

Report on an unannounced inspection of

HMP Wymott

by HM Chief Inspector of Prisons

10–21 October 2016

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



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

Printed and published by:
Her Majesty's Inspectorate of Prisons
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30–34 Kingsway
London
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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 Wymott, located in central Lancashire, is a category C training prison for adult male prisoners and a small number of young adults. Spread over a large site, it holds over 1,100 prisoners, approximately half of whom are on discrete wings for vulnerable prisoners who had been convicted of sex offences. Since our last inspection in summer 2014 the population had changed somewhat, with nearly all prisoners now serving sentences of more than four years and up to life. In general, we have in the past reported positively about Wymott.

We concluded that Wymott remained a reasonably safe prison, although during the summer months prior to this inspection the prison had experienced a significant spike in violent incidents. The likely explanation for this concerned gang-related issues linked to the supply of new psychoactive substances (NPS), 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. The prison had identified the key prisoners involved in the supply and use of these substances and taken prompt and robust action to address the problem before it got out of control. As a result, we saw that levels of violence had started to reduce towards the previous relatively low levels. Nevertheless, men in our survey were more likely to report feeling unsafe than at the previous inspection and compared with similar prisons, and continued vigilance was needed to ensure the downward trend in violence continued and that the situation fully stabilised. Related to this were some prisoners who had either sought segregation for their own protection or who were isolating themselves on the wings. While managers knew who these men were, the regime offered to those on the wings was particularly poor and needed immediate attention.

Staff-prisoner relationships were generally respectful and prisoner consultation was now excellent and meaningful. Prison managers focused well on ensuring the prison was decent and on improving the environment. Outside areas were particularly good and there was a real focus on cleanliness and making the most of what were very mixed wings. Some innovative initiatives had been developed for ensuring cells were properly equipped.

The number of men with disabilities had increased, and the ageing population included some with very restricted mobility. Adapted living accommodation for these men was very limited and needed to be improved. The food provided was relatively good and real strides had been made since the previous inspection in equality and diversity work.

Health care provision, in contrast, was weak and in some areas potentially unsafe. The service was going through a retendering process which had caused uncertainty and was having a destabilising effect. Clinical governance and cleanliness were insufficient, and despite there being some committed staff, the care of men with chronic health problems was not good enough. There were a number of serious shortcomings in medicines management. Although those with acute or urgent problems received good care, overall we considered the service had some substantial failings.

Learning and skills provision had improved further, and outcomes were either good or outstanding in all the areas Ofsted inspected. This was a significant achievement and an obvious product of clear leadership and a plan to provide good-quality activities which supported efforts to rehabilitate the men. Nevertheless, staffing shortages had resulted in a restricted core day and we found too many men locked in their cells during the working day, rather than participating in the good range of purposeful activities offered.

Resettlement provision was also generally strong. Offender management arrangements overall had improved since the last inspection, although levels of contact between offender supervisors and men on their caseloads needed to be improved. Some excellent offending behaviour work was carried out, including with men who were in denial of their offence, and the psychologically informed planned environment (PIPE) unit for those with complex offending behaviour, which had opened since the last

inspection, was a positive addition. The substance misuse therapeutic community (TC) remained an excellent facility and work to support contact between prisoners and their families was good compared with other male prisons. Despite some weaknesses in reintegration work for men being released directly from Wymott, the overall picture in resettlement was good.

Wymott was weathering similar pressures and challenges to other prisons, but was doing so with a proactive 'can do' approach, with an emphasis on finding solutions to problems and maintaining reasonably good outcomes for prisoners. This was underpinned by strong leadership that prioritised decency and provided men with opportunities to address their risks and work towards a successful rehabilitation. We commend the work being done and support the leadership team's efforts to improve further the outcomes being achieved.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

December 2016

Fact page

Task of the establishment

A category C working prison for adult men and a small number of young adults.

Prison status

Public

Region

Northwest

Number held

1053

Certified normal accommodation

1099

Operational capacity

1173

Date of last full inspection

23 June–4 July 2014

Brief history

Wymott opened in 1979 as a short-term category C prison. There was extensive damage to the prison following a disturbance in 1993, after which part of it was rebuilt and re-designated to hold vulnerable prisoners. The prison population increased in 2003–04, with the addition of two new wings, and in 2008 when the therapeutic community opened.

Short description of residential units

A wing – places for 191 vulnerable prisoners and those in full-time work

B wing – 191 beds for vulnerable prisoners and older men

C wing – space for 118 mainstream prisoners

D wing – 236 places for mainstream prisoners

E/F wing – room for 172 mainstream prisoners; the segregation unit and the psychologically informed planned environment unit

G wing – space for 94 vulnerable prisoners and those in the induction unit

H wing – 112 cells for mainstream prisoners and those in the induction unit

I wing – places for 59 older prisoners and those with a disability

J wing – a mixed population enhanced unit for 40 prisoners

K wing – drug and alcohol therapeutic community accommodating 64 prisoners.

Name of governor

Nicki Smith (Acting governor)

Escort contractor

GEOAmey

Health service provider

Lancashire Care NHS Foundation Trust

Substance misuse services – Greater Manchester West NHS Trust

Learning and skills providers

Novus

Independent Monitoring Board chair

Di Kelshaw

Community rehabilitation company (CRC)

Sodexo

About this inspection and report

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

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

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

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

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

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

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

This report

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

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

Summary

Safety

*Most prisoners had relatively short journeys to the prison and felt safe during escorts. Early days support was good. Levels of violence had increased and prisoners were more likely to say they felt unsafe than previously and compared with similar prisons. The prison had taken effective measures to address the challenges. A small number of men were isolating themselves and the regime offered to them was poor. Arrangements to keep vulnerable prisoners safe remained good. Assessment, care in custody and teamwork (ACCT) case reviews for prisoners at risk of suicide or self-harm were comprehensive but other aspects of the process were applied inconsistently. Safeguarding arrangements were reasonably good overall. Security arrangements were generally appropriate. Disciplinary processes and use of force were generally well managed. The regime in segregation was too limited and a more active approach to reintegration was needed. Substance misuse work was good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

At the last inspection in 2014 we found that outcomes for prisoners in Wymott were reasonably good against this healthy prison test. We made 22 recommendations in the area of safety. At this follow-up inspection, we found that 10 of the recommendations had been achieved, seven had been partially achieved, and five had not been achieved.

- S1 In our survey, most prisoners said they felt safe during escorts to the prison. Most journeys were short. Early days support had improved since our last inspection. Staff in reception were polite, supportive and responsive to prisoners' needs. Prisoners' risks were assessed well and 80% of prisoners in our survey said they felt safe on their first night. Helpful staff, induction orderlies and prisoner information desk (PID) workers supported the induction process, which was effective.
- S2 More prisoners than the comparator and compared with the previous inspection said they felt unsafe in our survey; this was likely to have been linked to a rise in violence over the summer. The number of assaults had earlier been consistently relatively low. The prison's response to the challenges faced during the summer was good and fewer assaults were taking place, although it was too early to judge if this trend would be sustained. Investigations into violent incidents were reasonably good. The prison recognised that the tackling antisocial behaviour system did not adequately address violent behaviour or support victims, and it had launched a better process. Arrangements to keep prisoners who were vulnerable because of their offence safe were good. The small number of mainstream prisoners who were isolating themselves on the wings received a very poor regime.
- S3 There had been no self-inflicted deaths since the last inspection. Levels of self-harm were double the number at our previous inspection, although this was largely attributable to a few prisoners. A large proportion of ACCT case reviews were multidisciplinary, which promoted good risk assessment. However, staff did not identify self-harm triggers well enough and care plans were often insufficiently focused on needs; many observational entries were cursory and lacked detail. There were sufficient Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), who were well trained and supported and prisoners could speak to them at any time.
- S4 Although most staff we spoke to were unfamiliar with adult safeguarding processes, we were satisfied that processes were in place, particularly through the complex needs meeting, which reassured us that such cases would be identified and addressed.

- S5 Physical and procedural security arrangements were mostly proportionate but visits restrictions were often unrelated to trafficking through visits. Security-led meetings were given a high priority and attendance was very good. Joint strategic planning between the security department and the drug strategy and safer prisons teams had significantly improved and addressed security challenges effectively. Intelligence was very well managed. There was an assertive approach to new psychoactive substances, new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects. The mandatory drug testing positive rate was below target. There were too few suspicion tests.
- S6 The incentives and earned privileges scheme was well advertised. More prisoners than in the comparator said they had been treated fairly under the scheme and initiatives to promote good behaviour were positive. Prisoners on the basic level were not managed in a way that acknowledged their individual needs or encouraged them to improve their behaviour.
- S7 The number of adjudications had increased since the last inspection but was relatively low. Hearings were conducted fairly. Force was used more frequently than at the last inspection. Governance arrangements had improved significantly but some important paperwork was incomplete or missing altogether. However, accounts from officers we examined suggested that force was used as a last resort and de-escalation employed as a preferred option.
- S8 Living conditions in the segregation unit were reasonable but the exercise yards were austere. Day-to-day relationships between staff and prisoners were very good. Segregation was used nearly exclusively for prisoners seeking sanctuary from the category C house blocks. Reintegration planning had not been sufficiently developed, particularly for some longer stay residents who had a poor regime. Nearly all prisoners were transferred from segregation to other prisons.
- S9 Psychosocial treatment and clinical services had improved and were very good. Prisoners were positive about the support they received. Peer mentors were used well.

Respect

*Outside areas were excellent. The accommodation was clean and free of graffiti and there had been a significant focus on ensuring prisoners lived in decent conditions. Staff-prisoner relationships were good and consultation was excellent. Equality and diversity work had improved but better living accommodation for disabled prisoners was required. Faith provision was appropriate. There was little demand for legal services support. Efforts were being made to ensure complaints received an appropriate response, but the quality was still too mixed. Some serious failings in health care needed immediate attention. Food was relatively good. Canteen arrangements were adequate. **Outcomes for prisoners were reasonably good against this healthy prison test.***

At the last inspection in 2014 we found that outcomes for prisoners in Wymott were not sufficiently good against this healthy prison test. We made 23 recommendations in the area of respect.² At this follow-up inspection we found that seven of the recommendations had been achieved, five had been partially achieved, and 11 had not been achieved.

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

- S10 There was a strong focus on decency and cleanliness and new initiatives provided prisoners with properly equipped, clean cells and adequate clothing and bedding. We were particularly impressed with the 'room ready' and 'equip' programmes. External areas were excellent, well maintained and prisoners had good access to them. Most had reasonable access to showers but some were grubby. Cell call bells were not always answered promptly enough, but managers were addressing the issue. Prisoners could use the laundry facilities regularly and had reasonable access to telephones; there were sufficient phones in each unit. The introduction of prisoner information desks (PIDs) was a valuable addition and had improved prisoners' ability to make applications, but there were some concerns around confidentiality and the timeliness of responses.
- S11 Many of the interactions we observed between staff and prisoners were positive. There were some excellent staff. On a few occasions, we observed staff gathering in offices missing opportunities to interact with prisoners on the wings or talking about prisoners dismissively. The charity days that were run were excellent; they supported good causes and enhanced staff-prisoner relationships. Electronic case notes on P-Nomis, the Prison Service IT system, were generally informative and managers' checks were good. Prisoner consultation arrangements were excellent and effective; they considered important or unexpected issues, which led to additional meetings to address them.
- S12 Overall, equality and diversity work had improved since our last inspection. The equalities teams were making good efforts to consult men and prisoners' forums took place for all protected characteristics. Monitoring of equalities data had improved and senior management oversight was good. A motivated group of equality representatives received some good support and attended the diversity and equality action team meeting, but training for their role would have been useful. The management of discrimination incident reporting forms was very good – investigations were thorough and responses respectful.
- S13 While black and minority ethnic prisoners were less positive about many aspects of prison life in our survey, allegations of racism were investigated properly and if proven, strong action was taken. Foreign national prisoners had regular access to an immigration officer but received no independent immigration advice. The prison's large number of men with disabilities had been identified. Prisoners with disabilities were less positive about a number of issues in our survey, including reception and access to activities. Not all accommodation was suitable for people with disabilities and the process to manage personal emergency evacuation plans needed to be improved. In our survey, 91% of prisoners over 50 said staff treated them with respect. Gay, bisexual and transgender prisoners received good support from some staff but not all were respectful and their awareness of the needs of this group needed to be improved.
- S14 The chapel and multi-faith rooms were calm and peaceful and chaplaincy orderlies supported the team. Provision for all faiths and pastoral support was good. The committed chaplaincy was integrated into the rest of the prison. Prisoners complained that officers were noisy during services.
- S15 The number of complaints was relatively high. Responses to complaints were too variable and some in our sample were inadequate. Prisoners were involved in quality assuring complaints, which was good. There was little demand for legal services support but legal visits continued to provide inadequate privacy.
- S16 Health governance arrangements required improvement and needed to focus more on issues specific to Wymott. The current uncertainty about the health care service was having a destabilising effect. The imminent departure of some key staff, the lack of clinical supervision and inadequate leadership, meant some very dedicated staff were struggling. Along with staff shortages, these concerns were affecting prisoner outcomes, particularly in the provision of

mental health care and long-term conditions. Only 32% of prisoners in our survey told us the overall quality of health services was either good or very good. Prisoners we spoke to were overwhelmingly negative about health care and we found many areas of concern. Serious shortcomings in medicines management raised serious safety and security concerns. The dental service did not fully meet men's needs and the environment did not meet clinical cleanliness standards. Mental health provision did not meet the population's growing needs. The more severely ill prisoners were prioritised, but for many others there were long delays before they received appropriate treatment. Despite limitations in the environment, some good social care was provided to men on I wing and the Cameo Centre provided older prisoners with a pleasant and welcoming environment.

- S17 The Care Quality Commission found there were breaches of the relevant regulations and has issued one requirement notice. (See Appendix III.)
- S18 Meal choices were reasonable and the food we sampled was good. In our survey, more respondents than at comparator prisons said the food was good. Only 45% of prisoners in our survey said the canteen sold a wide enough range of goods. The decision to expand the range of items available from November 2016 was welcome.

Purposeful activity

*Most prisoners were purposefully employed and, despite a temporary restricted regime, time out of cell was reasonable. Ofsted rated education, work and activities as good overall. Partnership working was well developed and the provision was focused on the needs of the population. Observation of teaching and learning in some areas needed to improve. Overall attendance at activities was good and behaviour excellent. The quality and range of activities was good, and those on the vulnerable prisoner wings had equitable access. Outcomes were generally good, although functional skills needed further improvement. Access to the library was somewhat limited. The gym provision was reasonable overall. **Outcomes for prisoners were reasonably good against this healthy prison test.***

At the last inspection in 2014 we found that outcomes for prisoners in Wymott were good against this healthy prison test. We made eight recommendations in the area of purposeful activity. At this follow-up inspection we found that four of the recommendations had been achieved, one had been partially achieved and three had not been achieved.

- S19 A temporary restricted regime had been introduced, providing prisoners with a measure of predictability. Time out of cell was good for prisoners in specialist units and reasonable for most others. Our roll checks showed only 15% of prisoners locked in their cells during the working day.
- S20 Good partnership working between the prison and the Offender Learning and Skills Service (OLASS) provider Novus, led to effective, timely changes to reflect the prisoner population. The student council informed the education providers' self-assessment. The prison self-assessment was comprehensive and provided a clear view of the provision's strengths and weaknesses. The resulting action plan was reviewed effectively at quality improvement group meetings. Quality improvement measures were good but the observation of teaching and learning for the non-OLASS provision required improvement. Data analysis was effectively used in planning and improving provision. Attendance and punctuality were good. The learning and skills provided by Novus was good.
- S21 The prison had sufficient activity places for all prisoners throughout the week. The prison had a good range of activities. Opportunities for accreditation was available for most prison

work. Allocation to activities was fair and equitable and vulnerable prisoners had similar opportunities compared with mainstream men; information from education and the National Careers Service was used to allocate prisoners swiftly to the most appropriate course. Allocations were informed by sentence planning.

- S22 Teachers used a good variety of activities to engage and motivate prisoners. Peer mentors were used well to provide prisoners with good individual support. English and maths were reinforced well in most lessons. Behaviour management was exceptionally good and supported by a prison-wide behaviour strategy. Target-setting for prisoners in a minority of cases was not sufficiently clear. Coaching in vocational training was good.
- S23 Prisoners had a good attitude to learning and work and worked well individually and in groups. Men were tolerant and respectful towards tutors and peers. They had a good understanding of the practical application of English and maths. Prisoners developed a good work ethic, but it was not sufficiently well recognised. Achievements for most accredited courses were good. However, on a minority of courses in functional skills English achievement rates needed further improvement. Standards of work were generally very good.
- S24 The library was a good, well-run facility. It promoted literacy through a variety of events throughout the year, such as creative writing and reading groups. Access needed to be improved.
- S25 The physical education (PE) facilities were generally good, but the sports hall floor needed to be repaired. Induction to PE was appropriate and had a good emphasis on health. Access to the gym was generally adequate and there were good opportunities for recreational and remedial PE. The reasons for the low gym usage required investigation.

