

Report on an unannounced inspection of

HMP Onley

by HM Chief Inspector of Prisons

25 July – 5 August 2016

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



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This publication is available for download at: <http://www.justiceinspectorates.gov.uk/hmiprisons/>

Printed and published by:
Her Majesty's Inspectorate of Prisons
Victory House
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30–34 Kingsway
London
WC2B 6EX
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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 Onley is a category C male training and resettlement prison situated in a rural setting near Rugby. At the time of the inspection it held around 740 prisoners. Since it was last inspected in 2012, it had been designated as a resettlement prison for Greater London, which undoubtedly had a significant impact on the prison in terms of the changed nature of its population. The prison's distance from London had an impact on prisoners and their families because of the difficulties this presented in arranging visits.

This inspection found that there had been a dramatic decline in standards at Onley since the last inspection, particularly in the area of safety, where at the last inspection our healthy prison assessment was good. On this occasion the inspection found that outcomes for prisoners in the area of safety were poor, the lowest possible judgement. Quite simply, in the space of just four years Onley had become an unsafe prison. The number of assaults had nearly tripled, and was far higher than at similar prisons.

Despite the enormous rise in violence, not enough had been done to understand and analyse the causes. Staff gave various explanations, including the change of prisoner population and gang-related issues that they brought with them, the impact of new psychoactive substances (NPS), and the impact of reductions in staff numbers. However, in practice, there had been far too little detailed analysis of trends, root causes or intelligence relating to the violence. A massive backlog of security-related information reports undermined any proactive approach. There was no comprehensive violence reduction or drug supply reduction strategy. The existing one did not specifically address the problem of NPS, which was difficult to understand given the impact it was having in the prison. A new violence management model had not yet been fully embedded, and in any event the delays in processing intelligence reports would make meaningful response impossible.

As at many prisons, we were asked to take account of the impact of benchmarking and staff shortages. It was certainly the case that staff shortages contributed to the restricted regime that operated at Onley, and this had a direct impact on the ability of prisoners to access activities, learning and training. In addition, the cross-deployment of offender supervisors meant that in many cases contact with prisoners was severely limited. Most prisoners did not have an up-to-date offender assessment system (OASys) assessment. Many prisoners were denied the opportunity to progress, despite the good quality and wide range of learning and training opportunities that were available at the prison.

The challenge for the management team at Onley is to find ways to halt the decline, and there are clear lessons to be learned from what the inspection revealed about the reactive approach that had been taken to too many issues. There was a clear need for the leadership of the prison to get a grip of the problems facing them and move away from merely reacting to events. Of course staff shortages have had an impact on many areas of service delivery, but they did not offer an excuse for a decline in standards of the severity that we found. There was actually much good work being done at Onley, which was reflected in this report.

It is only fair to point out that not every problem has a local solution. For instance, the problem with the lack of OASys reports largely sits with prisons in London which are transferring prisoners without the assessments having been completed. Staff from Onley have tried to address this, but without success.

If the decline at Onley is to be halted, the leadership of the prison need to develop plans to address the areas of greatest challenge and accept both individual and collective responsibility for delivering them. They should also take the recommendations of this report seriously. At the last inspection in 2012 HMI Prisons made 51 recommendations. We found on this inspection that a mere 16 of those

recommendations had been fully achieved. With such a poor response to independent inspection, perhaps it was inevitable that there would be a sharp decline in standards.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

September 2016

Fact page

Task of the establishment

HMP Onley is a category C male training and resettlement prison.

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

Public

Region/Department

London and Thames Valley

Number held

734

Certified normal accommodation

742

Operational capacity

742

Date of last full inspection

18–22 June 2012

Brief history

Built as a Borstal in 1968, Onley held young offenders until 1998, when its role was expanded to hold juveniles. The juvenile population was replaced by sentenced young adults and adults in March 2004. The prison became an adult category C training establishment in March 2010. From 2013, it was designated as a resettlement prison for Greater London.

Short description of residential units

A, B, C, D and E wings each hold 60 prisoners

F wing is the segregation unit, consisting of 15 cells

G wing is the resettlement wing, holding 60 prisoners

H wing is the first night and induction unit, holding 60 prisoners

I wing holds 100 prisoners

J and K wings each hold 76 prisoners

L wing, the enhanced wing, holds 70 prisoners

Name of governor

Craig Smith (acting governor)

Escort contractor

GeoAmey

Health service provider

Northamptonshire Healthcare NHS Foundation Trust

Learning and skills providers

Novus/The Manchester College

Independent Monitoring Board chair

Patricia Leggett

Community rehabilitation company (CRC)

London CRC, on behalf of MTC Novo

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 was welcoming and good support was provided by peer workers. First night and induction processes were weak. Too many prisoners felt unsafe. Levels of violence had increased sharply and were high but too little was done to make the prison safer. Level of self-harm had increased but the care for prisoners at risk of harm was not consistently good. Security arrangements were undermined by a huge backlog of intelligence reports. Drugs were easily available but supply reduction was weak. Use of adjudications, force and segregation was high. Management oversight of use of force was poor. Support for substance misusers was reasonably good. **Outcomes for prisoners were poor against this healthy prison test.**

S2 At the last inspection in 2012 we found that outcomes for prisoners in HMP Onley were good against this healthy prison test. We made 14 recommendations in the area of safety. At this follow-up inspection we found that five of the recommendations had been achieved, one had been partially achieved and eight had not been achieved.

S3 Most prisoners came from London local prisons, a journey of approximately two hours. The vans we examined were dirty.

S4 The prison's reception area was spacious and clean. Reception procedures were efficient and staff were welcoming to new arrivals, but we observed prisoners waiting for a long time before moving to the first night wing. Good information, support and reassurance were provided by peer workers, who met all new arrivals. Confidential interviews with a first night officer focusing on safety did not always take place. First night cells were clean but did not contain all essential equipment, such as kettles, chairs and pillows. In our survey, fewer prisoners than elsewhere and than at the time of the previous inspection said that they had felt safe on their first night.

S5 General induction processes were poor. There was no formal input to ensure that prisoners were provided with and understood essential information about the prison.

S6 In our survey, far more prisoners than at similar prisons and than at the time of the previous inspection said that they felt unsafe. Levels of violence had risen sharply, with the number of assaults on prisoners and staff nearly tripling since the previous inspection, and were far higher than we see elsewhere. Staff attributed the increase in violence to the newer London prisoners, associated gang issues, use of new psychoactive substances (NPS; new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects) and associated debts, but little work had been done to analyse the trends, understand the root causes and tackle these problems. Despite the huge increase in violence, there was no up-to-date violence reduction action plan and there were no victim support plans. The safer custody team was aware of the few prisoners who felt particularly unsafe and had chosen to isolate themselves, rarely leaving their cells, but had no substantive plan to reintegrate these men into normal prison life. The prison was piloting a new custodial violence management model to tackle bullying but this was not properly resourced, embedded or publicised. The weekly multidisciplinary 'stability meeting' was a well-structured, important innovation which addressed violent incidents. However, the delays in processing intelligence reports compromised its effectiveness.

- S7 There had been one self-inflicted death since the previous inspection. Levels of self harm had increased considerably but there was little analysis of patterns and trends. The number of assessment, care in custody and teamwork (ACCT) case management documents opened for prisoners at risk of suicide or self-harm was far higher than at similar prisons and almost double the number at the time of the previous inspection. The quality of ACCT documentation was reasonable, with some comprehensive assessments, but too much recorded contact was observational and issues which had led to crisis were not always addressed effectively. Care for prisoners most at risk was managed effectively through the stability meeting. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were well supported and they told us that access to them was good, which contradicted the findings from our survey.
- S8 The security department received a relatively high number of intelligence reports but, with a huge backlog, security information was significantly out of date. This undermined some of the good work we saw, such as a regular newsletter to staff and a well-structured monthly security committee meeting. Although the prison suspected that the change to a London population had seen a rise in gang-associated violence, they had not conducted any analysis to understand the complex affiliations and tensions, and therefore had no coherent strategy. Intelligence reports and finds indicated that illicit drugs, particularly cannabis and NPS, were easily available, and in our survey more than half of prisoners said that it was easy to get illegal drugs. There had been a large number of NPS-related medical emergencies in the previous seven months. Despite this, the supply reduction strategy did not explicitly address NPS and there was no clear, regularly reviewed action plan. The random mandatory drug testing (MDT) positive rate was relatively high, and did not reflect the true level of drug use as it did not detect NPS. Frequent staff redeployment meant that most prisoners suspected of taking drugs were not tested, which made MDT even less effective as a deterrent.
- S9 The number of adjudications had increased sharply and was relatively high. Some could have been dealt with more appropriately using the incentives and earned privileges scheme.
- S10 Levels of use of force had increased considerably, and were far higher than at similar prisons. There had been no analysis to identify trends or take action to reduce the level of force used. Management oversight of use of force was very poor. The committee had not met for many months and much of the paperwork relating to incidents was missing or incomplete, so we were unable to judge whether force was always necessary or had been used appropriately. Recordings of planned incidents were not routinely reviewed by managers and the use of special accommodation was not accurately recorded.
- S11 Use of segregation had increased and was relatively high. The segregation unit environment was adequate and some improvements had been made to the regime and to the cells, although most cells contained graffiti. The exercise yards were bleak. Few prisoners were held in segregation for long periods and many returned to normal location. Staff–prisoner relationships on the unit were good and staff knew the prisoners in their care well.
- S12 For prisoners with substance misuse issues, the psychosocial substance misuse service offered a wide range of support, and access to it had improved, although staffing shortages restricted some aspects of provision. The demand for opiate substitution treatment had reduced considerably but clinical management remained generally individualised and flexible.

Respect

S13 *The prison grounds were often littered, despite regular cleaning. Most communal areas and cells were clean but clothing and equipment were often in short supply. Staff–prisoner relationships were reasonably good. Equality and diversity lacked senior leadership and direction, although outcomes for most protected characteristics were good. Faith provision was comprehensive. Complaint forms were not freely available but the quality of responses was appropriate. Health services were reasonably good. Prisoners were dissatisfied with the food served. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S14 *At the last inspection in 2012 we found that outcomes for prisoners in HMP Onley were reasonably good against this healthy prison test. We made 16 recommendations in the area of respect.² At this follow-up inspection we found that seven of the recommendations had been achieved, two had been partially achieved and seven had not been achieved.*

S15 Despite regular clearing, many outside areas were consistently littered with rubbish thrown from cell windows. Internal communal areas were mostly clean and well maintained, although some showers were dirty and poorly screened. Cellular accommodation varied widely, from the newer enhanced wing, with in-cell showers, to shabby and dingy cells on the older wings. Prison clothing, televisions and kettles were often in short supply, and cleaning material stocks rarely lasted until the next delivery. Prisoner information desks, run by peer workers, were a useful initiative. Applications were not tracked and fewer prisoners had confidence in the system than at the time of the previous inspection.

S16 In our survey, most prisoners, although fewer than at the time of the previous inspection, said that staff treated them respectfully. The interactions we observed were polite and helpful, although we saw a lack of challenge of some poor behaviour. Electronic case notes were among the best we have seen and provided a clear picture of the prisoner's behaviour and activities. Consultation arrangements were adequate and were facilitated via the monthly prisoner council meeting.

S17 There was a lack of senior leadership and strategic direction in equality and diversity. Equality meetings were poorly attended and there was no policy or action plan. Too many discrimination incident report forms (over 30) had not been responded to, some dating back to 2015. The quality of some responses was inadequate. Equality monitoring data were too limited and showed anomalies across a range of areas, although some investigation work was being undertaken.

S18 Prisoner forums took place for some minority groups and had a positive impact for these prisoners. Around 60% of the population were from a black and minority ethnic background, and in our survey they reported similarly to white prisoners about their treatment, although there was no specific support or consultation available for them. There were few foreign national prisoners at the establishment and they were transferred quickly to nearby prisons that provided dedicated services. Older prisoners and those with disabilities received good individual support and had access to regular forums. Emergency evacuation plans were of a good quality, although not all staff knew where to find them. Gay, bisexual and transgender prisoners received appropriate support on an individual basis.

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.

- S19 Provision for all faiths was satisfactory and the chaplaincy team was well integrated into the prison regime. Faith facilities were good and the chaplaincy provided a suitable range of additional faith activities and regular celebrations of religious festivals for all faith groups.
- S20 Complaint forms were not freely available on most wings. Prisoners lacked confidence in the complaints system but the quality assurance of responses was good, and the complaints we reviewed had been answered promptly and appropriately.
- S21 Health care provision was reasonably good overall. Partnership working was effective and clinical governance was adequate. The service had experienced staffing difficulties in all teams owing to vacancies and sickness, although this had been mitigated to some extent by the use of regular agency staff. There was an appropriate range of primary care services, with good access to a GP and a variety of nurse-led clinics, although waiting times for some services were too long. Long-term conditions were well managed. Too many external hospital appointments were rescheduled owing to emergencies and the lack of available escort staff. The management of medicines was reasonable but medicine administration queues were long, some prisoners did not receive their medication at therapeutic times, and in-possession practice was inconsistent. Dental provision was good and waiting times had decreased and were acceptable. The integrated mental health team provided a good and responsive service, with access to a range of therapeutic groups. The Care Quality Commission (CQC) found there were no breaches of the relevant regulations.³
- S22 Prisoners and staff reported, and we concurred, that the food served was often of poor quality. Portion size was inconsistent and staff supervision of the food queue was limited. Serveries were adequately clean but food trolleys were filthy.

Purposeful activity

S23 *Chronic staff shortages had resulted in a restricted regime and reduced time unlocked, leaving many prisoners locked up for too long. The leadership and management of learning and skills and work activities required improvement. The range of provision had increased but key training was yet to be introduced. There were sufficient activity places for most of the population. Attendance and punctuality were often poor. The quality of teaching and learning was good. Too few activities attracted accreditation but those who took qualifications achieved well. Library services were reasonably good. Access to PE was problematic. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S24 *At the last inspection in 2012 we found that outcomes for prisoners in HMP Onley were reasonably good against this healthy prison test. We made 10 recommendations in the area of purposeful activity. At this follow-up inspection we found that three had been achieved, four had been partially achieved and three had not been achieved.*

S25 The amount of time out of cell for most prisoners had reduced to around eight and a half hours a day on weekdays but for some this was much less, and could be as little as three hours a day. As a result of chronic staff shortages, a restricted regime had been in place for two years. This had routinely reduced the amount of time unlocked, particularly at weekends, when prisoners were often locked up for 26 hours at a time. In our roll checks, we found over 30% of prisoners locked in cells, which was too many for a category C prison

³ 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>.

and far higher than at the time of the previous inspection. The regime regularly ran late, often as a result of delays in the administration of medication and incidents on the wings.

- S26 The management of learning and skills required improvement. Since the previous inspection, productive employer partnerships had extended the variety of learning and skills and work activities. The range of education and training provision was wide but did not fully meet all prisoners' resettlement needs. There were sufficient activity places for most of the population but attendance had declined and we found only around 60% of prisoners engaged in activities at any one time. Too many prisoners were unemployed. Training facilities were often closed or session sizes reduced, and other regime activities, such as the gym, were given priority over learning and work. Session punctuality required improvement. Quality assurance processes were leading to improvements but the quality improvement group did not focus sufficiently on raising standards. Support to improve learners' English and mathematics skills outside of classroom settings was not always effective. Vocational training progression routes were limited and wing workers and orderlies were often under-employed.
- S27 The quality of taught classroom sessions was good, particularly in mathematics. The quality of teaching and learning in vocational training was generally of a good standard. Trainers in vocational and production workshops did not consistently reinforce prisoners' understanding of employment-related health and safety practice.
- S28 Prisoners' conduct during education sessions was good and they demonstrated an appropriate mutual respect for each other and for staff. In other provision, we observed too much boisterous and inappropriate behaviour in workshops. The development of prisoners' work ethic was not consistently good enough to support successful resettlement. Not all prisoners developed a positive and productive attitude to learning.
- S29 For prisoners taking accredited qualifications, achievement was generally high but too few activities attracted accreditation. Learners in education classes made good progress. Vocational skills development was adequate but not all learners developed the standards required to sustain employment. Learners were not challenged effectively to reach higher levels of English and mathematics once they had achieved level 1.
- S30 The well-stocked library met the needs of the population. Access was good but information on library usage was too limited to check if the use of these facilities was equitable for all prisoners.
- S31 The PE department offered good indoor facilities that were well managed. However, access for prisoners was too often curtailed or cancelled owing to PE staff redeployment. The overall participation rate was low. Links with the health care department were good, and used well to provide remedial PE, including for specific groups. A limited range of accredited PE programmes was offered.

Resettlement

S32 *The effectiveness of offender management was critically undermined by the cross-deployment of offender supervisors. Offender supervisor contact with prisoners was very limited. Most prisoners did not have an up-to-date offender assessment system (OASys) assessment, which severely affected their ability to progress. Basic public protection processes were sound but other risk management arrangements were weak. Reintegration planning was reasonably good. Support for prisoners across the resettlement pathways was mostly good, especially the good advice and assistance provided to address family relationships. Not enough was done to help prisoners with financial issues and to assist with visits travelling arrangements. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S33 *At the last inspection in 2012 we found that outcomes for prisoners in HMP Onley were reasonably good against this healthy prison test. We made 11 recommendations in the area of resettlement. At this follow-up inspection we found that three of the recommendations had been achieved, four had been partially achieved and four had not been achieved.*

S34 The strategic oversight and management of resettlement was limited. The reducing reoffending strategy did not include up-to-date information about the work of the community rehabilitation company (CRC) and, despite changes to the population, there had been no recent needs analysis. Attendance at the monthly reducing reoffending committee meeting was variable and there was no action plan against which to track progress.

S35 The prison held a reasonably high-risk population, with well over half of all prisoners serving sentences of over four years and a substantial proportion presenting a high risk of harm. However, staff shortages, resulting in the cross-deployment of offender supervisors, were problematic and severely limited the effectiveness of offender management. Half of the population did not have an up-to-date OASys assessment, which significantly affected their opportunity to progress. Offender supervisor contact with prisoners had deteriorated considerably, even in high-risk cases. While the quality of sentence planning was generally adequate, many risk management plans were poor. Too many home detention curfew assessments were completed late.

S36 For prisoners who presented with public protection concerns, screening on arrival was adequate, and mail and telephone monitoring was used appropriately. The interdepartmental risk management team meeting was of limited value and too many prisoners due for release did not have a clear multi-agency public protection arrangements (MAPPA) level. Information exchange between the CRC and the offender management unit (OMU) was underdeveloped, which potentially hindered good risk management.

S37 Prisoners who did not have an OASys assessment were denied progression to category D and many categorisation reviews were late. Too little attention was given to prioritising progressive moves.

S38 About 35 prisoners a month were released into the community. CRC provision had developed well, with some good resettlement plans and referral mechanisms in place. G wing, as a dedicated resettlement wing, was a promising development which further promoted access to resettlement services.

S39 A range of accommodation advice and support was provided. Around 9% of prisoners were released homeless or without stable accommodation, which was similar to the figure at the time of the previous inspection.

