



Report on an unannounced inspection of

# **HMP Featherstone**

24 October – 3 November 2016



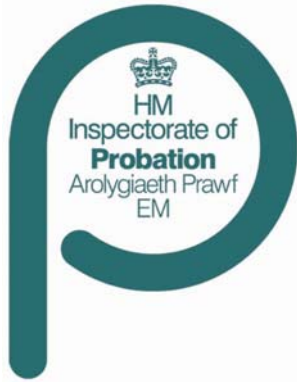
Report on an unannounced inspection of

# **HMP Featherstone**

by HM Chief Inspector of Prisons

**24 October–3 November 2016**

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



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### **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 Featherstone is a male category C training and resettlement prison situated near Wolverhampton. It holds around 650 men and was last inspected in October 2013. At that time our report was generally positive, with the highest assessment being made in two of our four healthy prison tests. My predecessor as Chief Inspector said: 'HMP Featherstone was a very positive establishment. It did very well what other prisons sometimes find difficult – the more intangible qualities of culture, relationships and leadership.'

On this occasion I have to report that since 2013 there has been a shocking worsening in standards at HMP Featherstone. Across three of the areas on which we report there has been a sharp decline, and only in the area of resettlement has the assessment we made held steady at 'not sufficiently good'. The decline was particularly concerning in the area of safety, which we now assess as 'poor'.

In response to our survey of prisoners, 37% said that they felt unsafe, more than double the number in 2013 when the figure stood at 15%. Perhaps this is hardly surprising given that a very high 63% said it was easy to get drugs and 22% said they had developed a drug problem while in the prison. Given the well-known destabilising influence which a high level of drug availability has in prisons, with the associated debt and bullying feeding a cycle of violence, perhaps we should not be surprised at the serious decline in the safety of the men held at Featherstone. One of the symptoms of the lack of safety was the number of men who chose to self-isolate in an attempt to escape the violence. For a clear description of what this means in reality, I would invite the reader to turn to paragraph 1.16.

The backdrop to the decline at Featherstone was clear evidence of poor industrial relations, staff shortages and some significant prisoner unrest. For example, during the summer the segregation unit was seriously damaged by prisoners and at the time of the inspection was still not able to be used. The temporary segregation unit was also in a very poor condition and not properly staffed. More generally, inspectors saw staff refusing to let prisoners onto the house blocks, thereby leaving them wandering around the corridors, because they did not consider there were enough staff on the house blocks to have prisoners unlocked safely. Inspectors were not confident that all incidents of prisoner unrest were being reported. During the inspection an incident of concerted indiscipline was not reported until this was challenged by inspectors.

The prison was in a poor state of repair, not helped by what appeared to be a failing facilities management contract. The showers on the house blocks were in a disgraceful condition, but there was no plan in place to refurbish them in what could be considered reasonable timescales.

Staff and prisoners were, somewhat unusually, outspoken about what they perceived to be a lack of leadership and direction in the prison. It was certainly the case that the senior leadership team did not have sufficient knowledge or oversight of some key areas. For instance, the management and monitoring of the use of force had deteriorated, and given the high levels of the use of force in the prison, it was extraordinary that the use of force committee had not met for at least four months. The senior team also had insufficient grip or knowledge around issues such as the unregulated segregation of self-isolators and the lack of outdoor exercise that was being afforded to prisoners. In too many key areas, such as drug supply, there was insufficient analysis of the problems or development of proactive strategies to address them.

At the last inspection we made 68 recommendations, of which we found on this occasion a mere 16 had been achieved. In the area of safety, where we made 20 recommendations, just two had been achieved. Perhaps it is not surprising that HMP Featherstone has declined so quickly and so sharply. If the prison is to once again become a safe and decent place which can fulfil its role as a training and resettlement prison, there needs to be dynamic, visible leadership which gets to grips with the serious issues identified in this report.

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

January 2017



# Fact page

**Task of the establishment**

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

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

Public

**Region/Department**

Midlands

**Number held**

644

**Certified normal accommodation**

621

**Operational capacity**

653

**Date of last full inspection**

14–25 October 2013

**Brief history**

HMP Featherstone was opened in November 1976, and house units 5, 6 and 7 were added later. It was originally a long-term category C training prison but in 2014 became a designated training and resettlement prison for prisoners returning to Warwickshire and West Mercia.

**Short description of residential units**

House block 1: general residential

House block 2: general with one spur currently used for segregation

House block 3: general residential

House block 4: general residential

House block 5: induction

House block 6: enhanced

House block 7: general residential

Care and separation unit: currently closed

**Name of governor/director**

Babafemi Dada

**Escort contractor**

GeoAmey

**Health service provider**

Care UK

**Learning and skills providers**

Milton Keynes College

**Independent Monitoring Board chair**

Ian Marks

**Community rehabilitation company (CRC)**

Warwickshire and West Mercia CRC

# About this inspection and report

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

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

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

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

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

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

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

## This report

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

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

# Summary

## Safety

**S1** *Peer workers provided good support and information to new arrivals but there was too little focus on specific safety risks. Levels of violence and intimidation were very high and often related to drugs and debt. Far too many prisoners felt unsafe, with some self-isolating for many months. Care for those at risk of suicide and self-harm was inadequate. Many more prisoners than at similar prisons said that drugs were easily available. Use of new psychoactive substances was particularly problematic and the number of prisoners saying that they had developed a drug problem while at the prison was worryingly high. Too little was done to reduce drug supply. The number of adjudications had increased and levels of use of force were high. Living conditions on the segregation unit were unacceptably poor. There was too little help available for prisoners with substance misuse issues.*  
**Outcomes for prisoners were poor against this healthy prison test.**

**S2** *At the last inspection in 2013 we found that outcomes for prisoners in Featherstone were reasonably good against this healthy prison test. We made 20 recommendations in the area of safety. At this follow-up inspection we found that two of the recommendations had been achieved and 18 had not been achieved.*

**S3** The reception area was clean and staff were welcoming. New arrivals had a private interview with an officer about safety concerns but this did not have a sufficient focus on specific risks. Good support and information were provided by Insiders (prisoners who introduce new arrivals to prison life). Reception packs (grocery packs which usually contain basic food and drink items such as tea, milk, sugar and sweets or tobacco) were not available on arrival, which risked putting some prisoners in debt.

**S4** All new prisoners were located on the induction block but conditions there were poor, with a shortage of clothing, kettles and working televisions. As a group, new arrivals were given helpful basic information by a member of staff on arrival on the induction block, but they spent far too long locked up pending allocation to work.

**S5** In our survey, prisoners reported high levels of victimisation and 37% of prisoners – more than twice the percentage at comparator prisons and than at the time of the previous inspection – reported feeling unsafe. Levels of violence had increased considerably and were far higher than elsewhere. Most incidents involved debt and drugs. Violence against staff had increased the most. Individual violent incidents were reviewed weekly. However, the monthly safer custody meeting lacked focus and did not analyse the available data, including the severity of violence, to identify trends or take action to make the prison safer. The management of perpetrators and victims was weak. We found too many prisoners living in fear, mostly because of debt, who remained locked up and isolated for almost the entire day without any meaningful contact. The management of these prisoners was unregulated, with some remaining isolated for several months, and we had concerns about their well-being.

**S6** There had been three self-inflicted deaths since the previous inspection. The number of incidents of self-harm had fallen and was in line with that at comparable prisons. The monthly safer custody meeting did not focus on information about self-harm incidents, to identify action that could be taken to reduce levels of self-harm. There had been an improvement in the care of prisoners subject to assessment, care in custody and teamwork (ACCT) case management processes for prisoners at risk of suicide or self-harm, through better involvement of mental health staff in case reviews and some reasonable assessments, but

there was too little evidence of purposeful interaction with prisoners. The weekly multi-agency safer health (MASH) meeting provided good individual planning for individuals at risk of self-harm, but did not link into or inform ACCT processes. Access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was inadequate, and too few prisoners in our survey said that they could speak with one when they wanted to.

- S7 Following an escape in the previous year, appropriate actions had been taken and security arrangements were generally proportionate to the risks posed. Intelligence was well managed and analysed, and indicated high levels of drugs, mobile phones and violence across the prison, but there was insufficient action taken to address emerging threats. In our survey, more prisoners than at comparator prisons and than at the time of the previous inspection – almost two-thirds of the population – said that it was easy to get drugs at the prison, and one in five said that they had developed a drug problem at the prison. The widespread use of new psychoactive substances (NPS; new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects), in particular, was posing a significant threat to the health and safety of prisoners. The prison was not monitoring the full extent of the NPS problem and did not have a strategy or action plan to reduce drug availability.
- S8 The number of adjudications had increased sharply, and a large number were not heard because they were out of time.
- S9 Levels of use of force had increased and were high. The use of force committee had not met for several months and managerial oversight had recently slipped. There was insufficient analysis of data to identify patterns or trends, and too much important paperwork was incomplete or missing. However, the written accounts from officers that we examined demonstrated that force was used as a last resort and proportionate.
- S10 The regime and living conditions on the temporary segregation unit were unacceptably poor. About half of the designated cells were out of use due to damage, and had been so for a considerable time. Segregation was used almost exclusively for prisoners seeking sanctuary from the main house blocks. There was insufficient planning to manage and support prisoners, and help to deal with the issues that had caused their segregation.
- S11 For prisoners with substance misuse issues, a change of provider had resulted in reduced psychosocial services. In the previous month, all group work had been cancelled and many prisoners had had no access to one-to-one sessions. The number of prisoners on methadone maintenance was relatively high, but we considered this to be appropriate, given the high availability of drugs and the current lack of psychosocial support.

## Respect

**S12** *Living conditions on most of the house blocks were poor and prisoners struggled to get access to basic essentials. We saw some good staff–prisoner interactions, but some residential staff were either too busy or reluctant to help prisoners, and some poor behaviour went unchallenged. Prisoner applications and consultation arrangements required improvement. Equality and diversity arrangements were weak and there was insufficient structured support for prisoners with protected characteristics. Faith services were adequate. Health services were stretched but provision was reasonable. Prisoners were negative about the food provided, and the serveries were dirty.*  
**Outcomes for prisoners were not sufficiently good against this healthy prison test.**

**S13** *At the last inspection in 2013 we found that outcomes for prisoners in Featherstone were good against this healthy prison test. We made 26 recommendations in the area of respect.<sup>2</sup> At this follow-up inspection we found that five of the recommendations had been achieved, six had been partially achieved and 15 had not been achieved.*

**S14** Living conditions on house blocks 6 and 7 were generally good, but other house blocks were shabby, poorly maintained and dirty. Showers were particularly filthy, often broken and unfit for use. Many cells were dirty, poorly ventilated, covered in graffiti and in need of decoration. Prisoners could not always access basic essentials such as an adequate supply of clean prison clothing, sheets or towels. There were insufficient kettles and working televisions. The applications system was ineffective.

**S15** In our survey, prisoners were more negative about relationships with staff than at similar prisons, and reported relatively high levels of victimisation. We observed some positive and supportive engagement with prisoners but there were too many staff who were dismissive and either reluctant or too busy to assist prisoners. There was often insufficient supervision on the house blocks, and poor conduct by prisoners was not always challenged appropriately. Consultation with prisoners on general residential and domestic issues was limited.

**S16** The strategic management of equality and diversity had deteriorated significantly. Action to address inequality was weak. There was no current equality action plan, and there was a year-long backlog of equality impact assessments. Equality monitoring was inadequate, using nationally provided data which was several months out of date. These data were not interrogated to understand whether particular minority groups were being disadvantaged, even when the data raised potential concerns. The number of discrimination incident report forms submitted was relatively low, and forms were not freely available on the house blocks. Prisoner representatives provided useful support for most areas, but consultation arrangements with minority groups were inconsistent.

**S17** Black and minority ethnic prisoners made up 30% of the population. In our survey, they reported similarly to white prisoners. Consultation with and representation for them was not embedded. There was reasonable support for Gypsy/Romany/Traveller prisoners, including a monthly meeting.

**S18** Foreign national prisoners made up 14% of the population. Those we spoke to were largely positive about their experiences at the establishment but support for the few non-English-speaking prisoners was inadequate, with no use of professional telephone interpreting

<sup>2</sup> This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

- services, potentially leaving them feeling isolated. Independent immigration advice was not available.
- S19 The prison held a substantial number of prisoners with disabilities. Emergency evacuation plans were poorly managed, but other needs were mostly met and support for those with learning disabilities was excellent. Provision for older prisoners had reduced and there were no structured recreational activities, other than PE, and no links to any support organisations.
- S20 There was no current provision for the few gay or bisexual prisoners, and no community links.
- S21 Faith facilities were adequate. We found good provision for all major faiths and consistent attendance at services, but not enough was being done to help prisoners to resettle in their faith communities on release.
- S22 Few prisoners had confidence in the complaints system. We found the quality of replies to be mostly good but some were dismissive and did not evidence sufficient investigation. We were not assured that all complaints about staff were fully investigated.
- S23 Primary health care services were reasonably good, despite staffing shortages, although too many prisoners experienced long delays in accessing external hospital appointments. Health promotion and the management of health care complaints were very good. Medication management was satisfactory but inconsistent officer supervision of medication queues gave too many opportunities for diversion and bullying. Dental services were generally good. Some aspects of mental health governance required improvement. Staffing shortages had reduced the range and level of services but the care for those with the greatest need was mostly good. Prisoners experienced long delays in transferring to external mental health facilities.
- S24 In our survey, prisoners were relatively negative about the quality of the food provided, although we found it to be reasonably good. The kitchen was grubby, with lots of broken equipment. Serveries on the house blocks and nearly all food trolleys were filthy.

## Purposeful activity

**S25** *A restricted regime reduced prisoners' time out of cell and too many prisoners were locked up during the working day. Access to exercise was inadequate. The management of learning and skills and work required improvement. There were sufficient activity places for the population but too many prisoners failed to attend. The range of education classes was too narrow and opportunities to accredit work were missed. The quality of teaching and learning and the level of prisoners' achievements were mostly good. Support for prisoners with learning difficulties was impressive. Peer mentors were used well. Attendance at the library and PE was low. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

**S26** *At the last inspection in 2013 we found that outcomes for prisoners in Featherstone were good against this healthy prison test. We made seven recommendations in the area of purposeful activity. At this follow-up inspection we found that four of the recommendations had been achieved, two had not been achieved and one was no longer relevant.*

**S27** Owing to staff shortages, a restricted regime was operating; this provided predictability for prisoners but reduced their time out of cell. Many prisoners were locked up for the day at



5.30pm, which was too early. For prisoners in full-time employment on the main residential units, time out of cell had reduced to around eight and a half hours on most days and around five hours at weekends. For those who were unemployed or not required for work, this was as little as two hours a day. In our roll checks, we found over a quarter of prisoners locked in cells, which was far higher than at the time of the previous inspection. Exercise provision was inadequate and only available to most on one day during the working week.

- S28 The leadership and management of learning and skills activities required improvement. Managers worked well with a range of partners to access funding to increase the number of training opportunities but there was too little focus on employability. The levels of vocational training and education provided good opportunities for progression but the range of education classes was too narrow and too many prisoners worked without opportunities to gain accredited qualifications.
- S29 There were sufficient activity places for the population and allocation processes were good. Insufficient priority was given to the importance of learning and skills, and too many prisoners failed to attend or had other activities interrupting the working day.
- S30 The quality of teaching, learning and assessment in education and vocational training was good. Workshops provided well-equipped and realistic working environments; however, not all prison instructors were sufficiently well trained to fulfil their roles. Prisoners with learning disabilities received excellent support. Well-trained prisoner mentors were deployed effectively to support learners in classrooms. Outstanding support was provided for Open University/distance learning.
- S31 For the small number of prisoners taking education classes, attendance was good but attendance in workshops was low. Those in education and vocational training made good progress in developing useful English and mathematical skills. Most prisoners behaved well in classes and workshops, applied themselves purposefully to activities and showed respect for others.
- S32 Overall qualification success rates were high, except for functional skills courses at level 2 in English and levels 1 and 2 in mathematics. Good standards of work were evidenced in education and vocational training.
- S33 Despite an effective induction and promotion of the library, there had been a considerable decline in usage. Highly effective support for literacy was provided.
- S34 An appropriate range of facilities supported recreational and team sports and games but accredited training had been discontinued. Access to PE had declined considerably since the previous inspection and available data were not analysed to demonstrate equity of access. Monitoring and supervision of the use of house block-based exercise equipment were inadequate.

## Resettlement

- S35** *Despite a relatively high-risk population, offender management work was weak. Too many prisoners were without an up-to-date offender assessment system (OASys) assessment, and those completed often failed to address risks and needs sufficiently well. Ongoing contact with offender supervisors was limited and some prisoners, especially those serving long sentences, struggled to progress. Home detention curfew and categorisation processes were sound. Some aspects of public protection required improvement. Prisoners' resettlement needs were assessed effectively. Provision across the resettlement pathways was mostly good. Family and visits provision was particularly strong but more needed to be done to address prisoners' offending behaviour and help them to find employment on release. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S36** *At the last inspection in 2013 we found that outcomes for prisoners in Featherstone were not sufficiently good against this healthy prison test. We made 15 recommendations in the area of resettlement. At this follow-up inspection we found that five of the recommendations had been achieved, three had been partially achieved and seven had not been achieved.*
- S37** There was no overarching needs analysis to inform offender management and resettlement provision. The reducing reoffending action plan provided a reasonable overview of the resettlement pathways but did not place offender management at the centre of the work or emphasise its important role.
- S38** Almost three-quarters of the population were serving long sentences and almost half were high risk of harm or had committed serious violent offences. Half of all new prisoners arrived from local prisons without a completed offender assessment system (OASys) assessment, and at the time of the inspection a third of eligible prisoners did not have a current assessment or sentence plan. OASys assessments completed by offender supervisors were not sufficiently tailored to the individual prisoners' risks and needs. While the initial contact with offender supervisors was adequate, ongoing contact was poor in too many cases, including high risk of harm cases, and some prisoners, especially those serving long sentences, struggled to progress. Most home detention curfew applications were approved but some prisoners were released late, mainly because of issues beyond the control of the prison.
- S39** The application of general public protection restrictions was managed adequately. We were not assured that the interdepartmental risk management team considered all relevant cases and there was too little evidence of comprehensive risk management planning. Information exchange with offender managers in the community was poor and multi-agency public protection arrangements (MAPPAs) management levels were not confirmed well enough ahead of release, which limited the prison's involvement in risk management.
- S40** Categorisation reviews were up to date and most category D prisoners moved relatively quickly to open conditions. Some long-term prisoners stayed too long at the prison with little focus on their progression and far too little opportunity to demonstrate a reduction in risk.
- S41** For indeterminate-sentenced prisoners, practical support was good, with family days, forums and parole board practice sessions, but there had been too little offence-focused work or engagement with offender supervisors.
- S42** Around 40 prisoners were released each month, which was in line with the number at other resettlement prisons. The community rehabilitation company (CRC) was effective, seeing

prisoners on arrival, reviewing their needs before release and referring them on as required. There was little evaluation of the effectiveness of resettlement services.

- S43 Support for prisoners with accommodation problems was adequate but there was no monitoring of the number released homeless, which was a concern.
- S44 Support for prisoners needing help to find employment, training or education on release was limited. The quality of the National Careers Service provision was good and some individual help was provided, but not enough prisoners could access training aimed at developing useful employability skills and little assistance was given with CV writing, job search or job applications.
- S45 Arrangements to ensure the continuity of physical and mental health care on release or transfer were appropriate. A two-year project with MacMillan services was improving care for prisoners with palliative and end-of-life needs. The psychosocial team had effective links with local drug intervention programmes and CRCs delivering post-release support for prisoners with drug and alcohol problems.
- S46 There was little help with developing financial management skills but good and proactive support for those in debt. A basic bank account could be opened.
- S47 The visitors centre was an impressive facility, staffed by a community-based family support service, and provided a wide range of advice and support to visitors. The visits hall was spacious and well supervised. The parentcraft course had been suspended but Storybook Dads (in which prisoners record stories for their children) was well used. Family days, open to all prisoners, were provided.
- S48 There was no comprehensive offending behaviour needs analysis and prisoners had little opportunity to undertake offence-focused work. We were particularly concerned about the lack of a domestic violence or victim awareness programme.

## Main concerns and recommendations

- S49 Concern: Too many prisoners, and far more than at similar prisons, reported feeling unsafe and victimised by other prisoners. Levels of violence were very high. Not enough was being done to understand the nature and causes of violence. There was no violence reduction action plan and little action was taken to make the prison safer.

**Recommendation: All violent incidents should be analysed, to understand the causes and identify patterns and trends. Coordinated action should be taken to make the prison safer.**

- S50 Concern: The conditions for segregated prisoners, both on the segregation unit and those unofficially segregated and self-isolating, were extremely poor. They were locked up for almost 24 hours a day with minimum human contact, no regime and no plan for their future management.