Resettlement

*The prison had a clear focus on meeting prisoners' resettlement needs. Offender management arrangements were now reasonable overall. Levels of contact with prisoners still needed to be improved. Public protection processes were generally appropriate. Categorisation work was good and appropriate support was provided to those serving indeterminate sentences. Some reintegration work for those released directly from Wymott needed to be improved. Children and families work was strong. A good range of offending behaviour programmes was offered and the psychologically informed planned environment (PIPE) unit and therapeutic community (TC) were excellent initiatives. **Outcomes for prisoners were reasonably good against this healthy prison test.***

At the last inspection in 2014 we found that outcomes for prisoners in Wymott were not sufficiently good against this healthy prison test. We made 11 recommendations in the area of resettlement. At this follow-up inspection we found that eight of the recommendations had been achieved, one had been partially achieved and two had not been achieved.

- S26 The prison had a clear focus on the resettlement needs within the population. There was an up-to-date and comprehensive strategy for reducing reoffending informed by an annual needs analysis. Provision had been re-aligned to match the new, longer-term population.
- S27 In our survey, prisoners were generally more positive about key aspects of offender management support than they were last time and compared with similar prisons. Offender management structures had improved. The backlog in completing up-to-date offender assessment system (OASys) documents had been reduced significantly since the last

inspection. All cases we examined in detail had a sufficient, timely assessment of prisoners' likelihood of reoffending. Sentence plan objectives were appropriately outcome-focused. Nearly all the cases examined had a current, sufficient risk management plan. Although there were clear expectations of prisoner contact, they were not always met and management oversight was insufficiently robust.

- S28 The identification of prisoners presenting a risk of harm to the public was effective. There were satisfactory inter-departmental risk management team pre-release arrangements in place. However, multi-agency risk management (MAPPA) levels were not always verified six months before discharge, which could mean that opportunities to contribute to multi-agency planning were missed. Reports to MAPPA meetings were completed to a good standard and prison representatives contributed by attendance or video link. Processing of applications for child contact was thorough and equitable.
- S29 There was no longer a backlog of categorisation reviews. Categorisation decisions in cases we examined were appropriate and prisoners were quickly transferred to open conditions. There were significantly more indeterminate sentence prisoners than at the last inspection. A reasonable range of provision was offered to them, including forums and family days. Parole reports were timely.
- S30 Although HMP Wymott was not designated a resettlement prison, more than 100 prisoners had been released from prison in the six months prior to the inspection. Resettlement needs were identified in good time before discharge and referrals were made to a single resettlement worker; his capacity to provide assistance was too often restricted by contractual arrangements with community rehabilitation companies (CRCs) in other areas and the National Probation Service (NPS).
- S31 The resettlement worker provided men with good support in finding accommodation, which included contact with private landlords, housing associations and hostels while appropriately considering risk issues.
- S32 The provision provided by the National Careers Service was good; it provided good action plans for education and training based on prisoners' longer-term objectives. Action planning had a good focus on preparing prisoners to make better use of education and training as they moved through the secure estate. Opportunities to produce CVs and develop job search skills were good.
- S33 Prisoners being discharged were provided with a discharge summary for their GP and seven days' medication. Links with the local hospice were good. Prison and health care staff were aware of the needs of terminally ill prisoners and held regular meetings to ensure complex care needs were met. Pre-release and transfer work and throughcare for men with substance misuse problems were very good.
- S34 Debt problems had mostly been dealt with before prisoners arrived at Wymott but emerging issues were handled by the resettlement worker. Prisoners could open bank accounts and Jobcentre Plus provided help with benefits claims.
- S35 Visits were good but sometimes started late. Searching was respectful, staff were approachable and the atmosphere during visits was relaxed. Both visits halls were clean and spacious. The family forum, a joint initiative between charity Partners of Prisoners and the prison was good, as was the annual tour for families. It was positive that the number of family days had increased.
- S36 The range of interventions provided had increased since the last inspection and met the needs of the population. There were still prisoners who did not complete required

interventions before their release, but measures taken to motivate of those in denial and identify alternative objectives for prisoners unsuitable for courses had improved. The TC (intensive group therapy) was impressive and the PIPE (part of the national offender personality disorder pathway) was developing well and showed great promise.

Main concerns and recommendations

S37 Concern: A small number of men were isolating themselves on the wings because they feared being bullied as a result of debt and other issues. While the prison was aware of these men, more needed to be done to work with them to understand and reduce their concerns. The regime for them was poor. Those we spoke to described largely functional interactions with staff and a lack of mental or environmental stimulation. We were particularly concerned about the impact on those whose isolation was prolonged.

Recommendation: The prison should focus on reducing the concerns of prisoners who isolate themselves on the wings, and provide them with a regime that is as full, varied and stimulating as possible.

S38 Concern: There was insufficient adapted accommodation for prisoners with significant mobility issues or who were wheelchair users and many were living in unsuitable cells.

Recommendation: Resources should be made available to ensure there are appropriate residential facilities for men with very restricted mobility, wheelchair users, people who are on the palliative care register and those with other disabilities. All areas of the prison should be made accessible.

S39 Concern: Only 32% of prisoners in our survey told us that the overall quality of health services was either good or very good. Prisoners we spoke to were overwhelmingly negative about their experience of health care and we found many areas of concern. Governance arrangements needed to be improved and a greater focus placed on issues specific to Wymott; sufficient well-trained staff were also required.

Recommendation: The quality of health care needed to improve and sufficient well-trained and supported staff should be recruited to provide a consistent effective and safe service.

S40 Concern: Although HMP Wymott was not a resettlement prison, more than 100 prisoners had been discharged in the six months prior to the inspection. A resettlement worker, employed by the local CRC worked in the prison, but he had been instructed that he could only work with prisoners from the CRC area or those where an agreement had been reached with another CRC or the NPS. In many of these cases he was prevented from working with some of these prisoners which affected the resettlement support they received.

Recommendation: All prisoners due for release should be provided with support to meet their resettlement needs in good time for discharge.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1 Journeys were mostly from other establishments and were not excessively long. Most prisoners said they felt safe during their journey. Those we spoke to were positive about how they were treated and 70% of prisoners in our survey said they had been given something to eat and drink, fewer than at the last inspection, but in line with the comparator. However, only 56% said the escort van was clean compared with 61% in the comparator and the van we inspected was grubby.
- I.2 There were no significant problems with the transportation of property; 88% of prisoners in our survey said their property had arrived at the prison at same time as themselves, more than the comparator.

Early days in custody

Expected outcomes:

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

- I.3 Support during prisoners' early days at the prison had improved. The prison received an average of 19 receptions a week, mostly transfers from other prisons. Staff in reception were polite, supportive and responsive to prisoners' needs, which was reflected in our survey: 82% said they were treated well or very well in reception compared with 76% in similar prisons.
- I.4 The large reception area and holding rooms were clean and tidy and contained little graffiti. Prisoners were offered a free phone call and reception packs (containing items such as biscuits, sweets and orange juice). Despite survey results suggesting the contrary, we were satisfied they were also offered something to eat, phone credit and toiletries. Prison orderlies said this was routine practice.
- I.5 All prisoners received a health screening and an interview with first night staff. Prisoners also had access to a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). First night interviews were conducted in private and risks were identified well, including, in one case we reviewed, several risks that the sending prison had not assessed or communicated adequately. Prisoners received written information about the prison and could ask the officer conducting the first night interview questions. In our survey, more prisoners than in the comparator said they received information about what was going to happen to them and that staff helped with practical problems.
- I.6 Mainstream prisoners were then taken to H wing, while vulnerable prisoners (mainly for offence-related reasons) were housed on G wing. Induction orderlies met them, ensured

cells were suitably equipped and provided immediate support. Wing-based Listeners were also available.

- I.7** We were told new prisoners were given enhanced checks on their first night. However, the officer on night duty we spoke to said he routinely checked new prisoners when he began duty and only undertook additional checks if they appeared vulnerable. In our survey, 80% of prisoners said they felt safe on their first night, similar to comparator prisons, but fewer than at the last inspection.
- I.8** Induction usually took place the day after arrival. It was supported by helpful staff, induction orderlies and prisoner information desk (PID) workers and was effective. Attendance was monitored and most prisoners in our survey said they had been inducted. It consisted of a presentation by an officer and a video about life in Wymott. An induction orderly also attended and answered questions.
- I.9** Prisoners were seen by the chaplaincy and the Discovery substance misuse team and received a presentation on the effects 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).

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.10** In our survey, 45% of prisoners reported feeling unsafe at some time during their stay in Wymott, significantly more than in similar prisons and compared with the previous inspection. Prisoners also reported higher levels of victimisation from other prisoners than in similar prisons.
- I.11** We considered it likely that survey results reflected a rise in violence over the summer. There had been 81 prisoner-on-prisoner assaults in the six months prior to the inspection, peaking in August 2016. In the year prior to this period, assaults had accounted for less than half this level, which was relatively low. The prison's response to the challenges faced during the summer was good and the number of violent incidents was now falling, although it was too early to tell if the trend would be sustained.
- I.12** While reporting more victimisation, vulnerable prisoners (those held on A, B and G wings for their own protection, usually because of their offence) felt as safe as others when they completed the survey and arrangements to keep them secure were good.
- I.13** There was a comprehensive violence reduction strategy, which the prison was in the process of enhancing. Wing observation books showed that incidents were consistently reported to the safer prisons team. Good joint strategic planning between the safer prisons team, the security department and the drug strategy team formed part of the response to the challenges over the summer.
- I.14** Safer custody was managed through a monthly strategic safer prisons meeting and by two weekly operational meetings on violence reduction and complex cases, which were informed by a detailed security report. Safer prisons staff attended security meetings where data were

analysed well. However, the safer prisons action plan was limited; for example, it did not reflect some of the good joint working in the establishment.

- I.15** The prison had carried out some consultation with prisoners. In addition to exit surveys, a useful annual violence reduction survey was conducted. Investigations into violent incidents were reasonably good, but the documentation addressing poor behaviour or supporting victims, was poorly completed and showed little or no evidence of target-setting and only limited monitoring. However, the prison had launched a better process that was more focused.
- I.16** The prison had introduced improvements in the oversight of the small number of prisoners who were isolating themselves because they were too afraid of others to participate in the normal regime. Nonetheless, they could have less than an hour outside their cell each day. Prisoners in this group we spoke to described largely functional interactions with staff and a lack of other mental or environmental stimulation. We were particularly concerned about the possible impact of isolation on the two prisoners who had been not been participating in the regime for over three months. (See main recommendation S37.)

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.17** There had been 119 recorded incidents of self-harm in the previous six months, double the number at our previous inspection. However, three prisoners accounted for 47 of these incidents; it was relevant that 45% of prisoners in our survey reported emotional well-being or mental health problems, more than at our last inspection or compared with similar prisons.
- I.18** In the previous six months, 217 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had been opened, which was comparable with what we usually see in similar prisons.
- I.19** The prison had a detailed local self-harm and suicide prevention policy and some analysis of trends in self-harm over time was carried out. In addition to discussions at the safer prisons meeting, a useful weekly multidisciplinary complex case review meeting was held. It dealt with prisoners who were particularly at risk, including, for example, the three prolific self-harmers.
- I.20** A large proportion of ACCT case reviews were multidisciplinary which helped ensure there was a good assessment of risks. However, self-harm triggers were not identified well enough and care maps were often insufficiently focussed on need, while others were missing. Many observational entries were cursory and lacked detail. A quarter of staff required refresher training in ACCT procedures. Most prisoners we spoke to on an ACCT said they felt well supported.
- I.21** There had been 10 deaths in custody since the last inspection, all from natural causes. The death in custody action plan overseen by the safer prisons team was incomplete and did not cover two of the deaths. Nonetheless, almost all recommendations, including those relating to the deaths that had not appeared in the plan had been implemented effectively. It was a

concern, however, that not all staff were aware of emergency response codes (a means of indicating the urgency of the response required).

- I.22** The large well-trained team of Listeners generally felt well supported and 72% of prisoners in our survey said they could speak to a Listener at any time if they wanted to, compared with 56% of prisoners in similar prisons and 66% at the last inspection.

Recommendation

- I.23 All staff should be appropriately trained in ACCT processes, which should support prisoners at risk effectively and address underlying issues.**

Safeguarding (protection of adults at risk)

Expected outcomes:

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

- I.24** There was a safeguarding policy and links had been made with adult social services. The head of safer prisons attended the local adult safeguarding board. Prison staff had not been trained in identifying adults at risk or in relevant processes. However, we were satisfied that most of those with safeguarding needs would be identified and staff told us they would pass concerns to the safer prisons team. Prison staff identified the risks of those arriving in the prison well and multidisciplinary ACCT case reviews as well as weekly complex case meetings took place, which meant we were confident that prisoners' needs would have been addressed appropriately. A well-used, dedicated safeguarding telephone line was also available for prisoners and their relatives to use to raise concerns.

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.25** The general condition of the prison was good and there were no obvious weaknesses in its physical security. Procedural security was generally well managed but we were not confident that strip-searching in reception was always supported by intelligence. Visits restrictions were often unrelated to trafficking through visits.
- I.26** On the other hand, we saw little evidence of the prison taking a risk-averse approach to allocating activity spaces to prisoners, although there were some restrictions in the areas where mainstream and vulnerable prisoners could mix. Supervision in important areas around the prison such as residential wings, education and prison workshops was effective and the prison regime, although somewhat restricted, was predictable and purposeful (see section on time out of cell).

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

- I.27** Joint strategic planning, between the security department, drug strategy team and safer prisons team addressed significant security challenges effectively. Security-led meetings were well attended and links with other key prison departments such as the offender management unit, drug services and safer prisons team were very good. Monthly security objectives were informed by intelligence and a subcommittee of senior managers met to conduct detailed assessments of security information every week, which informed instructions to staff and recommendations to the security committee.
- I.28** The management and use of intelligence had developed since the previous inspection and was extremely good. The security department received an average of over 500 intelligence reports each month. They were processed by trained staff and intelligence was disseminated promptly among appropriate prison departments.
- I.29** The security department also managed complex intelligence systems well to identify and deal with sophisticated and covert forms of organised crime, child protection concerns and possible staff corruption. The prison appeared to have an appropriate focus on extremism and radicalisation, which was well managed.
- I.30** Details in information reports, custodial history records and police reports were used to inform necessary interventions. Risk management plans were good and were reviewed at weekly security briefings and monthly security committee meetings.
- I.31** Prisoners told us that drugs were freely available, and in our survey over half (63%) of respondents said that it was easy to get illegal drugs in the prison, which was higher than at comparable prisons (43%). Officers suggested that cannabis was becoming increasingly available. The prescribing of tradable medications in the prison was closely monitored. Prisoners and staff were aware of the dangers of NPS. Prisoners and staff members told us that NPS were available on the wings; 19 clinical incidents had occurred every month in the year ending August 2016 in which NPS were suspected.
- I.32** A supply reduction strategy and a specific action plan to reduce the use of NPS at Wymott were in place. Objectives were monitored by a regular, well-attended drug strategy committee.
- I.33** The average random mandatory drug testing (MDT) positive rate for the previous six months ending September 2016 was 4.87%, which was lower than the 6% target, although there were spikes above the target. There had been an average of only five suspicion tests per month since April 2016 because testing staff were unavailable. This was too low. However, the frequency of testing increased in line with requests in July. Testing for NPS had been introduced in late September. Of 41 tests completed, seven (17%) had proved positive for NPS.

Recommendations

- I.34** **Visits restrictions should be imposed only for visits-related activity.** (Repeated recommendation I.50)
- I.35** **Suspicion drug testing should be adequately staffed to ensure that all testing is carried out appropriately, within identified timescales and without gaps in provision.** (Repeated recommendation I.43)

Incentives and earned privileges⁴

Expected outcomes:

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

- I.36** The IEP scheme was well publicised and prisoners and staff knew what was required of them. There was a range of good quality work opportunities and specialist units, including an enhanced unit, to encourage prisoners to work towards the enhanced level of the scheme. In our survey, more prisoners than in similar prisons – 60% compared to 48% – said they had been treated fairly under the IEP scheme.
- I.37** Warnings were used appropriately and most were for refusing to work or using NPS. Prisoners on the basic regime could still attend work and education activities, but we saw little evidence that staff encouraged them to do so. Prisoners who had been found under the influence of NPS were automatically placed on the basic level of the scheme for 28 days. Reviews for all those on the basic level did not consider their targets and many reviews and targets were not signed or agreed by the prisoner concerned.
- I.38** Management checks of review boards were not carried out routinely. Some review board documentation was incomplete and it was difficult to determine if prisoners always attended the boards.

Recommendation

- I.39** Prisoners on the basic level of the IEP scheme should be set individual targets that reflect their poor behaviour and be encouraged to address the reasons for that behaviour.

Discipline

Expected outcomes:

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

Disciplinary procedures

- I.40** There had been 944 adjudications in the six months prior to the inspection, which was higher than at the last inspection over a similar period, although it was still relatively low. The increase was attributed to the prison's response to the rise in disciplinary issues such as illicit drug use and violence, predominately in the mainstream half of the prison (C, D and H wings).

