a big demand on resettlement services. The input from the knowledgeable community resettlement company (CRC) meant that initial assessments, referrals and pre-release reviews were generally good. We found a good range of resettlement provision, but because of a lack of reliable data, we were unable to establish how effective some of the provision was – for example, how many prisoners were released into accommodation or how many had a job to go to on release.

Chelmsford was a prison in transition. Overall it remained a competent place with evident strengths to build on, despite some disappointing findings. Recent operational challenges, particularly around violence and drugs, had taken a toll and there were a number of strategic challenges such as health care, offender management and, most important of all, improving the treatment and conditions of those held in the older accommodation. The governor and his team seemed to be working hard to deal with these priorities and we are optimistic that they will get to grips with the issues we highlight in this report.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

June 2016

Fact page

Task of the establishment

HMP/YOI Chelmsford is a category B local and resettlement prison for adult and young adult males.

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

Public

Region/Department

Kent, Sussex and Essex

Number held

708

Certified normal accommodation

551

Operational capacity

745

Date of last full inspection

27 May – 6 June 2014

Brief history

HMP/YOI Chelmsford was built in the 1830s. Two new residential units were added in 1996 (E and F wings), and a third unit (G wing) was opened in 2006. The prison serves local courts and holds those who are sentenced, on remand or on trial. It holds adults, young adults and some foreign national prisoners.

Short description of residential units

The older part of the establishment has four wings, A, B, C and D, running off a central hub. The segregation unit is on A wing and vulnerable prisoners have separate accommodation on D wing.

The newer part of the prison has a 12-bed, 24-hour health care unit (known as the extra care unit). E wing provides the integrated drug treatment system. F wing is the first night and induction unit and G wing holds a mixed population, including older prisoners.

Name of governor/director

Steve Rodford OBE

Escort contractor

Serco

Health service provider

Care UK (H4H)

Learning and skills providers

PeoplePlus

Independent Monitoring Board chair

Graham Finch

Community rehabilitation company (CRC)

Essex CRC

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, first night and induction processes were mostly good, with a suitable focus on vulnerability, but not all first night cells were properly equipped. Peer supporters provided valuable information and support. Levels of violence had increased sharply. Measures to manage and reduce violence were poorly coordinated but most prisoners felt safe. Levels of self-harm were high but support for those at risk of harm was generally good. Security was well managed. Drugs were easily available but supply reduction measures were improving, particularly addressing new psychoactive substances. The level of use of force was high and governance was weak. The use of segregation was relatively low but reintegration planning was underdeveloped. Clinical substance misuse services were good but psychosocial support was limited. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S2 *At the last inspection in May/June 2014 we found that outcomes for prisoners in HMP Chelmsford were not sufficiently good against this healthy prison test. We made 17 recommendations in the area of safety. At this follow-up inspection we found that eight of the recommendations had been achieved, one had been partially achieved, seven had not been achieved and one was no longer relevant.*
- S3 Prisoners experienced long waits in court holding cells before being transferred to the prison, often arriving late in the afternoon. The reception area was clean and staff treated prisoners well. At busy times, prisoners waited for long periods in holding cells in reception, delaying their move to the first night wing, sometimes not arriving until late in the evening.
- S4 All new arrivals were interviewed in reception, in private, and key information was collated well, especially in regard to vulnerability, and passed on to wing staff. New prisoners were located on the dedicated first night wing, seen by a first night officer and subject to additional observations during their first night. Not all first night cells were equipped adequately, with pillows and kettles, in particular, missing. The food provided on the first night was unappetising, some prisoners were not issued with eating utensils, and prisoners arriving late could not take a shower. Excellent support was provided by Insiders (prisoners who introduce new arrivals to prison life) and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), who spoke to all prisoners and explained essential information. Most prisoners received a thorough induction in the two days following their arrival at the prison.
- S5 Around a fifth of prisoners, which was similar to the proportion at comparator prisons and at the time of the previous inspection, felt unsafe. More prisoners on the older than the newer wings said that they felt unsafe. Recorded levels of bullying, assaults and fights had increased sharply and were all far higher than at similar prisons. Most incidents were related to drugs and debt, and most took place on the older wings. Prison-wide monitoring and analysis of violence data were reasonable, although not informed by a prisoner survey. A number of actions had been taken to make the prison safer but there was a lack of a coordinated and strategic approach. Measures to manage perpetrators of violence and support victims were poor.
- S6 Vulnerable prisoners felt safe on their dedicated wing and had reasonable access to the regime. However, those located on the first night wing had a poor experience, with a negligible regime.

- S7 There had been four self-inflicted deaths since the previous inspection, which was high. There was ongoing work to meet the recommendations from Prisons and Probation Ombudsman death-in-custody reports. The number of recorded self-harm incidents had increased considerably, and was far higher than that at comparator prisons. Most prisoners we spoke who were subject to assessment, care in custody and teamwork (ACCT) case management procedures for prisoners at risk of suicide or self-harm were positive about the level of help they received. The quality of most ACCT documents was reasonable, with generally effective care maps and mostly good ongoing monitoring and recording, although there was often a lack of multidisciplinary case reviews. The weekly complex needs meeting contributed well to the management of prisoners requiring both enhanced support and control.
- S8 Security was well managed. Procedural security was generally proportionate and dynamic security was good. Intelligence systems were well managed and risk management systems were sound. Drug availability was high, and almost half of all prisoners in our survey, far more than at similar prisons and than at the time of the previous inspection, said that it was easy to get illegal drugs in the prison. The number of prisoners testing positive for drugs was high, and mainly for cannabis and opiates. Mandatory drug testing was poorly resourced and monitored, and there was little suspicion testing.
- S9 New psychoactive substances (NPS; new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects) had been identified as the main issue and the prison was proactive in addressing this. A detailed NPS action plan was reviewed regularly but there was no support for prisoners using NPS.
- S10 The number of adjudications had increased and was high. The level of use of force had nearly doubled since the previous inspection and was high. Governance of use of force was poor and there was insufficient scrutiny of incidents by managers. Use of force paperwork was not always processed properly and much of it was incomplete or missing. The use of special accommodation was commendably low.
- S11 The segregation unit was worn and some cells were grubby, with poor ventilation. The use of segregation had reduced and was lower than we see at similar prisons. Most prisoners stayed for relatively short periods, but for those who stayed longer the regime was inadequate.
- S12 Relationships between staff and prisoners on the unit were good. The A3 landing had been used to good effect to help to reintegrate challenging prisoners onto normal location but reintegration was generally disorganised and inconsistent.
- S13 Too few interventions were provided for prisoners with substance misuse issues but the newly appointed service provider had plans to broaden provision. Clinical management was safe, good observation took place on the designated drug treatment unit, and prescribing regimes for prisoners on opiate substitute treatment were flexible and reviewed regularly. Joint working between the psychosocial support and clinical teams was good.

Respect

- S14 *The prison was generally clean. The environment was good for those on the newer wings, but poor for those on the older wings. Access to basic essentials was sometimes problematic. Staff–prisoner relationships were good and were a real strength. Equality and diversity arrangements required improvement. Outcomes for prisoners with protected characteristics were not adequately monitored and little dedicated support was available. Faith provision was good. Prisoner complaints were well managed. Health services were inadequate overall and a cause for concern. The quality of the food provided was poor. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S15 *At the last inspection in May/June 2014 we found that outcomes for prisoners in HMP Chelmsford were reasonably good against this healthy prison test. We made 28 recommendations in the area of respect.² At this follow-up inspection we found that 10 of the recommendations had been achieved, two had been partially achieved, 15 had not been achieved and one was no longer relevant.*
- S16 All areas of the prison, including communal areas, were mostly clean. Litter thrown out of cell windows was generally cleared up each day but there remained a significant problem with vermin.
- S17 There was a stark difference between the old and new accommodation. Around half of the population lived on the newer wings, which were bright and well maintained. In our survey, prisoners located on the newer wings had far more positive perceptions of their treatment and experiences across almost all areas than those on the older wings. The older wings were dark, damp and difficult to keep clean and maintain. Many single cells held two prisoners, and some of these had no privacy curtain around the toilet.
- S18 Prisoners could shower every day but some struggled to get access to sufficient clean clothes, towels, kettles, bedding and cleaning materials. Few prisoners had sufficient cupboard space or anywhere to secure personal belongings or medication. Prisoners had little confidence in the applications process and tracking was inadequate.
- S19 In our survey, most prisoners said that staff treated them respectfully, although prisoners on the older wings were less positive. Relationships were good, staff generally knew the prisoners in their care well and we observed some good, supportive engagement, which was reflected in electronic case notes. Prisoners commented that a few staff lacked confidence and we found some poor prisoner behaviour going unchallenged; however, with the exception of B and C wings, the prison appeared calm.
- S20 There were deficiencies in equality and diversity arrangements. Appropriate governance structures were in place, with regular meetings and some analysis of data, but limited practical progress was resulting. With the exception of Gypsy/Romany/Traveller prisoners, who received good support, there were no focus groups for prisoners with specific protected characteristics. Investigations into reports of discrimination incidents were carried out adequately but too many were rejected as not relating to discrimination, even though they contained allegations of discriminatory behaviour.
- S21 Around 20% of the population was from a black and minority ethnic background and in our survey, with a few exceptions, their perceptions of treatment and conditions were generally

² 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.

- no different from those of white prisoners. Some of the prison's monitoring indicated potential discrimination but this had not been investigated.
- S22 Work with foreign nationals had improved, with more translated material and use of professional telephone interpreting, and an effective Home Office immigration enforcement team worked cooperatively with the establishment.
- S23 Practical provision for those with disabilities was reasonable. There was good assessment and care planning for those with social care needs but plans were not shared with wing staff. Emergency evacuation planning for those needing assistance was inconsistent.
- S24 Older prisoners were reasonably well supported, especially on G wing, but there was no specific provision for them other than a gym session. There was no planning to meet the specific needs of young adults.
- S25 The chaplaincy played an active role in providing spiritual and pastoral support to prisoners of all faiths. Community volunteers and faith groups helped to provide a wide range of services, including resettlement support.
- S26 The number of complaints submitted was consistent over time, and in line with that in similar establishments. The system was well controlled for timeliness and quality of responses, and most complaints were answered satisfactorily.
- S27 Bail information was available on application through the offender management unit (OMU) but prisoners were not sufficiently aware of this.
- S28 Overall, we found health provision to be inadequate, and it had deteriorated since the previous inspection, mainly due to serious staff shortages. Aspects of partnership working were ineffective. Clinical governance did not adequately ensure patient safety and there was a lack of formal managerial and clinical supervision for health services staff.
- S29 Prisoners had access to an appropriate range of primary care services, with mostly acceptable waiting times, but the management of long-term conditions was limited. The extra care unit did not provide a suitably therapeutic environment. Too many external hospital appointments were cancelled. Health care complaints were dealt with via the establishment's general complaints process, which lacked confidentiality.
- S30 Despite some improvements, elements of medicines management were inadequate. Some prisoners had not received repeat prescribed medications on time, leading to gaps in their treatment, and the supervision of medicine queues by custody staff was unsatisfactory.
- S31 The range of dental treatments was good but prisoners waited too long for assessment and treatment. The integrated mental health team was not used effectively to meet the needs of the population.
- S32 Prisoners were less positive about the food provided than at similar prisons and than at the time of the previous inspection. The food we tasted was unappetizing. On weekdays, prisoners had to eat both breakfast and lunch in their cells, often having to sit on their bunk beds and sometimes adjacent to an unscreened toilet.

Purposeful activity

S33 *For most prisoners, the amount of time out of cell was reasonable, at over eight hours a day, but was considerably less for a significant minority. There were sufficient learning and skills and work places for all prisoners to work part time but they were not used effectively and too many prisoners were without any activity at all. The range and variety of activities were reasonable but opportunities to develop English and mathematics skills were limited. Opportunities to accredit vocational skills were missed. The quality of teaching and learning required improvement. Achievements were good. The library and recreational PE activities were good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S34 *At the last inspection in May/June 2014 we found that outcomes for prisoners in HMP Chelmsford were not sufficiently good against this healthy prison test. We made 17 recommendations in the area of purposeful activity. At this follow-up inspection we found that seven of the recommendations had been achieved, three had been partially achieved and seven had not been achieved.*

S35 The amount of time out of cell was reasonable for some employed prisoners, at around eight and a half hours a day. However, for a significant minority of prisoners, particularly the unemployed, was only around three and a half hours on weekdays, and for some it could be as little as one hour a day. During our roll checks, too many prisoners (around 25%) were locked in their cell. Association and exercise periods were regular but association finished too early, at 6pm.

S36 A recently appointed learning and skills management team had a clear vision for the further development of purposeful work and education but had yet to demonstrate sufficient impact.

S37 The prison self-assessment was mainly accurate, resulting in a detailed quality improvement plan. The number of education and work places had increased and there were sufficient for all prisoners to engage in part-time work. However, many full-time activity places remained, leaving too many prisoners unemployed. Apart from the absence of information and communications technology training, the range and variety of education, vocational training courses and work were appropriate for the population. Prisoners in work and vocational training had no opportunity to develop their English and mathematics skills further and gain qualifications. Allocation processes were good and took account of prisoners' identified needs, although vulnerable prisoners had limited access to education, vocational training and work.

S38 The standard of teaching, learning and assessment required improvement. Education lessons were too long and many prisoners lost concentration towards the end of their sessions. Teachers did not plan sufficiently interesting activities or develop relevant learning resources to stimulate and engage prisoners. Too many classroom sessions failed to challenge and stretch prisoners' skills and understanding. Information from initial assessment was not used by teachers sufficiently to plan and deliver lessons to meet individual needs.

S39 Attendance at education classes was low. Punctuality was not good enough, with many prisoners arriving for afternoon sessions late. Prisoners had too few opportunities to develop and gain relevant accredited vocational qualifications to enhance their employability prospects. Behaviour management was effective and helped to produce a positive learning environment, with mutual respect between prisoners and tutors.

S40 Achievement of accredited qualifications in education and vocational training was good and success rates had improved in English and mathematics. In education and vocational training,

the standard of work was mostly good. Standards of work and skill development in art, painting and decorating, and construction were very good.

- S41 The library was good and well organised. Opportunities to attend were sometimes limited but membership had increased. The range of materials and stock was good and met prisoner needs. An active 'Reading Ahead' scheme (also known as 'Turning Pages') provided reading support to a large number of prisoners.
- S42 The PE department provided good indoor and outdoor facilities, with good appreciation of healthy lifestyles and well-being. Recreational PE provision was good but no accredited qualifications were offered. Planned access to the gym was mostly good, although some prisoners in full-time work were not able to attend regularly.

Resettlement

S43 *Offender management had deteriorated. Offender supervisors had little contact with the prisoners in their care, and the quality of assessments and sentence plans was poor. Home detention curfew assessments were often completed late. The management of high-risk prisoners was weak. Categorisation processes were reasonable but too many prisoners were transferred without an offender assessment system (OASys) assessment to inform their move. The demand for resettlement services was high and prisoners received timely needs assessments and reviews. Work under the resettlement pathways had improved and was mostly good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S44 *At the last inspection in May/June 2014 we found that outcomes for prisoners in HMP Chelmsford were good against this healthy prison test. We made 11 recommendations in the area of resettlement. At this follow-up inspection we found that four of the recommendations had been achieved, two had been partially achieved and five had not been achieved.*

- S45 The reducing reoffending strategy was not informed by the specific needs of the diverse range of prisoners held at the prison. The strategic management of reducing reoffending had been limited but steps were being taken to rectify this, with a more regular and well-attended committee meeting and the development of an action plan.
- S46 There was a high level of cross-deployment of uniformed offender supervisors, and this was having a direct and detrimental affect on the quality of risk management. A backlog of offender assessment system (OASys) assessments, particularly those that were the responsibility of the prison, had arisen since the previous inspection and this had affected some prisoners' progression. Offender supervisor contact had deteriorated considerably and too many prisoners felt unsupported and disengaged. Most OASys assessments were of an inadequate quality and sentence planning was weak. Too many home detention curfew assessments were completed late owing to the shortness of custodial sentences and the late submission of reports.
- S47 Prisoners were screened for public protection issues on arrival and contact restrictions were managed and reviewed appropriately. The interdepartmental risk management team meeting was of limited value in managing high-risk prisoners and too few prisoners due for release had a clear multi-agency public protection arrangements (MAPPAs) management level, which potentially limited good-quality risk management.
- S48 Initial categorisation assessments and reviews were mainly up to date and mostly of adequate quality. A quarter of those transferred to another prison in the previous six months had not

had a current OASys assessment or plan to inform their move, and some transfers – for example, to an open prison – were delayed because of the lack of an up-to-date OASys assessment. As there were too few places nationally for category B sex offenders, some stayed far too long at the establishment.

- S49 Demand for resettlement services was high, with a large proportion of prisoners on remand or serving short sentences. Around 100 prisoners were released each month.
- S50 Knowledgeable community rehabilitation company staff assessed prisoners' needs on arrival and made appropriate referrals to address immediate problems. Arrangements to review resettlement needs before release were good but risk of harm factors were not always considered.
- S51 A wide range of support was provided for prisoners with accommodation needs but we were not able to establish how many prisoners were released into permanent and sustainable accommodation because of a lack of validated monitoring data.
- S52 Prisoners received good support with finding employment or training on release and benefitted from good induction assessments and action plans designed to meet their needs. Recent initiatives with local employers, such as engagement events, were good. Opportunities to prepare a CV and job applications were good. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not used for job search activities. There was a lack of validated data to establish the number of prisoners gaining employment training or education on release.
- S53 Pre-release planning for prisoners with physical and mental health needs was timely and effective. Appropriate liaison with community services ensured continuity of care. The substance misuse teams also provided community-based substance misuse services, which enabled good throughcare and treatment continuity.
- S54 A full range of debt and finance management advice was available and prisoners were able to open a bank account.
- S55 The visits hall and facilities were adequate and visitors we spoke to said that staff treated them respectfully. However, visit booking was problematic and visits often started late. Support for prisoners to maintain contact with children and families were developing, with an improved range of courses and help available.
- S56 There was little opportunity to undertake offending behaviour-focused work, and no needs analysis to develop provision.

Main concerns and recommendations

- S57 Concern: The number of violent incidents had increased substantially and was high. Some collation, monitoring and analysis of violence data was undertaken, although this was not informed by the views of prisoners. Measures to manage perpetrators of violence were poor. A number of actions had been taken to make the prison safer but there was a lack of a coordinated, strategic approach and action plan.

Recommendation: Comprehensive data on violent incidents should be collated and analysed. Prisoners' views on safety should be sought and analysed alongside all other safety data, and this should inform a coordinated action plan to make the prison safer.

S58 Concern: The level of use of force had increased considerably and was high. The recording of use of force was weak and oversight was inadequate, making it difficult to assess whether force was justified on all occasions.

Recommendation: All use of force should be fully recorded. Managerial oversight should ensure that all uses of force are analysed, that patterns and trends are identified and acted on, and that force is always justified.

S59 Concern: Conditions for prisoners living on the older wings, which involved about half the population, were poor. Prisoners on these wings reported far less positively about their treatment and conditions than those on the newer wings. Many on the older wings lived in cramped conditions, 'doubled up' in a cell designed for one. Many cells were damp and in a poor state of repair, and some shared cells had inadequate toilet screening.

Recommendation: The environment for prisoners on the older wings should be improved, to provide all prisoners with decent living conditions.

S60 Concern: Health care provision had deteriorated sharply and was inadequate. Clinical governance did not adequately ensure patient safety and there was a lack of formal managerial and clinical supervision for staff.

Recommendation: Clinical governance arrangements should be improved, to ensure that prisoners' health is not put at risk. All staff should receive clinical supervision.

S61 Concern: There were sufficient work, training and education places for all prisoners to be engaged in activity at least part time (which was appropriate for a local prison). However, too many prisoners were allocated full-time activities, leaving a large proportion (over 230) without an activity at all.

Recommendation: All prisoners should have the opportunity to take part in education, work or training.

S62 Concern: Offender supervisors had limited contact with the prisoners in their care. Not all eligible prisoners had an OASys assessment or sentence plan. For those who did, the quality of assessments and plans was weak and there was too little focus on encouraging and monitoring sentence plan targets, managing risk and achieving progressive transfers.

Recommendation: All eligible prisoners should have a high-quality offender assessment system (OASys) assessment and plan. Offender supervisors should have regular and focused contact with prisoners to manage their risk, encourage and monitor achievement of sentence plan targets and promote progressive transfers.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1 Prisoners experienced long waits in court holding cells before being transferred to the prison, often arriving in large numbers late in the afternoon, which had an impact on the first night care for new arrivals. Journey times were relatively short. Some vans we saw were dirty, and in our survey fewer respondents than at comparator prisons said that the van they had travelled in had been clean.
- I.2 On arrival at the prison, waiting times on the van were kept to a minimum. Prisoners were not handcuffed when walking to reception from the van, and escort staff treated them respectfully.
- I.3 All paperwork accompanied prisoners and information was passed to the prison by escort staff, including the identification of vulnerable prisoners.