**Recommendation: Prisoners who are described as self-isolating and are effectively in unregulated segregation should have adequate safeguards and managerial oversight. These prisoners and also those officially segregated should have an adequate regime which safeguards their mental well-being. The underlying causes behind problems or vulnerable behaviour should be addressed effectively and appropriately, and options for prisoners' safe reintegration back into the main prison or transfer should be identified.**

S51 Concern: Almost two-thirds of prisoners said that drugs were easily available at the prison and one in five said that they had developed a drug problem there. The prison was not monitoring the full extent of the problem and was not doing enough to reduce availability.

**Recommendation: The full extent of drug availability should be monitored, and a strategy and action plan put in place to reduce drug supply.**

S52 Concern: Living conditions for many prisoners were poor. Most communal areas and cells were poorly maintained and in desperate need of decoration. The showers were often broken and unusable. Many cells were out of action, and had been so for many months. Many of these failings were as a result of a poorly performing national facilities management contract.

**Recommendation: The showers should be fully refurbished. Cells and communal areas should be maintained and decorated to an acceptable and decent standard.**

S53 Concern: Insufficient priority was given to learning, skills and work. Despite having sufficient activity places, too many prisoners (around 30%) failed to attend learning and skills and work or had other activities interrupting their working day.

**Recommendation: Learning and skills and work activities should be given a far higher priority. The number of activities interrupting the working day should be reduced. Staff at all levels should cooperate to promote participation and attendance at learning and skills and work activities, and prisoners who do not attend should be challenged.**

S54 Concern: Prisoners received little ongoing engagement and motivation from their offender supervisors and there were few opportunities for them to progress.

**Recommendation: Prisoners should receive regular structured and meaningful contact from their offender supervisors. There should be sufficient opportunities for them to address their offending behaviour, reduce their risk and progress.**

# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

- I.1 Prisoners had mostly short journeys to the prison, and in our survey 28% of respondents (against the 46% comparator) said that they had spent less than two hours in the van. Prisoners who arrived during the inspection told us that their journeys had been uneventful. The vans we inspected were reasonably clean.

## Early days in custody

### Expected outcomes:

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

- I.2 The reception area was bright, clean and spacious, with well-designed and informative notices in holding rooms and common areas. Staff were welcoming and appropriately relaxed in dealing with new arrivals. All new arrivals were subjected to a full search, which was not supported by a risk assessment (see also paragraph I.32).
- I.3 A private interview with a member of staff about safety issues was held in reception. However, it mainly involved completing a cell sharing risk assessment, and did not adequately explore risk issues specific to the prisoner, such as recall status or being new to prison.
- I.4 Insiders (prisoners who introduce new arrivals to prison life) met all new arrivals in a holding room and provided them with useful verbal and written information.
- I.5 Prisoners spent too long in reception, and this had not improved since the time of the previous inspection. Reception staff confirmed that there could be long waits in reception when large numbers of prisoners arrived at the same time. Although this was mitigated, to an extent, by the useful time spent with Insiders, new arrivals had to wait for other prisoners to complete the reception process before they were taken to the induction block as a group.
- I.6 New arrivals were not routinely offered a reception pack (a grocery pack which usually contains basic food and drink items such as tea, milk, sugar and sweets or tobacco) in reception or on the induction wing, and we met some who had not been able to purchase tobacco at their previous establishment before transfer (see also paragraph 2.93). They could make an application to buy a 'smoker's pack' but even if this was allowed, they did not receive it immediately. This made them vulnerable to getting into debt soon after arrival at the prison.
- I.7 A group meeting with the first night officer was held when new prisoners arrived on the induction block. This was a useful briefing to confirm their cell sharing arrangements and provide basic information about immediate issues, such as meal menus, visits and the prison shop.

- I.8** All new prisoners were located on the induction block but conditions there were poor. Many new arrivals did not have a kettle or working television in their cell; there was a shortage of some basic kit items (see recommendation 2.9); and some showers were not working. Some wore their own clothes but there were no laundry facilities for them.
- I.9** Induction took a week and comprised a series of meetings covering education, careers, substance misuse, the gym and the library. A useful labour board meeting, attended by a range of agencies, was held one day a week, so new prisoners sometimes had to wait several days to attend, depending on their day of arrival.
- I.10** Prisoners could wait up to three weeks to begin an activity, and in the meantime spent too long locked up. Recent arrivals told us that they had limited time out of their cells, that there were no interim activities provided while they were waiting for allocation to work, and that they had not had outdoor exercise for a week (see also section on time out of cell and recommendation 3.4).

## Recommendations

- I.11** **First night risk interviews should take account of all prisoner issues and ensure that these are adequately dealt with and relevant departments notified.** (Repeated recommendation I.14)
- I.12** **New arrivals should be able to buy a reception pack.**

## Bullying and violence reduction

### Expected outcomes:

**Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.**

- I.13** In our survey, prisoners reported high levels of victimisation. Far more prisoners than elsewhere and than at the time of the previous inspection said that they had felt unsafe at the establishment at some time (57% versus 38% and 38%, respectively), and that they currently felt unsafe (37% versus 16% and 15%, respectively). This reflected the levels of violence, including assaults, which had increased considerably and were far higher than at comparator prisons. Most incidents involved debt and drugs. The number of assaults on staff had increased particularly sharply (see main recommendation S49).
- I.14** The reporting of violent incidents was adequate and individual incidents were reviewed at weekly 'violence diagnostic and disruption' meetings. However, there were weak organisational measures to reduce levels of violence. The quarterly safer custody meeting lacked focus, with few objectives relating to reducing violence or making the establishment safer. The establishment did not record the types or severity of violent incidents, so could not identify trends or take relevant action.
- I.15** The management of perpetrators and victims was weak. Perpetrators of assaults were referred to the police. However, the other response to serious or continued violent behaviour was to apply the incentives and earned privileges (IEP) scheme, restrict movement and monitor perpetrators, and victims were supposed to be subject to planned support (see below). However, observations were inconsistent and we read notes from managers complaining about insufficient entries adequately to inform seven-day reviews. The quality of

entries was poor, compounded by a weak quality assurance process. The prison had decided to replace existing poor practice with a new, yet to be implemented, reducing violence policy (see main recommendation S49).

- I.16** We found a number of prisoners living in fear who remained locked up and isolated for almost the entire day, day after day, without any meaningful contact with staff. Most of these prisoners felt at risk of violence because of debts, and had asked to stay locked behind their door for their own protection. These 'self-isolators' told us about the abuse they suffered, describing people shouting through, spitting at and urinating under the cell door. They could not access showers, exercise, food or work without fear of repercussion. Most were locked up for 24 hours a day. Some officers showed concern, while others referred to them as 'scaredy cats' and described their predicament as 'self-inflicted'. Residential officers told us that they might, resources allowing, escort these prisoners to showers or to collect food when other prisoners were not around. There was no regulation or managerial oversight of these prisoners, who were effectively segregated from the main population, and there were no safeguards to ensure that they had access to a safe and decent regime. There were no plans to address the reasons behind their segregation and no plans to reintegrate them into the wider population. Many remained isolated for weeks, and some for months, at a time and we had concerns about their well-being (see main recommendation S50).

## Recommendations

- I.17** **Investigations into and formal monitoring of perpetrators of violent and antisocial incidents should be improved and should include interventions that are evaluated for effectiveness.** (Repeated recommendation, I.26)
- I.18** **Support for victims of violent and antisocial behaviour, including those in debt, should be improved.** (Repeated recommendation, I.28)

## 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.19** The number of incidents of self-harm had fallen and was in line with that at similar prisons. Information about acts of self-harm were reported to the senior management team meeting but these data were not analysed sufficiently to inform strategy or practice. There was a quarterly safer custody meeting but this did not analyse information or share findings with relevant departments to identify actions that could be taken to reduce levels of self-harm.
- I.20** The number of assessment, care in custody and teamwork (ACCT) case management documents opened in the previous six months had risen since the time of the previous inspection, from 99 to 137. There had been some improvement in the quality of ACCT management. The mental health team contributed to case reviews, and the standard of assessments was mostly good, but records of contact still did not reflect sufficient meaningful interaction with prisoners. There was regular quality checking of ACCT management but we were not assured that findings were well shared. There had been no staff training in ACCT management but this was due to start in the month following the inspection.

- I.21** The weekly multi-agency safer health (MASH) group meeting discussed all open ACCTs and mental health referrals to plan necessary actions to keep prisoners safe, but decisions taken at the meeting were not reflected in ACCT monitoring and planning, and the meeting did not consider those prisoners who were self-isolating, for whom there was no care planning (see paragraph 1.16 and main recommendation S50).
- I.22** Investigations of serious acts of self-harm had been undertaken but were not detailed and did not sufficiently identify lessons learned to inform practice. There had been three self-inflicted deaths since the previous inspection. Action plans in response to recommendations from Prisons and Probation Ombudsman investigations had been developed from them, and these were kept under review by a safer custody manager, but they were not discussed more widely through the safer custody meeting.
- I.23** In our survey, only 48% of prisoners said that they could speak to a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) when they wished, compared with 56% at comparator prisons and 69% at the time of the previous inspection. Listeners said that prisoners had been refused access to their support and were sometimes not provided with a Samaritans telephone, especially during the night. Listeners were critical of the crisis suite but we found that it had recently been refurbished to a good standard.

## Recommendations

- I.24 Information about self-harm incidents and trends should be analysed and shared with relevant departments, to identify appropriate strategic action.**
- I.25 Entries in assessment, care in custody and teamwork (ACCT) documents should clearly demonstrate meaningful interaction with prisoners and decisions made at multi-agency safer health meetings should inform and be informed by the ACCT document.**
- I.26 All suicide attempts with potentially the most serious consequences should be investigated quickly and action taken to prevent similar incidents.** (Repeated recommendation 1.41)
- I.27 Prisoners should be able to speak to a Listener or to the Samaritans when they wish.**

## 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.28** Staff knew to refer prisoners they were concerned about to the safer custody team or MASH meeting, but there was no adult safeguarding policy and staff had not been trained in adult safeguarding procedures. There were no links with the local authority adult

<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).



safeguarding board or agreed procedures for making referrals for a local authority assessment.

## Recommendation

- I.29 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.** (Repeated recommendation I.47)

## 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.30** Following an escape from the prison in June 2015, recommendations to address vulnerable areas in the establishment had been implemented.
- I.31** Monthly security meetings reported on emerging risks and threats from the previous month's incident reports; however, recommendations and actions did not fully address these concerns and monthly security objectives were not always communicated to staff. Between April and September 2016, there had been a monthly average of 304 incident reports, with drugs (particularly new psychoactive substances (NPS; new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects)), mobile phones and violence being the main areas of concern. The analysis of incidents was comprehensive but we were not assured that all incidents were reported. We identified two recent serious incidents – one involving two prisoners with weapons climbing onto the netting, and the other an act of concerted indiscipline during the inspection when prisoners refused to be locked up (see also paragraph 2.14) – that had not been reported as such. The prison had a good relationship with the local police, and a designated police intelligence officer (PIO). Prison staff told us that they did not have any concerns about gang activity in the prison.
- I.32** Searching, and strip-searching, were generally intelligence led, the exception being routine strip-searching on arrival in reception and on entry to the segregation unit (see also paragraph 1.2 and section on segregation).
- I.33** At the time of the inspection, there were no closed visits because the facilities were out of use. Prisoners and visitors identified as a security threat were appropriately subject to no-contact visits, or banned.
- I.34** Drugs were widely available. In our survey, 63% of prisoners said that it was easy to get drugs at the prison, which was far more than the 43% in comparator prisons and 54% at the time of the previous inspection. It was particularly concerning that 22% of prisoners reported developing a drug problem at the establishment (against the 10% comparator). The random mandatory drug testing positive rate for the previous six months was 7%, which was higher than at similar prisons. Prisoners and staff alike said that NPS was a huge problem, and there had been some large finds. There were regular acute health incidents, some severe, caused by prisoners' use of these drugs, but not all NPS-related health incidents were reported to the drug strategy committee or the security department. The prison had

collected some useful data on NPS but had stopped collection in August 2016, only resuming during the inspection. (see main recommendation S51).

- I.35** The prison's drug strategy committee was poorly attended. No separate supply reduction strategy or action plans were in place and suspicion testing had only been reinstated at the beginning of October 2016, following many months of no testing. We were not assured that there was sufficient activity to identify how, where and in what quantities drugs were arriving, or how they were distributed through the prison. (see main recommendation S51).

## Recommendations

- I.36** Security meetings should have clear monthly security objectives, communicated to staff, relating to the threats and actions required to mitigate the risk.
- I.37** All serious incidents should be reported and recorded accurately.
- I.38** Prisoners should only be strip-searched on the basis of intelligence or specific suspicion. (Repeated recommendation, I.53)
- I.39** All suspicion drug testing should be undertaken in time. (Repeated recommendation, I.54)

## Incentives and earned privileges<sup>4</sup>

### 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.40** The IEP scheme offered the usual differentials in access to private cash, computer games, visits and time out of cell. The enhanced unit was popular with prisoners and was seen as a good incentive for good behaviour.
- I.41** The regime for prisoners on the basic level was reasonable, and better than we sometimes see. These prisoners were expected to attend activities, had predictable periods of association and were usually promoted to the standard level within three weeks.
- I.42** However, we found that the IEP scheme was generally not used in a meaningful way to manage prisoner behaviour. Fewer prisoners (4%) were on the basic and more (46%) on the enhanced level than we usually see at category C prisons. We saw some poor behaviour going unchallenged (see also paragraph 2.14), and were not convinced that prisoners needed to demonstrate much commitment to their rehabilitation to progress to the enhanced level of the scheme.

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

## 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.43** There had been about 860 formal adjudication hearings in the previous six months, which was a substantial increase since the previous inspection (765).
- I.44** Monthly statistics on the number and nature of adjudications were presented at segregation management meetings but there was little to show that these were explored or used to identify and address trends. Records we examined indicated that hearings were conducted fairly, although some charges were minor and could have been dealt with less formally.
- I.45** There had been a backlog of remanded adjudications and we found examples where cases had not been heard or reviewed because prisoners had been transferred, and others that had not proceeded with for other reasons. It was also unusual to find that a large number of opened adjudications (about 190 since the beginning of 2016) had not been proceeded with because proper timescales had not been met.

### Recommendations

- I.46** **Data on adjudications should be routinely analysed to identify emerging patterns, with trends investigated and appropriate action taken to address them.**
- I.47** **Adjudications should be completed within the proper timescales.**

### The use of force

- I.48** The level of use of force was higher than we see at comparator prisons, with 159 cases in the previous six months (25 per 100 of the population), and higher than at the time of the previous inspection (14 per 100 of the population).
- I.49** The management and monitoring of the use of force had recently deteriorated in some important areas. Managerial oversight had slipped and the use of force committee had not met for at least four months. Although data about the use of force were collated each month and some evaluation was carried out by senior managers, we saw little to indicate that it was being used to inform a strategy to reduce numbers or deal with patterns or trends.
- I.50** We also found that important use of force paperwork had not been processed properly. Too much was incomplete and written accounts from officers and accident reports from health services staff were often missing. However, the completed documentation we examined was reasonably good and helped to assure us that spontaneous incidents were usually managed appropriately and that the minimum force had been used for short periods. We also saw examples where de-escalation techniques had been used to particularly good effect.
- I.51** Batons had been drawn on eight occasions in the previous six months but investigations by senior managers gave assurance that these actions had been appropriate in the

circumstances. Special accommodation had been used on four occasions, for short periods, in the previous six months, and we were also satisfied that this had been justified.

## Recommendation

- 1.52 Oversight of use of force should be improved to ensure that documentation is completed, force is used appropriately and as a last resort, and that information about trends and patterns is used strategically to help to reduce the use of force.**

## Segregation

- 1.53** The segregation unit had closed for repair and refurbishment following an incident in August 2016, when all of the cells had been severely damaged by prisoners. A temporary unit had been opened on a discrete spur on the ground floor of house block 2. This unit was regularly unstaffed, and cell call bells were responded to by house block 2 staff.
- 1.54** Living conditions on the temporary segregation unit were unacceptably poor. The communal landings were dirty, the flooring was broken and the walls were stained. About half of the available cells were unfit for use due to serious damage caused by prisoners. Most had been out of use for more than a month at the time of the inspection, due to delays in carrying out basic repairs. Many of the occupied cells were dirty and in a poor state of repair. In a few cells, paint was flaking on the ceilings, plaster was falling from the walls and graffiti was scratched into plastic windows. The communal showers were in a very poor state; the lights were not working, the showers were broken and the room was filthy. The single exercise yard was too small and stark. This environment, combined with an absence of staff, left the unit feeling abandoned and desperate.
- 1.55** According to the prison's records, segregation had been used in 61 cases in the previous six months (about 9.5 cases per 100 of the population). Although this was lower than we usually find, the data did not include the large number of prisoners who had self-isolated and were segregated on the residential house blocks (see also paragraph 1.16).
- 1.56** Segregation was used almost exclusively to accommodate prisoners who refused to be located elsewhere in the prison. Most were seeking sanctuary because of debt, bullying or other fears for their safety. At the time of the inspection, five prisoners were in segregation, four of whom were being held under Rule 45 for good order and one as a punishment. They had all refused to return to the main prison.
- 1.57** Prisoners were routinely strip-searched on arrival in segregation (see recommendation 1.38). The regime on the unit was poor; at most, prisoners could receive a shower, 30 minutes of exercise and a telephone call at some point during the day. Isolation was made worse by the fact that prisoners, regardless of the reason for their segregation, could not access in-cell education or the gym. They did not have televisions for distraction and some were without radios. Although segregation reviews happened on time, there was limited reintegration planning, with no specific multidisciplinary approach to identifying and addressing reasons for segregation and managing prisoners back to normal location (see main recommendation S50).
- 1.58** Monthly segregation management meetings were usually well attended and information about the extent of segregation use and prisoners' length of stay were analysed. However, there was little evidence that these meetings had much impact on raising operating standards or improving living conditions for segregated prisoners.

## Recommendation

**I.59 Living conditions in the segregation unit should be improved.**

## 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.60** Clinical substance misuse services were delivered by Care UK. The psychosocial services, which were integrated with mental health services, were delivered by the South Staffordshire and Shropshire Foundation Trust, operating under the name of Inclusion and locally known as the drug and alcohol recovery service.
- I.61** An up-to-date drug and alcohol strategy was in place but no recent needs analysis had been conducted.
- I.62** The psychosocial service was in the midst of considerable change following recommissioning and a change of provider. In the previous month, all group work had been cancelled and the number of drug workers had dropped from seven to three. Many prisoners had had no access to one-to-one sessions during this time. This reduction in delivery was reflected in our survey, in which fewer prisoners than at comparator prisons said that they had received support and that the support they had received had been helpful. Nevertheless, when prisoners could see a worker, some told us that they were well supported. Self-management and recovery training (SMART) and Alcoholics Anonymous mutual aid groups were still available but there was only one peer supporter.
- I.63** Prisoners arriving at the prison with opiate substitution needs were stabilised as they had all been transferred from other establishments. In all, 67 prisoners were receiving opiate substitution. A relatively large percentage of these (65%) were on maintenance doses. The fact that the prison was generally unsafe and had high levels of drug availability, with reduced access to psychosocial support, were good reasons to maintain some prisoners who were vulnerable and not ready to reduce. Severe and enduring mental health problems were also taken into consideration, and these prisoners were also, appropriately, kept on maintenance doses.
- I.64** Although an officer was detailed to supervise the daily administration of controlled drugs, we observed varying levels of supervision because the officer had to leave the queue unattended to collect some prisoners and return others to their cells. It was not always possible to maintain confidentiality owing to crowding around the medication hatch, even with an officer present (see also paragraph 2.67 and recommendation 2.71).