- S40 Help for prisoners to find employment, training or education on release was developing well. There were strong partnership arrangements to support prisoners to make appropriate choices on arrival at the prison and to provide focused support before release. However, as yet, too few prisoners were benefiting from interventions such as CV writing, and the virtual campus (internet access for prisoners to community education, training and employment opportunities) was not available to be used for job search.
- S41 Health care discharge planning was timely and appropriate, and arrangements for patients with palliative or end-of-life needs were good. For prisoners with substance misuse issues, pre-discharge planning was generally good; liaison with the OMU was ad hoc but links with the CRC were improving.
- S42 A substantial number of prisoners arrived with financial worries but debt advice was limited to a telephone advice service. Prisoners were helped to open a bank account before release.
- S43 Although public transport services to the prison were very limited, and most prisoners were a long distance from home, making visits difficult for many, nothing was being done to assist with travelling arrangements. Visits regularly started late. Visitors centre staff provided good support, particularly for new visitors. Excellent support was provided by the Family Advice and Support Team (FAST) social worker, who assisted prisoners in maintaining and re-establishing family relationships and provided a parenting course. Good-quality, monthly family visits were provided.
- S44 The range of offending behaviour accredited programmes was adequate but too few groups were delivered to meet need on some programmes. The Sycamore Tree victim awareness programme was well used and Phoenix Futures delivered a wide range of interventions to support changes in attitudes, thinking and behaviour.

Main concerns and recommendations

- S45 Concern: Too many prisoners felt unsafe. Levels of violence had increased dramatically and were much higher than at similar prisons. Yet, the strategic management of safety was weak and there was little analysis of violent incidents or action taken to make the prison safer. Perpetrator and victim management processes were not fully implemented.

Recommendation: Robust strategic action should be taken to reduce levels of violence and make the prison safer. This should include an analysis of violent incidents; a local violence reduction strategy, with associated action plans; and improved violence management and victim support processes which are well known to all staff and implemented reliably.

- S46 Concern: Security intelligence was not fully analysed promptly to determine the action to be taken. The backlog of analysis of intelligence reports risked missing opportunities to detect and disrupt a range of issues, including the supply of drugs and violence.

Recommendation: Security intelligence should be promptly and fully analysed, and effective action taken in response to the concerns identified.

- S47 Concern: Drugs, particularly cannabis and NPS, were easily available, and in our survey more than half of prisoners said that it was easy to get illegal drugs. Despite this, the supply reduction strategy did not explicitly address NPS and there was no clear regularly reviewed action plan.

Recommendation: A comprehensive drug supply reduction strategy and action plan should be implemented.

- S48 Concern: Too little priority was given to learning and skills and work. Despite having sufficient activity places for most of the population, too many prisoners were unemployed and, for those allocated an activity, attendance and punctuality were poor. Training places were often closed and other regime activities, such as the gym, often interrupted the working day.

Recommendation: All available activity places should be filled and prisoners should attend on time. Activity places should not be closed and other regime activities, including the gym, should not interrupt the working day.

- S49 Concern: Too many prisoners arrived at Onley, mostly from London local prisons, without a completed OASys or sentence plan, which meant their risks were not assessed, targets were not identified and prisoners' progression through their sentence was hindered.

Recommendation: All prisoners transferring from local prisons should have a comprehensive offender assessment system (OASys) assessment and plan.

- S50 Concern: Offender supervisors did not review the OASys and sentence plan often enough and contact was limited, which failed to motivate prisoners consistently towards progression.

Recommendation: All prisoners should have an up-to-date OASys assessment and sentence plan. Contact between prisoners and offender supervisors should be regular and meaningful, and should encourage and monitor progress against targets and actions to reduce offending.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1** Most prisoners came from London local prisons, with journeys of approximately two hours. They were provided with food and drink on their journeys. In our survey, fewer respondents than at comparator establishments and than at the time of the previous inspection said that the escort van had been clean. Those we examined were dirty inside, and most cellular compartments contained graffiti. The escort records we examined contained relevant information about risk.

Recommendation

- I.2 Accommodation in escort vans should be clean and free of graffiti.**

Early days in custody

Expected outcomes:

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

- I.3** Prisoners were disembarked from escort vans promptly and subjected to minimal searching on entry to the reception area, unless there were security concerns.
- I.4** The reception area was spacious, holding rooms were clean and interviews with prisoners were held in private. Staff in reception were welcoming and patient, and procedures were carried out efficiently. Newly arrived prisoners were provided with food and drinks. Prisoner mentors provided initial information about the prison, and a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) spoke to new receptions in private.
- I.5** In our survey, prisoners reported more positively than elsewhere about the provision of tobacco, a shower, PIN telephone credit and toiletries on arrival. New arrivals were offered a reception pack (a grocery pack which usually contains basic food and drink items such as tea, milk, sugar, and tobacco or sweets). Telephone credit was offered, and prisoners were able to make a telephone call on the first night/induction wing.
- I.6** We observed new prisoners waiting too long in reception before being collected by the first night/induction wing staff. During the inspection, a group who arrived at 1.15pm was not moved to the induction wing until 5.30pm. In our survey, only 54% of respondents said that they had been in reception for less than two hours.
- I.7** The first night procedures we observed were chaotic because staff failed to apply the prison's prescribed processes. The first night interview, which focused on safety, did not take place in reception, where it would have been held in private, and staff on the induction wing

were unsure what was required. In half of the induction files we examined, the first night interview had not been completed. Some prisoners arrived too late to receive an evening meal, so were given sandwiches. First night accommodation was clean but the cells were not equipped adequately, with some missing a kettle, a chair and a pillow.

- I.8** There were no enhanced observations of new arrivals on their first night, and night staff did not know where they were located. In our survey, fewer prisoners than elsewhere and than at the time of the previous inspection said that they had felt safe on their first night (73% versus 81% and 87%, respectively).
- I.9** The induction programme was a piecemeal process, consisting of just a booklet which the first night officer was supposed to explain. There was no group session with new arrivals. In the files we examined, only 30% of inductions had been completed. In our survey, far fewer prisoners than elsewhere and than at the time of the previous inspection said that the induction programme had covered everything they needed to know (38% versus 60% and 63%, respectively). Although 73% of respondents to our survey said that they had had problems on arrival, there was no process for attending to prisoners' immediate needs, and only 25% of those with such issues said that they had received any help or support from staff in dealing with them.
- I.10** A gym induction and an assessment of learning and skills were provided during prisoners' first week at the establishment, and most moved to other wings within two weeks.

Recommendations

- I.11 New arrivals should be moved from reception to their first night accommodation as soon as possible.** (Repeated recommendation I.13)
- I.12 Accommodation for new arrivals should be equipped adequately and there should be procedures to check on their safety during their first night.**
- I.13 All new arrivals should receive a private first night interview, and attention should be given to their immediate problems.**
- I.14 The induction programme should be enhanced to ensure that all prisoners receive full information about the prison.**

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** Levels of violence had risen sharply since the previous inspection, with the number of assaults on prisoners and staff increasing from 54 to 140 in a six-month period, and were far higher than we see elsewhere. While recent violent incidents on the wings had been logged, staff could not be certain that all serious assaults had been recorded correctly as such, so these were likely to have been under-reported. In our survey, far more prisoners than at similar prisons and than at the time of the previous inspection said that they felt unsafe, both currently (22% versus 15% versus 15%, respectively) and at some time during their stay at

the establishment (44% versus 37% versus 34%, respectively) (see main recommendation S45).

- I.16** Staff attributed the rise in violence to an increase in the number of prisoners from the London area, associated gang issues, the increased use of new psychoactive substances (NPS; new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects), especially 'spice', and drug-related debts. However, the safer custody team had not carried out an analysis to identify the trends, understand the complex causes of the violence and develop a coherent strategy to tackle these problems. Links between the safer custody and security teams were underdeveloped (see main recommendation S45).
- I.17** Despite the increase in violence, too little was being done to make the prison safer. There was no up-to-date violence reduction action plan and there were no victim support plans. No member of the safer custody team, prisoner representatives or wing staff had specific responsibility for violence reduction. The safer custody team was aware of the few prisoners who felt particularly unsafe and had chosen to isolate themselves, rarely leaving their cells, but had no substantive plan to reintegrate these men into normal prison life (see main recommendation S45).
- I.18** The prison had begun piloting a new custodial violence management model to tackle bullying. However, this project was in its infancy and was not properly resourced, embedded or publicised, which compromised its effectiveness. The scheme was not publicised, either on the wings or during the induction process, so prisoners were not told about practical steps to report bullying or the consequences for perpetrators (see main recommendation S45).
- I.19** The weekly multidisciplinary 'stability meeting', which supported prisoners with complex needs, looked at all violent incidents, self-isolators and unexplained injuries, and was well structured. However, the delays in processing security intelligence compromised its effectiveness (see main recommendation S45).

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.20** Levels of self-harm had increased considerably and were high, with 174 incidents in the previous six months, which was far higher than we usually see at similar prisons. Incidents were reported to the monthly safer custody meeting. Safer custody staff attributed the increase in self-harm to bullying, debt, distance from home and mental health problems but had carried out insufficient analysis to understand it fully and begin to tackle it.
- I.21** The number of assessment, care in custody and teamwork (ACCT) case management documents opened had almost doubled since the previous inspection, from 82 to 158 in a six-month period, and was far higher than at similar prisons. The ACCT documentation we examined was mostly reasonable, with some thorough care plans reflecting the concerns identified. In many reviews, there was a consistent case manager, and mental health staff attended when required. However, too many entries in the contact logs reflected inadequate interaction with the prisoner, and we found some prisoners subject to ACCT management whose needs were not being met, despite good planning. The issues which had led to their crisis were not always addressed effectively and objectives were not completed on time. A

prisoner safer custody representative visited prisoners on ACCTs, which was a valuable support, but his interactions had not been recorded adequately.

- I.22** Since the previous inspection, there had been one self-inflicted death and one due to natural causes. The Prisons and Probation Ombudsman's report into the self-inflicted death had been critical of key procedures, and the prison's action plan in response had addressed these concerns. Although the action plans were not kept under review at the safer custody meeting, we found that the actions were embedded in practice.
- I.23** Serious incidents of self-harm were investigated and improvements in practice were identified. However, there was no clear process for ensuring that recommendations were implemented.
- I.24** There was a weekly stability meeting (see paragraph I.19), attended by safer custody, mental health, security, psychology and offender management staff, to address the needs of prisoners who were most at risk or presented a risk to others. This was a good initiative, with effective actions to support individuals.
- I.25** In our survey, only 41% of prisoners said that they could speak to a Listener at any time, which was worse than the comparator and than at the time of the previous inspection. However, there were sufficient Listeners, and they told us that they had not experienced difficulties in seeing prisoners, and that they were well supported. There were no dedicated Listener suites (except in reception) but these were planned.

Recommendation

- I.26 The reasons for the increased number of self-harm incidents should be analysed and strategic action taken to reduce it.**

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.⁴

- I.27** The prison had developed an adult safeguarding policy, and a prison manager was a member of the Northampton Adult Safeguarding Board. Staff we spoke to were aware of internal processes to protect and care for prisoners who were vulnerable to abuse or exploitation. However, staff had not been trained in adult safeguarding procedures or in making a referral to the local authority.

⁴ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

- I.28** Reflecting the rise in violence (see section on bullying and violence reduction), the number of intelligence reports received by the security department had increased by 50% and was far higher than we usually see. Staff were overwhelmed and there was a backlog of over 400 intelligence reports to be processed, which meant that security information was a month out of date. This undermined some of the good work we saw, such as a regular newsletter to staff and a well-structured monthly security committee meeting.
- I.29** Although the prison believed that the rise in violence and disorder was the result of an increase in the number of prisoners from London and associated gang activity (see paragraph I.16), the security department had not conducted an up-to-date analysis to understand the complex affiliations and tensions, and therefore had no coherent strategy to address the issue. A previous initiative had been abandoned several months earlier, and potentially useful information about gang members received from the Metropolitan Police was not exploited. The head of security had only recently begun meeting London prison managers to understand the complex prisoners that the establishment was now receiving (see main recommendation S46).
- I.30** The security department communicated monthly security objectives to managers but received little feedback about outcomes, which seriously compromised their efforts. The number of closed visits was relatively high. These were initially imposed appropriately, to disrupt the supply of drugs, but were then routinely continued without any new supporting intelligence recorded to justify the decision. The practice of strip-searching 10% of prisoners at the end of visits sessions, and all on entry to the segregation unit, without supporting intelligence, continued. A large number of cell searches, requested on the basis of intelligence, were not completed and finds had not been analysed to identify trends.
- I.31** Staff and prisoner reports, and finds, indicated that illicit drugs, particularly cannabis and NPS, were easily available. In our survey, more prisoners than at comparator establishments and than at the time of the previous inspection said that it was easy to get illegal drugs in the prison (56% versus 42% and 22%, respectively) and that they had developed a drug problem there (13% versus 10% and 6%, respectively). Health services staff had attended 137 spice-related medical emergencies, involving 73 individuals, in the previous seven months. Despite this, the supply reduction strategy did not explicitly address NPS and there was no clear, regularly reviewed action plan (see main recommendation S47). All staff received regular NPS awareness and anticorruption training.
- I.32** The random mandatory drug testing (MDT) positive rate was higher than at similar prisons, at 10.36% for the six months to May 2016, but under-represented actual drug use as it did not detect NPS. The effectiveness of MDT as a deterrent was further reduced because frequent staff redeployment meant that random testing was not distributed evenly throughout the month, and only 14 of the 196 suspicion tests requested in the previous seven months had been completed. Most prisoners tested positive for cannabis. The MDT facilities were satisfactory, except for the holding rooms, which contained high levels of graffiti.

Recommendations

- I.33** Closed visits should only be continued each month if there is clearly documented, up-to-date intelligence to support the decision.
- I.34** Prisoners should only be strip-searched on the basis of intelligence or specific suspicion. (Repeated recommendation, I.39)
- I.35** The mandatory drug testing programme should be sufficiently resourced to undertake all types of testing within the required timescales.

Incentives and earned privileges⁵

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.36** The IEP scheme operated reasonably well. Although a relatively large number of prisoners were on the basic level, we were satisfied that, in the cases we examined, this was proportionate. Those on the basic level could attend work and education, and few remained on this level of the scheme for long periods.
- I.37** Review boards were timely but often consisted only of a supervising officer, basing their decision on case notes, with little or no consultation with wing staff or involvement of the prisoner.
- I.38** There were few incentives to achieve the enhanced level of the scheme. The offer of more visits was not meaningful for most prisoners because of their distance from home.

Recommendation

- I.39** Review boards should include wing staff and, wherever possible, the prisoner should be able to make representations.

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.40** The number of adjudications was far higher than at comparator prisons and than at the time of the previous inspection. Adjudications were monitored at the quarterly segregation monitoring and review group meetings and the governor carried out quality assurance

⁵ 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.

checks monthly. The percentage of adjudications that were dismissed had reduced since the previous inspection, to about 8%. At the time of the inspection, there were over 100 remanded adjudications waiting to be heard; some required a decision from the police about possible prosecution and others required the attendance of the reporting officer.

- I.41** Adjudications were held in the segregation unit, and the independent adjudicator attended monthly to hear some of the more serious charges, with as many as 50 adjudications to be heard at any one session, which was unreasonable. Records generally gave a reasonable account of the proceedings. However, they showed that some charges could have been more appropriately dealt with using the IEP system.

Recommendation

- I.42** **Managerial oversight of disciplinary procedures should focus on reducing the number of adjudications, and ensuring that all charges are laid appropriately and that all hearings are held and completed within a reasonable time.**

The use of force

- I.43** Levels of use of force had increased considerably, and were far higher than we usually see. The number of planned interventions had doubled since the previous inspection. In spite of these significant rises, governance of use of force was very poor. The committee had not met for many months and had not conducted any analysis in order to understand the reasons behind the use of force or to identify any patterns or trends. Data were not shared with the equality action team to determine whether particular groups of prisoners were being disproportionately affected.
- I.44** Much of the paperwork relating to incidents was missing or incomplete. This meant that it was not possible, for us or for prison managers, to judge whether force had always been necessary or used appropriately. Recordings of planned interventions were not reviewed routinely by managers and were not easily retrieved. The video footage that we viewed of incidents involving the use of force showed some appropriate and professional practice, but also a lack of de-escalation in some cases. Baton use was slightly higher than we usually see, and involved some strikes on prisoners. While the statements we read indicated that this use had probably been proportionate, in response to high levels of violence from prisoners, none of these incidents had been investigated by managers to provide reassurance.
- I.45** We were unable to establish the extent of the use of special accommodation, as some instances were not recorded. For example, we found evidence of distressed men having had their clothes removed in the gated cell in the segregation unit for their own safety, but this had not been recorded accurately as a use of special accommodation.

Recommendation

- I.46** **Governance of use of force, particularly special accommodation, mechanical restraints, planned interventions and use of batons, should be improved.**
(Repeated recommendation I.54)

Segregation

- I.47** Use of segregation had increased and was relatively high. A total of 187 prisoners had been segregated in the previous six months. Most prisoners returned to normal location within the prison. Records of the quarterly segregation monitoring meeting showed that the analysis of data was good. All prisoners on the unit had a reintegration plan, although the plans were too simplistic and did not detail how the prisoners would be reintegrated back to a wing or address the reasons for segregation.
- I.48** The segregation unit environment was adequate. The flooring in cells had been replaced but most cells contained graffiti – some of it racist and offensive. The exercise yards were cage-like and bleak, and exercise equipment had been removed. There were no special cells on the unit, but one constant observation cell had been used as special accommodation on at least two occasions (see also paragraph I.45).
- I.49** Staff–prisoner relationships on the unit were good and staff knew the prisoners in their care well. Reviews were timely and attended by a multidisciplinary team, with good input from mental health staff. Prisoners on open ACCTs were sometimes located on the unit, with 16 located there in the previous six months; there was a reasonable explanation for the necessity of segregation in these cases.
- I.50** The regime on the unit was reasonable. Some prisoners were able to have time in the open air together and some attended corporate worship, following risk assessments. Education and in-cell work was provided for those who requested them, and prisoners segregated for their own protection could have a television in their cell, depending on their IEP status.

Recommendations

- I.51** **Reintegration plans for segregated prisoners should challenge the reasons for poor behaviour and detail how they will be reintegrated back to a residential unit.**
- I.52** **The cells in the segregation unit should be kept free of graffiti.**

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.53** A new drug and alcohol strategy and committee meeting had been introduced in November 2015. However, the strategy was not based on a local needs assessment and lacked a clear, regularly reviewed action plan. Meetings were well attended, including representation from external agencies, but actions were not set and reviewed.
- I.54** Access to psychosocial support (provided by Phoenix Futures) had improved, and in our survey far more prisoners with a drug problem than at the time of the previous inspection said that they had received help for this (65% versus 47%). During the inspection, 256 prisoners (35% of the prison population) were engaged with the service. Chronic staffing issues restricted service delivery, but this was improving. Overall, the service provided was reasonably good and prisoners we spoke to were mostly positive about the support they received. One-to-one support and 15 different short group interventions were provided for drug and alcohol issues, and waiting lists were managed well.