Recommendation

- I.4 **Prisoners should be escorted to the prison as soon as they have been dealt with by the courts.** (Repeated recommendation I.5)

Early days in custody

Expected outcomes:

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

- I.5 The reception area was clean and staff treated newly arrived prisoners calmly and respectfully. Holding cells were stark, with limited information and little to occupy prisoners. At busy times, prisoners waited there too long to transfer to the first night wing, sometimes not arriving until late in the evening.
- I.6 Newly arrived prisoners did not receive food or drink in reception, although staff told us that they would provide drinks on request. Returning prisoners were given a drink and a food pack while in reception but the latter was unappetising and too small. All prisoners, even those arriving directly from other prisons, were strip-searched while in reception (see paragraph I.29 and recommendation I.35).
- I.7 Prisoners were processed individually. They met a member of staff, who collated key information well, especially in regard to vulnerability, and passed it on to wing staff, and a nurse carried out a health screen. However, this process was sometimes slow (taking between one and three hours), especially during busy times, as only one staff member was available at each stage.

- I.8** With the exception of those needing access to drug services, all new prisoners went to F wing, the first night and induction wing. Excellent support was provided there by Insiders (prisoners who introduce new arrivals to prison life) and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), and a 'meet and greet' room provided an appropriate space for prisoners to receive information and ask questions. Although most prisoners we spoke to said that they had been able to make a telephone call and take a shower on their first night, those who had arrived later in the evening said that they had not had access to a shower until the following day, and in our survey fewer respondents than elsewhere said that they had been offered a shower (17% versus 29%) or telephone call (35% versus 54%) on arrival.
- I.9** First night cells were generally clean and clear of graffiti but some lacked essential equipment such as pillows, kettles, bowls and cutlery, making it difficult to eat some of the food provided in the first night pack. Food provided on the first night was unappetising.
- I.10** All prisoners were interviewed by a first night officer in a dedicated office on F wing, even if they arrived late. They were given clear written information about what to expect, especially in the following 72 hours, and were provided with verbal and written information about money, the prison shop and visits.
- I.11** Most prisoners told us that they had felt safe on their first night. Staff checked on prisoners on several occasions throughout their first night.
- I.12** Most prisoners received a comprehensive induction in the two days following their arrival, and in our survey, more respondents than at similar prisons said that they had been on an induction course.
- I.13** Most prisoners were moved onto the main wings after completing their induction but some vulnerable prisoners spent far longer on the first night wing than others because of the lack of spaces on the vulnerable prisoner wing (see paragraph I.20).

Recommendation

- I.14 All first night cells should be equipped adequately.**

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.15** With the exception of some from minority groups, few prisoners told us that they felt unsafe at the time of the inspection, with 20% of prisoners, which was a similar proportion to that at other local prisons and at the time of the previous inspection, said that they currently felt unsafe. However, in our survey, far more prisoners on the older than the newer wings (28% versus 10%) said that they currently felt unsafe.
- I.16** Recorded levels of bullying, assaults and fights had increased sharply and were all far higher than at similar prisons. Few incidents were serious, and most took place on the large older wings (B and C wings), with drugs and debts being cited as the main cause. The number of

assaults against staff and prisoners alike had increased and there were an average of 25 assaults on prisoners per month, in addition to other antisocial behaviour.

- I.17 There were good systems for reporting and recording incidents of violence and bullying, and the monitoring of data was reasonable. The monthly safer custody meeting was presented with a wide range of data. A number of actions had been taken to make the prison safer but there was a lack of a coordinated and strategic approach (see main recommendation S57).
- I.18 Safety surveys were conducted on entry and exit from the prison but these provided minimal information and were rarely completed fully. There was no formal analysis of the data and there had been no prison-wide survey to obtain a more comprehensive picture of prisoners' feelings of safety (see main recommendation S57).
- I.19 Measures to manage violence were poor and amounted to perpetrators, or those suspected of being involved in acts of violence, being charged under prison discipline rules and being placed on the basic incentives and earned privileges (IEP) regime for 28 days. There was little monitoring during this period and no behaviour-based interventions. Provided that there were no adverse comments recorded in the electronic case notes during this time, prisoners would normally then return to the standard level of IEP, with no further action. No formal support was offered to victims of violence beyond an attempt to move them to another wing or to the vulnerable prisoner wing (see main recommendation S57).
- I.20 Vulnerable prisoners told us that they felt safe on their dedicated wing (D wing), and they had reasonable access to the regime. However, those remaining on the first night wing while waiting for a space on D wing (see paragraph I.13) had a poor experience, with a negligible regime, which left them feeling isolated and unsupported. There were some young adults located on D wing but there had been no assessments to consider or promote their safety.

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.21 There had been four self-inflicted deaths since the previous inspection. At the time of the inspection, one death-in-custody report from the Prisons and Probation Ombudsman (PPO) had been published. Its recommendations had been accepted and work was ongoing to introduce and reinforce systems to ensure compliance. Other work was being undertaken to respond to the draft recommendations included in other PPO reports that were awaiting publication.
- I.22 The number of self-harm incidents was consistently very high and had increased considerably since the previous inspection, from 99 in the six months before the inspection to 189, which was far higher than at comparator prisons.
- I.23 The quality of most assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm was reasonable. Care maps, reviews and daily interactions were well constructed and documented. However, some night-time observations lacked detail and were repetitive, with predictable timings. Reviews were generally undertaken on time but some were not sufficiently multidisciplinary, including a lack of input by health services staff.

- I.24** Most prisoners subject to ACCT procedures that we spoke to said that they were well looked after. The exceptions were some on the basic regime or on the first night wing waiting for a space on D wing (see paragraph I.13), who felt isolated, mainly because of long periods locked in their cells.
- I.25** There was a weekly ‘complex care’ meeting, which contributed well to the management of prisoners who needed enhanced support and those who posed a control problem. Actions were well documented and information was communicated to other staff.
- I.26** A team of Listeners provided cover across the prison. Listener suites were bare, so prisoners’ cells were often used for support sessions; this was not always suitable in multi-occupancy cells. Samaritans telephones were available and the Samaritans coordinator provided valuable support to Listeners at fortnightly meetings.

Recommendation

- I.27 All prisoners subject to assessment, care in custody and teamwork (ACCT) procedures should have the opportunity to engage fully in the regime and should be encouraged and supported in doing so.**

Safeguarding (protection of adults at risk)

Expected outcomes:

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

- I.28** The deputy governor attended the local safeguarding adults board, which had provided guidance to the prison. There was an up-to-date safeguarding policy, and this was well publicised across the prison. Most staff were aware of the policy and were able to cite examples of when they would use it, although there was a lack of understanding of the potential risks posed to young adults (see paragraph I.20).

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.29** Physical security was sound. Procedural security was generally well managed and proportionate, although a few practices, such as strip-searching all prisoners in reception and on admission to the segregation unit, were disproportionate.
- I.30** The small security department was well managed. Over 600 intelligence reports were received each month; these were processed by trained security analysts and intelligence was communicated to appropriate areas quickly. The security team analysed common patterns in

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

information and monitored the progress of actions generated by the intelligence reports. A combined intelligence report was collated each month and presented to the well-attended monthly security committee meeting, which agreed and reviewed security objectives.

- I.31** Dynamic security arrangements were reasonably good and underpinned by good staff–prisoner relationships and a predictable regime. However, we observed some poor prisoner behaviour go unchallenged on two of the wings (B and C) in the older part of the prison (also see section on staff–prisoner relationships).
- I.32** Local corruption prevention measures were well organised and effective. There were excellent links with local and national policing teams and two full-time police intelligence officers were based at the prison. The prison appeared to have an appropriate focus on extremism and the risks of radicalisation.
- I.33** Drug availability was high, and in our survey almost half (47%) of respondents said that it was easy to get illegal drugs in the prison, which was far worse than at comparable prisons (38%) and than at the time of the previous inspection (31%). The average random mandatory drug testing (MDT) positive rate for the previous six months was 16.5%, which was high. However, this was not a true reflection of drug use as new psychoactive substances (NPS; new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects) were undetectable under MDT. The MDT testing suite had been relocated and facilities were satisfactory, but little suspicion testing was undertaken; records showed gaps of up to 10 days where no testing had taken place, and drug testing figures and location were not collated for analysis.
- I.34** Drug finds indicated the availability of opiates, cannabis, steroids and ‘hooch’ (illicitly brewed alcohol) but NPS, and particularly ‘Spice’, had become the main problem. The prison had responded proactively to address the issue of NPS. A weekly meeting of senior managers, chaired by the governor, to identify specific issues about NPS and plan to deal with them had recently been introduced. A detailed NPS supply reduction action plan had been developed and was updated at the meeting. Incidents were analysed and specific measures taken to tackle the problem were reviewed regularly. There was good communication and joint working between departments, particularly the residential units, security and drug service providers. However, there had been insufficient support for prisoners taking Spice who wanted to access help (see section on substance misuse). Despite the range of positive actions being taken, they were not yet having an impact in bringing down the amount of illicit drugs getting into the prison.

Recommendations

- I.35 Prisoners should only be strip-searched on the basis of intelligence or specific suspicion.** (Repeated recommendation I.45)
- I.36 The mandatory drug testing programme should be sufficiently resourced to undertake all types of testing within the required time scale, and drug testing figures should be collated by type and location to provide more effective management information.**

Incentives and earned privileges⁴

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.37** The IEP policy was understood by staff and prisoners. In our survey, more prisoners than at comparator establishments said that the IEP scheme incentivised good behaviour, and, although we found the additional incentives and opportunities for enhanced prisoners to be limited, the scheme was mostly applied fairly and reflected the good relationships between prisoners and staff.
- I.38** Most prisoners (404) were on the standard level, with 44 on the basic level. The number of basic level prisoners on B and C wings was higher than elsewhere, and this was reflected in some of the challenging behaviour and more volatile nature of these wings.
- I.39** Fewer black and minority ethnic than white prisoners (20% versus 50%) (see also section on diversity and equality), and fewer on the older than newer wings (39% versus 54%) said that they had been treated fairly under the scheme.

Recommendation

- I.40** The negative perceptions of black and minority ethnic prisoners and prisoners on the older wings should be investigated and measures implemented to improve them.

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.41** There had been 1,094 formal adjudications in the previous six months, which was much higher than we usually see at similar prisoners and than at the time of the previous inspection. However, this reflected the high number of violent incidents and other antisocial behaviour (see section on bullying and violence reduction).
- I.42** Records of hearings and those we attended indicated that proceedings were conducted fairly. Prisoners were given the opportunity to explain their version of events fully. Punishments were fair and a set punishment tariff was useful to adjudicating governors.

⁴ 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.

The use of force

- I.43** The level of use of force had nearly doubled since the previous inspection and was high. Management and monitoring of the use of force were poor and there was inadequate scrutiny of incidents by managers. There was no dedicated use of force committee to oversee processes and provide assurance that governance was in place. There were inadequate links to the security committee and the senior management team, and although information about the nature of incidents was collated each month, we saw little to indicate that it was being used to inform a strategy to reduce the number of incidents involving the use of force or deal with patterns or trends (see main recommendation S58).
- I.44** Much use of force paperwork was incomplete and important parts, such as written accounts from officers and accident reports from health services staff, were missing in too many cases. The quality of the forms we examined was variable and some did not give assurance that de-escalation was always used to its full effect or that incidents were always supervised adequately (see main recommendation S58).
- I.45** The use of special cells was low, with only one use in the previous six months. Holding rooms were no longer used as special cells.

Segregation

- I.46** The segregation unit was on A wing, with six segregation cells on the ground floor and a further six cells located in a gated area on the first floor. The unit also contained two special cells, an adjudication room and two holding rooms, also on the ground floor. The rest of A wing was used as an ordinary wing.
- I.47** Living conditions on the unit were mixed. Some cells were grubby and most were poorly ventilated. There was graffiti on some windows and some cells were damp. Communal areas were generally clean, but old and worn. The unit exercise yard was particularly stark and dirty.
- I.48** The use of segregation had reduced and was lower than we see at other local prisons. The average length of stay was about seven days, but a small but significant number of prisoners had been segregated for longer, and we found examples where prisoners had remained segregated for over six weeks. At the time of the inspection, there were 10 prisoners on the unit, five of whom were being held there under prison Rule 45 for good order or discipline, and five as a punishment following an adjudication. Three of the 10 had been in segregation for more than a month.
- I.49** Day-to-day relationships between staff and prisoners on the unit were good. Officers engaged positively with prisoners and had an appropriate interest in their welfare. However, record keeping was poor and entries in case files often did not reflect the good work we observed.
- I.50** Although the basic daily routine included showers, a 30-minute exercise period and access to a telephone, prisoners spent nearly all of their day locked in cells without anything meaningful to do, which was particularly poor for those segregated for long periods.
- I.51** In the previous six months, five prisoners on six separate occasions had been held on the unit while on open ACCTs. The governor or deputy governor was required to authorise the segregation in these cases. The documentation we saw gave assurance that there had been exceptional circumstances that made segregation necessary.

- I.52** Formal planning to address the individual needs of segregated prisoners was being developed and the A3 landing had been used to good effect as a place of progression for a small number of complex cases, enabling them to return gradually to mainstream prison life. Generally, however, reintegration planning was often disorganised and applied inconsistently. There were no individual management plans for prisoners and, although segregation reviews were timely, set behaviour targets were superficial and concentrated almost exclusively on compliance with segregation unit rules.

Recommendations

- I.53** **The regime for longer-stay prisoners on the segregation unit should be improved and include purposeful activities.**
- I.54** **Individual management and reintegration plans for segregated prisoners should be more organised and detailed, and applied consistently.**

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.55** The prison had focused on developing an NPS strategy (see also section on security) and a specific action plan to reduce the use of these substances, and the latter was monitored closely. However, a recent prisoner needs analysis had not yet informed the overall substance misuse strategy, which was out of date. Substance misuse strategy meetings were well attended and there was good information sharing between departments.
- I.56** In our survey findings, just over half of respondents said that they had received support with their drug problem, and only 40% that they had received help with their alcohol problem. Far fewer prisoners than elsewhere and than at the time of the previous inspection described the support as helpful.
- I.57** We saw evidence of some high-quality casework, but there were too few interventions to meet need. One-to-one work was too infrequent and the short group-work module was open only to prisoners located on the drug treatment unit, at the beginning of their sentence. Prisoners on this unit could access Alcoholics Anonymous but not Narcotics Anonymous, and the peer support scheme was underdeveloped.
- I.58** Phoenix Futures had recently taken over the delivery of psychosocial substance misuse services. They could engage with NPS and cannabis users, and a range of interventions of varying intensity were to be introduced.
- I.59** Following screening, most new arrivals dependent on opiates received first night treatment but some were only given symptomatic relief until they saw a specialist prescriber the following day.
- I.60** Prisoners requiring stabilisation or alcohol detoxification were located on the drug treatment unit, which had sufficient spaces and provided 24-hour observation and monitoring. An average of 120 prisoners received opiate substitute treatment and 59% were on a reducing regime, which was broadly appropriate. Treatment regimes were flexible, based on individual need and reviewed regularly. The clinical service benefited from specialist

substance misuse consultant input, and the care of prisoners with complex needs was well coordinated. There was good joint working between the clinical and the psychosocial teams.

- I.61** Designated officers were available during the day to oversee controlled drug administration, but lack of officer cover in the late afternoon presented a clear risk of diversion of medicines, including opiate substitutes (see recommendation 2.74).

Recommendations

- I.62** **Substance misuse interventions of varying intensity should be introduced to meet the identified needs of the population, taking into account service user feedback and current trends in drug use. Peer support and mutual aid should be extended.**
- I.63** **First night treatment for opiate-dependent prisoners should be provided consistently.**

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** All areas of the prison, including communal areas, were mostly clean and litter thrown out of cell windows was generally cleared up each day. However, some areas were grubby throughout the inspection, and dannert wire was covered in old clothing and rubbish. Prisoners and staff told us that there was a significant problem with vermin. The governor told us of considerable difficulties with the performance of Carillion, the facilities management company, which he was trying hard to address.
- 2.2** There was a stark difference between the old and new accommodation. Around half of the population lived on E, F and G wings, which were the newer wings. They were bright, in good decorative order and well maintained. The older wings, especially B and C, were dark, damp, in poor decorative order (despite painting work having taken place since the previous inspection) and difficult to clean, especially on the lowest landings. A number of cells designed for one held two prisoners, so were cramped (see main recommendation S59). Some had no privacy screening for the in-cell toilet and several had no toilet lid.
- 2.3** The substandard condition of the older wings appeared to have an impact on prisoners' perceptions of other aspects of prison life. For example, in our survey, prisoners on the older wings reported far worse experiences of safety, respectful treatment and fair treatment under the incentives and earned privileges (IEP) scheme than those on the newer wings. Fewer said that they had received information on arrival about what would happen to them, the support available to those feeling depressed or suicidal, and on health services, even though all prisoners had gone through the same induction process (see main recommendation S59).
- 2.4** There was a severe shortage of kettles and pillows, and on some wings, prisoners could not access sufficient cell cleaning materials, towels or bedding. Although prisoners received a kit change every week, there was often a shortage of clothing, the range available was inadequate, and some prisoners said that they had kept the same items unwashed for two or three weeks. Few prisoners had sufficient cupboard space or lockable cupboards, making it difficult to keep personal possessions and medication secure. Prisoners could take a shower every day. The showers were clean but lacked privacy screens.
- 2.5** Prisoners had poor access to their stored property and had to wait too long for it to be brought to the wing after making an application. This was particularly problematic for those applying to access their own clothes after the first 14 days and those awaiting delivery of items ordered from a catalogue (see paragraph 2.92).
- 2.6** Staff tried to resolve as many issues as possible for prisoners without them having to make an application. Prisoners were able to make applications but had little confidence in the system as many applications were not answered and there was no effective tracking system.

Recommendations

- 2.7 All in-cell toilets should have lids and adequate screening, and prisoners should have good access to essential equipment for their cell, clean laundry each week, cell cleaning materials and a lockable cupboard.**
- 2.8 All communal showers should be adequately screened.** (Repeated recommendation 2.13).
- 2.9 Prisoner confidence in the application system should be improved, including the introduction of an effective system for tracking applications.**
- 2.10 Prisoners should not experience delays in accessing their property held in storage.**

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.

- 2.11** The relationships between staff and prisoners remained a strength, with officers demonstrating a good knowledge of the prisoners in their care, and we observed some good, supportive engagement.
- 2.12** Most prisoners were positive about the way that staff treated them, but prisoners on the older wings were considerably less positive than those on the newer wings. Far more respondents than at similar prisons said that there was a member of staff they could turn to if they had a problem, but fewer on the older than the newer wings said this.
- 2.13** Some prisoners commented that a few staff lacked confidence and we saw some poor prisoner behaviour going unchallenged; however, with the exception of B and C wings, the wings appeared calm.
- 2.14** There was a good working relationship between Insiders (prisoners who introduce new arrivals to prison life)/Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and staff. This helped to support prisoners, especially those in prison for the first time and those who were vulnerable.
- 2.15** Regular, high-quality entries were made in individual case files by a range of staff, including chaplains, and systematic management checks to ensure good case file entries were maintained.
- 2.16** Consultation was conducted through regular meetings of the prisoner consultative committee, although meetings were not always attended by prisoner representatives from every wing. Key action points were recorded but progress not always reported back.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

Strategic management

- 2.17** There were deficiencies in the monitoring and management of equality issues. The relevant structures were in place, including a strategy and action plan, and there were regular equality meetings, chaired by the governor or deputy governor, but the records did not show significant progress on key issues. A small team was working hard to support work in safer custody and equality, and a dedicated manager had recently been allocated to each of these areas, but the outcomes remained limited.
- 2.18** The equality monitoring tool was used to generate evidence on inequitable treatment in terms of ethnicity and age, but data on other protected characteristics were not analysed. Some of the prison's monitoring indicated potential discrimination but this had not been investigated. Prisoner equality representatives, doubling as safer custody representatives, were in place on most wings but their work did not have a high enough profile.
- 2.19** There were no regular focus groups for prisoners sharing particular protected characteristics, except for Gypsy/Romany/Traveller prisoners, who received good support. .
- 2.20** The handling of discrimination incident report forms (DIRFs) had improved. Forms were freely available on the wings and 16 had been submitted in the previous six months. However, five of these had been rejected as not involving an issue of discrimination, even though there had been an explicit assertion of discriminatory treatment in the reports submitted. The decisions not to investigate under the DIRF procedure had not been signed off by a manager.