## Recommendations

- I.65 The drug and alcohol health needs assessment should include clear recommendations to develop future services.** (Repeated recommendation I.85)
- I.66 The psychosocial team should be sufficiently well staffed to ensure the consistent delivery of group work and one-to-one interventions.**



## 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 There were seven residential house blocks. House blocks 1–4 were dark and gloomy, whereas newer house blocks 5, 6 and 7 were newer, lighter and brighter.
- 2.2 Much of the accommodation was old and shabby. On house blocks 1–4, some communal corridors and landings were reasonably clean but many areas were dirty, particularly on the lower landings and in association rooms. Walls were stained and flooring in many areas was cracked and broken. There were signs of mould in communal dining areas. Some showers were filthy and many were not working and in a decrepit state of repair. Many cells were dirty, poorly ventilated, in need of decoration and lacked basic equipment. Glass in observation panels were cracked and many security grills on cell windows were broken. Graffiti was prevalent in many cells and the published offensive display policy was not being enforced. Some cells on these house blocks had been severely damaged by prisoners, were unfit for use and had not been used as accommodation for several months. House block 5 was cleaner but still contained many cells that were dirty, poorly ventilated and lacked basic equipment. The showers on the second floor of this block were dirty (see main recommendation S52). Many of these failings were as a result of a poorly performing national facilities management contract.
- 2.3 Conditions on house blocks 6 and 7 (the accommodation used mainly for enhanced and older prisoners) were good. Communal areas there were clean and well maintained, and cells were clean and usually well furnished.
- 2.4 Prisoners expressed frustration about their inability to obtain basic amenities. Many cells on house blocks 1–5 were not equipped with televisions or kettles and, although there were reasonable supplies of personal toiletries, prisoners told us that there was a shortage of cleaning materials. In our survey, only 40% (against a comparator of 65%) of respondents said that it was easy to get cleaning materials.
- 2.5 Although there was evidence that enough clean clothing was sent from the central prison store to residential house blocks, prisoners and staff, particularly on house blocks 1–5, said that not all prisoners were able to get an adequate supply. We were also told that prisoners had difficulty in getting clean sheets and towels, despite ample supplies being delivered from the central stores. In our survey, only 58% of prisoners (against the 70% comparator) said that they could receive sheets every week and 42% (against the 67% comparator) said that they were offered enough suitable clothing.
- 2.6 We were not assured that cell call bells were always answered promptly. On house blocks 1–5, we observed many call bells going unanswered for too long, more than 10 minutes in some cases. In our survey, only 24% of prisoners said that their cell call bell was normally answered within five minutes.
- 2.7 The management of the general applications system was largely ineffective and its implementation across the prison was disorganised, with no reliable way of checking the timeliness of responses or whether they had been dealt with at all. In our survey, only 42%

of respondents said that applications were dealt with fairly and 32% that they were dealt with quickly.

- 2.8** Access to telephones was reasonably good and prisoners could make a call every day. Arrangements for sending and receiving mail were good.

## Recommendations

- 2.9** Prisoners should be able to access basic essentials such as adequate clean clothing, bedding, kettles, cell furniture and televisions.
- 2.10** Cell bells should be answered within five minutes.
- 2.11** The application system should be managed effectively and prisoners should be able to have their applications dealt with quickly and fairly.

## 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.**

- 2.12** In our survey, prisoners were more negative than at similar prisons about relationships with staff, and reported relatively high levels of victimisation. Although we observed respectful relationships around the prison, and examples of staff engaging positively with prisoners, we also saw some poor interactions, particularly on the residential house blocks. Too many officers expressed low expectations of prisoners, appeared disinterested in their personal circumstances and spoke of them in dismissive terms. Prisoners consistently reported frustration about not being able to get things done, obtain information or receive help, even with simple matters. There was a clear tension among prisoners, caused by poor access to basic amenities, a lack of communication from staff and difficulties in having simple requests dealt with quickly by staff (see also paragraph 2.7 and section on time out of cell).
- 2.13** We saw prisoners returning from work being refused entry to their house block; staff told us that this was because of a shortage of officers on the house block. As a consequence, prisoners were left in the corridor without supervision or the means to enter the unit. Many prison officers told us that they were overworked because of staff shortages, and often too busy to deal with prisoners effectively. Some said that they felt under-supported by senior managers and unsafe on their residential units because of the lack of experienced officers.
- 2.14** There was often insufficient supervision by residential officers, and inappropriate conduct by prisoners was not always challenged appropriately, or at all. For example, during the inspection about 30 prisoners refused to be locked up following evening association. Although they agreed to return to their cells a short while later, no subsequent action was taken. Prisoners were not charged under breach of prison rules; the incentives and earned privileges scheme was not used; and we saw little to show that any motivating causes for this action had been identified or dealt with (also see paragraph 1.42).
- 2.15** We saw no evidence that the personal officer scheme was working effectively. In our survey, only 34% of respondents said that they knew who their personal officer was and only 53% of these thought that they were helpful.



- 2.16** Consultation with prisoners had stalled recently, and meetings between managers and prisoner representatives, previously held monthly, had been cancelled since August 2016. Many prisoners we spoke to complained about the lack of communication between them and managers (see also paragraph 2.7).

## Recommendation

- 2.17** **Prison officers should consistently challenge and report inappropriate conduct.**

## 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

- 2.18** The strategic management of equality and diversity had deteriorated significantly. The governor chaired a bimonthly equality meeting but equality monitoring was irregular and inadequate. The prison was obliged to use nationally provided data which was months out of date, which reduced its worth. In addition, these data were not interrogated thoroughly, to understand whether particular minority groups were being disadvantaged, even when anomalies suggested potential discrimination. Monitoring did not lead to clearly identifiable actions.
- 2.19** Overall, action to address inequality was weak. There was no current equality action plan and there was a year-long backlog of equality impact assessments. Responsibility for equality and diversity sat with the safer custody team, which was unable to devote sufficient time to it. The local equality policy had recently been updated, but included outdated job descriptions and still did not detail provision for each protected characteristic. The prison had recently conducted an equality survey among prisoners, getting a 10% response rate, but they had not fully explored the findings, to identify areas of concern.
- 2.20** There had been only 11 incidents of discrimination reported in the previous six months, which was much lower than at comparator prisons and than at the time of the previous inspection. One explanation was that discrimination incident report forms were not freely available on the house blocks and prisoners had to request them, which was potentially a significant disincentive for reporting such incidents. Investigations of recent incidents had been good and timely.
- 2.21** Responsibility for each protected characteristic was shared among prison managers. There were also prisoner representatives for most minority groups, and they mostly provided useful support, although none had been trained. Consultation arrangements with minority groups were inconsistent. Some had regular meetings with staff but for others, consultation

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

was still developing and some had no forum. Community links were weak, with few outside organisations visiting or providing advice and support.

## Recommendations

- 2.22 Establishments should be provided with timely and relevant equality monitoring data.**
- 2.23 Monitoring data should be routinely interrogated, to determine if any minority groups are being disadvantaged, and remedial action taken where necessary.**
- 2.24 The prison should have an equality policy which is specific to the population at Featherstone, including arrangements for the monitoring of equality against all protected characteristics and detailing the provision for prisoners from each minority group. (Repeated recommendation 2.27)**
- 2.25 Discrimination incident report forms should be freely available on all house blocks.**
- 2.26 Managers should develop links with community organisations to provide support and advice for each protected characteristic.**

## Protected characteristics

- 2.27** Black and minority ethnic prisoners made up 30% of the population. In our survey, they mostly reported similarly to white prisoners, although more said that they had been victimised by staff (43% versus 32%). Consultation with, and representation for, these prisoners was not embedded. The prisoner representative was still new in post and, while the need for a forum had been identified for some time, there had been only one informal meeting so far. There was no involvement with community organisations (see recommendation 2.26).
- 2.28** In our survey, 5% of respondents said that they were from the Gypsy/Romany/Traveller community but the prison's recorded figure was a tenth of this, suggesting significant under-reporting. There was reasonable support for these men, including a monthly meeting in the chaplaincy. A prisoner representative for this group had been identified but was not yet in post.
- 2.29** Foreign national prisoners made up 14% of the population. Those we spoke to were mostly positive about their experiences at the establishment but support for the few non-English-speaking prisoners was inadequate. With the exception of health care staff, none of the prison staff had used professional telephone interpreting services in the previous six months, relying instead on other prisoners to assist with communication. This potentially left non-English speakers feeling isolated and meant that they were unable to disclose confidential information. There was a foreign national prisoner representative, and the managing chaplain provided good support through a monthly meeting and a weekly drop-in session for these prisoners, but there was no independent immigration advice available within the prison.
- 2.30** In our survey, 18% of the population identified as Muslim. They reported similarly to other prisoners, although far more said that they currently felt unsafe (50% versus 35%). However, those we spoke to did not report any significant concerns about discrimination and we found no evidence to suggest that this group was disadvantaged.

- 2.31** The prison had recorded 133 prisoners with disabilities, which was in line with our survey results. In our survey, far more of these prisoners than those without a disability said that they currently felt unsafe (52% versus 33%). Provision for this group was inconsistent. There was a prisoner representative, and support for those with learning disabilities was excellent. Only one prisoner had been identified as needing a wheelchair, and he told us that he had received good support. However, there were no consultation arrangements for prisoners with disabilities. Emergency evacuation plans were poorly managed. Night staff we spoke to were unable to locate these plans and did not always understand their significance. There were two outstanding evacuation plans, which meant that these men might not have been safe in an emergency.
- 2.32** Eight per cent of prisoners were aged over 50. These prisoners had good representation and a regular informal meeting in the chaplaincy. They had a dedicated weekly gym session but some outdoor activities, which they had greatly valued, had recently been stopped and there were no links to any support organisations (see recommendation 2.26).
- 2.33** The prison had identified five gay or bisexual prisoners, which was in line with our survey results. There was poor provision for these men, with no current prisoner representation or consultation arrangements and no community links with any support organisations (see recommendation 2.26). There were no transgender prisoners held during the inspection but managers had drafted a detailed policy for this group.

## Recommendations

- 2.34** **There should be effective consultation arrangements for all minority groups.**  
(Repeated recommendation 2.28)
- 2.35** **Staff should use the professional telephone interpreting service to communicate with non-English speakers whenever confidentiality is required.**
- 2.36** **Independent immigration advice should be available within the prison.**
- 2.37** **Personal emergency evacuation plans should be up to date and clearly located in each house block office, and staff should be regularly reminded of their importance.**

## 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.**

- 2.38** In our survey, prisoners were more negative about chaplaincy services than at comparator prisons and than at the time of the previous inspection. However, we found faith facilities to be adequate. There was good provision for all major faiths, and consistent attendance at services, despite recent restrictions on the regime. About two-thirds of Muslim prisoners attended Friday prayers. There had previously been a lack of space for them in the multi-faith room but the subsequent arrival of a second Muslim chaplain meant that two services could be held simultaneously whenever attendance was high.
- 2.39** The chaplaincy played an active role in prison life, hosting a range of meetings, including some for minority groups such as older prisoners and men from the

Gypsy/Romany/Traveller community. The managing chaplain attended all high-level prison meetings and also had responsibility for, and considerable involvement with, the large foreign national population. The chaplaincy offered a well-used general counselling service, run by volunteers, and a range of faith study groups, but did not offer any interventions or programmes. A chaplain visited prisoners held in segregation or subject to assessment, care in custody and teamwork (ACCT) case management monitoring daily.

- 2.40** Given the prison's resettlement function, too little was done to help prisoners to build links and resettle in their faith communities on release. Chaplaincy staff met prisoners who were close to discharge but were not proactive enough in involving or inviting in community faith groups.

## Recommendation

- 2.41** **The chaplaincy should have a clear strategy for resettling prisoners in their faith communities, including stronger ties with community faith leaders and arrangements for support on release.**

## Complaints

### Expected outcomes:

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

- 2.42** A total of 1,101 complaints had been submitted in the previous six months (171 per 100 of the population), which was much higher than we usually see. Quality assurance processes were in place and some complaints were discussed at senior management team meetings. A sample of about 20% responses was checked each month by senior managers. We found that, although the quality of most replies was good, a small but significant number were superficial and did not demonstrate sufficient investigation.
- 2.43** We were not assured that complaints about staff were always dealt with properly and there were examples of a few that did not reflect a full investigation of the evidence. We also saw replies that promised a full investigation of a complaint but there was little evidence that this had been followed through. Few prisoners had confidence in the complaints system. In our survey, only about a quarter of respondents said that it operated fairly or quickly.

## Recommendation

- 2.44** **Complaints, particularly those against staff, should be fully investigated.**

## 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.**

- 2.45** Legal services provision had deteriorated and was inadequate. As a result of a national decision, there was no longer a dedicated legal services officer. Instead, there was only

limited support available from the offender management unit. In our survey, prisoners reported more negatively about legal services than at comparator prisons and than at the time of the previous inspection.

- 2.46** The design of the visits area made it impossible to have a private legal visit, which was a serious deficiency. Rather than opening legal correspondence in front of a prisoner, managers had decided to put these letters aside for a sniffer dog to check for drugs. However, the dog handler's visits were sometimes a week apart, so prisoners could wait up to seven days before receiving their legal correspondence.

## Recommendations

- 2.47** Prisoners should be able to have a private legal visit.
- 2.48** Prisoners should be given their legal correspondence without a delay.

## 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.**

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

## Governance arrangements

- 2.50** NHS England (Health and Justice North Midlands) had commissioned Care UK to provide health services since April 2016. Care UK subcontracted several services but maintained primary responsibility for the provision. A current health needs assessment informed service delivery. Joint working between the providers, commissioners and prison was good. Regular, reasonably well-attended joint governance and strategic meetings addressed all essential areas. Learning from adverse incidents, audits and complaints informed service improvement. Feedback from patient satisfaction questionnaires was analysed regularly and a patient forum had held its first meeting in October 2016.
- 2.51** The clinical nurse manager provided effective leadership. Ongoing significant staffing shortages in all health teams had adversely affected service development, including nurse-led clinics for life-long conditions. However, the adverse impact was mitigated by strong team working and the use of regular agency staff. Delegation was appropriate and staff worked within their competence. Care UK had initially struggled to obtain regular sessional GP cover, which had created excessive waiting times and some inconsistency in care, but this

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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>.

was improving. Health services staff were on site daily during the core day and GPs provided daily weekday clinics.

- 2.52** Daily meetings, attended by all health teams, supported effective communication. The health interactions we observed were good. Some staff were not in date with the Care UK mandatory training and some did not have current appraisals, although this was being addressed. Access to other development opportunities had improved. Recorded supervision had started in September 2016. Health services staff had access to relevant current health policies.
- 2.53** The main health care department and waiting room were clean and bright, although the house block-based treatment rooms were not adequately cleaned. Regular infection control audits were completed. Insufficient rooms sometimes restricted clinic provision but the prison was providing extra rooms.
- 2.54** Appropriate emergency equipment was held in clinical areas, although we found some expired emergency drugs, despite daily checks; this was addressed during the inspection. Health services staff reported that medical emergencies relating to new psychoactive substances (NPS; new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects) were regular but episodic; however, we were not assured that all these instances were recorded systematically to inform drug supply reduction (see section on security and main recommendation S51). Appropriately maintained defibrillators were located throughout the establishment but not all prison officers we spoke to knew where they were. Ambulances were called promptly for medical emergencies.
- 2.55** Prisoners could access written information about the available health services throughout the prison. Professional telephone interpreting services were used when required. Prisoners knew how to complain through the confidential health care complaints system. Those who submitted a complaint had a prompt interview with a senior team member, to attempt to resolve the issue quickly; if they were dissatisfied with the outcome, the complaint was escalated appropriately.
- 2.56** A Care UK regional health promotion lead chaired the health promotion action group. The annual prisoner health fair, held during the inspection, increased prisoner awareness of available in-house and community services effectively. The prisoner peer health trainer programme had temporarily reduced while new applicants were being trained but remained an excellent initiative. Access to immunisations, blood-borne virus testing and smoking cessation services was very good. Barrier protection was available from health services staff but was poorly advertised. Older prisoners could access relevant community health screening services.
- 2.57** Prisoners with social care needs could access appropriate services, although the demand was very low. Access to mobility aids and adaptations was satisfactory.

## Recommendation

- 2.58** **Health services staff should be in date with all mandatory training, receive regular recorded supervision and have a current performance appraisal.**

## Delivery of care (physical health)

- 2.59** New arrivals received a comprehensive health screen and appropriate referrals in reception from either a competent associate practitioner or nurse. The consultations we observed were good.
- 2.60** Prisoners requested services by written application, which were collected daily by health services staff. An appropriate range of services was provided. Waiting times for routine GP appointments had improved but remained too long, at two to three weeks. Same day nurse or GP appointments were available for acute issues. Waiting times for other services were adequate, with effective prioritisation based on clinical need. Non-attendance rates were monitored and appropriate remedial action was taken. The community out-of-hours GP service accessed SystmOne (electronic clinical records) remotely, which improved the continuity of care.
- 2.61** An agency nurse with appropriate experience provided two life-long condition clinics a month, which was insufficient to meet the need; however, patients were prioritised based on clinical need, and additional resources were being allocated. SystmOne records were mostly satisfactory but not all the care we saw provided was recorded, and care planning was weak for those with complex needs.
- 2.62** Prisoners were referred promptly for secondary health services but too many experienced long delays in accessing appointments. The two available escorts slots provided daily for external hospital appointments did not meet the high demand, and the booking system with the local hospital did not utilise the available resource effectively. In addition, routine appointments were cancelled regularly to accommodate emergencies. The introduction of visiting X-ray and ultrasound clinics, and, to a lesser extent, Telehealth, had reduced the demand for external escorts. Systems to monitor appointments were robust.

## Recommendations

- 2.63** Prisoners should be able to access routine GP appointments within two weeks.
- 2.64** Clinical records should accurately reflect all the care given and prisoners with complex health needs should have comprehensive care plans.
- 2.65** Prisoners who require secondary health services should be seen within community-equivalent waiting times.

## Pharmacy

- 2.66** Lloyds pharmacy supplied medicines promptly, on a named-patient basis, although prisoners told us about, and we observed, some instances when they did not receive their medication on time. Errors, alerts, key security and refrigerator temperatures were managed appropriately. Standard operating procedures were appropriate but there was no recorded evidence that staff had read them. The storage of medicines was well organised and secure. Controlled drugs were mainly managed well, although the records and storage/destruction of patient-returned controlled drugs were poorly managed. Visiting pharmacy staff completed weekly audits and checks, and a pharmacist provided fortnightly clinics.
- 2.67** Opiate substitution treatment was administered from a dedicated treatment room, and other controlled drugs from the health care department. All other medicines were administered twice daily from dispensing rooms on the house blocks, although these opened

onto thoroughfares, which restricted confidentiality. Poor officer supervision of medication queues meant that prisoners crowded around the treatment hatch, which created opportunities for diversion and bullying, and further reduced confidentiality. We observed gaps in drug administration records and we were not assured that prisoners who missed doses were followed up systematically.

- 2.68** Around 60% of medicines were supplied in-possession. Some highly tradable medicines were appropriately administered only as supervised doses. Most (95%) patients had an in-possession risk assessment but they were not reviewed regularly or when new medicines were added.
- 2.69** Health services staff could administer an appropriate range of medicines without a prescription, although often prisoners were either given a single dose or were booked for nurse assessment before administration. Health services staff could access an appropriate range of medicines out of hours but there was no clear audit trail of usage.
- 2.70** Most pertinent issues were discussed at the regular medicines and therapeutics meeting, except for prescribing data, which meant that the committee could not be assured that prescribing was appropriate.

## Recommendations

- 2.71** **Prison officers should consistently monitor and manage medication administration queues, to reduce the opportunities for bullying and diversion and maintain patient confidentiality.**
- 2.72** **Prisoners who do not attend for prescribed medication should be followed up systematically.**
- 2.73** **Prisoners should receive in-possession medication following a consistent recorded risk assessment that is regularly reviewed.**
- 2.74** **There should be effective oversight of prescribing trends to ensure appropriate prescribing.**

## Dentistry

- 2.75** NHS England (Health and Justice North Midlands) commissioned a community dentist to provide an NHS-equivalent range of dental services. Up to two dental sessions a week had been held, depending on patient need. However, in October 2016, a broken dental chair had resulted in all sessions being cancelled. The required replacement parts were expected in mid-November. At the time of the inspection, emergency antibiotics and pain relief were provided by primary health services, with 110 patients waiting up to six weeks for a routine dental appointment. Extra dental sessions were planned, to address the backlog of patients, once the dental chair had been repaired.
- 2.76** There was good provision of oral health advice and information. Dental records contained detailed patient treatment plans. The dental facility was of a good size, clean and had a separate decontamination area room. However, it did not fully meet infection control standards owing to some non-compliant fixtures and fittings. All equipment was maintained appropriately.