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

- I.41 Records of hearings we examined and those we attended, showed proceedings were conducted fairly and prisoners were given the opportunity to explain their version of events. However, some charges for minor breaches of prison rules could have been dealt with less formally.
- I.42 There had been a backlog of remanded adjudications and we found examples of cases that had not been heard or reviewed because prisoners had been transferred, and others that did not proceed for a range of other reasons. In the previous few months, about 50 adjudications did not proceed because proper timescales had not been met. However, the number was decreasing and the prison had put on extra hearings to deal with the backlog.
- I.43 Governance of adjudication processes was reasonably good and had improved since the last inspection. Data about the number and nature of adjudications were presented at segregation management meetings and were noted, categorised and used to identify and address trends. The meetings were attended by adjudicating governors and minutes reflected good discussions of relevant issues.

The use of force

- I.44 There had been 119 incidents where force was used in the six months prior to the inspection. This represented a rate of about 10 per 100 of the population and although it was higher than over a similar period at the last inspection, it was not excessive.
- I.45 Formal monitoring arrangements and governance had improved significantly but there remained some gaps. A use of force committee, chaired by the governor met each month to provide oversight. All incidents were discussed and a manager quality assured some associated paperwork. Information, including the location and nature of the incident, was collated and presented for analysis. Trends were identified and appropriate action taken.
- I.46 However, other aspects of oversight had not been adequately developed. Video-recordings of planned incidents were not scrutinised sufficiently, and we were not convinced that all planned incidents were recorded. Important paperwork was sometimes incomplete and some was missing altogether.
- I.47 Nonetheless, completed documentation we examined was good and helped assure us that spontaneous incidents were usually managed appropriately and that minimum force was used. We also saw examples where de-escalation techniques were used as a preferred option. Batons had been drawn on eight occasions, but senior management investigations assured us that actions were appropriate in the circumstances.
- I.48 Special accommodation had been used seven times for short periods in the six months prior to the inspection. We were confident that, on these occasions, use was justified.

Recommendation

- I.49 **Governance of all aspects of use of force should be rigorous, all associated documents should be completed promptly and kept together and all planned incidents should be recorded.**

Segregation

- I.50** Communal areas in the unit were reasonably clean but dark and dreary. Many cells were clean but some were in a poor state of repair with broken flooring and graffiti on the back of cell doors and scratched into plastic windows. The two caged exercise yards were austere. Day-to-day relationships between staff and prisoners were good and we saw officers interact positively with prisoners.
- I.51** Use of segregation had increased since the last inspection but was still relatively low when compared with other similar prisons. In the six months prior to the inspection, there had been 152 separate cases.
- I.52** Overall, governance of segregation was reasonable. A staff selection policy was in place and a segregation monitoring and review group (SMARG), led by a senior manager, met each month to monitor the number of prisoners held in segregation and the reasons why they were being held there.
- I.53** However, the segregation unit 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. Some were there because of disciplinary incidents motivated by their perceived need to be removed from the mainstream half of the prison (see paragraph I.16). During the inspection, 16 prisoners were in segregation, 14 of whom were held to maintain good order and two as punishment. Everyone had refused to return to the main prison. The average stay of the current population was 10 days which, we were told, was typical, although there had been some notable exceptions where stays had been significantly longer.
- I.54** Although the basic daily routine included showers, a 30-minute exercise period, and access to a telephone, prisoners spent nearly all day locked in cells without anything meaningful to do. This was particularly a concern for a few longer stay prisoners.
- I.55** Reintegration planning was limited, with no specific multidisciplinary approach to identifying and addressing the reasons for segregation or ensuring prisoners returned to the normal location. Staff accepted that most segregated prisoners who refused to return to the mainstream prison would remain segregated until transferred. In the previous six months, more than 30 prisoners had been transferred from the unit to other prisons.

Recommendation

- I.56 Segregated prisoners should have individual management plans to ensure that their needs are being met.**

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.57** Greater Manchester West NHS Trust subcontracted Phoenix Futures to provide the Building Futures psychosocial intervention programme. Both Greater Manchester West and Phoenix Futures provided substance misuse services under the brand name Discover. The substance misuse strategy had improved and was informed by an up-to-date needs analysis. Drug strategy meetings were well attended and detailed information-sharing took place

between relevant departments. All new arrivals were screened for substance misuse problems.

- I.58** About two thirds of prisoners had received support for drug and alcohol problems, of whom 84% said it was helpful (against a comparator of 76%). We saw evidence of some good psychosocial casework.
- I.59** Building Futures provided a comprehensive mix of individual and group support activities of various intensities to 445 prisoners. Good peer support was available for new prisoners and peer support groups, such as Alcoholics Anonymous, ran in the prison. Peer support worker recovery champions worked in the prison and post-release to support ex-substance users in the community.
- I.60** The clinical staff from Discover benefited from dedicated nurses and visiting specialist substance misuse consultant input. Care for patients with complex needs, including those with a dual diagnosis, was well coordinated. Those arriving at Wymott with drug problems continued their treatment. Symptomatic relief was available but rarely required. During the inspection, 32 patients were receiving opiate substitution treatment, 12 of whom (38%) were on a reducing regime, which was broadly appropriate. Treatment regimes were flexible, based on individual needs and reviewed regularly. Officers supervised medicine administration well.
- I.61** Working relationships between psychosocial and clinical teams were exemplary and a well-attended complex case meeting took place every week.

Section 2. Respect

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1 The prison prioritised decency and cleanliness across the prison through an 'equip' and decency programme, which aimed to provide all prisoners with properly equipped, clean cells and adequate clothing and bedding. Notably, the equip peer workers ensured cells were clean, decent and fully equipped prior to prisoners moving into them.
- 2.2 External areas in the prison were pleasant and well maintained and prisoners had good access to them. Small amounts of litter were collected promptly. There was a mix of old and newer residential units and communal areas in all were clean. Prisoner peer workers, known as 'room ready' worker, had been introduced; they prepared rooms for new arrivals and for those moving from one cell to another on some wings; there were plans to introduce these workers across all wings. An inventory had been taken on all wings and adequate furniture and equipment ordered to ensure all cells were of a similar good standard. Some single cells continued to be occupied by two prisoners and were too cramped and few cells had lockable cabinets. There was very little graffiti; any that was discovered was removed swiftly.
- 2.3 Some showers were grubby and inadequately screened. All prisoners, including those on wings without integral sanitation, had 24-hour access to toilets and hot water, but not all toilets were screened.
- 2.4 Access to showers and phones was reasonable for most, although association time was not always long enough for prisoners to do everything they needed to do, such as make calls, collect meals and have showers (see paragraph 3.2 and recommendation 3.4). There were sufficient phones for the population.
- 2.5 We observed and prisoners said that cell call bells were not always answered promptly. Wing managers monitored call bell responses regularly and addressed late responses.
- 2.6 In our survey, fewer prisoners than in similar prisons said they had access to cell cleaning materials every week, although most cells we saw were clean and there were adequate stores of cleaning equipment on the wings.
- 2.7 All new arrivals received 'decency' packs in reception, containing sufficient clothing, bedding, toiletries and other basic items. Prisoners had good access to laundry facilities on each wing. Association areas had well-maintained activity equipment.
- 2.8 The introduction of prisoner information desks (PID) (prisoner orderlies provided a range of information and application forms for various services in the prison) on every wing was a valuable addition and had improved prisoners' access to applications and advice, but there were some concerns around confidentiality as prisoner PID workers decided which department applications were sent to. Prisoners we spoke to complained about responses being delayed; and only 22% of prisoners in our survey thought they were dealt with quickly compared to 39% in similar prisons.

- 2.9** Prisoners' access to stored property had improved and most requests were dealt with within a week. Mail was generally delivered to wings on the day it arrived but staff shortages sometimes caused minor delays.

Recommendations

- 2.10** **Cells designed for one prisoner should not hold two.** (Repeated recommendation 2.9)
- 2.11** **Showers should be improved and include full privacy screening; toilets should be adequately screened.**
- 2.12** **Responses to applications should be monitored to ensure they are appropriate and timely.**

Good practice

- 2.13** *The equip and 'room ready' initiatives were having a positive impact across the prison, ensuring all prisoners had access to the same facilities and their basic needs met.*

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.

- 2.14** Staff-prisoner relationships were generally good. In our survey, 79% of prisoners said most staff treated them with respect and 75% said there was a member of staff they could turn to if they had a problem. However, only 25% of prisoners said that a member of staff had checked on them in the previous week to see how they were getting on, fewer than at similar prisons and compared with the last inspection.
- 2.15** Prisoners told us many staff were helpful and we saw examples of positive relationships; however, a few staff talked dismissively about prisoners. There were a few occasions when we found staff in offices, missing the opportunity to interact with prisoners who were on the wings. Prisoners could nominate staff for performance recognition and many did, which was indicative of generally good relationships. Over the summer, the prison had held two charity days, which had not only supported good causes but also enhanced staff-prisoner relationships.
- 2.16** In our survey, 71% of prisoners said they had a personal officer compared to 63% in similar prisons; 64% said they found their personal officer helpful. Personal officer entries in electronic case notes were detailed and made frequently. Management checks were very good.
- 2.17** Prisoner consultation arrangements were excellent. There was a monthly prisoner council meeting chaired by residential governors and attended by prisoners and staff from a range of departments across the prison. The minutes of these meetings led to a comprehensive action plan, which showed that staff were responsive and that most issues raised were addressed within a reasonable timeframe. Additional meetings were held when circumstances required them, such as following the introduction of the restricted regime, so prisoners could raise any problems. Prisoner representatives we spoke to appreciated having a voice and felt that

the prison management team was supportive in its approach to prisoner consultation. Minutes of meetings were freely available to all prisoners.

Equality and diversity

Expected outcomes:

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

Strategic management

- 2.18** Equality and diversity work had improved substantially and was good overall. The equalities team's work was excellent and well-advertised. Strategic management of equality work was good, as was coordination; it was overseen by the bi-monthly multidisciplinary diversity and equality action team (DEAT) meeting. The meeting considered a large range of monitoring data, action plans for different groups and information from discrimination incident reporting forms (DIRFs); it also took reports from wing representatives. Data monitoring had improved and senior management oversight was good. The equalities team followed up action points with other departments.
- 2.19** Each wing had an equality representative. They were motivated, attended the DEAT meeting and received some good support from the equalities team, but training for their role would have been useful. There were also staff champions for each protected characteristic who led consultation forums but these roles needed further development. Forums for all relevant protected characteristics now took place every six months. Although they were not held frequently, we thought this was reasonable because of the long-term population; prisoners could also raise queries and concerns through equality representatives, PID workers and the prisoner council.
- 2.20** The management of DIRFs was very good. Twenty-nine had been submitted in the six months prior to our inspection. Investigations were thorough and all parties were consulted and dealt with respectfully. Responses were clear and helpful. We saw examples of proven incidents of racism being referred to independent adjudicators and prisoners had received additional days on their sentence as a result. Not all prisoners had confidence in the DIRF system but it was positive that a local equality organisation was reviewing DIRFs and advising the prison on diversity issues.

Protected characteristics

- 2.21** Black and minority ethnic prisoners were less positive about some aspects of prison life in our survey, such as their treatment in reception and several areas relating to safety and respectful custody. However, outcomes for this group were monitored and allegations of racism were investigated properly and if proven, strong action was taken. There was no specific support for this group other than a forum. Although prison staff had attempted to work with the Gypsy, Romany and Traveller population through a forum, its success was

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

limited and we could not be confident that these prisoners had been identified. Other ways of interacting with this group, perhaps through cultural events, needed exploring.

- 2.22** Home Office representatives attended the prison regularly to meet with foreign national prisoners but there was no independent immigration advice service and it was not clear where men would be referred to if they needed assistance. Some translated information was available in reception and we saw evidence that the telephone interpreting service had been used, but there was no systematic approach to supporting non-English speakers. Foreign national prisoners could receive a free five-minute phone call per month if they did not receive visits. They told us they needed more support to stay in contact with their families. We were not confident that foreign national prisoners were receiving enough support or that staff were sufficiently aware of their cultural and welfare needs.
- 2.23** Prisoners with disabilities were identified on reception – over 330 men were considered to have needs. Although there was good support for prisoners with disabilities, some of the accommodation was not appropriate and there were few adapted cells (see main recommendation S38). Prisoners with disabilities were less positive in our survey about several areas, including reception, safety and access to some activities areas in the prison. Some areas of the prison were not easily accessible for people with mobility difficulties or wheelchair users.
- 2.24** B wing was developing services for older men, but the wing needed investment if it was going to be suitable for an ageing and more disabled population. In our survey, 91% of older men (compared with 75% of men under 50) said that staff treated them with respect. Many prisoners provided others with daily support; however, a formal buddy scheme would have been beneficial and at the time of our inspection, the prison was exploring the possibility of starting a prisoner assistance liaison and support scheme.
- 2.25** During our inspection, it was unclear where personal emergency evacuation plans (PEEPs) were kept and there were no signs on cell doors. Although regular wing officers were aware of the needs of the men in their care, redeployment of officers between wings meant the information needed to be accessible and up to date. We were satisfied that the prison was acting to address the issue during our visit.
- 2.26** The equalities team and some officers provided openly gay prisoners with good support. However, we heard reports that men had been bullied and subjected to homophobic comments; we were not confident that all staff dealt with such incidents appropriately. One transgender prisoner was at the prison at the time of our inspection. She received good support from individual members of staff and had good links with outside agencies, but overall staff lacked an awareness of her needs and the prison needed to promote respectful practices, such as using the right pronoun.

Recommendation

- 2.27 The needs of foreign national prisoners should be better understood, and appropriate support provided.**

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.

- 2.28** A good range of full-time and sessional chaplains from different faiths were available. Orderlies supported the chaplaincy. Men were seen within 24 hours of arriving at the prison and received information about services and pastoral support.
- 2.29** The chapel and multi-faith rooms were attractive, spacious and peaceful. Washing facilities for Muslims were small, but we were told many men washed in their rooms before going to prayers. The chaplaincy rooms were used for services and numerous other prison meetings. Chaplains could visit men on the wings to provide religious services if they were too ill or frail to attend.
- 2.30** The committed chaplaincy was integrated into the rest of the prison and attended senior management team, DEAT, safer prisons and interdepartmental risk management team meetings, as well as assessment, care in custody and teamwork (ACCT) case management reviews for prisoners at risk of suicide or self-harm.
- 2.31** Pastoral support was good and chaplains could provide ongoing support if prisoners had received bad news. There were also official prison visitors who provided a befriending service. The chaplaincy ran several activities, including choirs and music groups, often led by prisoners. Faith-based courses were also organised.
- 2.32** Prisoners complained consistently about officers disturbing services by being noisy. Although the prison had taken steps to address the problem, issuing notices and earpieces and reviewing staffing, the action had not been sufficient.

Recommendation

- 2.33** The prison should ensure that officers do not disturb services.

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.

- 2.34** In our survey, 62% of prisoners said it was easy to make a complaint more than at the last inspection. Forms were readily available on the wings. The number of complaints was relatively high at over 1,700 in the previous six months. However, the complaints system was being used appropriately. Most complaints were about property.
- 2.35** In our sample, complaints about staff behaviour were investigated appropriately. Several complaints in our sample received a response after more than a week. Responses were mixed: some were good, but too many were poor and did not answer the complaint in the most helpful way. However, the prison was attempting to address the problem. Two representatives from the prisoner council met with staff every month to quality assure and

review complaints. The prisoners involved had developed their own template to review and score complaints; a sample was discussed and feedback given to staff involved.

Good practice

- 2.36** *Prisoners' involvement in reviewing and quality assuring complaints meant they had a say in how complaints were handled.*

Legal rights

Expected outcomes:

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

- 2.37** There were no dedicated legal rights officers or services and little demand for them. Prisoners requiring assistance with legal matters could seek help from their offender supervisors. PID workers could provide lists of solicitors for those who needed them and legal texts were available in the library. Legal visits were held on two mornings a week. They took place in the main visits hall, which compromised confidentiality. Legal visits sometimes started late.

Recommendation

- 2.38** **Legal visits should start on time and provide adequate privacy.** (Repeated recommendation 2.48)

Health services

Expected outcomes:

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

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

Governance arrangements

- 2.40** During our inspection, health services were being retendered and the current provider had not reapplied, which had had a destabilising effect on staff. A bi-monthly, well-attended

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

contract management meeting and a six-monthly partnership board promoted joint working between the prison, health providers and commissioner. These meetings covered all prison health services provided by the Lancashire Care NHS Foundation Trust, which meant issues specific to Wymott risked being overlooked.