Recommendations

- 2.21** **The needs of prisoners with protected characteristics should be promptly identified and met through individual assessment, regular direct consultation with minority groups, effective care planning and monitoring.** (Repeated recommendation S54)
- 2.22** **All discrimination incident report forms (DIRFs) should be investigated. Any decision not to pursue a full investigation under the DIRF procedure should be made by a senior manager, and only on the basis that no discriminatory element has been alleged.**

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

Protected characteristics

- 2.23** At the time of the inspection, 20% of the population was from a black and minority ethnic background. Their perceptions of treatment and conditions were generally no different from those of white prisoners, except in certain areas such as the IEP system and aspects of safety such as victimisation by other prisoners. In our survey, far fewer black and minority ethnic than white prisoners said that there was someone at the establishment they could turn to for help (47% versus 74%). More than twice as many black and minority ethnic than white prisoners were on the basic IEP level, which was far more than would be expected from the size of these prisoner groups, and this had not been adequately investigated (see section on incentives and earned privileges and recommendation 1.40). Relatively negative perceptions of the IEP system were also shared by foreign nationals, those from Gypsy/Romany/Traveller communities, and those with a disability.
- 2.24** In our survey, 12% of respondents said that they were Gypsy/Romany/Traveller. Work with this group had improved under the leadership of a member of the chaplaincy staff, who liaised effectively with the community inside and outside the prison.
- 2.25** Foreign nations made up 11% of the prison population. In our survey, their perceptions were similar to those of British prisoners in most areas. However, only 20% (against 47% of British prisoners) said that they had a job in the prison, and 0%, (compared with 21% of British prisoners) said that staff normally spoke to them during association. There was more translated material available than at the time of the previous inspection, with folders of translated information available to be issued on the first night wing. A team of four Home Office immigration staff supported foreign national prisoners, one of whom attended the prison four or five times a week. All of these were former prison staff, which equipped them well to bridge the organisational gaps between custody and immigration. Professional telephone interpreting was used reasonably regularly, and there was evidence that it had been used in sensitive situations such as in reception, adjudications and assessment, care in custody and teamwork (ACCT) reviews.
- 2.26** The needs of religious minority groups were met well, and the high quality of teamwork in the chaplaincy supported this (see section on faith and religious activity). In our survey, more respondents than at comparator establishments (54% versus 48%) said that their religious beliefs were respected.
- 2.27** Over a fifth of prisoners had been identified as having a disability. There were six cells adapted for prisoners with mobility difficulties. The layout and fittings of these were not ideal in several cases; for example, such prisoners would have had little privacy in the shower and difficulties in accessing the alarm call bell. In our survey, those with disabilities reported in line with others on most aspects of their practical needs but less positively on some issues of safety: 48% said that they had been victimised by other prisoners, 46% by staff. A good system of assessment and care planning for those with disabilities had been introduced by the contractor, Phoenix Futures, and this was starting to become established, but many staff were not yet aware of this resource (see also paragraph 2.51). Similarly, there was a prison-wide system of emergency evacuation plans for those needing assistance but many night staff were unaware of them.
- 2.28** Ten per cent of prisoners were over 50 and 6% under 21 years of age. Apart from a weekly gym session for the over-50s, there was no specific provision for either age group. The forums that had previously been held for the under-21s had lapsed, and the older prisoners strategy was dated 2012/13 (see recommendation 2.21). Many older prisoners were located on the relatively modern and spacious G wing, and were content to be there. Younger prisoners appeared to be concentrated on the older wings, where perceptions of treatment

and safety were much more negative than on the newer wings (see section on bullying and violence reduction and paragraph 2.3).

- 2.29** In our survey, 3% of respondents identified as gay or bisexual but staff were not aware of any gay or bisexual prisoners currently held at the prison. There was no material on display illustrating the normality of such identities. There was a satisfactory policy for supporting transgender prisoners, and appropriate support had been given in the recent past to prisoners in the gender reassignment pathway.

Recommendation

- 2.30** **The prison should develop a strategy that seeks to engage with gay and bisexual prisoners more fully, identifies their specific needs and ensures effective support is provided.** (Repeated recommendation 2.43)

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.

- 2.31** The chaplaincy was easily accessible, supportive and well integrated into prison life. The team was clearly eager to be as widely included as possible in a range of relevant and key meetings, such as security, safer custody, segregation management and equality. It had recently been improved by a move from sessional to fixed-term contract staff, allowing for a much more structured and consistent approach to faith provision.
- 2.32** All religions represented at the prison were provided for. A wide range of religious festivals were celebrated, with the full support of other functions, such as activities and the catering team.
- 2.33** A multi-faith room provided the venue for most services, and the limited space had been equipped imaginatively to ensure that all religions could be accommodated appropriately. Attendance at the major faith services was good and it was easy for prisoners to apply. Additional services were provided when demand was high.
- 2.34** The managing chaplain was a member of the senior management team and ensured that the statutory duties of the team were carried out, with good contributions to prisoner electronic case notes where appropriate.
- 2.35** Connections to community volunteers and faith groups were well promoted and maintained, to promote good resettlement help and provide regular contributions to corporate worship and faith groups. Bereavement counselling and a prison visitor scheme were run by the managing chaplain.

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 2.36** The number of complaints submitted was consistent over time, and in line with that in other establishments. Complaint forms were readily available and processes for ensuring timeliness and the quality of responses were effective. Ten per cent were quality checked by senior managers. Most of the replies we saw were courteous and addressed the issues raised, although a few included general comments on procedure, rather than showing a full investigation of the complaint.
- 2.37** Health care complaints were handled through the general complaints system (see recommendation 1.54), and the timeliness of replies to these had been less consistent than for general complaints. A separate health care complaint system was about to be introduced (see also paragraph 2.46).

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.

- 2.38** Bail information was available, along with other advice about access to legal services, from a trained member of probation staff in the offender management unit, and this was advertised on the wings. However, in our survey, only 13% of respondents said that they could get information about bail, which was worse than the 17% comparator. The relatively low awareness may have illustrated that insufficient information on legal advice was given during induction.
- 2.39** The offender management unit signposted prisoners to other legal services, and the library had an adequate range of legal textbooks. Although there was good support from Home Office staff for those with immigration issues, there was no access to independent advice on site.

Recommendation

- 2.40 Prisoners with immigration and deportation issues should have access to independent legal advice.**

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.

2.41 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁶ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement with subsequent notices issued by the CQC which have been detailed within Appendix III of this report.

Governance arrangements

2.42 The Care Quality Commission issued three 'requirement to improve' notices following the inspection (see Appendix III).

2.43 Health services were commissioned by NHS England and provided by Care UK (H4H) Limited. Well-attended quarterly partnership board meetings covered essential areas. The governor had highlighted concerns about health care provision and an action plan had been developed. Overall, we found health provision to be inadequate, and it had deteriorated since the previous inspection. Some of Care UK's corporate governance arrangements were not used effectively and local systems did not fully identify and manage the risks to service quality and patient safety (see main recommendation S60). The health and social needs assessment completed in September 2015 informed service delivery.

2.44 Significant staffing vacancies had affected the delivery of health services and put pressure on existing staff. The service was trying to mitigate this by using regular agency staff and recruiting new staff, including the new service manager. The interactions we observed between health services staff and prisoners were conducted in a caring and professional manner. Nurses were available 24 hours a day.

2.45 An effective health care forum had been established and was well attended by prisoner representatives. Clinical incidents were monitored and lessons learnt from these were shared with staff. However, we found that some incidents were not being recorded, so Care UK would have been unable to analyse the risks to patient outcomes (see main recommendation S60).

2.46 Health-related complaints were dealt with via the establishment's general complaints system, which was inappropriate as it lacked confidentiality (see section on complaints). A separate health care complaints system was about to be introduced. The responses we saw were mostly respectful and addressed the issues, but some were too brief and did not meet prison timescales. Health care monitoring systems were disorganised.

2.47 The health centre was a modern building containing a range of rooms, where most clinical care and consultations took place, and an inpatient unit. The overall environment looked clean but cleaning arrangements for clinical treatment rooms did not meet NHS-equivalent

⁶ 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>.

standards. The wing-based treatment rooms needed refurbishment and did not meet infection control standards.

- 2.48** An appropriate range of policies, including safeguarding and communicable disease management, were utilised.
- 2.49** Mandatory training was well managed but there was no formal clinical or managerial supervision. Some clinical tasks were delegated to unregistered health workers in the absence of any recorded assessment of competence or ongoing support (see main recommendation S60).
- 2.50** Emergency equipment, including automated external defibrillators (AEDs), was placed strategically across the prison. However, we found some out-of-date equipment, including a defective AED, which was replaced immediately by the service once we brought this to their attention. The monitoring arrangements for this equipment were inadequate and posed a risk that it might not be effective in an emergency situation. Some custody staff had received first-aid training but only six had received AED training, although further training was planned. Ambulances were called promptly when needed.
- 2.51** Older prisoners received appropriate health checks and had access to some age-appropriate screening, and younger adults were offered chlamydia screening. Good links with Essex County Council had enabled effective arrangements for social care assessments and 43 prisoners had been assessed since April 2015. Phoenix Futures had recently gained the contract to provide social care. At the time of the inspection, no prisoners were receiving a formal care package, although a number of reasonable adjustments and care plans had been put in place (see also paragraph 2.27). Referrals were discussed at the weekly complex case meeting. There was access to occupational therapy equipment and to mobility and health aids.
- 2.52** Health promotion was displayed in the health centre but limited information was available in an easy-read format or in languages other than English. Little health promotion was displayed on the wings or in the waiting areas. Waiting times for smoking cessation services were reasonable and access to immunisations and screening for blood-borne viruses were good. Barrier protection was available from health services staff, although this was not well advertised.

Recommendations

- 2.53** **All treatment rooms should be cleaned to an NHS-equivalent standard and should be fully compliant with infection control standards.**
- 2.54** **Prisoners should be able to complain about health services through a well-publicised, confidential system. All responses to complaints should be respectful, fully address the issues raised and be monitored effectively.**
- 2.55** **The emergency resuscitation equipment should be in good order, and monitored effectively.**

Delivery of care (physical health)

- 2.56** During reception, prisoners received an initial health screening by a registered mental health nurse and appropriate referrals were made. Relevant information from the court and the

person escort record was reviewed and consent was requested for access to community records. Professional telephone interpreting was available when needed.

- 2.57** Secondary health checks, which should have taken place within 72 hours of prisoners' arrival, were conducted infrequently, which meant that opportunities to identify and address wider health needs were missed.
- 2.58** There was an appropriate range of allied health professional clinics, and waiting times were mostly acceptable, although not for the dentist (see below). GP services were provided by three regular locum doctors. A GP was available throughout the week, including late evenings, to see new prisoners arriving. Waiting times for routine GP appointments were reasonable and prisoners had access to 'on the day' urgent GP appointments. Out-of-hours GP cover was provided to the same level as in the community but was rarely used. Staff told us that they liaised with the local accident and emergency department and sent prisoners to hospital if required.
- 2.59** There was a range of clinics, including phlebotomy, and a tissue viability nurse visited weekly. Long-term conditions were managed mainly by the GP. There was a limited range of nurse-led long-term condition clinics but there were no care plans or assessment templates reflecting national clinical guidance for patients with complex or long-term conditions.
- 2.60** The appointment system involved prisoner health representatives handling confidential information about other prisoners, which was inappropriate, although this was being addressed. An increase in the number of incidents necessitating emergency care, along with cancellations by the hospital and a lack of custody escort staff had contributed to the cancellation of too many hospital appointments.
- 2.61** The 12-bedded extra care unit was used for prisoners with mental and physical health needs but there was no operational policy to outline its function. During the inspection, the unit was full and most of the prisoners had mental health problems, with three waiting for a transfer under the Mental Health Act to external mental health units. Despite the support of regular and knowledgeable prison staff, the regime on the unit was restricted because of too few custody and nursing staff. There was a lack of planned therapeutic activity, limited care planning and no regular multidisciplinary ward round to support effective case management.

Recommendations

- 2.62 All new arrivals should receive a comprehensive secondary assessment within 72 hours.**
- 2.63 There should be further development of nurse-led clinics and evidence-based care plans for prisoners with life-long conditions, from appropriately trained and supervised staff.**
- 2.64 Prisoners should have timely access to external hospital appointments.**
- 2.65 The inpatient extra care unit should offer a clinically therapeutic environment, with clear guidelines regarding its purpose, and care plans to inform service delivery.**

Pharmacy

- 2.66** Medicines were dispensed by the in-house pharmacy and were labelled individually. Many prisoners we spoke to had experienced delays in receiving repeat medicines, leading to gaps in treatment. The pharmacy had started to review the prescription ordering system, to improve efficiency.
- 2.67** Stock check arrangements were appropriately recorded but we found a number of expired items, including urinalysis testing sticks, sutures and needles, in the treatment rooms.
- 2.68** A contemporary in-possession policy took account of both the patient and the medication. Approximately 84% of prisoners received in-possession medication. There were anecdotal reports that some prisoners did not want in-possession medication because of bullying and the lack of secure in-cell storage (see paragraph 2.4 and recommendation 2.7) but prisoners had to wait to be referred for reassessment to have their medications administered rather than given in-possession, which led to unnecessary delays.
- 2.69** Medicines were administered on the wings each day by trained pharmacy technicians and nurses. Most of the treatment rooms were in poor condition. On the wings where nurses administered medication, doses of controlled drugs were removed from the packaging before the patient presented and placed with the prescriptions; they were then administered by a sole nurse. This process posed a potential risk of errors in medicine administration. Medication queues were not consistently well managed by officers, resulting in crowding, which led to a lack of confidentiality and increased the risk of diversion.
- 2.70** Patients were able to receive 16 paracetamol or 24 ibuprofen tablets but there was no policy to ensure the safe administration of these medicines, which caused unnecessary risk, and no other simple remedies were available. There were no patient group directions (which enable nurses to supply and administer prescription-only medicine). The pharmacist ran a weekly minor ailments clinic and there were plans to introduce medication review clinics.
- 2.71** A review of patients on gabapentin (an antiepileptic medication) and pregabalin (prescribed to treat neuropathic pain) had resulted in a reduction in their use, in line with the new national pain formulary. During March 2016, 11% of those on medication were prescribed mirtazapine (an antidepressant), some of whom had it in-possession, which was not in accordance with the prison's prescribing formulary and could lead to diversion and trading of this medication.

Recommendations

- 2.72** Patients should receive their repeat medication in a timely manner, to ensure continuity of treatment.
- 2.73** The in-possession policy should be used to meet patient need rather than that of the prison regime.
- 2.74** Custody staff should provide adequate supervision of all medicines administration, to ensure confidentiality and prevent diversion.
- 2.75** Nurses should be able to supply an appropriate range of non-prescribed and prescribed medications, with the appropriate governance arrangements in place, including a policy and the implementation of patient group directions.

- 2.76 Prescribing should be in line with the prison formulary and national guidelines, and nurses should administer controlled drugs in a safe manner.**

Dentistry

- 2.77** Regular dental staff from Community Dental Services provided four sessions a week and offered a range of treatments, equivalent to those in the community, and routine oral health advice. Although additional dental sessions were provided to compensate for staff absences, waiting times were too long, at over seven weeks for assessment and a further nine weeks for treatment. Delays in receiving consumable items also posed a risk to timely assessment and treatment. In our survey, fewer prisoners than elsewhere and than at the time of the previous inspection (5% versus 9% and 11%, respectively) said that it was easy to see a dentist.
- 2.78** Dental rooms were adequate and effective monitoring arrangements ensured the safety of equipment and procedures. Records were of good quality.

Delivery of care (mental health)

- 2.79** Both primary and secondary mental health services had been provided by Care UK since April 2015. An integrated mental health pathway was approaching completion but service delivery was not sufficiently multidisciplinary, or supported by care plans. There were reasonable links with the substance misuse team. A psychiatrist provided five sessions a week. Nurses prioritised the allocation of appointments but waiting times were not monitored and some patients waited too long for an assessment and review.
- 2.80** In our survey, more prisoners than at comparator establishments (46% versus 41%) said that they had emotional well-being or mental health problems. Primary mental health services were under immense pressure owing to staff shortages. Nurses responded promptly to requests from wing staff to assess prisoners who were known to the team. However, they required a completed referral form to assess new referrals, and no verbal referrals were accepted. Prisoners who requested support from the primary mental health team were first placed on the GP or psychiatrist's waiting list, which created unnecessary delays. Once assessed, patients' welfare was reviewed periodically but no psychological or self-help interventions or therapeutic groups were offered by the team. Prisoners could self-refer to the counselling service provided by Atrium.
- 2.81** Secondary mental health provision was adequate, with good links to specialist mental health services. A caseload of 27 patients was supported and treated in partnership with their community-based care coordinator, overseen by the prison psychiatrist. Despite good relationships with local units, only 50% of transfers to secure hospitals occurred within the two-week national target.
- 2.82** Some custody officers had received mental health awareness training during their induction but there was no ongoing mental health awareness programme.

Recommendations

- 2.83 Prisoners should have timely access to a full range of mental health support, including clinical psychology services and group interventions to meet the mental health needs of the population.**

- 2.84 The transfer of prisoners to external health care beds should be expedited and occur within Department of Health transfer target timescales.**

Catering

Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

- 2.85** In our survey, fewer respondents than elsewhere and than at the time of the previous inspection said that the food provided was good or very good (13% versus 21% and 18%, respectively). This survey result was even worse for those on the older wings, where only 6% (against 19% on the newer wings) said that the food was good or very good. The quality of the food we tasted was poor.
- 2.86** One hot meal a day was provided during the week, in the evenings. The introduction of a range of items baked on the premises was appreciated by prisoners. During the week, cold lunches were placed in a bag in prisoners' cells, and many said that these portions were too small. Breakfast was also provided in this way. Most prisoners were able to eat in association for the evening meal, and for lunch and dinner at weekends
- 2.87** There had been some refurbishment of the kitchen, which was now in a satisfactory condition. Accredited qualifications, other than simple food hygiene courses, were not available for prisoners working in the kitchen.
- 2.88** Catering staff attended prisoner consultation meetings and responded to their views but some comments books on the wings had not been used for a long time.

Recommendation

- 2.89 Prisoners' poor perceptions about the quality of the food provided should be addressed.**

Purchases

Expected outcomes:

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

- 2.90** A reasonable range of items was available on the prison shop list. Orders could be made weekly.
- 2.91** New arrivals were given the option of a reception pack (a grocery pack which usually contains basic food and drink items such as tea, milk, sugar and sweets and an option for tobacco) and could buy an emergency pack before receiving their first order from the prison shop.
- 2.92** A choice of only two catalogues was available for the purchase of clothes and other items, which prisoners said was limited. Prisoners were charged an administrative fee on all catalogue orders, which was unreasonable, and they waited too long for their parcels to be delivered to the wings once they had arrived at the prison.

2.93 Consultation about the shop was done through the prisoner consultative meetings (see also paragraph 2.16) and changes to the shop list were made when possible.

Recommendation

2.94 Prisoners should not be charged an administration fee for catalogue orders.

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.⁷

- 3.1** The regime was confusing and varied across the residential units. During the week, the amount of time unlocked for some employed prisoners was reasonable, at around eight and a half hours a day. However, for a significant minority of prisoners, particularly the unemployed, it was only around three and a half hours and for a few others, such as some of the prisoners on F wing (the induction wing), it was much less and could be as little as one hour a day. During our roll checks, too many prisoners (around 25%) were locked in their cell. An emergency interim regime was in place, which mainly affected weekend time out of cell, and most prisoners had only three and a half hours per weekend day.
- 3.2** In our survey, more respondents than at comparator prisons said that they went outside for exercise three or more times a week (61% versus 40%). However, exercise periods were too short, at only 30 minutes a day during the week, and there was no opportunity for evening association as prisoners were locked up at 6pm, which was too early and before the published time. Prisoners in full-time employment only had access to association and exercise at the weekends.

Recommendation

- 3.3 All prisoners should have access to at least one hour of exercise in the open air each day, and daily association.**

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** *Ofsted⁸ made the following assessments about the learning and skills and work provision:*

Overall effectiveness of learning and skills and work:

Requires improvement

⁷ 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.

⁸ 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>.

<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Good</i>
<i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>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** A recently appointed learning and skills management team had a clear ambition and vision for the further development of purposeful work and education opportunities to meet the needs of the population. The operational management of learning and skills and work had yet to demonstrate sufficient impact to improve the quality of provision. Learning and skills had a high priority in the prison, with good relationships between prison managers and the offenders' learning and skills service (OLASS) manager.
- 3.6** Managers were aware of the need to develop and provide more accredited qualifications in vocational training and work, and plans to introduce a wider range were at an early stage of development (see recommendation 3.24). Teaching, learning and assessment did not concentrate sufficiently on prisoners' progress over time or on the impact of teaching, learning and assessment on learners' experience. There were arrangements for improving these areas.
- 3.7** The prison self-assessment was mainly accurate, resulting in a detailed quality improvement plan. However, it had missed a few significant issues, which we identified during the inspection, such as the lack of a plan to help prisoners to improve their levels of English and mathematics, and the lack of validated information on the proportion of prisoners gaining sustainable employment on release (see paragraph 4.38).

Provision of activities

- 3.8** The number of education and/or work places had increased with the introduction of part-time activities, and there were sufficient places for all prisoners to engage in part-time work. However, too many full-time activity places remained and resulted in a large proportion of prisoners (over 230) being unemployed and not able to access any work, educational or vocational training at all (see main recommendation S61).
- 3.9** Overall, the range and variety of education, vocational training courses and work were appropriate for the population. Vocational courses included painting and decorating, construction and industrial cleaning. The curriculum offered in education courses provided opportunities for prisoners to gain accredited qualifications. Courses included art, business, English and mathematics. However, there was no facility for information and communications technology training.
- 3.10** The education induction and assessment were good and provided useful information for prisoners on activities taking place in the prison. There were only a few waiting lists to enrol in classes. Prisoners were allocated to an activity according to their identified needs but not all places in education classes were filled. Vulnerable prisoners had restricted access to education, vocational training and work.