## Delivery of care (mental health)

- 2.77** South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) provided integrated mental health and psychosocial substance misuse services. Prisoners were referred through the open referral system. All referrals were reviewed daily at the joint mental health and recovery practitioner allocation meeting, and prisoners were assigned either a named mental health nurse or a recovery practitioner. The Threshold Assessment Grid was used to prioritise clinical need. In our survey, the percentage of patients saying that they had mental health problems was in line the comparator but higher than at the time of the previous inspection (38% versus 28%).
- 2.78** Mental health services were provided from Monday to Friday, between 9am and 5pm. Staffing shortages restricted service provision, although the limited care provided was mostly good. Prisoners did not have access to the full range of mental health services, including regular one-to-one support and group work, although recruitment for a psychologist was under way. The team prioritised patients with severe and enduring mental health needs and those in crisis, including those on ACCTs, which meant those with mild-to-moderate needs were not seen sufficiently often.
- 2.79** At the time of the inspection, the team was supporting 74 prisoners with varied mental health needs. Fourteen of these had severe mental health issues and needed management under the care programme approach (CPA); however, this was not happening effectively as the team did not have access to their CPA care records and the dates of some reviews were unknown.
- 2.80** Mental health staff and recovery practitioners did not receive regular management supervision, and they were not up to date with mandatory training. Assessments were recorded on SystemOne but interventions were not always recorded in a timely way and care planning was underdeveloped (see Appendix III).
- 2.81** There was good joint working and communication between the SSSFT team, primary care staff and prison staff. There was no ongoing programme of mental health awareness training for officers, to help them to identify and support prisoners with mental health problems.
- 2.82** There had been two transfers to secure mental health units in the community in the previous six months, and both had taken longer than the transfer guideline of 14 days, mainly because of external factors, including bed availability.

## Recommendations

- 2.83** **The integrated mental health and substance misuse team should be sufficiently staffed to meet patients' mental health needs. All staff should have access to regular structured managerial supervision and undertake mandatory training to support their role.**
- 2.84** **All discipline officers should receive mental health awareness training, to enable them to recognise and support prisoners with mental health problems.**
- 2.85** **Patients requiring a transfer under the Mental Health Act should be assessed promptly and transferred within the current transfer guidelines.**

## 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.**

- 2.86** The kitchen was worn and grubby, with lots of broken equipment. Areas under refrigerators and ovens were dirty, and the flooring throughout the kitchen was in a poor state of repair.
- 2.87** Serveries on the house blocks and nearly all food trolleys were filthy. Servery workers on the house blocks did not wear protective clothing and there was poor supervision by staff.
- 2.88** Lunch and dinner were selected from a four-week rolling menu that offered a reasonable variety of healthy options, but meals were served too early. Although prisoners could eat their meals together in large association rooms, many of the tables and chairs provided were damaged or broken.
- 2.89** Although we found the food we sampled to be reasonably good, it was unpopular with many prisoners. In our survey, only 23% of respondents said that the quality of the food provided was good. There were food comments books on each house block and prisoners were surveyed twice a year. The catering manager attended meetings with prisoner representatives and there was evidence that their views were taken seriously and their suggestions acted on.

### Recommendations

- 2.90** The kitchen should be clean and in a good state of repair.
- 2.91** House block serveries and food trolleys should be clean and well maintained, and servery workers should wear appropriate protective clothing.

## Purchases

### Expected outcomes:

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

- 2.92** In our survey, far fewer prisoners than at comparator prisons and than at the time of the previous inspection said that there was a wide enough range of goods available from the prison shop to meet their needs (31% versus 48% and 44%, respectively). Black and minority ethnic prisoners reported particularly negatively, and there had not been sufficient consultation to determine the needs or concerns of these prisoners. The shop list was reviewed quarterly but consultation arrangements were too informal and did not yet involve the recently appointed black and minority ethnic prisoner representative.
- 2.93** New arrivals could wait up to two weeks for their first shop order, which was too long. This delay was compounded by the decision not to make reception packs (grocery packs which usually contain basic food and drink items such as tea, milk, sugar and sweets or tobacco) available in reception (see also paragraph 1.6 and recommendation 1.12).

- 2.94** Prisoners could order from a range of catalogues. There was a nationally imposed administration fee for orders but delivery costs were only imposed if the supplier charged, and were spread fairly among prisoners.

### **Recommendations**

- 2.95** Consultation arrangements to update the prison shop list should be formalised and include prisoner representatives from each protected characteristic.
- 2.96** Prisoners should not have to pay a catalogue administration fee. (Repeated recommendation 2.125)



## 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** Staffing shortages had reduced the prison's ability to deliver a full and decent category C regime. A temporary regime had been in place for around three months. While this afforded a level of predictability, it did not provide sufficient opportunity for association or, for some, the opportunity to contact families or shower daily. Exercise provision was inadequate and only available to most on one day during the working week. Many prisoners were locked up for the day by 5.30pm, which was too early.
- 3.2** The amount of time unlocked for the relatively small number of prisoners on house blocks 6 and 7 was good, at around 12 hours a day. However, for the remainder of the population it was less. Those in full-time employment could be unlocked for around eight and a half hours a day during the week. Those who were unemployed, retired or not required for work were only out of their cells for around two hours a day. Weekend unlock periods had also been reduced, and prisoners could expect to be out of their cells for no more than five hours a day. Our roll checks showed that 26% of prisoners were locked up during the working day, which was twice that found at the time of the previous inspection.

#### Recommendations

- 3.3** The prison should operate a full category C regime, with daily association and unlock of at least 10 hours a day.
- 3.4** Daily exercise periods of at least one hour should be available to all prisoners.

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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.**

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

### Management of learning and skills and work

- 3.6** The strategic leadership of learning and skills and work required improvement. Senior managers had recently introduced a number of useful strategies to improve the range of the provision. They had worked hard to identify sources of funding and willing external partners, in order to introduce a wider range of vocational qualifications, but there was too little focus on improving employability through training (see recommendation 3.14).
- 3.7** Senior managers were unsuccessful in ensuring that prisoners attended their planned activities. While attendance for the small number of prisoners who were in education classes had recently improved and was good, in workshops it remained low. Overall, around 30% of prisoners failed to attend their activity or had other activities interrupting work and education sessions (see main recommendation S53).
- 3.8** The operational management of the education and training provided by Milton Keynes College was good. The education manager had applied performance management procedures effectively. The results of observations of teaching, learning and assessment were used well to support staff training and development, and maintain the good quality of the provision.
- 3.9** The most recent self-assessment report was reasonably accurate but did not give sufficient weight to the impact of low attendance rates at work.

<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>.

## Provision of activities

- 3.10** The prison provided 631 activity places, almost all full time, which was sufficient for all prisoners to engage in purposeful activities, although too many failed to attend (see above). Prisoners were allocated efficiently to activities that reflected their skills action plans. However, these plans focused on the activities available within the prison rather than the development of skills which supported future employability. Most prisoners were engaged in work in prison workshops, without accredited training.
- 3.11** The range of education courses was narrow; it met the needs of many prisoners but not 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 business venture. A discrete employability course was offered periodically.
- 3.12** The range of accredited vocational training had increased, and included performing manufacturing operations, landscaping, painting and decorating, carpentry and joinery, tiling, motor mechanics, and motorcycle maintenance, with a growing number of courses at level 2. However, only 27% of prisoners were receiving accredited training at the time of the inspection. Prison managers had recognised this and planned to introduce new work-based courses, including welding and graphic design, before the end of 2016. Thirty-three learners were undertaking a range of Open University (OU) and other distance learning courses.
- 3.13** Work was available in textiles, engineering, printing, general assembly, kitchens, recycling, cleaning and stores. The large prison workshops provided a realistic working environment and employed over 200 prisoners. Some work on the house blocks and workshop jobs did not offer enough work to fill the working day. A small number of prisoners, working as mentors, had achieved a level 3 teaching qualification funded through the National Careers Service.

## Recommendations

- 3.14 Senior managers should introduce a greater number and range of employability-related courses, better to meet the resettlement needs of the population.**
- 3.15 The number of vocational training opportunities should be increased across all work areas.**
- 3.16 Senior managers should further extend education and training provision to include higher-level learning and a greater range of subjects, better 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 in education and vocational training was good. Induction and initial assessment were effective and ensured that prisoners were promptly placed on an appropriate learning, skills and work activity. Teachers made good use of the outcomes of initial assessments to plan group learning in education classes, but instructors in work areas did not use this information sufficiently well to plan work activities.
- 3.18** Trainers on vocational courses had high expectations for prisoners, especially in painting and decorating. They ensured that prisoners worked to good standards and produced work of a

high quality. Learning logs were used well by trainers to reinforce learning and help learners to recognise the progress they were making.

- 3.19** Additional learning support arrangements were excellent and, as a consequence, learners receiving additional support, including those with disabilities (see also paragraph 2.31), achieved very well. College staff carried out a detailed assessment of learners' specific barriers to learning and took prompt action to ensure that those who needed extra help received it. Teachers and trainers directed well-qualified prisoner peer mentors effectively to provide support for learners who needed it. Specialist teachers visited learners in workshops twice a week to provide useful one-to-one English and mathematics support. Outstanding support was provided for OU/distance learning.
- 3.20** Target setting and the monitoring of learners' progress were good in education classes. Teachers kept detailed records of individuals' progress against learning targets. As a result, learners progressed quickly in their studies.
- 3.21** In education classes, teachers corrected errors routinely and regularly emphasised the importance of accurate English and mathematics in the workplace. In work areas, instructors did not guide prisoners sufficiently on the use of English and mathematics, or set targets to improve their personal skills, in order to improve their employability.
- 3.22** Most vocational training workshops were well equipped, particularly the print and the motor vehicle workshops, although some of the equipment in the engineering workshop was old and unserviceable. Some engineering instructors required technical updating on the operation of their equipment.

## Recommendations

- 3.23** **Teachers should ensure that they use the results of initial assessment well to deliver teaching and assessment that meets the needs of all learners, including those with high levels of prior attainment.**
- 3.24** **Instructors in all work areas should provide detailed feedback to prisoners, to help them to develop useful employability and personal skills, including English and mathematics.**
- 3.25** **All instructors should be qualified in the technical aspects of the work that they oversee.**

## Personal development and behaviour

- 3.26** Prisoners' personal development and behaviour required improvement. Those in work and vocational training developed useful employment skills. However, low attendance rates and frequent interruptions (see paragraph 3.7 and main recommendation S53) interrupted progress and inhibited the development of a good work ethic.
- 3.27** Prisoners worked well in most areas. The behaviour of most of those in training and education was good. They were respectful to each other and to their supervisors.
- 3.28** Prisoners working towards vocational qualifications were keen to learn new skills and took pride in their achievements – for example, when accurately cutting tiles to fit an irregular floor area, or rewiring the electrics on a motorcycle.



- 3.29** Learners in vocational training developed useful work-related English and mathematical skills. Many prisoners enjoyed their work but few believed that it had relevance for their future career prospects.
- 3.30** Trainers, assessors and instructors paid good attention to health and safety.

### Education and vocational achievements

- 3.31** Educational and vocational achievements were good. Success rates on almost all education and vocational training courses were very high. There were no identified gaps in achievement between different groups of learners. Prisoners with learning difficulties, or disabilities, succeeded at least as well as their peers.
- 3.32** Achievement rates on functional skill English and mathematics courses at entry level had improved in recent months, although success rates on English courses at level 1 and mathematics courses at levels 1 and 2 required further improvement. Education learners made good progress from entry level to level 1 courses but few had progressed from level 1 to level 2 courses.
- 3.33** Learners 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.
- 3.34** Most prisoners in workshops worked well to meet production deadlines and gained a good understanding of safe working practices.

### Recommendation

- 3.35** **Senior managers should take immediate action to drive up success rates on courses in English at level 1 and mathematics at levels 1 and 2.**

### Library

- 3.36** Staffordshire County Council provided the prison's library service. One librarian had day-to-day responsibility for the running of the library, supported by seven prisoner orderlies.
- 3.37** The library was well stocked to meet the needs of the prison population. There was an adequate supply of resources and printed materials, and the rate of book loss was low.
- 3.38** Library staff actively promoted the development of prisoners' reading skills through participation in the Reading Plan initiative, the 'Six-Book Challenge' (an initiative inviting individuals to select six books and record their reading in a diary), Storybook Dads (in which prisoners record stories for their children; see paragraph 4.53) and by inviting a wide range of external inspirational speakers to attend the prison. They also supported the 'Me and my Dad' programme activities, to help prisoners to maintain contact with their families.
- 3.39** Planned access to the library was good and a large proportion of prisoners were registered users. However, there had been a considerable decline in usage, primarily due to a shortage of prison officers, and the percentage of respondents to our survey who said that they visited the library at least once a week was lower than at comparator establishments. The library was well used during the core day by OU students and current education learners.

- 3.40** Library staff collected data on the number of visits made to the library but did not carry out sufficient analysis of data on which prisoners were using these facilities. As a consequence, library staff could not clearly identify whether particular groups of prisoners were being disadvantaged.

### Recommendations

- 3.41** Prisoners should be able to access the library at least once a week.
- 3.42** Library staff should collect data on library usage, so that they can identify whether 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.**

- 3.43** Prisoners had access to a wide range of facilities, including a sports hall, a dedicated weights room, an artificial pitch and a large grass sports field, but accredited training had been discontinued. The gym induction process was effective, introducing prisoners to the full range of facilities and the safe use of exercise equipment. Close working with health services staff ensured swift reviews of newly arrived prisoners with identified health conditions.
- 3.44** There was a regular, planned programme of recreational PE sessions and activities that promoted the benefits of exercise and healthy lifestyles for prisoners. These activities included specific sessions for prisoners over the age of 50. PE staff made efforts to maintain the regular schedule of fixtures against local sporting teams.
- 3.45** Our survey showed that fewer prisoners than at comparator establishments and than at the time of the previous inspection went to the gym regularly. A number of sessions were cancelled owing to the redeployment of staff. Managers had not completed an analysis of available data to identify whether particular groups of prisoners were being disadvantaged in their participation in activities.
- 3.46** A range of additional fitness equipment had been provided in the house blocks. Prison officers did not monitor or supervise prisoners' safe use of this equipment adequately.

### Recommendations

- 3.47** Managers should analyse available data to monitor participation in activities and take appropriate action to ensure good access by all groups of prisoners.
- 3.48** Staff should monitor and manage the safe use of fitness equipment in the house blocks.

## 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 There was no overarching needs analysis to inform offender management and resettlement provision; an analysis was planned but the scope of this was still being developed. The reducing reoffending action plan was up to date and provided a reasonable overview of the resettlement pathways but it did not place offender management at the centre of the work or emphasise its important role in managing risk of harm to others.
- 4.2 Communication and joint working between the community rehabilitation company (CRC) and the offender management unit (OMU) had improved and was reasonably well established and appropriately focused on the risk of harm to others. Efforts had been made to improve understanding of the importance of offender management among the wider prison staff but the OMU staff we spoke to felt that their purpose and role were still not sufficiently understood by all.
- 4.3 In our survey, only 11% of prisoners (compared with 20% at the time of the previous inspection) said that a member of staff had helped them to prepare for release, and there were some gaps in interventions, particularly those designed to address offending behaviour (see section on attitudes, thinking and behaviour).

#### Recommendations

- 4.4 **Offender management and resettlement provision should be fully informed by a comprehensive and robust analysis of needs, including evidence gathered from an analysis of offender assessment system (OASys) data, and be specific to the different types of prisoner held at the establishment.**
- 4.5 **Offender management should be fully integrated into the reducing reoffending strategy and action plan, in order to ensure that it is at the heart of the work undertaken across the prison.**

### 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.**

- 4.6 Almost three-quarters of the population were serving long sentences and almost half presented a high risk of harm or had committed serious violent offences.

- 4.7** At the time of the inspection, a third of eligible prisoners did not have a current offender assessment system (OASys) assessment or plan. Two issues contributed to this backlog. Over the previous three months, half of all new prisoners had arrived from local prisons without a completed OASys assessment. The prison had worked hard to address this gap but it was having a huge impact on the work of the OMU as a significant amount of time was being spent completing initial assessments which should have been done at other prisons. This reduced the amount of time available for managing caseloads. In addition, too many reviews (117) were overdue and some had not been updated for a couple of years, which had led to some prisoners, particularly those serving long sentences, feeling disengaged and unsure about how they would progress.
- 4.8** The quality of completed OASys assessments was variable. Too many of those prepared by offender supervisors did not have an adequate risk management plan. Offender supervisors were using a template to assist them with these but were not adapting them sufficiently to match the individual risk management needs of the prisoner. Too few sentence plans were outcome focused or up to date.
- 4.9** The model of offender management had been reviewed, to provide uniformed staff with more dedicated offender management time. However, in reality they still experienced cross-deployment to operational duties, which further reduced the amount of time they had to manage their caseload and also led to the last-minute cancellation of planned events such as meetings with prisoners in their care or the completion of OASys assessments (see main recommendation S54).
- 4.10** All prisoners were allocated an offender supervisor, and in our survey 78% of respondents said that they knew they had one. They were seen by OMU staff during their induction and issued with a helpful participation pack, to start them thinking about their sentence plan, and completion of the initial OASys assessment followed within four to eight weeks. In addition, house block-based surgeries promoted access to staff from the OMU. However, ongoing contact between offender supervisors and prisoners on their caseload was poor in too many cases we examined, including high risk of harm cases. Offender supervisors responded to events such as sentence plan meetings, parole report preparation and home detention curfew (HDC) assessments. However, they acknowledged that they struggled to maintain ongoing and meaningful contact with prisoners. Most prisoners we met spoke disparagingly about the frequency of contact with their offender supervisor, and many said that they were left to their own devices and unable to demonstrate progression. In our survey, almost half of the respondents said that no one was helping them to achieve their sentence plan targets, and only 39% that their offender supervisor was helping with this (see main recommendation S54).
- 4.11** The role of the probation officers in the OMU was developing well. They were beginning to manage prisoners serving an indeterminate sentence for public protection (IPP) and some other high-risk prisoners, which was a sensible model. They also provided quality assurance oversight to other offender supervisors as well as supporting them in risk management, which afforded a good opportunity for uniformed staff to develop their skills. The case administrative team was strong and provided valuable support to the offender supervisors.
- 4.12** HDC processes were well managed and most applications were approved. Some prisoners were released after their HDC eligibility date but mainly owing to issues beyond the control of the prison – for example, delays in receiving reports from community-based offender managers and prisoners arriving at the establishment with little time left to serve.

## Recommendations

- 4.13** Initial OASys assessments and sentence plans should be completed at the local prison before transfer.
- 4.14** OASys assessments and sentence plans should be reviewed regularly, and be of a good quality and tailored to the individual prisoner.

## Public protection

- 4.15** Public protection restrictions were managed adequately. The initial screening of new prisoners for public protection issues was satisfactory and the management of contact restrictions was well managed. Visits staff were fully informed about prisoners under child contact restrictions, so that they could monitor this during visit sessions.
- 4.16** The interdepartmental risk management team (IRMT) had an important role in overseeing high risk of harm cases but we were not assured that all relevant cases were discussed during the six months before release. There was also a lack of detailed risk management planning recorded by the IRMT and a lack of ongoing review of actions taken and the outcomes.
- 4.17** In too many cases we looked at, we found poor information exchange with offender managers in the community. While there were some good examples, too many failed to maintain contact, to share relevant information about behaviour in custody; this could have affected how the case was to be managed on release.
- 4.18** Multi-agency public protection arrangements (MAPPAs) management levels were not confirmed well enough ahead of release, potentially limiting the prison's involvement in risk management. There were 25 MAPPA-eligible cases due for release in the three months after the inspection, and most had been assessed as presenting a high or very high risk of harm to others. Despite attempts by the OMU, half of these cases did not have a clear MAPPA management level confirmed by the National Probation Service, which indicated a lack of information exchange with the prison.

## Recommendations

- 4.19** All high risk of harm cases should be reviewed by the interdepartmental risk management team, and comprehensive risk management plans should be developed and reviewed each month to monitor progress made.
- 4.20** Multi-agency public protection arrangements (MAPPAs) management levels should be confirmed at least six months before release, to promote the offender management unit's involvement in risk management release plans.

## Categorisation

- 4.21** Categorisation reviews were up to date and were informed by relevant information but few reports were received from community-based offender managers.
- 4.22** The recommendation was reviewed by a governor. The prisoner was told about the outcome in writing and could appeal against the decision made.

- 4.23** Most category D prisoners did not wait too long to move to an open prison but some category C prisoners experienced delays in transferring owing to the lack of National Offender Management Service escort transport.
- 4.24** Some long-term prisoners stayed too long at the prison, with little focus on their progression and little opportunity to demonstrate a reduction in risk (see main recommendation S54). Offender supervisors were not well enough focused on transferring prisoners to establishments which offered more opportunities for them to progress.

## Recommendation

- 4.25** **Prisoner transfers should not be delayed owing to a lack of escort arrangements.**

## Indeterminate sentence prisoners

- 4.26** The establishment held about 100 indeterminate-sentenced prisoners (ISPs). Life-sentenced prisoners had a dedicated offender supervisor, who provided good practical support, including discussion forums and family days, and probation officers were beginning to take on the management of prisoners sentenced to indeterminate sentences for public protection (IPPs).
- 4.27** Some individual sessions had been undertaken with some of the life-sentenced prisoners but, overall, there had been too little offence-focused work or engagement with offender supervisors in the cases we looked at. Some ISPs had been at the prison for several years with little opportunity to undertake offending behaviour work or evidence their progression to the parole board (see main recommendation S54).
- 4.28** Life-sentenced prisoners were further supported by taking part in parole board familiarisation sessions, which was an excellent initiative. This provided a role play session to help the prisoner know what to expect from the parole board hearing, helping them to gain more confidence in attending the reviews.