- I.55** Two additional programmes, Beyond Recovery and iSore Media, funded by Northampton Council, provided higher-intensity support. There was only one prisoner peer supporter ('recovery champion'), who provided valuable input, including co-facilitating groups, but this was insufficient for the population. All prisoners who were suspected to have used spice were given harm reduction information and invited to engage with the service. Alcoholics Anonymous and Narcotics Anonymous ran weekly groups. There was no drug recovery or drug-free wing. Phoenix Futures staff were well integrated with clinical substance misuse services and the wider health care team. Phoenix Futures workers recorded all case notes and recovery plans on the prisoner's electronic clinical notes, which ensured continuity of care and effective communication within the wider health care team.
- I.56** Northampton Healthcare NHS Foundation Trust provided clinical substance misuse services, and the team had a rich skill mix. The demand for opiate substitution treatment had reduced considerably. During the inspection, 17 of the 29 prisoners on opioid replacement therapy were reducing, which was appropriate for a training prison. Methadone prescribing was flexible, multidisciplinary reviews occurred at appropriate intervals, based on need, and prescribing plans were agreed with the prisoner. However, prisoners who arrived on buprenorphine were always transferred to methadone because of the higher potential for diversion for the former. This did not reflect national prescribing guidelines, although buprenorphine could be restarted five days before release. Prisoners we spoke to were positive about the clinical substance misuse provision. Those with substance misuse and mental health problems had access to appropriate support.

Recommendation

- I.57** **The drugs and alcohol committee should oversee the strategic approach to drugs and alcohol, underpinned by a comprehensive, regularly reviewed drug and alcohol strategy and dynamic action plan that are informed by an annual needs assessment.**

Good practice

- I.58** *The psychosocial team recorded all of their assessments, recovery plans and case notes on the prisoner's electronic clinical notes, which ensured continuity of care within the wider health care team.*

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 Despite regular clearing, external areas around the older wings were consistently littered and dirty. We witnessed a steady stream of litter being thrown out of cell windows, with prisoners citing a lack of waste bins as the main reason.
- 2.2 Internal communal areas were clean and well maintained, and wing association areas were bright and contained a wide range of association equipment. Cellular accommodation varied widely, from the newer enhanced wing, with in-cell showers, to shabby and dingy cells on the older wings. Most cells were reasonably clean and well decorated but almost all of the cell windows on the older wings were in poor repair, with many being opaque, painted over or not closing properly. Cleaning material stocks rarely lasted until the next delivery.
- 2.3 There was good access to showers. Although most were in a reasonable state of cleanliness and repair, the showers on D wing were dirty, with missing privacy screens and mould on the ceilings.
- 2.4 All new receptions were issued with a set of prison clothing, including work clothing. However, prisoners reported a chronic shortage of clothing, and a review of the clothing store revealed a huge stock of oversized clothes and footwear but many empty shelves for the more common sizes. This resulted in the prison having to issue prisoners with clothing that was too big for them, and a lack of work boots in anything smaller than size 12 delayed some prisoners' access to work.
- 2.5 Sheets, duvets and duvet covers were issued on arrival. Prisoners could have their linen, own clothing and prison-issue clothing washed each week in the wing laundries. Kettles and televisions were often in short supply, resulting in some prisoners waiting several weeks to receive them (see section on early days in custody and recommendation 1.12).
- 2.6 In our survey, only 15% of prisoners, far fewer than at similar prisons and than at the time of the previous inspection, said that they could get to their stored property. We found evidence of some long delays in retrieving property, with some outstanding applications going back over two months.
- 2.7 Prisoner information desks, run by peer workers, were a useful initiative. However, the roles of these workers were often ill defined, and varied across the prison. Some issued applications and offered advice, while others were inappropriately responsible for issuing complaint forms and highly valued cleaning equipment (see section on complaints).
- 2.8 In our survey, fewer prisoners than at comparator establishments and than at the time of the previous inspection said that it was easy to make an application, and that applications were dealt with fairly or quickly. Application forms were no longer freely available all day and there was no effective tracking process to monitor responses.
- 2.9 All wings had sufficient telephones to meet the need of the population. They were all in working order but some lacked privacy hoods.

Recommendations

- 2.10 Cells should be maintained to a consistent standard, all toilets and showers should be screened to ensure privacy, and all cell windows should be able to be closed.** (Repeated recommendation 2.10)
- 2.11 There should be sufficient correctly sized clothing to equip prisoners appropriately for work.**
- 2.12 The role of the prisoner information desk workers should be standardised across the prison and should not include the issuing of complaint or application forms, and the latter should be freely available during unlock periods.**

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.

- 2.13** In our survey, most prisoners said that staff treated them respectfully, although this was worse than at the time of the previous inspection (76% versus 83%), and fewer said that there was a member of staff they could turn to for help (64% versus 71%). The interactions we observed were polite and helpful, although we saw a lack of challenge of some poor behaviour, including prisoners hoarding prison-issue toiletries and having multiple kettles, and a lack of enforcement of attendance at work, especially when returning from medical appointments.
- 2.14** Electronic case notes were among the best we have seen and provided a clear picture of the prisoner's behaviour and activities during their time at the establishment, although there were few entries relating to offender management.
- 2.15** Consultation arrangements were adequate and were facilitated via the well-attended monthly prisoner council meeting and regular notices to prisoners.

Recommendation

- 2.16 Low-level misbehaviour should be challenged promptly by wing staff.**

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁶ 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** The strategic management of equality and diversity was poor, and lacked senior leadership and direction. There was no overarching policy or action plan, and the quarterly equality meetings were poorly attended. There was an over-reliance on an enthusiastic equality custodial manager, who, apart from administrative support, had little assistance with equality and diversity work.
- 2.18** Equality monitoring data were limited to a small range of areas. Any areas that showed anomalies in the treatment of different groups of prisoners were investigated. Equality impact assessments were poor and there was no programme to ensure the systematic completion of assessments for key areas.
- 2.19** A total of 58 discrimination incident report forms (DIRFs) had been submitted in the previous six months. However, over 30 reports had not been investigated since the beginning of the year and two from the previous year had not been dealt with. The responses to some of the DIRFS we look at failed to evidence a full investigation. Not all responses to DIRFs had been quality checked and there had been no external scrutiny for some time.
- 2.20** The equality custodial manager ran prisoner meetings for older prisoners, those with disabilities and Travellers, and these were having a positive impact for these prisoners. Celebrations of diversity took place regularly and included Black History month, LGBT Week and Holocaust Memorial Day. Prisoners we spoke to appreciated the celebrations and were complimentary about the efforts made by the equality custodial manager.
- 2.21** The prisoner diversity representatives, who undertook their roles voluntarily, said that they felt unsupported by all but the equality custodial manager and that wing staff did not fully understand their role or allow them to carry out their duties. They had some training in equality and diversity, and were eager to help other prisoners with diverse needs.

Recommendations

- 2.22** Equality and diversity provision should be driven and supported by senior leadership and strategic direction.
- 2.23** All discrimination incident report form investigations should be completed thoroughly and the process quality assured by an external body.

⁶ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protected characteristics

- 2.24** Prisoners with protected characteristics were identified on reception. Black and minority ethnic prisoners made up almost 60% of the population. They reported similarly to white prisoners about their treatment and conditions but specific consultation with them was limited to those who were equality representatives.
- 2.25** In our survey, Muslim prisoners reported mostly similarly to their non-Muslim counterparts but were more negative about feelings of safety in the prison. We were unable to establish the reasons for these perceptions but there was no effective monitoring or specific consultation available.
- 2.26** Few foreign national prisoners were held for long periods at the establishment, and none were being held under immigration powers at the time of the inspection. These prisoners had adequate access to immigration staff and were transferred quickly to nearby prisons that provided the specialist support they required. There was little need for the use of translated materials and professional interpreting services, although the latter services were available if needed. Staff and prisoners provided interpreting services for non-confidential matters when required.
- 2.27** Many prisoners with disabilities received good individual care from the equality custodial manager and a dedicated member of the health services team (see also paragraph 2.55). Those we spoke to were positive about the day-to-day support they received. All prisoners who required them had had an up-to-date and detailed personal emergency evacuation plan, although not all staff were aware of where these plans were kept. In our survey, prisoners with disabilities reported more negatively than others about feelings of safety, but this had not been raised at the regular forum held for these prisoners.
- 2.28** A prisoner 'buddy' system provided assistance to those needing help with everyday tasks, and this was overseen by health services staff. Older prisoners had been consulted on a range of issues through their support meetings. Age-appropriate gym sessions were provided, and most retired prisoners and those unable to work were unlocked during the core day.
- 2.29** Support for gay, bisexual and transgender prisoners was provided on an individual basis, and they had been offered the opportunity of a support meeting but had declined it.

Recommendation

- 2.30 All minority groups should be supported and consulted, to ensure that their needs are assessed, and that negative perceptions are understood and inequalities of treatment addressed.**

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 well integrated into prison life and all faiths were adequately provided for. The team attended key meetings, and shared generic duties among themselves. In addition to corporate worship, they provided a wide range of faith activities and celebrations.

- 2.32** All prisoners could access corporate worship. Faith facilities were good, with a chapel and multi-faith area, both of which were suitable for the needs of the population. Ablution facilities for Muslim prisoners were adequate. Muslim services took place in the sports hall, in order to have sufficient space for the number attending.
- 2.33** The major religious festivals of all faiths were celebrated, with good support from the catering department. The chaplaincy oversaw the Shannon Trust reading scheme and the prison visitor scheme. The Sycamore Tree victim awareness course, which ran eight times a year, was part of the chaplaincy provision, with support from the Prison Fellowship.
- 2.34** Good support was provided to terminally or seriously ill prisoners, and to prisoners and their families who had suffered bereavement. Chaplaincy staff regularly visited prisoners in segregation, as well as self-isolators and those on open assessment, care in custody and teamwork (ACCT) case management documents, and saw new prisoners within 24 hours of arrival.
- 2.35** Links with external faith communities were developing and some prisoners had been directed to worship groups in their home areas on release.

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** There was inadequate access to complaint forms on the wings. During the inspection, we found no forms in many of the complaints boxes; wing staff told us that prisoners could ask them for a form or approach the prisoner information desks. Some prisoners we spoke to said that they felt inhibited to ask for complaint forms from staff or other prisoners, especially confidential access complaint forms, for complaining about staff. The night orderly officer retrieved submitted complaints from the boxes, which further reduced prisoners' confidence in the confidentiality of the system. In our survey, fewer prisoners than at comparator prisons and than at the time of the previous inspection said that complaints were dealt with fairly (see paragraph 2.7 and recommendation 2.12).
- 2.37** Since the previous inspection, there had been a reduction in the number of complaints submitted. We reviewed a random sample of responses to complaints. These had been prompt and the answers had addressed the issues raised. Overall monitoring and the quality assurance of responses were of a good standard and fair.

Recommendation

- 2.38 A non-uniformed member of staff should empty the complaints boxes daily.**
(Repeated recommendation 2.45)

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

- 2.39** There were no dedicated legal services, and prisoners had limited access to legal advice. Prisoners were able to obtain basic written legal information from the prisoner information desks. Some prisoners told us that they used a free legal advice helpline, while others said that they would approach wing staff if they wanted to know how to access legal advice. The library held some legal reference books but there were few of them, and they were only in English.
- 2.40** Legal visits were available five afternoons a week but prisoners complained of long delays to the start of these visits, which resulted in curtailed visiting times.
- 2.41** For more detailed and appropriate advice on family cases, childcare and contact, there was a social worker available for consultation.

Health services

Expected outcomes:

Prisoners are cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive elsewhere in the community.

- 2.42** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁷ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.

Governance arrangements

- 2.43** The CQC found no breaches of the relevant regulations.
- 2.44** Health services were commissioned by NHS England and had been provided by Northamptonshire Healthcare NHS Foundation Trust (NHFT) since October 2015. Overall, we found the provision of health care to be reasonably good. Working relationships between the commissioner, prison and provider were good, with well-attended partnership board meetings and contract review meetings. A refresh of the health and social needs assessment had been conducted in June 2016, and at the time of the inspection the service was awaiting the report.
- 2.45** The service consisted of a primary care team, a mental health team and a substance misuse team, all of whom were based in the health centre, which promoted joint working. The primary care team was available daily.

⁷ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

- 2.46** Most health services were delivered from the health centre, which was clean and tidy. In a recent infection control audit, conducted in June 2016, a score of 94% had been achieved.
- 2.47** The service had experienced staffing difficulties in all teams owing to vacancies and sickness, although this had been mitigated to some extent by the use of regular agency staff and an ongoing recruitment campaign. Health services staff were clearly identifiable and the interactions we observed were caring and professional.
- 2.48** Although there was a formal structure for staff supervision, some staff had not received regular managerial supervision or an appraisal within the annual timeframe. The quality of clinical supervision was mixed, although good within the mental health service. Mandatory training was well managed and there were opportunities for professional development.
- 2.49** Health services staff used an appropriate range of policies, including safeguarding, and the management of communicable diseases was effective.
- 2.50** There was no separate patient forum in which to raise health issues, although health services staff attended the prison-run disability forum, which had a health component.
- 2.51** Health services staff attended to incidents of self-harm and injury, and reported them using the establishment's (F213) form and within the individual's clinical record. There was good oversight of death-in-custody action plans. However, there was an under-reporting of clinical incidents, which affected the monitoring of trends and learning from incidents.
- 2.52** Health-related complaints went through the establishment's general complaint system, which was inappropriate as it lacked confidentiality and caused unnecessary delays, although there were plans to address this. The responses we sampled were respectful in tone and fully addressed the issues raised.
- 2.53** Appropriate emergency equipment was available to health services staff. However, we found some out-of-date items, including expired aspirin, and no checks to emergency equipment had been recorded. This posed a risk that the equipment might not have been effective in an emergency, and the monitoring requirements were not satisfactory.
- 2.54** Prison staff had access to two automated external defibrillators but the custody staff we spoke to were unaware of their location and too few had been trained in their use or had received first-aid training. An ambulance was called promptly in emergencies but the prison had experienced unacceptably long waits and was in discussion with the ambulance service about this.
- 2.55** The prison had good established links with Northamptonshire County Council, which enabled social care assessments to take place. The level of need was low and no prisoner had currently been assessed as having a social care need (see also paragraph 2.27).
- 2.56** There were health information noticeboards on the wings, but at the time of the inspection they were displaying out-of-date information. There was good smoking cessation support, with a proactive approach, as the prison had two smoke-free wings. Barrier protection was available, and prisoners we spoke to were aware of this, but some health services staff were unsure of the process for supplying it.

Recommendations

- 2.57 All staff should have regular managerial and clinical supervision, underpinned by a current performance appraisal.**

- 2.58** The emergency resuscitation equipment should be in good order, with an effective monitoring system. Sufficient custody staff should be trained in the use of the automated defibrillator and first aid to ensure an adequate response to emergencies during the day and night.

Delivery of care (physical health)

- 2.59** Initial health screening in reception was undertaken by a registered nurse. The process was comprehensive and captured key health concerns, enabling appropriate referrals to be made for specialist health input.
- 2.60** The team offered a broad range of skills, and nurse-led clinics included a weight management group, well-man clinic and phlebotomy service. Long-term conditions were well managed and there was an appropriate range of primary care services. Sexual health provision was underdeveloped, with limited oversight and excessive waiting times.
- 2.61** The appointment system was good. It enabled prisoners the choice of booking an appointment over the telephone or submitting an application.
- 2.62** The clinical records we sampled were comprehensive, with appropriate use of care plans and templates based on national clinical guidance.
- 2.63** GP clinics were managed effectively, and two regular GPs provided eight sessions a week. The nurse prescriber, physiotherapist and the minor illness clinic helped to reduce the number of prisoners who needed a GP appointment; this meant that waiting times for routine GP appointments were good, at one week. Prisoners had access to 'on the day' urgent GP appointments, based on clinical need. Out-of-hours GP cover was provided to the same level as in the community.
- 2.64** Too many external hospital appointments were rescheduled, owing to an increase in the number of incidents requiring emergency care (including many relating to the use of new psychoactive substances (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects; see paragraph 1.31) and the lack of available escort staff, which resulted in treatment delays.

Recommendations

- 2.65** Access to sexual health services should be within an acceptable timeframe to meet the needs of the prison population.
- 2.66** Prisoners should have timely access to external hospital appointments.

Pharmacy

- 2.67** Medicines were supplied in a timely manner by Lloyds Pharmacy, mainly on a named-patient basis, and patient information leaflets were provided. They were stored securely but too many medicines were stored in the pharmacy which should have been ordered only when required. Some packs contained hand-written labels and it was unclear whether dispensing and checking protocols had been followed. Records for the refrigerator in the pharmacy room did not show the maximum and minimum temperatures, to ensure that medicines were kept at the required temperature.

- 2.68** Two pharmacy technicians and a pharmacy assistant were onsite. A pharmacist visited once a week but had no patient contact. A pharmacy technician ran a medicine review and in-possession risk assessment clinic twice a week.
- 2.69** Around 59% of medicines were supplied in-possession. Regardless of their in-possession status from the sending prison, all prisoners were put onto 'not-in-possession' administration on arrival – sometimes for over a week – which led to frustration. The in-possession policy was unclear about whether a risk assessment was always required when a new medicine was supplied. Some night-time medication was given in-possession for three nights, which was positive.
- 2.70** Nurses and pharmacy technicians administered medicines twice a day, and in-possession medication was collected mainly at lunchtime. Allocated periods for medicine administration were short, and delays due to restricted movements around the prison meant that prisoners arrived late, causing long queues, and finished late, affecting the prison regime. Custody officers were present during these times but showed variable effectiveness in managing queues, and ensuring that confidentiality was maintained and that potential risks of diversion were minimised. Some prisoners did not receive their medication at therapeutic times because of the timings of medicine administration.
- 2.71** There were some gaps in medicine administration records; and it was unclear if this was an administrative issue or whether prisoners had not attended. Staff said that they followed up these omissions and referred them to the prescriber for a review, although records showed that referrals were not always made.
- 2.72** There were 15 prisoners on gabapentin (an antiepileptic medication) and 11 on pregabalin (prescribed to treat neuropathic pain), and the team was aware of the need to review the use of tradable medication. A recently employed specialised physiotherapist reviewed the management of pain and worked with prescribers to provide the most appropriate treatment. However, tramadol (an opiate-based painkiller) was not prescribed, which did not reflect best practice. Prisoners in shared cells did not have access to secure storage for their medicines.
- 2.73** Patient group directions (which authorise appropriate health care professionals to supply and administer prescription-only medicine) for vaccinations and a limited range of over-the-counter medicines were available, although there was a minor ailments clinic and paracetamol was on the prison shop list.
- 2.74** A quarterly medicines management meeting was well attended and analysed prescribing data.

Recommendations

- 2.75** **The medicines management committee should review the in-possession policy and ensure that it is implemented robustly.**
- 2.76** **The administration of medication should be at times that ensure the best treatment for prisoners, with completed administration records and action taken to follow up on those who do not attend.**
- 2.77** **Custody officers should actively manage medication queues, to maintain confidentiality and minimise potential bullying and the diversion of supplies. Prisoners in shared cells should have a lockable cupboard to store their medication securely.**

Dentistry

- 2.78** 'Time for Teeth' had provided a full range of NHS treatments and oral health advice since October 2015. Four sessions were provided by a dentist and two by a dental therapist, supported by a dental nurse. Waiting times for appointments had decreased and were acceptable, at approximately five weeks.
- 2.79** Appointments were allocated appropriately, based on need, and emergency provision was effective. The dental suite was clean and met current infection control standards. Dental equipment was maintained and serviced regularly. There were plans to install a separate decontamination room to meet best practice guidelines, and dental waste was disposed of professionally.