Recommendations

- 3.11 Prisoners should have the opportunity to access information and communication technology training.**
- 3.12 The range of learning and skills and work activities for vulnerable prisoners should be increased.**

Quality of provision

- 3.13** The standard of teaching, learning and assessment in the OLASS provision required improvement. Teachers did not plan sufficiently interesting activities to maximise learning during the long classroom lessons, which took up the whole morning or afternoon, and prisoners became bored. Resources used to support learning were often copied directly from textbooks, lacked stimulation and were not adapted to meet the current needs of the prisoners. Teachers often sought to occupy learners with activities which led to little new learning – for example, word searches or ‘hangman’ – and most prisoners became bored and disinterested towards the end of their sessions. Many lessons had small numbers of learners, which limited the effectiveness of group interaction and learning from each other.
- 3.14** The assessment of prisoners’ starting points in English and mathematics was carried out effectively during induction, with appropriately detailed assessment for those following specialist English and mathematics courses. Prisoners were required to achieve prescribed levels in those subjects before accessing work and other education courses. However, teachers and instructors did not use the findings of these assessments routinely to plan learning to meet the needs of individual prisoners. The findings of assessments were not always passed to vocational instructors. For example, in the cleaning training facility, all individual learning plans (ILPs) were left blank in the section relating to the results of these assessments.
- 3.15** Practical tuition in industries and vocational workshops was good. Workshops were well resourced, with industry-standard tools and equipment, and trainers planned activities well to develop learners’ skills and improve their knowledge. Sessions were popular and well attended.
- 3.16** Teachers and instructors used ILPs well to set initial targets. In painting and decorating, targets were used particularly effectively. Each prisoner negotiated a target for the session, planning, ordering materials and carrying out work to a high standard in order to meet their target. However, a minority of teachers did not review progress against initial targets regularly and most teachers did not set new targets following reviews.
- 3.17** In most lessons, teachers did not plan sufficiently challenging work for the more advanced learners, who found the work too easy and made insufficient progress. For example, prisoners studying on a level 1 personal development course had high-level qualifications, including A levels and a degree, and complained that they found the work simple and of little relevance.
- 3.18** Assessment was accurate and timely. Teachers and instructors gave encouraging spoken and written feedback which benefited prisoners, but little was written on assessed work to indicate to learners how they might perform better.
- 3.19** In industry workshops, prisoners were able to work towards qualifications in health and safety, and food hygiene. While useful in promoting safe working practices, these qualifications were not vocationally relevant to many of the industries that prisoners would

work in on release. For example, there were no vocational qualifications aimed specifically at waste management, laundry, food preparation or manufacturing.

- 3.20 Despite good promotion of literacy and numeracy in workshops through posters and worked examples, instructors did not always encourage learners to use English and mathematics in a vocational context.
- 3.21 Instructors and teachers managed learning effectively, fostering mutually respectful attitudes and tolerance towards the views and beliefs of others.

Recommendations

- 3.22 **The quality of teaching, learning and assessment should be improved and should focus on the progress made by prisoners over time.**
- 3.23 **The timetable in education should be planned so that prisoners do not spend the whole morning or afternoon studying the same subject.**
- 3.24 **Qualifications in relevant vocational subjects, at the appropriate levels, should be introduced.**
- 3.25 **All staff should be aware of the need to promote English and mathematics in a vocational context, in order to benefit prisoners in the development of their employability skills. Prisoners should be encouraged and able to take English and mathematics qualifications alongside vocational training.**

Personal development and behaviour

- 3.26 Attendance at education classes was too low. Too many prisoners had authorised or unauthorised absences. Punctuality was not good enough, with many prisoners arriving for afternoon sessions late.
- 3.27 Prisoners were not targeted or challenged to enhance their English and mathematical skills, particularly in vocational training and work settings, to aid the development of their employability prospects. Prisoners did not benefit from gaining accredited qualifications while at work (see recommendation 3.24).
- 3.28 Behaviour management was effective and helped to produce a positive learning environment.

Recommendation

- 3.29 **Rates of attendance and punctuality at learning and skills and work activities should be improved.**

Education and vocational achievements

- 3.30 Prisoners who attended sessions regularly and completed their courses made good progress. Achievement of accredited qualifications in education classes and vocational training was high. Success rates had improved in English and mathematics and were good. Progression to higher-level courses for longer-stay prisoners required improvement.

- 3.31** In education and vocational training, the standard of work was mostly good. Standards of work and skill development in art, painting and decorating, and construction were very good, and enabled prisoners to gain valuable work-related skills. Managers in education had a good understanding of the performance of different groups of learners, and, through effective support and interventions, there were no significant differences in achievement between them.

Library

- 3.32** Essex County Council provided the well-run and managed library service. The library was welcoming and two part-time library staff were supported effectively by three full-time prisoner orderlies. It offered a suitable range of well-displayed fiction and non-fiction books, including easy-readers and a wide selection of resources in foreign languages, which the librarian updated regularly to match the changing language needs of the prisoners. Legal textbooks and Prison Service Instructions and Orders were readily available and used regularly by prisoners. There was no provision for independent study or research for prisoners completing distance-learning courses.
- 3.33** All prisoners, including those in full-time work, had timetabled access to the library at least once a week, although difficulties in the movement of prisoners from the wings to the library limited attendance too often. Outreach services were provided to prisoners unable to attend the library. Library usage had increased considerably compared with the previous year. The library was sufficiently large to accommodate the demand at any one time.
- 3.34** Library staff actively promoted literacy and reading through poetry workshops, creative writing courses and initiatives such as the 'Reading Ahead' scheme (also known as 'Turning Pages').

Recommendations

- 3.35** **The plans to provide facilities for independent research and study in the library should be implemented.**
- 3.36** **Prisoners should have the opportunity to visit the library weekly.**

Physical education and healthy living

Expected outcomes:

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

- 3.37** Facilities in the gym and for other general aspects of recreation were good. The gym was large and well resourced, with ample aerobic equipment and free weights. A sports hall with room for four badminton courts and an outside, full-sized, artificial turf football pitch was also of high quality and well used by prisoners. Instructors were competent and experienced, and motivated prisoners well, acting as good role models.
- 3.38** Links with external organisations had improved. Coaching awards run by a premier league football club were popular and had led to employment for a few prisoners on their release.
- 3.39** Despite careful planning, which allowed all prisoners (including vulnerable prisoners and those in full-time education) use of the gym, several prisoners, particularly those in full-time

work, told us that they found it difficult to access the facility and that they were often placed on a reserve list.

- 3.40** Owing to low staffing levels, no gym or fitness qualifications were offered at the time of the inspection. There were sufficient showers and changing facilities for the number of prisoners using them, and they were clean and in a good state of repair.

Recommendations

- 3.41 Prisoners in full-time education and/or work should be able to access their allocated PE sessions more regularly.**
- 3.42 Accredited qualifications should be reintroduced into PE.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

- 4.1 The establishment was a resettlement prison, and Essex Community rehabilitation company (CRC) was relatively well established in the delivery of resettlement support (see section on reintegration planning).
- 4.2 The strategic management of reducing reoffending had been limited but a new head of reducing reoffending had taken up post about four months before the inspection and had begun to take steps to improve it. Before this appointment, the committee had not met regularly, leaving oversight weak. The committee was now well attended and met monthly. Resettlement pathway meetings and also lead managers for most pathways had been reinstated to improve strategic oversight.
- 4.3 There was no robust assessment of resettlement needs. A survey of prisoners' perceptions of their needs had been undertaken in April 2015 but needed updating. Other, more robust sources of evidence, such as offender assessment system (OASys) assessments and P-Nomis (electronic case notes) had not been used to provide resettlement services that were appropriate for the population.
- 4.4 A draft strategy had been developed but was not yet informed by a needs analysis and did not reflect the diverse population held at the prison, including the small number of young adults, the increased population of sex offenders and those who were there for resettlement. It described the offender management role but did not set out how this function would be at the heart of the reducing reoffending work. The offender management unit (OMU) worked mainly in isolation, with little evidence that other departments recognised its importance. Offender supervisors did not consider themselves to be well connected with the rest of the prison and there was a lack of information exchange.
- 4.5 A resettlement action plan was in an early stage of development but it did not yet set out all of the key steps and actions to be taken to address issues and gaps.

Recommendation

- 4.6 **The reducing reoffending strategy should be based on a comprehensive needs analysis, supported by a detailed action plan, and locate the offender management unit at the centre of the work.**

Offender management and planning

Expected outcomes:

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

- 4.7** About half of the prisoners held at the establishment were sentenced to over 12 months so they required a full OASys assessment and the involvement of an offender supervisor to promote their progression to a training prison. Over half of this population were identified as high risk of harm or multi-agency public protection arrangements (MAPPA) cases, requiring good communication with the external offender manager to plan and secure their progression. We found weaknesses in the offender management of both of these groups.
- 4.8** The OMU had a number of staff vacancies and there was a high level of cross-deployment of uniformed offender supervisors. Over a third of their planned hours had been lost over the previous three months and this was having a significant impact on the delivery of risk management. Although caseloads were not high, the lack of structured time in the OMU made it difficult for uniformed offender supervisors to keep their work up to date and plan structured time with the prisoners in their care.
- 4.9** A backlog of OASys assessments, particularly those that were the responsibility of the prison, had arisen since the previous inspection and this had affected some prisoners' progression. At the time of the inspection, just under a quarter of those to be completed by prison-based offender supervisors were late, and some considerably late. The number of outstanding OASys assessments that were the responsibility of the National Probation Service (NPS) was not known but an estimate during the inspection suggested that about 18 of the 221 assessments were late (see main recommendation S62).
- 4.10** The quality of OASys assessments and plans was disappointing. Only seven of the 12 cases we examined had an adequate and timely assessment of the likelihood of reoffending. Only one out of six OASys assessments completed by prison-based OMU staff was of satisfactory quality and too many of those completed by the NPS were incomplete.
- 4.11** None of the six sentence plans completed by OMU staff were of adequate quality. Sentence planning meetings were irregular, objectives were not outcome focused and many prisoners felt disengaged. For example, in our survey far fewer respondents than elsewhere and than at the time of the previous inspection said that they had been involved in the development of their plan (38% versus 55% and 71%, respectively).
- 4.12** Ongoing contact between prisoners and offender supervisors had deteriorated considerably and was too limited, even in some high-risk cases (see main recommendation S62). Many prisoners were frustrated about this lack of contact and felt unsupported and disengaged. For example, in our survey, over half the respondents (57%) said that no one was helping them to achieve their sentence plan targets, compared with 26% at the time of the previous inspection. Only 9% said that their offender supervisor was helping them to achieve these targets, compared with 32% elsewhere and 59% at the time of the previous inspection. In addition, only 34% said that they could achieve their targets at the establishment, compared with 53% at other local prisons and 68% at the time of the previous inspection, and far fewer than in our previous survey said that they knew of plans to achieve any of their targets in another prison or on release, further reflecting a lack of attention to their progression.
- 4.13** Few prisoners applied for home detention curfew (HDC). Of 209 application forms sent out in the previous six months, only 120 had been returned by the prisoners, which was

unusually low. Too many assessments had been completed late. Some of the delay had been due to the shortness of custodial sentences, which had provided little time to complete the process. However, in too many cases, reports from the NPS and OMU-based offender supervisors had been late, further shortening the time available for the HDC board to consider the assessments. Of the 120 applications returned, only 28 had been considered by the board as others had run out of time, and 17 of these had been approved.

Recommendation

- 4.14 All eligible prisoners should be encouraged to apply for home detention curfew and assessments should be completed on time, to ensure that more cases are considered by the board.**

Public protection

- 4.15** All new prisoners were screened to identify the need for contact restrictions. The application of these restrictions was managed well. The monitoring of mail and telephone calls was managed appropriately, reviewed regularly and removed at the earliest opportunity. Applications for contact with children were handled well and resulted in defensible decisions on the level and type of contact.
- 4.16** The function of the interdepartmental risk management team (IRMT) meeting had deteriorated. It did not provide oversight of all high risk of harm or MAPPAs due for release, and clear risk management plans were not recorded in the minutes. Attendance was limited and offender supervisors told us that they did not feel fully involved and were not always able to see the benefits of the meeting.
- 4.17** MAPPAs arrangements remained unclear in too many cases. There was little evidence of action taken to ensure that MAPPAs-eligible cases had been assigned a management level by the NPS six months before the prisoner's release, which potentially limited good-quality risk management. For example, only one out of six such prisoners due for release within the following two months had a clear management level confirmed.
- 4.18** We saw little evidence of information exchange with NPS offender managers about prisoners' behaviour and risk factors, and little evidence of high-quality risk management planning well ahead of release. However, the prison contributed appropriately in cases that had been assigned to level 2 and 3 MAPPAs management.

Recommendation

- 4.19 Multi-agency public protection arrangements (MAPPAs) levels should be confirmed at least six months before release, to enable the offender management unit to contribute to more MAPPAs release plans. (Repeated recommendation 4.22)**

Categorisation

- 4.20** Initial categorisations were up to date. Reviews were completed by the offender supervisor; although too many had been completed late over recent months, this work was mainly up to date at the time of the inspection.

- 4.21** Most of the reviews were of adequate quality. However, some lacked detail and did not include the rationale for approval by the manager. The prisoner was told about the outcome in writing but this letter did not set out the reasons for refusal or set targets for what needed to change by the next review.
- 4.22** Between 80 and 100 prisoners a month were transferred to other prisons, which was reasonable, but some weaknesses had developed. For example, a quarter of those transferred to another prison in the previous six months had not had a current OASys assessment or plan to inform their move, and some transfers – for example, to an open prison – had been delayed because of the lack of an up-to-date OASys assessment.
- 4.23** A small but increasing number of sex offenders were held at the prison. Many stayed too long at the establishment owing to the lack of places nationally, particularly for category B sex offenders. Too little attention was given to prioritising their progressive moves.

Recommendation

- 4.24** **Sentenced sex offenders should not remain at the establishment for too long without an adequate focus on their progression.**

Indeterminate sentence prisoners

- 4.25** At the time of the inspection, there were 25 indeterminate-sentenced prisoners (ISPs) at the establishment. They had access to specific family days and a couple of support meetings during the year. However, few of them attended the family days and the reasons for this were unclear.
- 4.26** Those potentially facing an indeterminate sentence could contact the OMU for support. ISPs were seen by a probation officer offender supervisor soon after sentencing to explain the implications of the sentence, and progression routes.

Recommendation

- 4.27** **The reasons for poor attendance at the indeterminate-sentenced prisoner family days should be explored and action taken to improve it.**

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.

- 4.28** Many prisoners were serving a short sentence or were on remand, so the demand for resettlement services was high, with about 100 releases a month. The resettlement centre provided an excellent 'one-stop' facility.
- 4.29** Offender supervisors completed part I of the basic custody screening tool, and Essex CRC developed the resettlement plan for prisoners on arrival. Knowledgeable CRC staff provided practical support with resettlement problems such as accommodation; education, training and employment; and debts, and made appropriate referrals to other agencies as needed.

- 4.30** The review of the resettlement plan 12 weeks before release was developing and further checks were carried out four weeks before release, through the resettlement clinic. The CRC worked with all prisoners before release (except those on remand and those released on HDC), irrespective of the area of the county to which the prisoner was to be released.
- 4.31** Not all risk of harm factors were taken into consideration by CRC staff when reviewing the resettlement release plan, and links between the CRC and the OMU were not sufficiently effective.

Recommendation

- 4.32 All risk of harm factors should be considered when reviewing the resettlement release plan, and links with the offender management unit should be improved.**

Accommodation

- 4.33** Essex CRC, via Nacro, provided a wide range of support for those with housing problems, including maintaining and surrendering tenancies on arrival and dealing with housing benefit and applications for accommodation in preparation for release.
- 4.34** There were strong links with community-based housing support groups, including a range of practical help such as referrals to community tenancy support services and tenant arrears advice services.
- 4.35** Monitoring data on the number of prisoners released to sustainable accommodation had not yet been validated so we were unable to obtain accurate figures. However, we were told that the proportion being released homeless had increased.

Recommendation

- 4.36 The number of prisoners released homeless or to sustainable accommodation should be more closely and carefully monitored through validated data.**

Education, training and employment

- 4.37** The quality of the National Careers Service was good. Access to careers advice and guidance was good, with effective induction assessments and action plans discussed and agreed with prisoners, and focused on long-term career objectives. Opportunities to prepare a CV and job applications were good. Prisoners received good support with finding employment or training on release. Prison staff had a good understanding of local and regional employment needs, and recent initiatives with local employers, such as engagement events, benefited prisoners in their choice of training before their release. However, the lack of opportunity to gain accredited vocational qualifications limited prisoners' options (see section on learning and skills and work activities), and the virtual campus (internet access for prisoners to community education, training and employment opportunities) was not used for job search activities.
- 4.38** There was a lack of validated data to establish the number of prisoners gaining employment, training or education on release.

Recommendations

- 4.39** The virtual campus should be used to support prisoners in their development of job search skills.
- 4.40** The number of prisoners released homeless or to employment or training should be monitored more carefully through validated data.

Health care

- 4.41** All prisoners were seen in reception by health services staff before discharge and given a week's supply of medication, where appropriate. Pre-release planning for prisoners with enduring mental health needs was timely and effective. Appropriate liaison with community services ensured continuity of care.
- 4.42** Arrangements for patients with palliative or end-of-life needs were good, with effective links with local palliative care services.

Drugs and alcohol

- 4.43** The prison clinical and psychosocial substance misuse services were also the community drug treatment service providers, which facilitated good treatment continuity on release.
- 4.44** Release plans for prisoners with substance misuse issues were of good quality. Prison link workers from the community engaged with local prisoners and facilitated access to services, and a mentor scheme provided 'through-the-gate' support. Prisoners with alcohol problems were signposted to the appropriate community agency.
- 4.45** Pre-release work included delivery of harm reduction and overdose prevention information, the setting up of community appointments, and a support group two weeks before release.

Finance, benefit and debt

- 4.46** A full range of debt and finance management was available from Jobcentre Plus staff, and prisoners could open bank accounts.
- 4.47** A budgeting and finance course was available, as well as individual debt management clinics every fortnight. The chaplaincy also offered a three-day money management course and the charity Money Advice Service provided individual advice about debt each week.

Children, families and contact with the outside world

- 4.48** Social visits sessions ran eight times a week, with about 40 prisoner spaces at each, which was sufficient to meet needs. However, weekend sessions were busy and difficult to book. Visits could be booked by telephone or email. When we called the booking line, it was answered immediately but most of the visitors we spoke to said that it was often engaged, and that it took a long time to get through, which they found frustrating.
- 4.49** The visitors centre was comfortable and Ormiston Trust provided valuable support and advice to visitors (see below). The centre was open well in advance of the visits session, and afterwards.

- 4.50** Visits sessions were due to start at 2.15pm but often started late, as we observed during the inspection, and this was the main cause of complaint from prisoners and their visitors. The visits hall and facilities were adequate and visitors we spoke to said that staff treated them respectfully. We saw some positive staff interactions with prisoners and visitors. The refreshments bar and children's play area were good facilities. Sessions were well supervised without being intrusive. The waiting area for mainstream prisoners was dirty and uncomfortably hot because of poor ventilation.
- 4.51** A children and families pathway lead was in place and had reconvened meetings to oversee and develop provision. Monthly children's visits were open to prisoners on the standard and enhanced levels of the incentives and earned privileges scheme. They were well received and provided a relaxed environment where prisoners could interact with their children. There was an improving range of support for prisoners to maintain contact with their children and families, including Storybook Dads (in which prisoners record stories for their children). The delivery of this programme had improved recently through the involvement of the Ormiston Trust and there was no longer a long waiting list. However, the Story Time Learning course, which involved children attending the library to enable their father to read them a story, had not yet run in the current year, although there were plans to facilitate this. Ormiston Trust delivered a parenting course four times a year, known as You and Your Child, and there were plans to introduce an additional programme aimed at maintaining family ties. Some one-to-one support was available through the Ormiston Trust, including the facilitation of contact with children before their adoption.

Recommendations

- 4.52** **The mainstream prisoner waiting area should be clean and well ventilated.**
- 4.53** **Visits should start on time.**

Attitudes, thinking and behaviour

- 4.54** As the establishment was a local prison with a resettlement function, it was not funded to deliver accredited offending behaviour programmes, as prisoners should have been transferred to other prisons to complete these. However, we found too little evidence of activity to challenge offending behaviour, other than some basic personal development modules available through the education department. Little motivational work was undertaken by offender supervisors. As a result, most prisoners, including sex offenders, who stayed at the prison for long periods, received little or no structured work to challenge their offending behaviour.
- 4.55** There was no needs analysis to identify the offending behaviour work needed, and no lead manager to develop this pathway.