## Good practice

- 4.29** *Parole board familiarisation sessions, including role play, helped indeterminate-sentenced prisoners to gain an understanding of, and confidence in, the parole board processes.*

## 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.**

- 4.30** Around 40 prisoners were released each month, which was in line with the number at other resettlement prisons. Our survey indicated that prisoners' knowledge about who to turn to for resettlement help was similar to that of prisoners at other prisons and to that at the time of the previous inspection.
- 4.31** There was a reasonable range of resettlement help available. Warwickshire and West Mercia CRC provided assessments on arrival and 12 weeks before release. Referrals were made as

needed and the quality of resettlement plan reviews was good. There was little formal monitoring of the outcome of referrals, so it made it difficult for the CRC to see if problems had been resolved.

- 4.32 The Prison Advice and Care Trust (PACT) delivered a European social fund project which also provided some resettlement help for the more complex cases and those who were more disengaged.
- 4.33 There was little monitoring of outcomes following release, to evidence the effectiveness of the resettlement services (see below).

## Recommendation

- 4.34 **Resettlement outcomes following release should be gathered and analysed, to evidence the effectiveness of the resettlement services.**

## Accommodation

- 4.35 The CRC provided adequate help with accommodation problems, supporting prisoners on arrival to maintain or close down tenancies. Support in finding and applying for accommodation before release was also adequate, but more difficult for prisoners being released outside of the local CRC area. PACT was also able to provide support for some prisoners with housing problems.
- 4.36 There was no reliable monitoring of the number of prisoners released homeless, which was a concern (see recommendation 4.34)

## Education, training and employment

- 4.37 The quality of the provision delivered on behalf of the National Careers Service (NCS) by Unique Partnerships Limited was good. Advisers worked well with college staff to provide a good induction, which provided prisoners with effective careers advice and guidance. Unique Partnerships staff helped prisoners to develop skills action plans, and these were used to guide allocation to activities in the prison.
- 4.38 The range of pre-release courses was limited. A small number of prisoners were able to attend an employability course through the Timpson Academy, and two had been offered jobs as a result.
- 4.39 Prisoners approaching release were contacted by both Warwickshire and West Mercia CRC and Unique Partnerships staff to establish a release plan. These detailed the progress made in custody and further actions required, such as completing all training courses if possible before release. A group session on disclosure of criminal records was provided by the CRC, and the NCS offered one-to-one help with CV writing.
- 4.40 Little use was made of the virtual campus (internet access for prisoners to community education, training and employment opportunities). A job club was planned to start soon after the inspection, provided by Jobcentre Plus and the NCS jointly. Three employment fairs had been provided, where prisoners approaching release met staff from employment and training agencies to discuss opportunities after release.

- 4.41** Managers collected little data to establish the number of prisoners gaining employment, training or education on release (see recommendation 4.34). Although there was developing cooperation between resettlement agencies, this remained insufficient. There was no sharing of information about outcomes for prisoners, and no agreed joint strategy for improving the provision.

### Recommendation

- 4.42** **The use of the virtual campus should be increased, to help with electronic CV preparation and support 'live' job searches and applications.**

### Health care

- 4.43** All prisoners were routinely seen by primary health services staff a week before release, to identify health needs, including take-home medication. Liaison with community GPs was appropriate. The mental health team communicated effectively with the OMU and community services as required.
- 4.44** There was no current palliative care or end-of-life policy. However, clinical records demonstrated effective joint working to support patients with these needs. A two-year MacMillan Adopted Prison Standards (MAPS) project was under way to develop effective pathways and train staff.

### Drugs and alcohol

- 4.45** Release plans were instigated around six weeks before release, and the drug and alcohol recovery service psychosocial team had effective links with local drug intervention programmes and CRCs delivering post-release support for prisoners with substance use problems. However, release plans were not routinely requested by, or sent to, the OMU.

### Recommendation

- 4.46** **Drug and alcohol recovery service release plans should be shared with the offender management unit, to ensure a coordinated approach to resettlement planning.**

### Finance, benefit and debt

- 4.47** Prisoners could access a reasonable range of help with debt problems from the CRC, delivered by a part-time worker from Citizens Advice. A large number of debts, mainly court fines, had been managed over the previous few months and PACT could also access help through the Langley House Trust. Jobcentre Plus was available to help with benefit claims. However, there was little help with developing financial management skills.
- 4.48** A basic bank account with HSBC could be opened and 100 applications had been processed over the previous year.



## Recommendation

### **4.49 Prisoners should be provided with money management skills.**

## Children, families and contact with the outside world

- 4.50** The visitors centre was a bright, well-equipped building with plentiful information available, operated by the Help and Advice Line for Offenders, Wives and Families (HALOW), a community-based family support service. Paid and volunteer staff helped visitors and there was a dedicated family support worker who provided a wide range of advice and support to families. Hot meals were available and there were indoor and outdoor children's play facilities. An annual survey of prisoners and visitors monitored the suitability of provision.
- 4.51** Visitors were moved promptly into the visits hall and visitors we spoke to said that the process was managed well and that they had no problems in booking a visit. The visits hall was large and spacious, with supervised children's play facilities and hot meals available to buy. Supervision was adequate but not intrusive or restrictive.
- 4.52** Family days, open to all prisoners, were available every month. The parentcraft course which was linked to these days had not run for six months but was due to be reinstated.
- 4.53** The library provided a popular Storybook Dads facility (in which prisoners record stories for their children), which helped prisoners to maintain contact with their children, and 85 recordings had been sent to families in the previous six months. Activity books for use at family days had been introduced.

## Attitudes, thinking and behaviour

- 4.54** There was no comprehensive offending behaviour needs analysis, so it was difficult to ascertain the number of prisoners needing the various types of intervention.
- 4.55** Prisoners had little opportunity to undertake offence-focused work (see main recommendation S54). The only accredited programme available was Resolve but few prisoners were eligible for this. There were few other interventions available and we were concerned about the lack of a domestic violence programme, given that a large proportion of the population had been convicted of such offences. There was also limited victim awareness work as the 'supporting offenders through restoration inside' (SORI) programme was not being delivered at the time of the inspection.
- 4.56** The 'self-awareness and relationship management' (SARM) programme included some thinking skills modules but it was available only to prisoners being managed on release by the Warwickshire and West Mercia CRC, and only 12 prisoners had completed it in the previous six months. The Chrysalis programme provided 60 places a year and helped prisoners to develop some key social and well-being skills but the waiting lists were long.

## Recommendation

- 4.57 A comprehensive analysis of the offending behaviour needs of the population should be completed and used to develop the appropriate range and number of interventions to meet prisoners' needs.**

## **Additional resettlement services**

- 4.58** A small number of prisoners (16) had identified themselves as veterans. They were well supported in custody and in preparation for release. A prisoner representative interviewed new arrivals and made referrals to the officer assigned to veterans in custody. Good links had been developed with a number of agencies offering support to veterans in custody, such as the Royal British Legion and Combat Stress. A monthly veterans meeting was well attended and provided a forum in which prisoners could seek additional support.

## Section 5. Summary of recommendations and good practice

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

### Main recommendation

To NOMS

- 5.1** The showers should be fully refurbished. Cells and communal areas should be maintained and decorated to an acceptable and decent standard. (S52)

### Main recommendations

To the governor

- 5.2** All violent incidents should be analysed, to understand the causes and identify patterns and trends. Coordinated action should be taken to make the prison safer. (S49)
- 5.3** Prisoners who are described as self-isolating and are effectively in unregulated segregation should have adequate safeguards and managerial oversight. These prisoners and also those officially segregated should have an adequate regime which safeguards their mental well-being. The underlying causes behind problems or vulnerable behaviour should be addressed effectively and appropriately, and options for prisoners' safe reintegration back into the main prison or transfer should be identified. (S50)
- 5.4** The full extent of drug availability should be monitored, and a strategy and action plan put in place to reduce drug supply. (S51)
- 5.5** Learning and skills and work activities should be given a far higher priority. The number of activities interrupting the working day should be reduced. Staff at all levels should cooperate to promote participation and attendance at learning and skills and work activities, and prisoners who do not attend should be challenged. (S53)
- 5.6** Prisoners should receive regular structured and meaningful contact from their offender supervisors. There should be sufficient opportunities for them to address their offending behaviour, reduce their risk and progress. (S54)

### Recommendations

To NOMS

#### Equality and diversity

- 5.7** Establishments should be provided with timely and relevant equality monitoring data. (2.22)

#### Offender management and planning

- 5.8** Initial OASys assessments and sentence plans should be completed at the local prison before transfer. (4.13)

- 5.9** Prisoner transfers should not be delayed owing to a lack of escort arrangements. (4.25)

## Recommendations

To the governor

### Early days in custody

- 5.10** First night risk interviews should take account of all prisoner issues and ensure that these are adequately dealt with and relevant departments notified. (1.11, repeated recommendation 1.14)
- 5.11** New arrivals should be able to buy a reception pack. (1.12)

### Bullying and violence reduction

- 5.12** Investigations into and formal monitoring of perpetrators of violent and antisocial incidents should be improved and should include interventions that are evaluated for effectiveness. (1.17, repeated recommendation, 1.26)
- 5.13** Support for victims of violent and antisocial behaviour, including those in debt, should be improved. (1.18, repeated recommendation, 1.28)

### Self-harm and suicide

- 5.14** Information about self-harm incidents and trends should be analysed and shared with relevant departments, to identify appropriate strategic action. (1.24)
- 5.15** Entries in assessment, care in custody and teamwork (ACCT) documents should clearly demonstrate meaningful interaction with prisoners and decisions made at MASH meetings should inform and be informed by the ACCT document. (1.25)
- 5.16** All suicide attempts with potentially the most serious consequences should be investigated quickly and action taken to prevent similar incidents. (1.26, repeated recommendation, 1.41)
- 5.17** Prisoners should be able to speak to a Listener or to the Samaritans when they wish. (1.27)

### Safeguarding

- 5.18** 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. (1.29, repeated recommendation, 1.47)

### Security

- 5.19** Security meetings should have clear monthly security objectives, communicated to staff, relating to the threats and actions required to mitigate the risk. (1.36)
- 5.20** All serious incidents should be reported and recorded accurately. (1.37)
- 5.21** Prisoners should only be strip-searched on the basis of intelligence or specific suspicion. (1.38, repeated recommendation, 1.53)

- 5.22** All suspicion drug testing should be undertaken in time. (1.39, repeated recommendation, 1.54)

### Discipline

- 5.23** Data on adjudications should be routinely analysed to identify emerging patterns, with trends investigated and appropriate action taken to address them. (1.46)
- 5.24** Adjudications should be completed within the proper timescales. (1.47)
- 5.25** Oversight of use of force should be improved to ensure that documentation is completed, force is used appropriately and as a last resort, and that information about trends and patterns is used strategically to help to reduce the use of force. (1.52)
- 5.26** Living conditions in the segregation unit should be improved. (1.59)

### Substance misuse

- 5.27** The drug and alcohol health needs assessment should include clear recommendations to develop future services. (1.65, repeated recommendation, 1.85)
- 5.28** The psychosocial team should be sufficiently well staffed to ensure the consistent delivery of group work and one-to-one interventions. (1.66)

### Residential units

- 5.29** Prisoners should be able to access basic essentials such as adequate clean clothing, bedding, kettles, cell furniture and televisions. (2.9)
- 5.30** Cell bells should be answered within five minutes. (2.10)
- 5.31** The application system should be managed effectively and prisoners should be able to have their applications dealt with quickly and fairly. (2.11)

### Staff-prisoner relationships

- 5.32** Prison officers should consistently challenge and report inappropriate conduct. (2.17)

### Equality and diversity

- 5.33** Monitoring data should be routinely interrogated, to determine if any minority groups are being disadvantaged, and remedial action taken where necessary. (2.23)
- 5.34** The prison should have an equality policy which is specific to the population at Featherstone, including arrangements for the monitoring of equality against all protected characteristics and detailing the provision for prisoners from each minority group. (2.24, repeated recommendation 2.27)
- 5.35** Discrimination incident report forms should be freely available on all house blocks. (2.25)
- 5.36** Managers should develop links with community organisations to provide support and advice for each protected characteristic. (2.26)

- 5.37** There should be effective consultation arrangements for all minority groups. (2.34, repeated recommendation 2.28)
- 5.38** Staff should use the professional telephone interpreting service to communicate with non-English speakers whenever confidentiality is required. (2.35)
- 5.39** Independent immigration advice should be available within the prison. (2.36)
- 5.40** Personal emergency evacuation plans should be up to date and clearly located in each house block office, and staff should be regularly reminded of their importance. (2.37)

#### Faith and religious activity

- 5.41** The chaplaincy should have a clear strategy for resettling prisoners in their faith communities, including stronger ties with community faith leaders and arrangements for support on release. (2.41)

#### Complaints

- 5.42** Complaints, particularly those against staff, should be fully investigated. (2.44)

#### Legal rights

- 5.43** Prisoners should be able to have a private legal visit. (2.47)
- 5.44** Prisoners should be given their legal correspondence without a delay. (2.48)

#### Health services

- 5.45** Health services staff should be in date with all mandatory training, receive regular recorded supervision and have a current performance appraisal. (2.58)
- 5.46** Prisoners should be able to access routine GP appointments within two weeks. (2.63)
- 5.47** Clinical records should accurately reflect all the care given and prisoners with complex health needs should have comprehensive care plans. (2.64)
- 5.48** Prisoners who require secondary health services should be seen within community-equivalent waiting times. (2.65)
- 5.49** Prison officers should consistently monitor and manage medication administration queues, to reduce the opportunities for bullying and diversion and maintain patient confidentiality. (2.71)
- 5.50** Prisoners who do not attend for prescribed medication should be followed up systematically. (2.72)
- 5.51** Prisoners should receive in-possession medication following a consistent recorded risk assessment that is regularly reviewed. (2.73)
- 5.52** There should be effective oversight of prescribing trends to ensure appropriate prescribing. (2.74)

- 5.53** The integrated mental health and substance misuse team should be sufficiently staffed to meet patients' mental health needs. All staff should have access to regular structured managerial supervision and undertake mandatory training to support their role. (2.83)
- 5.54** All discipline officers should receive mental health awareness training, to enable them to recognise and support prisoners with mental health problems. (2.84)
- 5.55** Patients requiring a transfer under the Mental Health Act should be assessed promptly and transferred within the current transfer guidelines. (2.85)

### Catering

- 5.56** The kitchen should be clean and in a good state of repair. (2.90)
- 5.57** House block serveries and food trolleys should be clean and well maintained, and servery workers should wear appropriate protective clothing. (2.91)

### Purchases

- 5.58** Consultation arrangements to update the prison shop list should be formalised and include prisoner representatives from each protected characteristic. (2.95)
- 5.59** Prisoners should not have to pay a catalogue administration fee. (2.96, repeated recommendation 2.125)

### Time out of cell

- 5.60** The prison should operate a full category C regime, with daily association and unlock of at least 10 hours a day. (3.3)
- 5.61** Daily exercise periods of at least one hour should be available to all prisoners. (3.4)

### Learning and skills and work activities

- 5.62** Senior managers should introduce a greater number and range of employability-related courses, better to meet the resettlement needs of the population. (3.14)
- 5.63** The number of vocational training opportunities should be increased across all work areas. (3.15)
- 5.64** Senior managers should further extend education and training provision to include higher-level learning and a greater range of subjects, better to meet the needs of those serving longer sentences or with higher prior academic attainment. (3.16)
- 5.65** Teachers should ensure that they use the results of initial assessment well to deliver teaching and assessment that meets the needs of all learners, including those with high levels of prior attainment. (3.23)
- 5.66** Instructors in all work areas should provide detailed feedback to prisoners, to help them to develop useful employability and personal skills, including English and mathematics. (3.24)
- 5.67** All instructors should be qualified in the technical aspects of the work that they oversee. (3.25)

- 5.68** Senior managers should take immediate action to drive up success rates on courses in English at level 1 and mathematics at levels 1 and 2. (3.35)
- 5.69** Prisoners should be able to access the library at least once a week. (3.41)
- 5.70** Library staff should collect data on library usage, so that they can identify whether particular groups of prisoners are not benefiting from library services and activities, and take appropriate action. (3.42)

#### **Physical education and healthy living**

- 5.71** Managers should analyse available data to monitor participation in activities and take appropriate action to ensure good access by all groups of prisoners. (3.47)
- 5.72** Staff should monitor and manage the safe use of fitness equipment in the house blocks. (3.48)

#### **Strategic management of resettlement**

- 5.73** Offender management and resettlement provision should be fully informed by a comprehensive and robust analysis of needs, including evidence gathered from an analysis of offender assessment system (OASys) data, and be specific to the different types of prisoner held at the establishment. (4.4)
- 5.74** Offender management should be fully integrated into the reducing reoffending strategy and action plan, in order to ensure that it is at the heart of the work undertaken across the prison. (4.5)

#### **Offender management and planning**

- 5.75** OASys assessments and sentence plans should be reviewed regularly, and be of a good quality and tailored to the individual prisoner. (4.14)
- 5.76** All high risk of harm cases should be reviewed by the interdepartmental risk management team, and comprehensive risk management plans should be developed and reviewed each month to monitor progress made. (4.19)
- 5.77** Multi-agency public protection arrangements (MAPPA) management levels should be confirmed at least six months before release, to promote the offender management unit's involvement in risk management release plans. (4.20)

#### **Reintegration planning**

- 5.78** Resettlement outcomes following release should be gathered and analysed, to evidence the effectiveness of the resettlement services. (4.34)
- 5.79** The use of the virtual campus should be increased, to help with electronic CV preparation and support 'live' job searches and applications. (4.42)
- 5.80** Drug and alcohol recovery service release plans should be shared with the offender management unit, to ensure a coordinated approach to resettlement planning. (4.46)
- 5.81** A comprehensive analysis of the offending behaviour needs of the population should be completed and used to develop the appropriate range and number of interventions to meet prisoners' needs. (4.57)



**5.82** Prisoners should be provided with money management skills. (4.49)

## Example of good practice

### Offender management and planning

**5.83** Parole board familiarisation sessions, including role play, helped indeterminate-sentenced prisoners to gain an understanding of, and confidence in, the parole board processes. (4.29)



## Section 6. Appendices

### Appendix I: Inspection team

Peter Clarke	Chief Inspector
Alison Perry	Team leader
Paul Rowlands	Inspector
Sandra Fieldhouse	Inspector
Jonathan Tickner	Inspector
Maneer Afsar	Inspector
Gordon Riach	Inspector
Andrew Rooke	Inspector
Patricia Taflan	Researcher
Alissa Redmond	Researcher
Emma Seymour	Researcher
Laura Green	Researcher
Paul Roberts	Substance misuse inspector
Majella Pearce	Health services inspector
Richard Chapman	Pharmacist
Kathleen Byrne	Care Quality Commission inspector
Cat Reeves	Care Quality Commission inspector
Gerard McGrath	Ofsted inspector
Charles Searle	Ofsted inspector
Steve Oliver-Watts	Ofsted inspector
Paddy Doyle	Offender management inspector
Simi Badachha	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 2013, journey times to the prison were short for most and the reception experience for the majority of prisoners was positive. Most prisoners felt safe on their first night and induction was adequate. There were a large number of violent incidents but many were low level. The prison had a positive culture, and at a personal level staff demonstrated care for prisoners and were identifying risk factors; but formal monitoring was poor and some prisoners in crisis felt unsupported. Arrangements to support victims of anti-social behaviour were inadequate. Security was broadly proportionate. The IEP scheme was used effectively and to encourage positive behaviour, but the scheme required scrutiny regarding demotions. Too many prisoners said that drugs were easily available and current testing methods did not enable the prison to get an accurate picture of the extent of the problem, but the prison was taking action to address this. Use of force was high and some oversight was weak. The segregation unit was a poor environment with a limited regime but most prisoners spoke positively about staff support. Support for those with substance misuse issues was good. Outcomes for prisoners were reasonably good against this healthy prison test.*

#### **Main recommendations**

The collection and collation of data on violent and antisocial behaviour should be improved, with more effective data analysis and action taken to address these issues. (S39)

##### **Not achieved**

Data for disciplinary procedures, use of force and segregation should be collated, analysed and used more effectively. (S40)

##### **Not achieved**

#### **Recommendations**

Prisoners should be processed through reception expeditiously. (I.13)

##### **Not achieved**

First night risk interviews should take account of all prisoner issues and ensure that these are adequately dealt with and relevant departments notified. (I.14)

##### **Not achieved** (recommendation repeated, I.11)

There should be a consolidated safer custody action plan. (I.25)

