

Report on an unannounced inspection of

# **HMP Whatton**

by HM Chief Inspector of Prisons

**15–26 August 2016**

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### **Glossary of terms**

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

# Introduction

HMP Whatton is a category C training prison in Nottinghamshire holding 838 convicted male prisoners. It fulfils a national function of providing services that seek to address the offending behaviour of mainly sex offenders. Over 90% of Whatton's population are serving long sentences in excess of four years, with just fewer than three quarters serving indeterminate or life sentences. Prisoners held at Whatton come from across the country and about two thirds are over the age of 40.

At our last inspection in 2012 we reported very positively on a prison that was delivering some excellent outcomes with a settled but high-risk population. At this inspection we found the same, with outcomes in all but one of our healthy prison tests judged to be good – our highest judgement.

Whatton remained an overwhelmingly safe prison. Very good work had been undertaken to improve reception, risk assessment and induction arrangements upon arrival, and there was comparatively little violence or anti-social behaviour. Levels of self-harm had increased in recent times, but overall care for those in crisis was good. More could have been done to refine the substance misuse strategy, and there was some evidence that medications were being diverted, but security arrangements were proportionate and the segregation unit was very well-managed.

The amount of time prisoners had out of cell was very good and they benefited from an excellent regime. Our colleagues in Ofsted judged the learning and skills provision across all its assessments, including overall effectiveness, to be outstanding, something we rarely find in adult male prisons. Some work on offer was less demanding, but generally the quality of teaching, learning and coaching was excellent and prisoners developed useful skills.

The prison's resettlement strategy was quite rightly centred on offender management and risk reduction. Too many prisoners continued to arrive at the prison without an up-to-date offender assessment, but once addressed the quality of supervision, sentence planning and risk assessment were consistently good. Public protection work was mostly good and despite Whatton not being a designated resettlement prison, services had been developed locally to meet the needs of prisoners who were eventually discharged. Some good work was being done to promote family ties and there was an extensive range of offending behaviour programmes to meet need and support the prison's core function.

The one area where we had some concerns was that of respect. The environment and quality of accommodation generally was excellent. The exception was B wing where some of the smallest and most cramped cells in the prison system existed. Some improvements had been made since the last inspection but conditions on B wing remained poor. In addition, we evidenced some very poor practice in the way race diversity complaints were answered, which required immediate attention and which we brought to the attention of the governor. Beyond this, and in sharp contrast, some very positive work – some of it groundbreaking – was being undertaken to promote other aspects of equality. The quality of relationships between staff and prisoners in the prison was very good and this was supported by a very constructive approach to prisoner consultation and the use of peer support. The provision of health and social care was again very good.

To conclude, this was another excellent report on a prison with a clear sense of purpose. The prison was well-led and had benefitted greatly from a settled senior team who were striving for continuous improvement. The prison had a number of advantages – notably a generally mature and compliant

population – but also challenges in terms of managing and reducing, on behalf of the public, the significant offending behaviour risks of those they held. The prison made the most of its advantages, evidenced much good practice and delivered good outcomes.

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

October 2016

# Fact page

## Task of the establishment

HMP Whatton is an adult male category C training prison holding exclusively sex offenders.

## Prison status

Public

## Region

Midlands

## Number held

841

## Certified normal accommodation

775

## Operational capacity

841

## Date of last full inspection

February 2012

## Brief history

HMP Whatton was built in 1966 as a detention centre for boys. It became a young offender institution in 1989 and re-roled in 1990 to an adult male category C training prison. During the 1990s, it developed as a prison for male sex offenders. Its population more than doubled in early 2006 with the building of eight new units. The prison remains exclusively for sex offenders.

## Short description of residential units

A1–8	Newer residential wings with modern cells. The care and separation (segregation) unit is attached to A3.
B1 and B2	The original accommodation, mostly former dormitories with cubicles.
B3	Landing with 35 cells
C1–3	Modular units: C2 is low security, C3 is doubled accommodation
Health care	Palliative care unit

## Name of governor

Lynn Saunders

## Escort contractor

GEOAmey

## Health service provider

Nottinghamshire Healthcare NHS Foundation Trust

## Learning and skills provider

Milton Keynes College

## Independent Monitoring Board chair

Janet Pavier

## Community rehabilitation company (CRC)

Derbyshire, Leicestershire, Nottinghamshire and Rutland (DLNR)





# About this inspection and report

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

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

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

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

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

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

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
  - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

## This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>1</sup>

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<sup>1</sup> The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

# Summary

## Safety

- S1 Reception and first night arrangements were welcoming and kept prisoners safe. Induction covered all key elements. Prisoners felt safe. Levels of violence were low and systems for managing violent behaviour had improved. Self-harm had increased and the quality of case management documentation was mixed but most prisoners in crisis felt well cared for. Security procedures were sound and well applied. The number of adjudications had increased and they were well managed. Governance of the use of force had improved. The use of segregation had increased but stays were short and prisoners were treated well. There was a reasonable substance misuse service but the substance misuse strategy was weak. **Outcomes for prisoners were good against this healthy prison test.***
- S2 At the last inspection in 2012 we found that outcomes for prisoners in Whatton were good against this healthy prison test. We made six recommendations in the area of safety. At this follow-up inspection we found that five of the recommendations had been achieved and one had been partially achieved.*
- S3 Some prisoners experienced long journeys to the prison, but most said they were treated positively by escort staff. They were disembarked promptly.
- S4 Reception and first night arrangements had been further improved by the 'bus to bed' initiative and were very good. New arrivals were no longer routinely strip searched on arrival. They were processed quickly through the clean and bright reception and on to the first night unit by welcoming staff and peer supporters. Risk and first night interviews were thorough and completed in private. Prisoners said they felt safe on their first night. The induction had been condensed but still covered all key elements.
- S5 Levels of violence were low and in our survey only 9% of prisoners said that they currently felt unsafe, which was significantly better than the comparator. Systems for identifying and reporting bullying and victims had improved since the last inspection, and involved good use of peer supporters. Violence reduction meetings were well attended and relevant. The analysis of information to help identify trends and patterns was effective. Antisocial behaviour was usually managed well, and there was effective monitoring and support for victims and other prisoners requiring additional help.
- S6 Self-harm had more than doubled since June 2015 and was higher than at similar prisons. The revised self-harm and suicide prevention strategy was now part of a wider safer prisons strategy. The self-harm and suicide improvement plan was reviewed at each meeting. The safer custody meeting continued to have good engagement from all key departments, and had an appropriate agenda. A custodial manager completed an investigation following all acts of self-harm that resulted in hospital treatment, although most investigations did not identify lessons to be learned. Assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were mixed, but there were quality assurance processes and an improvement plan. Most prisoners in crisis told us they felt well supported, and staff had good knowledge of their individual circumstances. The Listener service (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was impressive and included a deaf Listener to support deaf prisoners in crisis. Twenty-four prisoners had died since our last inspection, all from natural causes.

Progress against Prisons and Probation Ombudsman (PPO) recommendations was monitored in the safer custody and health partnership board meetings.

- S7 An adult safeguarding policy and procedures had been developed and staff were aware of processes to refer prisoners of concern.
- S8 Security intelligence was well managed, risk management systems were sound and procedural security was generally proportionate. Dynamic security was underpinned by positive staff-prisoner relationships and a decent regime. Security-led meetings were well attended, and there were very good links to local and regional policing teams. Links between security, safer custody and the offender management unit (OMU) were also very good. The strategy to deal with the relatively small but significant problem of the diversion of medication was underdeveloped.
- S9 The incentives and earned privileges (IEP) scheme was generally well managed and assisted with the good running of the prison. In our survey, a majority of prisoners said that it was fair. The regime for the small number on basic was better than we usually see.
- S10 The number of adjudications had increased since the last inspection, but a few prisoners accounted for a disproportionately high number. Charges were appropriate and hearings conducted fairly. Governance of use of force had improved and there were still few incidents. The documentation we examined was completed correctly, and accounts from officers generally demonstrated that de-escalation was used as a preferred option. Use of segregation had increased since the last inspection but remained low for the type of prison, and stays were usually short. Living conditions in the segregation unit were good, but the caged exercise yards were austere. Reintegration planning was well established, governance arrangements were effective, and relationships between unit staff and prisoners were very good.
- S11 The substance misuse strategy was not sufficiently comprehensive, was not based on a needs assessment, did not include a current action plan and was not reviewed in the regular drug and alcohol committee meetings. Integration between the clinical and psychosocial substance misuse services had improved and was good. The psychosocial support was reasonably good, although access to mutual aid remained inadequate. The demand for clinical services was low but the support offered was flexible and appropriate.

## Respect

- S12 *Residential areas, even the physically poor B wings, were exceptionally clean. Cells on B wings were cramped and overcrowded. Prisoners complained about poor access to their property. Relationships between staff and prisoners were very positive, and consultation with prisoners was extensive. Some aspects of equality work remained underdeveloped, and the quality of discrimination complaint investigation was often poor. Faith provision was good and the chaplaincy was well integrated in the prison. The quality of responses to complaints was mostly good, and the staff-prisoner review group contributed to confidence in the system. Health care provision was good and waiting times for treatment were reasonable. There was a good range of mental health provision. Food was of good quality. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S13 *At the last inspection in 2012 we found that outcomes for prisoners in Whatton were good against this healthy prison test. We made nine recommendations in the area of respect. At this follow-up inspection we found that five of the recommendations had been achieved, two had been partially achieved and two had not been achieved.*

- S14 The standard of cleanliness in wings and communal areas was impressive. The external environment was pleasant with well-kept gardens. Cells on A and C wings were a good size, but those on B1 and B2 were unacceptably small or overcrowded and had an unscreened toilet close to the bed. The physical condition of B wings was poor, although the dormitories that we criticised at our previous inspection had been removed. Showers on B1 and B2 were damaged and not sufficiently private. Prisoners said that access to their property was a concern, and we saw complaints highlighting this issue.
- S15 Prisoners were mostly positive about staff and we observed respectful interactions, complemented by some meaningful staff entries in daily logs demonstrating good knowledge of prisoners. Most prisoners spoke well about their personal officers, and personal officers made entries in prisoner files at least twice a month. There were several staff and prisoner consultation and communication groups, including on food, the prison shop, wings, and equality and diversity.
- S16 Despite a comprehensive policy, some areas of equality remained underdeveloped. Although equality monitoring data were discussed at the monthly equality meeting, too many indicators of unequal outcomes were not subject to equality impact assessment. Too many responses to the discrimination incident reporting forms (DIRFs) we examined showed little investigation or quality checking. Staff told us of incidents that involved racially motivated language, but these had not been appropriately dealt with by the equality team, and in one case the DIRF could not be found. The management and support of some protected groups, particularly transgender and older prisoners, was good. There was peer support across the prison, and social care advocates and the older prisoner activities and learning (OPAL) group were particularly impressive. Consultation with prisoners from protected characteristics groups had lapsed and was recently reinvigorated, but not all prisoners were confident that issues raised would be addressed.
- S17 Faith provision was good. Members of the chaplaincy were well known throughout the prison, and provided constructive attendance at key meetings.
- S18 Complaint forms were not readily available and prisoners told us they felt hindered in making complaints if they had to ask staff or other prisoners for forms. Most of the responses to complaints that we reviewed dealt with the issues raised, were easy to understand and timely. However, the quality assurance of complaints required improvement and too many concerning other establishments had not received a response. The staff and prisoner group reviewing redacted complaints and their responses contributed to prisoner confidence in the system.
- S19 Legal visits were easily accessed but some had to take place with insufficient privacy in the same area as social visits.
- S20 Health services were provided by a mix of appropriately skilled staff in well-integrated teams. Health staff knew their regular patients, and we saw polite, professional interactions. Partnership working and clinical governance were mostly effective, and the health department had good relationships with the wider prison. There was an appropriate range of primary care services, and waiting lists for popular clinics were within acceptable limits. The management of medicines was generally adequate but there needed to be a more strategic prison-wide approach to tackle tradable medications. Dentistry services were good with an appropriate range of treatments and short waiting times. Mental health services were reasonably good and delivered a range of timely, clinically appropriate interventions. Social care assessments and the delivery of agreed care packages were good.
- S21 Prisoners were generally positive about the food, and the food we sampled was of good quality. A kitchen user group represented prisoners on catering issues. The main kitchen, all

serveries and food trolleys were very clean, but there was no separation of utensils for religious dietary needs. The range of goods available in the prison shop was adequate, and there was a quarterly review of items on the shop list in consultation with prisoners.

## Purposeful activity

S22 *Time out of cell was generous and few prisoners were locked up during the working day. The number of activity places had increased but there had been no detailed needs analysis. The quality of teaching, learning and assessment was outstanding. The behaviour and application of learners was exemplary, success rates were high and attendance was well managed. The library was well stocked and well run but use was poorly monitored. There was a well-equipped gym with a good range of provision. **Outcomes for prisoners were good against this healthy prison test.***

S23 *At the last inspection in 2012 we found that outcomes for prisoners in Whatton were reasonably good against this healthy prison test. We made six recommendations in the area of purposeful activity. At this follow-up inspection we found that five of the recommendations had been achieved and one had been partially achieved.*

S24 Time out of cell was reliable and generous at more than 10 hours a day in the working week. In our roll checks, the only prisoners we found routinely locked up during the working day were on the basic regime or subject to cellular confinement.

S25 Learning, skills and work managers had introduced useful strategies to improve the range and effectiveness of the provision. Effective performance management had led to improved qualification success rates on most courses. There were sufficient places for all prisoners to have at least part-time purposeful activity. Some work roles, mainly wing jobs, were not demanding enough to provide work throughout the working day. Prisoner allocation to activities was swift and equitable. There was an appropriate range of education subjects and levels. A minority of prisoners did not have sufficient opportunity to gain qualifications at a higher level. There had been no detailed training needs analysis to ensure that the provision met the needs of all prisoner groups and to plan future provision.

S26 The quality of teaching, coaching, learning and assessment was outstanding, particularly in education. Trainers had high expectations and ensured that prisoners worked to exacting standards, producing high quality work. Induction, initial assessment and the provision of additional learning support were very good, with improved outcomes for those with learning disabilities or difficulties. Teaching staff made useful links between learning and employability. Embedding of English and mathematics was good in education sessions, but less effective in vocational training.

S27 Learners developed useful employability skills and took great pride in their work. Standards of behaviour and courtesy were exemplary. Learners had a good understanding of relevant health and safety approaches, which they applied in work settings. Success rates for almost all training courses were very high with around half of those at work having already achieved or working towards accredited qualifications. The majority of those in training made good progress. Attendance and punctuality rates were very high.

S28 Prisoners had good access to the library and the range of stock met prisoner needs. Library staff promoted an appropriate range of reading activities. There were no data on the use of the library by different groups of prisoners.

- S29 There was a well-equipped sports hall, weights room on B wing and outside sports field. A few appropriate accredited qualifications were offered through the gym. Too many sessions were cancelled, partly due to redeployment of staff. There was good promotion of the benefits of exercise and healthy living, but delays in gaining clearance from health care staff prevented a few prisoners from using the gym. Data on use of the gym were not analysed.

## Resettlement

- S30 *The resettlement strategy was centred on offender management, and appropriate resettlement services had been commissioned to meet the needs of the population. Too many prisoners arrived without an offender assessment system (OASys) assessment, creating a backlog. The quality of offender management was consistently good, and delivery of sentence plans was facilitated by cooperative working. Public protection arrangements were mostly good. Too many indeterminate sentence prisoners were frustrated by delays in accessing interventions. Reintegration and resettlement services were being developed. Provision of social visits was good. The range of offending behaviour programmes was appropriate and they were supported by a prison-wide approach. **Outcomes for prisoners were good against this healthy prison test.***
- S31 *At the last inspection in 2012 we found that outcomes for prisoners in Whatton were reasonably good against this healthy prison test. We made 13 recommendations in the area of resettlement. At this follow-up inspection we found that five of the recommendations had been achieved, five had been partially achieved and three had not been achieved.*

- S32 The reducing reoffending strategy recognised the importance of integrated working and placed offender management at the centre of work with prisoners, but in some cases there was no agreed approach on decisions about programme participation. A needs analysis had not differentiated the needs of specific groups of prisoners, such as older and indeterminate sentence prisoners. Although not defined as a resettlement prison, managers had been active in providing appropriate resettlement services for prisoners released from Whatton.
- S33 In our survey, prisoners were more positive about offender management than those in other prisons holding sex offenders, and this was backed up with evidence of good contact with offender supervisors. There were effective plans to reduce the backlog of OASys assessments, but prisoners continued to arrive without a full OASys. The quality of OASys completed by both probation and uniformed offender supervisors was consistently good, reflecting the sharing of skills and experience across the OMU team. Assessment of reoffending and risk were accurate, analytical and sometimes insightful, but OASys reviews had not always taken place following a significant event. All the cases we looked at had a sentence plan that covered the key actions to be taken. The delivery of the sentence plan was supported by generally effective communication and joint work with offender managers in the community and with other departments.
- S34 Public protection arrangements were mostly good. Pre-release multi-agency public protection arrangements (MAPPA) procedures needed to be more robust. Decisions on categorisation were appropriate. Prisoners who were assessed as suitable for open conditions were moved without undue delay. About 40% of the population were indeterminate sentence prisoners; many expressed frustration at their inability to access programmes as quickly as they had hoped.
- S35 Despite the lack of national resettlement provision, services were being developed locally. Prisoners could access support from Lincolnshire Action Trust, including for housing, debt

issues and opening bank accounts. Most prisoners were released to approved premises and they had been informed of this well in advance of release.

- S36 The virtual campus (giving prisoners internet access to community education, training and employment opportunities) was used well to help prisoners create CVs and for job search. The education, training and employment process had been reviewed and new pre-release support had been introduced, but there was no monitoring of outcomes for released prisoners.
- S37 Health staff did not routinely see prisoners before their discharge, except for those with complex health needs who were given onward care and support. The substance misuse service supported prisoners engaged with the service to prepare for release and to continue their recovery in the community.
- S38 In our survey, more prisoners than the comparator said that the prison supported them to maintain contact with family and friends. Prisoners and their visitors were generally very positive about the visits experience, particularly the popular family days. The fortnightly surgeries held by the governor or her deputy for visitors remained a very useful forum for prisoners' families and friends to raise concerns
- S39 In our survey, significantly more prisoners than in other prisons holding sex offenders said they had been involved in an offending behaviour programme while at Whatton. There was an appropriate range of programmes to meet the needs of the population, including the development of adapted programmes. There was a prison-wide approach to supporting behavioural change.

## Main concerns and recommendations

- S40 Concern: Accommodation on B wing remained poor. Although dormitories had been removed, cells were too small and had an unscreened toilet close to the bed. Much of the fabric of the wing was in poor condition and showers were poorly screened, compromising privacy.