- 2.41** A health needs assessment was completed in 2014; issues identified since then had not been addressed. No strategic plan was in place to identify or consolidate lessons learned from serious incidents. We were very concerned to find 81 incident reports awaiting review, some of which were 18 months old.
- 2.42** A team that was short staffed and reliant on agency nurses provided a 24-hour service. Staff shortages had an impact on service provision and continuity of care, and caused delays in the administration of medications. No strategy was in place to manage the imminent departure of six staff, which included managers.
- 2.43** Staff had completed some mandatory training, but development opportunities were being missed. There was no clinical supervision and primary care and pharmacy staff did not receive any appraisals in the previous 12 months.
- 2.44** A range of clinics were held in the health care centre, which was too small to meet the demand and was not clinically clean. The two large waiting rooms were stark and lacked health promotion material, but prisoners no longer had excessive waits as prison officers were now employed to escort them back to the wing as soon as their appointment was finished.
- 2.45** Emergency equipment was readily available, but we found some incomplete kit and there were no regular checks, which was unacceptable. A quarter of custodial staff had been trained in first aid, but only 13 officers in the use of automatic external defibrillators, which was insufficient.
- 2.46** Prisoner health care representatives liaised between patients and health care services. Although no patient surveys had been undertaken, a well-attended regular prisoner patient forum took place and influenced service developments.
- 2.47** There was no health promotion strategy. A very limited range of health promotion material was available and there was no information for non-English speakers. Despite the lack of a health promotion strategy, NHS health check and smoking cessation clinics were provided, but waiting times were too long at 20 weeks and 30 weeks respectively.
- 2.48** A nurse had been identified to lead on care for older prisoners, but otherwise health services for this group were limited, despite the prison's significant older population – 310 prisoners (27%) were over 50.
- 2.49** There were 150 complaints in the three months prior to our inspection. The quality of replies varied and too many we reviewed were brief, did not focus on the complaint and were not answered promptly. All health care complaints were logged separately from other complaints and were confidential but there was no quality assurance or analysis to inform service development.

Recommendations

- 2.50** All treatment rooms and the pharmacy should be cleaned to NHS equivalent standards and comply fully with infection control standards.
- 2.51** The emergency resuscitation equipment should be in good order and monitored effectively.
- 2.52** There should be a whole-prison strategy to support health promotion and well-being activities.
- 2.53** Complaints and serious adverse incidents should be monitored and analysed regularly to inform service improvement.

Delivery of care (physical health)

- 2.54** On arrival, prisoners were offered a prompt, full health assessment, undertaken by a registered nurse. Appropriate onward referrals were made and prisoners received information about health services.
- 2.55** Prisoners in our survey were negative about access to health services and only 32% thought that the overall quality of health care was good or very good, which was lower than the comparator. Prisoners we spoke to were overwhelmingly negative about the health service.
- 2.56** Prisoners who were acutely unwell had access to a daily nurse triage clinic. Men requested routine services by submitting a written application, but only received an appointment slip the day before their appointment, which we were told caused frustration and missed appointments.
- 2.57** One GP ran nine clinics a week, supplemented by two nurse practitioner clinics; however, GP waiting times were excessive at up to four weeks. Given the shortage of appropriately skilled nursing staff, prisoners with long-term conditions were managed by the GP. There were no regular review clinics for prisoners with lifelong conditions, which was poor, and the range of clinics offered overall was limited, mainly due to insufficient clinical space and staffing shortages. The excessively high non-attendance rates at clinics contributed to long waiting times and no analysis had been undertaken to inform a reduction strategy.
- 2.58** The prison had the capacity to escort to external hospital appointments up to six prisoners a day, but in the three months prior to our inspection, 13% of appointments were cancelled due to a lack of escorting staff, which was too high. Skype consultations were available, but poorly utilised.

Recommendations

- 2.59** Prisoners should be able to see a GP within waiting times that are expected in the community.
- 2.60** Appropriately trained and supervised staff should undertake reviews for those with long-term conditions and devise a care plan.

Pharmacy

- 2.61** Lloyd's pharmacy supplied appropriately labelled and named patient medications. Medicines were administered from wing-based treatment rooms twice a day.
- 2.62** The procedure for reordering administered medication was not always followed, which led to delays in treatment. Staff did not routinely inform the prescriber or carry out follow up when prisoners missed their medication on consecutive days, which compromised care.
- 2.63** An in-possession policy was in place and risk assessments were completed. We were told that prisoners' medication was frequently stolen because they had no secure storage in their cells.
- 2.64** Night medication was given to prisoners in-possession each day or administered at around 8pm, which was appropriate. Prison officers were not always present when patients collected their medication. On wings where we observed treatment sessions, confidentiality was compromised. On one wing, two prisoners next to each other were dealt with at the same time. On another, two wings were served by the same treatment room simultaneously. These very risky practices increased the likelihood of mistakes.
- 2.65** The pharmacy and treatment rooms were not clinically clean and were too small. There was insufficient storage space for medication, which meant in-possession medication was ordered and delivered every week, increasing staff's workload and potentially causing delays in prisoners receiving their medication. Medication was transported around the prison in unlocked bags, compromising the security of medications and staff safety.
- 2.66** There was an adequate range of patient group directions, which enable nurses to supply and administer prescription-only medicine. Prisoners could be supplied with a range of medication for treating minor ailments but only after an appointment at a nurse triage clinic, which caused unnecessary delays.
- 2.67** An appropriate range of emergency stock was available; its use was audited but discrepancies, which were common, were not reported or investigated. We were alarmed to find stock level discrepancies in over 30 medications, some of which were highly tradable.
- 2.68** Fridge temperatures were recorded robustly. Drugs alerts were dealt with appropriately and dispensing incidents reported.
- 2.69** A range of policies and procedures were in place and accessible to staff, but there were no records to show that they had been read. Policies were reviewed at drug and therapeutic committee meetings, which always involved pharmacy staff. There were no medicine use reviews or pharmacy-led clinics.

Recommendations

- 2.70** **Secure storage should be provided for patients prescribed with in-possession medication.**
- 2.71** **Medicine administration should be supervised and sufficient privacy maintained.** (Repeated recommendation 2.74)
- 2.72** **Stock medicines should be monitored routinely and discrepancies managed appropriately.**

Dentistry

2.73 The dental suite was in the health care centre and included a surgery and decontamination area. A dentist, dental technician and dental therapist provided a full range of treatments and advice through eight sessions a week. However, waiting times for routine appointments were up to 16 weeks, which was too long. Appointments were allocated on SystemOne (the electronic clinical information system) and emergency slots were available, which was good. While all appropriate protocols and certificates were in order, the environment was not clinically clean and we found out-of-date emergency medication, which was unacceptable.

Recommendations

2.74 Long waiting times to see the dentist should be reduced and prisoners' access should be the same as would be expected in the community.

2.75 The dental suite should be clinically clean and emergency equipment in good order.

Delivery of care (mental health)

2.76 In our survey, 45% of respondents reported having emotional well-being or mental health problems, more than at our last inspection (33%).

2.77 The integrated mental health team managed all mental health provision, but staffing levels were too low to provide a satisfactory level of service, particularly for those with mild to moderate problems. The team prioritised the 49 patients with severe and enduring mental health problems and supported segregated prisoners, contributed to ACCT reviews, responded to mental health crises and took part in regular multidisciplinary complex case meetings held by the prison.

2.78 During the inspection, 160 prisoners were waiting for primary mental health services; the longest waiting time had been 37 weeks, which was too long. Prisoners were waiting for interventions to address issues such as post-traumatic stress disorder, obsessive compulsive disorder, childhood abuse and depression. The limited counselling provision did not meet prisoners' needs and there were no psychologically informed interventions or group work.

2.79 While those who were prescribed medication received it, only very limited psychosocial therapeutic interventions were available; there was a lack of one-to-one work and group sessions. There was not enough clinical space, which exacerbated the impact of staff shortages. Given the workload and stresses experienced by the team, we were concerned that they did not receive regular managerial or clinical supervision.

2.80 The team provided comprehensive mental health awareness training for prison officers. Although only 24 officers had received it over the previous three years, those we spoke to knew how to obtain advice and support, which was reassuring.

2.81 Two prisoners had had been transferred to a secure mental health unit under the Mental Health Act during the previous six months. Transfer times were too long at eight and four weeks respectively.

Recommendations

- 2.82** All prisoners should have timely access to the same full range of mental health services that are available in the community, including psychologically informed therapies.
- 2.83** Transfers to mental health services should take place within the current time guideline.

Social care

- 2.84** Despite the limitations of the environment, social care provision was good. Seventeen prisoners were involved in services provided by the NHS foundation trust and Lancashire County Council; carers were appropriately trained and supported.
- 2.85** I wing housed older men with social care needs and men with disabilities who needed additional support. The atmosphere on the wing was caring and respectful and some work activities were provided. However, the accommodation was not suitable for the diverse needs of some very frail and elderly men. A few men had dementia; more resources and support was required for them and the staff caring for them (see main recommendation S38).
- 2.86** Social care was very well integrated and there were good examples of joint working. Full-time carers were based on I wing and social workers attended the prison regularly to make assessments and advise staff.
- 2.87** The Cameo Centre, run by the Salvation Army, followed a day centre model and provided a caring environment for the most elderly and disabled men.

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.

- 2.88** Lunch and dinner were selected from a four-week rolling menu that offered a reasonable variety, of healthy options. Portions of fruit and vegetables were available every day. However, breakfast packs were issued at lunch time for breakfast the following day. The meals we sampled were very good; portions were large enough and many prisoners we spoke to said the food was good. In our survey, 36% of respondents said the food was good or very good, which was better than the comparator (30%).
- 2.89** The kitchen was reasonably clean and very well managed. Catering staff took pride in their work and the working environment for the 30 or so prisoners who worked with them was excellent. There were adequate chilled and frozen food storage facilities, with a separate area for halal products. A kitchen journal recorded the dates, times and food temperatures from delivery to being placed on food trolleys to be taken to residential units or dining areas. There was a dining room adjacent to the prison workshops where up to 100 prison workers could eat their lunch together at two separate sittings. There were also communal dining areas in the older prisoners' unit and in the unit for enhanced level prisoners on J wing.

- 2.90** Consultation arrangements were good. There were food comments books on each wing and prisoners were surveyed twice a year. The catering manager attended consultation meetings with prisoners and there was evidence that their views were taken seriously and their suggestions acted on.

Purchases

Expected outcomes:

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

- 2.91** In our survey, only 45% of prisoners overall and 30% of black and minority ethnic prisoners said the canteen sold a wide enough range of goods. The decision to expand the range of goods on offer from November 2016 was welcome. Shop arrangements were effective for most prisoners and new arrivals were offered a reception pack (containing items such as biscuits, sweets and orange juice). However, newly arrived prisoners could wait a week to place their first full order and up to 11 days before receiving it. Prisoners could shop from catalogues and order newspapers and magazines every week.

Recommendation

- 2.92** **Prisoners should be able to place a shop order within 24 hours of arrival.**
(Repeated recommendation 2.92)

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

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

- 3.1 A temporary restricted regime had been introduced due to staff shortages. It provided prisoners with predictability regarding association and work times. The greatest impact was at weekends, when every unit lost at least one period of association over the two days. On some occasions association had to be curtailed at short notice due to operational emergencies but they were not consistently recorded.
- 3.2 Time out of cell for prisoners in specialist units was very good with at least 10 hours out of their cells every day and reasonable for most other prisoners. It was poor for some prisoners who isolated themselves, who could spend less than one hour out of their cell every day (see paragraph 1.16). Association was not long enough for prisoners to do everything they needed to do (see paragraph 2.4). Our spot checks revealed that few prisoners, about 15%, were locked in their cells during the working day.
- 3.3 Seating had been provided in all exercise areas, but exercise periods were too short, sometimes only half an hour.

Recommendations

- 3.4 **Prisoners should have enough time out of their cells every day to make telephone calls, collect meals and take showers.**
- 3.5 **Prisoners should be able to spend one hour a day on outdoor exercise.** (Repeated recommendation 3.6)

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

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.

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

Overall effectiveness of learning and skills and work:	Good
<i>Achievements of prisoners engaged in learning and skills and work:</i>	Good
<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>	Outstanding
<i>Leadership and management of learning and skills and work:</i>	Good

Management of learning and skills and work

- 3.7** Senior managers from the prison and Novus had developed effective partnership links to improve the provision. They responded well to Wymott's new 'training prison' function and undertook a full review of the range and level of courses the prison offered, introducing significant changes to ensure the needs of longer-stay prisoners were met. Senior managers at the prison had also introduced accredited qualifications into prison workshops and work.
- 3.8** The prison's senior managers had established robust arrangements to self-assess the quality of the provision. The improvement action plan was clear and had realistic targets for improvement. A successful quality improvement group reviewed progress made in achieving the objectives in the improvement action plan. As a result, the provision was better than at the last inspection, for example, a patisserie was opened offering prisoners catering training, a site joinery course introduced for vulnerable prisoners and an increasing number of family learning courses were available to develop prisoners' ability to help their children with their school work.
- 3.9** A student council was in place, enabling learners to meet with senior managers to raise any concerns or suggest ways of improving the learning and skills provision. Senior managers from Novus dealt with concerns raised by learners well; information from the student council informed the Novus self-assessment process. The overall prison self-assessment was comprehensive, robust and accurate, identifying most strengths and areas for improvement found during the inspection.
- 3.10** Quality improvement arrangements operated by Novus were very effective. Senior managers had set team leaders and tutors challenging targets to improve learners' progress and

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

achievements. Good arrangements were in place to monitor provision, which included the observation of teaching, learning and assessment. Staff observing the quality of training in prison-run workshops did not focus enough on the impact of teaching on learners' progress.

- 3.11** The collection and use of data had improved since the last inspection. Senior prison managers had used data and information about the achievements of learners on courses well to improve outcomes. Senior managers carried out a detailed analysis of the number of prisoners who left their courses too early and implemented successful strategies to ensure that men were only transferred to other prisons or jobs in exceptional circumstances. Managers monitored prisoners' attendance and punctuality closely and prison staff worked to improve punctuality and attendance at lessons and work, which were now good.
- 3.12** The education and vocational training provision provided by Novus was good.

Recommendation

- 3.13 Staff who observe prison-run training sessions as part of quality improvement processes should focus on identifying areas for improvement to ensure all learners make rapid progress.**

Provision of activities

- 3.14** The prison provided sufficient places for prisoners to take part in purposeful activities throughout the week. The range and variety of activities were good.
- 3.15** Accredited courses in education included those at entry and levels 1 and 2 in English and maths and level 1 and 2 certificates in information technology. Website software and imaging software courses at level 3 and certificates in creative techniques at levels 1 and 2 were also available. In addition, there was a range of courses to help prisoners improve their personal development such as the extended award in employability skills at level 1 and art. Prisoners had good access to English and maths support in prison workshops and could also participate in distance learning and Open University courses.
- 3.16** Vocational training courses were available at level 2 in bench and site joinery, bricklaying, food production, painting and decorating, performing engineering operations and performing manufacturing operations.
- 3.17** Prison workshops provided work in recycling, engineering, tailoring, printing, powder coating, and laundry and aluminium windows production. In addition, prisoners could work as orderlies, cleaners, peer mentors and catering workers, as well as in commercial areas such as the DHL workshop. They could gain accredited qualifications in prison workshops and work.
- 3.18** The education induction was good and provided clear information on what activity places were available. The allocation process was fair and equitable and vulnerable prisoners had similar opportunities to mainstream men. Staff used information from sentence plans and action plans produced by the National Careers Service to ensure prisoners were allocated to the most appropriate activity, which happened immediately after their arrival.
- 3.19** Pay rates were fair and did not discourage prisoners from attending education.

Quality of provision

- 3.20** In education, teachers had high expectations for prisoners and in lessons, they provided men with challenging tasks to help them make good progress. Teachers and tutors planned their lessons well and were skilled at working with those with a wide range of abilities. Sessions met learners' individual needs well and helped them develop their knowledge and a good understanding of the topics taught. Teachers used a wide range of different activities to engage and motivate learners. Tutors' assessment of men's learning was good. They checked their understanding, knowledge and skills well by using good questioning techniques.
- 3.21** Teachers made good use of information technology to make learning enjoyable and more effective, for example, in a personal development lesson, prisoners collated and recorded their findings on an electronic whiteboard. In English and maths, teachers focused on topical issues, for example, in maths, prisoners calculated their body mass index. Teachers and tutors reinforced learners' correct use of English and maths in all subject areas, including in vocational training. Men on the industrial cleaning course estimated ratios of cleaning products required, for example.
- 3.22** Teachers and tutors had the confidence and skills to manage classroom and workshop behaviour. They developed clear rules for standards of behaviour with prisoners, which were displayed on classroom and workshop walls and were rigidly enforced. The number of learners excluded from education or vocational training had been reduced since the last inspection and was low.
- 3.23** Learning mentors were used well to provide individual support to the least able learners. Teachers and tutors used individual learning plans to set targets to help prisoners progress. In a minority of cases men did not understand the targets sufficiently well and these learners made slower progress than expected given their starting points.
- 3.24** In vocational training, coaching was very effective. Tutors had good industrial experience, which helped learners develop the skills and knowledge to work to a good industry standard that met employers' needs.

Recommendation

- 3.25** **Teachers and tutors should set clear targets that all prisoners understand so they know what they need to do progress.**

Personal development and behaviour

- 3.26** Prisoners enjoyed lessons, were engaged and motivated and had an excellent attitude to developing new skills. They took pride in their work, were confident and self-assured in the skills they developed and understood how their learning linked to their longer-term resettlement objectives.
- 3.27** Prisoners worked effectively on their own and in groups. For example, in waste management and aluminium window assembly, more experienced prisoners provided those new to the work with guidance.
- 3.28** Teachers helped prisoners develop an excellent understanding of tolerance and respect. Men on personal development courses could debate issues showing consideration and respect for others' ideas and points of view. Prisoners demonstrated exemplary standards of behaviour

in education, training and work. They were respectful to their peers, teachers, tutors and instructors, which created a positive learning and work environment.