##### **Not achieved**

Investigations into and formal monitoring of perpetrators of violent and antisocial incidents should be improved and should include interventions that are evaluated for effectiveness. (I.26)

##### **Not achieved** (recommendation repeated, I.17)

There should be careful oversight of the violence reduction representatives and their work, and mediation should be monitored for its effectiveness. (1.27)

**Not achieved**

Support for victims of violent and antisocial behaviour, including those in debt, should be improved. (1.28)

**Not achieved** (recommendation repeated, 1.18)

All staff should receive safer custody training and subsequent refresher training. (1.39)

**Not achieved**

The quality of assessment, care in custody and teamwork (ACCT) documents and support for those in crisis should be improved. (1.40)

**Achieved**

All suicide attempts with potentially the most serious consequences should be investigated quickly and action taken to prevent similar incidents. (1.41)

**Not achieved** (recommendation repeated, 1.26)

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. (1.47)

**Not achieved** (recommendation repeated, 1.29)

Prisoners should only be strip-searched on the basis of intelligence or specific suspicion. (1.53)

**Not achieved** (recommendation repeated, 1.38)

All suspicion drug testing should be undertaken in time. (1.54)

**Not achieved** (recommendation repeated, 1.39)

Prisoners on the basic level of the IEP scheme should be set behaviour improvement targets that are linked to the behaviour that resulted in the original demotion. (1.59)

**Not achieved**

All disciplinary charges should be fully investigated, with clear reasons given for the decisions reached, and the quality assurance of adjudication records should be improved. (1.64)

**Achieved**

The quality of use of force records and management oversight of them should be improved. (1.68)

**Not achieved**

The environment and regime in the segregation unit, including the exercise yard, should be improved. (1.76)

**Not achieved**

Segregation review documentation should be completed thoroughly and include meaningful targets. (1.77)

**Not achieved**

The drug and alcohol health needs assessment should include clear recommendations to develop future services. (1.85)

**Not achieved** (recommendation repeated, 1.65)

## Respect

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

*At the last inspection, in 2013, the prison provided a clean and decent environment. Staff–prisoner engagement was mostly positive but a minority of staff had a negative impact. Arrangements for equality, diversity and faith were effective and there was good support across the protected characteristics. The management of applications, complaints, clothing and legal services provision needed attention. Arrangements for prisoner consultation were good. Health service provision was reasonable, with some evidence of good practice. Prisoners were critical about the food provided. Outcomes for prisoners were good against this healthy prison test.*

#### Main recommendation

There should be vigilant supervision of medication administration by discipline staff to reduce the potential for diversion of tradable medicines and for bullying, and to preserve confidentiality around the hatch. (S41)

**Not achieved**

#### Recommendations

Cells designed for one prisoner should not be used to hold two. (2.11)

**Not achieved**

Toilets in cells should be sufficiently screened. (2.12)

**Not achieved**

Prisoners should be issued with high-quality clothing each week. (2.13)

**Not achieved**

The prison should have an equality policy which is specific to the population at Featherstone, including arrangements for the monitoring of equality against all protected characteristics and detailing the provision for prisoners from each minority group. (2.27)

**Not achieved** (recommendation repeated, 2.24)

There should be effective consultation arrangements for all minority groups. (2.28)

**Not achieved** (recommendation repeated, 2.34)

Support for foreign national prisoners should be improved, including access to independent immigration advice. (2.37)

**Not achieved**

The prison should investigate and address the negative perceptions of Muslim and black and minority ethnic prisoners. (2.38)

**Not achieved**

The room allocated for Friday prayers should be suitable for the numbers attending. (2.43)

**Achieved**

Quality assurance processes should be reviewed to ensure that responses to complaints are timely, answer the points being raised and use appropriate language. (2.47)

**Partially achieved**

All new arrivals should have access to appropriate legal services advice. (2.51)

**Not achieved**

Staff should only open mail from solicitors or legal advisers in the presence of the prisoner. (2.52)

**Not achieved**

The health needs assessment and health care policies should be up to date, readily available to staff and adapted where necessary to reflect the prison environment. The health needs assessment should include mental health needs. (2.64)

**Achieved**

There should be increased use of professional telephone interpreting services, and health care literature, in a range of languages, should be readily available for prisoners with a poor understanding of English. (2.65)

**Partially achieved**

A risk assessment should be carried out on the impact of low nursing staff levels and reduced discipline officer cover on health outcomes for prisoners. (2.66)

**Achieved**

Health screening on arrival or transfer should be robust and ensure that prisoners' health needs are identified early, with attention to those men who may not disclose issues immediately. (2.76)

**Partially achieved**

Joint care planning with prison staff should ensure positive health outcomes and identify any deterioration in health promptly. (2.77)

**Partially achieved**

Missed medications should be followed up and prescribers informed, to ensure therapeutic prescribing and that complete records of administration of medicines are routinely available to the pharmacist. (2.90)

**Partially achieved**

Pharmacy clinics should be provided, to reflect community arrangements. (2.91)

**Achieved**

Arrangements for in-possession medicines should ensure that up-to-date risk assessments are readily accessible to prescribers and nursing staff. (2.92)

**Partially achieved**

Talking therapies should be available, to support good rehabilitation. (2.109)

**Not achieved**

Regular multidisciplinary team meetings between primary and in-reach clinicians should be scheduled, to enable formal clinical case management. (2.110)

**Achieved**

Staff supervising the serveries should ensure that portions of food are adequate and consistent. (2.117)

**Not achieved**

Breakfast packs should be issued on the day they are to be eaten. (2.118)

**Not achieved**

Prisoners should be able to place a full shop order within 24 hours of arrival. (2.124)

**Not achieved**



Prisoners should not have to pay a catalogue administration fee. (2.125)

**Not achieved** (recommendation repeated, 2.96)

## Purposeful activity

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

*At the last inspection, in 2013, time out of cell for most prisoners was good and there were sufficient activity places. The quality of education and vocational provision was good and achievement outcomes were high. Peer workers were used effectively to encourage and support learning. Prisoners had satisfactory access to the library, which was well resourced and provided good opportunities for learning. The gym offered a good balance of courses. Outcomes for prisoners were good against this healthy prison test.*

### Recommendations

Opportunities for learners to progress to higher-level qualifications in construction programmes should be provided. (3.12)

**Achieved**

Education and training requirements should be included in sentence plan targets if identified as potential barriers to progression by the National Careers Service during initial advice sessions. (3.13)

**Achieved**

The content and quality of learning statements in learning logs should be checked to help prisoners to understand their progress better and improve individual learning plans. (3.27)

**Achieved**

English and mathematics qualifications that are vocationally contextualised to provide relevance and maintain interest should be provided in vocational training and work areas. (3.28)

**Not achieved**

Performance data should be analysed, to identify and correct any differences in progress and achievement between different groups of learners. (3.35)

**Not achieved**

Managers should investigate how to minimise the noise level from the gym, to reduce the disruption caused in education classes. (3.48)

**Achieved**

Quality improvement procedures should be further developed to include lesson observations and self-assessment. (3.49)

**No longer relevant**

## 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 2013, the offender management and resettlement policies were not current and many aspects of delivery were fragmented. Sentence planning was poor and lacked a whole-prison approach. Caseloads for offender supervisors were high and there was insufficient regular contact with prisoners. There was a large backlog of offender assessment system (OASys) assessments. There was good support for indeterminate-sentenced prisoners. Aspects of public protection arrangements were sound but offender supervisors were insufficiently engaged in the process. Pathway provision was generally good but offender supervisor involvement was minimal. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

#### **Main recommendation**

The strategic functioning of offender management should be better integrated across the prison, be informed by a comprehensive and up-to-date needs analysis and meet the overall requirements of the population. (S42)

**Not achieved**

#### **Recommendations**

The provision of offender supervision should be consistent and reflect the level of prisoner needs. (4.18)

**Not achieved**

Prisoners should not be transferred to the establishment without an up-to-date offender assessment system (OASys) assessment. (4.19)

**Not achieved**

All appropriate prisoners should have a completed and up-to-date OASys assessment. (4.20)

**Not achieved**

All departments working with a prisoner, including their personal officer; education, training and employment providers; and drug and alcohol services, should attend sentence planning boards, or at least provide written contributions. (4.21)

**Partially achieved**

Casework reviews and regular professional supervision should be introduced for all offender supervisors, to ensure consistent standards of service delivery and effective case management. (4.22)

**Partially achieved**

The role of the probation department should be clearly defined and their work effectively integrated with that of offender supervisors. (4.23)

**Achieved**

An agreed system for escalating concerns regarding late contributions to reports from community offender managers should be introduced. (4.24)

**Not achieved**

Offender supervisors should record information about, and contact with, prisoners on P-Nomis rather than in separate contact logs. (4.25)

**Achieved**

The role of offender supervisors in the management of high risk offenders through public protection arrangements should be clarified and appropriate and consistent management scrutiny applied. (4.30)

**Achieved**

The prison should ensure that work undertaken by resettlement pathway providers is properly and effectively coordinated with the work of offender supervisors to support release. (4.38)

**Partially achieved**

Pertinent learner education activity information should be recorded accurately and in a timely manner, and the time available for discussion at prisoners' National Careers Service interviews should be maximised. (4.45)

**Achieved**

An up-to-date palliative care policy and protocol should clearly identify the arrangements for prisoners requiring palliative or end-of-life care. (4.49)

**Not achieved**

All prisoners and visitors should be able to receive the full visit length entitlement. (4.57)

**Achieved**

The offending behaviour needs of all prisoners should be met at the prison or prisoners should be transferred, without delay, to an establishment that can deliver the necessary interventions. (4.62)

**Not achieved**



# Appendix III: Care Quality Commission Requirement Notice



## Requirement Notices

**Provider:** South Staffordshire and Shropshire Healthcare NHS Foundation Trust  
**Provider ID:** RRE  
**Regulated activities:** Treatment of disease, disorder, or injury, Diagnostic and screening procedures.

### Action we have told the provider to take

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

#### Regulation 18 Staffing

Regulation 18 – (1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this part.

### How the regulation was not being met:

To meet this requirement, providers must provide sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service. Staff must receive the support, training, professional development and supervision that are necessary for them to carry out their role and responsibilities.

The primary mental health team was short staffed. The team comprised one full time senior registered mental health nurse and one full time registered mental health nurse.

The team had two vacancies one of which was covered by an agency nurse whose contract was to end on the 18 November 2016. A consequence of the low numbers of staff was that the range of primary mental health services provided to patients was limited.

Nursing staff and recovery practitioners were not up to date with mandatory training such as infection control and the trust did not sufficiently monitor mandatory training for staff.

Nursing staff, including the team manager, and recovery practitioners did not receive regular structured supervision. The trust did not sufficiently monitor supervision arrangements for staff.



## Appendix IV: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	0	574	89.1
Recall	0	69	10.7
Convicted unsentenced	0	0	0.0
Remand	0	0	0.0
Civil prisoners	0	0	0.0
Detainees	0	1	0.2
<b>Total</b>	<b>0</b>	<b>644</b>	<b>100</b>

Sentence	18–20-year-olds	21 and over	%
Unsentenced	0	1	0.2
Less than six months	0	1	0.2
six months to less than 12 months	0	0	0.0
12 months to less than 2 years	0	48	7.5
2 years to less than 4 years	0	164	25.4
4 years to less than 10 years	0	278	43.2
10 years and over (not life)	0	53	8.2
ISPP (indeterminate sentence for public protection)	0	45	15.4
Life	0	54	7.0
<b>Total</b>	<b>0</b>	<b>644</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here:	21	-
Under 21 years	0	0.0
21 years to 29 years	215	33.4
30 years to 39 years	253	39.3
40 years to 49 years	126	19.6
50 years to 59 years	42	6.5
60 years to 69 years	7	1.1
70 plus years	1	0.2
Please state maximum age here:	72	-
<b>Total</b>	<b>644</b>	<b>100</b>

Nationality	18–20-year-olds	21 and over	%
British	0	549	85.2
Foreign nationals	0	95	14.8
<b>Total</b>	<b>0</b>	<b>644</b>	<b>100</b>

<b>Security category</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
Uncategorised unsentenced	0	0	0.0
Uncategorised sentenced	0	1	0.2
Category A	0	0	0.0
Category B	0	0	0.0
Category C	0	624	96.8
Category D	0	19	3.0
Other	0	0	0.0
<b>Total</b>	<b>0</b>	<b>644</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
<b>White</b>			
British	0	387	60.1
Irish	0	4	0.6
Gypsy/Irish Traveller	0	3	0.5
Other white	0	42	6.5
<b>Mixed</b>			
White and black Caribbean	0	18	2.8
White and black African	0	5	0.8
White and Asian	0	5	0.8
Other mixed	0	7	1.1
<b>Asian or Asian British</b>			
Indian	0	25	3.9
Pakistani	0	35	5.4
Bangladeshi	0	5	0.8
Chinese	0	1	0.2
Other Asian	0	5	0.8
<b>Black or black British</b>			
Caribbean	0	57	8.9
African	0	22	3.4
Other black	0	9	1.4
	0		
<b>Other ethnic group</b>			
Arab	0	0	0.0
Other ethnic group	0	8	1.2
Not stated	0	6	0.9
<b>Total</b>	<b>0</b>	<b>644</b>	<b>100</b>



Religion	18–20-year-olds	21 and over	%
Baptist	0	0	0.0
Church of England	0	94	14.6
Roman Catholic	0	89	13.8
Other Christian denominations	0	120	18.6
Muslim	0	108	16.8
Sikh	0	14	2.2
Hindu	0	2	0.3
Buddhist	0	11	1.7
Jewish	0	1	0.2
Other	0	11	1.7
No religion	0	194	30.1
<b>Total</b>	<b>0</b>	<b>644</b>	<b>100</b>

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)	0	12	
<b>Total</b>	<b>0</b>	<b>12</b>	

### Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0		81	12.6
1 month to 3 months	0		121	18.8
3 months to six months	0		160	24.8
six months to 1 year	0		142	22.0
1 year to 2 years	0		93	14.4
2 years to 4 years	0		36	5.6
4 years or more	0		10	1.6
<b>Total</b>	<b>0</b>		<b>643</b>	<b>99.8</b>

### Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0.0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	0	0	0.0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0		0	0.0
1 month to 3 months	0		0	0.0
3 months to six months	0		0	0.0
six months to 1 year	0		1	0.2
1 year to 2 years	0		0	0.0
2 years to 4 years	0		0	0.0
4 years or more	0		0	0.0
<b>Total</b>	<b>0</b>		<b>1</b>	<b>0.2</b>

<b>Main offence</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
Violence against the person	0		
Sexual offences	0		
Burglary	0		
Robbery	0		
Theft and handling	0		
Fraud and forgery	0		
Drugs offences	0		
Other offences	0		
Civil offences	0		
Offence not recorded /holding warrant	0		

## Appendix V: Summary of prisoner questionnaires and interviews

### Prisoner survey methodology

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

### Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment<sup>9</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 24 October 2016 the prisoner population at HMP Featherstone was 639. Using the method described above, questionnaires were distributed to a sample of 202 prisoners.

We received a total of 148 completed questionnaires, a response rate of 73%. Seventeen respondents refused to complete a questionnaire and 37 questionnaires were not returned.

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<sup>9</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.

Wing/Unit	Number of completed survey returns
1	27
2	20
3	23
4	30
5	21
6	8
7	18
Segregation unit	1

### Presentation of survey results and analyses

Over the following pages, we present the survey results for HMP Featherstone.

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>10</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 Featherstone 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 2013.
- The current survey responses from HMP Featherstone in 2016 compared with the responses of prisoners surveyed at HMP Featherstone in 2013.
- A comparison within the 2016 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2016 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2016 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

<sup>10</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.

## Survey summary

### Section I: About You

<b>Q1.2</b>	<b>How old are you?</b>		
	Under 21 .....	0	(0%)
	21 - 29.....	55	(37%)
	30 - 39.....	55	(37%)
	40 - 49.....	27	(18%)
	50 - 59.....	11	(7%)
	60 - 69.....	0	(0%)
	70 and over .....	0	(0%)
<b>Q1.3</b>	<b>Are you sentenced?</b>		
	Yes .....	128	(86%)
	Yes - on recall.....	20	(14%)
	No - awaiting trial.....	0	(0%)
	No - awaiting sentence .....	0	(0%)
	No - awaiting deportation.....	0	(0%)
<b>Q1.4</b>	<b>How long is your sentence?</b>		
	Not sentenced .....	0	(0%)
	Less than 6 months .....	1	(1%)
	6 months to less than 1 year .....	7	(5%)
	1 year to less than 2 years .....	10	(7%)
	2 years to less than 4 years .....	35	(24%)
	4 years to less than 10 years .....	58	(40%)
	10 years or more .....	16	(11%)
	IPP (indeterminate sentence for public protection) .....	7	(5%)
	Life.....	12	(8%)
<b>Q1.5</b>	<b>Are you a foreign national (i.e. do not have UK citizenship)?</b>		
	Yes .....	14	(10%)
	No.....	132	(90%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>		
	Yes .....	142	(98%)
	No.....	3	(2%)
<b>Q1.7</b>	<b>Do you understand written English?</b>		
	Yes .....	144	(97%)
	No.....	4	(3%)
<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	77 (53%)	Asian or Asian British - Chinese..... 0 (0%)
	White - Irish .....	2 (1%)	Asian or Asian British - other .....
	White - other.....	10 (7%)	Mixed race - white and black Caribbean 6 (4%)
	Black or black British - Caribbean.....	22 (15%)	Mixed race - white and black African... 1 (1%)
	Black or black British - African .....	6 (4%)	Mixed race - white and Asian..... 1 (1%)
	Black or black British - other .....	1 (1%)	Mixed race - other .....
	Asian or Asian British - Indian .....	4 (3%)	Arab .....
	Asian or Asian British - Pakistani.....	10 (7%)	Other ethnic group..... 1 (1%)
	Asian or Asian British - Bangladeshi.....	1 (1%)	

<b>Q1.9</b>	<b>Do you consider yourself to be Gypsy/ Romany/ Traveller?</b>		
	Yes .....		7 (5%)
	No.....		126 (95%)
<b>Q1.10</b>	<b>What is your religion?</b>		
	None.....	46 (32%)	Hindu..... 0 (0%)
	Church of England .....	33 (23%)	Jewish..... 0 (0%)
	Catholic .....	21 (15%)	Muslim..... 26 (18%)
	Protestant.....	2 (1%)	Sikh .....
	Other Christian denomination .....	4 (3%)	Other .....
	Buddhist .....	3 (2%)	
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>		
	Heterosexual/ Straight .....		145 (99%)
	Homosexual/Gay.....		1 (1%)
	Bisexual.....		0 (0%)
<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 .....		32 (22%)
	No.....		116 (78%)
<b>Q1.13</b>	<b>Are you a veteran (ex- armed services)?</b>		
	Yes .....		10 (7%)
	No.....		134 (93%)
<b>Q1.14</b>	<b>Is this your first time in prison?</b>		
	Yes .....		45 (31%)
	No.....		101 (69%)
<b>Q1.15</b>	<b>Do you have children under the age of 18?</b>		
	Yes .....		80 (55%)
	No.....		65 (45%)

## 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 .....		95 (64%)
	2 hours or longer .....		41 (28%)
	Don't remember .....		12 (8%)
<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 .....		95 (65%)
	Yes .....		35 (24%)
	No.....		13 (9%)
	Don't remember .....		4 (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 .....		95 (64%)
	Yes .....		2 (1%)
	No.....		49 (33%)
	Don't remember .....		2 (1%)

<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>	
	Yes .....	80 (54%)
	No.....	58 (39%)
	Don't remember .....	10 (7%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes .....	101 (69%)
	No.....	42 (29%)
	Don't remember.....	3 (2%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	Very well.....	36 (24%)
	Well.....	70 (47%)
	Neither .....	30 (20%)
	Badly.....	5 (3%)
	Very badly .....	6 (4%)
	Don't remember.....	1 (1%)
<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 .....	97 (66%)
	Yes, I received written information.....	10 (7%)
	No, I was not told anything.....	38 (26%)
	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 .....	114 (79%)
	No.....	30 (21%)
	Don't remember.....	1 (1%)

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

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	Less than 2 hours .....	42 (29%)
	2 hours or longer .....	98 (67%)
	Don't remember .....	6 (4%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	Yes .....	123 (85%)
	No .....	20 (14%)
	Don't remember .....	2 (1%)
<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>	
	Very well.....	28 (19%)
	Well.....	63 (43%)
	Neither .....	36 (25%)
	Badly.....	13 (9%)
	Very badly .....	5 (3%)
	Don't remember .....	1 (1%)