**Recommendation: Cells on B wing should be enlarged and the toilet moved away from the bed and appropriately screened. The wing showers should be sufficiently screened and private.**

- S41 Concern: Some aspects of equality and diversity work were poorly managed, leaving some prisoners with protected characteristics suffering disadvantage and feeling less positive than other groups. Indicators of disadvantage revealed by equality monitoring were not effectively tackled. Discrimination incident reporting forms (DIRFs) were not always investigated; some responses were inappropriate and did not recognise the discrimination complained about, and quality control was inconsistent.

**Recommendation: There should be equality impact assessments and action plans to address inequalities identified by equality monitoring. All submitted discrimination incident reporting forms (DIRFs) should be fully investigated and subject to internal and external quality control.**



# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

- I.1 The prison received an average of eight new arrivals a week. Only 37 prisoners had left the prison to go to court in the year to March 2016. Because of the prison's specialist function, many arrivals continued to have long journeys, but in our survey most prisoners were positive about their treatment from escort staff. Although the reception was closed during the staff lunch break, prisoners were disembarked quickly from the vehicles and held on the induction wing over this period.
- I.2 Prisoners were not handcuffed when they come off the escort vehicle and were no longer routinely strip searched on arrival. Reception staff completed spot checks on the cleanliness and condition of some escort vehicles and raised any issues with the provider, which was a positive initiative.

## 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 The prison had undertaken a 'bus to bed' exercise in 2015 to understand and improve the experience for new arrivals, from their arrival in the escort van to location in their cell. The resulting action plan had improved outcomes for prisoners throughout the process.
- I.4 The reception was clean, bright, relaxed and welcoming, and provided much relevant information that was easily accessible. A reception orderly, usually an Insider or a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) met all new arrivals to offer hot drinks and provide reassurance. Reception staff completed a cell sharing risk assessment with each prisoner, and a custodial manager carried out a private comprehensive initial risk assessment. Arrivals were processed swiftly and transferred to the induction unit promptly.
- I.5 On the induction unit, arrivals were met by the induction unit prisoner information desk (PID) orderly, who welcomed them, escorted them to their cell and gave a helpful initial guide to the unit. An officer saw them for a private thorough first night interview. Staff knew the prisoners who had newly arrived, and there were additional overnight checks based on risk.
- I.6 First night cells were clean, well decorated, appropriately equipped and included relevant prison information. New arrivals received a shower, food and a telephone call on the wing. Most prisoners in our survey and those we spoke to were positive about their induction and first night experience.

- 1.7** Staff and peer supporters delivered a condensed five-day rolling induction programme, which was monitored to ensure every prisoner received all components. The course was informative and prepared prisoners effectively for life at the establishment.

## Good practice

- 1.8** *The 'bus to bed' exercise and resulting action plan had enhanced the reception and first night process and improved outcomes for new arrivals.*

## 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.**

- 1.9** The number of violent incidents was significantly lower than we usually find at category C prisons. In the previous six months, there had been 15 assaults and only five fights between prisoners. In our survey, only 9% of prisoners said that they currently felt unsafe, against the comparator of 16%.
- 1.10** There had been a full review of the violence reduction strategy following our last inspection and a new violence reduction policy had been published. The policy drew on a detailed analysis of patterns of violence in the prison, a comprehensive prisoner survey, other relevant local policies and procedures - such as the incentive and earned privileges (IEP) scheme - and security reports. It had been further informed through consistent consultation with prisoners.
- 1.11** A safer custody committee met monthly to monitor progress of both the violence reduction and suicide prevention strategies. Meetings were usually well attended and minutes showed properly focused discussions about all forms of violence. Links with the security department and safer custody were very good, and there was a flow of relevant information, such as security reports, to the safer custody manager. A network of Insiders on each wing supported the safer custody team and met them monthly to share information and concerns.
- 1.12** Monthly information provided by the full-time safety custody manager about the number, type and location of violent incidents was comprehensive, and the analysis of information to identify trends, patterns and problem areas was better than we usually see.
- 1.13** Allegations of violence, particularly bullying, were treated consistently and were investigated promptly by supervising officers. Formal arrangements to deal with bullying and other antisocial behaviour had improved, and there was now a simple system to identify, monitor and change antisocial behaviour through individual violence reduction plans (VRs). Prisoners found to be involved in violent incidents as a result of a proven adjudication or following a formal investigation of bullying were immediately placed on the basic level of the IEP scheme, a VR plan was opened, and behaviour improvement targets were agreed and set. Reviews were held weekly, and prisoners could earn back some privileges for complying with their VR plan and showing a willingness to work towards achieving agreed behaviour targets. Formal support for victims of violence through individual support plans was also good.

- I.14** Although opportunities for bullying remained evident, robust use of formal measures, alongside positive staff-prisoner relationships, helped to keep levels of violence low. Staff supervision was good and was helped by CCTV cameras on residential wings.

## 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.15** Twenty-four prisoners had died since our last inspection, all from natural causes and most reflecting the age profile of the population. The prison had implemented recommendations from the Prisons and Probation Ombudsman (PPO) reports and learning from inquests, and these were monitored in safer custody and health partnership board meetings.
- I.16** In the previous six months, there had been 156 self-harm incidents involving 93 prisoners, considerably higher than at the last inspection and similar prisons. Forty incidents (25.6%) had required hospital treatment. Self-harm incidents had dramatically increased in 2015 linked to two specific individuals, and had remained high.
- I.17** There had been 123 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm opened in the previous six months. Staff were knowledgeable about the prisoners on ACCTs, there was effective joint working between departments for prisoners with complex needs, and most prisoners we spoke to were positive about the support they received. ACCT reviews were generally carried out by a consistent case manager, which had improved care. Observational entries in ACCT documentation were mostly good, although health staff did not always record their interactions (see paragraph 2.71). Assessments were prompt and of good quality, but many care maps we examined were too generic or not current. Multidisciplinary attendance at case reviews had improved but remained inconsistent. Post-closure interviews were timely, but most we checked were not sufficiently robust. Senior managers completed regular quality checks, and there were plans to improve ACCT documentation.
- I.18** Only 76% of operational staff and 62% of all staff were in date with ACCT training. Specific staff groups were prioritised for training based on their role, such as reception, induction and night staff.
- I.19** Self-harm and suicide prevention work had been incorporated into a safer prisons strategy and more accurately reflected the prison population. All acts of self-harm that resulted in hospital treatment were investigated, although most investigations we saw were too superficial to identify the lessons effectively. Training was planned to improve this.
- I.20** The monthly safer custody meeting (see paragraph 1.11) reviewed trends in incidents, including age, ethnicity and location, but insufficient analysis of the reasons behind the continuing high rate of self-harm was recorded. The self-harm and suicide improvement plan was updated monthly. The safer custody team also attended the health care 'prisoners of note' and safeguarding meetings, contributing to a prison-wide approach to safer custody.
- I.21** Prisoners could easily access the impressive team of 30 well-trained and supported Listeners,<sup>2</sup> including a deaf Listener who supported deaf prisoners in crisis. Most formal call-

<sup>2</sup> Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

outs took place in the Listeners' cells, apart from on B wing, where the cells were too small and the Listener meeting room had been converted to a cell for a Listener that was used for most formal call-outs.

## Recommendations

- I.22 Prisoners who are on assessment, care in custody and teamwork (ACCT) case management should have current care maps with clear measurable individual targets that are regularly reviewed, and should receive a robust post-closure interview that explicitly records progress.**
- I.23 Investigations of serious acts of self-harm should identify lessons learned, and the safer custody meeting should consistently explore and address the reasons for the continuing high rates of self-harm to reduce the number of incidents.**

## Safeguarding (protection of adults at risk)

### Expected outcomes:

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

- I.24** There were formal safeguarding policies for both adults and children, and the prison's links with the Nottinghamshire County Council safeguarding boards were much improved since our previous inspection. Although not all staff were aware of the policy, safeguarding underpinned the ethos and strategy of several other areas – such as safety, equality and public protection work – and so most staff understood the various pathways and how to refer prisoners who were of concern.
- I.25** Monthly safeguarding meetings were well embedded with regular attendance from key stakeholders. Caseloads were kept manageable and for no longer than was required before cases were referred to more suitable pathways to ensure appropriate support for any identified prisoners at risk.

## Security

### Expected outcomes:

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

- I.26** Procedural security was well managed. There were regular checks and routine searches of perimeter fences and walls, along with searches of communal areas. Cell searching was proportionate and strip searching was not carried out routinely. However, rules limiting prisoners to wearing prison clothing at certain times of the day were unnecessary and inconsistent with the positive culture of the prison.

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

- I.27** Risk management was well integrated and clearly effective. A register identified risks associated with activity areas and the type of prisoner who could safely attend, and the measures needed to manage identified risks. During inspection we saw little to indicate that the prison was risk averse in allocating activity spaces to prisoners; there were some rational restrictions in higher risk areas.
- I.28** The free-flow system for prisoners to walk to activities through the prison grounds at the beginning and end of planned regime activities was particularly well managed and proportionate. Prisoners could also attend appointments unescorted outside of main movement times through an appointment slip system. Dynamic security was also very good, and aided by the positive relationships between staff and prisoners (see paragraph 2.9). Supervision in important areas around the prison, such as residential wings, education and prison workshops, was effective, and the prison regime was purposeful and predictable.
- I.29** Intelligence was also managed well. The security department received an average of 340 information reports a month, which were processed by trained staff with intelligence communicated to appropriate areas quickly. Security-led meetings were well attended and links with other key departments, particularly the offender management unit (OMU) and safer custody, were also very good. Security staff continued to feed into all decision-making processes, by informing rather than determining final outcomes.
- I.30** The security department, alongside the public protection team, also managed more discrete systems to identify and deal with sophisticated and covert forms of organised crime, particularly child protection and staff corruption. Links with local and national policing teams were good, and a police intelligence officer had been appointed to collate and help manage useful information.
- I.31** The mandatory drug testing (MDT) programme was well resourced and the MDT facilities were adequate. The positive random MDT rate was 1.56% for the six months to July 2016, which was low. All prisoners who tested positive were subject to frequent testing for a minimum of three months as a deterrent. Suspicion drug tests were completed promptly. Most positive tests were for diverted opiate-based medication. Finds, intelligence and reports from prisoners and staff indicated that there was a small issue with illicit drugs, including synthetic cannabis, but misuse of diverted medication was the biggest problem. The strategic approach to supply reduction, particularly diverted medication, was not coordinated sufficiently between security and the other relevant departments. (See recommendation I.53.)

## Recommendation

- I.32** **Prisoners should be allowed to wear their own clothes, apart from in exceptional risk-assessed circumstances.**

## Incentives and earned privileges

### Expected outcomes:

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

- I.33** The incentives and earned privileges (IEP) policy had been reviewed since the previous inspection. It described how the system worked, how prisoners could progress through the

levels, and the standards of expected behaviour. All prisoners had signed compacts. The scheme offered the usual differentials in access to private cash, computer games, visits and time out of cell, which were reasonable. It was unusual to find that most prisoners (59%) were on the enhanced level. The enhanced units on A1, A2 and C2 wings were popular with prisoners. About 4% of prisoners were on basic level, which is less than we often see.

- I.34** Generally, the scheme was well managed and there was evidence that it was used strategically to help prisoner behaviour (see paragraph I.13); it was used to reward and encourage good behaviour as well as to apply sanctions.
- I.35** The regime for prisoners on basic was reasonable and better than we often see. Prisoners on the basic level were expected to attend activities, particularly offending behaviour programmes, and had predictable periods of association. Most prisoners spent a relatively short time on basic and were usually promoted to standard within three weeks.
- I.36** In our survey, 62% of respondents, against the comparator of 48%, said that the scheme treated them fairly and 51%, against 45%, said that it had encouraged them to change their behaviour.

## Discipline

### Expected outcomes:

**Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.**

### Disciplinary procedures

- I.37** There had been 335 adjudications in the previous six months. Although this was higher than the 198 for a similar period at the last inspection, it was still below what we usually see at category C prisons. This rise was attributed to more robust response in dealing with disciplinary issues such as illicit drug use and violence. The records we examined and the hearings we attended showed that proceedings were conducted fairly, with prisoners given the opportunity to explain their version of events
- I.38** Governance of adjudication processes was reasonably good. The senior management team noted, categorised and used monthly statistics on the number and nature of adjudications to identify and address trends. Standardisation meetings were well attended, and minutes indicated good discussion of relevant issues.

### The use of force

- I.39** There had been 26 incidents where force was used in the previous six months, which was low for a category C prison. Most were spontaneous and few resulted in the use of control and restraint techniques. We noted that a small number of prisoners accounted for a disproportionate numbers of incidents - for example, three prisoners accounted for half of all occasions when force was used over a four-month period.
- I.40** Interventions were well organised and properly carried out, and the documentation we examined was completed correctly and up to date. Proper authority was recorded and managers supervised most incidents. There was no evidence that force was used unnecessarily or as a first resort to deal with difficult and violent behaviour. There was clear evidence that de-escalation techniques were preferred and had been used particularly

effectively. All prisoners were interviewed following incidents to ensure they understood what had happened.

- I.41** Governance arrangements were good. Information about the nature of all incidents was collated, and there was sufficient analysis to identify patterns and trends at quarterly use of force meetings and monthly safer custody and security meetings.

## Segregation

- I.42** There had been 116 cases of segregation in the previous six months, which was low for the type of prison. Segregation was mainly used as punishment following formal disciplinary procedures (70% of all cases), and for relatively short periods (an average of about seven days).
- I.43** Living conditions in the segregation unit were good. Communal areas were clean and brightly decorated, and showers were clean and in good condition. The eight cells were very clean, free from graffiti and adequately furnished. There was also a comfortably furnished interview room for prisoner reviews. The regime for segregated prisoners was better than we often find and included daily access to exercise, telephones and showers. Prisoners were expected to attend offending behaviour programmes if they posed no risk to others.
- I.44** Day-to-day relationships between staff and prisoners were very good. Officers engaged positively with prisoners and clearly had an appropriate interest in their welfare. Their responses to demanding behaviour were proportionate, and they dealt patiently with prisoners in a calm and mature way.
- I.45** Reviews for the smaller number of prisoners segregated for reasons of good order were timely, the multidisciplinary meetings clearly focused on the welfare of individuals, and the planning to return them to normal location was effective. Many prisoners had individual care plans that addressed their needs, and it was evident that their reintegration to residential units was a high priority. Governance of segregation was very good. A local segregation policy had been published, and a segregation monitoring and review group (SMARG) met monthly to review cases.

## 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.46** The substance misuse strategy was out of date, did not adequately cover all relevant areas (including alcohol), was not based on a needs assessment and did not include a current action plan. The strategy was not discussed at the regular well-attended drug and alcohol meetings. Discussion of trends in violence and self-harm recognised the common link with drug misuse.
- I.47** A team leader and two practitioners employed by Nottinghamshire Healthcare NHS Foundation Trust (NHFT) delivered a fully integrated clinical and psychosocial substance misuse service. The team leader post was vacant, which had affected some aspects of service delivery, including governance and waiting times for groups. An NHFT offender health substance misuse manager led governance improvements.

- I.48** In our survey, 19% of prisoners said they had a problem with alcohol. Most prisoners in our survey and those we spoke to continued to be positive about the support received.
- I.49** Prisoners had good information about the service and drugs, including new psychoactive substances (NPS),<sup>4</sup> during their induction and throughout their stay. The team currently supported 77 prisoners (9.2% of the population) with one-to-one and group work. The range of groups was appropriate, including separate high intensity alcohol and substance misuse interventions. The team co-facilitated a smoking cessation group and a general substance misuse group with gym staff, which both included wider health improvement elements. The one prisoner on opiate substitution treatment received good support and was on a personal flexible reduction plan, which he said met his needs.
- I.50** The team recorded all their case notes and care plans on the prisoners' electronic medical notes (SystemOne), which supported effective continuity of care. The records we examined were satisfactory. Joint working with other departments was effective, including a fortnightly meeting with mental health and psychology counselling staff to ensure prisoners received the most appropriate service.
- I.51** The prison, health commissioners and NHFT were working together effectively to prepare for the prison going smoke-free in December 2016. An external agency was due to provide enhanced smoking cessation services to meet the high demand, which would also free the substance misuse team to run other groups.
- I.52** At the time of the inspection there was only one substance misuse peer mentor, which did not meet the need; however, recruitment was ongoing. Prisoners still had no access to mutual aid support, such as Alcoholics Anonymous, which remained a significant failing.

## Recommendations

- I.53** **There should be an up-to-date substance misuse strategy based on a robust needs analysis that addresses supply reduction and treatment for substance misuse, including diverted medication and alcohol. This strategy should be under regular review by the drug and alcohol meeting.**
- I.54** **Prisoners with substance misuse needs should have easy access to mutual aid support.**

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<sup>4</sup> New drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.



## 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 The external environment was pleasant with well-kept gardens. The dormitories that we reported in our previous inspection were now obsolete. Most staff could access a database to report a required repair, and repairs were prioritised and carried out.
- 2.2 Cells on A and C wings were a good size, but those on B1 and B2 were unacceptably small, overcrowded and cramped, with the toilet sited very close to the bed (see main recommendation S40). With the exception of C2, where prisoners had 24-hour access to toilets on the wing, most cells had in-cell sanitation. However, some cells were occupied as doubles with very limited privacy screening for the toilet. Showers on B1 and B2 were still not sufficiently private, and screening was flimsy. Some showers were damaged and poorly maintained. Comprehensive data demonstrated good monitoring and swift responses to cell call bells.
- 2.3 The standard of cleanliness in wings, including the segregation unit, and communal areas was impressive. In our survey, 80% of prisoners said they had good access to cell cleaning materials.
- 2.4 Prisoners were more negative about access to stored property than the comparator and at our previous inspection. As storage space in Whatton was limited, some prisoner property was stored off site and responses to requests for property were collated to minimise the number of visits. There were also several unresolved complaints about transfer of property from other establishments (see paragraph 2.38).
- 2.5 Prisoners had reasonable access to telephones – on B wing, where prisoners had limited access to telephones, as well as showers, they had more time out of cell on weekday evenings in recognition of this (see paragraph 3.1). Some prisoners reported that staff opened some legal mail in error, but there were adequate processes to keep this to a minimum.
- 2.6 Staff tried to resolve most issues without prisoners needing to submit an application. Prisoners could make applications but few prisoners we spoke to had confidence in the system. In our survey, prisoners were less confident than in 2012 that their applications would be treated fairly or within seven days

#### Recommendation

- 2.7 **Prisoners' property should be available within a reasonable time when requested.**

## 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.**

- 2.8** Prisoners were mostly positive about staff, and singled out some for particular praise. In our survey, 84% of prisoners said that most staff treated them with respect, which was better than the comparator of 79%, and prisoners were more positive than the comparators in all areas of staff-prisoner relations.
- 2.9** We observed positive, respectful interactions between prisoners and staff, and some meaningful staff entries in daily logs demonstrated their good knowledge of prisoners. Concerns were logged and followed up in handovers between shifts. We saw good staff-prisoner interaction during evening association; in our survey, 32% of prisoners, against 24% in 2012, reported interactions with staff during association.
- 2.10** In the survey, fewer prisoners than at the previous inspection thought their personal officer was helpful. However, most spoke in good terms about their personal officers, describing them as approachable and supportive. Personal officers made regular entries in prisoner files about behaviour, sentence planning, and education, work and family matters at least twice a month.
- 2.11** There was reasonable prisoner consultation, and prisoner representatives on a range of forums, including food, prison shop and wings. These were well attended by prisoners and discussed a range of issues, with evidence of some progress in decisions or actions.