- 3.29** Men had a good understanding of the use of English and maths and could effectively apply these skills in all aspects of their work and training.
- 3.30** They developed good work and employment skills in prison work and workshops, including a good work ethic. They worked industriously to high standards and met production targets. Many of the prison workshops had extended working hours, replicating realistic working practices. In a small minority of cases, instructional officers and workshop managers did not sufficiently record the employment skills prisoners developed to ensure they recognised the progress they made.
- 3.31** Peer mentors developed good skills and worked with teachers to develop the best strategies for supporting learners.

Recommendation

- 3.32** **Instructors and managers in prison work and workshops should make sure that prisoners are aware of the progress they have made in building their employment skills.**

Education and vocational achievements

- 3.33** Most prisoners made good progress during education and training compared with their starting points. Overall, achievement rates in education and vocational training were good. Achievement rates fell slightly during 2015–16 but current learners were making good progress towards gaining their qualifications. Achievement rates on English and maths courses had improved since the last inspection and were good; however, those in functional skills English courses needed further improvement.
- 3.34** In vocational training, learners produced high standards of work to good industry standards. Work was of a particularly high standard in bricklaying, site and bench joinery, catering, engineering and gardening. Prisoners' work in the prison gardens had won awards in an external competition.

Recommendation

- 3.35** **Prisoners should receive assistance to increase their achievement rates on functional skills English courses.**

Library

- 3.36** The library service was managed by a full-time librarian, four part-time assistants and four prison orderlies. Access to the library was adequate but shortages of prison staff meant that on too many occasions prisoners were unable to attend their library session. The library had no planned opening hours in the evening or at weekends, further restricting prisoners' access.
- 3.37** The library was welcoming and had a good range of resources. The stock was appropriate and included CDs and a good range of books including fiction, non-fiction, easy-reads,

vocational and audio books, as well as legal texts and relevant Prison Service orders. There was a good range of daily newspapers and periodicals. Prisoners on distance learning courses had good access to the texts they needed for their courses. The library had access to an inter-loan library service, which enabled them to obtain books requested by prisoners promptly.

- 3.38** The library promoted literacy through a variety of events throughout the year such as the creative writing group, Six Book Challenge reading scheme and Storybook Dads, in which prisoners record stories for their children.

Recommendation

- 3.39 All prisoners should have equitable and consistent access to the library.**

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.

- 3.40** The physical education (PE) facilities and equipment were mostly good. The sports hall floor needed repairing to ensure it was safe for team sports. The gym had well-equipped weights and cardiovascular areas. Designated facilities were also available for remedial PE. In addition to a large sports field, which included a five-a-side football pitch, an external assault course was available. The psychologically informed planned environment unit also had a small gym.
- 3.41** Eight physical education officers with a range of specialist sport qualifications and experience ran the main gym. Suitably qualified prison gym orderlies supported the least able prisoners.
- 3.42** The range of planned activities in the gym was appropriate and based on an assessment of prisoners' needs in conjunction with health care staff, and prisoners had access to remedial gym sessions. Feedback from the therapeutic, older and disabled prisoners' wings as well as from the bi-annual survey informed the development of activities. Staff also had links with offender management staff to ensure prisoners fulfilled their sentence planning targets.
- 3.43** Induction to the gym was good and promoted the benefits of using the gym, as well as healthy living and health and safety. Health promotion activities included smoking cessation, health checks and yoga.
- 3.44** The gym was open during the week and at weekends and on a few evenings. Access was adequate and fair. Shortages of prison staff meant sessions were frequently cut short.
- 3.45** A small range of accredited training programmes was available, including in first aid, gym instructor training and lifestyle management. Achievement rates were high.
- 3.46** The prison's data showed that participation in PE was low: only a third of the total prison population participated, of which approximately 60% were mainstream prisoners and 40% vulnerable prisoners. Prison managers did not monitor participation by ethnicity or analyse data to identify any other groups of prisoners who did not use the gym regularly.

Recommendations

- 3.47 The sports hall floor should be repaired.**
- 3.48 The prison should monitor gym usage to identify any groups of prisoners who do not routinely use the facility and address any issues.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

- 4.1** The prison had a comprehensive reducing reoffending strategy that addressed the resettlement pathways and focused on offender management. An annual needs analysis, drew on an appropriate range of information sources and informed the strategy and action plan. Provision in some important resettlement areas, such as offending behaviour programmes and family work, was better aligned to the new long-term population. There were also relevant strategy documents covering offender management, public protection and working with prisoners who were in denial of their sexual offence. The quarterly reducing reoffending strategy meeting was well attended and looked at taking forward the action plan.
- 4.2** At the last inspection, the offender management unit (OMU) did not have a sufficiently influential role in driving forward work with prisoners. While there was still scope for development, offender supervisors were now involved in decisions taken at the resettlement and induction board (RIB), which allocates work, identifies resettlement needs and communicates with the offending behaviour programmes department.

Offender management and planning

Expected outcomes:

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

- 4.3** There had been improvements in offender management and planning since the last inspection. In our survey, 80% of respondents said they had a sentence plan and the prison reported that the number of prisoners without an up-to-date offender assessment system (OASys) document was 46 compared with 264 last time. The proportion of prisoners who said they had a named offender supervisor was 91% compared with 86% last time.
- 4.4** We found that the team of offender supervisors was more established and confident than at the last inspection. They reported that their managers supported and directed their work effectively. However, uniformed offender supervisors were still subject to redeployment for up to 30% of their time, which too often frustrated their work plans.
- 4.5** In the six months prior to the inspection, 85 prisoners had arrived with no OASys document in place. The prison did not have an effective administration process for prioritising assessments that needed to be completed first. We found more than one example of prisoners who had been in Wymott for more than one year and still had not had an OASys completed despite the fact they were coming up for re-categorisation. OASys documents were not systematically reviewed on arrival and we found some that were out of date.

- 4.6** All the case files sampled had a sufficient and timely assessment of prisoners' likelihood of reoffending. All but one had sentence plans, which included key aspects linked to offending and risk of harm. In our survey, 71% of prisoners said they could achieve their sentence planning targets at the prison compared with 61% last time. Most objectives were clear and focused on outcomes. Sentence planning boards were only attended by the offender supervisor and offender manager. Nevertheless, information was sought from other departments in the prison, such as the offending behaviour programmes team, key workers in the therapeutic community (TC) wing and personal officers.
- 4.7** In our survey 45% of prisoners said their offender supervisor was working with them to achieve sentence plan targets, more than last time (30%). All new prisoners received an OMU leaflet which stated they would be seen by their offender supervisor within three weeks and then every six months to review their sentence plan objectives. In addition, the OMU held weekly wing surgeries to answer prisoners' queries. In the sample we examined, there was evidence of regular meaningful contact in all high risk of harm cases but in only one medium risk of harm case. Too many prisoners told us they had very little contact with their offender supervisor, which was borne out by the contact logs. Contact often did not comply with the expectation of six-monthly meetings and were only usually prompted by applications from prisoners. Surgeries appeared to have substituted rather than complemented offender supervisor contact. Management oversight was not sufficiently robust to make sure offender supervisors saw prisoners regularly and focused on sentence plan progression.
- 4.8** There was very little demand for home detention curfew assessments given the nature of the population but arrangements were in place and assessments undertaken were timely.

Recommendations

- 4.9 All prisoners should have an up-to-date OASys assessment and sentence plan.** (Repeated recommendation 4.11)
- 4.10 All prisoners should have regular access to an offender supervisor who is confident and experienced in managing risk of harm, provides support, motivation and challenge, and actively monitors progression.** (Repeated recommendation S52)

Public protection

- 4.11** Risk of harm screenings in the cases we examined were sufficient and contained enough information about specific areas of risk in all but one case. We were pleased to find that risk management plans in nearly all cases addressed how risks to others in the prison and in the community would be managed.
- 4.12** At the time of the inspection there were 240 multi-agency public protection arrangements (MAPPA) nominals (potentially subject to MAPPA on release), 443 on MAPPA level 1 (posing the lowest risk), 65 on MAPPA level 2 (where the active involvement of one or more agency is required) and 13 on MAPPA level 3 (posing the highest risk). Processes to identify prisoners presenting a high risk of harm were thorough. Inter-departmental risk management team (IRMT) meetings chaired by the senior probation officer were held monthly. They contributed to the management of those who were eligible for MAPPA and cases assessed as more complex eight months before release.

- 4.13** There were gaps in processes for planning for the release of MAPPA-eligible prisoners. Although OMU staff requested confirmation of prisoners' MAPPA levels from offender managers in good time, they were not followed up when replies were not received and newly arrived prisoners had been overlooked. This meant the OMU could have missed the opportunity to get involved in multi-agency planning. Reports to level 2 MAPPA meetings were completed to a good standard. A prison representative attended level 2 and 3 meetings or contributed via video link.
- 4.14** Public protection arrangements during visits and relating to mail and telephone monitoring, sexual offences and restraining orders were promoted satisfactorily. Initial screening was undertaken on arrival; restrictions were applied appropriately and the prisoner was informed about them. Applications for contact with children by those subject to public protection restrictions were managed appropriately. The violent and sexual offenders register (VISOR) was kept up to date and assessed regularly by administrative staff responsible for public protection.

Recommendation

- 4.15** **MAPPA levels should be confirmed at least six months before release, to enable the OMU to contribute to more MAPPA release plans.** (Repeated recommendation 4.17)

Categorisation

- 4.16** The backlog in categorisation reviews we found at the last inspection had been eliminated. Reviews we examined were based on a good range of evidence and decisions were appropriate. Prisoners were informed of the reasons for the outcome if their categorisation remained at category C but were not told explicitly what they needed to do to progress.
- 4.17** Category D prisoners were not held inappropriately. Those who had progressed through a review moved quickly to open conditions and those who returned from open to closed conditions were moved to their original establishment as soon as possible.

Indeterminate sentence prisoners

- 4.18** The population of indeterminate sentence prisoners had increased since the last inspection to 309. There was a good range of interventions to enable them to make progress during their sentence (see section on attitudes, thinking and behaviour).
- 4.19** Indeterminate sentence prisoners were held on wings across the prison and their case management was allocated to several offender supervisors. Offender supervisors were adequately supported in their work and parole reports were timely.
- 4.20** Forums for indeterminate sentence prisoners were held quarterly. Lifer representatives had been appointed to liaise with prison managers and communicate with indeterminate sentence prisoners. Dedicated family days for indeterminate sentence prisoners had been introduced.

Reintegration planning

Expected outcomes:

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

- 4.21** Most prisoners were moved to open conditions or resettlement prisons for local release. However, some could not be moved to their home area for a variety of reasons and in the six months prior to the inspection 110 were discharged from the prison. This included some higher risk men, especially sex offenders, whom it was often difficult to move to resettlement prisons.
- 4.22** Formal assessments of prisoners' resettlement needs, carried out using the basic custody screening tool, had been undertaken at previous establishments and there was no formal system for reviewing these needs six months prior to discharge. On arrival, an RIB considered men's resettlement aims and allocated them to activities.
- 4.23** A worker from the community rehabilitation company (CRC) Sodexo worked at the prison full time providing resettlement services. He was confident that he identified men's resettlement needs from a range of sources, including the RIB, IRMT, offender supervisors and his own analysis of discharge lists. However, he was prevented from being able to work with all prisoners who had resettlement needs because of contractual arrangements between Sodexo, CRCs for other areas and the National Probation Service. His employer required him to secure authorisation to support men in these categories, which, in many cases, he did was unable to do; this meant he could not provide support in good time for their release.
- 4.24** For example, the resettlement worker had identified 22 prisoners due for release in the six months to the end of 2016 who did not have an address to go to and received authorisation to work with only six of them. The remaining 16 would have been released without an address and expected to report to their offender manager or local council for support in finding accommodation. These prisoners were uncertain and anxious about their future and faced difficulties when they sought employment or tried to establish relationships in the community.

Accommodation

- 4.25** The prison was only able to record permanent addresses for 47% of those released in the six months prior to the inspection (see paragraph 4.24). It was not known how many of those who could not be supported by the prison resettlement worker were provided with accommodation when they reported to their offender manager in the community.
- 4.26** The resettlement worker could provide a full range of accommodation support, making referrals to hostels and housing associations, investigating private rentals for those with access to funds and liaising with families. He identified suitable accommodation for those with special needs and was focused on men's risks, which could affect the suitability of an address.

Education, training and employment

- 4.27** The quality of the National Careers Service provision provided by Career Connect was good. Career Connect advisors provided prisoners with individual action plans focusing on their longer-term resettlement goals and what could be achieved as they moved through the

secure estates. Prisoners were allocated to activities that linked to their employment objectives. Senior prison managers worked well with a range of partners such as Career Connect, Achieve Northwest and the CRC to help the prisoners improve their CVs and support them to find employment. Achieve Northwest advisors were particularly effective in responding to prisoners' specific needs, for example, they had set up a course to help men become self-employed.

- 4.28** Good use was being made of the virtual campus (internet access for prisoners to community education, training and employment opportunities) to help prisoners develop skills, such as researching employment opportunities, CV building and putting together job applications.

Health care

- 4.29** Prisoners being discharged and who had received treatment in custody were provided with a discharge summary for their GP and seven days' medication, which was good. The prison had good links with the local hospice. Prison and health care staff were aware of the needs of terminally ill prisoners and held regular meetings to ensure those with complex care requirements were met. Those with complex mental health needs were referred to community mental health services where appropriate.

Drugs and alcohol

- 4.30** There were effective links between the psychosocial and clinical teams and community treatment and support agencies and housing organisations. A family support programme engaged prisoners and their loved ones in individual recovery programmes. Follow up of some prisoners six weeks after release indicated that outcomes were good. The drug and alcohol therapeutic community (TC) on K wing had 70 residents. The service was impressive and good outcomes for some previous residents post-release were evident.

Finance, benefit and debt

- 4.31** Demand for debt advice was low because for most prisoners, concerns would have been dealt with earlier in their sentence. The resettlement worker helped prisoners contact creditors and prepare applications to address emerging debt problems. Jobcentre Plus attended the prison once a fortnight to deal with benefits claims and prisoners could open bank accounts.

Children, families and contact with the outside world

- 4.32** Family work was good and developing well. There was a strategy, a multidisciplinary oversight meeting and good involvement from outside agencies. At the time of our inspection, 119 men had not received a visit during their stay and the possibility of providing alternative means of support needed exploring.
- 4.33** Partners of Prisoners (POPs), a support charity, ran the welcoming visitors' centre and provided visitors with relevant information. Booking systems were efficient but visits sometimes started late. Staff were approachable and searching was respectful. Mainstream and vulnerable prisoners had visits concurrently but separately. The two visits halls were clean and spacious. Both had play areas and visitors could purchase a wide range of hot and cold food. The atmosphere during visits was relaxed.

- 4.34** Family days had increased from four to 12 a year, which was positive, and there was a part-time relationships link worker employed by POPs. Family work was also well supported by other departments in the prison. The education department ran a family pathway programme (see paragraph 3.8) and the TC also involved families in participants' recovery process (see paragraph 4.30).
- 4.35** Visitors were consulted and a survey had been carried out in summer 2016, which showed good levels of satisfaction with the visits experience. POPs and the prison jointly facilitated regular family forums where prison staff would meet visitors and answer questions. Family forum members were also able to tour the prison once a year to get a glimpse of prison life and the prison environment.

Recommendation

- 4.36** **The prison should explore the possibility of additional support for men who don't get visits.**

Attitudes, thinking and behaviour

- 4.37** There was now a greater range of interventions to address offending behaviour. In our survey 83% of respondents said they had been involved in offending behaviour programmes while at the prison, more than the 73% last time.
- 4.38** A good range of National Offender Management Service accredited courses were provided; they addressed thinking skills, violent offending, domestic abuse and sexual offending. The programmes matched the offending profile of the population and a further needs analysis was being undertaken to inform their development. There were no significant waiting lists.
- 4.39** A number of prisoners still did not complete accredited programmes to address their offending before release for many reasons, including denial of their offence, risk levels and insufficient time remaining in their sentence. Since the last inspection a strategy for managing denial of sexual offending had been developed. It established better assessment methods, delivered individual motivational work and gave prisoners the chance to undertake an alternative programme of work.
- 4.40** A good range of interventions complemented or provided alternatives to accredited programmes. A small number of men who were not convicted of sexual or domestic offences participated in the restorative justice project provided by Lancashire Police, which involved meeting victims of their offending. In the previous 12 months five had completed the process and six were involved at the time of the inspection. The chaplaincy also ran the Sycamore Tree victim awareness programme for approximately 120 prisoners a year.
- 4.41** The Achieve social inclusion programme for men serving sentences of four years or longer was mainly focused on employability, but also addressed personal development and future planning issues. Three hundred prisoners were participating at the time of the inspection.
- 4.42** The psychologically informed planned environment (PIPE) unit opened in 2015 on F wing and had 60 places. Residents meeting specific criteria were selected over the previous 18 months and 55 were now in treatment. There was no waiting list.
- 4.43** Criteria for selection, progression and evaluation were agreed as part of the national offender personality disorder pathway strategy and links with other PIPEs and TCs were developing well. The PIPE programme ran over 10 months and was comprised of therapeutic

groups and participation in the normal prison regime and activities. Well trained officers, under the supervision of psychological staff, delivered the therapy. The PIPE showed great promise in enabling prisoners with personality disorders to progress.