Recommendation

- 4.56** **There should be a robust needs analysis to inform the provision of offending behaviour work.** (Repeated recommendation 4.57)

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** Comprehensive data on violent incidents should be collated and analysed. Prisoners' views on safety should be sought and analysed alongside all other safety data, and this should inform a coordinated action plan to make the prison safer. (S57)
- 5.2** All use of force should be fully recorded. Managerial oversight should ensure that all uses of force are analysed, that patterns and trends are identified and acted on, and that force is always justified. (S58)
- 5.3** The environment for prisoners on the older wings should be improved, to provide all prisoners with decent living conditions. (S59)
- 5.4** Clinical governance arrangements should be improved, to ensure that prisoners' health is not put at risk. All staff should receive clinical supervision. (S60)
- 5.5** All prisoners should have the opportunity to take part in education, work or training. (S61)
- 5.6** All eligible prisoners should have a high-quality offender assessment system (OASys) assessment and plan. Offender supervisors should have regular and focused contact with prisoners to manage their risk, encourage and monitor achievement of sentence plan targets and promote progressive transfers. (S62)

Recommendation

To NOMS

Offender management and planning

- 5.7** Sentenced sex offenders should not remain at the establishment for too long without an adequate focus on their progression. (4.24)

Recommendations

To the governor

Courts, escort and transfers

- 5.8** Prisoners should be escorted to the prison as soon as they have been dealt with by the courts. (1.4, repeated recommendation 1.5)

Early days in custody

- 5.9** All first night cells should be equipped adequately. (1.14)

Self-harm and suicide

- 5.10** All prisoners subject to assessment, care in custody and teamwork (ACCT) procedures should have the opportunity to engage fully in the regime and should be encouraged and supported in doing so. (1.27)

Security

- 5.11** Prisoners should only be strip-searched on the basis of intelligence or specific suspicion. (1.35, repeated recommendation 1.45)
- 5.12** The mandatory drug testing programme should be sufficiently resourced to undertake all types of testing within the required time scale, and drug testing figures should be collated by type and location to provide more effective management information. (1.36)

Incentives and earned privileges

- 5.13** The negative perceptions of black and minority ethnic prisoners and prisoners on the older wings should be investigated and measures implemented to improve them. (1.40)

Discipline

- 5.14** The regime for longer-stay prisoners on the segregation unit should be improved and include purposeful activities. (1.53)
- 5.15** Individual management and reintegration plans for segregated prisoners should be more organised and detailed, and applied consistently. (1.54)

Substance misuse

- 5.16** Substance misuse interventions of varying intensity should be introduced to meet the identified needs of the population, taking into account service user feedback and current trends in drug use. Peer support and mutual aid should be extended. (1.62)
- 5.17** First night treatment for opiate-dependent prisoners should be provided consistently. (1.63)

Residential units

- 5.18** All in-cell toilets should have lids and adequate screening, and prisoners should have good access to essential equipment for their cell, clean laundry each week, cell cleaning materials and a lockable cupboard. (2.7)
- 5.19** All communal showers should be adequately screened. (2.8, repeated recommendation 2.13).
- 5.20** Prisoner confidence in the application system should be improved, including the introduction of an effective system for tracking applications. (2.9)
- 5.21** Prisoners should not experience delays in accessing their property held in storage. (2.10)

Equality and diversity

- 5.22** The needs of prisoners with protected characteristics should be promptly identified and met through individual assessment, regular direct consultation with minority groups, effective care planning and monitoring. (2.21, repeated recommendation S54)
- 5.23** All discrimination incident report forms (DIRFs) should be investigated. Any decision not to pursue a full investigation under the DIRF procedure should be made by a senior manager, and only on the basis that no discriminatory element has been alleged. (2.22)
- 5.24** The prison should develop a strategy that seeks to engage with gay and bisexual prisoners more fully, identifies their specific needs and ensures effective support is provided. (2.30, repeated recommendation 2.43)

Legal rights

- 5.25** Prisoners with immigration and deportation issues should have access to independent legal advice. (2.40)

Health services

- 5.26** All treatment rooms should be cleaned to an NHS-equivalent standard and should be fully compliant with infection control standards. (2.53)
- 5.27** Prisoners should be able to complain about health services through a well-publicised, confidential system. All responses to complaints should be respectful, fully address the issues raised and be monitored effectively. (2.54)
- 5.28** The emergency resuscitation equipment should be in good order, and monitored effectively. (2.55)
- 5.29** All new arrivals should receive a comprehensive secondary assessment within 72 hours. (2.62)
- 5.30** There should be further development of nurse-led clinics and evidence-based care plans for prisoners with life-long conditions, from appropriately trained and supervised staff. (2.63)
- 5.31** Prisoners should have timely access to external hospital appointments. (2.64)
- 5.32** The inpatient extra care unit should offer a clinically therapeutic environment, with clear guidelines regarding its purpose, and care plans to inform service delivery. (2.65)
- 5.33** Patients should receive their repeat medication in a timely manner, to ensure continuity of treatment. (2.72)
- 5.34** The in-possession policy should be used to meet patient need rather than that of the prison regime. (2.73)
- 5.35** Custody staff should provide adequate supervision of all medicines administration, to ensure confidentiality and prevent diversion. (2.74)
- 5.36** Nurses should be able to supply an appropriate range of non-prescribed and prescribed medications, with the appropriate governance arrangements in place, including a policy and the implementation of patient group directions. (2.75)

- 5.37** Prescribing should be in line with the prison formulary and national guidelines, and nurses should administer controlled drugs in a safe manner. (2.76)
- 5.38** Prisoners should have timely access to a full range of mental health support, including clinical psychology services and group interventions to meet the mental health needs of the population. (2.83)
- 5.39** The transfer of prisoners to external health care beds should be expedited and occur within Department of Health transfer target timescales. (2.84)

Catering

- 5.40** Prisoners' poor perceptions about the quality of the food provided should be addressed. (2.89)

Purchases

- 5.41** Prisoners should not be charged an administration fee for catalogue orders. (2.94)

Time out of cell

- 5.42** All prisoners should have access to at least one hour of exercise in the open air each day, and daily association. (3.3)

Learning and skills and work activities

- 5.43** Prisoners should have the opportunity to access information and communication technology training. (3.11)
- 5.44** The range of learning and skills and work activities for vulnerable prisoners should be increased. (3.12)
- 5.45** The quality of teaching, learning and assessment should be improved and should focus on the progress made by prisoners over time. (3.22)
- 5.46** The timetable in education should be planned so that prisoners do not spend the whole morning or afternoon studying the same subject. (3.23)
- 5.47** Qualifications in relevant vocational subjects, at the appropriate levels, should be introduced. (3.24)
- 5.48** All staff should be aware of the need to promote English and mathematics in a vocational context, in order to benefit prisoners in the development of their employability skills. Prisoners should be encouraged and able to take English and mathematics qualifications alongside vocational training. (3.25)
- 5.49** Rates of attendance and punctuality at learning and skills and work activities should be improved. (3.29)
- 5.50** The plans to provide facilities for independent research and study in the library should be implemented. (3.35)
- 5.51** Prisoners should have the opportunity to visit the library weekly. (3.36)

Physical education and healthy living

- 5.52** Prisoners in full-time education and/or work should be able to access their allocated PE sessions more regularly. (3.41)
- 5.53** Accredited qualifications should be reintroduced into PE. (3.42)

Strategic management of resettlement

- 5.54** The reducing reoffending strategy should be based on a comprehensive needs analysis, supported by a detailed action plan, and locate the offender management unit at the centre of the work. (4.6)

Offender management and planning

- 5.55** All eligible prisoners should be encouraged to apply for home detention curfew and assessments should be completed on time, to ensure that more cases are considered by the board. (4.14)
- 5.56** Multi-agency public protection arrangements (MAPPAs) levels should be confirmed at least six months before release, to enable the offender management unit to contribute to more MAPPA release plans. (4.19, repeated recommendation 4.22)
- 5.57** The reasons for poor attendance at the indeterminate-sentenced prisoner family days should be explored and action taken to improve it. (4.27)

Reintegration planning

- 5.58** All risk of harm factors should be considered when reviewing the resettlement release plan, and links with the offender management unit should be improved. (4.32)
- 5.59** The number of prisoners released homeless or to sustainable accommodation should be more closely and carefully monitored through validated data. (4.36)
- 5.60** The virtual campus should be used to support prisoners in their development of job search skills. (4.39)
- 5.61** The number of prisoners released homeless or to employment or training should be monitored more carefully through validated data. (4.40)
- 5.62** The mainstream prisoner waiting area should be clean and well ventilated. (4.52)
- 5.63** Visits should start on time. (4.53)
- 5.64** There should be a robust needs analysis to inform the provision of offending behaviour work. (4.56, repeated recommendation 4.57)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Alison Perry	Team leader
Paul Rowlands	Inspector
Sandra Fieldhouse	Inspector
Fran Russell	Inspector
Gordon Riach	Inspector
Martin Kettle	Inspector
Anna Fenton	Researcher
Joe Simmonds	Researcher
Sophie Skinner	Researcher
Alissa Redmond	Researcher
Natalie Hall	Researcher
Sigrid Engelen	Substance misuse inspector
Maureen Jamieson	Health services inspector
Peter Gibbs	Pharmacist
Jan Fooks-Bale	Care Quality Commission inspector
Stephen Hunsley	Ofsted inspector
Allan Shaw	Ofsted inspector
David Baber	Ofsted inspector
Iolo Madoc-Jones	Offender management inspector
Ian Simpkins	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

*At the last inspection, in 2014, prisoners waited too long in court cells and often arrived at the prison late. They spent too long in reception. The first night environment was unsuitable. First night processes were mostly supportive but not all prisoners benefitted from them. Induction was good. The number of incidents of violence was relatively high but they were mostly low level. Violence reduction measures were sound and most prisoners felt safe. Levels of self-harm had reduced but remained high and there had been seven self-inflicted deaths in custody since the previous inspection, although significant work had been undertaken to improve self-harm and suicide processes. Security arrangements were mostly proportionate. Drug use was high, despite good supply reduction measures. Levels of use of force were high, yet governance arrangements were inadequate. The segregation environment was poor. Substance misuse arrangements were good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

Main recommendations

The first night environment should be relatively calm and suitable for new arrivals, with adequately prepared and clean accommodation. All new prisoners should be fully assessed at a safety interview, provided with support from staff and peer supporters, and be able to shower, make a telephone call and have sufficient, timely food on arrival. (S52)

Partially achieved

The recording of all uses of special accommodation should be complete and fully justify the need for its use. All planned uses of force should be video recorded. Effective management monitoring arrangements should be in place. (S53)

Achieved

Recommendations

Prisoners should be escorted to the prison as soon as they have been dealt with by the courts. (I.5)

Not achieved (recommendation repeated, I.4)

Escorting vans should be regularly cleaned. (I.6)

Not achieved

Prisoners should be moved on to the main wings without delay after they have completed their induction. (I.17)

Achieved

A comprehensive survey of violence and bullying behaviour at the establishment should be carried out and the policy updated to reflect the findings. (I.23)

Not achieved

The quality of daily written entries in assessment, care in custody and teamwork (ACCT) self-harm monitoring documents should be improved. (I.31)

Achieved

The governor should develop local safeguarding processes with the local director of adult social services and the local safeguarding adults board. (I.35)

Achieved

The mandatory drug testing suite should be refurbished, and standards of cleanliness agreed and implemented. (I.44)

Achieved

Prisoners should only be strip-searched on the basis of intelligence or specific suspicion. (I.45)

Not achieved (recommendation repeated, I.35)

The negative perceptions of black and minority ethnic prisoners should be investigated and measures implemented to improve them. (I.50)

Not achieved

All disciplinary charges should be fully investigated, with clear reasons given for the decisions reached, and formal quality assurance of adjudication records should be introduced. (I.54)

Achieved

The prison should develop an effective strategy to reduce the number of use of force incidents. (I.59)

Not achieved

'Calm down' cells should not be used as special accommodation. Their use as 'calm down' cells should be recorded and a member of staff should be present with the prisoner, supporting de-escalation until they are moved to normal location. (I.60)

Achieved

Living conditions in the segregation unit should be improved. (I.67)

Not achieved

The exceptional circumstances requiring the segregation of prisoners while on an open ACCT should be clearly established and documented. (I.68)

Achieved

The drug testing arrangements on E wing should be conducted in a suitable area free from potential contamination. (I.74)

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

*At the last inspection, in 2014, the quality of the environment was mostly reasonable but some old accommodation was sub-standard and showers required refurbishment. Staff knew prisoners well and relationships were excellent and a real strength. Consultation arrangements were effective. Work to promote equality and diversity had deteriorated and there was little support or monitoring for minority groups. The young adult population reported positively on their experience. Faith provision was comprehensive and visible. Complaints were managed well. Health services were mostly good. Food and dining arrangements were reasonably good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

Main recommendations

The needs of prisoners with protected characteristics should be promptly identified and met through individual assessment, regular direct consultation with minority groups, effective care planning and monitoring. (S54)

Not achieved (recommendation repeated, 2.21)

Recommendations

All in-cell toilets should be adequately screened. (2.10)

Not achieved

The offensive display policy should be enforced across the prison. (2.11)

Not achieved

C wing should be refurbished to at least the standard achieved on B wing. (2.12)

Not achieved

All communal showers should be adequately screened. (2.13)

Not achieved (recommendation repeated, 2.8)

Links between personal officers and the offender management unit should be developed. (2.20)

Not achieved

Staff from all areas of the prison who have contact with prisoners should contribute to electronic case-notes. (2.21)

Achieved

Discrimination incident report forms (DIRFs) should be freely available to all prisoners and their purpose explained. All reports should be fully investigated, responded to adequately and in the required time frame, and quality assured by senior managers and an independent external organisation. Complaints made through the regular complaints system which allege discrimination should be investigated as DIRFs. (2.28)

Not achieved

Professional interpreting services should be used for all confidential processes with prisoners who do not speak English and there should be checks with all foreign national prisoners that they understand the prison regime. (2.40)

Achieved

Foreign national prisoners should have access to independent immigration advice. (2.41)

Not achieved

Formal care plans, which are regularly reviewed, and evacuation plans, developed in association with health services and residential staff, should be in place for prisoners with a disability who require them. (2.42)

Achieved

The prison should develop a strategy that seeks to engage with gay and bisexual prisoners more fully, identifies their specific needs and ensures effective support is provided. (2.43)

Not achieved (recommendation repeated, 2.30)

The low satisfaction with the complaints system revealed by our survey should be investigated and remedial action taken. (2.55)

Achieved

A legal services officer should be available. (2.62)

Not achieved

Newly remanded prisoners should be asked if they need help with a bail application when they arrive at the prison. (2.63)

Not achieved

All treatment rooms should comply with infection control policies and procedures and be fit for purpose. (2.74)

Not achieved

Health services staff should be trained to meet the demands of the prison population, with emphasis given to mandatory training requirements. (2.75)

Partially achieved

Prisoners should have access to information on how to make a health care complaint. (2.76)

No longer relevant

There should be a wider range of patient group directions (PGDs), to enable the nursing/pharmacy staff to supply more potent medicines, where appropriate. There should be a copy of the original signed PGDs in the pharmacy and this should be read and signed by all relevant staff. (2.90)

Not achieved

Medicines should be stored in the main prison, in appropriate cabinets, rather than carrying them from the health centre at each medication round. (2.91)

Achieved

All staff administering medicines should be appropriately trained and assessed as competent. (2.92)

Achieved

Medicine administration practices should comply with national guidelines and dangerous practices should stop immediately. (2.93)

Achieved

Discipline staff should be present during treatment times, to manage queues and ensure confidentiality, and identification cards should be seen for all patients. (2.94)

Not achieved

A medicines and therapeutics committee should be in place, attended both by health services and prison security staff. (2.95)

Achieved

The main kitchen floor should be repaired or replaced. (2.108)

Achieved

Formal qualifications should be introduced for kitchen workers. (2.109)

Not achieved

Prisoners preparing and serving food should be appropriately dressed. (2.110)

Achieved

The range of goods available on the shop list should reflect the diversity of the prison population. (2.115)

Achieved

Purposeful activity

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

*At the last inspection, in 2014, Time out of cell varied considerably, ranging from nine hours for those fully employed to less than three hours. Too few activity places were available and they were poorly utilised, leaving many prisoners without any activity. Learning and skills and work were suitably structured to meet the needs of the short-term population but the range of provision was too limited. The quality of teaching and coaching was good. Work skills were not always suitably accredited. Success rates were only satisfactory but were improving. The library was well stocked but access was restricted. Recreational PE provision was good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

Main recommendations

The number of learning and skills and work activity places should be increased and the use of places should be maximised. All prisoners should have an activity and this should be allocated according to their identified need. (S55)

Not achieved

Recommendations

All prisoners should have access to at least one hour of exercise in the open air daily. (3.5)

Not achieved

The regime should not be disrupted by delays in checking the prison roll. (3.6)

Achieved

Links with employers should be increased to provide prisoners with a greater understanding of the skills they need for employment and opportunities for employment. (3.15)

Achieved

Rates of attendance at learning and skills and work activities should be improved. (3.16)

Partially achieved

The range of learning and skills and work activity, including English and mathematics, should be increased to better match the needs of the population and to ensure that provision caters adequately for learning at higher levels. (3.21)

Not achieved

Prisoners should be able to combine learning and work. (3.22)

Not achieved

Workshop staff should be trained to direct questions effectively when checking prisoners' understanding. (3.30)

Achieved

Peer mentors should receive specific mentor training at level 2 or above to improve the support they provide in sessions. (3.31)

Not achieved

Tutors should use individual learning plans effectively by providing clear feedback to prisoners on the aspects of their work that they need to improve, and through setting specific targets for them to meet. (3.32)

Partially achieved

The accuracy and scope of initial assessments of prisoners' English and mathematics skills should be improved. (3.33)

Achieved

Suitable recognition should be given for the skills that prisoners develop at work. (3.39)

Not achieved

Levels of achievement and retention of prisoners following education and vocational training courses should be raised so that they are consistently good, and gaps between different groups are reduced. (3.40)

Achieved

The proportion of prisoners using the library should be increased and there should be effective systems to identify patterns of library use by individuals and groups. (3.45)

Achieved

The library should be open to prisoners for all scheduled sessions. (3.46)

Achieved

Groups and individuals who do not take part in PE should be identified and initiatives which increase participation implemented. (3.53)

Partially achieved

PE courses should lead to vocational qualifications. (3.54)

Not achieved

Resettlement

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

*At the last inspection, in 2014, the reducing reoffending strategy was useful but not supported by action plans for each resettlement pathway. Offender management was effective. Offender supervisor contact was regular and supportive and offender assessment system (OASys) assessments were of good quality and up to date. Public protection arrangements were sound. Home detention curfew and categorisation processes were good. There was a wide range of support for indeterminate-sentenced prisoners. Resettlement needs assessment and planning for the many short-term and remand prisoners were limited, although they had good access to the resettlement centre. Work under the resettlement pathways was mixed, and there was insufficient financial and children and family support. **Outcomes for prisoners were good against this healthy prison test.***

Recommendations

There should be a more robust needs analysis to identify the range and type of provision required, including that for black and minority ethnic and foreign national prisoners. (4.5)

Not achieved

Home detention curfew assessments should be monitored and any appropriate action taken to improve the timeliness of release. (4.15)

Not achieved

Multi-agency public protection arrangements (MAPPA) levels should be confirmed at least six months before release, to enable the offender management unit to contribute to more MAPPA release plans. (4.22)

Not achieved (recommendation repeated, 4.19)

Resettlement action plans should provide comprehensive targets for every prisoner serving a short sentence, and pre-release planning should be undertaken well enough in advance of discharge. (4.34)

Achieved

The number of prisoners released without an address should be further reduced. (4.38)

Not achieved

Initiatives carried out by organisations involved in education, training and employment resettlement provision should be better coordinated to increase their coherence and impact. (4.42)

Achieved

Support for prisoners with narcotic-related problems should be enhanced and offer continuity between the prison and community. (4.45)

Achieved

More support with managing debts and improving money management skills should be provided. (4.48)

Achieved

The visits booking system should be improved. (4.54)

Partially achieved

Children and families provision should be developed to help prisoners maintain contact with families and friends and provide specific family, children and relationship support. (4.55)

Achieved

There should be a robust needs analysis to inform the provision of offending behaviour work. (4.57)

Not achieved (recommendation repeated, 4.56)

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider: Care UK (H4H) Limited

Location: HMP YOI Chelmsford Prison

Location ID: 1-846426666

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 that 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:

There were significant risks that patients' physical and mental health needs were not properly identified and met.

- Secondary health checks were not routinely completed posing a risk that some patients' health needs were not identified or addressed.
- There was an absence of meaningful care planning which took account of patients' wishes. There were no plans in place for patients with chronic physical health conditions, primary mental health needs or complex needs.
- Mental health services were not sufficiently multi-disciplinary, leading to patients experiencing delays in assessment and review.
- Primary mental health care was not sufficiently accessible to promptly meet the prison population's particular needs. Primary mental health assessments were not completed by nurses until patients had been seen by a GP or psychiatrist.

- Group or individual therapies were not provided to patients by the primary mental health team. Interventions were mainly brief welfare checks that were not always conducted confidentially.
- The primary mental health team did not provide any psychological therapies to meet the needs of those patients who required it.