## Equality and diversity

### Expected outcomes:

**The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>5</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.**

### Strategic management

- 2.12** The Whatton equality action team (WEAT) meeting, chaired by the governor or deputy governor, took place bimonthly with good attendance by relevant staff and prisoners. Prisoners told us that they felt well integrated into the meeting. The equality policy had been recently reviewed, was easy to read and provided relevant overview of all aspects of equality. Despite this, there were some significant shortfalls in the strategic management of equality and diversity.
- 2.13** The WEAT was presented with a range of data and information, including data from the equality monitoring tool. Out-of-range data were often identified as due to a small number of individuals causing fluctuations, but there were consistent concerns in several areas, such as

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

adjudications, complaints, incentives and earned privileges (IEP) and segregation, that required a more detailed analysis. Equality impact assessments were formulated annually in consultation with prisoner groups and then ratified by the senior management team. There was little evidence that any impact assessments were commissioned outside this process - for example, to look at concerns raised from the equality monitoring tool. (See main recommendation S41.) Although the equality action plan had few actions, it was reviewed regularly and actions removed or added as appropriate.

- 2.14** Support groups and forums for some protected characteristics had not been held regularly. However, this had improved before the inspection with meetings for each minority group scheduled bimonthly, with prisoner representatives responsible for coordinating the meeting and collation of minutes. Some prisoners told us that they were concerned that, without a manager present, issues raised at the meetings would not be appropriately addressed, and there was evidence from minutes of the black and minority ethnic and deaf prisoner forums that issues were not addressed over a protracted period.
- 2.15** A custodial manager was allocated to equality with full-time administrative support, but too often the hours for two officers who were to provide support were redeployed to other areas of the establishment. However, the use of peer support and prisoner representatives across equality was impressive (see section below).
- 2.16** Training for staff in equality and diversity had been limited to the online Civil Service learning package. An impressive training package for prisoners had been formulated locally to raise awareness about diversity and the range of support groups across the protected characteristics. Prisoners with a protected characteristic were identified on their reception, with further reviews by the equality department to identify any changes to individual needs.
- 2.17** There had been 63 discrimination incident reporting forms (DIRFs) submitted in the previous six months, which was much higher than similar prisons. Responses to only 19% of those recorded had received any quality check by a senior manager, there was no independent scrutiny of responses, and too many were poor. Too many DIRFs were not investigated sufficiently, and the database to record the progress of each DIRF was not updated regularly. At the time of inspection, several DIRFs had received no formal investigation or response at all.
- 2.18** Where use of DIRF was not the most appropriate method of addressing a complaint, many responses had advised the prisoner that the issue would be dealt with under the violence reduction strategy (see paragraph 1.13). But when we cross-referenced the violence reduction strategy register, in several cases we saw no evidence that a referral was completed. During the inspection, we found evidence of two separate incidents of significant racial abuse between prisoners that had been dismissed by the equality team, even though there were witnesses to the comments made. It was clear from speaking with a member of the equality team that training development was required to ensure that any similar issues were dealt with appropriately. It was also concerning that in one case referred to us by a member of staff we were unable to find evidence of the DIRF, either in hard copy or on the database. We raised these matters with the governor in charge who gave full assurance that the DIRF system would be managed at a senior level and the cases identified investigated and addressed as appropriate. (See main recommendation S41.)

## Protected characteristics

- 2.19** Approximately 11% of prisoners were from a black or minority ethnic background at the time of inspection. In our survey, black and minority ethnic prisoners were more negative across several areas in comparison to white prisoners. Significantly fewer, 67% against 87%,

felt that they had been treated with respect by most staff, although fewer black and minority ethnic respondents said that they had been victimised by other prisoners. There had been two meetings for black and minority ethnic prisoners since April 2016, and prisoner representatives had been appointed. Black and minority ethnic prisoners perceived that they were disadvantaged in access to some of the more attractive activity and accommodation areas. Some of the concerns were because the C wings were used for prisoners over 55 and held very few black and minority ethnic prisoners, while the overcrowded B block held a third of the population. (See main recommendation S41.)

- 2.20** In our survey, 4% of prisoners identified themselves as being from a Gypsy, Romany or Traveller background. A meeting for these prisoners had been re-established and prisoner representatives selected to formalise a committee. A second meeting led by prisoners had taken place and minuted. There were no records of any other meetings, and prisoners told us there were concerns that actions were not addressed.
- 2.21** There were 22 foreign national prisoners; none were held beyond the end of their sentence. There was a foreign national policy and a Home Office Immigration Enforcement officer had attended the establishment although not regularly; the equality department was attempting to address this. There were systems for the use of a professional telephone interpreting service, and foreign national prisoners could receive a monthly five-minute telephone call if they did not have any visits.
- 2.22** Almost a third of prisoners had some disability, and the support for them was impressive. There was a group of prisoner peer support workers identified as social care advocates, who had been appropriately risk assessed, and there was good succession planning to ensure that support remained if the support workers were transferred. The prisoner advocates assisted in non-intimate care, such as collecting meals, handling applications and cleaning, and were supported by the Carers Federation and Prison Social Care Advocacy and two external care staff during the day. There were individual care plans as required, and staff had access to comprehensive personal emergency evacuation plans. The introduction of a pendant alarm system for prisoners identified with particular needs was a good safeguard, particularly at night. Prisoners with mobility issues were further supported by over 100 wheelchair pushers, who were appropriately trained by prison staff and helped wheelchair users access all elements of the regime. There had been awareness training for staff and prisoners on people with autism
- 2.23** There were six profoundly deaf prisoners, and there had been deaf awareness training for staff and prisoners, in addition to a deaf awareness week. The prison regularly used accredited British Sign Language staff, and there was good information and basic communication cards across the establishment. However, deaf prisoners told us that they sometimes felt overlooked by staff when trying to address some day-to-day issues. There was a forum for deaf prisoners, although some issues raised had yet to be resolved.
- 2.24** Almost one in five of the population were over 50. In our survey, they were more positive across a number of indicators. They were supported through the older prisoner activities and learning (OPAL) group, which was coordinated by two enthusiastic prisoner representatives. A cabin with suitable equipment had been provided for OPAL and hosted several activities each weekday in a relaxing environment. There was good external support by volunteers from Nottinghamshire Age UK and SSAFA, the armed forces charity. The establishment was also sighted on representation for younger prisoners, and forums had been held to identify their needs.
- 2.25** In our survey, 14% of prisoners identified themselves as gay, significantly more than the comparator of 3%. Gay prisoners were supported by the 'x-pressions' group, with prisoner representatives accessible to provide support. As with other support groups, some meetings had been led by prisoner representatives.

- 2.26** There were six transgender prisoners living in role at the time of the inspection. A comprehensive local policy on transgender issues had been developed to supplement the relevant Prison Service instruction (PSI). The prisoners living in role highlighted some frustrations about the policy and its perceived conflict with the PSI. However, the policy provided useful guidance and structure for both staff and prisoners and, while there were some legitimate concerns from prisoners living in role, the establishment had done some excellent work to ensure that the prisoners were appropriately supported and able to access all aspects of the regime.

## Recommendations

- 2.27** **The consultation forums for protected characteristics groups should have a set agenda and be minuted to ensure that the Whatton equality action team can monitor progress of ongoing actions.**
- 2.28** **There should be more discussion and data analysis with prisoners from a black and minority ethnic background to establish why they feel disadvantaged and what can be done to alleviate their concerns.**

## Good practice

- 2.29** *The innovative and well-managed use of peer support, in particular the work of social care advocates and the older prisoner activity and learning group, helped to provide a safe and respectful quality of life for many prisoners at Whatton.*

## 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.**

- 2.30** The faith needs of all prisoners were supported, although there was currently no chaplain to support the small number of Rastafarians. A member of the chaplaincy saw all new arrivals within 24 hours and during their induction. In our survey, more prisoners than the comparators felt that their religious beliefs were respected, said they could speak to a religious leader of their faith in private, and that it was easy to attend religious services.
- 2.31** Around 200 prisoners a week attended the various faith services in addition to other faith-based activities, such as the Alpha course, Arabic study, the prison choir and an enthusiastic chapel band. Access to corporate worship was good, and where there had been difficulties chaplains saw the prisoners affected individually. There was a hearing loop for deaf prisoners, and good washing facilities for Muslim prisoners entering the multi-faith room.
- 2.32** A local faith and pastoral care policy covered key information, including a useful synopsis of faith-related security issues and items allowed in possession for various faiths. Chaplaincy staff were involved in all relevant prison meetings and supported prisoners appropriately. Prisoners from all faiths had been represented at prisoner faith meetings. Religious festivals were appropriately advertised, and the prison menu included any faith or cultural food for relevant celebrations, and provided snacks for faith festivals. Prisoner visits were supported by the National Association of Prison Visitors and the New Bridge Foundation (prisoner befriending).

## 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.**

- 2.33** Complaint forms were not always available on the wings. Staff and prisoner information desks provided forms if asked, but prisoners told us this hindered them from making complaints.
- 2.34** We reviewed several complaints and found the responses addressed the issue, were easy to understand and mostly timely. In our survey, only 30% of prisoners told us complaints were dealt with quickly, which was a fall from the 43% at the last inspection. We found 68 complaints since January 2016 that involved other establishments and access to property, which had not been addressed or monitored; prisoners had not received any interim responses, which was very poor. Quality assurance of complaints was weak, and consisted of little more than a date and a signature of the reviewer. However, a staff and prisoner group reviewed redacted complaints and responses, which was good practice, although it was too early to assess if this innovative idea had made any impact on quality assurance or prisoner confidence in the complaints system.

### Recommendation

- 2.35** **The prison should regularly review all outstanding complaints as part of its quality assurance and monitoring process, including those referring to prisoners' previous establishment.**

### Good practice

- 2.36** *The prisoner user group providing quality assurance on complaints was an innovation that provided user input, and could potentially increase prisoner confidence in the complaints system.*

## 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.**

- 2.37** There were no dedicated trained staff to provide legal support for prisoners. Wing staff told us that those requiring help approached their offender supervisor. The library had a good supply of legal texts and up-to-date Prison Service orders. In our survey, 60% of respondents said that it was easy to communicate with their legal representative and 58% that it was easy to get legal visits, which were both above the comparators.
- 2.38** There were adequate legal visits sessions and visiting solicitors were positive about the ease of booking. Four private consulting rooms provided adequate privacy. However, when these rooms were fully booked, some meetings with legal representatives were held in the social visits area. Although staff tried to seat legal visits away from families, some prisoners complained that they could be overheard discussing confidential matters.

## 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.**

**2.39** The Care Quality Commission (CQC)<sup>6</sup> did not join us on this inspection.

### Governance arrangements

**2.40** Nottinghamshire Healthcare NHS Foundation Trust was commissioned to provide all health services for a population where 49% of prisoners were over 50. Relationships between the commissioners and provider were good with regular contract review meetings and partnership board meetings. A health and social care needs assessment from 2015 and a quality assurance visit by NHS England in 2016 led service improvement.

**2.41** The service was delivered by integrated primary care, mental health and substance misuse teams. The primary care team was only available during the day on weekdays and weekend mornings, which affected the provision of treatment. Most staff had up-to-date mandatory training and all received regular clinical supervision. Staff said they felt well supported. Health staff interactions with patients were professional, and patients said they felt cared for.

**2.42** The health care centre was clean and well maintained but the location of the pharmacy, with two adjacent hatches for the dispensing of medication, could not assure patient confidentiality.

**2.43** Prisoners were provided with good information about health care during induction, and there was a quarterly patient involvement forum.

**2.44** The response to serious untoward incidents was robust, with learning from these routinely shared with staff. There was good overview of death in custody action plans.

**2.45** Health complaints forms were not readily accessible on all wings. Responses to complaints generally addressed the concerns raised and were respectful in tone. There was a regular clinic to resolve concerns face-to-face, which was good practice.

**2.46** There were just two sets of emergency equipment, including oxygen, which was inadequate given the size of the establishment. There were regular documented checks on the equipment in the health care centre but not in reception, where we found blood sugar monitoring equipment and naloxone missing. There were 17 automated external defibrillators (AED) across the prison but only 28% of custodial staff were trained in first aid, which was insufficient given the vulnerability of the population and lack of 24-hour on-site health care cover.

**2.47** There was a health promotion plan but no coordinated engagement with prisoners to drive this. An appropriate range of regular clinics offered health screening and access to vaccination programmes. Barrier protection was available.

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<sup>6</sup> CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

- 2.48** Social care arrangements had been appropriately developed with a clear referral system, and nominated officers from the local authority who carried out prompt initial assessments. Several care packages were in place, and we observed care workers delivering effective and attentive support for some vulnerable men. Non-intimate care support could also be provided by prisoner social care advocates (see paragraph 2.22) and two external care assistants. Staff training on social care was limited to Civil Service e-learning, although there was some awareness of the needs of specific groups, such as deaf prisoners and those with autism. Some social care arrangements for individual prisoners required review, but we were not assured that this would be in time to meet changing needs.

## Recommendations

- 2.49** **Emergency resuscitation equipment should be available in all residential blocks, kept in good order and checked regularly.**
- 2.50** **Social care arrangements for individual prisoners should be subject to accelerated review if locally indicated.**

## Good practice

- 2.51** *The face-to-face clinics with prisoners to resolve local health service concerns were innovative and effective.*

## Delivery of care (physical health)

- 2.52** New arrivals were given two health questionnaires in reception; we were told that reception orderlies assisted those who had difficulty completing them, which breached confidentiality. A qualified nurse carried out the reception health screen, and relied heavily on the completed questionnaires. This reduced the time taken to assess the prisoner, and therefore missed opportunities for discussion about their health concerns and needs.
- 2.53** Appropriately trained nurses held a range of clinics, including nurse triage and cancer care. Associate practitioners (band 4 health staff) provided phlebotomy, well man and sexual health clinics. Long-term conditions were well managed and waiting lists were within acceptable limits. Care plans for some patients with long-term conditions were not reviewed regularly enough, but we were confident that staff knew their patients well.
- 2.54** There was no waiting list for the GP and same-day appointments were given for nurse triage clinics. Patients accessed the triage clinic by asking wing officers to telephone health care to make an appointment; too many felt obliged to inform officers of the reason for their appointment, which was a concern. Health staff saw patients with poor mobility or who were too unwell to get to the health care centre in their cells.
- 2.55** Although the out-of-hours cover was provided by a GP service that was too far from the prison to visit quickly, the service had access to SystemOne (the clinical IT system), which informed the subsequent telephone advice it gave to prison officers. Emergency responses were appropriate, and useful flow charts helped to support decision making.
- 2.56** There was high demand for routine hospital appointments, and there had been a recent increase from six to eight hospital escorts a day, which had significantly reduced cancellations. Any cancelled hospital appointments were always appropriately sanctioned by a GP.



## Recommendations

- 2.57 Reception health screening should be confidential and not rely on self-completed prisoner questionnaires.**
- 2.58 Patients should have prompt access to nurse triage without the need to involve a prison officer.**

## Pharmacy

- 2.59** Almost two-thirds of the population, 65%, were receiving medication at the time of our inspection. Most medicines were supplied on a named-patient basis and promptly from Well Pharmacy. The pharmacist only visited the site twice a month and did not have any patient contact.
- 2.60** Most medicines were supplied in possession and most patients had access to secure storage. The in-possession policy was not always followed. For example, some patients did not have a risk assessment and others received medicines identified as not for in possession. At weekends, daily in-possession medicines were supplied in the morning to patients not deemed suitable for non-supervised medication. We were concerned that medicines given in this way included those commonly traded in the prison. (See also recommendation 1.53.)
- 2.61** Medicines were distributed from two separate hatches in the health care centre. The queue for medicines was often lengthy, and it was not always possible for the patient to ask confidential questions.
- 2.62** The pharmacy was clean and secure. Medicines were stored appropriately in lockable metal cabinets, and fridge records were maintained appropriately. The supply of controlled drugs was mainly well managed.
- 2.63** There was a drugs and therapeutics committee for all the prisons where Nottingham Community Healthcare Trust provided services. Prescribing data had been used to look at prescribing costs, quantities and trends, but there had no audits of tradable medicines for Whatton.

## Recommendation

- 2.64 Prisoners receiving in-possession medicines should have a prompt risk assessment against each medicine to ensure that potentially tradable medications are correctly managed, and the daily supply of medication should be better organised and controlled.**

## Dentistry

- 2.65** Prisoners were triaged by the dental nurse at a weekly clinic. The dentist offered four sessions a week to assess and deliver treatments, with access to a dental therapist for more routine care. A full range of NHS treatments were available and waiting times were short. Oral health advice was routinely provided in clinics. Urgent referrals could be seen more promptly after consulting the primary health care team, but prisoner access to short-term pain relief could be inadequate.

- 2.66** The dental suite was suitably equipped, with a separate area for decontamination. All dental apparatus was appropriately maintained and there were safe arrangements to dispose of waste materials.

## Recommendation

- 2.67** **Prisoners should be able to access adequate pain relief while waiting for an urgent dental appointment.**

## Delivery of care (mental health)

- 2.68** The mental health team provided primary and secondary care on weekdays through a nursing team supported by the prison psychology counselling services and sessional input from a psychiatrist. There was an open referral system for mental health care. All prisoner referrals were seen and assessed within five days, and allocations determined by a weekly multidisciplinary meeting.
- 2.69** The team had a caseload of 81, of whom six had enduring mental health problems and were being appropriately cared for using the care programme approach (CPA). The team facilitated self-help, individual coping skills and lower-level interventions. Therapies for common mental health problems were available and included access to an impressive range of groupwork and individual psychological interventions. Waiting times were in line with those in the community.
- 2.70** All new arrivals were screened by a dedicated learning disability nurse. A specialist team provided impressive support for 49 prisoners with a range of intellectual and neuro-developmental impairments. As a result, prisoners could access adapted offender programmes and prison staff were better placed to make reasonable adjustments to support their vulnerabilities; several prison staff had been on autism awareness training. Some prisoners with learning difficulties and complex health needs had personal 'health passports' – a document they kept detailing information about their individual needs – which was good practice.
- 2.71** The team had generally positive working relationships with other areas of the prison, and contributed to safer custody and safeguarding forums. Prisoners at risk subject to assessment, care in custody and teamwork (ACCT) case management had an assessment from the mental health team, but contacts and interventions were not systematically annotated in the ACCT documentation we reviewed. Custody staff had access to an e-learning mental health awareness package, but few of the staff we spoke to had used this.