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** Resources should be made available to ensure there are appropriate residential facilities for men with very restricted mobility, wheelchair users, people who are on the palliative care register and those with other disabilities. All areas of the prison should be made accessible. (3.8)

Main recommendation

To the governor and NHS England

- 5.2** The quality of health care needed to improve and sufficient well-trained and supported staff should be recruited to provide a consistent effective and safe service. (S39)

Main recommendations

To the governor

- 5.3** The prison should focus on reducing the concerns of prisoners who isolate themselves on the wings, and provide them with a regime that is as full, varied and stimulating as possible. (S37)
- 5.4** All prisoners due for release should be provided with support to meet their resettlement needs in good time for discharge. (S40)

Recommendations

To the governor

Self-harm and suicide prevention

- 5.5** All staff should be appropriately trained in ACCT processes, which should support prisoners at risk effectively and address underlying issues. (1.23)

Security

- 5.6** Visits restrictions should be imposed only for visits-related activity. (1.34, repeated recommendation 1.50)
- 5.7** Suspicion drug testing should be adequately staffed to ensure that all testing is carried out appropriately, within identified timescales and without gaps in provision. (1.35, repeated recommendation 1.43)

Incentives and earned privileges

- 5.8** Prisoners on the basic level of the IEP scheme should be set individual targets that reflect their poor behaviour and be encouraged to address the reasons for that behaviour. (1.39)

Discipline

- 5.9** Governance of all aspects of use of force should be rigorous, all associated documents should be completed promptly and kept together and all planned incidents should be recorded. (1.49)
- 5.10** Segregated prisoners should have individual management plans to ensure that their needs are being met. (1.56)

Residential units

- 5.11** Cells designed for one prisoner should not hold two. (2.10, repeated recommendation 2.9)
- 5.12** Showers should be improved and include full privacy screening; toilets should be adequately screened. (2.11)
- 5.13** Responses to applications should be monitored to ensure they are appropriate and timely. (2.12)

Equality and diversity

- 5.14** The needs of foreign national prisoners should be better understood, and appropriate support provided. (2.27)

Faith and religious activity

- 5.15** The prison should ensure that officers do not disturb services. (2.33)

Legal rights

- 5.16** Legal visits should start on time and provide adequate privacy. (2.38, repeated recommendation 2.48)

Health services

- 5.17** All treatment rooms and the pharmacy should be cleaned to NHS equivalent standards and comply fully with infection control standards. (2.50)
- 5.18** The emergency resuscitation equipment should be in good order and monitored effectively. (2.51)
- 5.19** There should be a whole-prison strategy to support health promotion and well-being activities. (2.52)
- 5.20** Complaints and serious adverse incidents should be monitored and analysed regularly to inform service improvement. (2.53)

- 5.21** Prisoners should be able to see a GP within waiting times that are expected in the community. (2.59)
- 5.22** Appropriately trained and supervised staff should undertake reviews for those with long-term conditions and devise a care plan. (2.60)
- 5.23** Secure storage should be provided for patients prescribed with in-possession medication. (2.70)
- 5.24** Medicine administration should be supervised and sufficient privacy maintained. (2.71, repeated recommendation 2.74)
- 5.25** Stock medicines should be monitored routinely and discrepancies managed appropriately. (2.72)
- 5.26** Long waiting times to see the dentist should be reduced and prisoners' access should be the same as would be expected in the community. (2.74)
- 5.27** The dental suite should be clinically clean and emergency equipment in good order. (2.75)
- 5.28** All prisoners should have timely access to the same full range of mental health services that are available in the community, including psychologically informed therapies. (2.82)
- 5.29** Transfers to mental health services should take place within the current time guideline. (2.83)

Purchases

- 5.30** Prisoners should be able to place a shop order within 24 hours of arrival. (2.92, repeated recommendation 2.92)

Time out of cell

- 5.31** Prisoners should have enough time out of their cells every day to make telephone calls, collect meals and take showers. (3.4)
- 5.32** Prisoners should be able to spend one hour a day on outdoor exercise. (3.5, repeated recommendation 3.6)

Learning and skills and work activities

- 5.33** Staff who observe prison-run training sessions as part of quality improvement processes should focus on identifying areas for improvement to ensure all learners make rapid progress. (3.13)
- 5.34** Teachers and tutors should set clear targets that all prisoners understand so they know what they need to do progress. (3.25)
- 5.35** Instructors and managers in prison work and workshops should make sure that prisoners are aware of the progress they have made in building their employment skills. (3.32)
- 5.36** Prisoners should receive assistance to increase their achievement rates on functional skills English courses. (3.35)

5.37 All prisoners should have equitable and consistent access to the library. (3.39)

Physical education and healthy living

5.38 The sports hall floor should be repaired. (3.47)

5.39 The prison should monitor gym usage to identify any groups of prisoners who do not routinely use the facility and address any issues. (3.48)

Offender management and planning

5.40 All prisoners should have an up-to-date OASys assessment and sentence plan. (4.9, repeated recommendation 4.11)

5.41 All prisoners should have regular access to an offender supervisor who is confident and experienced in managing risk of harm, provides support, motivation and challenge, and actively monitors progression. (4.10, repeated recommendation S52)

5.42 MAPPA levels should be confirmed at least six months before release, to enable the OMU to contribute to more MAPPA release plans. (4.15, repeated recommendation 4.17)

Reintegration planning

5.43 The prison should explore the possibility of additional support for men who don't get visits. (4.36)

Examples of good practice

5.44 The equip and 'room ready' initiatives were having a positive impact across the prison, ensuring all prisoners had access to the same facilities and their basic needs met. (2.13)

5.45 Prisoners' involvement in reviewing and quality assuring complaints meant they had a say in how complaints were handled. (2.36)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Sean Sullivan	Team leader
Francesca Cooney	Inspector
Karen Dillon	Inspector
Deri Hughes-Roberts	Inspector
Gordon Riach	Inspector
Andrew Rooke	Inspector
Natalie-Anne Hall	Researcher
Emma Seymour	Researcher
Joe Simmonds	Researcher
Patricia Taflan	Researcher
Paul Tarbuck	Substance misuse inspector
Liz Walsh	Health services inspector
Rachel O'Callaghan	Pharmacist
Andrea Crosby-Josephs	Care Quality Commission inspector
Mary Devane	Ofsted inspector
Stephen Miller	Ofsted inspector
Shahram Safavi	Ofsted inspector
Joe Coleshill	Offender management inspector
Yvette Howson	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2014, reception staff were welcoming but processes took too long. The interim first night arrangements were inadequate. The induction programme was good but not all prisoners benefitted from it. Few prisoners felt unsafe and levels of violence were low, but prisoners reported high levels of victimisation. Arrangements to keep the large number of vulnerable prisoners safe were good. There had been a recent increase in self-inflicted deaths. Some aspects of assessment care in custody and teamwork (ACCT) processes required improvement. Security arrangements were mostly good. Drug availability was high, despite good supply reduction measures. There was little use of force but oversight was weak. Segregated prisoners lacked management and reintegration planning. Substance misuse arrangements were mostly good and the therapeutic community was an excellent resource. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

All new prisoners should receive a risk assessment to assess their safety and vulnerability on arrival. Relevant information and additional staff and peer support should be provided over the first night and during the early days in the prison. (S49)

Achieved

Recommendations

All new prisoners should receive a full and timely induction programme and attendance should be monitored. (1.8)

Achieved

Information about violence, bullying and victimisation should include prisoners' views and be analysed to identify trends and patterns. This analysis should inform a robust action plan which is kept under regular review. (1.15)

Partially achieved

Implementation of the tackling antisocial behaviour system should be reviewed to support victims and challenge perpetrators effectively. (1.16)

Not achieved

Information about self-harm should be analysed to identify trends and patterns. (1.27)

Achieved

All staff should be appropriately trained in assessment, care in custody and teamwork (ACCT) processes, which should provide effective support to prisoners at risk and address the underlying issues. Quality control of completed ACCT documents should be improved. (1.28)

Partially achieved

Action to implement recommendations from the Prisons and Probation Ombudsman following investigations of deaths in custody should be overseen by the safer custody meeting and its effectiveness kept under review. (1.29)

Not achieved

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.33)

Achieved

All gates and doors should be secured at all times. (1.42)

Achieved

Suspicion drug testing should be adequately staffed to ensure that all testing is carried out appropriately, within identified timescales and without gaps in provision. (1.43)

Partially achieved (recommendation repeated, 1.35)

Visits restrictions should be imposed only for visits-related activity. (1.44)

Not achieved (recommendation repeated, 1.34)

The behaviour management system should be consistently and fully applied and those on the lowest level should have more opportunity to evidence improvements in their behaviour. (1.50)

Not achieved

Prisoners should be paid at the same rate for doing the same job, irrespective of their incentives and earned privileges level. (1.51)

Achieved

Adjudication data should be routinely monitored to identify emerging trends and the most appropriate remedial action. (1.55)

Achieved

Use of force should be comprehensively monitored to identify patterns and action required. (1.59)

Partially achieved

All planned use of force should be video-recorded and recordings retained for training and evidential purposes. (1.60)

Partially achieved

Special accommodation should be used only in the most extreme of circumstances and it should be appropriately authorised and monitored. (1.61)

Achieved

Reintegration planning should be routinely carried out for all prisoners located on the segregation unit. (1.68)

Not achieved

Segregation cells should be free of graffiti and toilets should be descaled and clean. (1.69)

Partially achieved

A suitable peer support scheme should be established, accessible by vulnerable prisoners and those on main location. (1.77)

Achieved

Prisoners from all locations should have access to self-help fellowships such as Alcoholics Anonymous and Narcotics Anonymous. (1.78)

Achieved

Prescribing regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to national guidance. (1.79)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2014, external and communal areas were mostly clean and well maintained, with some areas of excellence. Applications were not tracked and prisoners had little confidence in the system. Staff-prisoner relationships were mostly good but prisoner consultation had lapsed. Equality and diversity provision had been neglected and the needs of most minority groups were not being identified or met. Care for older prisoners and those with disabilities on I wing was excellent but less good for those located elsewhere. Faith provision was good. Complaints were poorly managed. Health provision was undermined by delays in medication and very long waits to see the doctor and dentist. Mental health provision was good. Food and shop arrangements were reasonably good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

The needs of prisoners with protected characteristics should be identified and met promptly through individual assessment, regular and direct consultation with minority groups, effective care planning and monitoring. (S50)

Partially achieved

Long waits to see the doctor and dentist should be reduced and prisoners' access should be equivalent to that in the community. Medicines should be available promptly. (S51)

Not achieved

Recommendations

Cells designed for one prisoner should not hold two. (2.9)

Not achieved (recommendation repeated, 2.10)

All cells should contain adequate furniture and lockable cabinets, and toilets should be adequately screened. (2.10)

Partially achieved

Showers should be improved, including full privacy screening and sufficient hot water to meet demand. (2.11)

Not achieved

Applications should be logged and responses monitored to ensure that they are appropriate and timely. (2.12)

Partially achieved

Prisoners should be able to access their stored property within seven days. (2.13)

Achieved

Prisoner consultation should be improved. (2.18)

Achieved

Discrimination incident report forms (DIRFs) should be readily available to prisoners and staff. They should be monitored effectively to ensure a full and prompt investigation, and complainants should receive a written response of the outcome. (2.24)

Achieved

Prisoners and detainees should have good access to legal representation when necessary. (2.34)

Not achieved

Greater use should be made of the professional telephone interpreting service. Up-to-date prison information and notices should be translated into common languages and made freely available. (2.35)

Partially achieved

Prisoners should have easy access to complaint forms. (2.44)

Achieved

Management oversight of the timeliness and quality of complaints should be improved. (2.45)

Partially achieved

Legal visits should start on time and provide adequate privacy. (2.48)

Not achieved (recommendation repeated, 2.38)

All health services staff should complete annual mandatory training in a timely fashion. (2.59)

Not achieved

Prisoners should have access to a pharmacist. (2.60)

Achieved

Health care information should be available in a range of languages, and health care noticeboards should display all useful information. (2.61)

Not achieved

Long waits in the health care waiting rooms should be avoided. (2.69)

Achieved

Medicine administration should be supervised and sufficient privacy maintained. (2.74)

Not achieved (recommendation repeated, 2.71)

Medicines should be moved securely around the prison. (2.75)

Not achieved

A rolling programme of mental health awareness refresher training should be provided for all custody staff. (2.82)

Achieved

Breakfast packs should be issued on the day they are to be eaten. (2.89)

Not achieved

Prisoners should be able to place a shop order within 24 hours of arrival. (2.92)

Not achieved (recommendation repeated, 2.92)

Purposeful activity

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

At the last inspection, in 2014, time out of cell was reasonably good but prisoners were locked up too early in the evening and there were some regime slippages and curtailments. Learning and skills and work provision was good. There was an effective strategy for the implementation of the working prison model and high-quality learning and skills and work places were available. There were sufficient activity places for most and there was little unemployment. The quality and range of education and vocational training were good, with a focus on employability. Teaching and coaching were good. Achievement of qualifications was good in most areas. Library and recreational PE were good but access to both was problematic. Outcomes for prisoners were good against this healthy prison test.

Recommendations

Prisoners should be able to spend one hour a day on outdoor exercise. (3.6)

Not achieved (recommendation repeated, 3.5)

Evening association should be extended to allow prisoners sufficient time to maintain family contact. (3.7)

Not achieved

The analysis of data to monitor and identify gaps in the performance of different groups, and prisoners' progress towards achieving functional skills qualifications, should be improved. (3.15)

Achieved

Disruptions to the working day, including delayed movement to and from activities and health care appointments and poor sequencing of offending behaviour programmes, should be reduced. (3.16)

Achieved

Learners' achievement rates should be raised in English and mathematics functional skills qualifications at levels 1 and 2. (3.35)

Achieved

Evening and weekend access to the library should be provided. (3.39)

Not achieved

Prisoners should get their allocated PE time each week. (3.46)

Partially achieved

The range of accredited PE courses should be increased and planned to maximise learners' chances of achieving a qualification. (3.47)

Achieved

Resettlement

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

At the last inspection, in 2014, the strategic management of reducing reoffending was reasonably good. Offender management arrangements were compromised by the inexperience and cross-deployment of many offender supervisors. There was too little offender supervisor contact with prisoners, particularly with high risk of harm cases, and a lack of support to assist progression. The high number of public protection issues was managed well. Too many home detention curfew and re-categorisation reviews were late. Reintegration planning was good and work across the resettlement pathways was mostly good, although too little was done with sex offenders who were unsuitable for the sex offender treatment programme. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

All prisoners should have regular access to an offender supervisor who is confident and experienced in managing risk of harm, provides support, motivation and challenge, and actively monitors progression. (S52)

Partially achieved (recommendation repeated, 4.10)

A detailed strategy for managing sex offenders not suitable for the sex offender treatment programme should be developed which sets out the provision of appropriate offence-focused work. (S53)

Achieved

Recommendations

The reducing reoffending strategy should specify the distinct needs of groups of prisoners, and ensure that offender management is at the heart of the work and that resettlement services and the action plan are informed by the most recent needs analysis. (4.4)

Achieved

All prisoners should have an up-to-date offender assessment system (OASys) assessment and sentence plan. (4.11)

Not achieved (recommendation repeated, 4.9)

Home detention curfew assessments should be completed on time. (4.12)

Achieved

MAPPA levels should be confirmed at least six months before release, to enable the OMU to contribute to more MAPPA release plans. (4.17)

Not achieved (recommendation repeated, 4.15)

Re-categorisation reviews should be completed on time, to a good standard and clearly explain to the prisoner what he needs to do to achieve a lower categorisation. (4.20)

Achieved

The specific needs of indeterminate-sentenced prisoners (ISPs) should be identified and action taken to provide services to meet these needs. (4.23)

Achieved

The resettlement needs assessment completed during induction should be shared with the OMU.

(4.27)

Achieved

The virtual campus should be introduced. (4.33)

Achieved

The number of family days should be increased to meet need. (4.42)

Achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider: Lancashire Care NHS Foundation Trust

Location: Trust HQ Sceptre Point, Sceptre Way, Walton Summit, Preston

Location ID: RW5HQ

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

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 17

We found the provider did not have established systems or processes which effectively monitored the quality and safety of the service to ensure compliance with requirements. Nor did they assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from carrying out the regulated activity. This constituted a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

We had concerns that a robust system of governance was not in place to monitor the safety, effectiveness and quality of service provision. Local monitoring arrangements did not ensure safe and effective service delivery. Evidence showed that service provision was not monitored in a way that effectively identified the following deficits, highlighted at inspection.