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, health associated infections 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:

Some risks associated with medicines management were not being identified or managed effectively:

- Approximately 85% of patients received their medicines in possession. Despite their concerns about the absence of secure in-cell storage and bullying by other prisoners, patients who expressed a wish not to have their medicines in possession had to wait for a re-assessment before risks were identified and addressed.
- The arrangements for nurses to supply medicines to patients to treat minor ailments in the absence of medical oversight were unsafe and contrary to professional guidance. There were no patient group directions or homely medicines policy in place to support safe practice. Nurses routinely gave out 16 Paracetamol and/or 24 Ibuprofen without any legal basis or a governance framework to ensure patients' safety.
- The systems to safely manage repeat prescribing were unreliable, causing delays in patients receiving their prescribed medicines and interruptions in treatment, posing a risk to their health and welfare.
- The management of clinical stock items was poor and did not ensure the safety or integrity of clinical procedures. We found multiple examples of clinical consumables whose expiry dates had passed.

The routine checking of clinical equipment was inconsistent and did not ensure such equipment was suitable and safe for use; particularly in relation to emergency medical equipment.

Incident reporting records showed that some common risks to service safety and quality were not reported, which meant they may not have been addressed. This included the cancellation of urgent hospital appointments and staffing shortages.

Regulation 18 Staffing	We found that the registered person had not ensured that the deployment of staff enabled 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.
<p>How the regulation was not being met:</p> <p>Primary mental health nurses' time was not protected for this purpose. Primary mental health nurses were spending most of their time carrying out work related to physical health, including medicines administration and emergency response. This severely reduced their capacity to meet the high demand for mental health assessment and services.</p> <p>Primary care (physical health) nurses were in short supply and therefore unable to develop and deliver services equivalent to the wider community, including care and treatment for patients with chronic medical conditions.</p> <p>Patients admitted to the inpatient unit were not adequately supported to participate in therapeutic or social activities. There were insufficient nurses to deploy to the unit, frequently leaving one healthcare assistant and one officer to provide all care and support. This impacted on staff's capacity to jointly provide a sufficiently therapeutic regime.</p> <p>Clinical tasks were routinely delegated to healthcare assistants in the absence of appropriate preparation and assessment of competence, which posed a risk that patients, may not receive appropriate care and treatment.</p> <p>Nurses were not supported by supervision to ensure they were able to fulfil their clinical roles.</p>	

Appendix IV: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	17	411	60.2
Recall	2	59	8.6
Convicted unsentenced	9	71	11.3
Remand	16	115	18.4
Civil prisoners	0	1	0.1
Detainees	0	7	1.0
Total	44	667	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	25	200	31.6
Less than six months	3	72	10.5
six months to less than 12 months	4	50	7.6
12 months to less than 2 years	0	66	9.3
2 years to less than 4 years	10	116	17.8
4 years to less than 10 years	2	106	15.2
10 years and over (not life)	0	33	4.6
ISPP (indeterminate sentence for public protection)	0	4	0.6
Life	0	20	3.4
Total	44	667	100

Age	Number of prisoners	%
Please state minimum age here:	-	-
Under 21 years	44	6.2
21 years to 29 years	274	38.5
30 years to 39 years	188	26.4
40 years to 49 years	135	19.0
50 years to 59 years	47	6.6
60 years to 69 years	13	1.8
70 plus years	10	1.4
Please state maximum age here:	-	-
Total	711	100

Nationality	18–20-year-olds	21 and over	%
British	38	584	87.5
Foreign nationals	5	77	11.5
Total	43	661	99

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	30	242	38.3
Uncategorised sentenced	0	12	1.7
Category A	0	0	0
Category B	0	52	7.3
Category C	0	350	49.2

Category D	0	9	1.3
Other (YOI closed)	14	2	2.3
Total	44	667	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British	32	478	71.7
Irish	1	7	1.1
Gypsy/Irish Traveller	0	9	1.3
Other white	2	42	6.2
Mixed			
White and black Caribbean	1	10	1.5
White and black African	0	3	0.4
White and Asian	0	4	0.6
Other mixed	0	6	0.8
Asian or Asian British			
Indian	1	5	0.8
Pakistani	0	4	0.6
Bangladeshi	0	2	0.3
Chinese	0	1	0.1
Other Asian	2	8	1.4
Black or black British			
Caribbean	2	20	3.1
African	1	27	3.9
Other black	2	22	3.4
Other ethnic group			
Arab	0	1	0.1
Other ethnic group	0	8	1.1
Not stated	0	10	1.4
Total	44	667	100

Religion	18–20-year-olds	21 and over	%
Baptist	0	1	0.1
Church of England	1	128	18.1
Roman Catholic	11	168	25.2
Other Christian denominations	8	132	19.7
Muslim	2	59	8.6
Sikh	0	3	0.4
Hindu	0	3	0.4
Buddhist	1	7	1.1
Jewish	0	8	1.1
Other	0	4	0.6
No religion	21	154	24.6
Total	44	667	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)	0	5	0.7
Total	0	5	0.7

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	6	0.8	108	15.2
1 month to 3 months	4	0.6	156	21.9
3 months to six months	7	1.0	92	12.9
six months to 1 year	1	0.1	78	11.0
1 year to 2 years	1	0.1	30	4.2
2 years to 4 years	0	0.0	3	0.4
4 years or more	0	0.0	0	0.0
Total	19	2.7	467	65.7

Sentenced prisoners only

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

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	7	1.0	60	8.4
1 month to 3 months	7	1.0	67	9.4
3 months to six months	9	1.3	50	7.0
6 months to 1 year	2	0.3	18	2.5
1 year to 2 years	0	0.0	4	0.6
2 years to 4 years	0	0.0	1	0.1
4 years or more	0	0.0	0	0.0
Total	25	3.5	200	28.1

Main offence	18–20-year-olds	21 and over	%
Violence against the person	Not available		
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded /holding warrant			
Total			

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 establishment⁹. Respondents were then randomly selected from a P-NOMIS prisoner population printout using a systematic sampling method.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 4 April 2016, the prisoner population at HMP Chelmsford was 705. Using the method described above, questionnaires were distributed to a sample of 211 prisoners.

We received a total of 180 completed questionnaires, a response rate of 85%. This included three questionnaires completed via interview. Two respondents refused to complete a questionnaire and 29 questionnaires were not returned.

⁹ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
A	8
B	30
C	32
D	14
E	27
F	31
G	34
Health care	3
Segregation	1

Presentation of survey results and analyses

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

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 significant¹⁰ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Chelmsford in 2016 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 33 local prisons since April 2013.
- The current survey responses from HMP Chelmsford in 2016 compared with the responses of prisoners surveyed at HMP Chelmsford in 2014.
- A comparison within the 2016 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2016 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2016 survey between the responses of 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 responses of prisoners who considered themselves to be a veteran and those who did not.

¹⁰ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. 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.

- A comparison within the 2016 survey between the responses of prisoners who consider themselves to be a Gypsy/Romany/Traveller and those who do not consider themselves to be a Gypsy/Romany/Traveller.
- A comparison within the 2016 survey between the old wings (A, B, C and D) and the new wings (E, F and G).

Survey summary

Section I: About You

Q1.1	What wing or houseblock are you currently living on? See methodology.		
Q1.2	How old are you?		
	<i>Under 21</i>		12 (7%)
	<i>21 - 29</i>		63 (35%)
	<i>30 - 39</i>		51 (28%)
	<i>40 - 49</i>		39 (22%)
	<i>50 - 59</i>		9 (5%)
	<i>60 - 69</i>		2 (1%)
	<i>70 and over</i>		3 (2%)
Q1.3	Are you sentenced?		
	<i>Yes</i>		99 (56%)
	<i>Yes - on recall</i>		19 (11%)
	<i>No - awaiting trial</i>		36 (20%)
	<i>No - awaiting sentence</i>		21 (12%)
	<i>No - awaiting deportation</i>		3 (2%)
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>		60 (34%)
	<i>Less than 6 months</i>		25 (14%)
	<i>6 months to less than 1 year</i>		17 (10%)
	<i>1 year to less than 2 years</i>		19 (11%)
	<i>2 years to less than 4 years</i>		18 (10%)
	<i>4 years to less than 10 years</i>		19 (11%)
	<i>10 years or more</i>		9 (5%)
	<i>IPP (indeterminate sentence for public protection)</i>		2 (1%)
	<i>Life</i>		6 (3%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?		
	<i>Yes</i>		20 (11%)
	<i>No</i>		157 (89%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>		173 (98%)
	<i>No</i>		3 (2%)
Q1.7	Do you understand written English?		
	<i>Yes</i>		170 (96%)
	<i>No</i>		7 (4%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	135 (78%)	<i>Asian or Asian British - Chinese</i> 2 (1%)
	<i>White - Irish</i>	5 (3%)	<i>Asian or Asian British - other</i> 0 (0%)
	<i>White - other</i>	13 (7%)	<i>Mixed race - white and black Caribbean</i> 1 (1%)
	<i>Black or black British - Caribbean</i>	5 (3%)	<i>Mixed race - white and black African</i> 1 (1%)
	<i>Black or black British - African</i>	6 (3%)	<i>Mixed race - white and Asian</i> 0 (0%)

<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i>	1 (1%)
<i>Asian or Asian British - Indian</i>	2 (1%)	<i>Arab</i>	1 (1%)
<i>Asian or Asian British - Pakistani</i>	1 (1%)	<i>Other ethnic group</i>	1 (1%)
<i>Asian or Asian British - Bangladeshi</i>	0 (0%)		

Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		21 (12%)
	No		156 (88%)
Q1.10	What is your religion?		
	None	57 (33%)	<i>Hindu</i> 1 (1%)
	<i>Church of England</i>	55 (32%)	<i>Jewish</i> 1 (1%)
	<i>Catholic</i>	35 (20%)	<i>Muslim</i> 9 (5%)
	<i>Protestant</i>	2 (1%)	<i>Sikh</i> 0 (0%)
	<i>Other Christian denomination</i>	7 (4%)	<i>Other</i> 2 (1%)
	<i>Buddhist</i>	4 (2%)	
Q1.11	How would you describe your sexual orientation?		
	<i>Heterosexual/Straight</i>		170 (97%)
	<i>Homosexual/Gay</i>		2 (1%)
	<i>Bisexual</i>		3 (2%)
Q1.12	Do you consider yourself to have a disability (i.e. do you need help with any long-term physical, mental or learning needs)?		
	Yes		50 (28%)
	No		127 (72%)
Q1.13	Are you a veteran (ex- armed services)?		
	Yes		20 (11%)
	No		155 (89%)
Q1.14	Is this your first time in prison?		
	Yes		53 (30%)
	No		125 (70%)
Q1.15	Do you have children under the age of 18?		
	Yes		105 (59%)
	No		73 (41%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?		
	<i>Less than 2 hours</i>		138 (78%)
	<i>2 hours or longer</i>		26 (15%)
	<i>Don't remember</i>		14 (8%)
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>		138 (78%)
	Yes		12 (7%)
	No		23 (13%)
	<i>Don't remember</i>		4 (2%)
Q2.3	On your most recent journey here, were you offered a toilet break?		
	<i>My journey was less than two hours</i>		138 (78%)
	Yes		3 (2%)
	No		30 (17%)

	<i>Don't remember</i>		7 (4%)
Q2.4	On your most recent journey here, was the van clean?		
	Yes		86 (49%)
	No		77 (44%)
	<i>Don't remember</i>		12 (7%)
Q2.5	On your most recent journey here, did you feel safe?		
	Yes		135 (77%)
	No		38 (22%)
	<i>Don't remember</i>		3 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?		
	<i>Very well</i>		41 (23%)
	<i>Well</i>		73 (42%)
	<i>Neither</i>		46 (26%)
	<i>Badly</i>		9 (5%)
	<i>Very badly</i>		4 (2%)
	<i>Don't remember</i>		2 (1%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)		
	<i>Yes, someone told me</i>		121 (69%)
	<i>Yes, I received written information</i>		3 (2%)
	<i>No, I was not told anything</i>		38 (22%)
	<i>Don't remember</i>		14 (8%)
Q2.8	When you first arrived here did your property arrive at the same time as you?		
	Yes		139 (79%)
	No		33 (19%)
	<i>Don't remember</i>		4 (2%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?		
	<i>Less than 2 hours</i>		70 (40%)
	<i>2 hours or longer</i>		96 (55%)
	<i>Don't remember</i>		10 (6%)
Q3.2	When you were searched, was this carried out in a respectful way?		
	Yes		143 (82%)
	No		28 (16%)
	<i>Don't remember</i>		3 (2%)
Q3.3	Overall, how were you treated in reception?		
	<i>Very well</i>		41 (23%)
	<i>Well</i>		70 (40%)
	<i>Neither</i>		42 (24%)
	<i>Badly</i>		12 (7%)
	<i>Very badly</i>		9 (5%)
	<i>Don't remember</i>		1 (1%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	26 (15%)	<i>Physical health</i> 30 (17%)
	<i>Housing problems</i>	38 (22%)	<i>Mental health</i> 58 (34%)

Contacting employers	5 (3%)	Needing protection from other prisoners	10 (6%)
Contacting family	57 (33%)	Getting phone numbers	55 (32%)
Childcare	6 (3%)	Other	15 (9%)
Money worries	41 (24%)	Did not have any problems	39 (23%)
Feeling depressed or suicidal	55 (32%)		

- Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?**
- | | |
|---------------------------|----------|
| Yes | 39 (24%) |
| No | 87 (53%) |
| Did not have any problems | 39 (24%) |
- Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)**
- | | |
|--------------------------|-----------|
| Tobacco | 143 (82%) |
| A shower | 29 (17%) |
| A free telephone call | 60 (34%) |
| Something to eat | 115 (66%) |
| PIN phone credit | 110 (63%) |
| Toiletries/ basic items | 76 (44%) |
| Did not receive anything | 5 (3%) |
- 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 | 70 (41%) |
| Someone from health services | 106 (62%) |
| A Listener/Samaritans | 70 (41%) |
| Prison shop/ canteen | 33 (19%) |
| Did not have access to any of these | 33 (19%) |
- 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 | 69 (41%) |
| What support was available for people feeling depressed or suicidal | 62 (37%) |
| How to make routine requests (applications) | 62 (37%) |
| Your entitlement to visits | 61 (37%) |
| Health services | 70 (42%) |
| Chaplaincy | 66 (40%) |
| Not offered any information | 57 (34%) |
- Q3.9 Did you feel safe on your first night here?**
- | | |
|----------------|-----------|
| Yes | 123 (70%) |
| No | 44 (25%) |
| Don't remember | 9 (5%) |
- Q3.10 How soon after you arrived here did you go on an induction course?**
- | | |
|--------------------------------------|-----------|
| Have not been on an induction course | 25 (14%) |
| Within the first week | 102 (58%) |
| More than a week | 38 (22%) |
| Don't remember | 10 (6%) |
- Q3.11 Did the induction course cover everything you needed to know about the prison?**
- | | |
|--------------------------------------|----------|
| Have not been on an induction course | 25 (15%) |
| Yes | 80 (47%) |
| No | 49 (29%) |
| Don't remember | 17 (10%) |

Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?

<i>Did not receive an assessment</i>	22 (13%)
<i>Within the first week</i>	67 (39%)
<i>More than a week</i>	62 (36%)
<i>Don't remember</i>	20 (12%)

Section 4: Legal rights and respectful custody**Q4.1 How easy is it to.....**

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
<i>Communicate with your solicitor or legal representative?</i>	16 (10%)	42 (25%)	19 (11%)	49 (29%)	25 (15%)	17 (10%)
<i>Attend legal visits?</i>	21 (13%)	66 (42%)	26 (16%)	17 (11%)	6 (4%)	23 (14%)
<i>Get bail information?</i>	7 (5%)	13 (8%)	28 (18%)	24 (15%)	30 (19%)	53 (34%)

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?

<i>Not had any letters</i>	24 (14%)
<i>Yes</i>	67 (39%)
<i>No</i>	80 (47%)

Q4.3 Can you get legal books in the library?

<i>Yes</i>	62 (36%)
<i>No</i>	18 (10%)
<i>Don't know</i>	93 (54%)

Q4.4 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know
<i>Do you normally have enough clean, suitable clothes for the week?</i>	83 (48%)	85 (49%)	5 (3%)
<i>Are you normally able to have a shower every day?</i>	145 (83%)	29 (17%)	1 (1%)
<i>Do you normally receive clean sheets every week?</i>	80 (47%)	88 (51%)	4 (2%)
<i>Do you normally get cell cleaning materials every week?</i>	76 (44%)	90 (52%)	6 (3%)
<i>Is your cell call bell normally answered within five minutes?</i>	44 (26%)	107 (63%)	20 (12%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	105 (63%)	60 (36%)	2 (1%)
<i>If you need to, can you normally get your stored property?</i>	22 (13%)	98 (58%)	48 (29%)

Q4.5 What is the food like here?

<i>Very good</i>	0 (0%)
<i>Good</i>	23 (13%)
<i>Neither</i>	38 (22%)
<i>Bad</i>	56 (32%)
<i>Very bad</i>	58 (33%)

Q4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?

<i>Have not bought anything yet/ don't know</i>	4 (2%)
<i>Yes</i>	87 (51%)
<i>No</i>	81 (47%)

Q4.7 Can you speak to a Listener at any time, if you want to?

<i>Yes</i>	101 (58%)
<i>No</i>	20 (12%)
<i>Don't know</i>	52 (30%)

Q4.8	Are your religious beliefs respected?	
	Yes	92 (53%)
	No	17 (10%)
	Don't know/ N/A	63 (37%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	96 (56%)
	No	14 (8%)
	Don't know/ N/A	62 (36%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	23 (13%)
	Very easy	45 (26%)
	Easy	46 (27%)
	Neither	15 (9%)
	Difficult	9 (5%)
	Very difficult	7 (4%)
	Don't know	28 (16%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	126 (72%)
	No	39 (22%)
	Don't know	9 (5%)
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?	26 (15%) 68 (40%) 75 (44%)
	Are applications dealt with quickly (within seven days)?	26 (16%) 30 (18%) 109 (66%)
Q5.3	Is it easy to make a complaint?	
	Yes	74 (45%)
	No	47 (29%)
	Don't know	43 (26%)
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?	81 (48%) 21 (13%) 66 (39%)
	Are complaints dealt with quickly (within seven days)?	81 (48%) 18 (11%) 69 (41%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	47 (28%)
	No	120 (72%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	60 (36%)
	Very easy	9 (5%)
	Easy	24 (14%)
	Neither	27 (16%)
	Difficult	30 (18%)
	Very difficult	16 (10%)

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.)	
	<i>Don't know what the IEP scheme is</i>	20 (12%)
	Yes	73 (42%)
	No	64 (37%)
	<i>Don't know</i>	15 (9%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	20 (11%)
	Yes	80 (46%)
	No	58 (33%)
	<i>Don't know</i>	16 (9%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	19 (11%)
	No	152 (89%)
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>	144 (84%)
	Very well	4 (2%)
	Well	7 (4%)
	Neither	6 (4%)
	Badly	5 (3%)
	Very badly	5 (3%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	125 (73%)
	No	47 (27%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	123 (72%)
	No	48 (28%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	53 (31%)
	No	118 (69%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	8 (5%)
	Never	23 (13%)
	Rarely	50 (29%)
	Some of the time	60 (34%)
	Most of the time	21 (12%)
	All of the time	12 (7%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	120 (71%)
	<i>In the first week</i>	21 (12%)

More than a week	20 (12%)
Don't remember	9 (5%)

Q7.6 How helpful is your personal (named) officer?

Do not have a personal officer/ I have not met him/ her	120 (72%)
Very helpful	14 (8%)
Helpful	13 (8%)
Neither	10 (6%)
Not very helpful	4 (2%)
Not at all helpful	6 (4%)

Section 8: Safety**Q8.1 Have you ever felt unsafe here?**

Yes	88 (50%)
No	87 (50%)

Q8.2 Do you feel unsafe now?

Yes	34 (20%)
No	137 (80%)

Q8.3 In which areas have you felt unsafe? (Please tick all that apply to you.)

Never felt unsafe	87 (51%)	At meal times	19 (11%)
Everywhere	26 (15%)	At health services	15 (9%)
Segregation unit	7 (4%)	Visits area	16 (9%)
Association areas	29 (17%)	In wing showers	27 (16%)
Reception area	13 (8%)	In gym showers	9 (5%)
At the gym	9 (5%)	In corridors/stairwells	20 (12%)
In an exercise yard	30 (18%)	On your landing/wing	29 (17%)
At work	15 (9%)	In your cell	23 (14%)
During movement	38 (22%)	At religious services	13 (8%)
At education	11 (6%)		

Q8.4 Have you been victimised by other prisoners here?