## Good practice

- 2.72** *The use of health passports for prisoners with a significant learning difficulty enabled them to articulate their health needs and preferences where communication difficulties could create barriers to effective care.*

## 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.**

- 2.73** Prisoners were generally positive about the food, and the meals we sampled were good quality. There was a range of options, including special and religious diets. A kitchen user group represented prisoners on issues about food. Breakfast packs were issued on the day before, which meant they were often eaten in advance, and the evening meal was served between 4.15pm and 5pm, which was too early.
- 2.74** All serving areas were well supervised by staff during meals. Prisoners from B1, B2 and B3 were served in a large, well-used communal eating area, overseen efficiently by a staff member and a prisoner. Communal eating areas on other units were less well used. There were no self-catering facilities.
- 2.75** The main kitchen, all serving areas and food trolleys were very clean. There were no separate utensils for religious dietary need, but this was remedied during the inspection. Prisoners working in the kitchens were expected to achieve a level 2 qualification in food preparation and hygiene.

## Purchases

### Expected outcomes:

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

- 2.76** Whatton had established its own shop goods list, drawn from the national list, in consultation with prisoners. The list was reviewed quarterly. Prisoners' orders were handled efficiently. In our survey, 60% of prisoners said that the shop sold a wide enough range of goods, against the 48% comparator, but only 43% of black and minority ethnic prisoners, against 62% of white prisoners, said it sold enough goods to meet their needs. It was not clear from the minutes of the shop consultation meeting if this issue had been raised or addressed by staff or black and minority ethnic prisoners.
- 2.77** New arrivals who missed the deadline to place their shop order could receive a reception pack (containing basic food and drinks, with an option for tobacco) but it could take 10 days before they received their first order, which was too long.
- 2.78** Prisoners could shop from a reasonable range of catalogues, but had to pay an additional 50p administration charge.

### Recommendation

- 2.79** **The prison should consult widely on its shop goods list to ensure the diverse needs of prisoners are addressed.**



## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

**All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.<sup>7</sup>**

- 3.1** Time out of cell was good for the overwhelming majority of prisoners and had increased since the last inspection. Prisoners were unlocked at 8am, remained unlocked over lunchtime and most were locked up at 6.15pm. The 30% of prisoners on B wing were allowed an extra hour out on weekday evenings in recognition of their more limited access to telephones and showers. During the inspection, a small number of prisoners on one wing were locked in their cells for the afternoon as it was short staffed due to demand for hospital escorts, but we were assured that this was a rare occurrence.
- 3.2** In our spot checks we found 51% of prisoners off the wings at activities, fewer than at the last inspection, which was due to the unavailability of some workshop places. A further 16% were engaged in wing activities and the remainder were retired, sick, not required at work or on rest days. The only prisoners locked up (apart from those mentioned above) were on the basic regime or subject to cellular confinement punishment.
- 3.3** Prisoners, except for those on B unit, had access to open areas around residential blocks during lunchtimes and evenings. These areas were pleasant with seating and planting. Prisoners on B wing had access to a refurbished yard area with seating also during lunchtimes and evenings.

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

## Learning and skills and work activities

### Expected outcomes:

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

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

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

### Management of learning and skills and work

- 3.5** The strategic leadership of learning and skills and work was outstanding. Senior managers had successfully achieved five of our six previous recommendations. They had recently introduced some useful strategies to improve the range and effectiveness of the provision further, including the development of a self-employment academy and additional support to prisoners applying for Open University (OU) and distance learning courses. However, it was too early to judge their effectiveness.
- 3.6** Senior managers had placed a strong emphasis on improving prisoners' English and mathematics skills. Almost all prisoners with low prior educational attainment attended education before they went into employment. Achievement rates for qualifications in both English and mathematics had improved and were high.
- 3.7** The operational management of the education and training provided by Milton Keynes College was outstanding. The education manager had applied performance management procedures very effectively. As a result, outcomes for prisoners on almost all courses had improved further and were very high. The results of observations of teaching, learning and assessment had been used well to support staff training and development to improve the quality of provision.
- 3.8** The most recent self-assessment report was self-critical and accurate. The completion of improvement actions was monitored closely. However, impact measures were not always sufficiently specific and measurable to indicate when they had been successful.

<sup>8</sup> Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

- 3.9** There had been no detailed analysis of the training and educational needs of all prisoners to identify appropriate measures for planned improvements, ensure that the provision met the needs of all groups of prisoners and to plan future developments.

## Recommendation

- 3.10** **Senior managers should complete a detailed educational and training needs analysis of the whole population to ensure that the provision meets the needs of all groups of prisoners and to support future development plans.**

## Provision of activities

- 3.11** The prison provided around 694 activity places, sufficient for almost all prisoners to engage in at least part-time purposeful activities. The allocations process was effective in meeting the needs of prisoners, and prisoners commented that allocation to work or activity was quick. However, the process was not sufficiently supported by detailed sentence and skills action plans. A few workshops were over-allocated, which meant that a few prisoners were under-occupied as they were occasionally not needed.
- 3.12** The range of education courses was appropriate to meet the needs of most prisoners, except those with the longest sentences or significant prior attainment. Prisoners were able to attend courses from entry level up to level 2 in English, mathematics, information technology (IT) and art. A range of short personal and social development courses were also available. Prisoners working towards GCSEs were also supported. Fifty-two learners were undertaking a range of OU and other distance learning courses.
- 3.13** There was sufficient work to meet the needs of the population, including posts as wing cleaners, painters, library and gym orderlies, and servery workers, as well as work in the main kitchen, gardens, waste recycling, laundry, textile, printing and contract service workshops. Some wing work was insufficiently demanding to provide work throughout the day.
- 3.14** The range of accredited training had increased since the last inspection. Approximately 50 prisoners were enrolled on vocational training courses at level 1 and 2 in bricklaying, painting and decorating, industrial cleaning, gardening, cleaning, catering, customer service, radio and media production, textiles, waste recycling, crafts and laundry. Almost half of prison workers had achieved a qualification relevant to their work, either at Whatton or other prisons. Most learners were on level 1 courses, with only a few working towards qualifications at level 2.
- 3.15** Attendance and punctuality at education, training and work were excellent.

## Recommendation

- 3.16** **The education and training provision should be extended to include higher level learning and more subjects to meet the needs of those serving longer sentences or with higher prior academic attainment.**

## Quality of provision

- 3.17** The quality of teaching, learning and assessment was outstanding, particularly in classroom sessions. Teaching and training staff were passionate about their subject, and learners

benefited from their enthusiasm. Teaching staff were highly qualified and knowledgeable, and able to hold learners' interest and engagement during the three-and-a-half hour long sessions.

- 3.18** Induction and initial assessment were effective and ensured that prisoners were promptly placed on the most appropriate learning, skills and work activity. Prisoners completed a well-structured initial assessment of their mathematics and English skills and were required to achieve prescribed levels in these subjects before accessing learning, skills and work activities. Teachers made good use of the outcomes of initial assessment to plan individual learning in education, but vocational trainers did not use the results sufficiently well to plan workshop activities.
- 3.19** Teachers planned lessons well, using real life examples to generate discussion and provide material for exercises.
- 3.20** The quality of teaching in vocational areas was good. Teachers recapped previous learning well. Trainers had high expectations for prisoners, especially in bricklaying, gardening, and painting and decorating. In these areas, teachers ensured that prisoners worked to exacting standards and produced work of a high quality. The promotion of health and safety was paramount and strictly adhered to in all areas of learning.
- 3.21** Additional learning support arrangements were very good, and learners receiving additional support achieved as well as their peers. There was a detailed assessment of barriers to learning during induction, trained prisoner peer mentors were well used, and the college's additional learning support coordinator provided individual sessions for some prisoners.
- 3.22** Target-setting and monitoring of learners' progress were good. In education, learners kept detailed learning plans of personal progress against their targets, with written comments from teachers to provide guidance. However, few examples of written assessment feedback in vocational training areas were sufficiently detailed.
- 3.23** Teachers planned assessment well. Classroom-based learners received constructive and detailed feedback on their work that clearly identified what they had to do to improve, including in their English and mathematics. Teachers were alert to individual learners' strengths and weaknesses, and to any identified barriers to learning. In education, teachers routinely corrected errors and regularly emphasised the importance of accurate English and mathematics in the workplace. In vocational training and work however, instructors did not sufficiently correct or guide prisoners on their use of English or maths.
- 3.24** Teachers promoted equality and diversity well. A wide range of posters and notices displayed information about bullying, harassment, health and safety, and equality and diversity.

## Recommendation

- 3.25** **Teachers in vocational training and work should promote the development of prisoners' English and mathematics skills more effectively.**

## Personal development and behaviour

- 3.26** The work and vocational training opportunities enabled prisoners to develop very useful employment skills and a strong work ethic. Prisoners worked well in all areas, and their behaviour was exemplary. Prisoners working towards vocational qualifications, particularly in



bricklaying and painting and decorating, developed good practical skills and understanding and achieved well, producing work to a standard often higher than the qualification requirements.

- 3.27** Trainers, assessors and instructors paid good attention to detail and promoted health and safety awareness very strongly. Prisoners completed tasks well and enjoyed the peer interaction and conversations that took place alongside the work.

## Education and vocational achievements

- 3.28** Achievement rates on almost all education and vocational training courses were very high. There were no major gaps in achievement between different groups of learners. The significant number of prisoners with learning difficulties or disabilities succeeded as well as their peers. Achievement rates on English and mathematics courses had significantly improved since the previous inspection and were high at around 85%.
- 3.29** Prisoners in education and training were enthusiastic, made good progress with their learning and swiftly developed a range of useful employment-related, personal and social skills. The quality of work in education and training sessions was good, and prisoners developed valuable employment-related skills in contract workshops.

## Library

- 3.30** Culture, Learning, Libraries (Midlands), trading as Inspire, delivers library services on behalf of Nottinghamshire County Council. The service provided was efficiently run and well-managed.
- 3.31** Prisoner access to the library was good, with morning and afternoon opening hours every weekday except Monday. In our survey, fewer prisoners than at the last inspection said that they visited the library at least once a week, although the rate was still above the comparator. Library staff collected data on the number of visits to the library, but not on how many prisoners used it regularly or usage by particular groups. As a consequence, library staff could not clearly identify if particular groups of prisoners were disadvantaged.
- 3.32** The library was well stocked and met the needs of the prison population. There was a sufficient supply of resources and printed materials, including legal texts and Prison Service orders and instructions, and the rate of book loss was low. Books and CDs were carefully vetted for their suitability. Prisoners could borrow books in easy-read formats and in large print.
- 3.33** Library staff were active in promoting the development of prisoners' reading skills through participation in the 'Reading Ahead' initiative and in supporting reading programmes delivered by Milton Keynes College.

## Recommendation

- 3.34** **Library staff should collect data on library usage to identify if particular groups of prisoners are not benefiting from library services and activities, and take appropriate action.**

## 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.**

- 3.35** Prisoners had access to a range of well-maintained PE facilities, which included a spacious sports hall, a dedicated weights room on B wing and a large grass sports field. There were appropriate, clean changing facilities and showers. Drinking water was available to prisoners using indoor facilities but not on the sports field.
- 3.36** There was a regular programme of recreational physical training sessions and activities that strongly promoted the benefits of exercise and health lifestyles and met the needs of all groups of prisoners. Activities included well-planned sessions for prisoners over 60, as well as competitive sports fixtures against visiting local teams. A small, but increasing, number of sessions were cancelled, partly due to the redeployment of staff.
- 3.37** A range of short, accredited courses, such as taking part in exercise, were offered alongside useful weight-loss and smoking cessation programmes.
- 3.38** The induction process was comprehensive, and introduced prisoners to the full range of facilities and training in the safe use of exercise equipment. Effective links with health care staff ensured that the rehabilitation and condition-management needs of most prisoners were reflected in their fitness programmes. However, delays in gaining clearance for new arrivals with identified health conditions prevented a small number of prisoners from using the service for some time.
- 3.39** While staff routinely gathered data about all prisoners taking part in sessions, there had been no analysis to monitor the use of the service by all groups of prisoners. In our survey, only 19% of prisoners said they went to the gym three or more times a week.

### Recommendation

- 3.40 Senior managers should analyse the available data on PE activities to monitor the participation by all groups of prisoners, and take appropriate action.**

# Section 4. Resettlement

## Strategic management of resettlement

### Expected outcomes:

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

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

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

- 4.1 The prison's reducing reoffending strategy covered the resettlement pathways and was based on an annual prisoner needs analysis, last completed at the end of 2015. The needs analysis had focused on generic needs across the whole prisoner population and had not looked at the specific needs of different groups of prisoners. Although the strategy's focus on the provision of interventions and support to reduce the risk of reoffending was broadly appropriate, there was not enough attention on the special needs of some groups, such as prisoners serving indeterminate sentences or older prisoners.
- 4.2 Progress against the reducing reoffending action plan was overseen by a well-attended quarterly reducing reoffending committee, with monthly updates to the plan by managers responsible for specific actions.
- 4.3 The strategy placed offender management at the centre of work with prisoners, and recognised the importance of integrated working. However, the offender management and programmes teams used different risk assessment tools, and in some cases there was no agreed approach on decisions about prisoner participation in programmes when the two tools assessed risk differently. Some staff had raised this as a concern, and the prison was developing ways to ensure the teams worked collaboratively. It was also due to introduce a programme for prisoners assessed as low risk but who needed to address their offending behaviour.
- 4.4 The offender management unit (OMU) was made up of 16 offender supervisors (band 4) and four probation officers. Each had a caseload that covered the range of prisoners held, with the most complex cases allocated to probation officers. Offender supervisors shared their skills and experience to support one another.
- 4.5 Whatton was not identified by NOMS as a resettlement prison and as a result had only minimal community rehabilitation company (CRC)<sup>9</sup> resettlement services allocated to it. In practice, the prison released more than 200 prisoners a year and had identified the lack of CRC provision as a gap. Managers had been active in commissioning appropriate resettlement services from Lincolnshire Action Team (LAT) to work with prisoners preparing for release. There was no monitoring or evaluation of resettlement services, apart from performance targets.

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

## Recommendations

- 4.6** There should be a clear process for resolving differences between prisoner risk assessments and their suitability for interventions, and this should be known by all staff who need to use it.
- 4.7** The effectiveness of resettlement services should be monitored and evaluated. (Repeated recommendation, 4.7)

## 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.**

- 4.8** We were joined on this inspection by colleagues from HM Inspectorate of Probation who looked in detail at 12 cases - six were identified as in scope for offender management (prisoners serving more than 12 months and considered to pose a high or very high risk of harm) and six that were out of scope. Several other cases of prisoners due to be released within the following month were looked at in less detail. We also spoke with some of these prisoners, and others whose cases were not reviewed. Because prisoners at Whatton came from a wide range of areas, due to the specialist nature of the programmes available at the prison, offender supervisors had to liaise with every national probation service division. Very few cases were held by a CRC.
- 4.9** In our survey, prisoners were more positive about offender management than in other prisons holding sex offenders. Prisoner contact with offender supervisors was regular, meaningful and sufficiently frequent in almost all cases, especially in supporting programme completion. The offender supervisor had a meeting with the prisoner soon after their transfer to the prison. Most prisoners were satisfied with the level of contact they had, and entries in prisoners' electronic case notes showed that they saw offender supervisors frequently and at key times. The quality of recording on electronic case notes was consistently detailed, including entries from wing staff and personal officers that supported the ongoing consideration of risk of harm issues.
- 4.10** All the cases reviewed included a good assessment of the likelihood of reoffending. Some prisoners continued to arrive without a full offender assessment system (OASys) assessment. At the time of the inspection, the OASys backlog was 54, although the prison had developed appropriate measures that had reduced the backlog over time. The quality of OASys assessments completed by both probation and uniformed offender supervisors was consistently good, although some reviews had not been completed following a significant event. Assessments covered all the key issues relating to offending, including the individual's attitude to the offences and, when known, the reasons that offending had stopped. Assessments were accurate, analytical and in some cases insightful. In addition to the OASys assessment, all prisoners were assessed by the programmes team for their suitability to undertake accredited programmes. The good quality and range of assessments provided a clear picture of the offending and risk-related needs of prisoners, on which sentence plans were then based.
- 4.11** Attention to each prisoner's risk of serious harm to others was effective, screenings were accurate, and the analysis contained detailed and appropriate information. The OMU played a

central role in decision making about visitors, monitoring of communications and recategorisation.

- 4.12** Sentence planning for prisoners in our sample focused on undertaking an accredited offending behaviour programme, usually the Sex Offender Treatment Programme (SOTP). In all cases, a sentence plan had been produced and covered the key actions to be taken. The prisoners we interviewed were clear about the sentence planning process. The delivery of sentence plans was supported by generally effective communication, and joint work with offender managers in the community and other departments in the prison, including personal officers.
- 4.13** The prison did not make any use of release on temporary licence or home detention curfew.

## Recommendation

- 4.14 Prisoners' OASys assessments should be formally reviewed following a significant event, including completion of an accredited programme.**

## Public protection

- 4.15** The public protection unit (PPU) undertook all public protection work for the prisoners at Whatton, including initial assessments on arrival, and liaison with social services, police and other external agencies about contact restrictions and the need for monitoring. Prisoners were referred to the fortnightly interdepartmental risk management team (IRMT) meeting on arrival and then whenever a decision about their case was required. Decisions about contact, visits and monitoring were considered carefully and kept under review. Residential staff supported public protection work, identifying and sharing key issues. If there were indicators of deteriorating mental health, the OMU was informed and proper consideration given to issues such as contact. Links between the OMU and the PPU were effective, including some excellent active work to consider the ongoing suitability of working relationships between offender supervisors and individual prisoners to ensure staff were not subject to manipulation.
- 4.16** There were appropriate procedures for multi-agency public protection arrangements (MAPPA), underpinned by a good understanding about MAPPA among OMU staff. All the cases reviewed were MAPPA-eligible, and contact was routinely made with offender managers to arrange tripartite meetings, involving the offender supervisor, offender manager and prisoner, six months before release dates, to decide the individual's MAPPA level and plan for release. Offender supervisors completed MAPPA F reports (assessments for community meetings), and those we saw were of a good quality and included information from post-programme reviews - providing clear evidence of any impact on offending behaviour and risk of harm to others. There were arrangements to follow up any outstanding MAPPA issues through links with the community probation service. However, the IRMT meeting did not routinely follow up the outcome of these cases. The OMU routinely assigned any unresolved MAPPA decisions as level 1 status (the lowest risk level). While this meant that all released prisoners were flagged as MAPPA cases, there was potential that the risk level might not be appropriate.