<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>		
	<i>Loss of property</i> .....	36 (26%)	<i>Physical health</i> ..... 16 (11%)
	<i>Housing problems</i> .....	18 (13%)	<i>Mental health</i> ..... 38 (27%)
	<i>Contacting employers</i> .....	2 (1%)	<i>Needing protection from other prisoners</i> 13 (9%)
	<i>Contacting family</i> .....	34 (24%)	<i>Getting phone numbers</i> ..... 23 (16%)
	<i>Childcare</i> .....	0 (0%)	<i>Other</i> ..... 9 (6%)
	<i>Money worries</i> .....	16 (11%)	<i>Did not have any problems</i> ..... 45 (32%)
	<i>Feeling depressed or suicidal</i> .....	21 (15%)	
<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>		
	<i>Yes</i> .....		33 (24%)
	<i>No</i> .....		62 (44%)
	<i>Did not have any problems</i> .....		45 (32%)
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>		
	<i>Tobacco</i> .....		92 (63%)
	<i>A shower</i> .....		37 (26%)
	<i>A free telephone call</i> .....		61 (42%)
	<i>Something to eat</i> .....		88 (61%)
	<i>PIN phone credit</i> .....		62 (43%)
	<i>Toiletries/ basic items</i> .....		42 (29%)
	<i>Did not receive anything</i> .....		19 (13%)
<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>		
	<i>Chaplain</i> .....		64 (44%)
	<i>Someone from health services</i> .....		94 (65%)
	<i>A Listener/Samaritans</i> .....		61 (42%)
	<i>Prison shop/ canteen</i> .....		33 (23%)
	<i>Did not have access to any of these</i> .....		17 (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>		
	<i>What was going to happen to you</i> .....		66 (47%)
	<i>What support was available for people feeling depressed or suicidal</i> .....		42 (30%)
	<i>How to make routine requests (applications)</i> .....		52 (37%)
	<i>Your entitlement to visits</i> .....		47 (34%)
	<i>Health services</i> .....		65 (46%)
	<i>Chaplaincy</i> .....		54 (39%)
	<i>Not offered any information</i> .....		37 (26%)
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>		
	<i>Yes</i> .....		100 (71%)
	<i>No</i> .....		37 (26%)
	<i>Don't remember</i> .....		4 (3%)
<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>		
	<i>Have not been on an induction course</i> .....		20 (14%)
	<i>Within the first week</i> .....		87 (60%)
	<i>More than a week</i> .....		33 (23%)
	<i>Don't remember</i> .....		4 (3%)



<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	<i>Have not been on an induction course</i> .....	20 (14%)
	<i>Yes</i> .....	76 (52%)
	<i>No</i> .....	48 (33%)
	<i>Don't remember</i> .....	3 (2%)
<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	<i>Did not receive an assessment</i> .....	24 (16%)
	<i>Within the first week</i> .....	46 (32%)
	<i>More than a week</i> .....	62 (42%)
	<i>Don't remember</i> .....	14 (10%)

#### Section 4: Legal rights and respectful custody

<b>Q4.1</b>	<b>How easy is it to...</b>						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	17 (12%)	27 (19%)	23 (17%)	35 (25%)	18 (13%)	19 (14%)
	<i>Attend legal visits?</i>	12 (9%)	38 (30%)	20 (16%)	14 (11%)	7 (6%)	36 (28%)
	<i>Get bail information?</i>	4 (3%)	8 (7%)	20 (16%)	13 (11%)	16 (13%)	61 (50%)
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>						
	<i>Not had any letters</i> .....					30 (22%)	
	<i>Yes</i> .....					65 (47%)	
	<i>No</i> .....					44 (32%)	
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>						
	<i>Yes</i> .....					62 (45%)	
	<i>No</i> .....					12 (9%)	
	<i>Don't know</i> .....					65 (47%)	
<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	60 (42%)	80 (56%)	3 (2%)			
	<i>Are you normally able to have a shower every day?</i>	111 (79%)	26 (19%)	3 (2%)			
	<i>Do you normally receive clean sheets every week?</i>	80 (58%)	53 (38%)	6 (4%)			
	<i>Do you normally get cell cleaning materials every week?</i>	57 (40%)	79 (56%)	5 (4%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	34 (24%)	89 (64%)	17 (12%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	92 (66%)	44 (32%)	3 (2%)			
	<i>If you need to, can you normally get your stored property?</i>	30 (22%)	76 (55%)	31 (23%)			
<b>Q4.5</b>	<b>What is the food like here?</b>						
	<i>Very good</i> .....					2 (1%)	
	<i>Good</i> .....					30 (21%)	
	<i>Neither</i> .....					28 (20%)	
	<i>Bad</i> .....					40 (28%)	
	<i>Very bad</i> .....					42 (30%)	
<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>						
	<i>Have not bought anything yet/ don't know</i> .....					6 (4%)	
	<i>Yes</i> .....					45 (31%)	
	<i>No</i> .....					92 (64%)	

<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>	
	Yes .....	70 (48%)
	No.....	24 (17%)
	Don't know .....	51 (35%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>	
	Yes .....	64 (44%)
	No.....	24 (17%)
	Don't know/ N/A.....	56 (39%)
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>	
	Yes .....	75 (52%)
	No.....	13 (9%)
	Don't know/ N/A.....	57 (39%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	I don't want to attend .....	29 (20%)
	Very easy.....	27 (19%)
	Easy .....	35 (25%)
	Neither .....	12 (8%)
	Difficult.....	10 (7%)
	Very difficult.....	3 (2%)
	Don't know .....	26 (18%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>		
	Yes .....	107 (74%)	
	No .....	31 (22%)	
	Don't know .....	6 (4%)	
<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>		
		<i>Not made one</i>	Yes      No
	Are applications dealt with fairly?	16 (11%)	52 (37%)    72 (51%)
	Are applications dealt with quickly (within seven days)?	16 (12%)	36 (28%)    77 (60%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>		
	Yes .....	74 (52%)	
	No .....	36 (26%)	
	Don't know .....	31 (22%)	
<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>		
		<i>Not made one</i>	Yes      No
	Are complaints dealt with fairly?	51 (36%)	22 (16%)    68 (48%)
	Are complaints dealt with quickly (within seven days)?	51 (38%)	20 (15%)    65 (48%)
<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>		
	Yes .....	48 (35%)	
	No.....	90 (65%)	

<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> .....	45 (32%)
	<i>Very easy</i> .....	8 (6%)
	<i>Easy</i> .....	19 (13%)
	<i>Neither</i> .....	22 (15%)
	<i>Difficult</i> .....	30 (21%)
	<i>Very difficult</i> .....	18 (13%)

### 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> .....	10 (7%)
	<i>Yes</i> .....	68 (48%)
	<i>No</i> .....	47 (33%)
	<i>Don't know</i> .....	16 (11%)
<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> .....	10 (7%)
	<i>Yes</i> .....	56 (41%)
	<i>No</i> .....	56 (41%)
	<i>Don't know</i> .....	15 (11%)
<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> .....	23 (16%)
	<i>No</i> .....	118 (84%)
<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> .....	111 (83%)
	<i>Very well</i> .....	2 (2%)
	<i>Well</i> .....	5 (4%)
	<i>Neither</i> .....	4 (3%)
	<i>Badly</i> .....	5 (4%)
	<i>Very badly</i> .....	6 (5%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	<i>Yes</i> .....	103 (74%)
	<i>No</i> .....	37 (26%)
<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> .....	89 (64%)
	<i>No</i> .....	49 (36%)
<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> .....	27 (19%)
	<i>No</i> .....	114 (81%)

<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i> .....	10 (7%)
	<i>Never</i> .....	41 (29%)
	<i>Rarely</i> .....	38 (27%)
	<i>Some of the time</i> .....	38 (27%)
	<i>Most of the time</i> .....	10 (7%)
	<i>All of the time</i> .....	5 (4%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i> .....	91 (66%)
	<i>In the first week</i> .....	11 (8%)
	<i>More than a week</i> .....	23 (17%)
	<i>Don't remember</i> .....	12 (9%)
<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> .....	91 (65%)
	<i>Very helpful</i> .....	17 (12%)
	<i>Helpful</i> .....	9 (6%)
	<i>Neither</i> .....	10 (7%)
	<i>Not very helpful</i> .....	7 (5%)
	<i>Not at all helpful</i> .....	6 (4%)

### Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>	
	<i>Yes</i> .....	80 (57%)
	<i>No</i> .....	61 (43%)
<b>Q8.2</b>	<b>Do you feel unsafe now?</b>	
	<i>Yes</i> .....	50 (37%)
	<i>No</i> .....	86 (63%)
<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> .....	61 (45%)
	<i>Everywhere</i> .....	45 (33%)
	<i>Segregation unit</i> .....	6 (4%)
	<i>Association areas</i> .....	24 (18%)
	<i>Reception area</i> .....	9 (7%)
	<i>At the gym</i> .....	11 (8%)
	<i>In an exercise yard</i> .....	15 (11%)
	<i>At work</i> .....	16 (12%)
	<i>During movement</i> .....	30 (22%)
	<i>At education</i> .....	10 (7%)
	<i>At meal times</i> .....	16 (12%)
	<i>At health services</i> .....	12 (9%)
	<i>Visits area</i> .....	12 (9%)
	<i>In wing showers</i> .....	21 (15%)
	<i>In gym showers</i> .....	10 (7%)
	<i>In corridors/stairwells</i> .....	26 (19%)
	<i>On your landing/wing</i> .....	23 (17%)
	<i>In your cell</i> .....	13 (9%)
	<i>At religious services</i> .....	5 (4%)
<b>Q8.4</b>	<b>Have you been victimised by other prisoners here?</b>	
	<i>Yes</i> .....	54 (39%)
	<i>No</i> .....	86 (61%)

<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>	24 (17%)
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	24 (17%)
	<i>Sexual abuse.....</i>	3 (2%)
	<i>Feeling threatened or intimidated .....</i>	28 (20%)
	<i>Having your canteen/property taken .....</i>	16 (11%)
	<i>Medication .....</i>	10 (7%)
	<i>Debt.....</i>	19 (14%)
	<i>Drugs.....</i>	14 (10%)
	<i>Your race or ethnic origin.....</i>	7 (5%)
	<i>Your religion/religious beliefs.....</i>	6 (4%)
	<i>Your nationality .....</i>	8 (6%)
	<i>You are from a different part of the country than others.....</i>	8 (6%)
	<i>You are from a traveller community .....</i>	0 (0%)
	<i>Your sexual orientation .....</i>	1 (1%)
	<i>Your age.....</i>	2 (1%)
	<i>You have a disability .....</i>	6 (4%)
	<i>You were new here.....</i>	10 (7%)
	<i>Your offence/ crime .....</i>	7 (5%)
	<i>Gang related issues.....</i>	13 (9%)
<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>	
	Yes .....	49 (36%)
	No.....	88 (64%)
<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>	28 (20%)
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	8 (6%)
	<i>Sexual abuse.....</i>	1 (1%)
	<i>Feeling threatened or intimidated .....</i>	21 (15%)
	<i>Medication .....</i>	6 (4%)
	<i>Debt.....</i>	6 (4%)
	<i>Drugs.....</i>	3 (2%)
	<i>Your race or ethnic origin.....</i>	10 (7%)
	<i>Your religion/religious beliefs.....</i>	10 (7%)
	<i>Your nationality .....</i>	7 (5%)
	<i>You are from a different part of the country than others.....</i>	7 (5%)
	<i>You are from a traveller community .....</i>	1 (1%)
	<i>Your sexual orientation.....</i>	1 (1%)
	<i>Your age.....</i>	3 (2%)
	<i>You have a disability .....</i>	4 (3%)
	<i>You were new here.....</i>	6 (4%)
	<i>Your offence/ crime .....</i>	5 (4%)
	<i>Gang related issues.....</i>	2 (1%)
<b>Q8.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	Not been victimised.....	64 (48%)
	Yes .....	26 (20%)
	No.....	42 (32%)

### 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	23 (17%)	8 (6%)	22 (16%)	14 (10%)	35 (25%)	36 (26%)
	The nurse	19 (14%)	21 (15%)	50 (36%)	15 (11%)	16 (12%)	17 (12%)
	The dentist	30 (22%)	4 (3%)	16 (12%)	10 (7%)	33 (24%)	44 (32%)

<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	29 (21%)	16 (12%)	28 (20%)	18 (13%)	27 (19%)	21 (15%)
	The nurse	21 (16%)	26 (19%)	41 (30%)	22 (16%)	9 (7%)	16 (12%)
	The dentist	39 (29%)	15 (11%)	23 (17%)	15 (11%)	21 (16%)	21 (16%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<i>Not been</i> .....					12 (9%)	
	<i>Very good</i> .....					11 (8%)	
	<i>Good</i> .....					35 (26%)	
	<i>Neither</i> .....					25 (18%)	
	<i>Bad</i> .....					26 (19%)	
	<i>Very bad</i> .....					27 (20%)	
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes .....					68 (49%)	
	No .....					72 (51%)	
<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> .....					72 (52%)	
	<i>Yes, all my meds</i> .....					31 (22%)	
	<i>Yes, some of my meds</i> .....					16 (12%)	
	<i>No</i> .....					20 (14%)	
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>						
	Yes .....					52 (38%)	
	No .....					85 (62%)	
<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> .....					85 (63%)	
	Yes .....					22 (16%)	
	No .....					28 (21%)	

### 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 .....	45 (33%)	
	No .....	92 (67%)	
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>		
	Yes .....	28 (21%)	
	No .....	108 (79%)	
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>		
	<i>Very easy</i> .....	70 (52%)	
	<i>Easy</i> .....	15 (11%)	
	<i>Neither</i> .....	5 (4%)	
	<i>Difficult</i> .....	2 (1%)	
	<i>Very difficult</i> .....	1 (1%)	
	<i>Don't know</i> .....	42 (31%)	

<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy.....	24 (18%)
	Easy.....	24 (18%)
	Neither.....	15 (11%)
	Difficult.....	9 (7%)
	Very difficult.....	7 (5%)
	Don't know.....	57 (42%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes.....	30 (22%)
	No.....	105 (78%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes.....	13 (10%)
	No.....	123 (90%)
<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>	
	Did not / do not have a drug problem.....	79 (62%)
	Yes.....	25 (20%)
	No.....	24 (19%)
<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>	
	Did not / do not have an alcohol problem.....	108 (80%)
	Yes.....	12 (9%)
	No.....	15 (11%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	Did not have a problem/ did not receive help.....	94 (77%)
	Yes.....	15 (12%)
	No.....	13 (11%)

### Section 11: 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	8 (6%)	33 (24%)	53 (38%)	14 (10%)	21 (15%)	10 (7%)
	Vocational or skills training	23 (17%)	15 (11%)	54 (40%)	20 (15%)	13 (10%)	10 (7%)
	Education (including basic skills)	23 (18%)	19 (15%)	55 (42%)	19 (15%)	7 (5%)	7 (5%)
	Offending behaviour programmes	41 (32%)	8 (6%)	23 (18%)	18 (14%)	19 (15%)	21 (16%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>						
	Not involved in any of these.....					24 (18%)	
	Prison job.....					89 (68%)	
	Vocational or skills training.....					14 (11%)	
	Education (including basic skills).....					21 (16%)	
	Offending behaviour programmes.....					4 (3%)	

<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>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	12 (10%)	47 (39%)	48 (40%)	13 (11%)
	Vocational or skills training	18 (18%)	44 (44%)	28 (28%)	9 (9%)
	Education (including basic skills)	15 (15%)	47 (47%)	26 (26%)	11 (11%)
	Offending behaviour programmes	28 (29%)	31 (32%)	26 (27%)	13 (13%)
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>				
	<i>Don't want to go</i> .....				30 (22%)
	<i>Never</i> .....				22 (16%)
	<i>Less than once a week</i> .....				35 (26%)
	<i>About once a week</i> .....				45 (33%)
	<i>More than once a week</i> .....				3 (2%)
<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> .....				38 (29%)
	<i>Yes</i> .....				53 (40%)
	<i>No</i> .....				42 (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> .....				29 (21%)
	<i>0</i> .....				41 (30%)
	<i>1 to 2</i> .....				45 (33%)
	<i>3 to 5</i> .....				21 (15%)
	<i>More than 5</i> .....				0 (0%)
<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> .....				11 (8%)
	<i>0</i> .....				35 (26%)
	<i>1 to 2</i> .....				53 (39%)
	<i>3 to 5</i> .....				25 (18%)
	<i>More than 5</i> .....				12 (9%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>				
	<i>Don't want to go</i> .....				3 (2%)
	<i>0</i> .....				6 (4%)
	<i>1 to 2</i> .....				34 (25%)
	<i>3 to 5</i> .....				50 (37%)
	<i>More than 5</i> .....				41 (31%)
<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> .....				18 (14%)
	<i>2 to less than 4 hours</i> .....				28 (21%)
	<i>4 to less than 6 hours</i> .....				26 (20%)
	<i>6 to less than 8 hours</i> .....				19 (14%)
	<i>8 to less than 10 hours</i> .....				18 (14%)
	<i>10 hours or more</i> .....				22 (17%)
	<i>Don't know</i> .....				2 (2%)



### Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	Yes .....	31 (23%)
	No.....	103 (77%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes .....	71 (53%)
	No.....	64 (47%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes .....	50 (37%)
	No.....	85 (63%)
<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> .....	19 (14%)
	<i>Very easy</i> .....	16 (12%)
	<i>Easy</i> .....	27 (20%)
	<i>Neither</i> .....	26 (19%)
	<i>Difficult</i> .....	22 (16%)
	<i>Very difficult</i> .....	22 (16%)
	<i>Don't know</i> .....	2 (1%)

### 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> .....	0 (0%)
	Yes .....	108 (79%)
	No.....	28 (21%)
<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> .....	28 (21%)
	<i>No contact</i> .....	40 (29%)
	<i>Letter</i> .....	33 (24%)
	<i>Phone</i> .....	29 (21%)
	<i>Visit</i> .....	35 (26%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes .....	105 (78%)
	No.....	30 (22%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<i>Not sentenced</i> .....	0 (0%)
	Yes .....	74 (55%)
	No.....	60 (45%)
<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> .....	60 (45%)
	<i>Very involved</i> .....	22 (17%)
	<i>Involved</i> .....	19 (14%)
	<i>Neither</i> .....	4 (3%)
	<i>Not very involved</i> .....	14 (11%)
	<i>Not at all involved</i> .....	13 (10%)

<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> .....	60	(45%)	
	<i>Nobody</i> .....	35	(26%)	
	<i>Offender supervisor</i> .....	29	(22%)	
	<i>Offender manager</i> .....	20	(15%)	
	<i>Named/ personal officer</i> .....	8	(6%)	
	<i>Staff from other departments</i> .....	6	(4%)	
<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> .....	60	(46%)	
	<i>Yes</i> .....	40	(31%)	
	<i>No</i> .....	19	(15%)	
	<i>Don't know</i> .....	12	(9%)	
<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> .....	60	(45%)	
	<i>Yes</i> .....	18	(14%)	
	<i>No</i> .....	38	(29%)	
	<i>Don't know</i> .....	17	(13%)	
<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> .....	60	(46%)	
	<i>Yes</i> .....	19	(15%)	
	<i>No</i> .....	30	(23%)	
	<i>Don't know</i> .....	22	(17%)	
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>			
	<i>Yes</i> .....	9	(7%)	
	<i>No</i> .....	62	(46%)	
	<i>Don't know</i> .....	65	(48%)	
<b>Q13.11</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>			
	<i>Yes</i> .....	15	(11%)	
	<i>No</i> .....	117	(89%)	
<b>Q13.12</b>	<b>Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)</b>			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	23 (20%)	36 (31%)	58 (50%)
	Accommodation	26 (22%)	33 (28%)	59 (50%)
	Benefits	24 (20%)	40 (33%)	56 (47%)
	Finances	27 (24%)	28 (25%)	58 (51%)
	Education	28 (24%)	35 (30%)	52 (45%)
	Drugs and alcohol	31 (27%)	37 (32%)	48 (41%)
<b>Q13.13</b>	<b>Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?</b>			
	<i>Not sentenced</i> .....	0	(0%)	
	<i>Yes</i> .....	68	(54%)	
	<i>No</i> .....	59	(46%)	