Yes	58 (33%)
No	118 (67%)

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)	21 (12%)
Physical abuse (being hit, kicked or assaulted)	16 (9%)
Sexual abuse	5 (3%)
Feeling threatened or intimidated	28 (16%)
Having your canteen/property taken	17 (10%)
Medication	10 (6%)
Debt	12 (7%)
Drugs	12 (7%)
Your race or ethnic origin	2 (1%)
Your religion/religious beliefs	1 (1%)
Your nationality	3 (2%)
You are from a different part of the country than others	2 (1%)
You are from a traveller community	1 (1%)
Your sexual orientation	1 (1%)
Your age	5 (3%)
You have a disability	10 (6%)
You were new here	7 (4%)
Your offence/ crime	10 (6%)

	<i>Gang related issues</i>	9 (5%)
Q8.6	Have you been victimised by staff here?	
	Yes	62 (35%)
	No	113 (65%)
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>	28 (16%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	14 (8%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	26 (15%)
	<i>Medication</i>	13 (7%)
	<i>Debt</i>	0 (0%)
	<i>Drugs</i>	4 (2%)
	<i>Your race or ethnic origin</i>	6 (3%)
	<i>Your religion/religious beliefs</i>	2 (1%)
	<i>Your nationality</i>	6 (3%)
	<i>You are from a different part of the country than others</i>	2 (1%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	6 (3%)
	<i>You were new here</i>	13 (7%)
	<i>Your offence/ crime</i>	10 (6%)
	<i>Gang related issues</i>	2 (1%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	<i>Not been victimised</i>	87 (55%)
	Yes	24 (15%)
	No	47 (30%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?:						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	18 (10%)	5 (3%)	25 (15%)	19 (11%)	55 (32%)	50 (29%)
	The nurse	24 (14%)	14 (8%)	48 (28%)	22 (13%)	41 (24%)	23 (13%)
	The dentist	36 (21%)	3 (2%)	6 (3%)	16 (9%)	42 (24%)	70 (40%)
Q9.2	What do you think of the quality of the health service from the following people?:						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	27 (16%)	11 (6%)	45 (26%)	21 (12%)	35 (20%)	33 (19%)
	The nurse	30 (18%)	17 (10%)	52 (31%)	27 (16%)	21 (13%)	20 (12%)
	The dentist	69 (42%)	6 (4%)	23 (14%)	21 (13%)	21 (13%)	26 (16%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>					20 (12%)	
	<i>Very good</i>					5 (3%)	
	<i>Good</i>					40 (24%)	
	<i>Neither</i>					26 (16%)	
	<i>Bad</i>					29 (17%)	
	<i>Very bad</i>					47 (28%)	
Q9.4	Are you currently taking medication?						
	Yes					107 (61%)	
	No					67 (39%)	

Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	<i>Not taking medication</i>	67 (39%)
	<i>Yes, all my meds</i>	40 (23%)
	<i>Yes, some of my meds</i>	32 (18%)
	<i>No</i>	35 (20%)
Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	80 (46%)
	<i>No</i>	94 (54%)
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>	94 (54%)
	<i>Yes</i>	31 (18%)
	<i>No</i>	49 (28%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	56 (32%)
	<i>No</i>	118 (68%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	31 (18%)
	<i>No</i>	143 (82%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	53 (31%)
	<i>Easy</i>	27 (16%)
	<i>Neither</i>	8 (5%)
	<i>Difficult</i>	4 (2%)
	<i>Very difficult</i>	8 (5%)
	<i>Don't know</i>	70 (41%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	20 (12%)
	<i>Easy</i>	15 (9%)
	<i>Neither</i>	15 (9%)
	<i>Difficult</i>	15 (9%)
	<i>Very difficult</i>	16 (9%)
	<i>Don't know</i>	90 (53%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	21 (12%)
	<i>No</i>	151 (88%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	9 (5%)
	<i>No</i>	161 (95%)
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>	106 (63%)
	<i>Yes</i>	34 (20%)
	<i>No</i>	28 (17%)

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>	143 (83%)
	Yes	12 (7%)
	No	18 (10%)
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>	130 (78%)
	Yes	22 (13%)
	No	15 (9%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	17 (10%)	11 (7%)	32 (19%)	23 (14%)	39 (23%)	47 (28%)
	Vocational or skills training	41 (27%)	14 (9%)	31 (20%)	20 (13%)	21 (14%)	26 (17%)
	Education (including basic skills)	31 (20%)	23 (15%)	48 (30%)	25 (16%)	14 (9%)	17 (11%)
	Offending behaviour programmes	52 (34%)	6 (4%)	16 (10%)	20 (13%)	21 (14%)	39 (25%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>						55 (34%)
	Prison job						72 (44%)
	Vocational or skills training						10 (6%)
	Education (including basic skills)						35 (21%)
	Offending behaviour programmes						4 (2%)
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	43 (29%)	46 (32%)	46 (32%)	11 (8%)		
	Vocational or skills training	59 (53%)	21 (19%)	22 (20%)	10 (9%)		
	Education (including basic skills)	43 (35%)	39 (32%)	25 (20%)	16 (13%)		
	Offending behaviour programmes	58 (54%)	23 (21%)	18 (17%)	8 (7%)		
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>						24 (14%)
	Never						36 (21%)
	<i>Less than once a week</i>						67 (40%)
	<i>About once a week</i>						32 (19%)
	<i>More than once a week</i>						10 (6%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?						
	<i>Don't use it</i>						44 (26%)
	Yes						66 (40%)
	No						57 (34%)
Q11.6	How many times do you usually go to the gym each week?						
	<i>Don't want to go</i>						29 (17%)
	0						44 (27%)
	1 to 2						60 (36%)
	3 to 5						28 (17%)
	<i>More than 5</i>						5 (3%)

Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	10 (6%)
	0	14 (8%)
	1 to 2	42 (25%)
	3 to 5	38 (23%)
	More than 5	64 (38%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	3 (2%)
	0	9 (5%)
	1 to 2	16 (9%)
	3 to 5	47 (28%)
	More than 5	94 (56%)
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>	46 (28%)
	2 to less than 4 hours	36 (22%)
	4 to less than 6 hours	33 (20%)
	6 to less than 8 hours	18 (11%)
	8 to less than 10 hours	12 (7%)
	10 hours or more	13 (8%)
	<i>Don't know</i>	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	49 (30%)
	No	115 (70%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	80 (48%)
	No	88 (52%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	56 (34%)
	No	111 (66%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	25 (15%)
	Very easy	21 (13%)
	Easy	41 (24%)
	Neither	22 (13%)
	Difficult	31 (18%)
	Very difficult	21 (13%)
	<i>Don't know</i>	7 (4%)

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>	60 (35%)
	Yes	73 (43%)
	No	38 (22%)

Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	98 (58%)
	<i>No contact</i>	43 (25%)
	<i>Letter</i>	11 (6%)
	<i>Phone</i>	4 (2%)
	<i>Visit</i>	17 (10%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	46 (29%)
	<i>No</i>	112 (71%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	60 (36%)
	<i>Yes</i>	33 (20%)
	<i>No</i>	75 (45%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	135 (80%)
	<i>Very involved</i>	5 (3%)
	<i>Involved</i>	8 (5%)
	<i>Neither</i>	6 (4%)
	<i>Not very involved</i>	8 (5%)
	<i>Not at all involved</i>	7 (4%)
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	135 (80%)
	<i>Nobody</i>	19 (11%)
	<i>Offender supervisor</i>	3 (2%)
	<i>Offender manager</i>	4 (2%)
	<i>Named/ personal officer</i>	2 (1%)
	<i>Staff from other departments</i>	7 (4%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	135 (79%)
	<i>Yes</i>	12 (7%)
	<i>No</i>	10 (6%)
	<i>Don't know</i>	13 (8%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	135 (78%)
	<i>Yes</i>	8 (5%)
	<i>No</i>	15 (9%)
	<i>Don't know</i>	14 (8%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	135 (78%)
	<i>Yes</i>	7 (4%)
	<i>No</i>	14 (8%)
	<i>Don't know</i>	16 (9%)
Q13.10	Do you have a needs based custody plan?	
	<i>Yes</i>	10 (6%)
	<i>No</i>	71 (44%)
	<i>Don't know</i>	81 (50%)

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

Yes	13 (8%)
No	147 (92%)

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

	<i>Do not need help</i>	Yes	No
Employment	39 (26%)	27 (18%)	85 (56%)
Accommodation	34 (23%)	33 (22%)	84 (56%)
Benefits	31 (22%)	31 (22%)	82 (57%)
Finances	37 (26%)	21 (15%)	85 (59%)
Education	40 (29%)	27 (19%)	73 (52%)
Drugs and alcohol	51 (36%)	31 (22%)	60 (42%)

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

<i>Not sentenced</i>	60 (37%)
Yes	36 (22%)
No	67 (41%)

Main comparator and comparator to last time



Prisoner survey responses HMP Chelmsford 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

		HMP Chelmsford 2016	Local prisons comparator	HMP Chelmsford 2016	HMP Chelmsford 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		180	6,048	180	173
SECTION 1: General information					
1.2	Are you under 21 years of age?	7%	6%	7%	12%
1.3	Are you sentenced?	66%	67%	66%	52%
1.3	Are you on recall?	11%	10%	11%	9%
1.4	Is your sentence less than 12 months?	24%	20%	24%	19%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	3%	1%	1%
1.5	Are you a foreign national?	11%	13%	11%	16%
1.6	Do you understand spoken English?	98%	97%	98%	95%
1.7	Do you understand written English?	96%	96%	96%	95%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	12%	25%	12%	16%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	12%	5%	12%	5%
1.1	Are you Muslim?	5%	13%	5%	9%
1.11	Are you homosexual/gay or bisexual?	3%	3%	3%	0%
1.12	Do you consider yourself to have a disability?	28%	25%	28%	28%
1.13	Are you a veteran (ex-armed services)?	11%	5%	11%	4%
1.14	Is this your first time in prison?	30%	33%	30%	27%
1.15	Do you have any children under the age of 18?	59%	54%	59%	50%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	15%	23%	15%	21%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	31%	39%	31%	24%
2.3	Were you offered a toilet break?	8%	8%	8%	9%
2.4	Was the van clean?	49%	57%	49%	47%
2.5	Did you feel safe?	77%	74%	77%	69%
2.6	Were you treated well/very well by the escort staff?	65%	67%	65%	65%
2.7	Before you arrived here were you told that you were coming here?	69%	63%	69%	68%
2.7	Before you arrived here did you receive any written information about coming here?	2%	3%	2%	4%
2.8	When you first arrived here did your property arrive at the same time as you?	79%	78%	79%	79%

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	40%	40%	40%	35%
3.2	When you were searched in reception, was this carried out in a respectful way?	82%	77%	82%	78%
3.3	Were you treated well/very well in reception?	63%	62%	63%	62%
When you first arrived:					
3.4	Did you have any problems?	77%	77%	77%	82%
3.4	Did you have any problems with loss of property?	15%	16%	15%	17%
3.4	Did you have any housing problems?	22%	22%	22%	23%
3.4	Did you have any problems contacting employers?	3%	5%	3%	3%
3.4	Did you have any problems contacting family?	33%	34%	33%	30%
3.4	Did you have any problems ensuring dependants were being looked after?	4%	3%	4%	3%
3.4	Did you have any money worries?	24%	24%	24%	28%
3.4	Did you have any problems with feeling depressed or suicidal?	32%	24%	32%	26%
3.4	Did you have any physical health problems?	17%	18%	17%	16%
3.4	Did you have any mental health problems?	34%	24%	34%	23%
3.4	Did you have any problems with needing protection from other prisoners?	6%	8%	6%	8%
3.4	Did you have problems accessing phone numbers?	32%	32%	32%	30%
For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	31%	31%	31%	35%
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	82%	79%	82%	80%
3.6	A shower?	17%	29%	17%	15%
3.6	A free telephone call?	35%	54%	35%	30%
3.6	Something to eat?	66%	70%	66%	66%
3.6	PIN phone credit?	63%	51%	63%	65%
3.6	Toiletries/ basic items?	44%	57%	44%	43%
When you first arrived here did you have access to the following people:					
3.7	The chaplain or a religious leader?	41%	45%	41%	44%
3.7	Someone from health services?	62%	66%	62%	69%
3.7	A Listener/Samaritans?	41%	30%	41%	40%
3.7	Prison shop/ canteen?	19%	21%	19%	20%

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	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	41%	40%	41%	42%
3.8	Support was available for people feeling depressed or suicidal?	37%	36%	37%	44%
3.8	How to make routine requests?	37%	34%	37%	40%
3.8	Your entitlement to visits?	37%	33%	37%	34%
3.8	Health services?	42%	44%	42%	43%
3.8	The chaplaincy?	40%	39%	40%	41%
3.9	Did you feel safe on your first night here?	70%	70%	70%	73%
3.10	Have you been on an induction course?	86%	74%	86%	83%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	55%	49%	55%	57%
3.12	Did you receive an education (skills for life) assessment?	87%	74%	87%	86%
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?	35%	36%	35%	39%
4.1	Attend legal visits?	55%	50%	55%	58%
4.1	Get bail information?	13%	17%	13%	18%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	39%	42%	39%	38%
4.3	Can you get legal books in the library?	36%	35%	36%	40%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	48%	49%	48%	55%
4.4	Are you normally able to have a shower every day?	83%	74%	83%	88%
4.4	Do you normally receive clean sheets every week?	47%	68%	47%	68%
4.4	Do you normally get cell cleaning materials every week?	44%	52%	44%	56%
4.4	Is your cell call bell normally answered within five minutes?	26%	25%	26%	37%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	63%	56%	63%	66%
4.4	Can you normally get your stored property, if you need to?	13%	20%	13%	19%
4.5	Is the food in this prison good/very good?	13%	21%	13%	18%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	51%	47%	51%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	58%	52%	58%	64%
4.8	Are your religious beliefs are respected?	54%	48%	54%	58%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	56%	50%	56%	62%
4.10	Is it easy/very easy to attend religious services?	53%	44%	53%	49%

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	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	72%	72%	72%	71%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	48%	48%	48%	53%
5.2	Do you feel applications are dealt with quickly (within seven days)?	22%	33%	22%	32%
5.3	Is it easy to make a complaint?	45%	49%	45%	42%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	24%	28%	24%	25%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	21%	24%	21%	20%
5.5	Have you ever been prevented from making a complaint when you wanted to?	28%	21%	28%	21%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	20%	18%	20%	15%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	42%	40%	42%	41%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	39%	46%	43%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	10%	11%	14%
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?	41%	35%	41%	43%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	73%	72%	73%	81%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	72%	67%	72%	76%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	31%	26%	31%	36%
7.4	Do staff normally speak to you most of the time/all of the time during association?	19%	17%	19%	23%
7.5	Do you have a personal officer?	29%	34%	29%	32%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	58%	67%	58%	79%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	50%	47%	50%	43%
8.2	Do you feel unsafe now?	20%	21%	20%	16%
8.4	Have you been victimised by other prisoners here?	33%	31%	33%	29%

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	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	12%	13%	12%	13%
8.5	Hit, kicked or assaulted you?	9%	9%	9%	8%
8.5	Sexually abused you?	3%	2%	3%	2%
8.5	Threatened or intimidated you?	16%	17%	16%	16%
8.5	Taken your canteen/property?	10%	8%	10%	8%
8.5	Victimised you because of medication?	6%	5%	6%	6%
8.5	Victimised you because of debt?	7%	4%	7%	4%
8.5	Victimised you because of drugs?	7%	5%	7%	5%
8.5	Victimised you because of your race or ethnic origin?	1%	4%	1%	2%
8.5	Victimised you because of your religion/religious beliefs?	1%	3%	1%	2%
8.5	Victimised you because of your nationality?	2%	3%	2%	2%
8.5	Victimised you because you were from a different part of the country?	1%	4%	1%	7%
8.5	Victimised you because you are from a Traveller community?	1%	2%	1%	1%
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.5	Victimised you because of your age?	3%	3%	3%	2%
8.5	Victimised you because you have a disability?	6%	4%	6%	4%
8.5	Victimised you because you were new here?	4%	7%	4%	7%
8.5	Victimised you because of your offence/crime?	6%	6%	6%	4%
8.5	Victimised you because of gang related issues?	5%	5%	5%	9%
8.6	Have you been victimised by staff here?	35%	33%	35%	29%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	16%	12%	16%	8%
8.7	Hit, kicked or assaulted you?	8%	6%	8%	7%
8.7	Sexually abused you?	2%	1%	2%	1%
8.7	Threatened or intimidated you?	15%	13%	15%	13%
8.7	Victimised you because of medication?	7%	6%	7%	7%
8.7	Victimised you because of debt?	0%	2%	0%	1%
8.7	Victimised you because of drugs?	2%	3%	2%	3%

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	Percentages which are not highlighted show there is no significant difference				
8.7	Victimised you because of your race or ethnic origin?	4%	4%	4%	1%
8.7	Victimised you because of your religion/religious beliefs?	1%	4%	1%	3%
8.7	Victimised you because of your nationality?	4%	3%	4%	2%
8.7	Victimised you because you were from a different part of the country?	1%	3%	1%	3%
8.7	Victimised you because you are from a Traveller community?	1%	2%	1%	1%
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	1%
8.7	Victimised you because of your age?	1%	2%	1%	3%
8.7	Victimised you because you have a disability?	4%	3%	4%	3%
8.7	Victimised you because you were new here?	7%	5%	7%	3%
8.7	Victimised you because of your offence/crime?	6%	5%	6%	5%
8.7	Victimised you because of gang related issues?	1%	3%	1%	4%
For those who have been victimised by staff or other prisoners:					
8.8	Did you report any victimisation that you have experienced?	34%	34%	34%	34%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	18%	21%	18%	24%
9.1	Is it easy/very easy to see the nurse?	36%	42%	36%	40%
9.1	Is it easy/very easy to see the dentist?	5%	9%	5%	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?	39%	40%	39%	39%
9.2	The nurse?	50%	51%	50%	51%
9.2	The dentist?	30%	29%	30%	32%
9.3	The overall quality of health services?	31%	36%	31%	33%
9.4	Are you currently taking medication?	61%	52%	61%	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?	67%	58%	67%	50%
9.6	Do you have any emotional well being or mental health problems?	46%	41%	46%	42%
For those who have problems:					
9.7	Are you being helped or supported by anyone in this prison?	39%	42%	39%	54%

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SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	32%	33%	32%	35%
10.2	Did you have a problem with alcohol when you came into this prison?	18%	21%	18%	23%
10.3	Is it easy/very easy to get illegal drugs in this prison?	47%	38%	47%	31%
10.4	Is it easy/very easy to get alcohol in this prison?	20%	17%	20%	12%
10.5	Have you developed a problem with drugs since you have been in this prison?	12%	10%	12%	8%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	5%	8%	5%	8%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	55%	56%	55%	66%
10.8	Have you received any support or help with your alcohol problem while in this prison?	40%	54%	40%	65%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	59%	77%	59%	83%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	26%	31%	26%	24%
11.1	Vocational or skills training?	29%	28%	29%	25%
11.1	Education (including basic skills)?	45%	44%	45%	41%
11.1	Offending behaviour programmes?	14%	17%	14%	16%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	44%	43%	44%	36%
11.2	Vocational or skills training?	6%	8%	6%	8%
11.2	Education (including basic skills)?	21%	23%	21%	20%
11.2	Offending behaviour programmes?	3%	7%	3%	4%
11.3	Have you had a job while in this prison?	71%	68%	71%	70%
	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%	39%	45%	35%
11.3	Have you been involved in vocational or skills training while in this prison?	47%	56%	47%	62%
	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?	40%	44%	40%	45%
11.3	Have you been involved in education while in this prison?	65%	66%	65%	74%

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	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	49%	50%	49%	55%
11.3	Have you been involved in offending behaviour programmes while in this prison?	46%	53%	46%	58%
	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?	47%	39%	47%	36%
11.4	Do you go to the library at least once a week?	25%	28%	25%	25%
11.5	Does the library have a wide enough range of materials to meet your needs?	40%	32%	40%	27%
11.6	Do you go to the gym three or more times a week?	20%	24%	20%	21%
11.7	Do you go outside for exercise three or more times a week?	61%	40%	61%	56%
11.8	Do you go on association more than five times each week?	56%	42%	56%	51%
11.9	Do you spend ten or more hours out of your cell on a weekday?	8%	9%	8%	5%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	30%	31%	30%	30%
12.2	Have you had any problems with sending or receiving mail?	48%	49%	48%	50%
12.3	Have you had any problems getting access to the telephones?	34%	34%	34%	21%
12.4	Is it easy/ very easy for your friends and family to get here?	37%	35%	37%	40%
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?	66%	61%	66%	56%
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	60%	43%	60%	33%
13.2	Contact by letter?	15%	28%	15%	19%
13.2	Contact by phone?	6%	13%	6%	7%
13.2	Contact by visit?	24%	36%	24%	58%
13.3	Do you have a named offender supervisor in this prison?	29%	30%	29%	25%
	For those who are sentenced:				
13.4	Do you have a sentence plan?	31%	33%	31%	37%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	38%	55%	38%	71%

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	Percentages which are not highlighted show there is no significant difference				
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	57%	46%	57%	26%
13.6	Offender supervisor?	9%	32%	9%	59%
13.6	Offender manager?	12%	26%	12%	26%
13.6	Named/ personal officer?	6%	11%	6%	14%
13.6	Staff from other departments?	21%	18%	21%	22%
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	34%	53%	34%	68%
13.8	Are there plans for you to achieve any of your targets in another prison?	21%	28%	21%	38%
13.9	Are there plans for you to achieve any of your targets in the community?	19%	32%	19%	46%
13.10	Do you have a needs based custody plan?	6%	7%	6%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	8%	11%	8%	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?	24%	26%	24%	32%
13.12	Accommodation?	28%	32%	28%	40%
13.12	Benefits?	28%	34%	28%	45%
13.12	Finances?	20%	21%	20%	28%
13.12	Education?	27%	27%	27%	34%
13.12	Drugs and alcohol?	34%	40%	34%	49%
	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?	35%	45%	35%	41%