Delivery of care (mental health)

- 2.80** In our survey, a similar number of prisoners to the comparator and more than at the time of the previous inspection said that they had emotional well-being or mental health problems, but fewer than elsewhere and than at the time of the previous inspection said that they had been helped by anyone at the prison (37% versus 51% and 46%, respectively).
- 2.81** The mental health team was available from 8am to 4pm, from Monday to Friday, and delivered a range of treatments for prisoners with mild-to-moderate, or severe and enduring mental health problems. The small team had experienced significant staffing difficulties, which had affected service delivery, but this had recently improved owing to a dedicated team and the use of regular agency staff. Referrals, received from staff, by self-referral and via reception screening, were seen within seven days and urgent referrals were responded to promptly. An average of 25 referrals was received each month.
- 2.82** The team consisted of mental health nurses, including a nurse prescriber, a learning disability nurse and a psychologist, who offered cognitive behavioural therapy, and there was access to a psychiatrist. A wide range of therapeutic groups was offered, including anxiety and stress management, and a group for those with serious and enduring mental health issues which focused on recovery. The mental health team had positive working relationships with prison, primary care and substance misuse staff. They contributed to ACCT reviews, gave support to prisoners on the segregation unit and attended the weekly 'stability meeting' (see paragraph I.19).
- 2.83** At the time of the inspection, the team's caseload was 34, including six prisoners with enduring and significant mental health problems, who were managed effectively under the care programme approach. Physical health checks were carried out to monitor prisoners who had been prescribed antipsychotic medication. The team offered advice to custody officers on individual mental health issues but no mental health awareness training had been received by officers over the previous three years. No transfers to a secure mental health unit under the Mental Health Act had occurred during the previous six months. However, at the time of the inspection, one man had been waiting four weeks for such a transfer, which exceeded the current Department of Health transfer guidelines by two weeks, although the mental health team was actively pursuing this.

Recommendation

- 2.84** **All custody officers should receive regular mental health awareness training.**

Catering

Expected outcomes:

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

- 2.85** The quality of the food we tasted during the inspection was variable, and on one occasion it was undercooked and of poor quality. In our survey, only 22% of prisoners said that the food at the prison was good or very good, which was far worse than at similar prisons. In our random analysis of servery logs, we found numerous negative comments and no positive ones. These comments were not considered as part of the overall complaints process, so managers missed some important feedback. However, consultation about the food, which consisted of weekly meetings with wing representatives, was adequate, and fed into monthly meetings with the prisoner council. Wing staff told us that they sometimes returned food because it was of poor quality, undercooked or burnt.
- 2.86** Prisoners also complained that portion sizes were too small, although kitchen staff told us that the portion sizes were correct. We saw prisoners negotiating for larger portions, leading to extended waits in the food queue. Wing staff were not always visible at mealtimes.
- 2.87** Most servery trolleys were filthy, and the monitoring of cleaning was inadequate. The main kitchen was generally clean and the wing serveries were in a reasonable state.
- 2.88** There were arrangements for special diets, including for those with diabetes, and separate utensils for halal food. Breakfast packs were distributed on the evening before they were due to be eaten and the evening meal was served at 4.30pm because of the restricted regime, which was too early (see section on time out of cell). Prisoners who worked in the kitchens had level 1 food hygiene qualifications, progressing to level 2 after eight weeks.

Recommendations

- 2.89 Prisoner comments on food servery logs should be reviewed and responses should be quality assured.**
- 2.90 Breakfast should be served on the day it is to be eaten and the evening meal should be served after 5pm.**

Purchases

Expected outcomes:

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

- 2.91** There was a reasonable national prison shop list, and the establishment had created a local product list through consultation with the prisoner council representatives, to reflect population needs. The list was reviewed quarterly.
- 2.92** New arrivals who missed the deadline for the weekly shop order could buy a reception pack (see paragraph 1.5). However, they could wait up to 10 days before receiving a full order.
- 2.93** Prisoners' shop orders and money were handled efficiently. There was a tracking system and prisoners received a printout of their account. In the event of a discrepancy, prisoners

completed a discrepancy sheet to explain the issue, and usually received a refund. Prisoners could buy items from a range of catalogues but an administration fee of 50 pence was charged with each order, which was excessive.

Recommendation

2.94 Prisoners should not be charged an administrative fee on 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.⁸

- 3.1** As a result of chronic staff shortages, a restricted and too limited regime had been in place for two years. This had reduced the maximum amount of time unlocked to around eight half hours a day on weekdays, but for some, such as part-time workers, and those who were unemployed or retired, this was much less and could be as little as around three hours a day. Evening association periods were no longer provided and the previous practice of unlocking workers for a short period in the evening to access showers and telephones had ceased. Exercise periods were too short, at only 30 minutes, domestic periods were regularly cancelled and prisoners were locked up over the lunch period. At the weekends, prisoners were often locked up for periods of up to 26 hours.
- 3.2** In our roll checks, we found over 30% of prisoners locked in cells, which was far too many for a category C prison and far higher than at the time of the previous inspection. Although L wing, the enhanced wing, was advertised as being unlocked from 8am to 10pm, we found some prisoners on this wing locked up for periods of the working day when not required for work, and their access to the open air was curtailed when the wing was put into patrol state to cover shortfalls of staffing elsewhere.
- 3.3** There was no accurate published regime available on the wings, which led to much confusion for staff and prisoners alike. The regime regularly ran late, often as a result of delays in the administration of medication and incidents on the wings.

Recommendation

- 3.4** **The prison should operate a full category C regime, which includes lunchtime unlock and evening association. The regime should be widely published and adhered to.**

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.

⁸ 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.

3.5	<i>Ofsted⁹ made the following assessments about the learning and skills and work provision:</i>	
	Overall effectiveness of learning and skills and work:	<i>Requires improvement</i>
	<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Requires improvement</i>
	<i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>Good</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

- 3.6** Since the previous inspection, prison managers had used some productive employer partnerships to improve prisoners' employment opportunities on release (see section on provision of activities). However, prison managers had prioritised other regime activities, such as the gym, over learning and work, and attendance rates had declined. Training facilities were too often closed or session sizes reduced to meet regime demands. Session punctuality required improvement. Those who left to attend appointments often did not rejoin planned activities and too many prisoners were unemployed (see main recommendation S48).
- 3.7** The range of education and training provision was wide but did not fully meet all prisoners' needs. Vocational training progression routes did not lead to relevant qualification opportunities that enhanced employability for learners at higher craft and technical levels. For a small minority of learners, accredited learning was only available within academic term times. Prisoners did not undertake accredited training while working.
- 3.8** Allocation to activities was fair and equitable. Waiting lists were managed appropriately but security vetting delays slowed prisoner allocation. Pay rates were generally low but did not act as a disincentive to activity participation.
- 3.9** Quality assurance processes were leading to improvements. The quality of Offender Learning and Skills Service (OLASS) provision by The Manchester College was good. College managers assessed the standards of classroom practice accurately, to support teachers' professional development. However, the prison did not use comparable arrangements to quality assure and improve all of its provision. The quality improvement group placed insufficient emphasis on raising standards. The improvement action plan was detailed but quantitative measures to aid monitoring were underused. Progress in achieving planned outcomes was too slow. The self-assessment and associated report were generally accurate.

Recommendations

- 3.10 The prison should further develop its education, training and work provision so that it supports all prisoners' resettlement needs.**

⁹ 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>.

3.11 All of the prison's learning and skills provision should be subject to robust quality assurance and improvement practice.

Provision of activities

- 3.12** Most prisoners attended education, training or work full time, and received a good induction. Staff and a peer mentors helped prisoners to understand the range of available opportunities before they selected one or more of 12 'employment pathways'.
- 3.13** The prison offered 624 full-time activity places, which was sufficient to occupy 84% of the prison population. The use of places was not maximised, with only 60% of prisoners engaged in activities at any one time (see main recommendation S48). The Manchester College provided the bulk of the offender learning, with North Warwickshire and Hinckley College offering a small number of education and training courses. Eighty-four full-time-equivalent education and 215 vocational training places were available. The prison offered over 300 full-time-equivalent work places, mainly on the accommodation wings, including cleaners, orderlies and mentors.
- 3.14** The 80 production workshop places included plastic and aluminium recycling, window assembly and textile product fabrication, and concrete manufacture and production.
- 3.15** A company-sponsored motor mechanic centre was about to open and there were plans to reintroduce the construction skills certificate scheme (CSCS) card. Prisons Information Communication Technology Academy (PICTA) training and industrial cleaning had been reinstated, and cycle maintenance training was also available.
- 3.16** Too many wing workers and orderlies were underemployed. A total of 86 prisoners were fit for work but unemployed (see main recommendation S48).

Quality of provision

- 3.17** The quality of taught classroom sessions was good, particularly in mathematics. Teachers planned sessions carefully to meet the needs of learners, who often had complex barriers to learning. Learners in education classes made good progress, and were given constructive and detailed feedback on their work. Teachers deployed prison peer mentors well to support learners who required extra help in class. In a few cases, small class sizes limited the range of learning strategies used and slowed learners' progress.
- 3.18** The quality of the teaching and learning in vocational training that we observed was generally good. Most instructors provided coaching that helped learners to develop a range of vocational skills. In the cycle maintenance workshop and 'Lock Inn' staff cafeteria, this ensured that learners developed high levels of proficiency. In a minority of training sessions, instructors did not make sure that learners were fully occupied and/or learning. Workflows in production workshops did not guarantee that prisoners were always purposefully occupied. Workshop orderlies provided useful supervision, although instructors failed to use peer support/mentors sufficiently well to accelerate learning.
- 3.19** Vocational instructors made good use of progress tracking boards in work areas, helping learners to gauge their success. With the exception of the cycle maintenance workshop, instructors set and monitored too few personal and employability skill-related short-term targets for learners. Instructors' monitoring of learning often focused on the completion of defined tasks and activities rather than on the skills developed. Trainers in vocational and production workshops did not consistently reinforce prisoners' understanding of

employment-related health and safety practice. The prison had not structured all work so that it provided progressively more challenging activities that developed and enhanced prisoners' employability.

- 3.20** Initial assessments were thorough. All learners requiring additional help were identified promptly and received high-quality support. However, help to improve learners' English and mathematics skills outside of classroom settings was not always effective.
- 3.21** In waste management, the roof needed urgent repair. In the 'Goods Again' assembly workshop, ventilation, temperature and humidity control were inadequate. Prisoners had to share an insufficient number of toilets with the adjoining disassembly workshop.

Recommendations

- 3.22** **The prison should ensure that learners' employability is developed through the routine use of appropriate short-term target setting and review.**
- 3.23** **Trainers in vocational and production workshops should effectively reinforce prisoners' understanding of relevant health and safety practice.**
- 3.24** **The prison should provide work that is increasingly more challenging, to improve prisoners' employability on release.**
- 3.25** **All learners should receive effective support to improve their English and mathematics skills.**
- 3.26** **The quality of the facilities in waste management and the 'Goods Again' assembly workshop should be improved.**

Personal development and behaviour

- 3.27** Learners developed self-confidence and social skills in classroom-taught provision. They spoke enthusiastically about how participation in the education classes had helped them to become more responsible for their behaviour and to empathise with others. Elsewhere, prisoners' personal and social skills were not always enhanced effectively.
- 3.28** Prisoners' conduct during education sessions was good and they demonstrated an appropriate mutual respect for each other and staff. Elsewhere, behaviour was generally acceptable but we observed too much boisterous and inappropriate behaviour in workshops.
- 3.29** The development of prisoners' work ethic (for example, poor punctuality and attendance, and interruptions to the working day, including attending the gym) was not consistently good enough to support successful resettlement. Not all prisoners developed a positive and productive attitude to learning or work.

Recommendation

- 3.30** **The prison should introduce strategies to improve all learners' personal and social skill development, to support successful resettlement.**

Education and vocational achievements

- 3.31** For prisoners taking accredited qualifications, achievement was generally high but too few activities attracted accreditation (see below and paragraph 3.7). There were no significant performance differences between different groups of learners. However, achievement rates required improvement in functional skills programmes not delivered by the main education provider. Retention rates on gym and cookery courses at level 2 were too low.
- 3.32** Learners in education classes made good progress from their prior attainment and advanced well to higher levels. The standard of written work in education classes was good. In vocational training workshops, learners usually made the expected progress in producing an appropriate standard of practical and written work.
- 3.33** Overall, skills development in vocational training was adequate, and good where the learning environment reflected commercial standards, such as in the 'Lock Inn' cafeteria. Prisoners in some vocational training developed very good employability skills that were well tracked, particularly in the Halfords workshop, where trainers supportively challenged prisoners when their skills failed to be good enough. However, elsewhere, employability skill development required improvement. A large minority of learners in construction workshops had prior experience of the industry and did not make the appropriate gains to a higher level. Across vocational training and work, the pace of learners' development was too often not quick enough, given their starting point. A minority of learners did not achieve the standards required to gain and sustain employment.
- 3.34** Generally, prisoners' skill improvement was not recorded when working. This hindered their ability to reflect how they were enhancing their employability, so that they could identify success that prospective employers valued. Learners were not routinely encouraged to reach higher levels of English and mathematics once they had achieved level 1. A minority of learners who completed their main qualification failed to achieve the planned level of English and mathematics.

Recommendations

- 3.35** **The prison should ensure that all learners are challenged to develop the highest standards of employability, as well as English and mathematics skills.**
- 3.36** **Learners should be helped to identify and record their achievements so they can be used to enrich their job applications.**

Library

- 3.37** Northamptonshire County Council provided an effectively managed library service, which was staffed by a full-time librarian, supervisor and part-time library assistant. Four orderlies supported the library staff but did not have the opportunity to achieve a role-relevant vocational qualification.
- 3.38** Access to the library was good, with evening and weekend opening. Membership was voluntary and around three-quarters of prisoners had joined up. Library staff collected data on the number of prisoner library visits manually. This information was of limited use, as it did not allow the prison to identify whether use was equitable for all prisoners. Prisoners in the segregation unit could access a restricted but appropriate range of library resources.

- 3.39** The well-stocked library appropriately supplemented its provision using the inter-library loan scheme, to meet the needs of the prison population. The book stock included easy-reads, graphic novels and a suitable variety of foreign-language texts, and there was adequate access to legal textbooks and Prison Service Instructions.
- 3.40** Library staff actively promoted the development of prisoners' reading skills through the 'Reading Ahead' initiative and the Shannon Trust peer-led reading programmes.

Recommendations

- 3.41** The prison should provide library orderlies with the opportunity to achieve relevant qualifications.
- 3.42** Library staff should analyse the available data on library usage to identify and address any incidences where particular groups of prisoners are not accessing library services.

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.

- 3.43** The well-equipped PE facilities included a cardiovascular room, sports hall, classroom and activity yard-based resistance equipment. The weights room was popular with prisoners but this resulted in it being too cramped for all users. Both the external grass and all-weather playing fields were little used and in need of maintenance.
- 3.44** Access to the gym was planned, so each wing could attend during two or more sessions each week, spread over weekdays, evenings and weekends. However, prisoners' use of the amenities was often reduced because of session cancellation or staff redeployment. One effect of this was that team sports and activities for older prisoners were curtailed. Recreational gym sessions were provided during the core day, which was inappropriate as prisoners were permitted to leave classrooms and workplaces to attend. In our survey, 13% of prisoners said that they used the gym three or more times a week, which was far lower than at comparator prisons. Reluctant users were not routinely identified and encouraged to attend sessions to improve their fitness.
- 3.45** PE staff were well qualified and experienced. Links with the health care department were good. Staff provided a wide range of remedial activities to support prisoners with physical and mental health conditions, and regularly delivered physiotherapy sessions using an appropriately equipped room within the sports hall.
- 3.46** All prisoners completed a physical activity readiness questionnaire and thorough induction before participating in activities. The range of accredited PE qualifications was limited but prisoners usually achieved them if they stayed on the courses until the end.

Recommendations

- 3.47** Reductions in the delivery of planned gym sessions should be minimised.
- 3.48** Recreational gym should not be provided during the core day.

3.49 The range of accredited PE qualifications should be extended.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

- 4.1** The strategic oversight and management of resettlement had deteriorated and was limited. The reducing reoffending strategy described the various functions, including the importance of work aimed at protecting the public, but it had not been updated since 2014. While the strategy had an appropriate focus on education, training and employment, it did not include up-to-date information about the work of the community rehabilitation company (CRC) and how this would link with offender management and protecting the public. Despite the prison becoming a resettlement prison for the London area, there had been little analysis of needs since 2014, so it was difficult to evidence if the range and volume of services provided were appropriate.
- 4.2** A reducing reoffending committee met monthly but attendance was variable and there was no action plan setting out priorities for resettlement and offender management, which made it difficult to track the progress made.
- 4.3** Almost all prisoners were from the London area and, despite being in rural Warwickshire, the prison was designated as a London resettlement prison. London CRC was contracted to deliver some core resettlement services on behalf of MTC Novo and provision had developed well. However, information exchange with the offender management unit (OMU) was not yet fully developed, which potentially hindered risk management (see section on reintegration planning).

Recommendation

- 4.4** **A comprehensive reducing reoffending strategy should be developed, based on a full analysis of offending related needs and supported by a detailed action plan which is monitored and updated rigorously.**

Offender management and planning

Expected outcomes:

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

- 4.5** The prison held a reasonably high-risk population. All but three prisoners were required to have an offender assessment system (OASys) assessment and well over half were serving sentences of over four years. A substantial proportion was eligible for multi-agency public protection arrangements (MAPPA) and many presented a high risk of harm to others.

- 4.6** Two issues severely undermined the effectiveness of offender management. Firstly, operational staff shortages across the prison meant that unformed offender supervisors were regularly used to cover day-to-day tasks, reducing the time available for offender management. In the previous three months, over 40% of their time had been lost to cross-deployment, which meant that they had been unable to manage their caseload proactively and had led to many tasks not being completed or completed late. This was reflected in our survey, in which far fewer prisoners than at other category C prisons (57% versus 75%) said that they had an offender supervisor (see main recommendation S50).
- 4.7** Secondly, a huge backlog of OASys assessments had developed since the previous inspection, with at least half of the population not having an up-to-date assessment, which significantly affected their opportunity to progress (see main recommendation S50). Many of these had not had an assessment undertaken in London prisons and had been transferred to the establishment without one (see main recommendation S49). Many others who already had an OASys assessment had not had this reviewed, or had their sentence plan updated, with some having waited well over 12 months. In our survey, only 42% of respondents said that they had a sentence plan, compared with 63% elsewhere and 73% at the time of the previous inspection.
- 4.8** Offender supervisor contact with prisoners had deteriorated considerably, even in some high risk of harm cases. Contact was mainly driven by specific tasks, such as parole report preparation, and in our survey fewer respondents than at comparator establishments said that their offender supervisor was helping them to achieve their sentence plan targets (27% versus 37%). There was no formally prescribed minimum frequency of contact between offender supervisors and the prisoners in their care, and little management oversight of this (see main recommendation S50).
- 4.9** For those with a sentence plan, the quality had improved, and most completed plans covered key factors associated with the likelihood of reoffending and contained outcome-focused objectives. However, risk of serious harm screenings were often inaccurate. In most cases we looked at, there had been insufficient analysis – for example, failing to clarify risks to children and to identify patterns of offending. Too many risk management plans were also poor, often reflecting the position at a previous prison or failing to link to the sentence plan.
- 4.10** Home detention curfew assessments usually started 10 weeks before the eligibility date. However, over the previous six months, half of these had been completed late – some by over a month. Some prisoners transferred in with less than 10 weeks to serve and many reports by external offender managers were late. However, some internal delays – for example, late wing and offender supervisor reports – exacerbated the problem.