## Recommendation

- 4.17 The prison should assure itself that all prisoners have a confirmed MAPPA level before their release.**

## Categorisation

**4.18** Thirteen prisoners had been recategorised as suitable for open conditions between February and July 2016. All eligible prisoners were reviewed in a timely way, and the cases we looked at had been considered appropriately. Moves to open conditions for prisoners assessed as suitable generally took place without undue delay. Whatton held several prisoners with category D status who had been returned from open conditions, and was waiting for Parole Board decisions about the most appropriate categorisation for them.

## Indeterminate sentence prisoners

**4.19** The prison held 368 indeterminate sentence prisoners (ISP), over 40% of the population - 124 were life sentenced and 244 were subject to indeterminate sentences for public protection. The preparation of parole dossiers was managed efficiently.

**4.20** Consultation forums were held with ISP representatives, but it was not clear how the outcomes were shared with the wider population. There were quarterly ISP days with places for up to 20 prisoners and their families.

## 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.**

**4.21** Whatton released about 14 prisoners a month. In our survey, more prisoners than at other prisons holding sex offenders knew who to turn to for help with the resettlement pathways. The Lincolnshire Action Team (LAT) saw prisoners when they arrived to identify any unaddressed needs, and again at six months and 12 weeks before their release. Prisoners could also request support at any time during their sentence. A final check was made two weeks before release. LAT offered a range of resettlement support, especially on finance, benefit and debt and accommodation issues. It also offered additional support to prisoners with complex needs as part of a social inclusion initiative, including ongoing community support after release.

**4.22** Interventions to address resettlement issues, including rebuilding links with families and gaining employment skills, were generally strong. However, in our survey, while 72% of prisoners said they had done something at Whatton to make them less likely to offend in the future, which was more than the comparator of 54%, this was less than the 82% at the previous inspection.

## Accommodation

**4.23** Most prisoners were released to approved premises and many to areas away from where their offences had taken place. They were informed of this well in advance of their release, although we were told that some, when released, did not know how long they would be required to stay in the approved premises, and that it was difficult to put other arrangements in place until the address had been confirmed. For other prisoners, LAT provided active support in finding suitable accommodation, facilitating applications and conference calls to housing providers. However, four prisoners not subject to any licence or community

supervision had been released without an address since April 2016 (although one had been provided with accommodation on the day of release after reporting to a housing office).

## Education, training and employment

- 4.24** The National Careers Service subcontracted careers advice and guidance to Futures Advice Skills and Employment. The quality of the service was good. Prisoners had good access to careers advice and guidance, with effective induction assessments and action plans agreed that focused on career objectives and the likely impact of their offence on their prospects of employment. The Futures adviser interviewed all new arrivals within around six weeks.
- 4.25** Prisoners had opportunities to prepare a CV and job applications, and Futures staff ran a session in the virtual campus suite (giving prisoners internet access to community education, training and employment opportunities) for men whose release date was imminent. Prisoners were supported with finding employment or training on release. Futures staff had a good understanding of local and regional employment needs, and used this information well to help prisoners assess potential opportunities. They also had good partnership arrangements, such as with Milton Keynes College, Jobcentre Plus and LAT, to provide prisoners with a range of information and advice to help their resettlement.
- 4.26** Managers had recently reviewed the education, training and employment process and focused well on developing systems to support the growing number of prisoners released from the prison. However, it was too early to judge the effectiveness of these actions. There was a lack of validated data to assess the number of prisoners gaining education, training or employment on release (see recommendation 4.7).

## Health care

- 4.27** Most prisoners leaving the prison received a printed summary of their clinical records and one week's supply of any prescribed medication without having a pre-discharge assessment with health care staff. This meant that some health and social care needs could be missed. Prisoners with complex health care needs were linked appropriately to community services or referred to relevant teams in the receiving prison. Health care staff worked well with the offender management unit to ensure ongoing support of prisoners on release, including continuing care with specialists and engagement with social services.
- 4.28** There was an excellent palliative care inpatient facility that provided a comfortable space for relatives and patients to be together. There was very effective joint working between health care and residential staff in such cases, and one terminally ill patient we spoke to was very complimentary about their care.

## Recommendation

- 4.29** **Men due for release should be reviewed by health services staff to ensure that any health needs are met and that they receive suitable advice.** (Repeated recommendation 4.38).

## Good practice

- 4.30** *Palliative care arrangements were good and continued to ensure that terminally ill patients had appropriate care and dignity in death.*

## Drugs and alcohol

- 4.31** Although most prisoners were released outside their local area, we saw examples of good joint working to enable prisoners with substance misuse issues prepare for release and continue their recovery in the community. For example, one prisoner was helped to develop a relationship with his community drug worker by telephone before release. Relapse prevention courses and individual harm reduction input was provided before release for prisoners engaged with the service. Joint working with other departments, including health care and OMU, was effective.

## Finance, benefit and debt

- 4.32** LAT provided support for prisoners with debt or other financial issues, including access to specialist debt advice from Access2Advice. The ability for prisoners with less than a year to serve to open bank accounts was being extended to all prisoners. All prisoners approaching release were seen by the on-site Department for Work and Pensions worker for advice on benefits, and initial appointments were set up for them in the community.

## Children, families and contact with the outside world

- 4.33** In our survey, more prisoners than the comparator said that the prison supported them to maintain contact with family and friends. All prisoners could receive at least three visits a month, which were available on three weekday afternoons and mornings and afternoons at the weekend. Prisoners and visitors reported that visits were easy to book either by the prisoner or through the online system. A large number of prisoners received no visits and the prison was exploring options to meet their needs. There was an active prison visitor scheme, and a national scheme that allowed prisoners and their family or friends to communicate by voicemail was actively promoted.
- 4.34** The visitors' centre opened around 90 minutes before visits started. It was bright and clean and had adequate facilities, including hot drinks and toilets with disability access. Children could use a small play area under parental supervision. Visitors we spoke to and responses to the annual visitor survey were overwhelmingly positive about their treatment in the centre and on visits. The fortnightly surgeries held by the governor or her deputy for social visitors remained a very useful mechanism for prisoners' families and friends to raise concerns.
- 4.35** The visits hall was spacious, clean and in good decorative order. The atmosphere was relaxed with appropriate but not intrusive supervision. There was no formal children's play area, but there was a toy cupboard if required. Visitors could buy a range of hot and cold food, including healthy options, in the hall. Most prisoners, except transgender prisoners, could still not wear their own clothes on visits, which was inappropriate.
- 4.36** Prisoners with children under 18 could attend three family visit days a year, subject to an individual risk assessment. The family day we observed included a wide range of appropriate activities, and prisoners and visitors were very positive about the experience. Fifteen prisoners had made use of the Storybook Dads programme (enabling them to record a story for their children) since January 2015.

## Recommendation

- 4.37** Prisoners should be able to wear their own clothes on visits.



## Good practice

- 4.38** *Fortnightly surgeries between visitors and the governor/deputy governor continued to enable visitors to share their views, ask questions and raise concerns.*

## Attitudes, thinking and behaviour

- 4.39** In our survey, more prisoners than at other prisons holding sex offenders said they were involved in an offending behaviour programme (82% against 67%). Interventions to address the likelihood of reoffending and risk of harm were specifically targeted on sexual offending. They included a range of accredited Sex Offender Treatment Programmes, and other programmes that covered thinking skills, anger and violence management, and pro-social living skills. Some of these programmes had been adapted to meet the needs of specific prisoner groups, including deaf prisoners. The prison was focused on programme completion, and allocation to activities was sequenced to ensure that prisoners attended programmes at the right time for them. Post-release community support was available through 'Circles of support and accountability' - volunteers organised through a coordinator at Whatton supported the prisoner's transition back to the community for up to 18 months after release and kept them accountable for their ongoing risk management.
- 4.40** During the inspection, several ISPs expressed frustration at perceived delays in accessing offending behaviour programmes and progressing their sentence plan as quickly as they had hoped. Prisoners were generally allocated to programmes in line with their release or parole eligibility dates, and prison data indicated that slightly fewer ISPs than their proportion in the population were accessing programmes.
- 4.41** The prison had undertaken some work to address prisoners who were in denial of their offending. The Horizon programme for low-risk sexual offenders took two prisoners who were in denial of their offending on each course. Prisoners were also assessed to determine if they were actually in denial or if there were other barriers to completing offending behaviour work. This had resulted in some prisoners accessing programmes who might not otherwise have done so.
- 4.42** There were some alternatives for prisoners assessed as unsuitable for an accredited programme, including programme completion in the community as part of licence conditions, and one-to-one work with the programmes team. Offender supervisors also undertook one-to-one work with prisoners, usually through in-cell work packs, and there was scope to develop this further.

## Good practice

- 4.43** *The provision of an adapted Sex Offender Treatment Programme for deaf prisoners was a positive initiative that met the needs of a specific group of prisoners.*



# 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 recommendations

To the governor

- 5.1 Cells on B wing should be enlarged and the toilet moved away from the bed and appropriately screened. The wing showers should be sufficiently screened and private. (S40)
- 5.2 There should be equality impact assessments and action plans to address inequalities identified by equality monitoring. All submitted discrimination incident reporting forms (DIRFs) should be fully investigated and subject to internal and external quality control. (S41)

## Recommendations

To the governor

### Self-harm and suicide

- 5.3 Prisoners who are on assessment, care in custody and teamwork (ACCT) case management should have current care maps with clear measurable individual targets that are regularly reviewed, and should receive a robust post-closure interview that explicitly records progress. (1.22)
- 5.4 Investigations of serious acts of self-harm should identify lessons learned, and the safer custody meeting should consistently explore and address the reasons for the continuing high rates of self-harm to reduce the number of incidents. (1.23)

### Security

- 5.5 Prisoners should be allowed to wear their own clothes, apart from in exceptional risk-assessed circumstances. (1.32)

### Substance misuse

- 5.6 There should be an up-to-date substance misuse strategy based on a robust needs analysis that addresses supply reduction and treatment for substance misuse, including diverted medication and alcohol. This strategy should be under regular review by the drug and alcohol meeting. (1.53)
- 5.7 Prisoners with substance misuse needs should have easy access to mutual aid support. (1.54)

### Residential units

- 5.8 Prisoners' property should be available within a reasonable time when requested. (2.7)

## Equality and diversity

- 5.9** The consultation forums for protected characteristics groups should have a set agenda and be minuted to ensure that the Whatton equality action team can monitor progress of ongoing actions. (2.27)
- 5.10** There should be more discussion and data analysis with prisoners from a black and minority ethnic background to establish why they feel disadvantaged and what can be done to alleviate their concerns. (2.28)

## Complaints

- 5.11** The prison should regularly review all outstanding complaints as part of its quality assurance and monitoring process, including those referring to prisoners' previous establishment. (2.35)

## Health services

- 5.12** Emergency resuscitation equipment should be available in all residential blocks, kept in good order and checked regularly. (2.49)
- 5.13** Social care arrangements for individual prisoners should be subject to accelerated review if locally indicated. (2.50)
- 5.14** Reception health screening should be confidential and not rely on self-completed prisoner questionnaires. (2.57)
- 5.15** Patients should have prompt access to nurse triage without the need to involve a prison officer. (2.58)
- 5.16** Prisoners receiving in-possession medicines should have a prompt risk assessment against each medicine to ensure that potentially tradable medications are correctly managed, and the daily supply of medication should be better organised and controlled. (2.64)
- 5.17** Prisoners should be able to access adequate pain relief while waiting for an urgent dental appointment. (2.67)

## Purchases

- 5.18** The prison should consult widely on its shop goods list to ensure the diverse needs of prisoners are addressed. (2.79)

## Learning and skills and work activities

- 5.19** Senior managers should complete a detailed educational and training needs analysis of the whole population to ensure that the provision meets the needs of all groups of prisoners and to support future development plans. (3.10)
- 5.20** The education and training provision should be extended to include higher level learning and more subjects to meet the needs of those serving longer sentences or with higher prior academic attainment. (3.16)
- 5.21** Teachers in vocational training and work should promote the development of prisoners' English and mathematics skills more effectively. (3.25)

- 5.22** Library staff should collect data on library usage to identify if particular groups of prisoners are not benefiting from library services and activities, and take appropriate action. (3.34)

### Physical education and healthy living

- 5.23** Senior managers should analyse the available data on PE activities to monitor the participation by all groups of prisoners, and take appropriate action. (3.40)

### Strategic management of resettlement

- 5.24** There should be a clear process for resolving differences between prisoner risk assessments and their suitability for interventions, and this should be known by all staff who need to use it. (4.6)
- 5.25** The effectiveness of resettlement services should be monitored and evaluated. (4.7, repeated recommendation, 4.7)

### Offender management and planning

- 5.26** Prisoners' OASys assessments should be formally reviewed following a significant event, including completion of an accredited programme. (4.14)
- 5.27** The prison should assure itself that all prisoners have a confirmed MAPPA level before their release. (4.17)

### Reintegration planning

- 5.28** Men due for release should be reviewed by health services staff to ensure that any health needs are met and that they receive suitable advice. (4.29, repeated recommendation 4.38).
- 5.29** Prisoners should be able to wear their own clothes on visits. (4.37)

## Examples of good practice

- 5.30** The 'bus to bed' exercise and resulting action plan had enhanced the reception and first night process and improved outcomes for new arrivals. (1.8)
- 5.31** The innovative and well-managed use of peer support, in particular the work of social care advocates and the older prisoner activity and learning group, helped to provide a safe and respectful quality of life for many prisoners at Whatton. (2.29)
- 5.32** The prisoner user group providing quality assurance on complaints was an innovation that provided user input, and could potentially increase prisoner confidence in the complaints system. (2.36)
- 5.33** The face-to-face clinics with prisoners to resolve local health service concerns were innovative and effective. (2.51)
- 5.34** The use of health passports for prisoners with a significant learning difficulty enabled them to articulate their health needs and preferences where communication difficulties could create barriers to effective care. (2.72)

- 5.35** Palliative care arrangements were good and continued to ensure that terminally ill patients had appropriate care and dignity in death. (4.30)
- 5.36** Fortnightly surgeries between visitors and the governor/deputy governor continued to enable visitors to share their views, ask questions and raise concerns. (4.38)
- 5.37** The provision of an adapted Sex Offender Treatment Programme for deaf prisoners was a positive initiative that met the needs of a specific group of prisoners. (4.43)

## Section 6. Appendices

### Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Andrew Rooke	Team leader
Maneer Afsar	Inspector
Ian Dickens	Inspector
Angela Johnson	Inspector
Gordon Riach	Inspector
Natalie-Anne Hall	Researcher
Joe Simmonds	Researcher
Patricia Taflan	Researcher
Heidi Webb	Researcher
Majella Pearce	Substance misuse inspector
Liz Walsh	Health services inspector
Steve Eley	Health services inspector
Richard Chapman	Pharmacist
Gerard McGrath	Ofsted inspector
Jai Sharda	Ofsted inspector
Shane Longthorne	Ofsted inspector
Yvonne McGuckian	Offender management inspector
Andy Griffiths	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, first night and induction arrangements were good. Prisoners were provided with suitable information, were well assessed and felt supported. Violence was generally well managed, levels of violence were low and prisoners consistently told us that they felt safe. The care of prisoners at risk of suicide and self-harm was generally good but the quality of assessment, care in custody and teamwork (ACCT) documentation was mixed. Security arrangements were generally proportionate and incentives and earned privileges arrangements effective. The use of segregation was appropriate, the regime was good and reintegration planning was excellent. Use of force was low. Illicit drug use was low but there was some evidence of diverted medication. Outcomes for prisoners good against this healthy prison test.*

### Recommendations

Anti-bullying measures should set targets to challenge the underlying causes of antisocial behaviour. (1.24)

**Achieved**

The suicide and self-harm policy should be revised to reflect better the particular characteristics of the prison population. (1.32)

**Achieved**

Action should be taken to improve the quality of planning and care under assessment, care in custody and teamwork (ACCT) procedures. (1.33)

**Partially achieved**

The safer custody committee should explore and explain the reasons for the increase in the number of ACCT documents opened. (1.34)

**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. (1.41)

**Achieved**

Steps should be taken to ensure a greater level of integration and joint working between the clinical and psychosocial teams involved with the integrated drug treatment system. (1.80)

**Achieved**

## Respect

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

*At the last inspection, in 2012, the prison was clean, maintained to a high standard and litter free. The quality of accommodation on A and C wings was very high but most cells on B wing were extremely small and cramped. Staff–prisoner relationships were impressive and staff were supportive and responsive to prisoner needs. The diversity strategy was incomplete but outcomes were reasonable. Faith provision was good. Prisoners were satisfied with applications and complaints processes. Health provision was generally good. Palliative care arrangements were exceptional. The quality of food was good. Outcomes for prisoners were good against this healthy prison test.*

### **Main recommendation**

The dormitories on B wing should not be used for multiple occupancy. The single cells should be enlarged and the toilet moved away from the bed and appropriately screened. The wing shower should be sufficiently screened and private. (HP53)

**Not achieved**

### **Recommendations**

The equalities policy should cover all strands and clearly define how each element of diversity is monitored. All actions should be contained in an up-to-date equality action plan. (2.24)

**Partially achieved**

Individual care plans which record the extent of need should be drawn up jointly with the disability liaison officer and health services staff and should be accessible to all staff. (2.42)

**Achieved**

Perceptions of inequality of treatment and access to some activities by prisoners with disabilities should be investigated and appropriate action taken. (2.43)

**Achieved**

Quality assurance should ensure that responses to complaints are timely, and adequately and politely address the issues raised. (2.57)

**Partially achieved**

Prisoners should receive in-possession medication only following a robust risk assessment which clearly identifies patient- and medication-related risks and reflects changes in these risks. (2.93)

**Not achieved**

Records of medicines prescribing, supply and administration should be clear, unequivocal and conform to legal and professional requirements. (2.94)

**Achieved**

All controlled drugs should be stored, supplied, administered and recorded in compliance with legal and professional requirements. (2.95)

**Achieved**

All prisoners with low-level mental health problems, including anxiety and depression, should have early access to primary interventions, including talking therapies. (2.106)

**Achieved**

## Purposeful activity

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

*At the last inspection, in 2012, all prisoners had satisfactory time out of cell. There was sufficient activity for all prisoners to be purposefully employed but poor allocation processes and insufficient staff cover meant that too many prisoners were unemployed or not required for work. The range of learning and skills provision was generally satisfactory, although there were too few education and vocational training places and insufficient provision above level 2. The quality of teaching, learning and coaching was good. The standard of work and achievement rates were generally high across education and workshops. Library provision was good. Access to, and the quality of PE were good. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Recommendations

Comprehensive quality assurance arrangements should be implemented. (3.10)

**Achieved**

An effective activities allocation process should be introduced. (3.18)

**Achieved**

The range and number of places providing accredited learning should be increased. (3.19)

**Achieved**

The use of individual learning plans to drive learners' progress should be improved. (3.25)

**Partially achieved**

The range and variety of material to support learning and skills provision should be improved. (3.33)

**Achieved**

More computer based learning resources should be provided (3.34)

**Achieved**

## Resettlement

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

*At the last inspection, in 2012, the strategic management of resettlement was weak and not supported by an effective needs analysis. A whole-prison approach to offender management was lacking, although the many high and very high risk of harm prisoners were generally effectively managed. The sentence management of lower risk prisoners was inadequate. Public protection arrangements were thorough. Prisoners recategorised to category D waited too long for transfer to open conditions. Indeterminate-sentenced prisoners were generally well supported but most were beyond tariff. The identification of resettlement needs was weak and pathway provision was mixed. Accommodation provision generally met need. Drug and alcohol provision was good but there was no dedicated alcohol programme. Finance and debt advice was inadequate. Visits provision was good. The range and quality of offending behaviour provision was outstanding but there were insufficient places available to meet need. Outcomes for prisoners were reasonably good against this healthy prison test.*

## **Main recommendations**

Medium and low risk of serious harm prisoners should be involved in the creation of their sentence plan and ongoing reviews and should have regular and meaningful contact with their offender supervisor (HP54).