Prisoner survey responses HMP Chelmsford 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

		Old wings (A, B, C and D)	New wings (E, F and G)
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	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		84	92
SECTION 1: General information			
1.2	Are you under 21 years of age?	10%	4%
1.3	Are you sentenced?	68%	65%
1.3	Are you on recall?	10%	12%
1.4	Is your sentence less than 12 months?	22%	26%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	1%
1.5	Are you a foreign national?	15%	9%
1.6	Do you understand spoken English?	99%	98%
1.7	Do you understand written English?	96%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	14%	11%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	18%	6%
1.1	Are you Muslim?	5%	6%
1.11	Are you homosexual/gay or bisexual?	5%	1%
1.12	Do you consider yourself to have a disability?	31%	24%
1.13	Are you a veteran (ex-armed services)?	10%	11%
1.14	Is this your first time in prison?	30%	31%
1.15	Do you have any children under the age of 18?	54%	64%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	17%	13%
2.5	Did you feel safe?	69%	84%
2.6	Were you treated well/very well by the escort staff?	60%	72%
2.7	Before you arrived here were you told that you were coming here?	65%	74%
2.8	When you first arrived here did your property arrive at the same time as you?	71%	85%

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	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	33%	44%
3.2	When you were searched in reception, was this carried out in a respectful way?	75%	90%
3.3	Were you treated well/very well in reception?	56%	71%
	When you first arrived:		
3.4	Did you have any problems?	81%	73%
3.4	Did you have any problems with loss of property?	14%	16%
3.4	Did you have any housing problems?	18%	26%
3.4	Did you have any problems contacting employers?	4%	2%
3.4	Did you have any problems contacting family?	36%	30%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	5%
3.4	Did you have any money worries?	19%	27%
3.4	Did you have any problems with feeling depressed or suicidal?	34%	29%
3.4	Did you have any physical health problems?	16%	18%
3.4	Did you have any mental health problems?	36%	29%
3.4	Did you have any problems with needing protection from other prisoners?	10%	2%
3.4	Did you have problems accessing phone numbers?	35%	30%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	77%	88%
3.6	A shower?	10%	23%
3.6	A free telephone call?	30%	38%
3.6	Something to eat?	60%	73%
3.6	PIN phone credit?	55%	71%
3.6	Toiletries/ basic items?	41%	47%
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	41%	42%
3.7	Someone from health services?	58%	66%
3.7	A Listener/Samaritans?	30%	51%
3.7	Prison shop/ canteen?	17%	22%

Key to tables

	Any percentage highlighted in green is significantly better	Old wings (A,B,C and D)	New wings (E,F and G)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	32%	51%
3.8	Support was available for people feeling depressed or suicidal?	30%	45%
3.8	How to make routine requests?	30%	43%
3.8	Your entitlement to visits?	30%	43%
3.8	Health services?	33%	50%
3.8	The chaplaincy?	34%	45%
3.9	Did you feel safe on your first night here?	61%	80%
3.10	Have you been on an induction course?	83%	88%
3.12	Did you receive an education (skills for life) assessment?	91%	84%
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?	34%	35%
4.1	Attend legal visits?	48%	62%
4.1	Get bail information?	10%	15%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	47%	31%
4.3	Can you get legal books in the library?	41%	33%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	40%	53%
4.4	Are you normally able to have a shower every day?	76%	88%
4.4	Do you normally receive clean sheets every week?	39%	52%
4.4	Do you normally get cell cleaning materials every week?	38%	49%
4.4	Is your cell call bell normally answered within five minutes?	10%	36%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	47%	76%
4.4	Can you normally get your stored property, if you need to?	12%	14%
4.5	Is the food in this prison good/very good?	6%	19%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	56%

Key to tables

		Old wings (A, B, C and D)	New wings (E, F and G)
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.7	Are you able to speak to a Listener at any time, if you want to?	45%	68%
4.8	Are your religious beliefs are respected?	57%	49%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	55%	55%
4.10	Is it easy/very easy to attend religious services?	47%	57%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	71%	73%
5.3	Is it easy to make a complaint?	44%	46%
5.5	Have you ever been prevented from making a complaint when you wanted to?	37%	19%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	12%	26%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	49%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	54%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	16%	6%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	60%	84%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	67%	78%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	29%	32%
7.4	Do staff normally speak to you most of the time/all of the time during association?	19%	20%
7.5	Do you have a personal officer?	25%	35%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	58%	41%
8.2	Do you feel unsafe now?	28%	10%
8.4	Have you been victimised by other prisoners here?	43%	23%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	16%	6%
8.5	Hit, kicked or assaulted you?	14%	4%
8.5	Sexually abused you?	4%	1%
8.5	Threatened or intimidated you?	25%	7%

Key to tables

		Old wings (A,B,C and D)	New wings (E, F and G)
	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	Taken your canteen/property?	14%	6%
8.5	Victimised you because of medication?	8%	3%
8.5	Victimised you because of debt?	5%	8%
8.5	Victimised you because of drugs?	9%	4%
8.5	Victimised you because of your race or ethnic origin?	1%	1%
8.5	Victimised you because of your religion/religious beliefs?	1%	0%
8.5	Victimised you because of your nationality?	1%	2%
8.5	Victimised you because you were from a different part of the country?	0%	2%
8.5	Victimised you because you are from a traveller community?	1%	0%
8.5	Victimised you because of your sexual orientation?	1%	0%
8.5	Victimised you because of your age?	4%	2%
8.5	Victimised you because you have a disability?	8%	4%
8.5	Victimised you because you were new here?	6%	2%
8.5	Victimised you because of your offence/crime?	10%	2%
8.5	Victimised you because of gang related issues?	8%	3%
8.6	Have you been victimised by staff here?	41%	28%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	23%	9%
8.7	Hit, kicked or assaulted you?	10%	4%
8.7	Sexually abused you?	1%	1%
8.7	Threatened or intimidated you?	17%	12%
8.7	Victimised you because of medication?	8%	6%
8.7	Victimised you because of debt?	0%	0%
8.7	Victimised you because of drugs?	0%	3%
8.7	Victimised you because of your race or ethnic origin?	5%	2%
8.7	Victimised you because of your religion/religious beliefs?	3%	0%
8.7	Victimised you because of your nationality?	4%	3%
8.7	Victimised you because you were from a different part of the country?	3%	0%
8.7	Victimised you because you are from a traveller community?	3%	0%

Key to tables

		Old wings (A,B,C and D)	New wings (E,F and G)
	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		
8.7	Victimised you because of your sexual orientation?	1%	1%
8.7	Victimised you because of your age?	0%	1%
8.7	Victimised you because you have a disability?	3%	3%
8.7	Victimised you because you were new here?	10%	4%
8.7	Victimised you because of your offence/crime?	8%	3%
8.7	Victimised you because of gang related issues?	1%	0%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	15%	19%
9.1	Is it easy/very easy to see the nurse?	24%	46%
9.1	Is it easy/very easy to see the dentist?	1%	8%
9.4	Are you currently taking medication?	54%	68%
9.6	Do you have any emotional well being or mental health problems?	48%	44%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	24%	40%
10.2	Did you have a problem with alcohol when you came into this prison?	11%	23%
10.3	Is it easy/very easy to get illegal drugs in this prison?	51%	43%
10.4	Is it easy/very easy to get alcohol in this prison?	33%	10%
10.5	Have you developed a problem with drugs since you have been in this prison?	14%	10%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	7%	5%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	24%	28%
11.1	Vocational or skills training?	26%	32%
11.1	Education (including basic skills)?	44%	48%
11.1	Offending Behaviour Programmes?	10%	19%

Key to tables

	Any percentage highlighted in green is significantly better	Old wings (A, B, C and D)	New wings (E, F and G)
	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		
	Are you currently involved in any of the following activities:		
11.2	A prison job?	45%	45%
11.2	Vocational or skills training?	5%	7%
11.2	Education (including basic skills)?	20%	24%
11.2	Offending Behaviour Programmes?	3%	1%
11.4	Do you go to the library at least once a week?	21%	28%
11.5	Does the library have a wide enough range of materials to meet your needs?	40%	40%
11.6	Do you go to the gym three or more times a week?	17%	23%
11.7	Do you go outside for exercise three or more times a week?	60%	60%
11.8	Do you go on association more than five times each week?	55%	57%
11.9	Do you spend ten or more hours out of your cell on a weekday?	12%	5%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	20%	39%
12.2	Have you had any problems with sending or receiving mail?	60%	38%
12.3	Have you had any problems getting access to the telephones?	43%	25%
12.4	Is it easy/ very easy for your friends and family to get here?	33%	41%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	31%	29%
13.10	Do you have a needs based custody plan?	9%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	11%	6%

Diversity analysis



Key question responses (ethnicity and foreign national) HMP Chelmsford 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	Foreign national prisoners	British 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		21	153	20	157
1.3	Are you sentenced?	57%	69%	47%	69%
1.5	Are you a foreign national?	33%	8%		
1.6	Do you understand spoken English?	100%	98%	89%	99%
1.7	Do you understand written English?	90%	97%	78%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			37%	9%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	12%	20%	10%
1.1	Are you Muslim?	30%	1%	27%	3%
1.12	Do you consider yourself to have a disability?	15%	31%	35%	27%
1.13	Are you a veteran (ex-armed services)?	5%	11%	17%	11%
1.14	Is this your first time in prison?	38%	28%	45%	28%
2.6	Were you treated well/very well by the escort staff?	57%	66%	58%	66%
2.7	Before you arrived here were you told that you were coming here?	43%	75%	42%	73%
3.2	When you were searched in reception, was this carried out in a respectful way?	71%	84%	79%	82%
3.3	Were you treated well/very well in reception?	57%	64%	68%	62%
3.4	Did you have any problems when you first arrived?	86%	76%	68%	79%
3.7	Did you have access to someone from health care when you first arrived here?	67%	62%	72%	60%
3.9	Did you feel safe on your first night here?	52%	72%	68%	70%
3.10	Have you been on an induction course?	95%	85%	89%	85%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	42%	33%	18%	37%
4.4	Are you normally offered enough clean, suitable clothes for the week?	25%	51%	58%	46%
4.4	Are you normally able to have a shower every day?	80%	83%	89%	82%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	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?	25%	26%	18%	26%
4.5	Is the food in this prison good/very good?	5%	15%	11%	13%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	35%	52%	66%	48%
4.7	Are you able to speak to a Listener at any time, if you want to?	25%	63%	44%	60%
4.8	Do you feel your religious beliefs are respected?	65%	51%	78%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	45%	56%	61%	55%
5.1	Is it easy to make an application?	70%	74%	64%	74%
5.3	Is it easy to make a complaint?	11%	50%	39%	46%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	20%	46%	17%	46%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	20%	50%	34%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	16%	11%	11%	11%
7.1	Do most staff, in this prison, treat you with respect?	50%	75%	73%	72%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	47%	74%	68%	72%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	10%	20%	0%	21%
7.4	Do you have a personal officer?	40%	29%	28%	29%
8.1	Have you ever felt unsafe here?	55%	51%	37%	52%
8.2	Do you feel unsafe now?	35%	19%	27%	19%
8.3	Have you been victimised by other prisoners?	48%	32%	42%	32%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	24%	15%	16%	16%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	1%	5%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%	0%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	10%	1%	11%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	5%	6%	16%	4%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners
	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?	43%	34%	27%	36%
8.7	Have you ever felt threatened or intimidated by staff here?	5%	17%	11%	16%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	3%	5%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	1%	5%	1%
8.7	Have you been victimised because of your nationality? (By staff)	10%	2%	11%	3%
8.7	Have you been victimised because you have a disability? (By staff)	0%	4%	5%	3%
9.1	Is it easy/very easy to see the doctor?	15%	18%	28%	16%
9.1	Is it easy/ very easy to see the nurse?	40%	35%	44%	35%
9.4	Are you currently taking medication?	45%	65%	56%	62%
9.6	Do you feel you have any emotional well being/mental health issues?	33%	49%	50%	46%
10.3	Is it easy/very easy to get illegal drugs in this prison?	30%	51%	23%	50%
11.2	Are you currently working in the prison?	12%	48%	20%	47%
11.2	Are you currently undertaking vocational or skills training?	0%	6%	0%	7%
11.2	Are you currently in education (including basic skills)?	47%	18%	47%	19%
11.2	Are you currently taking part in an offending behaviour programme?	6%	1%	0%	3%
11.4	Do you go to the library at least once a week?	32%	25%	34%	24%
11.6	Do you go to the gym three or more times a week?	16%	21%	12%	21%
11.7	Do you go outside for exercise three or more times a week?	68%	59%	70%	60%
11.8	On average, do you go on association more than five times each week?	50%	57%	59%	56%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	0%	9%	0%	9%
12.2	Have you had any problems sending or receiving mail?	60%	47%	39%	49%
12.3	Have you had any problems getting access to the telephones?	39%	34%	39%	33%

Diversity Analysis



Key question responses (disability) HMP Chelmsford 2016

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		50	127
1.3	Are you sentenced?	62%	69%
1.5	Are you a foreign national?	14%	10%
1.6	Do you understand spoken English?	98%	98%
1.7	Do you understand written English?	96%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	6%	15%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	16%	10%
1.1	Are you Muslim?	4%	6%
1.12	Do you consider yourself to have a disability?		
1.13	Are you a veteran (ex-armed services)?	10%	12%
1.14	Is this your first time in prison?	16%	35%
2.6	Were you treated well/very well by the escort staff?	65%	65%
2.7	Before you arrived here were you told that you were coming here?	64%	72%
3.2	When you were searched in reception, was this carried out in a respectful way?	84%	81%
3.3	Were you treated well/very well in reception?	67%	62%
3.4	Did you have any problems when you first arrived?	96%	71%
3.7	Did you have access to someone from health care when you first arrived here?	66%	61%
3.9	Did you feel safe on your first night here?	59%	74%
3.10	Have you been on an induction course?	80%	88%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	30%	37%
4.4	Are you normally offered enough clean, suitable clothes for the week?	51%	47%
4.4	Are you normally able to have a shower every day?	89%	80%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Is your cell call bell normally answered within five minutes?	41%	20%
4.5	Is the food in this prison good/very good?	15%	13%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	51%	50%
4.7	Are you able to speak to a Listener at any time, if you want to?	61%	57%
4.8	Do you feel your religious beliefs are respected?	61%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	57%	55%
5.1	Is it easy to make an application?	74%	73%
5.3	Is it easy to make a complaint?	52%	43%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	39%	44%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	50%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	13%	11%
7.1	Do most staff, in this prison, treat you with respect?	75%	72%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	81%	68%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	28%	15%
7.4	Do you have a personal officer?	27%	31%
8.1	Have you ever felt unsafe here?	64%	46%
8.2	Do you feel unsafe now?	24%	19%
8.3	Have you been victimised by other prisoners?	48%	28%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	19%	15%
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%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	2%	2%
8.5	Have you been victimised because of your age? (By prisoners)	4%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	19%	1%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	46%	32%
8.7	Have you ever felt threatened or intimidated by staff here?	14%	15%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	0%
8.7	Have you been victimised because of your nationality? (By staff)	4%	3%
8.7	Have you been victimised because of your age? (By staff)	2%	1%
8.7	Have you been victimised because you have a disability? (By staff)	9%	2%
9.1	Is it easy/very easy to see the doctor?	30%	13%
9.1	Is it easy/ very easy to see the nurse?	41%	34%
9.4	Are you currently taking medication?	89%	52%
9.6	Do you feel you have any emotional well being/mental health issues?	84%	32%
10.3	Is it easy/very easy to get illegal drugs in this prison?	52%	46%
11.2	Are you currently working in the prison?	41%	45%
11.2	Are you currently undertaking vocational or skills training?	2%	8%
11.2	Are you currently in education (including basic skills)?	21%	22%
11.2	Are you currently taking part in an offending behaviour programme?	2%	3%
11.4	Do you go to the library at least once a week?	28%	24%
11.6	Do you go to the gym three or more times a week?	15%	22%
11.7	Do you go outside for exercise three or more times a week?	56%	63%
11.8	On average, do you go on association more than five times each week?	59%	55%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	14%	6%
12.2	Have you had any problems sending or receiving mail?	46%	49%
12.3	Have you had any problems getting access to the telephones?	23%	38%

Diversity analysis



Key question responses (veterans, Gypsy/ Romany/ Travellers) HMP Chelmsford 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	Consider themselves to be a Gypsy/ Romany/ Traveller	Do not consider themselves to be a Gypsy/ Romany/ Traveller
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	155	21	156
1.3	Are you sentenced?	55%	68%	48%	70%
1.5	Are you a foreign national?	15%	10%	20%	10%
1.6	Do you understand spoken English?	95%	99%	100%	98%
1.7	Do you understand written English?	90%	97%	86%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	6%	12%	5%	13%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	20%	10%		
1.1	Are you Muslim?	0%	5%	0%	6%
1.12	Do you consider yourself to have a disability?	25%	28%	40%	27%
1.13	Are you a veteran (ex-armed services)?			21%	10%
1.14	Is this your first time in prison?	45%	28%	33%	30%
2.6	Were you treated well/very well by the escort staff?	65%	66%	55%	67%
2.7	Before you arrived here were you told that you were coming here?	65%	71%	45%	73%
3.2	When you were searched in reception, was this carried out in a respectful way?	75%	83%	75%	83%
3.3	Were you treated well/very well in reception?	65%	64%	55%	65%
3.4	Did you have any problems when you first arrived?	85%	77%	80%	77%
3.7	Did you have access to someone from health care when you first arrived here?	42%	64%	70%	61%
3.9	Did you feel safe on your first night here?	50%	72%	67%	70%
3.10	Have you been on an induction course?	80%	86%	85%	86%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	37%	35%	27%	36%
4.4	Are you normally offered enough clean, suitable clothes for the week?	65%	46%	62%	47%
4.4	Are you normally able to have a shower every day?	85%	82%	81%	83%
4.4	Is your cell call bell normally answered within five minutes?	35%	25%	10%	28%

Diversity analysis

Key to tables

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4.5	Is the food in this prison good/very good?	0%	15%	15%	13%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	42%	51%	40%	52%
4.7	Are you able to speak to a Listener at any time, if you want to?	55%	58%	65%	58%
4.8	Do you feel your religious beliefs are respected?	53%	53%	47%	54%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	55%	56%	50%	56%
5.1	Is it easy to make an application?	64%	74%	76%	73%
5.3	Is it easy to make a complaint?	45%	46%	57%	44%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	45%	43%	27%	44%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	55%	45%	30%	47%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	12%	20%	10%
7.1	Do most staff, in this prison, treat you with respect?	65%	73%	67%	73%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	90%	69%	75%	72%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	15%	19%	15%	20%
7.4	Do you have a personal officer?	35%	29%	15%	32%
8.1	Have you ever felt unsafe here?	50%	51%	62%	49%
8.2	Do you feel unsafe now?	10%	21%	19%	20%
8.3	Have you been victimised by other prisoners?	40%	32%	43%	31%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	30%	14%	19%	16%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	1%	0%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%	0%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	5%	1%	0%	2%
8.5	Have you been victimised you are from a different part of the country than others? (By prisoners)			5%	1%
8.5	Have you been victimised because you are from a traveller community? (By prisoners)			5%	0%
8.5	Have you been victimised because of your age? (By prisoners)	0%	3%	0%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	5%	5%	15%	5%

Diversity analysis

Key to tables

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8.6	Have you been victimised by a member of staff?	50%	34%	43%	34%
8.7	Have you ever felt threatened or intimidated by staff here?	15%	15%	24%	13%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	3%	0%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%	5%	1%
8.7	Have you been victimised because of your nationality? (By staff)	15%	1%	10%	3%
8.7	Have you been victimised you are from a different part of the country than others? (By staff)			5%	1%
8.7	Have you been victimised because you are from a traveller community? (By staff)			10%	0%
8.7	Have you been victimised because of your age? (By staff)	10%	0%	0%	1%
8.7	Have you been victimised because you have a disability? (By staff)	5%	3%	10%	3%
9.1	Is it easy/very easy to see the doctor?	20%	17%	20%	17%
9.1	Is it easy/ very easy to see the nurse?	47%	34%	29%	37%
9.4	Are you currently taking medication?	45%	65%	57%	62%
9.6	Do you feel you have any emotional well being/mental health issues?	25%	49%	60%	44%
10.3	Is it easy/very easy to get illegal drugs in this prison?	40%	48%	65%	45%
11.2	Are you currently working in the prison?	47%	44%	47%	43%
11.2	Are you currently undertaking vocational or skills training?	11%	6%	6%	6%
11.2	Are you currently in education (including basic skills)?	16%	22%	18%	22%
11.2	Are you currently taking part in an offending behaviour programme?	11%	2%	0%	3%
11.4	Do you go to the library at least once a week?	35%	23%	30%	25%
11.6	do you go to the gym three or more times a week?	16%	21%	11%	21%
11.7	Do you go outside for exercise three or more times a week?	68%	60%	47%	62%
11.8	On average, do you go on association more than five times each week?	47%	56%	50%	57%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	0%	9%	6%	8%
12.2	Have you had any problems sending or receiving mail?	37%	50%	45%	49%
12.3	Have you had any problems getting access to the telephones?	21%	35%	40%	33%