Recommendations

- 4.11 Risk of harm assessments and plans should be comprehensive, analysing all available evidence and providing up-to-date actions to minimise the risks.**
- 4.12 Wing staff and offender supervisor reports should be submitted on time, to support the timely completion of home detention curfew assessments.**

Public protection

- 4.13** Screening for public protection concerns on arrival was adequate, with appropriate use of mail and telephone monitoring.

- 4.14** An interdepartmental risk management team meeting had been introduced since the previous inspection but was of limited value. Attendance was sometimes poor and often lacked involvement of the offender supervisor. The minutes of the meeting did not show actions agreed or active follow-up. Cases were discussed too near release to be fully effective in developing a robust risk management plan, and not all relevant cases were included.
- 4.15** Most MAPPA cases due for release did not have a clear management level confirmed. In 39 cases due for release in the following three months, 21 were recorded as MAPPA level 1, without evidence in most cases to show that this had been confirmed. The lack of access by OMU and CRC staff to Delius (the case management system used in the community) made it difficult to confirm who was managing the case in the community, which further limited good information exchange.
- 4.16** Information exchange between the CRC and the OMU was underdeveloped, which hindered good risk management. CRC staff did not use P-NOMIS electronic case notes and in some cases they had information about risk of harm which was not shared with the offender supervisor. CRC staff were linked to OMU team members but not enough was being done to ensure that this worked in practice.

Recommendations

- 4.17** **The effectiveness of multi-departmental risk management planning should be improved, to ensure that all relevant cases are considered and reviewed regularly, and that comprehensive risk management plans are developed and delivered.**
- 4.18** **Multi-agency public protection arrangements (MAPPA) levels should be confirmed at least six months before release, to enable the offender management unit to contribute fully to release plans.**
- 4.19** **Information sharing on public protection issues should be improved, including access to Delius and the use of P-NOMIS.**

Categorisation

- 4.20** Categorisation reviews were planned at appropriate timescales but most were completed very late. At the time of the inspection, 145 reviews were late – some by over two months. Some delays were so long that prisoners had insufficient time left to serve, so were unable to move to an open prison. Some of these delays were caused by late reports from wing staff and offender supervisors.
- 4.21** Category D was not awarded to prisoners who did not have a current OASys assessment, which was a major obstacle to prisoners' progression (see main recommendation S50). Most prisoners awarded category D did not wait too long to move to open prisons.
- 4.22** Approximately 30 prisoners were transferred to another prison each month. However, the lack of OASys assessments and offender supervisor contact limited the attention given to prioritising progressive moves. Offender supervisors did not contribute often enough to ensuring that prisoners needing a transfer to complete an intervention were prioritised for the move (see main recommendation S50).

Recommendation

- 4.23 Progressive transfers to another prison should be clearly prioritised, with the full involvement of offender supervisors.**

Indeterminate sentence prisoners

- 4.24** At the time of the inspection, there were 36 prisoners serving an indeterminate sentence for public protection (IPP) and 16 life-sentenced prisoners. While the number of IPP prisoners had reduced considerably, many were significantly over tariff. The number of life-sentenced prisoners had increased sharply and there were some difficulties in moving them on – not helped by the lack of an up-to-date OASys assessment and a lack of focus, in some cases, on progressive moves (see main recommendation S50).
- 4.25** There was little support for these prisoners, with no specific consultation forum or family days beyond those provided to the general prisoner population.

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.

- 4.26** About 35 prisoners a month were released into the community, with most returning to the London area. London CRC provision had developed well, with support from St Mungo's workers and other resettlement agencies.
- 4.27** In our survey, fewer prisoners than at comparator establishments said that they knew who to turn to for help with many of the resettlement pathways. This may have been because the CRC was contracted to become involved 12 weeks before release, and at the time of the inspection CRC staff had no direct involvement with prisoners during their induction programme. There was also some confusion, among prisoners and staff alike, about who delivered resettlement help, with the CRC being referred to in a number of ways, including 'Novus', 'NTC Novo' and 'London CRC'.
- 4.28** Many of the initial basic custody screening tool assessments and plans were left blank by the sending prison, which suggested that the prisoners involved had not had their needs assessed. Some others we examined were of a poor quality.
- 4.29** The resettlement plans developed by London CRC at about 12 weeks before release were of a good quality and reflected work across all the pathways. Referrals were made as needed and there was evidence that CRC staff were proactive in supporting prisoners. However, the actions taken, outcomes and other risk-related information were not recorded by the CRC on P-NOMIS (see paragraph 4.16 and recommendation 4.19).
- 4.30** G wing had been designated as a resettlement wing and, at the time of the inspection, accommodated about 60 of the 150 prisoners who were due for release in the next 12 weeks. This was a promising development which promoted contact with the CRC in the last few weeks of a prisoner's sentence.

Recommendation

- 4.31 London community rehabilitation company (CRC) should be clearly advertised as the resettlement team, and CRC staff should be involved in the induction programme, to ensure that prisoners know whom to turn to for help across all of the resettlement pathways.**

Accommodation

- 4.32** London CRC and a St Mungo's housing adviser provided high-quality support for accommodation needs. A second St Mungo's housing adviser was being recruited, which would help with the workload.
- 4.33** New prisoners could access help for maintaining or closing down tenancies. In July 2016, 33 requests for accommodation help had been addressed. Around 9% of prisoners were released homeless or without stable accommodation, which was similar to the figure at the time of the previous inspection. Temporary accommodation in a hostel or supported housing was secured for a further 21%.

Education, training and employment

- 4.34** There were strong partnership working arrangements to ensure that prisoners made appropriate employment pathway choices on arrival and accessed pre-release support. Central Bedfordshire College delivered a programme (Strive) aimed at equipping prisoners with the skills and knowledge needed for successful resettlement on release. However, since the start of the programme in early 2016, only around 30% of prisoners due for release during this time had enrolled.
- 4.35** The quality of the National Careers Service provided by Futures was good. Pre-release referrals were made routinely to help prisoners to make education, training and employment applications. Specialist advice on higher education entry was also available. Prisoners could request a pre-release appointment, as appropriate to their individual needs.
- 4.36** Prisoners employed in the Halfords workshop could progress to external placements or jobs within the company on release. The 'job readiness banding scheme' was a new initiative designed to ensure that an appropriately skilled and job-ready pool of prisoners was available to employers with vacancies. However, it was too early to judge the full impact of these developments. At the time of the inspection, too few prisoners benefited from interventions such as CV writing.
- 4.37** The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not available to be used for job search.

Recommendations

- 4.38 The prison should ensure that all prisoners who would benefit from the 'Strive' programme participate in it.**
- 4.39 The prison should provide a virtual campus to support prisoners' resettlement.**

Health care

- 4.40** Health discharge planning was timely and appropriate, and prisoners on medication were given two weeks' supply, on a risk-assessed basis, and a discharge summary.
- 4.41** The mental health team provided a good level of support in planning for discharge, although they had encountered a lack of engagement from some London-based community mental health teams.
- 4.42** There were good arrangements for patients with palliative or end-of-life needs, with effective links with local palliative care services when required.

Drugs and alcohol

- 4.43** Prisoners prescribed opiate substitution treatment were reviewed six weeks before their release to finalise their post-discharge plans, and again in the week before release. The prison's geographical distance from London meant that community substance use services rarely visited the prison, and the psychosocial team struggled to develop effective working relationships with services in all of the areas to which prisoners were returning. In spite of this, arrangements were generally good. Prisoners were offered a relapse prevention course in the last six months of their sentence, and those engaged with the psychosocial team received harm reduction advice before release. Liaison with offender management teams was mainly ad hoc, but a joint working agreement with the CRC was being finalised to improve joint working for release.

Finance, benefit and debt

- 4.44** In our survey, 18% prisoners said that they had arrived with financial worries, which was far higher than in similar prisons. For general debts, there was a limited service, which involved prisoners self-referring to prison staff, who then signposted them to 'Step Change', a telephone debt advice service run by a charity. This was helpful for some prisoners but others required a more personalised service. The St Mungo's housing adviser provided support to prisoners needing help with reducing accumulating debts on housing while in prison.
- 4.45** Prisoners could set up a bank account 12 weeks before release but could not access it until release, preventing them from paying bills or setting up services before discharge. Despite these limitations, 108 people had set up bank accounts since the beginning of 2016.

Children, families and contact with the outside world

- 4.46** Many prisoners at the establishment were a long distance from home, and prisoners and their visitors reported difficulties with visits. The distance caused additional expense, and public transport to the prison stopped before visits ended, with none at weekends. The prison had not considered helping to alleviate these transport difficulties.
- 4.47** Other provision under this pathway was excellent. A social worker from the Family Advice Support and Training (FAST) team provided comprehensive support to prisoners in helping them to maintain and re-establish family ties, with a caseload of around 32 prisoners a month. A second organisation, Inside Out, provided high-quality, monthly family visits that were open to all prisoners, regardless of incentives and earned privileges (IEP) status, and support to prisoners' families. They also staffed the refreshment bar in the visits hall. The

social worker ran the parenting course and was due to provide input into the pre-release course regarding reintegration into family life on leaving prison.

- 4.48** The visitors centre was clean and welcoming, and Inside Out staff were based there to offer support to visitors. There was particularly good support for new visitors. Visits were provided every afternoon, over two sessions. We observed, and visitors complained, that visits started very late. Visits staff waited until all prisoners were in the visits hall before admitting visitors. If movements to activities ran late, this resulted in long delays to the start of visits. This disadvantaged prisoners on the standard level of the IEP scheme, who were required to use two visiting orders to be able to extend their visit. All of this further exacerbated the issue of visitors having to travel long distances to get to the prison.
- 4.49** The visits hall was large and bright, with sufficient capacity for the number of visits required. A children's play area was available but not staffed, and a wide range of refreshments was provided by the Inside Out team.
- 4.50** Families complained to us that children were classified as adults for the purpose of visits once they reached the age of 10 years. Prisoners were allowed six visitors on each visit, three adults and three children. For larger families with older children, this meant that other adult visitors had to visit separately from the rest of the family.

Recommendations

- 4.51** **Prison managers should take into account distance from home in developing the children and families pathway, and take steps to alleviate transport difficulties for visitors to the prison.**
- 4.52** **Visits should start at the advertised time.**
- 4.53** **Children under the age of 18 should not be considered as adults for the purpose of visits.**

Attitudes, thinking and behaviour

- 4.54** There was no local analysis of the population to explore the offending behaviour work that was required, and the lack of OASys assessments for around half of the population meant that, potentially, there was unidentified need. In the 12 cases we looked at, only half had had sufficient offending behaviour work carried out to address their risk of harm and likelihood of reoffending.
- 4.55** The range of accredited offending behaviour programmes had increased and was now adequate to meet the most common areas of need. Two programmes (Resolve and Alcohol-Related Violence) had been introduced and the thinking skills programme was still available. However, too few Resolve groups were delivered each year to accommodate the number identified as suitable, which potentially led to some prisoners being released without doing this.
- 4.56** The Sycamore Tree victim awareness programme was well used and Phoenix Futures delivered a wide range of interventions to support changes in attitudes, thinking and behaviour. The Getting It Right programme provided by London CRC supplied another opportunity for some prisoners to develop improved thinking skills, and 44 prisoners had completed it in the previous nine months.

Recommendation

- 4.57** The full extent of the need for offending behaviour work should be evidenced, and an appropriate range of interventions and places should be provided to meet this.

Section 5. Summary of recommendations and good practice

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

Main recommendation

To NOMS

- 5.1 All prisoners transferring from local prisons should have a comprehensive offender assessment system (OASys) assessment and plan. (S49)

Main recommendations

To the governor

- 5.2 Robust strategic action should be taken to reduce levels of violence and make the prison safer. This should include an analysis of violent incidents; a local violence reduction strategy, with associated action plans; and improved violence management and victim support processes which are well known to all staff and implemented reliably. (S45)
- 5.3 Security intelligence should be promptly and fully analysed, and effective action taken in response to the concerns identified. (S46)
- 5.4 A comprehensive drug supply reduction strategy and action plan should be implemented. (S47)
- 5.5 All available activity places should be filled and prisoners should attend on time. Activity places should not be closed and other regime activities, including the gym, should not interrupt the working day. (S48)
- 5.6 All prisoners should have an up-to-date OASys assessment and sentence plan. Contact between prisoners and offender supervisors should be regular and meaningful, and should encourage and monitor progress against targets and actions to reduce reoffending. (S50)

Recommendation

To GeoAmey

Courts, escort and transfers

- 5.7 Accommodation in escort vans should be clean and free of graffiti. (1.2)

Recommendations

To the governor

Early days in custody

- 5.8 New arrivals should be moved from reception to their first night accommodation as soon as possible. (1.11, repeated recommendation 1.13)

- 5.9** Accommodation for new arrivals should be equipped adequately and there should be procedures to check on their safety during their first night. (1.12)
- 5.10** All new arrivals should receive a private first night interview, and attention should be given to their immediate problems. (1.13)
- 5.11** The induction programme should be enhanced to ensure that all prisoners receive full information about the prison. (1.14)

Self-harm and suicide

- 5.12** The reasons for the increased number of self-harm incidents should be analysed and strategic action taken to reduce it. (1.26)

Security

- 5.13** Closed visits should only be continued each month if there is clearly documented, up-to-date intelligence to support the decision. (1.33)
- 5.14** Prisoners should only be strip-searched on the basis of intelligence or specific suspicion. (1.34, repeated recommendation, 1.39)
- 5.15** The mandatory drug testing programme should be sufficiently resourced to undertake all types of testing within the required timescales. (1.35)

Incentives and earned privileges

- 5.16** Review boards should include wing staff and, wherever possible, the prisoner should be able to make representations. (1.39)

Discipline

- 5.17** Managerial oversight of disciplinary procedures should focus on reducing the number of adjudications, and ensuring that all charges are laid appropriately and that all hearings are held and completed within a reasonable time. (1.42)
- 5.18** Governance of use of force, particularly special accommodation, mechanical restraints, planned interventions and use of batons, should be improved. (1.46, repeated recommendation 1.54)
- 5.19** Reintegration plans for segregated prisoners should challenge the reasons for poor behaviour and detail how they will be reintegrated back to a residential unit. (1.51)
- 5.20** The cells in the segregation unit should be kept free of graffiti. (1.52)

Substance misuse

- 5.21** The drugs and alcohol committee should oversee the strategic approach to drugs and alcohol, underpinned by a comprehensive, regularly reviewed drug and alcohol strategy and dynamic action plan that are informed by an annual needs assessment. (1.57)

Residential units

- 5.22** Cells should be maintained to a consistent standard, all toilets and showers should be screened to ensure privacy, and all cell windows should be able to be closed. (2.10, repeated recommendation 2.10)
- 5.23** There should be sufficient correctly sized clothing to equip prisoners appropriately for work. (2.11)
- 5.24** The role of the prisoner information desk workers should be standardised across the prison and should not include the issuing of complaint or application forms, and the latter should be freely available during unlock periods. (2.12)

Staff-prisoner relationships

- 5.25** Low-level misbehaviour should be challenged promptly by wing staff. (2.16)

Equality and diversity

- 5.26** Equality and diversity provision should be driven and supported by senior leadership and strategic direction. (2.22)
- 5.27** All discrimination incident report form investigations should be completed thoroughly and the process quality assured by an external body. (2.23)
- 5.28** All minority groups should be supported and consulted, to ensure that their needs are assessed, and that negative perceptions are understood and inequalities of treatment addressed. (2.30)

Complaints

- 5.29** A non-uniformed member of staff should empty the complaints boxes daily. (2.38, repeated recommendation 2.45)

Health services

- 5.30** All staff should have regular managerial and clinical supervision, underpinned by a current performance appraisal. (2.57)
- 5.31** The emergency resuscitation equipment should be in good order, with an effective monitoring system. Sufficient custody staff should be trained in the use of the automated defibrillator and first aid to ensure an adequate response to emergencies during the day and night. (2.58)
- 5.32** Access to sexual health services should be within an acceptable timeframe to meet the needs of the prison population. (2.65)
- 5.33** Prisoners should have timely access to external hospital appointments. (2.66)
- 5.34** The medicines management committee should review the in-possession policy and ensure that it is implemented robustly. (2.75)

5.35 The administration of medication should be at times that ensure the best treatment for prisoners, with completed administration records and action taken to follow up on those who do not attend. (2.76)

5.36 Custody officers should actively manage medication queues, to maintain confidentiality and minimise potential bullying and the diversion of supplies. Prisoners in shared cells should have a lockable cupboard to store their medication securely. (2.77)

5.37 All custody officers should receive regular mental health awareness training. (2.84)

Catering

5.38 Prisoner comments on food servery logs should be reviewed and responses should be quality assured. (2.89)

5.39 Breakfast should be served on the day it is to be eaten and the evening meal should be served after 5pm. (2.90)

Purchases

5.40 Prisoners should not be charged an administrative fee on catalogue orders. (2.94)

Time out of cell

5.41 The prison should operate a full category C regime, which includes lunchtime unlock and evening association. The regime should be widely published and adhered to. (3.4)

Learning and skills and work activities

5.42 The prison should further develop its education, training and work provision so that it supports all prisoners' resettlement needs. (3.10)

5.43 All of the prison's learning and skills provision should be subject to robust quality assurance and improvement practice. (3.11)

5.44 The prison should ensure that learners' employability is developed through the routine use of appropriate short-term target setting and review. (3.22)

5.45 Trainers in vocational and production workshops should effectively reinforce prisoners' understanding of relevant health and safety practice. (3.23)

5.46 The prison should provide work that is increasingly more challenging, to improve prisoners' employability on release. (3.24)

5.47 All learners should receive effective support to improve their English and mathematics skills. (3.25)

5.48 The quality of the facilities in waste management and the 'Goods Again' assembly workshop should be improved. (3.26)

5.49 The prison should introduce strategies to improve all learners' personal and social skill development, to support successful resettlement. (3.30)

- 5.50** The prison should ensure that all learners are challenged to develop the highest standards of employability, as well as English and mathematics skills. (3.35)
- 5.51** Learners should be helped to identify and record their achievements so they can be used to enrich their job applications. (3.36)
- 5.52** The prison should provide library orderlies with the opportunity to achieve relevant qualifications. (3.41)
- 5.53** Library staff should analyse the available data on library usage to identify and address any incidences where particular groups of prisoners are not accessing library services. (3.42)

Physical education and healthy living

- 5.54** Reductions in the delivery of planned gym sessions should be minimised. (3.47)
- 5.55** Recreational gym should not be provided during the core day. (3.48)
- 5.56** The range of accredited PE qualifications should be extended. (3.49)