**Achieved**

Offending behaviour programme provision should be increased to meet demand. (HP 55)

**Partially achieved**

## **Recommendations**

Reducing reoffending work should be supported by a detailed strategy, action plan and a robust needs analysis, and a better focus on offender management. (4.6)

**Partially achieved**

The effectiveness of resettlement services should be monitored and evaluated. (4.7)

**Not achieved** (recommendation repeated, 4.7)

Category D prisoners should not experience delays in being transferred to open conditions. (4.22)

**Achieved**

Family days for indeterminate-sentenced prisoners should be held more frequently and include prisoners serving an indeterminate sentence for public protection. (4.27)

**Partially achieved**

The assessment of immediate resettlement needs on arrival and before discharge should be improved and better links with offender supervisors established. (4.31)

**Partially achieved**

Links with employers and education providers should be developed and the number of prisoners entering employment or education on release should be increased. (4.35)

**Achieved**

Men due for release should be reviewed by health services staff to ensure that any health needs are met and that they receive suitable advice. (4.38)

**Not achieved** (recommendation repeated, 4.29)

An alcohol-related offending behaviour programme and Alcoholics Anonymous and Narcotics Anonymous groups should be introduced. (4.44)

**Not achieved**

Counselling, assessment, referral, advice and throughcare (CARAT) peer mentoring schemes should be recommenced along the lines of the Listener programme. (4.45)

**Partially achieved**

Specialist debt advice and access to a Jobcentre Plus worker should be available. (4.48)

**Achieved**

Individual risk assessments should determine whether prisoners are excluded from family days. (4.56)

**Achieved**

## Appendix III: Prison population profile

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

### Population breakdown by:

Status	21 and over	%
Sentenced	789	94.2
Recall	49	5.8
<b>Total</b>	<b>838</b>	<b>100</b>

Sentence	21 and over	%
Six months to less than 12 months	1	0.1
12 months to less than 2 years	3	0.4
2 years to less than 4 years	76	9
4 years to less than 10 years	278	33.2
10 years and over (not life)	112	13.4
ISPP (indeterminate sentence for public protection)	244	29.1
Life	124	43.9
<b>Total</b>	<b>838</b>	<b>100</b>

Age	Number of prisoners	%
21 years to 29 years	119	14.2
30 years to 39 years	187	22.3
40 years to 49 years	205	24.5
50 years to 59 years	171	20.4
60 years to 69 years	90	10.7
70 plus years: maximum age=87	66	7.9
<b>Total</b>	<b>838</b>	<b>100</b>

Nationality	21 and over	%
British	816	97.4
Foreign nationals	22	2.6
<b>Total</b>	<b>838</b>	<b>0</b>

Security category	21 and over	%
Category C	803	95.8
Category D	35	4.2
<b>Total</b>	<b>838</b>	<b>100</b>

<b>Ethnicity</b>	<b>21 and over</b>	<b>%</b>
White		
British	708	84.5
Irish	6	0.7
Gypsy/Irish Traveller	15	1.8
Other white	14	1.7
Mixed		
White and black Caribbean	9	1.1
White and black African	1	0.1
White and Asian	2	0.2
Other mixed	5	0.6
Asian or Asian British		
Indian	6	0.7
Pakistani	15	1.8
Bangladeshi	5	0.6
Chinese	1	0.1
Other Asian	10	1.2
Black or black British		
Caribbean	18	2.1
African	12	1.4
Other black	8	1.0
Other ethnic group	3	0.4
<b>Total</b>	<b>838</b>	<b>100</b>

<b>Religion</b>	<b>21 and over</b>	<b>%</b>
Baptist	4	0.5
Church of England	247	29.5
Roman Catholic	87	10.4
Other Christian denominations	90	10.7
Muslim	68	8.1
Sikh	3	0.4
Hindu	3	0.4
Buddhist	63	7.5
Jewish	4	0.5
Other	51	6.1
No religion	218	26
<b>Total</b>	<b>838</b>	<b>100</b>

**Sentenced prisoners only**

<b>Length of stay</b>	<b>21 and over</b>	
	<b>Number</b>	<b>%</b>
Less than 1 month	38	4.5
1 month to 3 months	63	7.5
3 months to six months	79	9.4
Six months to 1 year	135	16.1
1 year to 2 years	223	26.6
2 years to 4 years	190	22.7
4 years or more	110	13.1
<b>Total</b>	<b>838</b>	<b>100</b>

## Appendix IV: Summary of prisoner questionnaires and interviews

### Prisoner survey methodology

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

### Sampling

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

### Distributing and collecting questionnaires

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

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

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

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

### Survey response

At the time of the survey on 15 August 2016, the prisoner population at HMP Whatton was 836. Using the method described above, questionnaires were distributed to a sample of 209 prisoners.

We received a total of 189 completed questionnaires, a response rate of 90%. This included one questionnaire completed via interview. Eight respondents refused to complete a questionnaire and 12 questionnaires were not returned.

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<sup>10</sup> 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

<b>Wing/Unit</b>	<b>Number of completed survey returns</b>
A1	12
A2	11
A3	11
A4	17
A5	15
A6	12
A7	11
A8	14
B1	19
B2	21
B3	11
C1	10
C2	10
C3	14
Segregation unit	1

### Presentation of survey results and analyses

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

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences<sup>11</sup> are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Whatton 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 Whatton in 2016 compared with the responses of prisoners surveyed at HMP Whatton in 2012.
- A comparison within the 2016 survey between the responses of white prisoners and those from a black and minority ethnic group.

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



- A comparison within the 2016 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2016 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2016 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2016 survey between responses of prisoners who consider themselves to be homosexual or bisexual and those who consider themselves to be heterosexual.

## Survey summary

### Section I: About you

<b>Q1.2</b>	<b>How old are you?</b>	
	<i>Under 21</i>	1 (1%)
	<i>21 - 29</i>	25 (13%)
	<i>30 - 39</i>	36 (19%)
	<i>40 - 49</i>	50 (27%)
	<i>50 - 59</i>	43 (23%)
	<i>60 - 69</i>	21 (11%)
	<i>70 and over</i>	12 (6%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	<i>Yes</i>	174 (93%)
	<i>Yes - on recall</i>	13 (7%)
	<i>No - awaiting trial</i>	0 (0%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	1 (1%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<i>Not sentenced</i>	1 (1%)
	<i>Less than 6 months</i>	0 (0%)
	<i>6 months to less than 1 year</i>	2 (1%)
	<i>1 year to less than 2 years</i>	9 (5%)
	<i>2 years to less than 4 years</i>	17 (9%)
	<i>4 years to less than 10 years</i>	46 (25%)
	<i>10 years or more</i>	19 (10%)
	<i>IPP (indeterminate sentence for public protection)</i>	64 (35%)
	<i>Life</i>	27 (15%)
<b>Q1.5</b>	<b>Are you a foreign national (i.e. do not have UK citizenship)?</b>	
	<i>Yes</i>	9 (5%)
	<i>No</i>	176 (95%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>	
	<i>Yes</i>	185 (99%)
	<i>No</i>	2 (1%)
<b>Q1.7</b>	<b>Do you understand written English?</b>	
	<i>Yes</i>	186 (99%)
	<i>No</i>	1 (1%)
<b>Q1.9</b>	<b>Do you consider yourself to be Gypsy/ Romany/ Traveller?</b>	
	<i>Yes</i>	7 (4%)
	<i>No</i>	177 (96%)

<b>Q1.10</b>	<b>What is your religion?</b>		
	None	47 (25%)	Hindu 0 (0%)
	Church of England	66 (35%)	Jewish 1 (1%)
	Catholic	24 (13%)	Muslim 19 (10%)
	Protestant	2 (1%)	Sikh 0 (0%)
	Other Christian denomination	7 (4%)	Other 6 (3%)
	Buddhist	14 (8%)	
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>		
	Heterosexual/ Straight		158 (86%)
	Homosexual/Gay		8 (4%)
	Bisexual		17 (9%)
<b>Q1.12</b>	<b>Do you consider yourself to have a disability (i.e do you need help with any long term physical, mental or learning needs)?</b>		
	Yes		58 (31%)
	No		127 (69%)
<b>Q1.13</b>	<b>Are you a veteran (ex-armed services)?</b>		
	Yes		19 (10%)
	No		167 (90%)
<b>Q1.14</b>	<b>Is this your first time in prison?</b>		
	Yes		102 (55%)
	No		84 (45%)
<b>Q1.15</b>	<b>Do you have children under the age of 18?</b>		
	Yes		67 (36%)
	No		120 (64%)

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>On your most recent journey here, how long did you spend in the van?</b>		
	Less than 2 hours		75 (40%)
	2 hours or longer		98 (53%)
	Don't remember		13 (7%)
<b>Q2.2</b>	<b>On your most recent journey here, were you offered anything to eat or drink?</b>		
	My journey was less than two hours		75 (41%)
	Yes		87 (47%)
	No		17 (9%)
	Don't remember		6 (3%)
<b>Q2.3</b>	<b>On your most recent journey here, were you offered a toilet break?</b>		
	My journey was less than two hours		75 (40%)
	Yes		16 (9%)
	No		91 (49%)
	Don't remember		4 (2%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>		
	Yes		129 (69%)
	No		39 (21%)
	Don't remember		18 (10%)

<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes	152 (82%)
	No	27 (15%)
	Don't remember	6 (3%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	Very well	79 (42%)
	Well	75 (40%)
	Neither	20 (11%)
	Badly	6 (3%)
	Very badly	3 (2%)
	Don't remember	3 (2%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)</b>	
	Yes, someone told me	132 (71%)
	Yes, I received written information	19 (10%)
	No, I was not told anything	37 (20%)
	Don't remember	2 (1%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes	161 (88%)
	No	19 (10%)
	Don't remember	3 (2%)

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

<b>Q3.1</b>	<b>How long were you in reception?</b>			
	Less than 2 hours	98 (52%)		
	2 hours or longer	68 (36%)		
	Don't remember	22 (12%)		
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>			
	Yes	170 (90%)		
	No	15 (8%)		
	Don't remember	3 (2%)		
<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>			
	Very well	73 (39%)		
	Well	86 (46%)		
	Neither	17 (9%)		
	Badly	9 (5%)		
	Very badly	3 (2%)		
	Don't remember	0 (0%)		
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>			
	Loss of property	25 (14%)	Physical health	20 (11%)
	Housing problems	7 (4%)	Mental health	37 (20%)
	Contacting employers	1 (1%)	Needing protection from other prisoners	3 (2%)
	Contacting family	25 (14%)	Getting phone numbers	26 (14%)
	Childcare	1 (1%)	Other	8 (4%)
	Money worries	16 (9%)	Did not have any problems	89 (49%)
	Feeling depressed or suicidal	26 (14%)		

<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>	
	Yes	44 (25%)
	No	45 (25%)
	Did not have any problems	89 (50%)
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>	
	Tobacco	112 (61%)
	A shower	60 (32%)
	A free telephone call	40 (22%)
	Something to eat	107 (58%)
	PIN phone credit	70 (38%)
	Toiletries/ basic items	114 (62%)
	Did not receive anything	28 (15%)
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)</b>	
	Chaplain	106 (57%)
	Someone from health services	147 (79%)
	A Listener/Samaritans	117 (63%)
	Prison shop/ canteen	62 (33%)
	Did not have access to any of these	22 (12%)
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)</b>	
	What was going to happen to you	114 (62%)
	What support was available for people feeling depressed or suicidal	123 (67%)
	How to make routine requests (applications)	116 (63%)
	Your entitlement to visits	100 (55%)
	Health services	130 (71%)
	Chaplaincy	116 (63%)
	Not offered any information	24 (13%)
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>	
	Yes	157 (84%)
	No	24 (13%)
	Don't remember	5 (3%)
<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>	
	Have not been on an induction course	8 (4%)
	Within the first week	150 (81%)
	More than a week	22 (12%)
	Don't remember	5 (3%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	Have not been on an induction course	8 (4%)
	Yes	132 (72%)
	No	36 (20%)
	Don't remember	7 (4%)

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

<i>Did not receive an assessment</i>	21 (11%)
<i>Within the first week</i>	63 (34%)
<i>More than a week</i>	68 (37%)
<i>Don't remember</i>	33 (18%)

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

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
<i>Communicate with your solicitor or legal representative?</i>	55 (30%)	56 (30%)	14 (8%)	13 (7%)	10 (5%)	36 (20%)
<i>Attend legal visits?</i>	43 (25%)	57 (33%)	10 (6%)	5 (3%)	8 (5%)	49 (28%)
<i>Get bail information?</i>	10 (7%)	4 (3%)	10 (7%)	3 (2%)	8 (6%)	108 (76%)

**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>	36 (20%)
<i>Yes</i>	59 (32%)
<i>No</i>	89 (48%)

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

<i>Yes</i>	83 (45%)
<i>No</i>	15 (8%)
<i>Don't know</i>	87 (47%)

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

	Yes	No	Don't know
<i>Do you normally have enough clean, suitable clothes for the week?</i>	158 (85%)	27 (15%)	0 (0%)
<i>Are you normally able to have a shower every day?</i>	182 (98%)	4 (2%)	0 (0%)
<i>Do you normally receive clean sheets every week?</i>	174 (94%)	12 (6%)	0 (0%)
<i>Do you normally get cell cleaning materials every week?</i>	147 (80%)	35 (19%)	2 (1%)
<i>Is your cell call bell normally answered within five minutes?</i>	82 (45%)	37 (20%)	63 (35%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	158 (85%)	26 (14%)	1 (1%)
<i>If you need to, can you normally get your stored property?</i>	32 (17%)	91 (49%)	61 (33%)

**Q4.5 What is the food like here?**

<i>Very good</i>	18 (10%)
<i>Good</i>	82 (44%)
<i>Neither</i>	38 (20%)
<i>Bad</i>	29 (16%)
<i>Very bad</i>	20 (11%)

**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>	6 (3%)
<i>Yes</i>	111 (60%)
<i>No</i>	68 (37%)

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

<i>Yes</i>	162 (87%)
<i>No</i>	7 (4%)
<i>Don't know</i>	17 (9%)

<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>	
	Yes	111 (60%)
	No	21 (11%)
	Don't know/ N/A	53 (29%)
<b>Q4.9</b>	<b>Are you able to speak to a chaplain of your faith in private if you want to?</b>	
	Yes	128 (69%)
	No	7 (4%)
	Don't know/ N/A	51 (27%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	<i>I don't want to attend</i>	54 (29%)
	Very easy	61 (33%)
	Easy	44 (24%)
	Neither	9 (5%)
	Difficult	0 (0%)
	Very difficult	7 (4%)
	Don't know	10 (5%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>	
	Yes	160 (87%)
	No	20 (11%)
	Don't know	4 (2%)
<b>Q5.2</b>	<b>Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)</b>	
		Not made one    Yes    No
	Are applications dealt with fairly?	15 (8%)    116 (65%)    48 (27%)
	Are applications dealt with quickly (within seven days)?	15 (9%)    63 (36%)    96 (55%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>	
	Yes	107 (58%)
	No	32 (17%)
	Don't know	44 (24%)
<b>Q5.4</b>	<b>Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option)</b>	
		Not made one    Yes    No
	Are complaints dealt with fairly?	81 (44%)    50 (27%)    53 (29%)
	Are complaints dealt with quickly (within seven days)?	81 (45%)    29 (16%)    69 (39%)
<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>	
	Yes	30 (17%)
	No	150 (83%)

<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	
	<i>Don't know who they are</i>	23 (13%)
	<i>Very easy</i>	36 (21%)
	<i>Easy</i>	52 (30%)
	<i>Neither</i>	37 (21%)
	<i>Difficult</i>	19 (11%)
	<i>Very difficult</i>	8 (5%)

### Section 6: Incentive and earned privileges scheme

<b>Q6.1</b>	<b>Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)</b>	
	<i>Don't know what the IEP scheme is</i>	4 (2%)
	<i>Yes</i>	112 (62%)
	<i>No</i>	54 (30%)
	<i>Don't know</i>	12 (7%)
<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)</b>	
	<i>Don't know what the IEP scheme is</i>	4 (2%)
	<i>Yes</i>	92 (51%)
	<i>No</i>	75 (42%)
	<i>Don't know</i>	8 (4%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	<i>Yes</i>	7 (4%)
	<i>No</i>	172 (96%)
<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>	
	<i>I have not been to segregation in the last 6 months</i>	158 (88%)
	<i>Very well</i>	6 (3%)
	<i>Well</i>	8 (4%)
	<i>Neither</i>	3 (2%)
	<i>Badly</i>	1 (1%)
	<i>Very badly</i>	3 (2%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	<i>Yes</i>	152 (84%)
	<i>No</i>	28 (16%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	<i>Yes</i>	148 (82%)
	<i>No</i>	33 (18%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	<i>Yes</i>	92 (49%)
	<i>No</i>	95 (51%)



<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i>	7 (4%)
	<i>Never</i>	27 (14%)
	<i>Rarely</i>	42 (22%)
	<i>Some of the time</i>	51 (27%)
	<i>Most of the time</i>	35 (19%)
	<i>All of the time</i>	25 (13%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i>	24 (13%)
	<i>In the first week</i>	82 (45%)
	<i>More than a week</i>	63 (34%)
	<i>Don't remember</i>	15 (8%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<i>Do not have a personal officer/ I have not met him/ her</i>	24 (13%)
	<i>Very helpful</i>	67 (36%)
	<i>Helpful</i>	42 (23%)
	<i>Neither</i>	24 (13%)
	<i>Not very helpful</i>	16 (9%)
	<i>Not at all helpful</i>	12 (6%)

### Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>	
	<i>Yes</i>	62 (33%)
	<i>No</i>	125 (67%)
<b>Q8.2</b>	<b>Do you feel unsafe now?</b>	
	<i>Yes</i>	16 (9%)
	<i>No</i>	170 (91%)
<b>Q8.3</b>	<b>In which areas have you felt unsafe? (Please tick all that apply to you.)</b>	
	<i>Never felt unsafe</i>	125 (70%)
	<i>Everywhere</i>	7 (4%)
	<i>Segregation unit</i>	0 (0%)
	<i>Association areas</i>	14 (8%)
	<i>Reception area</i>	3 (2%)
	<i>At the gym</i>	10 (6%)
	<i>In an exercise yard</i>	17 (10%)
	<i>At work</i>	11 (6%)
	<i>During movement</i>	26 (15%)
	<i>At education</i>	4 (2%)
	<i>At meal times</i>	18 (10%)
	<i>At health services</i>	12 (7%)
	<i>Visits area</i>	4 (2%)
	<i>In wing showers</i>	14 (8%)
	<i>In gym showers</i>	11 (6%)
	<i>In corridors/stairwells</i>	26 (15%)
	<i>On your landing/wing</i>	22 (12%)
	<i>In your cell</i>	9 (5%)
	<i>At religious services</i>	3 (2%)
<b>Q8.4</b>	<b>Have you been victimised by other prisoners here?</b>	
	<i>Yes</i>	55 (30%)
	<i>No</i>	128 (70%)

<b>Q8.5</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends)</i>	26 (14%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	13 (7%)
	<i>Sexual abuse</i>	7 (4%)
	<i>Feeling threatened or intimidated</i>	36 (20%)
	<i>Having your canteen/property taken</i>	9 (5%)
	<i>Medication</i>	5 (3%)
	<i>Debt</i>	4 (2%)
	<i>Drugs</i>	2 (1%)
	<i>Your race or ethnic origin</i>	4 (2%)
	<i>Your religion/religious beliefs</i>	7 (4%)
	<i>Your nationality</i>	4 (2%)
	<i>You are from a different part of the country than others</i>	8 (4%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	7 (4%)
	<i>Your age</i>	6 (3%)
	<i>You have a disability</i>	8 (4%)
	<i>You were new here</i>	5 (3%)
	<i>Your offence/ crime</i>	12 (7%)
	<i>Gang related issues</i>	3 (2%)
<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>	
	Yes	37 (20%)
	No	148 (80%)
<b>Q8.7</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends)</i>	15 (8%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	2 (1%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	18 (10%)
	<i>Medication</i>	1 (1%)
	<i>Debt</i>	1 (1%)
	<i>Drugs</i>	0 (0%)
	<i>Your race or ethnic origin</i>	3 (2%)
	<i>Your religion/religious beliefs</i>	6 (3%)
	<i>Your nationality</i>	4 (2%)
	<i>You are from a different part of the country than others</i>	1 (1%)
	<i>You are from a traveller community</i>	3 (2%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	3 (2%)
	<i>You have a disability</i>	5 (3%)
	<i>You were new here</i>	4 (2%)
	<i>Your offence/ crime</i>	11 (6%)
	<i>Gang related issues</i>	0 (0%)
<b>Q8.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	Not been victimised	110 (64%)
	Yes	28 (16%)
	No	33 (19%)

### Section 9: Health services

<b>Q9.1</b>	<b>How easy or difficult is it to see the following people?:</b>						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	7 (4%)	21 (11%)	53 (28%)	25 (13%)	57 (31%)	23 (12%)
	The nurse	8 (4%)	37 (20%)	81 (44%)	16 (9%)	33 (18%)	8 (4%)
	The dentist	28 (15%)	14 (8%)	26 (14%)	11 (6%)	51 (28%)	51 (28%)
<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people?:</b>						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	15 (8%)	57 (31%)	69 (37%)	16 (9%)	18 (10%)	10 (5%)
	The nurse	7 (4%)	70 (39%)	63 (35%)	18 (10%)	12 (7%)	8 (4%)
	The dentist	42 (24%)	41 (24%)	45 (26%)	15 (9%)	18 (10%)	13 (7%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<i>Not been</i>					4 (2%)	
	<i>Very good</i>					42 (23%)	
	<i>Good</i>					76 (42%)	
	<i>Neither</i>					29 (16%)	
	<i>Bad</i>					18 (10%)	
	<i>Very bad</i>					13 (7%)	
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes					115 (62%)	
	No					71 (38%)	
<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>						
	<i>Not taking medication</i>					71 (38%)	
	<i>Yes, all my meds</i>					97 (52%)	
	<i>Yes, some of my meds</i>					16 (9%)	
	<i>No</i>					3 (2%)	
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>						
	Yes					75 (41%)	
	No					110 (59%)	
<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?</b>						
	<i>Do not have any emotional or mental health problems</i>					110 (59%)	
	Yes					53 (29%)	
	No					22 (12%)	

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	Yes	29 (16%)
	No	158 (84%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	Yes	35 (19%)
	No	152 (81%)

<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	Very easy	27 (15%)
	Easy	24 (13%)
	Neither	6 (3%)
	Difficult	1 (1%)
	Very difficult	8 (4%)
	Don't know	120 (65%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy	8 (4%)
	Easy	10 (5%)
	Neither	11 (6%)
	Difficult	10 (5%)
	Very difficult	11 (6%)
	Don't know	135 (73%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes	5 (3%)
	No	182 (97%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes	10 (5%)
	No	176 (95%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	<i>Did not / do not have a drug problem</i>	151 (84%)
	Yes	18 (10%)
	No	11 (6%)
<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?</b>	
	<i>Did not / do not have an alcohol problem</i>	152 (82%)
	Yes	23 (12%)
	No	11 (6%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	<i>Did not have a problem/ did not receive help</i>	149 (83%)
	Yes	26 (14%)
	No	5 (3%)

## Section II: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	15 (8%)	41 (22%)	73 (39%)	24 (13%)	18 (10%)	16 (9%)
	Vocational or skills training	28 (16%)	33 (18%)	63 (35%)	23 (13%)	14 (8%)	18 (10%)
	Education (including basic skills)	21 (12%)	40 (23%)	71 (41%)	24 (14%)	10 (6%)	8 (5%)
	Offending behaviour programmes	36 (20%)	21 (12%)	27 (15%)	24 (14%)	27 (15%)	42 (24%)

<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>				
	<i>Not involved in any of these</i>				30 (17%)
	Prison job				112 (63%)
	Vocational or skills training				25 (14%)
	Education (including basic skills)				29 (16%)
	Offending behaviour programmes				35 (20%)
<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>				
		<i>Not been involved</i>	Yes	No	Don't know
	Prison job	19 (11%)	88 (52%)	43 (26%)	18 (11%)
	Vocational or skills training	31 (22%)	80 (56%)	19 (13%)	13 (9%)
	Education (including basic skills)	29 (19%)	89 (59%)	21 (14%)	12 (8%)
	Offending behaviour programmes	28 (18%)	88 (56%)	21 (13%)	20 (13%)
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>				
	<i>Don't want to go</i>				16 (9%)
	Never				18 (10%)
	Less than once a week				59 (32%)
	About once a week				65 (36%)
	More than once a week				25 (14%)
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>				
	<i>Don't use it</i>				28 (15%)
	Yes				96 (53%)
	No				58 (32%)
<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>				
	<i>Don't want to go</i>				53 (29%)
	0				50 (28%)
	1 to 2				43 (24%)
	3 to 5				28 (16%)
	More than 5				6 (3%)
<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>				
	<i>Don't want to go</i>				12 (6%)
	0				10 (5%)
	1 to 2				32 (17%)
	3 to 5				31 (17%)
	More than 5				100 (54%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>				
	<i>Don't want to go</i>				8 (4%)
	0				6 (3%)
	1 to 2				15 (8%)
	3 to 5				34 (18%)
	More than 5				122 (66%)

<b>Q11.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)</b>	
	<i>Less than 2 hours</i>	14 (8%)
	<i>2 to less than 4 hours</i>	15 (8%)
	<i>4 to less than 6 hours</i>	15 (8%)
	<i>6 to less than 8 hours</i>	25 (14%)
	<i>8 to less than 10 hours</i>	40 (22%)
	<i>10 hours or more</i>	65 (35%)
	<i>Don't know</i>	11 (6%)

### Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	<i>Yes</i>	76 (42%)
	<i>No</i>	104 (58%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	<i>Yes</i>	65 (36%)
	<i>No</i>	118 (64%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	<i>Yes</i>	21 (12%)
	<i>No</i>	160 (88%)
<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i>	45 (24%)
	<i>Very easy</i>	20 (11%)
	<i>Easy</i>	25 (13%)
	<i>Neither</i>	16 (9%)
	<i>Difficult</i>	36 (19%)
	<i>Very difficult</i>	39 (21%)
	<i>Don't know</i>	5 (3%)

### Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<i>Not sentenced</i>	1 (1%)
	<i>Yes</i>	181 (98%)
	<i>No</i>	3 (2%)
<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)</b>	
	<i>Not sentenced/ NA</i>	4 (2%)
	<i>No contact</i>	22 (12%)
	<i>Letter</i>	84 (45%)
	<i>Phone</i>	88 (48%)
	<i>Visit</i>	85 (46%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	<i>Yes</i>	171 (97%)
	<i>No</i>	5 (3%)

<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<i>Not sentenced</i>	1 (1%)
	Yes	151 (82%)
	No	33 (18%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	34 (18%)
	<i>Very involved</i>	47 (26%)
	<i>Involved</i>	50 (27%)
	<i>Neither</i>	17 (9%)
	<i>Not very involved</i>	19 (10%)
	<i>Not at all involved</i>	17 (9%)
<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	34 (19%)
	<i>Nobody</i>	29 (16%)
	<i>Offender supervisor</i>	92 (51%)
	<i>Offender manager</i>	82 (45%)
	<i>Named/ personal officer</i>	45 (25%)
	<i>Staff from other departments</i>	45 (25%)
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	34 (19%)
	Yes	101 (56%)
	No	22 (12%)
	<i>Don't know</i>	23 (13%)
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	34 (19%)
	Yes	23 (13%)
	No	92 (50%)
	<i>Don't know</i>	34 (19%)
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	34 (18%)
	Yes	48 (26%)
	No	50 (27%)
	<i>Don't know</i>	52 (28%)
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>	
	Yes	10 (5%)
	No	69 (38%)
	<i>Don't know</i>	103 (57%)
<b>Q13.11</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>	
	Yes	57 (31%)
	No	124 (69%)

**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>	<i>Yes</i>	<i>No</i>
Employment	22 (13%)	85 (49%)	67 (39%)
Accommodation	27 (16%)	63 (38%)	76 (46%)
Benefits	22 (13%)	75 (45%)	70 (42%)
Finances	25 (16%)	60 (38%)	73 (46%)
Education	29 (19%)	60 (38%)	67 (43%)
Drugs and alcohol	49 (31%)	50 (32%)	57 (37%)

**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%)
<i>Yes</i>	128 (72%)
<i>No</i>	50 (28%)



## Main comparator and comparator to last time



### Prisoner survey responses HMP Whatton 2016

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

#### Key to tables

Key to tables		HMP Whatton 2016	Category C training prisons	HMP Whatton 2016	HMP Whatton 2012
	Any percentage highlighted in green is significantly better				
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	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>189</b>	<b>6,454</b>	<b>189</b>	<b>191</b>
<b>SECTION 1: General information</b>					
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?	7%	9%	7%	7%
1.4	Is your sentence less than 12 months?	1%	6%	1%	0%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	35%	7%	35%	35%
1.5	Are you a foreign national?	5%	10%	5%	4%
1.6	Do you understand spoken English?	99%	99%	99%	100%
1.7	Do you understand written English?	100%	98%	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.)	12%	26%	12%	11%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	4%	4%	2%
1.1	Are you Muslim?	10%	13%	10%	5%
1.11	Are you homosexual/gay or bisexual?	14%	3%	14%	9%
1.12	Do you consider yourself to have a disability?	31%	21%	31%	28%
1.13	Are you a veteran (ex-armed services)?	10%	6%	10%	16%
1.14	Is this your first time in prison?	55%	38%	55%	57%
1.15	Do you have any children under the age of 18?	36%	51%	36%	36%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	53%	45%	53%	48%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	79%	74%	79%	65%
2.3	Were you offered a toilet break?	15%	8%	15%	10%
2.4	Was the van clean?	69%	61%	69%	85%
2.5	Did you feel safe?	82%	79%	82%	82%
2.6	Were you treated well/very well by the escort staff?	83%	73%	83%	80%
2.7	Before you arrived here were you told that you were coming here?	71%	60%	71%	75%
2.7	Before you arrived here did you receive any written information about coming here?	10%	13%	10%	9%
2.8	When you first arrived here did your property arrive at the same time as you?	88%	85%	88%	92%

## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	52%	54%	52%	51%
3.2	When you were searched in reception, was this carried out in a respectful way?	90%	85%	90%	90%
3.3	Were you treated well/very well in reception?	85%	76%	85%	85%
When you first arrived:					
3.4	Did you have any problems?	51%	61%	51%	59%
3.4	Did you have any problems with loss of property?	14%	19%	14%	12%
3.4	Did you have any housing problems?	4%	13%	4%	7%
3.4	Did you have any problems contacting employers?	1%	2%	1%	2%
3.4	Did you have any problems contacting family?	14%	18%	14%	23%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	2%	1%	1%
3.4	Did you have any money worries?	9%	13%	9%	13%
3.4	Did you have any problems with feeling depressed or suicidal?	14%	15%	14%	14%
3.4	Did you have any physical health problems?	11%	13%	11%	14%
3.4	Did you have any mental health problems?	20%	17%	20%	9%
3.4	Did you have any problems with needing protection from other prisoners?	2%	5%	2%	0%
3.4	Did you have problems accessing phone numbers?	14%	16%	14%	14%
For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	49%	35%	49%	52%
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	61%	76%	61%	45%
3.6	A shower?	32%	28%	32%	24%
3.6	A free telephone call?	22%	43%	22%	12%
3.6	Something to eat?	58%	56%	58%	54%
3.6	PIN phone credit?	38%	51%	38%	28%
3.6	Toiletries/ basic items?	62%	47%	62%	37%

## Key to tables

## Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction continued</b>					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	57%	53%	57%	45%
3.7	Someone from health services?	79%	69%	79%	77%
3.7	A Listener/Samaritans?	63%	33%	63%	53%
3.7	Prison shop/ canteen?	33%	24%	33%	20%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	62%	49%	62%	58%
3.8	Support was available for people feeling depressed or suicidal?	67%	39%	67%	53%
3.8	How to make routine requests?	63%	43%	63%	47%
3.8	Your entitlement to visits?	55%	39%	55%	42%
3.8	Health services?	71%	51%	71%	64%
3.8	The chaplaincy?	63%	48%	63%	49%
3.9	Did you feel safe on your first night here?	84%	81%	84%	86%
3.10	Have you been on an induction course?	96%	90%	96%	94%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	75%	59%	75%	85%
3.12	Did you receive an education (skills for life) assessment?	89%	84%	89%	91%
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	60%	44%	60%	66%
4.1	Attend legal visits?	58%	45%	58%	62%
4.1	Get bail information?	10%	14%	10%	5%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	32%	39%	32%	30%
4.3	Can you get legal books in the library?	45%	41%	45%	52%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	85%	66%	85%	85%
4.4	Are you normally able to have a shower every day?	98%	92%	98%	98%
4.4	Do you normally receive clean sheets every week?	94%	70%	94%	92%
4.4	Do you normally get cell cleaning materials every week?	80%	65%	80%	90%
4.4	Is your cell call bell normally answered within five minutes?	45%	34%	45%	46%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	85%	68%	85%	84%
4.4	Can you normally get your stored property, if you need to?	17%	23%	17%	29%
4.5	Is the food in this prison good/very good?	53%	30%	53%	51%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	60%	48%	60%	50%
4.7	Are you able to speak to a Listener at any time, if you want to?	87%	55%	87%	91%
4.8	Are your religious beliefs are respected?	60%	52%	60%	61%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	69%	59%	69%	64%
4.10	Is it easy/very easy to attend religious services?	57%	49%	57%	58%

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<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	87%	81%	87%	96%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	71%	56%	71%	80%
5.2	Do you feel applications are dealt with quickly (within seven days)?	40%	39%	40%	56%
5.3	Is it easy to make a complaint?	59%	59%	59%	70%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	49%	33%	49%	55%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	30%	28%	30%	43%
5.5	Have you ever been prevented from making a complaint when you wanted to?	17%	19%	17%	13%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	50%	28%	50%	52%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	62%	48%	62%	62%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	51%	45%	51%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	8%	4%	1%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	67%	36%	67%	62%
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	84%	79%	84%	86%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	82%	73%	82%	88%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	49%	30%	49%	46%
7.4	Do staff normally speak to you most of the time/all of the time during association?	32%	21%	32%	24%
7.5	Do you have a personal officer?	87%	63%	87%	89%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	68%	62%	68%	75%

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<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	33%	37%	33%	29%
8.2	Do you feel unsafe now?	9%	16%	9%	11%
8.4	Have you been victimised by other prisoners here?	30%	27%	30%	26%
Since you have been here, have other prisoners:					
8.5	Made insulting remarks about you, your family or friends?	14%	12%	14%	13%
8.5	Hit, kicked or assaulted you?	7%	8%	7%	5%
8.5	Sexually abused you?	4%	1%	4%	4%
8.5	Threatened or intimidated you?	20%	16%	20%	18%
8.5	Taken your canteen/property?	5%	7%	5%	1%
8.5	Victimised you because of medication?	3%	4%	3%	5%
8.5	Victimised you because of debt?	2%	4%	2%	1%
8.5	Victimised you because of drugs?	1%	4%	1%	1%
8.5	Victimised you because of your race or ethnic origin?	2%	4%	2%	5%
8.5	Victimised you because of your religion/religious beliefs?	4%	3%	4%	2%
8.5	Victimised you because of your nationality?	2%	3%	2%	4%
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	5%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	0%
8.5	Victimised you because of your sexual orientation?	4%	2%	4%	4%
8.5	Victimised you because of your age?	3%	3%	3%	3%
8.5	Victimised you because you have a disability?	4%	3%	4%	4%
8.5	Victimised you because you were new here?	3%	5%	3%	3%
8.5	Victimised you because of your offence/crime?	7%	4%	7%	7%
8.5	Victimised you because of gang related issues?	2%	5%	2%	2%

## Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	20%	29%	20%	23%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	8%	11%	8%	10%
8.7	Hit, kicked or assaulted you?	1%	4%	1%	2%
8.7	Sexually abused you?	0%	1%	0%	0%
8.7	Threatened or intimidated you?	10%	12%	10%	15%
8.7	Victimised you because of medication?	1%	4%	1%	2%
8.7	Victimised you because of debt?	1%	2%	1%	0%
8.7	Victimised you because of drugs?	0%	2%	0%	1%
8.7	Victimised you because of your race or ethnic origin?	2%	4%	2%	3%
8.7	Victimised you because of your religion/religious beliefs?	3%	3%	3%	2%
8.7	Victimised you because of your nationality?	2%	3%	2%	2%
8.7	Victimised you because you were from a different part of the country?	1%	3%	1%	2%
8.7	Victimised you because you are from a Traveller community?	2%	1%	2%	1%
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	1%
8.7	Victimised you because of your age?	2%	2%	2%	2%
8.7	Victimised you because you have a disability?	3%	3%	3%	3%
8.7	Victimised you because you were new here?	2%	4%	2%	2%
8.7	Victimised you because of your offence/crime?	6%	4%	6%	6%
8.7	Victimised you because of gang related issues?	0%	2%	0%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	46%	41%	46%	39%

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	40%	29%	40%	43%
9.1	Is it easy/very easy to see the nurse?	65%	49%	65%	79%
9.1	Is it easy/very easy to see the dentist?	22%	14%	22%	14%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	74%	47%	74%	79%
9.2	The nurse?	78%	56%	78%	87%
9.2	The dentist?	65%	43%	65%	59%
9.3	The overall quality of health services?	66%	42%	66%	79%
9.4	Are you currently taking medication?	62%	49%	62%	67%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	98%	82%	98%	97%
9.6	Do you have any emotional well being or mental health problems?	41%	32%	41%	28%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	71%	50%	71%	66%
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	16%	25%	16%	10%
10.2	Did you have a problem with alcohol when you came into this prison?	19%	16%	19%	19%
10.3	Is it easy/very easy to get illegal drugs in this prison?	27%	43%	27%	12%
10.4	Is it easy/very easy to get alcohol in this prison?	10%	25%	10%	4%
10.5	Have you developed a problem with drugs since you have been in this prison?	3%	10%	3%	1%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	5%	7%	5%	1%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	62%	61%	62%	75%
10.8	Have you received any support or help with your alcohol problem while in this prison?	68%	63%	68%	88%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	84%	76%	84%	97%

## Main comparator and comparator to last time

### Key to tables

		HMP Whatton 2016	Category C training prisons	HMP Whatton 2016	HMP Whatton 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				
<b>SECTION 11: Activities</b>					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	61%	47%	61%	49%
11.1	Vocational or skills training?	54%	42%	54%	35%
11.1	Education (including basic skills)?	64%	56%	64%	46%
11.1	Offending behaviour programmes?	27%	24%	27%	15%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	63%	59%	63%	60%
11.2	Vocational or skills training?	14%	16%	14%	11%
11.2	Education (including basic skills)?	16%	22%	16%	17%
11.2	Offending behaviour programmes?	20%	11%	20%	20%
11.3	Have you had a job while in this prison?	89%	83%	89%	81%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	59%	43%	59%	55%
11.3	Have you been involved in vocational or skills training while in this prison?	78%	74%	78%	69%
	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?	72%	56%	72%	71%
11.3	Have you been involved in education while in this prison?	81%	79%	81%	72%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	73%	57%	73%	75%
11.3	Have you been involved in offending behaviour programmes while in this prison?	82%	70%	82%	74%
	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?	68%	49%	68%	73%
11.4	Do you go to the library at least once a week?	49%	42%	49%	56%
11.5	Does the library have a wide enough range of materials to meet your needs?	53%	45%	53%	57%
11.6	Do you go to the gym three or more times a week?	19%	33%	19%	28%
11.7	Do you go outside for exercise three or more times a week?	71%	54%	71%	52%
11.8	Do you go on association more than five times each week?	66%	63%	66%	83%
11.9	Do you spend ten or more hours out of your cell on a weekday?	35%	17%	35%	26%
<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	42%	34%	42%	45%
12.2	Have you had any problems with sending or receiving mail?	36%	43%	36%	36%
12.3	Have you had any problems getting access to the telephones?	12%	21%	12%	16%
12.4	Is it easy/ very easy for your friends and family to get here?	24%	28%	24%	32%



## Main comparator and comparator to last time

### Key to tables

		HMP Whatton 2016	Category C training prisons	HMP Whatton 2016	HMP Whatton 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				
<b>SECTION 13: Preparation for release</b>					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	98%	81%	98%	95%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	12%	37%	12%	17%
13.2	Contact by letter?	46%	34%	46%	53%
13.2	Contact by phone?	49%	25%	49%	35%
13.2	Contact by visit?	47%	31%	47%	53%
13.3	Do you have a named offender supervisor in this prison?	97%	75%	97%	84%
For those who are sentenced:					
13.4	Do you have a sentence plan?	82%	61%	82%	80%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	65%	53%	65%	51%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	20%	48%	20%	40%
13.6	Offender supervisor?	62%	37%	62%	44%
13.6	Offender manager?	55%	26%	55%	41%
13.6	Named/ personal officer?	30%	12%	30%	23%
13.6	Staff from other departments?	30%	15%	30%	25%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	69%	61%	69%	69%
13.8	Are there plans for you to achieve any of your targets in another prison?	16%	19%	16%	
13.9	Are there plans for you to achieve any of your targets in the community?	32%	28%	32%	
13.10	Do you have a needs based custody plan?	6%	6%	6%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	32%	15%	32%	22%
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?	56%	33%	56%	46%
13.12	Accommodation?	45%	37%	45%	47%
13.12	Benefits?	52%	38%	52%	50%
13.12	Finances?	45%	27%	45%	44%
13.12	Education?	47%	33%	47%	54%
13.12	Drugs and alcohol?	47%	42%	47%	62%
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?	72%	54%	72%	82%

## Diversity analysis



### Key question responses (ethnicity and religion) HMP Whatton 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				
<b>Number of completed questionnaires returned</b>		<b>22</b>	<b>164</b>	<b>19</b>	<b>167</b>
1.3	Are you sentenced?	96%	100%	100%	100%
1.5	Are you a foreign national?	19%	3%	11%	4%
1.6	Do you understand spoken English?	96%	99%	100%	99%
1.7	Do you understand written English?	96%	100%	95%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			79%	4%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	4%	0%	4%
1.1	Are you Muslim?	68%	3%		
1.12	Do you consider yourself to have a disability?	23%	32%	21%	33%
1.13	Are you a veteran (ex-armed services)?	0%	12%	5%	11%
1.14	Is this your first time in prison?	59%	55%	52%	55%
2.6	Were you treated well/very well by the escort staff?	72%	84%	74%	84%
2.7	Before you arrived here were you told that you were coming here?	59%	72%	58%	72%
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	92%	74%	92%
3.3	Were you treated well/very well in reception?	77%	85%	85%	84%
3.4	Did you have any problems when you first arrived?	55%	51%	52%	52%
3.7	Did you have access to someone from health care when you first arrived here?	59%	82%	63%	82%
3.9	Did you feel safe on your first night here?	76%	85%	74%	85%
3.10	Have you been on an induction course?	96%	96%	95%	96%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	60%	60%	61%	60%

## 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?	86%	85%	89%	85%
4.4	Are you normally able to have a shower every day?	96%	98%	89%	99%
4.4	Is your cell call bell normally answered within five minutes?	58%	43%	65%	42%
4.5	Is the food in this prison good/very good?	47%	54%	42%	55%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	43%	62%	42%	61%
4.7	Are you able to speak to a Listener at any time, if you want to?	67%	90%	74%	88%
4.8	Do you feel your religious beliefs are respected?	70%	59%	66%	59%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	81%	68%	85%	67%
5.1	Is it easy to make an application?	75%	88%	78%	88%
5.3	Is it easy to make a complaint?	57%	59%	63%	57%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	50%	64%	42%	64%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	52%	42%	52%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	15%	3%	23%	2%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	67%	87%	63%	87%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	71%	83%	74%	82%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	38%	31%	42%	32%
7.4	Do you have a personal officer?	76%	89%	85%	88%
8.1	Have you ever felt unsafe here?	29%	34%	42%	32%
8.2	Do you feel unsafe now?	4%	9%	16%	8%
8.3	Have you been victimised by other prisoners?	14%	33%	26%	31%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	0%	23%	11%	21%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	2%	0%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	10%	3%	11%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	2%	0%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	5%	0%	5%

## Diversity analysis

### 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				
8.6	Have you been victimised by a member of staff?	33%	19%	37%	18%
8.7	Have you ever felt threatened or intimidated by staff here?	14%	9%	21%	9%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	1%	5%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	10%	3%	16%	2%
8.7	Have you been victimised because of your nationality? (By staff)	10%	1%	5%	2%
8.7	Have you been victimised because you have a disability? (By staff)	4%	3%	5%	3%
9.1	Is it easy/very easy to see the doctor?	43%	38%	48%	38%
9.1	Is it easy/ very easy to see the nurse?	55%	66%	66%	64%
9.4	Are you currently taking medication?	29%	65%	42%	64%
9.6	Do you feel you have any emotional well being/mental health issues?	19%	43%	26%	42%
10.3	Is it easy/very easy to get illegal drugs in this prison?	29%	28%	48%	26%
11.2	Are you currently working in the prison?	60%	64%	78%	62%
11.2	Are you currently undertaking vocational or skills training?	15%	14%	28%	13%
11.2	Are you currently in education (including basic skills)?	20%	16%	34%	15%
11.2	Are you currently taking part in an offending behaviour programme?	15%	20%	11%	20%
11.4	Do you go to the library at least once a week?	47%	50%	44%	49%
11.6	Do you go to the gym three or more times a week?	40%	17%	29%	18%
11.7	Do you go outside for exercise three or more times a week?	81%	70%	74%	71%
11.8	On average, do you go on association more than five times each week?	57%	66%	58%	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)	40%	35%	34%	35%
12.2	Have you had any problems sending or receiving mail?	30%	36%	26%	37%
12.3	Have you had any problems getting access to the telephones?	21%	11%	11%	12%

## Diversity Analysis



### Key question responses (disability, age over 50) HMP Whatton 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		Prisoners aged 50 and over	Prisoners under the age of 50
Any percentage highlighted in blue is significantly worse						
Any percentage highlighted in orange shows a significant difference in prisoners' background details						
Percentages which are not highlighted show there is no significant difference						
<b>Number of completed questionnaires returned</b>		58	127		76	112
1.3	Are you sentenced?	98%	100%		100%	99%
1.5	Are you a foreign national?	5%	5%		5%	5%
1.6	Do you understand spoken English?	100%	98%		99%	99%
1.7	Do you understand written English?	100%	99%		100%	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.)	9%	13%		7%	15%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	2%		1%	6%
1.1	Are you Muslim?	7%	12%		4%	15%
1.12	Do you consider yourself to have a disability?				42%	25%
1.13	Are you a veteran (ex-armed services)?	14%	7%		20%	4%
1.14	Is this your first time in prison?	47%	58%		45%	62%
2.6	Were you treated well/very well by the escort staff?	80%	84%		84%	82%
2.7	Before you arrived here were you told that you were coming here?	70%	71%		76%	67%
3.2	When you were searched in reception, was this carried out in a respectful way?	89%	91%		88%	92%
3.3	Were you treated well/very well in reception?	89%	82%		88%	82%
3.4	Did you have any problems when you first arrived?	73%	42%		51%	51%
3.7	Did you have access to someone from health care when you first arrived here?	72%	83%		73%	83%
3.9	Did you feel safe on your first night here?	80%	86%		88%	82%
3.10	Have you been on an induction course?	95%	96%		96%	95%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	68%	56%		59%	62%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	86%	85%	92%	82%
4.4	Are you normally able to have a shower every day?	100%	97%	99%	97%
4.4	Is your cell call bell normally answered within five minutes?	46%	43%	38%	49%
4.5	Is the food in this prison good/very good?	51%	54%	62%	48%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	63%	57%	63%	58%
4.7	Are you able to speak to a Listener at any time, if you want to?	89%	86%	88%	87%
4.8	Do you feel your religious beliefs are respected?	68%	55%	64%	57%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	75%	67%	68%	69%
5.1	Is it easy to make an application?	87%	87%	81%	91%
5.3	Is it easy to make a complaint?	64%	55%	55%	61%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	64%	61%	68%	58%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	55%	49%	56%	49%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	2%	5%	1%	6%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	87%	83%	93%	80%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	82%	81%	86%	80%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	30%	33%	33%	32%
7.4	Do you have a personal officer?	87%	87%	90%	86%
8.1	Have you ever felt unsafe here?	36%	32%	28%	37%
8.2	Do you feel unsafe now?	13%	7%	9%	8%
8.3	Have you been victimised by other prisoners?	35%	29%	18%	39%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	21%	20%	14%	24%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	3%	1%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	4%	1%	6%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	3%	1%	3%
8.5	Have you been victimised because of your age? (By prisoners)	2%	4%	3%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	13%	1%	6%	4%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	22%	20%	15%	23%
8.7	Have you ever felt threatened or intimidated by staff here?	11%	10%	10%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	2%	2%	1%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	4%	1%	5%
8.7	Have you been victimised because of your nationality? (By staff)	2%	2%	1%	3%
8.7	Have you been victimised because of your age? (By staff)	2%	2%	1%	2%
8.7	Have you been victimised because you have a disability? (By staff)	9%	0%	4%	2%
9.1	Is it easy/very easy to see the doctor?	39%	38%	39%	41%
9.1	Is it easy/ very easy to see the nurse?	60%	66%	72%	60%
9.4	Are you currently taking medication?	80%	52%	75%	53%
9.6	Do you feel you have any emotional well being/mental health issues?	65%	29%	30%	48%
10.3	Is it easy/very easy to get illegal drugs in this prison?	24%	29%	18%	34%
11.2	Are you currently working in the prison?	53%	68%	62%	65%
11.2	Are you currently undertaking vocational or skills training?	12%	15%	14%	14%
11.2	Are you currently in education (including basic skills)?	12%	18%	16%	17%
11.2	Are you currently taking part in an offending behaviour programme?	26%	17%	14%	24%
11.4	Do you go to the library at least once a week?	52%	48%	48%	50%
11.6	Do you go to the gym three or more times a week?	8%	25%	7%	27%
11.7	Do you go outside for exercise three or more times a week?	69%	72%	67%	74%
11.8	On average, do you go on association more than five times each week?	65%	66%	70%	64%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	43%	32%	30%	39%
12.2	Have you had any problems sending or receiving mail?	41%	34%	32%	37%
12.3	Have you had any problems getting access to the telephones?	8%	14%	11%	12%

## Diversity analysis



### Key question responses (sexual orientation) HMP Whatton 2016

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

#### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to be homosexual or bisexual</b>	<b>Consider themselves to be heterosexual</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>25</b>	<b>158</b>
1.3	Are you sentenced?	<b>100%</b>	<b>99%</b>
1.5	Are you a foreign national?	<b>0%</b>	<b>6%</b>
1.6	Do you understand spoken English?	<b>100%</b>	<b>99%</b>
1.7	Do you understand written English?	<b>100%</b>	<b>99%</b>
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	<b>0%</b>	<b>13%</b>
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	<b>0%</b>	<b>5%</b>
1.1	Are you Muslim?	<b>4%</b>	<b>11%</b>
1.12	Do you consider yourself to have a disability?	<b>28%</b>	<b>31%</b>
1.13	Are you a veteran (ex-armed services)?	<b>8%</b>	<b>11%</b>
1.14	Is this your first time in prison?	<b>64%</b>	<b>54%</b>
2.6	Were you treated well/very well by the escort staff?	<b>80%</b>	<b>83%</b>
2.7	Before you arrived here were you told that you were coming here?	<b>80%</b>	<b>69%</b>
3.2	When you were searched in reception, was this carried out in a respectful way?	<b>96%</b>	<b>89%</b>
3.3	Were you treated well/very well in reception?	<b>88%</b>	<b>84%</b>
3.4	Did you have any problems when you first arrived?	<b>59%</b>	<b>51%</b>
3.7	Did you have access to someone from health care when you first arrived here?	<b>96%</b>	<b>79%</b>
3.9	Did you feel safe on your first night here?	<b>84%</b>	<b>84%</b>
3.10	Have you been on an induction course?	<b>100%</b>	<b>95%</b>
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	<b>60%</b>	<b>60%</b>



## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	80%	86%
4.4	Are you normally able to have a shower every day?	100%	97%
4.4	Is your cell call bell normally answered within five minutes?	44%	45%
4.5	Is the food in this prison good/very good?	60%	53%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	68%	59%
4.7	Are you able to speak to a Listener at any time, if you want to?	96%	85%
4.8	Do you feel your religious beliefs are respected?	72%	57%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	76%	68%
5.1	Is it easy to make an application?	92%	86%
5.3	Is it easy to make a complaint?	54%	58%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	68%	61%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	54%	51%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	4%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	79%	85%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	84%	81%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	28%	33%
7.4	Do you have a personal officer?	88%	88%
8.1	Have you ever felt unsafe here?	40%	32%
8.2	Do you feel unsafe now?	12%	8%
8.3	Have you been victimised by other prisoners?	40%	29%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	32%	18%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	4%
8.5	Have you been victimised because of your sexual orientation? (By prisoners)	16%	2%
8.5	Have you been victimised because of your age? (By prisoners)	4%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	4%	5%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to be homosexual or bisexual</b>	<b>Consider themselves to be heterosexual</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	21%	20%
8.7	Have you ever felt threatened or intimidated by staff here?	9%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	4%
8.7	Have you been victimised because of your sexual orientation? (By staff)	12%	0%
8.7	Have you been victimised because of your age? (By staff)	0%	2%
8.7	Have you been victimised because you have a disability? (By staff)	0%	3%
9.1	Is it easy/very easy to see the doctor?	52%	37%
9.1	Is it easy/ very easy to see the nurse?	76%	63%
9.4	Are you currently taking medication?	84%	57%
9.6	Do you feel you have any emotional well being/mental health issues?	48%	38%
10.3	Is it easy/very easy to get illegal drugs in this prison?	25%	28%
11.2	Are you currently working in the prison?	75%	61%
11.2	Are you currently undertaking vocational or skills training?	12%	15%
11.2	Are you currently in education (including basic skills)?	17%	17%
11.2	Are you currently taking part in an offending behaviour programme?	21%	20%
11.4	Do you go to the library at least once a week?	59%	48%
11.6	do you go to the gym three or more times a week?	17%	20%
11.7	Do you go outside for exercise three or more times a week?	71%	71%
11.8	On average, do you go on association more than five times each week?	62%	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)	46%	33%
12.2	Have you had any problems sending or receiving mail?	29%	37%
12.3	Have you had any problems getting access to the telephones?	13%	12%