## Main comparator and comparator to last time



### Prisoner survey responses HMP Featherstone 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

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	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>148</b>	<b>6,464</b>	<b>148</b>	<b>162</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	0%	2%	0%	1%
1.3	Are you sentenced?	100%	100%	100%	98%
1.3	Are you on recall?	14%	9%	14%	7%
1.4	Is your sentence less than 12 months?	6%	6%	6%	5%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	8%	5%	15%
1.5	Are you a foreign national?	10%	9%	10%	9%
1.6	Do you understand spoken English?	98%	99%	98%	97%
1.7	Do you understand written English?	97%	98%	97%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	39%	25%	39%	30%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	5%	5%	3%
1.1	Are you Muslim?	18%	13%	18%	11%
1.11	Are you homosexual/gay or bisexual?	1%	4%	1%	2%
1.12	Do you consider yourself to have a disability?	22%	22%	22%	21%
1.13	Are you a veteran (ex-armed services)?	7%	6%	7%	8%
1.14	Is this your first time in prison?	31%	39%	31%	30%
1.15	Do you have any children under the age of 18?	55%	51%	55%	56%
<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?	28%	46%	28%	24%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	67%	74%	67%	64%
2.3	Were you offered a toilet break?	4%	8%	4%	14%
2.4	Was the van clean?	54%	61%	54%	55%
2.5	Did you feel safe?	69%	79%	69%	83%
2.6	Were you treated well/very well by the escort staff?	72%	73%	72%	70%
2.7	Before you arrived here were you told that you were coming here?	66%	60%	66%	65%
2.7	Before you arrived here did you receive any written information about coming here?	7%	13%	7%	6%
2.8	When you first arrived here did your property arrive at the same time as you?	79%	85%	79%	82%

## Main comparator and comparator to last time

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<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	29%	54%	29%	32%
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	85%	85%	73%
3.3	Were you treated well/very well in reception?	62%	76%	62%	75%
	When you first arrived:				
3.4	Did you have any problems?	68%	61%	68%	68%
3.4	Did you have any problems with loss of property?	26%	19%	26%	21%
3.4	Did you have any housing problems?	13%	13%	13%	10%
3.4	Did you have any problems contacting employers?	2%	2%	2%	2%
3.4	Did you have any problems contacting family?	24%	19%	24%	17%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	2%	0%	1%
3.4	Did you have any money worries?	11%	13%	11%	18%
3.4	Did you have any problems with feeling depressed or suicidal?	15%	15%	15%	15%
3.4	Did you have any physical health problems?	11%	13%	11%	17%
3.4	Did you have any mental health problems?	27%	18%	27%	18%
3.4	Did you have any problems with needing protection from other prisoners?	9%	5%	9%	6%
3.4	Did you have problems accessing phone numbers?	16%	16%	16%	18%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	35%	36%	35%	38%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	63%	75%	63%	86%
3.6	A shower?	26%	28%	26%	34%
3.6	A free telephone call?	42%	41%	42%	50%
3.6	Something to eat?	61%	56%	61%	61%
3.6	PIN phone credit?	43%	51%	43%	62%
3.6	Toiletries/ basic items?	29%	48%	29%	36%

## Key to tables

## Main comparator and comparator to last time

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<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?	44%	53%	44%	55%
3.7	Someone from health services?	65%	69%	65%	71%
3.7	A Listener/Samaritans?	42%	33%	42%	59%
3.7	Prison shop/ canteen?	23%	25%	23%	27%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	47%	50%	47%	58%
3.8	Support was available for people feeling depressed or suicidal?	30%	40%	30%	43%
3.8	How to make routine requests?	37%	44%	37%	53%
3.8	Your entitlement to visits?	34%	39%	34%	46%
3.8	Health services?	46%	51%	46%	56%
3.8	The chaplaincy?	39%	48%	39%	49%
3.9	Did you feel safe on your first night here?	71%	80%	71%	85%
3.10	Have you been on an induction course?	86%	90%	86%	93%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	60%	59%	60%	58%
3.12	Did you receive an education (skills for life) assessment?	84%	84%	84%	84%
<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?	32%	43%	32%	50%
4.1	Attend legal visits?	39%	45%	39%	61%
4.1	Get bail information?	10%	14%	10%	19%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	47%	38%	47%	55%
4.3	Can you get legal books in the library?	45%	41%	45%	51%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	42%	67%	42%	58%
4.4	Are you normally able to have a shower every day?	79%	91%	79%	97%
4.4	Do you normally receive clean sheets every week?	58%	70%	58%	83%
4.4	Do you normally get cell cleaning materials every week?	40%	65%	40%	69%
4.4	Is your cell call bell normally answered within five minutes?	24%	34%	24%	55%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	66%	68%	66%	71%
4.4	Can you normally get your stored property, if you need to?	22%	23%	22%	31%
4.5	Is the food in this prison good/very good?	23%	31%	23%	21%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	31%	48%	31%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	48%	56%	48%	69%
4.8	Are your religious beliefs are respected?	44%	52%	44%	60%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	52%	58%	52%	64%
4.10	Is it easy/very easy to attend religious services?	44%	49%	44%	55%

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<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	74%	81%	74%	84%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	42%	56%	42%	53%
5.2	Do you feel applications are dealt with quickly (within seven days)?	32%	38%	32%	35%
5.3	Is it easy to make a complaint?	53%	59%	53%	60%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	24%	33%	24%	32%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	23%	28%	23%	29%
5.5	Have you ever been prevented from making a complaint when you wanted to?	35%	19%	35%	27%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	19%	29%	19%	26%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	48%	48%	48%	43%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	45%	41%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	16%	8%	16%	7%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	32%	36%	32%	28%
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	74%	79%	74%	77%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	64%	73%	64%	72%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	19%	30%	19%	36%
7.4	Do staff normally speak to you most of the time/all of the time during association?	11%	21%	11%	16%
7.5	Do you have a personal officer?	34%	64%	34%	62%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	53%	62%	53%	66%

## Main comparator and comparator to last time

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<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	57%	38%	57%	38%
8.2	Do you feel unsafe now?	37%	16%	37%	15%
8.4	Have you been victimised by other prisoners here?	39%	27%	39%	29%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	17%	12%	17%	15%
8.5	Hit, kicked or assaulted you?	17%	8%	17%	12%
8.5	Sexually abused you?	2%	1%	2%	1%
8.5	Threatened or intimidated you?	20%	16%	20%	20%
8.5	Taken your canteen/property?	11%	7%	11%	12%
8.5	Victimised you because of medication?	7%	4%	7%	6%
8.5	Victimised you because of debt?	14%	5%	14%	8%
8.5	Victimised you because of drugs?	10%	4%	10%	10%
8.5	Victimised you because of your race or ethnic origin?	5%	4%	5%	2%
8.5	Victimised you because of your religion/religious beliefs?	4%	3%	4%	4%
8.5	Victimised you because of your nationality?	6%	3%	6%	3%
8.5	Victimised you because you were from a different part of the country?	6%	4%	6%	6%
8.5	Victimised you because you are from a Traveller community?	0%	1%	0%	1%
8.5	Victimised you because of your sexual orientation?	1%	2%	1%	1%
8.5	Victimised you because of your age?	2%	3%	2%	3%
8.5	Victimised you because you have a disability?	4%	3%	4%	3%
8.5	Victimised you because you were new here?	7%	5%	7%	5%
8.5	Victimised you because of your offence/crime?	5%	4%	5%	2%
8.5	Victimised you because of gang related issues?	9%	5%	9%	5%

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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?	36%	28%	36%	41%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	20%	10%	20%	17%
8.7	Hit, kicked or assaulted you?	6%	4%	6%	9%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	15%	12%	15%	18%
8.7	Victimised you because of medication?	4%	4%	4%	5%
8.7	Victimised you because of debt?	4%	2%	4%	4%
8.7	Victimised you because of drugs?	2%	2%	2%	7%
8.7	Victimised you because of your race or ethnic origin?	7%	4%	7%	4%
8.7	Victimised you because of your religion/religious beliefs?	7%	3%	7%	3%
8.7	Victimised you because of your nationality?	5%	3%	5%	2%
8.7	Victimised you because you were from a different part of the country?	5%	3%	5%	1%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.7	Victimised you because of your age?	2%	2%	2%	3%
8.7	Victimised you because you have a disability?	3%	3%	3%	2%
8.7	Victimised you because you were new here?	4%	4%	4%	4%
8.7	Victimised you because of your offence/crime?	4%	4%	4%	5%
8.7	Victimised you because of gang related issues?	2%	2%	2%	3%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	38%	40%	38%	51%



## Main comparator and comparator to last time

### Key to tables

	Any percentage highlighted in green is significantly better	HMP Featherstone 2016	Category C training prisons comparator	HMP Featherstone 2016	HMP Featherstone 2013
	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 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	22%	29%	22%	27%
9.1	Is it easy/very easy to see the nurse?	52%	49%	52%	57%
9.1	Is it easy/very easy to see the dentist?	15%	14%	15%	17%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	40%	49%	40%	42%
9.2	The nurse?	59%	57%	59%	52%
9.2	The dentist?	40%	44%	40%	45%
9.3	The overall quality of health services?	37%	42%	37%	38%
9.4	Are you currently taking medication?	49%	50%	49%	50%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	70%	83%	70%	74%
9.6	Do you have any emotional well being or mental health problems?	38%	34%	38%	28%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	44%	50%	44%	52%
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	33%	26%	33%	24%
10.2	Did you have a problem with alcohol when you came into this prison?	21%	16%	21%	17%
10.3	Is it easy/very easy to get illegal drugs in this prison?	63%	43%	63%	54%
10.4	Is it easy/very easy to get alcohol in this prison?	35%	25%	35%	39%
10.5	Have you developed a problem with drugs since you have been in this prison?	22%	10%	22%	14%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	10%	7%	10%	12%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	51%	61%	51%	69%
10.8	Have you received any support or help with your alcohol problem while in this prison?	44%	63%	44%	62%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	54%	77%	54%	82%

## Main comparator and comparator to last time

### Key to tables

		HMP Featherstone 2016	Category C training prisons comparator	HMP Featherstone 2016	HMP Featherstone 2013
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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 11: Activities</b>					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	62%	48%	62%	67%
11.1	Vocational or skills training?	51%	42%	51%	56%
11.1	Education (including basic skills)?	57%	56%	57%	71%
11.1	Offending behaviour programmes?	24%	24%	24%	27%
Are you currently involved in any of the following activities:					
11.2	A prison job?	68%	59%	68%	72%
11.2	Vocational or skills training?	11%	16%	11%	16%
11.2	Education (including basic skills)?	16%	21%	16%	16%
11.2	Offending behaviour programmes?	3%	12%	3%	8%
11.3	Have you had a job while in this prison?	90%	83%	90%	94%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	44%	44%	44%	54%
11.3	Have you been involved in vocational or skills training while in this prison?	82%	75%	82%	87%
For those who have had vocational or skills training while in this prison:					
11.3	Do you feel the vocational or skills training will help you on release?	54%	57%	54%	50%
11.3	Have you been involved in education while in this prison?	85%	79%	85%	87%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	56%	57%	56%	63%
11.3	Have you been involved in offending behaviour programmes while in this prison?	71%	71%	71%	82%
For those who have been involved in offending behaviour programmes while in this prison:					
11.3	Do you feel the offending behaviour programme(s) will help you on release?	44%	50%	44%	51%
11.4	Do you go to the library at least once a week?	36%	42%	36%	32%
11.5	Does the library have a wide enough range of materials to meet your needs?	40%	45%	40%	39%
11.6	Do you go to the gym three or more times a week?	16%	33%	16%	22%
11.7	Do you go outside for exercise three or more times a week?	27%	54%	27%	20%
11.8	Do you go on association more than five times each week?	31%	63%	31%	13%
11.9	Do you spend ten or more hours out of your cell on a weekday?	17%	17%	17%	18%
<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?	23%	33%	23%	38%
12.2	Have you had any problems with sending or receiving mail?	53%	42%	53%	38%
12.3	Have you had any problems getting access to the telephones?	37%	21%	37%	24%
12.4	Is it easy/ very easy for your friends and family to get here?	32%	28%	32%	38%

## Main comparator and comparator to last time

### Key to tables

		HMP Featherstone 2016	Category C training prisons comparator	HMP Featherstone 2016	HMP Featherstone 2013
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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<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?	79%	82%	79%	79%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	37%	36%	37%	41%
13.2	Contact by letter?	31%	34%	31%	38%
13.2	Contact by phone?	27%	26%	27%	29%
13.2	Contact by visit?	32%	32%	32%	28%
13.3	Do you have a named offender supervisor in this prison?	78%	75%	78%	74%
For those who are sentenced:					
13.4	Do you have a sentence plan?	55%	62%	55%	64%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	57%	53%	57%	60%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	47%	46%	47%	50%
13.6	Offender supervisor?	39%	38%	39%	40%
13.6	Offender manager?	27%	28%	27%	25%
13.6	Named/ personal officer?	11%	12%	11%	12%
13.6	Staff from other departments?	8%	15%	8%	15%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	56%	62%	56%	69%
13.8	Are there plans for you to achieve any of your targets in another prison?	25%	19%	25%	24%
13.9	Are there plans for you to achieve any of your targets in the community?	27%	28%	27%	31%
13.10	Do you have a needs based custody plan?	7%	6%	7%	11%
13.11	Do you feel that any member of staff has helped you to prepare for release?	11%	15%	11%	20%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	38%	34%	38%	34%
13.12	Accommodation?	36%	36%	36%	31%
13.12	Benefits?	42%	38%	42%	42%
13.12	Finances?	33%	27%	33%	26%
13.12	Education?	40%	34%	40%	28%
13.12	Drugs and alcohol?	44%	42%	44%	49%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	54%	54%	54%	56%

## Diversity analysis



### Key question responses (ethnicity and religion) HMP Featherstone 2016

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

#### Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
<b>Number of completed questionnaires returned</b>		<b>57</b>	<b>89</b>	<b>26</b>	<b>116</b>
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	11%	8%	20%	7%
1.6	Do you understand spoken English?	100%	98%	96%	98%
1.7	Do you understand written English?	100%	97%	96%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			80%	29%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	8%	0%	6%
1.1	Are you Muslim?	38%	6%		
1.12	Do you consider yourself to have a disability?	11%	29%	8%	26%
1.13	Are you a veteran (ex-armed services)?	4%	9%	0%	9%
1.14	Is this your first time in prison?	27%	32%	27%	31%
2.6	Were you treated well/very well by the escort staff?	76%	69%	77%	72%
2.7	Before you arrived here were you told that you were coming here?	63%	67%	73%	65%
3.2	When you were searched in reception, was this carried out in a respectful way?	78%	89%	79%	87%
3.3	Were you treated well/very well in reception?	59%	64%	71%	63%
3.4	Did you have any problems when you first arrived?	64%	71%	61%	68%
3.7	Did you have access to someone from health care when you first arrived here?	61%	69%	48%	70%
3.9	Did you feel safe on your first night here?	69%	72%	66%	71%
3.10	Have you been on an induction course?	88%	86%	92%	86%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	33%	30%	44%	29%

## 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				
4.4	Are you normally offered enough clean, suitable clothes for the week?	47%	38%	32%	44%
4.4	Are you normally able to have a shower every day?	83%	78%	74%	81%
4.4	Is your cell call bell normally answered within five minutes?	23%	25%	21%	25%
4.5	Is the food in this prison good/very good?	18%	23%	27%	21%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	22%	37%	27%	33%
4.7	Are you able to speak to a Listener at any time, if you want to?	40%	54%	35%	52%
4.8	Do you feel your religious beliefs are respected?	48%	42%	65%	40%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	51%	52%	73%	47%
5.1	Is it easy to make an application?	68%	79%	72%	77%
5.3	Is it easy to make a complaint?	46%	56%	50%	55%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	46%	40%	52%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	35%	44%	63%	38%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	20%	12%	16%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	67%	77%	66%	76%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	67%	63%	60%	66%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	7%	13%	8%	12%
7.4	Do you have a personal officer?	30%	37%	40%	34%
8.1	Have you ever felt unsafe here?	47%	63%	56%	57%
8.2	Do you feel unsafe now?	33%	40%	50%	35%
8.3	Have you been victimised by other prisoners?	21%	49%	38%	38%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	6%	29%	17%	21%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	5%	9%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	4%	13%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	2%	8%	4%	6%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	7%	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?	43%	32%	58%	30%
8.7	Have you ever felt threatened or intimidated by staff here?	19%	14%	20%	14%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	13%	4%	20%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	11%	5%	20%	5%
8.7	Have you been victimised because of your nationality? (By staff)	7%	4%	12%	4%
8.7	Have you been victimised because you have a disability? (By staff)	0%	5%	0%	4%
9.1	Is it easy/very easy to see the doctor?	26%	19%	28%	20%
9.1	Is it easy/ very easy to see the nurse?	47%	54%	48%	53%
9.4	Are you currently taking medication?	30%	61%	24%	56%
9.6	Do you feel you have any emotional well being/mental health issues?	19%	50%	16%	43%
10.3	Is it easy/very easy to get illegal drugs in this prison?	52%	69%	61%	63%
11.2	Are you currently working in the prison?	66%	71%	61%	72%
11.2	Are you currently undertaking vocational or skills training?	14%	9%	9%	11%
11.2	Are you currently in education (including basic skills)?	14%	16%	26%	13%
11.2	Are you currently taking part in an offending behaviour programme?	4%	3%	4%	3%
11.4	Do you go to the library at least once a week?	35%	37%	39%	35%
11.6	Do you go to the gym three or more times a week?	16%	15%	9%	17%
11.7	Do you go outside for exercise three or more times a week?	24%	29%	13%	31%
11.8	On average, do you go on association more than five times each week?	24%	35%	17%	35%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	20%	15%	13%	18%
12.2	Have you had any problems sending or receiving mail?	56%	52%	54%	51%
12.3	Have you had any problems getting access to the telephones?	33%	40%	46%	35%

## Diversity Analysis



### Key question responses (disability) HMP Featherstone 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 have a disability</b>	<b>Do not consider themselves to have a disability</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>32</b>	<b>116</b>
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	10%	10%
1.6	Do you understand spoken English?	100%	97%
1.7	Do you understand written English?	100%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	19%	45%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	5%
1.1	Are you Muslim?	7%	22%
1.12	Do you consider yourself to have a disability?	-	-
1.13	Are you a veteran (ex-armed services)?	10%	6%
1.14	Is this your first time in prison?	22%	33%
2.6	Were you treated well/very well by the escort staff?	72%	72%
2.7	Before you arrived here were you told that you were coming here?	58%	68%
3.2	When you were searched in reception, was this carried out in a respectful way?	80%	86%
3.3	Were you treated well/very well in reception?	53%	65%
3.4	Did you have any problems when you first arrived?	88%	62%
3.7	Did you have access to someone from health care when you first arrived here?	72%	63%
3.9	Did you feel safe on your first night here?	55%	75%
3.10	Have you been on an induction course?	87%	86%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	31%	32%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	41%	42%
4.4	Are you normally able to have a shower every day?	78%	80%
4.4	Is your cell call bell normally answered within five minutes?	26%	24%
4.5	Is the food in this prison good/very good?	19%	23%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	26%	33%
4.7	Are you able to speak to a Listener at any time, if you want to?	45%	49%
4.8	Do you feel your religious beliefs are respected?	42%	45%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	52%	52%
5.1	Is it easy to make an application?	68%	76%
5.3	Is it easy to make a complaint?	58%	51%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	40%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	42%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	20%	15%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	69%	75%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	62%	65%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	10%	11%
7.4	Do you have a personal officer?	33%	34%
8.1	Have you ever felt unsafe here?	74%	52%
8.2	Do you feel unsafe now?	52%	33%
8.3	Have you been victimised by other prisoners?	47%	36%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	27%	18%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	13%	4%
8.5	Have you been victimised because of your age? (By prisoners)	3%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	20%	0%



## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</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?	49%	32%
8.7	Have you ever felt threatened or intimidated by staff here?	19%	14%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	9%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	10%	7%
8.7	Have you been victimised because of your nationality? (By staff)	7%	5%
8.7	Have you been victimised because of your age? (By staff)	7%	1%
8.7	Have you been victimised because you have a disability? (By staff)	13%	0%
9.1	Is it easy/very easy to see the doctor?	16%	23%
9.1	Is it easy/ very easy to see the nurse?	42%	54%
9.4	Are you currently taking medication?	67%	44%
9.6	Do you feel you have any emotional well being/mental health issues?	67%	30%
10.3	Is it easy/very easy to get illegal drugs in this prison?	79%	59%
11.2	Are you currently working in the prison?	67%	69%
11.2	Are you currently undertaking vocational or skills training?	10%	11%
11.2	Are you currently in education (including basic skills)?	10%	18%
11.2	Are you currently taking part in an offending behaviour programme?	3%	3%
11.4	Do you go to the library at least once a week?	33%	36%
11.6	Do you go to the gym three or more times a week?	16%	15%
11.7	Do you go outside for exercise three or more times a week?	26%	28%
11.8	On average, do you go on association more than five times each week?	37%	29%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	13%	18%
12.2	Have you had any problems sending or receiving mail?	54%	52%
12.3	Have you had any problems getting access to the telephones?	49%	34%







HM Inspectorate of Prisons is a member of the UK's National Preventive Mechanism, a group of organisations which independently monitor all places of detention to meet the requirements of international human rights law.