Staffing

- Monitoring arrangements were not in place to ensure staff appraisals;

supervision and mandatory training were completed as per the trust's policies. No strategy was in place to manage the imminent departure of six staff, which included managers.

Infection Control

- Monitoring was not in place to ensure clinical, pharmacy and dental spaces were clean to reduce the risk of infection transmission. There was no evidence of cleaning schedules and rooms were visibly grubby. Of the six treatment rooms viewed all were in need of a deep clean. One room had a mug on the desk with mould growing in it.

Medicines Management

- Monitoring was not in place to ensure stock levels were accurate and any discrepancies investigated and justified. We were alarmed to find stock level discrepancies in over 30 medications from April to October 2016, some of which were highly tradable.
- Processes were not in place for the secure transport of medicines. Secure containers were not available for movement of medication to cells for administration to prisoners; these were transported in insecure rucksacks.
- Systems did not ensure that prisoners received their medicines promptly and as prescribed. Consecutive days of missed medication were not routinely followed up.
- Systems did not ensure sufficient storage space for medication which resulted in weekly ordering and delivery of in-possession medication. This increased workload and potential for delays in prisoners receiving their medication.
- There was no established system to ensure the integrity of medication in the dental room. We found adrenaline (expired August 2016) and Oromucosal solution (expired August 2016) that had passed their expiry date.

Incident reporting

- Monitoring arrangements were not in place to ensure incidents were dealt with effectively and efficiently. We were very concerned to find 81 Datix reports awaiting review, some of which were 18 months old.

Record keeping

- We viewed records from the previous year and found they were not adequately monitored to ensure their quality. Care plans were not individualised to the needs of prisoners and were insufficiently detailed or routinely reviewed to ensure that prisoners' needs were met.

Care provision

- Systems were not in place to ensure enough GP sessions were provided to deal with the number of prisoners requiring treatment, and that prisoners received timely appointments. The range of clinics offered was limited, due to insufficient clinical space and staff shortages. 203 prisoners were waiting up to 16 weeks for either first time appointments or follow up treatment with the dentist. 106 prisoners waiting up to 4 weeks to see the GP. Prisoners were unaware of the outcome of their application until they received an appointment slip the day before their appointment, which caused frustration and missed appointments. Some prisoners reported not receiving a slip at all. Reviews of prisoners with lifelong conditions were mainly managed by the GP.
- There was no monitoring arrangement in place to oversee the excessively high non-attendance rates at clinics (1696 between May and October 2016) which contributed to long wait times. The causes were not documented and no audit or break down of reasons why had been carried out in the last two years.
- In the absence of a health promotion strategy, the arrangements to promote prisoners' health were not systematic. We found a general lack of health promotion information in waiting areas and on prison wings. There was no healthcare information available in accessible formats, including translated materials.
- There was no system in place to monitor the quality of responses to complaints or the speed at which responses were received by the prisoners.
- Monitoring arrangements were not in place to ensure regular checking of emergency equipment and some incomplete kits were found.
- There were no established systems to deal with the number of prisoners who required psychosocial interventions or counselling for mental health conditions. There was a list of 160 men waiting for primary mental services, the longest of who had been waiting 37 weeks. There were delays in Care Programme Approach (CPA) reviews and the next available slot was January 2017. Staff were concerned that their professional integrity was at risk and that there were prisoners whose mental health was deteriorating undetected.

Appendix IV: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	04	1047	91
Recall	0	106	0
Convicted unsentenced	0	0	9
Remand	0	0	0
Civil prisoners	0	0	0
Detainees	0	0	0
Total	4	1153	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	0	0	0
Less than 6 months	0	0	0
6 months to less than 12 months	0	0	0
12 months to less than 2 years	0	4	0.3
2 years to less than 4 years	1	35	3
4 years to less than 10 years	2	674	59
10 years and over (not life)	1	131	11.7
ISPP (indeterminate sentence for public protection)	0	185	16
Life	0	124	10
Total	4	1153	100

Age	Number of prisoners	%
Please state minimum age here:	19 years	
Under 21 years	4	0.3
21 years to 29 years	263	23
30 years to 39 years	320	28
40 years to 49 years	258	22
50 years to 59 years	173	15
60 years to 69 years	84	7.7
70 plus years	55	4
Please state maximum age here:	92	
Total	1157	100

Nationality	18–20 yr olds	21 and over	%
British	4	1119	97
Foreign nationals	0	33	3
Total	4	1153	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	0	0	0
Uncategorised sentenced	0	0	0
Category A		0	0
Category B		0	0
Category C	4	1137	98
Category D		16	2
Other		0	0
Total	4	1153	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British	3	994	86
Irish	0	14	1
Gypsy/Irish Traveller	0	12	1
Other white	0	8	1
Mixed			
White and black Caribbean	0	9	0.7
White and black African	0	3	0.2
White and Asian	0	2	0.2
Other mixed	0	8	1
Asian or Asian British	0	16	1.5
Indian	0	10	1
Pakistani	0	39	3
Bangladeshi	0	4	0.3
Chinese	0	1	0.1
Other Asian	0	0	0
Black or black British	0		
Caribbean	0	18	1.5
African	0	7	0.9
Other black	1	5	0.3
Other ethnic group	0	0	0
Arab	0	0	0
Other ethnic group	0	2	0.2
Not stated	0	1	0.1
Total	4	1153	100

Religion	18–20 yr olds	21 and over	%
Baptist		1	0.1
Church of England		322	28
Roman Catholic	1	264	23
Other Christian denominations	1	84	7
Muslim		87	7
Sikh		3	0.2
Hindu		2	0.2
Buddhist		28	2.5
Jewish		5	0.3
Other		23	2
No religion	2	334	29
Total	4	1153	100

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	66	6
1 month to 3 months	1	25	124	11
3 months to 6 months	1	25	189	16
6 months to 1 year	0	0	252	22
1 year to 2 years	2	50	305	26
2 years to 4 years	0	0	165	14
4 years or more	0	0	52	5
Total	4	100	1153	100

Appendix V: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment⁹. Respondents were then randomly selected from a P-Nomis prisoner population printout using a systematic sampling method.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 10 October 2016 the prisoner population at HMP Wymott was 1,156. Using the method described above, questionnaires were distributed to a sample of 227 prisoners.

We received a total of 194 completed questionnaires, a response rate of 85%. This included two questionnaires completed via interview. Thirteen respondents refused to complete a questionnaire and 20 questionnaires were not returned.

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

Wing/unit	Number of completed survey returns
A	33
B	32
C	19
D	17
E	18
F	12
G	14
H	17
I	9
J	7
K	13
Segregation unit	3

Presentation of survey results and analyses

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

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 differences¹⁰ 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 Wymott in 2016 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 37 category C training prisons since April 2013.
- The current survey responses from HMP Wymott in 2016 compared with the responses of prisoners surveyed at HMP Wymott in 2014.
- A comparison within the 2016 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2016 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

¹⁰ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ was considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

- A comparison within the 2016 survey between the responses of those who are aged 50 and over and those under 50.
- A comparison within the 2016 survey between the responses of those who considered themselves to be a veteran and those who did not.
- A comparison within the 2016 survey between the responses of those on the vulnerable prisoner wings (A, B and G) and those in the main population wings (C, D, E, F and H).

Survey summary

Section I: About You

Q1.1	What wing or houseblock are you currently living on? See shortened methodology	
Q1.2	How old are you?	
	Under 21	0 (0%)
	21 - 29.....	43 (22%)
	30 - 39.....	57 (29%)
	40 - 49.....	45 (23%)
	50 - 59.....	24 (12%)
	60 - 69.....	17 (9%)
	70 and over	8 (4%)
Q1.3	Are you sentenced?	
	Yes	174 (91%)
	Yes - on recall.....	17 (9%)
	No - awaiting trial.....	0 (0%)
	No - awaiting sentence.....	0 (0%)
	No - awaiting deportation.....	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced.....	0 (0%)
	Less than 6 months.....	1 (1%)
	6 months to less than 1 year	2 (1%)
	1 year to less than 2 years.....	4 (2%)
	2 years to less than 4 years	17 (9%)
	4 years to less than 10 years.....	86 (46%)
	10 years or more.....	21 (11%)
	IPP (indeterminate sentence for public protection).....	39 (21%)
	Life.....	19 (10%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?	
	Yes.....	10 (5%)
	No.....	184 (95%)
Q1.6	Do you understand spoken English?	
	Yes.....	191 (99%)
	No.....	1 (1%)
Q1.7	Do you understand written English?	
	Yes.....	192 (100%)
	No.....	0 (0%)

Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	142 (75%)	Asian or Asian British - Chinese..... 0 (0%)
	White - Irish	11 (6%)	Asian or Asian British - other
	White - other.....	6 (3%)	Mixed race - white and black Caribbean .
	Black or black British - Caribbean.....	5 (3%)	Mixed race - white and black African.....
	Black or black British - African	1 (1%)	Mixed race - white and Asian.....
	Black or black British - other	1 (1%)	Mixed race - other
	Asian or Asian British - Indian	6 (3%)	Arab
	Asian or Asian British - Pakistani.....	6 (3%)	Other ethnic group.....
	Asian or Asian British - Bangladeshi.....	0 (0%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		9 (5%)
	No.....		178 (95%)
Q1.10	What is your religion?		
	None.....	46 (24%)	Hindu..... 1 (1%)
	Church of England	54 (28%)	Jewish..... 2 (1%)
	Catholic	49 (26%)	Muslim..... 14 (7%)
	Protestant.....	4 (2%)	Sikh
	Other Christian denomination	4 (2%)	Other
	Buddhist	5 (3%)	
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight		174 (92%)
	Homosexual/Gay.....		8 (4%)
	Bisexual.....		7 (4%)
Q1.12	Do you consider yourself to have a disability (i.e do you need help with any long term physical, mental or learning needs)?		
	Yes		64 (34%)
	No.....		127 (66%)
Q1.13	Are you a veteran (ex- armed services)?		
	Yes		22 (12%)
	No.....		167 (88%)
Q1.14	Is this your first time in prison?		
	Yes		81 (42%)
	No.....		110 (58%)
Q1.15	Do you have children under the age of 18?		
	Yes		87 (46%)
	No.....		101 (54%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?		
	Less than 2 hours		121 (64%)
	2 hours or longer		60 (32%)
	Don't remember		9 (5%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	121 (64%)
	Yes	47 (25%)
	No.....	17 (9%)
	<i>Don't remember</i>	3 (2%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	121 (64%)
	Yes	8 (4%)
	No.....	59 (31%)
	<i>Don't remember</i>	2 (1%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	105 (56%)
	No.....	64 (34%)
	<i>Don't remember</i>	20 (11%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	162 (86%)
	No.....	23 (12%)
	<i>Don't remember</i>	3 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well</i>	61 (32%)
	<i>Well</i>	84 (44%)
	<i>Neither</i>	39 (21%)
	<i>Badly</i>	1 (1%)
	<i>Very badly</i>	1 (1%)
	<i>Don't remember</i>	4 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	<i>Yes, someone told me</i>	139 (74%)
	<i>Yes, I received written information</i>	8 (4%)
	<i>No, I was not told anything</i>	43 (23%)
	<i>Don't remember</i>	2 (1%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	165 (88%)
	No.....	20 (11%)
	<i>Don't remember</i>	3 (2%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	76 (40%)
	<i>2 hours or longer</i>	104 (54%)
	<i>Don't remember</i>	12 (6%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	166 (87%)
	No	17 (9%)
	<i>Don't remember</i>	8 (4%)

Q3.3 Overall, how were you treated in reception?

Very well.....	56 (30%)
Well.....	98 (52%)
Neither.....	24 (13%)
Badly.....	7 (4%)
Very badly.....	1 (1%)
Don't remember.....	3 (2%)

Q3.4 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

Loss of property.....	26 (14%)	Physical health.....	28 (15%)
Housing problems.....	16 (9%)	Mental health.....	46 (25%)
Contacting employers.....	2 (1%)	Needing protection from other prisoners	13 (7%)
Contacting family.....	24 (13%)	Getting phone numbers.....	25 (13%)
Childcare.....	2 (1%)	Other.....	5 (3%)
Money worries.....	19 (10%)	Did not have any problems.....	74 (40%)
Feeling depressed or suicidal.....	31 (17%)		

Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?

Yes.....	45 (24%)
No.....	65 (35%)
Did not have any problems.....	74 (40%)

Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)

Tobacco.....	156 (82%)
A shower.....	40 (21%)
A free telephone call.....	123 (65%)
Something to eat.....	97 (51%)
PIN phone credit.....	87 (46%)
Toiletries/ basic items.....	75 (39%)
Did not receive anything.....	6 (3%)

Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)

Chaplain.....	71 (38%)
Someone from health services.....	126 (67%)
A Listener/Samaritans.....	46 (25%)
Prison shop/ canteen.....	39 (21%)
Did not have access to any of these.....	39 (21%)

Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)

What was going to happen to you.....	103 (57%)
What support was available for people feeling depressed or suicidal.....	67 (37%)
How to make routine requests (applications).....	78 (43%)
Your entitlement to visits.....	64 (35%)
Health services.....	95 (52%)
Chaplaincy.....	80 (44%)
Not offered any information.....	43 (24%)

Q3.9	Did you feel safe on your first night here?	
	Yes	148 (80%)
	No.....	27 (15%)
	Don't remember	10 (5%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	20 (11%)
	Within the first week.....	127 (67%)
	More than a week.....	31 (16%)
	Don't remember	11 (6%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	20 (11%)
	Yes	95 (51%)
	No.....	57 (31%)
	Don't remember	14 (8%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment.....	40 (21%)
	Within the first week.....	77 (41%)
	More than a week.....	52 (27%)
	Don't remember	21 (11%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		Very easy	Easy	Neither	Difficult	Very difficult	N/A
	Communicate with your solicitor or legal representative?	35 (19%)	55 (30%)	26 (14%)	24 (13%)	19 (10%)	23 (13%)
	Attend legal visits?	29 (18%)	55 (34%)	25 (15%)	8 (5%)	10 (6%)	36 (22%)
	Get bail information?	9 (6%)	13 (9%)	26 (18%)	11 (7%)	8 (5%)	81 (55%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	Not had any letters.....						28 (15%)
	Yes						77 (41%)
	No.....						83 (44%)
Q4.3	Can you get legal books in the library?						
	Yes						95 (52%)
	No.....						11 (6%)
	Don't know						75 (41%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		Yes	No	Don't know			
	Do you normally have enough clean, suitable clothes for the week?	127 (66%)	65 (34%)	0 (0%)			
	Are you normally able to have a shower every day?	171 (90%)	20 (10%)	0 (0%)			
	Do you normally receive clean sheets every week?	158 (85%)	25 (13%)	3 (2%)			
	Do you normally get cell cleaning materials every week?	89 (47%)	98 (52%)	1 (1%)			
	Is your cell call bell normally answered within five minutes?	42 (24%)	113 (64%)	22 (12%)			
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	122 (66%)	63 (34%)	0 (0%)			
	If you need to, can you normally get your stored property?	43 (23%)	94 (51%)	46 (25%)			

Q4.5	What is the food like here?		
	Very good.....	14 (7%)	
	Good.....	55 (29%)	
	Neither.....	64 (34%)	
	Bad.....	35 (18%)	
	Very bad.....	22 (12%)	
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?		
	Have not bought anything yet/ don't know.....	3 (2%)	
	Yes.....	85 (45%)	
	No.....	102 (54%)	
Q4.7	Can you speak to a Listener at any time, if you want to?		
	Yes.....	136 (72%)	
	No.....	14 (7%)	
	Don't know.....	40 (21%)	
Q4.8	Are your religious beliefs respected?		
	Yes.....	101 (54%)	
	No.....	24 (13%)	
	Don't know/ N/A.....	61 (33%)	
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?		
	Yes.....	106 (56%)	
	No.....	13 (7%)	
	Don't know/ N/A.....	71 (37%)	
Q4.10	How easy or difficult is it for you to attend religious services?		
	I don't want to attend.....	44 (24%)	
	Very easy.....	53 (28%)	
	Easy.....	43 (23%)	
	Neither.....	9 (5%)	
	Difficult.....	7 (4%)	
	Very difficult.....	3 (2%)	
	Don't know.....	28 (15%)	

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes.....	159 (83%)		
	No.....	24 (13%)		
	Don't know.....	9 (5%)		
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)			
		Not made one	Yes	No
	Are applications dealt with fairly?	15 (8%)	94 (53%)	69 (39%)
	Are applications dealt with quickly (within seven days)?	15 (8%)	35 (20%)	128 (72%)
Q5.3	Is it easy to make a complaint?			
	Yes.....	115 (62%)		
	No.....	39 (21%)		
	Don't know.....	32 (17%)		

Q5.4 Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)

	Not made one	Yes	No
Are complaints dealt with fairly?	57 (31%)	43 (23%)	84 (46%)
Are complaints dealt with quickly (within seven days)?	57 (32%)	25 (14%)	98 (54%)

Q5.5 Have you ever been prevented from making a complaint when you wanted to?