Strategic management of resettlement

- 5.57** A comprehensive reducing reoffending strategy should be developed, based on a full analysis of offending related needs and supported by a detailed action plan which is monitored and updated rigorously. (4.4)

Offender management and planning

- 5.58** Risk of harm assessments and plans should be comprehensive, analysing all available evidence and providing up-to-date actions to minimise the risks. (4.11)
- 5.59** Wing staff and offender supervisor reports should be submitted on time, to support the timely completion of home detention curfew assessments. (4.12)
- 5.60** The effectiveness of multi-departmental risk management planning should be improved, to ensure that all relevant cases are considered and reviewed regularly, and that comprehensive risk management plans are developed and delivered. (4.17)
- 5.61** Multi-agency public protection arrangements (MAPPA) levels should be confirmed at least six months before release, to enable the offender management unit to contribute fully to release plans. (4.18)
- 5.62** Information sharing on public protection issues should be improved, including access to Delius and the use of P-NOMIS. (4.19)
- 5.63** Progressive transfers to another prison should be clearly prioritised, with the full involvement of offender supervisors. (4.23)

Reintegration planning

- 5.64** London community rehabilitation company (CRC) should be clearly advertised as the resettlement team, and CRC staff should be involved in the induction programme, to ensure that prisoners know whom to turn to for help across all of the resettlement pathways. (4.31)

- 5.65** The prison should ensure that all prisoners who would benefit from the 'Strive' programme participate in it. (4.38)
- 5.66** The prison should provide a virtual campus to support prisoners' resettlement. (4.39)
- 5.67** Prison managers should take into account distance from home in developing the children and families pathway, and take steps to alleviate transport difficulties for visitors to the prison. (4.51)
- 5.68** Visits should start at the advertised time. (4.52)
- 5.69** Children under the age of 18 should not be considered as adults for the purpose of visits. (4.53)
- 5.70** The full extent of the need for offending behaviour work should be evidenced, and an appropriate range of interventions and places should be provided to meet this. (4.57)

Examples of good practice

Substance misuse

- 5.71** The psychosocial team recorded all of their assessments, recovery plans and case notes on the prisoner's electronic clinical notes, which ensured continuity of care within the wider health care team. (1.58)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Alison Perry	Team leader
Paul Rowlands	Inspector
Sandra Fieldhouse	Inspector
Jonathan Tickner	Inspector
Maneer Afsar	Inspector
Karen Dillon	Inspector
Andrew Rooke	Inspector
Joseph Simmonds	Researcher
Alissa Redmond	Researcher
Emma Seymour	Researcher
Patricia Taflan	Researcher
Majella Pearce	Substance misuse inspector
Maureen Jamieson	Health services inspector
Liz Walsh	Health services inspector
Richard Chapman	Pharmacist
Gary Turney	Care Quality Commission inspector
Nigel Bragg	Ofsted inspector
Gerard McGrath	Ofsted inspector
Jai Sharda	Ofsted inspector
Martyn Griffiths	Offender management inspector
Nicola McCloskey	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2012, reception and first night arrangements were generally good. Most prisoners had a comprehensive and multidisciplinary induction, including a very good presentation by prisoner peer supporters. Safer custody was well managed. The incidence of violence was low and there were useful interventions for both perpetrators and victims. The quality of self-harm monitoring was impressive. Security arrangements were broadly proportionate and facilitated a safe environment. There was good support for segregated prisoners, including input from the mental health team. Outcomes for prisoners were good against this healthy prison test.

Recommendations

New arrivals should be moved from reception to their first night accommodation as soon as possible. (1.13)

Not achieved (recommendation repeated, 1.11)

All new arrivals should receive a private first night interview and the full induction programme. (1.14)

Not achieved

The gated cell in the care and separation unit should be taken out of use. (1.28)

Not achieved

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.32)

Achieved

Prisoners should only be strip searched on the basis of intelligence or specific suspicion. (1.39)

Not achieved (recommendation repeated, 1.34)

Closed visits should only be applied when there is specific intelligence about visits to support this. (1.40)

Not achieved

The prison should investigate the poor perceptions of prisoners about the fairness of the incentives and earned privileges (IEP) scheme. (1.46)

Not achieved

The prison should seek to reduce the causes that lead to a third of adjudications being overturned. (1.50)

Achieved

Governance of use of force, particularly special accommodation, mechanical restraints, planned interventions and use of batons, should be improved. (1.54)

Not achieved (recommendation repeated, 1.46)

Information collated on segregation should be analysed and used more effectively to inform strategy. (1.62)

Achieved

The cells in the care and support unit (CSU) should be improved. (1.63)

Not achieved

Care and reintegration plans for prisoners in the CSU should be formalised. (1.64)

Achieved

Clinical, substance misuse and mental health services should further improve joint work and provide fully integrated care. (1.72)

Achieved

Prisoners with drug and alcohol problems who do not require clinical intervention should have ready access to a range of substance misuse services that meet their needs. (1.73)

Partly achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2012, the communal areas were generally clean, although there was some graffiti on cell doors. Most prisoners said that relationships with staff were positive and the use of preferred names was the norm. The prison had adopted what it termed a 'whole prison' approach to equality and diversity but, while the strategy was positive and innovative it had little substance, and there was limited communication with minority groups of prisoners. In our survey, the perceptions of prisoners from all minority groups were poor across a wide range of indicators, although those we spoke to were generally more positive. Health care provision was very good overall, but the wait for routine dental treatment was too long. There was a high level of dissatisfaction with the food. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

The prison should work to understand the perceptions of all minority groups of prisoners, increase the provision and support for each group, and raise staff awareness of the need to promote equality and diversity. (HP49)

Partially achieved

Recommendations

Cells should be maintained to a consistent standard, all toilets and showers should be screened to ensure privacy, and all cell windows should be able to be closed. (2.10)

Not achieved (recommendation repeated, 2.10)

The clothing policy should not disadvantage prisoners who are not on enhanced status. (2.11)

Achieved

The recently introduced equality and diversity procedures should be revised and, if needed, relaunched with the aim of ensuring meaningful and relevant outcomes. (2.25)

Not achieved

There should be improved consultation and better communication with prisoners from minority groups. (2.26)

Partially achieved

There should be adequate provision for the care and support of foreign national prisoners until their transfer. (2.34)

Achieved

A non-uniformed member of staff should empty the complaints boxes daily. (2.45)

Not achieved (recommendation repeated, 2.38)

There should be action to reduce noise in the health waiting area. (2.56)

Achieved

The pharmacist and pharmacy technicians should develop pharmacy-led clinics and medicine use reviews, and pharmacy technicians should be trained in the administration of medicines. (2.72)

Achieved

The medicines management committee should review the prescribing of medicines subject to abuse and the management of pre-pack medications, and introduce a full range of policies and procedures. (2.73)

Achieved

Medication rounds should be timed to provide the best clinical outcomes for patients. (2.74)

Not achieved

Medication administration should take place in a safe and suitable environment that provides privacy for prisoners. (2.75)

Not achieved

There should be action to reduce the waiting list for routine dental appointments. (2.80)

Achieved

Breakfast should be served on the morning that it is to be consumed. (2.90)

Not achieved

The kitchen area and equipment should be maintained to an acceptable standard. (2.91)

Not achieved

Relevant qualifications should be offered to prisoners working in the kitchen. (2.92)

Achieved

Purposeful activity

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

At the last inspection in 2012, prisoners had very good access to time out of their cells. There were sufficient purposeful activity places to meet the needs of the population. Education and training were well planned and managed, and effective partnerships had increased the range of vocational training and qualifications. Success rates in education and vocational training were high. Learners were enthusiastic about their courses and demonstrated good skills and knowledge. Teaching and learning in education and vocational training were very effective. Access to the gym was good, but the amount of recreational PE disrupted other activity. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

The number of prisoners locked in their cell and not engaged in purposeful activity should be reduced. (3.6)

Not achieved

Best practice should be shared to improve the observation of teaching and learning, and to develop the skills for life provision. (3.16)

Partially achieved

Qualifications should be available in all work areas, including the construction skills certificate scheme (CSCS) card. (3.21)

Not achieved

Prisoners in the production workshops should always be purposefully occupied. (3.22)

Partially achieved

Learners' progress should be improved through the use of short-term target setting, reviewing their development against targets, and providing sufficient learning support in larger classes. (3.32)

Partially achieved

There should be a review of health and safety risk assessments in vocational skills and work areas, particularly in the supply and use of personal protective equipment. (3.38)

Achieved

The library stock should meet the interests of prisoners. (3.42)

Achieved

The library should support the development of literacy by improving links with the education department and introducing reading activities. (3.43)

Achieved

Recreational PE should be provided at times that do not interfere with prisoners' work or learning. (3.50)

Not achieved

There should be accredited PE qualifications to help prisoners, including orderlies, gain employment in the fitness industry. (3.51)

Partially achieved

Resettlement

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

At the last inspection in 2012, all prisoners were allocated an offender supervisor, but sentence planning arrangements were inconsistent. There were not enough interventions or emphasis on risk management. Public protection screening arrangements were appropriate but the lack of interdepartmental risk management meetings was a concern. Management of category D prisoners was underdeveloped. There was some good work on the resettlement pathways but no formal mechanism to pull these together. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

The offender management unit should focus more directly on risk and risk management, ensuring that sentence plan targets address prisoner risk of harm and reoffending, and there should be quality assurance arrangements to support this. (HP50)

Partially achieved

Recommendations

The prisoner needs analysis should include information identified in offender assessment system (OASys) assessments. (4.6)

Not achieved

All offender supervisors should receive regular reviews and personal development support through supervision and casework management. (4.18)

Partially achieved

There should be multidisciplinary reviews of high risk offenders on their arrival and at regular intervals, including six months before their release, and information from this group should be included in risk assessments provided for multi-agency public protection arrangements (MAPPA) teams. (4.23)

Not achieved

Category D prisoners should have opportunities to work outside the establishment or be transferred to a category D prison to facilitate this. (4.25)

Achieved

All prisoners should have a pre-release assessment, informed by contributions from departments across the establishment, before their release. (4.29)

Achieved

Prisoners should receive up-to-date information and support with CV building and job interview skills closer to their release date. (4.36)

Partially achieved

The prison should improve its links with employers and increase opportunities for release on temporary licence (ROTL) in support of resettlement. (4.37)

Partially achieved

Joint working between the substance misuse and the offender management teams should be improved. (4.40)

Not achieved

Family visits should be available to all prisoners, including those on basic level, subject to individual risk assessment. (4.50)

Achieved

There should be sufficient work oriented to reducing prisoner risk of harm and reoffending to meet identified need. (4.55)

Not achieved

Appendix III: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced		688	93.7
Recall		46	6.3
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees			
Total		734	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced			
Less than six months			
six months to less than 12 months		3	0.4
12 months to less than 2 years		48	6.5
2 years to less than 4 years		245	33.3
4 years to less than 10 years		342	46.7
10 years and over (not life)		44	6.0
ISPP (indeterminate sentence for public protection)		36	4.9
Life		16	2.2
Total		734	100

Age	Number of prisoners	%
Please state minimum age here:		
Under 21 years	0	0
21 years to 29 years	329	44.8
30 years to 39 years	230	31.3
40 years to 49 years	108	14.7
50 years to 59 years	57	7.8
60 years to 69 years	8	1.1
70 plus years	2	0.3
Please state maximum age here:	79	
Total	734	100

Nationality	18–20-year-olds	21 and over	%
British		716	97.6
Foreign nationals		17	2.3
Not stated		1	0.1
Total		734	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced			
Category A			
Category B		1	0.1
Category C		707	96.3
Category D		25	3.4

Other		1	0.1
Total		734	100

Ethnicity	18–20-year-olds	21 and over	%
White		303	41.3
British		251	34.2
Irish		14	1.9
Gypsy/Irish Traveller		20	2.7
Other white		18	2.5
Mixed		72	9.8
White and black Caribbean		47	6.4
White and black African		6	0.8
White and Asian		3	0.4
Other mixed		16	2.2
Asian or Asian British		92	12.5
Indian		29	4.0
Pakistani		23	3.1
Bangladeshi		18	2.5
Chinese		0	0
Other Asian		22	3.0
Black or black British		244	33.2
Caribbean		129	17.6
African		75	10.2
Other black		40	5.4
Other ethnic group		18	2.5
Arab		3	0.4
Other ethnic group		15	2.0
Not stated		5	0.7
Total		734	100

Religion	18–20-year-olds	21 and over	%
Baptist		0	0
Church of England		121	16.5
Roman Catholic		122	16.6
Other Christian denominations		93	12.7
Muslim		223	30.4
Sikh		17	2.3
Hindu		8	1.1
Buddhist		5	0.6
Jewish		4	0.5
Other		11	1.6
No religion		130	17.7
Total		734	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)		1	100
Total		1	100

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			87	11.9
1 month to 3 months			159	21.7
3 months to six months			164	22.3
six months to 1 year			179	24.4
1 year to 2 years			98	13.4
2 years to 4 years			43	5.8
4 years or more			4	0.5
Total			734	100

Sentenced prisoners only

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

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment.¹⁰ Respondents were then randomly selected from a P-NOMIS prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 25 July 2016 the prisoner population at HMP Onley was 735. Using the method described above, questionnaires were distributed to a sample of 210 prisoners.

We received a total of 182 completed questionnaires, a response rate of 87%. This included one questionnaire completed via interview. Thirteen respondents refused to complete a questionnaire and 15 questionnaires were not returned.

Wing/Unit	Number of completed survey returns
A	13
B	13
C	16
D	13

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

E	13
G	15
H	13
I	23
J	21
K	19
L	20
Segregation unit	3

Presentation of survey results and analyses

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

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences¹¹ are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Onley in 2016 compared with responses from prisoners surveyed in all other category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 37 category C training prisons since April 2012.
- The current survey responses from HMP Onley in 2016 compared with the responses of prisoners surveyed at HMP Onley in 2012.
- A comparison within the 2016 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2016 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2016 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

¹¹ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.01 which means that there is only a 1% likelihood that the difference is due to chance.

Survey summary

Section I: About You

Q1.2	How old are you?	
	<i>Under 21</i>	1 (1%)
	<i>21 - 29</i>	88 (48%)
	<i>30 - 39</i>	60 (33%)
	<i>40 - 49</i>	20 (11%)
	<i>50 - 59</i>	12 (7%)
	<i>60 - 69</i>	1 (1%)
	<i>70 and over</i>	0 (0%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	163 (90%)
	<i>Yes - on recall</i>	18 (10%)
	<i>No - awaiting trial</i>	0 (0%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	1 (1%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	1 (1%)
	<i>Less than 6 months</i>	4 (2%)
	<i>6 months to less than 1 year</i>	8 (4%)
	<i>1 year to less than 2 years</i>	20 (11%)
	<i>2 years to less than 4 years</i>	62 (35%)
	<i>4 years to less than 10 years</i>	56 (31%)
	<i>10 years or more</i>	18 (10%)
	<i>IPP (indeterminate sentence for public protection)</i>	4 (2%)
	<i>Life</i>	5 (3%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?	
	<i>Yes</i>	9 (5%)
	<i>No</i>	171 (95%)
Q1.6	Do you understand spoken English?	
	<i>Yes</i>	179 (98%)
	<i>No</i>	3 (2%)
Q1.7	Do you understand written English?	
	<i>Yes</i>	178 (98%)
	<i>No</i>	4 (2%)

Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	50 (28%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	9 (5%)	<i>Asian or Asian British - other</i> 2 (1%)
	<i>White - other</i>	8 (5%)	<i>Mixed race - white and black Caribbean</i> 17 (10%)
	<i>Black or black British - Caribbean</i>	33 (19%)	<i>Mixed race - white and black African</i> 2 (1%)
	<i>Black or black British - African</i>	21 (12%)	<i>Mixed race - white and Asian</i> 2 (1%)
	<i>Black or black British - other</i>	4 (2%)	<i>Mixed race - other</i> 5 (3%)
	<i>Asian or Asian British - Indian</i>	6 (3%)	<i>Arab</i> 0 (0%)
	<i>Asian or Asian British - Pakistani</i>	10 (6%)	<i>Other ethnic group</i> 2 (1%)
	<i>Asian or Asian British - Bangladeshi</i>	6 (3%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	<i>Yes</i>		10 (6%)
	<i>No</i>		162 (94%)
Q1.10	What is your religion?		
	<i>None</i>	32 (18%)	<i>Hindu</i> 2 (1%)
	<i>Church of England</i>	45 (26%)	<i>Jewish</i> 2 (1%)
	<i>Catholic</i>	25 (14%)	<i>Muslim</i> 57 (33%)
	<i>Protestant</i>	0 (0%)	<i>Sikh</i> 1 (1%)
	<i>Other Christian denomination</i>	6 (3%)	<i>Other</i> 4 (2%)
	<i>Buddhist</i>	1 (1%)	
Q1.11	How would you describe your sexual orientation?		
	<i>Heterosexual/ Straight</i>		175 (97%)
	<i>Homosexual/Gay</i>		1 (1%)
	<i>Bisexual</i>		4 (2%)
Q1.12	Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?		
	<i>Yes</i>		36 (20%)
	<i>No</i>		140 (80%)
Q1.13	Are you a veteran (ex- armed services)?		
	<i>Yes</i>		5 (3%)
	<i>No</i>		176 (97%)
Q1.14	Is this your first time in prison?		
	<i>Yes</i>		60 (33%)
	<i>No</i>		121 (67%)
Q1.15	Do you have children under the age of 18?		
	<i>Yes</i>		85 (47%)
	<i>No</i>		96 (53%)

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>	56 (31%)
	<i>2 hours or longer</i>	120 (66%)
	<i>Don't remember</i>	5 (3%)

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>	56 (31%)
	Yes	90 (50%)
	No	30 (17%)
	Don't remember	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>	56 (31%)
	Yes	10 (5%)
	No	111 (61%)
	Don't remember	5 (3%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	85 (47%)
	No	81 (45%)
	Don't remember	14 (8%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	122 (67%)
	No	52 (29%)
	Don't remember	7 (4%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	42 (23%)
	Well	83 (46%)
	Neither	40 (22%)
	Badly	5 (3%)
	Very badly	6 (3%)
	Don't remember	5 (3%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	Yes, someone told me	83 (46%)
	Yes, I received written information	41 (23%)
	No, I was not told anything	55 (30%)
	Don't remember	3 (2%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	140 (77%)
	No	39 (21%)
	Don't remember	3 (2%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	98 (54%)
	2 hours or longer	74 (41%)
	Don't remember	9 (5%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	144 (81%)
	No	25 (14%)
	Don't remember	9 (5%)

Q3.3	Overall, how were you treated in reception?		
	<i>Very well</i>		42 (23%)
	<i>Well</i>		91 (50%)
	<i>Neither</i>		30 (16%)
	<i>Badly</i>		11 (6%)
	<i>Very badly</i>		5 (3%)
	<i>Don't remember</i>		3 (2%)
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>	47 (27%)	<i>Physical health</i> 27 (15%)
	<i>Housing problems</i>	53 (30%)	<i>Mental health</i> 33 (19%)
	<i>Contacting employers</i>	7 (4%)	<i>Needing protection from other prisoners</i> 7 (4%)
	<i>Contacting family</i>	39 (22%)	<i>Getting phone numbers</i> 30 (17%)
	<i>Childcare</i>	6 (3%)	<i>Other</i> 10 (6%)
	<i>Money worries</i>	31 (18%)	<i>Did not have any problems</i> 48 (27%)
	<i>Feeling depressed or suicidal</i>	28 (16%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>		30 (18%)
	<i>No</i>		91 (54%)
	<i>Did not have any problems</i>		48 (28%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>		149 (82%)
	<i>A shower</i>		65 (36%)
	<i>A free telephone call</i>		62 (34%)
	<i>Something to eat</i>		129 (71%)
	<i>PIN phone credit</i>		111 (61%)
	<i>Toiletries/ basic items</i>		99 (54%)
	<i>Did not receive anything</i>		12 (7%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	<i>Chaplain</i>		98 (55%)
	<i>Someone from health services</i>		116 (66%)
	<i>A Listener/Samaritans</i>		55 (31%)
	<i>Prison shop/ canteen</i>		49 (28%)
	<i>Did not have access to any of these</i>		29 (16%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	<i>What was going to happen to you</i>		72 (41%)
	<i>What support was available for people feeling depressed or suicidal</i>		49 (28%)
	<i>How to make routine requests (applications)</i>		57 (33%)
	<i>Your entitlement to visits</i>		49 (28%)
	<i>Health services</i>		77 (44%)
	<i>Chaplaincy</i>		71 (41%)
	<i>Not offered any information</i>		49 (28%)
Q3.9	Did you feel safe on your first night here?		
	<i>Yes</i>		131 (73%)
	<i>No</i>		39 (22%)
	<i>Don't remember</i>		10 (6%)

Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	34 (20%)
	<i>Within the first week</i>	66 (38%)
	<i>More than a week</i>	66 (38%)
	<i>Don't remember</i>	8 (5%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	34 (19%)
	<i>Yes</i>	55 (31%)
	<i>No</i>	73 (41%)
	<i>Don't remember</i>	17 (9%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	20 (11%)
	<i>Within the first week</i>	47 (27%)
	<i>More than a week</i>	88 (50%)
	<i>Don't remember</i>	20 (11%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i> N/A
	<i>Communicate with your solicitor or legal representative?</i>	16 (9%)	44 (25%)	28 (16%)	28 (16%)	35 (20%) 22 (13%)
	<i>Attend legal visits?</i>	13 (8%)	41 (26%)	31 (20%)	14 (9%)	18 (12%) 39 (25%)
	<i>Get bail information?</i>	4 (3%)	9 (6%)	26 (18%)	19 (13%)	26 (18%) 61 (42%)
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>					39 (22%)
	<i>Yes</i>					62 (35%)
	<i>No</i>					74 (42%)
Q4.3	Can you get legal books in the library?					
	<i>Yes</i>					56 (32%)
	<i>No</i>					21 (12%)
	<i>Don't know</i>					98 (56%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:					
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	91 (52%)	82 (47%)	1 (1%)		
	<i>Are you normally able to have a shower every day?</i>	161 (92%)	13 (7%)	1 (1%)		
	<i>Do you normally receive clean sheets every week?</i>	32 (19%)	138 (80%)	2 (1%)		
	<i>Do you normally get cell cleaning materials every week?</i>	111 (65%)	56 (33%)	4 (2%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	41 (24%)	98 (58%)	30 (18%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	104 (61%)	65 (38%)	2 (1%)		
	<i>If you need to, can you normally get your stored property?</i>	25 (15%)	92 (54%)	52 (31%)		
Q4.5	What is the food like here?					
	<i>Very good</i>					8 (5%)
	<i>Good</i>					30 (17%)
	<i>Neither</i>					46 (26%)
	<i>Bad</i>					46 (26%)
	<i>Very bad</i>					45 (26%)

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>	5 (3%)
	Yes	60 (34%)
	No	112 (63%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	73 (41%)
	No	24 (14%)
	<i>Don't know</i>	80 (45%)
Q4.8	Are your religious beliefs respected?	
	Yes	98 (56%)
	No	32 (18%)
	<i>Don't know/ N/A</i>	45 (26%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	107 (60%)
	No	11 (6%)
	<i>Don't know/ N/A</i>	59 (33%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	21 (12%)
	<i>Very easy</i>	50 (29%)
	<i>Easy</i>	55 (31%)
	<i>Neither</i>	17 (10%)
	<i>Difficult</i>	11 (6%)
	<i>Very difficult</i>	3 (2%)
	<i>Don't know</i>	18 (10%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	130 (73%)
	No	42 (24%)
	<i>Don't know</i>	5 (3%)
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)	
		<i>Not made one</i> Yes No
	Are <i>applications</i> dealt with fairly?	12 (7%) 66 (40%) 89 (53%)
	Are <i>applications</i> dealt with quickly (within seven days)?	12 (7%) 41 (25%) 110 (67%)
Q5.3	Is it easy to make a complaint?	
	Yes	89 (52%)
	No	48 (28%)
	<i>Don't know</i>	34 (20%)
Q5.4	Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)	
		<i>Not made one</i> Yes No
	Are <i>complaints</i> dealt with fairly?	49 (29%) 29 (17%) 91 (54%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	49 (29%) 33 (20%) 85 (51%)

Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	31 (18%)
	No	138 (82%)
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>	44 (27%)
	Very easy	17 (10%)
	Easy	21 (13%)
	Neither	34 (21%)
	Difficult	26 (16%)
	Very difficult	22 (13%)

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>	8 (5%)
	Yes	61 (35%)
	No	79 (45%)
	<i>Don't know</i>	28 (16%)
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>	8 (5%)
	Yes	58 (33%)
	No	85 (49%)
	<i>Don't know</i>	24 (14%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	24 (14%)
	No	149 (86%)
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>	129 (75%)
	Very well	6 (4%)
	Well	8 (5%)
	Neither	12 (7%)
	Badly	7 (4%)
	Very badly	9 (5%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	132 (76%)
	No	42 (24%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	110 (64%)
	No	62 (36%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	31 (18%)
	No	146 (82%)

Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	6 (3%)
	<i>Never</i>	37 (21%)
	<i>Rarely</i>	49 (28%)
	<i>Some of the time</i>	53 (30%)
	<i>Most of the time</i>	19 (11%)
	<i>All of the time</i>	10 (6%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	70 (40%)
	<i>In the first week</i>	45 (26%)
	<i>More than a week</i>	42 (24%)
	<i>Don't remember</i>	18 (10%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	70 (40%)
	<i>Very helpful</i>	23 (13%)
	<i>Helpful</i>	37 (21%)
	<i>Neither</i>	18 (10%)
	<i>Not very helpful</i>	13 (7%)
	<i>Not at all helpful</i>	14 (8%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	<i>Yes</i>	77 (44%)
	<i>No</i>	98 (56%)
Q8.2	Do you feel unsafe now?	
	<i>Yes</i>	38 (22%)
	<i>No</i>	133 (78%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	98 (59%)
	<i>Everywhere</i>	25 (15%)
	<i>Segregation unit</i>	7 (4%)
	<i>Association areas</i>	18 (11%)
	<i>Reception area</i>	2 (1%)
	<i>At the gym</i>	7 (4%)
	<i>In an exercise yard</i>	12 (7%)
	<i>At work</i>	18 (11%)
	<i>During movement</i>	36 (22%)
	<i>At education</i>	8 (5%)
	<i>At meal times</i>	8 (5%)
	<i>At health services</i>	8 (5%)
	<i>Visits area</i>	6 (4%)
	<i>In wing showers</i>	14 (8%)
	<i>In gym showers</i>	6 (4%)
	<i>In corridors/stairwells</i>	15 (9%)
	<i>On your landing/wing</i>	13 (8%)
	<i>In your cell</i>	13 (8%)
	<i>At religious services</i>	11 (7%)
Q8.4	Have you been victimised by other prisoners here?	
	<i>Yes</i>	42 (24%)
	<i>No</i>	134 (76%)

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	15 (9%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	17 (10%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	18 (10%)
	<i>Having your canteen/property taken</i>	17 (10%)
	<i>Medication</i>	5 (3%)
	<i>Debt</i>	11 (6%)
	<i>Drugs</i>	11 (6%)
	<i>Your race or ethnic origin</i>	6 (3%)
	<i>Your religion/religious beliefs</i>	5 (3%)
	<i>Your nationality</i>	4 (2%)
	<i>You are from a different part of the country than others</i>	12 (7%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	2 (1%)
	<i>Your age</i>	5 (3%)
	<i>You have a disability</i>	6 (3%)
	<i>You were new here</i>	7 (4%)
	<i>Your offence/ crime</i>	7 (4%)
	<i>Gang related issues</i>	14 (8%)
Q8.6	Have you been victimised by staff here?	
	Yes	48 (28%)
	No	126 (72%)
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>	15 (9%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	10 (6%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	17 (10%)
	<i>Medication</i>	5 (3%)
	<i>Debt</i>	3 (2%)
	<i>Drugs</i>	6 (3%)
	<i>Your race or ethnic origin</i>	14 (8%)
	<i>Your religion/religious beliefs</i>	9 (5%)
	<i>Your nationality</i>	7 (4%)
	<i>You are from a different part of the country than others</i>	8 (5%)
	<i>You are from a traveller community</i>	5 (3%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	4 (2%)
	<i>You have a disability</i>	7 (4%)
	<i>You were new here</i>	7 (4%)
	<i>Your offence/ crime</i>	5 (3%)
	<i>Gang related issues</i>	5 (3%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	102 (63%)
	Yes	24 (15%)
	No	35 (22%)

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	13 (8%)	9 (5%)	39 (23%)	30 (18%)	54 (32%)	26 (15%)
	The nurse	16 (9%)	23 (14%)	48 (28%)	28 (17%)	33 (20%)	21 (12%)
	The dentist	25 (15%)	4 (2%)	16 (10%)	14 (8%)	48 (29%)	60 (36%)
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%)	20 (12%)	62 (36%)	29 (17%)	21 (12%)	12 (7%)
	The nurse	29 (17%)	15 (9%)	57 (34%)	31 (18%)	22 (13%)	15 (9%)
	The dentist	55 (33%)	14 (8%)	28 (17%)	29 (17%)	17 (10%)	23 (14%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						12 (7%)
	<i>Very good</i>						14 (8%)
	<i>Good</i>						61 (36%)
	<i>Neither</i>						33 (19%)
	<i>Bad</i>						31 (18%)
	<i>Very bad</i>						19 (11%)
Q9.4	Are you currently taking medication?						
	Yes						72 (42%)
	No						101 (58%)
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>						101 (58%)
	<i>Yes, all my meds</i>						38 (22%)
	<i>Yes, some of my meds</i>						18 (10%)
	<i>No</i>						17 (10%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						55 (32%)
	No						115 (68%)
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>						115 (69%)
	Yes						19 (11%)
	No						33 (20%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	49 (28%)
	No	126 (72%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	26 (15%)
	No	149 (85%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	79 (46%)
	Easy	18 (10%)
	Neither	7 (4%)
	Difficult	2 (1%)
	Very difficult	7 (4%)
	Don't know	60 (35%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	34 (20%)
	Easy	16 (9%)
	Neither	19 (11%)
	Difficult	12 (7%)
	Very difficult	9 (5%)
	Don't know	82 (48%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	23 (13%)
	No	150 (87%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	11 (6%)
	No	162 (94%)
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>	115 (69%)
	Yes	33 (20%)
	No	18 (11%)
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>	149 (87%)
	Yes	14 (8%)
	No	8 (5%)
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>	126 (78%)
	Yes	26 (16%)
	No	10 (6%)

Section 11: 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	12 (7%)	29 (17%)	57 (34%)	26 (15%)	22 (13%)	24 (14%)
	Vocational or skills training	16 (10%)	20 (13%)	50 (31%)	26 (16%)	28 (18%)	19 (12%)
	Education (including basic skills)	19 (12%)	33 (20%)	56 (34%)	25 (15%)	22 (13%)	9 (5%)
	Offending behaviour programmes	30 (19%)	10 (6%)	26 (16%)	23 (14%)	45 (28%)	28 (17%)

Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)				
	<i>Not involved in any of these</i>				38 (24%)
	Prison job				87 (54%)
	Vocational or skills training				36 (22%)
	Education (including basic skills)				28 (17%)
	Offending behaviour programmes				15 (9%)
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>	Yes	No	Don't know
	Prison job	18 (12%)	48 (32%)	63 (42%)	20 (13%)
	Vocational or skills training	21 (15%)	64 (46%)	38 (27%)	17 (12%)
	Education (including basic skills)	19 (13%)	56 (39%)	51 (36%)	17 (12%)
	Offending behaviour programmes	29 (22%)	44 (34%)	40 (31%)	17 (13%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				23 (14%)
	Never				28 (16%)
	Less than once a week				50 (29%)
	About once a week				64 (38%)
	More than once a week				5 (3%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				44 (27%)
	Yes				60 (36%)
	No				62 (37%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				23 (14%)
	0				29 (17%)
	1 to 2				95 (56%)
	3 to 5				20 (12%)
	More than 5				2 (1%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				8 (5%)
	0				18 (11%)
	1 to 2				35 (20%)
	3 to 5				55 (32%)
	More than 5				55 (32%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				5 (3%)
	0				7 (4%)
	1 to 2				9 (5%)
	3 to 5				43 (25%)
	More than 5				106 (62%)

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>	16 (9%)
	<i>2 to less than 4 hours</i>	31 (18%)
	<i>4 to less than 6 hours</i>	38 (22%)
	<i>6 to less than 8 hours</i>	36 (21%)
	<i>8 to less than 10 hours</i>	16 (9%)
	<i>10 hours or more</i>	21 (12%)
	<i>Don't know</i>	11 (7%)

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	39 (23%)
	No	133 (77%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	75 (44%)
	No	97 (56%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	42 (24%)
	No	133 (76%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	22 (13%)
	<i>Very easy</i>	5 (3%)
	<i>Easy</i>	20 (12%)
	<i>Neither</i>	8 (5%)
	<i>Difficult</i>	29 (17%)
	<i>Very difficult</i>	81 (48%)
	<i>Don't know</i>	3 (2%)

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>	1 (1%)
	Yes	106 (61%)
	No	67 (39%)
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>	68 (40%)
	<i>No contact</i>	44 (26%)
	<i>Letter</i>	32 (19%)
	<i>Phone</i>	32 (19%)
	<i>Visit</i>	18 (11%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	97 (57%)
	No	74 (43%)

Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	1 (1%)
	Yes	72 (41%)
	No	101 (58%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	102 (59%)
	<i>Very involved</i>	23 (13%)
	<i>Involved</i>	19 (11%)
	<i>Neither</i>	5 (3%)
	<i>Not very involved</i>	10 (6%)
	<i>Not at all involved</i>	15 (9%)
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>	102 (60%)
	<i>Nobody</i>	40 (24%)
	<i>Offender supervisor</i>	18 (11%)
	<i>Offender manager</i>	9 (5%)
	<i>Named/ personal officer</i>	5 (3%)
	<i>Staff from other departments</i>	13 (8%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	102 (58%)
	Yes	44 (25%)
	No	17 (10%)
	<i>Don't know</i>	12 (7%)
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>	102 (59%)
	Yes	25 (14%)
	No	37 (21%)
	<i>Don't know</i>	10 (6%)
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>	102 (59%)
	Yes	25 (14%)
	No	36 (21%)
	<i>Don't know</i>	10 (6%)
Q13.10	Do you have a needs based custody plan?	
	Yes	4 (2%)
	No	85 (50%)
	<i>Don't know</i>	80 (47%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	16 (9%)
	No	155 (91%)

**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	34 (22%)	31 (20%)	93 (59%)
Accommodation	29 (18%)	42 (26%)	90 (56%)
Benefits	30 (20%)	37 (24%)	85 (56%)
Finances	31 (21%)	23 (16%)	93 (63%)
Education	33 (22%)	29 (19%)	87 (58%)
Drugs and alcohol	42 (28%)	35 (23%)	74 (49%)

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>	1 (1%)
Yes	88 (54%)
No	74 (45%)

Main comparator and comparator to last time



Prisoner survey responses HMP Onley 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		HMP Onley 2016	Category C Training prisons comparator	HMP Onley 2016	HMP Onley 2012
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		182	6,463	172	182
SECTION 1: General information					
1.2	Are you under 21 years of age?	1%	2%	1%	1%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	10%	9%	10%	7%
1.4	Is your sentence less than 12 months?	7%	6%	7%	8%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	8%	2%	5%
1.5	Are you a foreign national?	5%	9%	5%	5%
1.6	Do you understand spoken English?	98%	99%	98%	99%
1.7	Do you understand written English?	98%	98%	98%	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.)	62%	24%	62%	42%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	4%	6%	2%
1.1	Are you Muslim?	33%	12%	33%	25%
1.11	Are you homosexual/gay or bisexual?	3%	3%	3%	2%
1.12	Do you consider yourself to have a disability?	20%	21%	20%	15%
1.13	Are you a veteran (ex-armed services)?	3%	6%	3%	3%
1.14	Is this your first time in prison?	33%	39%	33%	29%
1.15	Do you have any children under the age of 18?	47%	51%	47%	53%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	66%	45%	66%	43%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	73%	74%	73%	64%
2.3	Were you offered a toilet break?	8%	8%	8%	8%
2.4	Was the van clean?	47%	62%	47%	64%
2.5	Did you feel safe?	67%	79%	67%	80%
2.6	Were you treated well/very well by the escort staff?	69%	73%	69%	72%
2.7	Before you arrived here were you told that you were coming here?	46%	61%	46%	54%
2.7	Before you arrived here did you receive any written information about coming here?	23%	13%	23%	33%
2.8	When you first arrived here did your property arrive at the same time as you?	77%	86%	77%	84%

Main comparator and comparator to last time

Key to tables

		HMP Onley 2016	Category C Training prisons comparator	HMP Onley 2016	HMP Onley 2012
	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				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	54%	53%	54%	49%
3.2	When you were searched in reception, was this carried out in a respectful way?	81%	85%	81%	85%
3.3	Were you treated well/very well in reception?	73%	76%	73%	76%
	When you first arrived:				
3.4	Did you have any problems?	73%	61%	73%	57%
3.4	Did you have any problems with loss of property?	27%	18%	27%	16%
3.4	Did you have any housing problems?	30%	12%	30%	19%
3.4	Did you have any problems contacting employers?	4%	2%	4%	2%
3.4	Did you have any problems contacting family?	22%	18%	22%	11%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	2%	3%	0%
3.4	Did you have any money worries?	18%	13%	18%	15%
3.4	Did you have any problems with feeling depressed or suicidal?	16%	15%	16%	6%
3.4	Did you have any physical health problems?	15%	13%	15%	11%
3.4	Did you have any mental health problems?	19%	17%	19%	7%
3.4	Did you have any problems with needing protection from other prisoners?	4%	5%	4%	2%
3.4	Did you have problems accessing phone numbers?	17%	16%	17%	14%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	25%	36%	25%	36%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	82%	75%	82%	71%
3.6	A shower?	36%	28%	36%	31%
3.6	A free telephone call?	34%	42%	34%	48%
3.6	Something to eat?	71%	55%	71%	70%
3.6	PIN phone credit?	61%	51%	61%	72%
3.6	Toiletries/ basic items?	54%	47%	54%	42%

Key to tables

Main comparator and comparator to last time

	Any percentage highlighted in green is significantly better	HMP Onley 2016	Category C Training prisons comparator	HMP Onley 2016	HMP Onley 2012
	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				
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	55%	53%	55%	58%
3.7	Someone from health services?	66%	69%	66%	70%
3.7	A Listener/Samaritans?	31%	33%	31%	46%
3.7	Prison shop/ canteen?	28%	24%	28%	27%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	41%	50%	41%	60%
3.8	Support was available for people feeling depressed or suicidal?	28%	40%	28%	50%
3.8	How to make routine requests?	33%	43%	33%	56%
3.8	Your entitlement to visits?	28%	39%	28%	51%
3.8	Health services?	44%	51%	44%	64%
3.8	The chaplaincy?	41%	48%	41%	54%
3.9	Did you feel safe on your first night here?	73%	81%	73%	87%
3.10	Have you been on an induction course?	81%	90%	81%	96%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	38%	60%	38%	63%
3.12	Did you receive an education (skills for life) assessment?	89%	84%	89%	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%	45%	35%	55%
4.1	Attend legal visits?	35%	46%	35%	56%
4.1	Get bail information?	9%	14%	9%	22%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	35%	39%	35%	35%
4.3	Can you get legal books in the library?	32%	41%	32%	48%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	52%	67%	52%	72%
4.4	Are you normally able to have a shower every day?	92%	92%	92%	98%
4.4	Do you normally receive clean sheets every week?	19%	72%	19%	46%
4.4	Do you normally get cell cleaning materials every week?	65%	66%	65%	74%
4.4	Is your cell call bell normally answered within five minutes?	24%	35%	24%	32%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	61%	69%	61%	66%
4.4	Can you normally get your stored property, if you need to?	15%	24%	15%	31%
4.5	Is the food in this prison good/very good?	22%	31%	22%	21%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	34%	49%	34%	30%
4.7	Are you able to speak to a Listener at any time, if you want to?	41%	57%	41%	53%
4.8	Are your religious beliefs are respected?	56%	52%	56%	56%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	60%	59%	60%	59%
4.10	Is it easy/very easy to attend religious services?	60%	49%	60%	58%

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better	HMP Onley 2016	Category C Training prisons comparator	HMP Onley 2016	HMP Onley 2012
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				
SECTION 5: Applications and complaints				
5.1 Is it easy to make an application?	73%	81%	73%	80%
For those who have made an application:				
5.2 Do you feel applications are dealt with fairly?	43%	57%	43%	59%
5.2 Do you feel applications are dealt with quickly (within seven days)?	27%	40%	27%	40%
5.3 Is it easy to make a complaint?	52%	59%	52%	62%
For those who have made a complaint:				
5.4 Do you feel complaints are dealt with fairly?	24%	34%	24%	36%
5.4 Do you feel complaints are dealt with quickly (within seven days)?	28%	29%	28%	40%
5.5 Have you ever been prevented from making a complaint when you wanted to?	18%	19%	18%	17%
5.6 Is it easy/very easy to see the Independent Monitoring Board?	23%	29%	23%	29%
SECTION 6: Incentives and earned privileges scheme				
6.1 Do you feel you have been treated fairly in your experience of the IEP scheme?	35%	49%	35%	51%
6.2 Do the different levels of the IEP scheme encourage you to change your behaviour?	33%	45%	33%	47%
6.3 In the last six months have any members of staff physically restrained you (C&R)?	14%	8%	14%	7%
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?	34%	36%	34%	54%
SECTION 7: Relationships with staff				
7.1 Do most staff, in this prison, treat you with respect?	76%	79%	76%	83%
7.2 Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	64%	74%	64%	71%
7.3 Has a member of staff checked on you personally in the last week to see how you were getting on?	18%	31%	18%	28%
7.4 Do staff normally speak to you most of the time/all of the time during association?	17%	21%	17%	18%
7.5 Do you have a personal officer?	60%	64%	60%	71%
For those with a personal officer:				
7.6 Do you think your personal officer is helpful/very helpful?	57%	63%	57%	61%

Main comparator and comparator to last time

Key to tables

		HMP Onley 2016	Category C Training prisons comparator	HMP Onley 2016	HMP Onley 2012
	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				
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	44%	37%	44%	34%
8.2	Do you feel unsafe now?	22%	15%	22%	15%
8.4	Have you been victimised by other prisoners here?	24%	27%	24%	23%
Since you have been here, have other prisoners:					
8.5	Made insulting remarks about you, your family or friends?	9%	12%	9%	10%
8.5	Hit, kicked or assaulted you?	10%	8%	10%	4%
8.5	Sexually abused you?	0%	1%	0%	0%
8.5	Threatened or intimidated you?	10%	16%	10%	12%
8.5	Taken your canteen/property?	10%	7%	10%	4%
8.5	Victimised you because of medication?	3%	4%	3%	0%
8.5	Victimised you because of debt?	6%	4%	6%	2%
8.5	Victimised you because of drugs?	6%	4%	6%	3%
8.5	Victimised you because of your race or ethnic origin?	3%	4%	3%	2%
8.5	Victimised you because of your religion/religious beliefs?	3%	3%	3%	4%
8.5	Victimised you because of your nationality?	2%	3%	2%	1%
8.5	Victimised you because you were from a different part of the country?	7%	4%	7%	5%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.5	Victimised you because of your sexual orientation?	1%	2%	1%	0%
8.5	Victimised you because of your age?	3%	3%	3%	2%
8.5	Victimised you because you have a disability?	3%	3%	3%	2%
8.5	Victimised you because you were new here?	4%	5%	4%	2%
8.5	Victimised you because of your offence/crime?	4%	4%	4%	1%
8.5	Victimised you because of gang related issues?	8%	4%	8%	8%

Main comparator and comparator to last time

Key to tables

		HMP Onley 2016	Category C Training prisons comparator	HMP Onley 2016	HMP Onley 2012
	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				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	28%	29%	28%	33%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	9%	11%	9%	13%
8.7	Hit, kicked or assaulted you?	6%	4%	6%	3%
8.7	Sexually abused you?	0%	1%	0%	0%
8.7	Threatened or intimidated you?	10%	12%	10%	12%
8.7	Victimised you because of medication?	3%	4%	3%	2%
8.7	Victimised you because of debt?	2%	2%	2%	0%
8.7	Victimised you because of drugs?	3%	2%	3%	2%
8.7	Victimised you because of your race or ethnic origin?	8%	4%	8%	2%
8.7	Victimised you because of your religion/religious beliefs?	5%	3%	5%	4%
8.7	Victimised you because of your nationality?	4%	3%	4%	4%
8.7	Victimised you because you were from a different part of the country?	5%	3%	5%	2%
8.7	Victimised you because you are from a Traveller community?	3%	1%	3%	0%
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	1%
8.7	Victimised you because of your age?	2%	2%	2%	1%
8.7	Victimised you because you have a disability?	4%	3%	4%	1%
8.7	Victimised you because you were new here?	4%	4%	4%	5%
8.7	Victimised you because of your offence/crime?	3%	4%	3%	2%
8.7	Victimised you because of gang related issues?	3%	2%	3%	5%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	41%	41%	41%	31%

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	28%	29%	28%	25%
9.1	Is it easy/very easy to see the nurse?	42%	50%	42%	46%
9.1	Is it easy/very easy to see the dentist?	12%	14%	12%	12%
	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?	57%	48%	57%	38%
9.2	The nurse?	51%	57%	51%	41%
9.2	The dentist?	38%	43%	38%	36%
9.3	The overall quality of health services?	48%	43%	48%	36%
9.4	Are you currently taking medication?	42%	50%	42%	37%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	77%	83%	77%	57%
9.6	Do you have any emotional well being or mental health problems?	32%	32%	32%	17%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	37%	51%	37%	46%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	28%	25%	28%	21%
10.2	Did you have a problem with alcohol when you came into this prison?	15%	16%	15%	17%
10.3	Is it easy/very easy to get illegal drugs in this prison?	56%	42%	56%	22%
10.4	Is it easy/very easy to get alcohol in this prison?	29%	24%	29%	17%
10.5	Have you developed a problem with drugs since you have been in this prison?	13%	10%	13%	6%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	7%	6%	7%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	65%	61%	65%	47%
10.8	Have you received any support or help with your alcohol problem while in this prison?	64%	64%	64%	48%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	72%	77%	72%	79%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	51%	47%	51%	62%
11.1	Vocational or skills training?	44%	41%	44%	54%
11.1	Education (including basic skills)?	54%	56%	54%	62%
11.1	Offending behaviour programmes?	22%	24%	22%	18%
Are you currently involved in any of the following activities:					
11.2	A prison job?	54%	59%	54%	62%
11.2	Vocational or skills training?	22%	16%	22%	23%
11.2	Education (including basic skills)?	17%	22%	17%	25%
11.2	Offending behaviour programmes?	9%	12%	9%	9%
11.3	Have you had a job while in this prison?	88%	83%	88%	87%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	37%	44%	37%	46%
11.3	Have you been involved in vocational or skills training while in this prison?	85%	74%	85%	85%
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?	54%	57%	54%	57%
11.3	Have you been involved in education while in this prison?	87%	79%	87%	85%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	45%	58%	45%	55%
11.3	Have you been involved in offending behaviour programmes while in this prison?	78%	70%	78%	79%
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?	44%	50%	44%	43%
11.4	Do you go to the library at least once a week?	41%	42%	41%	58%
11.5	Does the library have a wide enough range of materials to meet your needs?	36%	45%	36%	46%
11.6	Do you go to the gym three or more times a week?	13%	33%	13%	45%
11.7	Do you go outside for exercise three or more times a week?	64%	53%	64%	48%
11.8	Do you go on association more than five times each week?	62%	64%	62%	83%
11.9	Do you spend ten or more hours out of your cell on a weekday?	12%	17%	12%	18%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	23%	34%	23%	31%
12.2	Have you had any problems with sending or receiving mail?	44%	43%	44%	39%
12.3	Have you had any problems getting access to the telephones?	24%	20%	24%	24%
12.4	Is it easy/ very easy for your friends and family to get here?	15%	29%	15%	32%

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
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?	61%	82%	61%	74%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	43%	36%	43%	40%
13.2	Contact by letter?	31%	34%	31%	28%
13.2	Contact by phone?	31%	25%	31%	21%
13.2	Contact by visit?	18%	32%	18%	29%
13.3	Do you have a named offender supervisor in this prison?	57%	75%	57%	55%
For those who are sentenced:					
13.4	Do you have a sentence plan?	42%	63%	42%	73%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	58%	53%	58%	59%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	59%	47%	59%	59%
13.6	Offender supervisor?	27%	37%	27%	21%
13.6	Offender manager?	13%	27%	13%	20%
13.6	Named/ personal officer?	7%	13%	7%	11%
13.6	Staff from other departments?	19%	15%	19%	10%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	60%	61%	60%	65%
13.8	Are there plans for you to achieve any of your targets in another prison?	35%	19%	35%	20%
13.9	Are there plans for you to achieve any of your targets in the community?	35%	28%	35%	30%
13.10	Do you have a needs based custody plan?	2%	7%	2%	3%
13.11	Do you feel that any member of staff has helped you to prepare for release?	9%	16%	9%	12%
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?	25%	34%	25%	33%
13.12	Accommodation?	32%	37%	32%	48%
13.12	Benefits?	30%	39%	30%	43%
13.12	Finances?	20%	28%	20%	31%
13.12	Education?	25%	34%	25%	31%
13.12	Drugs and alcohol?	32%	43%	32%	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?	54%	55%	54%	56%

Diversity analysis



Key question responses (ethnicity and religion) HMP Onley 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	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		110	67	57	118
1.3	Are you sentenced?	100%	99%	100%	100%
1.5	Are you a foreign national?	5%	4%	7%	3%
1.6	Do you understand spoken English?	99%	97%	98%	99%
1.7	Do you understand written English?	99%	96%	100%	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.)			93%	48%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	11%	2%	8%
1.1	Are you Muslim?	48%	6%		
1.12	Do you consider yourself to have a disability?	20%	23%	18%	22%
1.13	Are you a veteran (ex-armed services)?	2%	4%	2%	3%
1.14	Is this your first time in prison?	29%	39%	37%	31%
2.6	Were you treated well/very well by the escort staff?	66%	76%	67%	71%
2.7	Before you arrived here were you told that you were coming here?	40%	55%	35%	51%
3.2	When you were searched in reception, was this carried out in a respectful way?	73%	93%	71%	86%
3.3	Were you treated well/very well in reception?	71%	78%	61%	81%
3.4	Did you have any problems when you first arrived?	76%	69%	77%	72%
3.7	Did you have access to someone from health care when you first arrived here?	65%	65%	73%	64%
3.9	Did you feel safe on your first night here?	73%	74%	67%	77%
3.10	Have you been on an induction course?	82%	76%	86%	80%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	35%	34%	35%	35%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	53%	52%	50%	54%
4.4	Are you normally able to have a shower every day?	91%	94%	87%	94%
4.4	Is your cell call bell normally answered within five minutes?	29%	17%	25%	23%
4.5	Is the food in this prison good/very good?	22%	23%	24%	19%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	34%	34%	36%	33%
4.7	Are you able to speak to a Listener at any time, if you want to?	40%	43%	45%	39%
4.8	Do you feel your religious beliefs are respected?	64%	45%	70%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	65%	54%	81%	52%
5.1	Is it easy to make an application?	66%	86%	62%	78%
5.3	Is it easy to make a complaint?	49%	57%	57%	49%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	33%	37%	35%	36%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	24%	47%	35%	34%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	13%	16%	13%
7.1	Do most staff, in this prison, treat you with respect?	73%	82%	68%	81%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	67%	60%	68%	64%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	15%	21%	13%	19%
7.4	Do you have a personal officer?	60%	61%	56%	62%
8.1	Have you ever felt unsafe here?	46%	41%	56%	38%
8.2	Do you feel unsafe now?	20%	26%	33%	17%
8.3	Have you been victimised by other prisoners?	23%	25%	29%	21%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	9%	12%	13%	10%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	2%	7%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	2%	5%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	2%	5%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	4%	3%	5%	3%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	26%	29%	32%	26%
8.7	Have you ever felt threatened or intimidated by staff here?	11%	9%	15%	8%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	11%	5%	13%	6%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	6%	9%	3%
8.7	Have you been victimised because of your nationality? (By staff)	2%	8%	6%	3%
8.7	Have you been victimised because you have a disability? (By staff)	1%	9%	2%	5%
9.1	Is it easy/very easy to see the doctor?	27%	31%	35%	26%
9.1	Is it easy/ very easy to see the nurse?	41%	45%	49%	40%
9.4	Are you currently taking medication?	45%	39%	47%	40%
9.6	Do you feel you have any emotional well being/mental health issues?	30%	38%	27%	35%
10.3	Is it easy/very easy to get illegal drugs in this prison?	48%	72%	56%	54%
11.2	Are you currently working in the prison?	53%	58%	52%	54%
11.2	Are you currently undertaking vocational or skills training?	18%	28%	18%	25%
11.2	Are you currently in education (including basic skills)?	18%	17%	18%	17%
11.2	Are you currently taking part in an offending behaviour programme?	8%	12%	6%	10%
11.4	Do you go to the library at least once a week?	46%	30%	46%	39%
11.6	Do you go to the gym three or more times a week?	15%	11%	11%	15%
11.7	Do you go outside for exercise three or more times a week?	63%	66%	68%	62%
11.8	On average, do you go on association more than five times each week?	59%	67%	65%	60%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	13%	11%	16%	10%
12.2	Have you had any problems sending or receiving mail?	39%	50%	44%	44%
12.3	Have you had any problems getting access to the telephones?	23%	28%	22%	25%

Diversity Analysis



Key question responses (disability) HMP Onley 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		36	140
1.3	Are you sentenced?	97%	100%
1.5	Are you a foreign national?	8%	4%
1.6	Do you understand spoken English?	92%	100%
1.7	Do you understand written English?	95%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	58%	63%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	12%	4%
1.1	Are you Muslim?	28%	34%
1.13	Are you a veteran (ex-armed services)?	6%	1%
1.14	Is this your first time in prison?	30%	34%
2.6	Were you treated well/very well by the escort staff?	53%	73%
2.7	Before you arrived here were you told that you were coming here?	53%	44%
3.2	When you were searched in reception, was this carried out in a respectful way?	53%	88%
3.3	Were you treated well/very well in reception?	53%	79%
3.4	Did you have any problems when you first arrived?	95%	66%
3.7	Did you have access to someone from health care when you first arrived here?	53%	69%
3.9	Did you feel safe on your first night here?	53%	78%
3.10	Have you been on an induction course?	79%	81%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	21%	38%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	25%	58%
4.4	Are you normally able to have a shower every day?	82%	94%
4.4	Is your cell call bell normally answered within five minutes?	10%	27%
4.5	Is the food in this prison good/very good?	15%	24%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	21%	37%
4.7	Are you able to speak to a Listener at any time, if you want to?	33%	42%
4.8	Do you feel your religious beliefs are respected?	53%	56%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	52%	64%
5.1	Is it easy to make an application?	64%	75%
5.3	Is it easy to make a complaint?	42%	55%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	16%	38%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	25%	36%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	22%	12%
7.1	Do most staff, in this prison, treat you with respect?	62%	78%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	48%	67%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of @time)	10%	18%
7.4	Do you have a personal officer?	53%	61%
8.1	Have you ever felt unsafe here?	60%	41%
8.2	Do you feel unsafe now?	47%	17%
8.3	Have you been victimised by other prisoners?	53%	18%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	31%	6%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	9%	1%
8.5	Have you been victimised because of your age? (By prisoners)	9%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	19%	0%

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?	52%	22%
8.7	Have you ever felt threatened or intimidated by staff here?	27%	6%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	7%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	12%	4%
8.7	Have you been victimised because of your nationality? (By staff)	9%	2%
8.7	Have you been victimised because of your age? (By staff)	6%	2%
8.7	Have you been victimised because you have a disability? (By staff)	21%	0%
9.1	Is it easy/very easy to see the doctor?	36%	27%
9.1	Is it easy/ very easy to see the nurse?	55%	40%
9.4	Are you currently taking medication?	78%	33%
9.6	Do you feel you have any emotional well being/mental health issues?	80%	20%
10.3	Is it easy/very easy to get illegal drugs in this prison?	56%	57%
11.2	Are you currently working in the prison?	38%	58%
11.2	Are you currently undertaking vocational or skills training?	14%	24%
11.2	Are you currently in education (including basic skills)?	17%	15%
11.2	Are you currently taking part in an offending behaviour programme?	10%	8%
11.4	Do you go to the library at least once a week?	45%	40%
11.6	Do you go to the gym three or more times a week?	0%	17%
11.7	Do you go outside for exercise three or more times a week?	56%	66%
11.8	On average, do you go on association more than five times each week?	47%	66%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	3%	15%
12.2	Have you had any problems sending or receiving mail?	62%	39%
12.3	Have you had any problems getting access to the telephones?	31%	23%