Yes	41 (23%)
No.....	141 (77%)

Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

Don't know who they are.....	46 (26%)
Very easy.....	14 (8%)
Easy.....	38 (21%)
Neither.....	36 (20%)
Difficult.....	30 (17%)
Very difficult.....	16 (9%)

Section 6: Incentive and earned privileges scheme**Q6.1 Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)**

Don't know what the IEP scheme is	5 (3%)
Yes	112 (60%)
No	55 (29%)
Don't know	15 (8%)

Q6.2 Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)

Don't know what the IEP scheme is.....	5 (3%)
Yes.....	89 (49%)
No.....	72 (40%)
Don't know.....	16 (9%)

Q6.3 In the last six months have any members of staff physically restrained you (C&R)?

Yes.....	19 (10%)
No.....	168 (90%)

Q6.4 If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?

I have not been to segregation in the last 6 months.....	142 (80%)
Very well.....	4 (2%)
Well.....	8 (5%)
Neither.....	8 (5%)
Badly.....	11 (6%)
Very badly.....	4 (2%)

Section 7: Relationships with staff**Q7.1 Do most staff treat you with respect?**

Yes	149 (79%)
No.....	39 (21%)

Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	143 (75%)
	No.....	48 (25%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	47 (25%)
	No.....	143 (75%)
Q7.4	How often do staff normally speak to you during association?	
	Do not go on association	8 (4%)
	Never.....	48 (25%)
	Rarely	45 (24%)
	Some of the time	51 (27%)
	Most of the time.....	24 (13%)
	All of the time.....	13 (7%)
Q7.5	When did you first meet your personal (named) officer?	
	I have not met him/her	54 (29%)
	In the first week	44 (23%)
	More than a week	66 (35%)
	Don't remember.....	24 (13%)
Q7.6	How helpful is your personal (named) officer?	
	Do not have a personal officer/ I have not met him/ her	54 (29%)
	Very helpful.....	42 (23%)
	Helpful	42 (23%)
	Neither	20 (11%)
	Not very helpful	11 (6%)
	Not at all helpful.....	16 (9%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes	86 (45%)
	No.....	104 (55%)
Q8.2	Do you feel unsafe now?	
	Yes	39 (21%)
	No.....	148 (79%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	Never felt unsafe	104 (57%)
	Everywhere	27 (15%)
	Segregation unit	3 (2%)
	Association areas.....	31 (17%)
	Reception area	4 (2%)
	At the gym	14 (8%)
	In an exercise yard.....	17 (9%)
	At work.....	20 (11%)
	During movement	29 (16%)
	At education.....	11 (6%)
	At meal times	12 (7%)
	At health services.....	10 (6%)
	Visits area	13 (7%)
	In wing showers.....	20 (11%)
	In gym showers	8 (4%)
	In corridors/stairwells.....	18 (10%)
	On your landing/wing	29 (16%)
	In your cell	16 (9%)
	At religious services.....	4 (2%)
Q8.4	Have you been victimised by other prisoners here?	
	Yes	56 (29%)
	No.....	134 (71%)

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	28 (15%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	16 (8%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	39 (21%)
	<i>Having your canteen/property taken</i>	19 (10%)
	<i>Medication</i>	14 (7%)
	<i>Debt</i>	8 (4%)
	<i>Drugs</i>	7 (4%)
	<i>Your race or ethnic origin</i>	10 (5%)
	<i>Your religion/religious beliefs</i>	13 (7%)
	<i>Your nationality</i>	8 (4%)
	<i>You are from a different part of the country than others</i>	14 (7%)
	<i>You are from a traveller community</i>	5 (3%)
	<i>Your sexual orientation</i>	7 (4%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	6 (3%)
	<i>You were new here</i>	8 (4%)
	<i>Your offence/ crime</i>	20 (11%)
	<i>Gang related issues</i>	8 (4%)
Q8.6	Have you been victimised by staff here?	
	Yes	48 (26%)
	No	140 (74%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	17 (9%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	6 (3%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	22 (12%)
	<i>Medication</i>	4 (2%)
	<i>Debt</i>	2 (1%)
	<i>Drugs</i>	4 (2%)
	<i>Your race or ethnic origin</i>	6 (3%)
	<i>Your religion/religious beliefs</i>	4 (2%)
	<i>Your nationality</i>	2 (1%)
	<i>You are from a different part of the country than others</i>	4 (2%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	1 (1%)
	<i>You have a disability</i>	8 (4%)
	<i>You were new here</i>	4 (2%)
	<i>Your offence/ crime</i>	13 (7%)
	<i>Gang related issues</i>	2 (1%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	111 (62%)
	Yes	26 (15%)
	No	41 (23%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	17 (9%)	7 (4%)	23 (12%)	14 (7%)	76 (40%)	52 (28%)
	The nurse	17 (9%)	17 (9%)	39 (22%)	28 (15%)	60 (33%)	20 (11%)
	The dentist	24 (13%)	7 (4%)	10 (5%)	15 (8%)	44 (24%)	86 (46%)

Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	24 (13%)	33 (17%)	62 (32%)	27 (14%)	22 (12%)	23 (12%)
	The nurse	17 (9%)	27 (15%)	65 (35%)	31 (17%)	21 (11%)	24 (13%)
	The dentist	50 (27%)	28 (15%)	34 (18%)	22 (12%)	16 (9%)	35 (19%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>					11 (6%)	
	<i>Very good</i>					10 (5%)	
	<i>Good</i>					46 (25%)	
	<i>Neither</i>					33 (18%)	
	<i>Bad</i>					49 (26%)	
	<i>Very bad</i>					37 (20%)	
Q9.4	Are you currently taking medication?						
	Yes					125 (66%)	
	No					64 (34%)	
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
	<i>Not taking medication</i>					64 (34%)	
	<i>Yes, all my meds</i>					100 (53%)	
	<i>Yes, some of my meds</i>					14 (7%)	
	<i>No</i>					11 (6%)	
Q9.6	Do you have any emotional or mental health problems?						
	Yes					86 (45%)	
	No					104 (55%)	
Q9.7	Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?						
	<i>Do not have any emotional or mental health problems</i>					104 (55%)	
	Yes					39 (21%)	
	No					45 (24%)	

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?		
	Yes		52 (28%)
	No		136 (72%)
Q10.2	Did you have a problem with alcohol when you came into this prison?		
	Yes		40 (21%)
	No		149 (79%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?		
	<i>Very easy</i>		83 (44%)
	<i>Easy</i>		35 (19%)
	<i>Neither</i>		5 (3%)
	<i>Difficult</i>		6 (3%)
	<i>Very difficult</i>		2 (1%)
	<i>Don't know</i>		57 (30%)

Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	27 (14%)
	Easy.....	29 (16%)
	Neither.....	16 (9%)
	Difficult.....	16 (9%)
	Very difficult.....	11 (6%)
	Don't know.....	88 (47%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	21 (11%)
	No.....	169 (89%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	16 (9%)
	No.....	171 (91%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem.....	128 (71%)
	Yes.....	34 (19%)
	No.....	19 (10%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	Did not / do not have an alcohol problem.....	149 (81%)
	Yes.....	23 (13%)
	No.....	12 (7%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	Did not have a problem/ did not receive help.....	135 (75%)
	Yes.....	38 (21%)
	No.....	7 (4%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	13 (7%)	49 (26%)	74 (40%)	19 (10%)	21 (11%)	11 (6%)
	Vocational or skills training	28 (16%)	33 (19%)	58 (34%)	22 (13%)	21 (12%)	9 (5%)
	Education (including basic skills)	29 (17%)	36 (21%)	72 (42%)	18 (10%)	11 (6%)	6 (3%)
	Offending behaviour programmes	39 (22%)	19 (11%)	33 (19%)	21 (12%)	40 (23%)	25 (14%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	Not involved in any of these.....					33 (18%)	
	Prison job.....					121 (65%)	
	Vocational or skills training.....					25 (14%)	
	Education (including basic skills).....					32 (17%)	
	Offending behaviour programmes.....					49 (26%)	

Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	15 (9%)	71 (44%)	62 (38%)	15 (9%)
	Vocational or skills training	29 (21%)	64 (47%)	28 (20%)	16 (12%)
	Education (including basic skills)	30 (22%)	63 (45%)	33 (24%)	13 (9%)
	Offending behaviour programmes	26 (17%)	83 (53%)	31 (20%)	16 (10%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				16 (9%)
	<i>Never</i>				32 (17%)
	<i>Less than once a week</i>				52 (28%)
	<i>About once a week</i>				77 (41%)
	<i>More than once a week</i>				9 (5%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				31 (17%)
	<i>Yes</i>				112 (61%)
	<i>No</i>				42 (23%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				45 (24%)
	<i>0</i>				44 (24%)
	<i>1 to 2</i>				42 (23%)
	<i>3 to 5</i>				47 (25%)
	<i>More than 5</i>				7 (4%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				19 (10%)
	<i>0</i>				21 (11%)
	<i>1 to 2</i>				60 (32%)
	<i>3 to 5</i>				52 (28%)
	<i>More than 5</i>				37 (20%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				7 (4%)
	<i>0</i>				9 (5%)
	<i>1 to 2</i>				17 (9%)
	<i>3 to 5</i>				46 (25%)
	<i>More than 5</i>				108 (58%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)				
	<i>Less than 2 hours</i>				31 (17%)
	<i>2 to less than 4 hours</i>				16 (9%)
	<i>4 to less than 6 hours</i>				24 (13%)
	<i>6 to less than 8 hours</i>				41 (22%)
	<i>8 to less than 10 hours</i>				26 (14%)
	<i>10 hours or more</i>				37 (20%)
	<i>Don't know</i>				11 (6%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	65 (35%)
	No.....	120 (65%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	79 (43%)
	No.....	105 (57%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	47 (25%)
	No.....	140 (75%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	29 (16%)
	<i>Very easy</i>	15 (8%)
	<i>Easy</i>	35 (19%)
	<i>Neither</i>	21 (11%)
	<i>Difficult</i>	56 (30%)
	<i>Very difficult</i>	29 (16%)
	<i>Don't know</i>	0 (0%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	0 (0%)
	Yes	175 (95%)
	No.....	10 (5%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	10 (5%)
	<i>No contact</i>	59 (32%)
	<i>Letter</i>	63 (34%)
	<i>Phone</i>	50 (27%)
	<i>Visit</i>	68 (37%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	168 (91%)
	No.....	16 (9%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	Yes	147 (80%)
	No.....	37 (20%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	37 (20%)
	<i>Very involved</i>	37 (20%)
	<i>Involved</i>	38 (20%)
	<i>Neither</i>	6 (3%)
	<i>Not very involved</i>	27 (15%)
	<i>Not at all involved</i>	41 (22%)

Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)			
	<i>Do not have a sentence plan/ not sentenced</i>	37	(20%)	
	<i>Nobody</i>	61	(33%)	
	<i>Offender supervisor</i>	66	(36%)	
	<i>Offender manager</i>	54	(29%)	
	<i>Named/ personal officer</i>	19	(10%)	
	<i>Staff from other departments</i>	33	(18%)	
Q13.7	Can you achieve any of your sentence plan targets in this prison?			
	<i>Do not have a sentence plan/ not sentenced</i>	37	(21%)	
	<i>Yes</i>	101	(56%)	
	<i>No</i>	24	(13%)	
	<i>Don't know</i>	18	(10%)	
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?			
	<i>Do not have a sentence plan/ not sentenced</i>	37	(20%)	
	<i>Yes</i>	23	(12%)	
	<i>No</i>	92	(49%)	
	<i>Don't know</i>	34	(18%)	
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?			
	<i>Do not have a sentence plan/ not sentenced</i>	37	(20%)	
	<i>Yes</i>	39	(21%)	
	<i>No</i>	49	(26%)	
	<i>Don't know</i>	60	(32%)	
Q13.10	Do you have a needs based custody plan?			
	<i>Yes</i>	12	(7%)	
	<i>No</i>	80	(44%)	
	<i>Don't know</i>	91	(50%)	
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	<i>Yes</i>	27	(15%)	
	<i>No</i>	157	(85%)	
Q13.12	Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	46 (27%)	31 (18%)	96 (55%)
	Accommodation	36 (22%)	36 (22%)	95 (57%)
	Benefits	35 (21%)	32 (19%)	100 (60%)
	Finances	39 (24%)	26 (16%)	98 (60%)
	Education	49 (30%)	28 (17%)	86 (53%)
	Drugs and alcohol	56 (34%)	42 (25%)	68 (41%)
Q13.13	Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?			
	<i>Not sentenced</i>	0	(0%)	
	<i>Yes</i>	107	(60%)	
	<i>No</i>	70	(40%)	

Main comparator and comparator to last time



Prisoner survey responses HMP Wymott 2016

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

Key to tables

		HMP Wymott 2016	Category C training prisons comparator	HMP Wymott 2016	HMP Wymott 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		194	6,432	194	199
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	2%	0%	0%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	9%	9%	9%	10%
1.4	Is your sentence less than 12 months?	2%	6%	2%	1%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	21%	8%	21%	10%
1.5	Are you a foreign national?	5%	10%	5%	7%
1.6	Do you understand spoken English?	100%	99%	100%	98%
1.7	Do you understand written English?	100%	98%	100%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	16%	26%	16%	12%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	5%	5%	1%
1.1	Are you Muslim?	7%	13%	7%	8%
1.11	Are you homosexual/gay or bisexual?	8%	4%	8%	3%
1.12	Do you consider yourself to have a disability?	34%	21%	34%	27%
1.13	Are you a veteran (ex-armed services)?	12%	6%	12%	5%
1.14	Is this your first time in prison?	42%	38%	42%	43%
1.15	Do you have any children under the age of 18?	46%	51%	46%	44%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	32%	46%	32%	23%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	70%	74%	70%	80%
2.3	Were you offered a toilet break?	12%	8%	12%	18%
2.4	Was the van clean?	56%	61%	56%	62%
2.5	Did you feel safe?	86%	79%	86%	81%
2.6	Were you treated well/very well by the escort staff?	76%	73%	76%	74%
2.7	Before you arrived here were you told that you were coming here?	74%	60%	74%	66%
2.7	Before you arrived here did you receive any written information about coming here?	4%	14%	4%	10%
2.8	When you first arrived here did your property arrive at the same time as you?	88%	85%	88%	91%

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	40%	54%	40%	44%
3.2	When you were searched in reception, was this carried out in a respectful way?	87%	85%	87%	89%
3.3	Were you treated well/very well in reception?	82%	76%	82%	78%
When you first arrived:					
3.4	Did you have any problems?	60%	61%	60%	54%
3.4	Did you have any problems with loss of property?	14%	19%	14%	11%
3.4	Did you have any housing problems?	9%	13%	9%	5%
3.4	Did you have any problems contacting employers?	1%	2%	1%	1%
3.4	Did you have any problems contacting family?	13%	19%	13%	9%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	2%	1%	1%
3.4	Did you have any money worries?	10%	14%	10%	7%
3.4	Did you have any problems with feeling depressed or suicidal?	17%	15%	17%	15%
3.4	Did you have any physical health problems?	15%	13%	15%	17%
3.4	Did you have any mental health problems?	25%	18%	25%	17%
3.4	Did you have any problems with needing protection from other prisoners?	7%	5%	7%	8%
3.4	Did you have problems accessing phone numbers?	13%	16%	13%	17%
For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	41%	35%	41%	41%
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	82%	75%	82%	74%
3.6	A shower?	21%	28%	21%	15%
3.6	A free telephone call?	65%	40%	65%	66%
3.6	Something to eat?	51%	56%	51%	46%
3.6	PIN phone credit?	46%	51%	46%	44%
3.6	Toiletries/ basic items?	40%	48%	40%	37%

Key to tables

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	38%	54%	38%	45%
3.7	Someone from health services?	67%	70%	67%	64%
3.7	A Listener/Samaritans?	25%	34%	25%	23%
3.7	Prison shop/ canteen?	21%	25%	21%	23%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	57%	50%	57%	50%
3.8	Support was available for people feeling depressed or suicidal?	37%	40%	37%	40%
3.8	How to make routine requests?	43%	44%	43%	40%
3.8	Your entitlement to visits?	35%	39%	35%	38%
3.8	Health services?	52%	52%	52%	46%
3.8	The chaplaincy?	44%	48%	44%	43%
3.9	Did you feel safe on your first night here?	80%	80%	80%	86%
3.10	Have you been on an induction course?	89%	90%	89%	90%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	57%	59%	57%	51%
3.12	Did you receive an education (skills for life) assessment?	79%	84%	79%	79%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	49%	43%	49%	57%
4.1	Attend legal visits?	52%	45%	52%	57%
4.1	Get bail information?	15%	15%	15%	12%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	41%	39%	41%	39%
4.3	Can you get legal books in the library?	53%	41%	53%	47%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	66%	66%	66%	68%
4.4	Are you normally able to have a shower every day?	90%	91%	90%	99%
4.4	Do you normally receive clean sheets every week?	85%	70%	85%	87%
4.4	Do you normally get cell cleaning materials every week?	47%	66%	47%	45%
4.4	Is your cell call bell normally answered within five minutes?	24%	35%	24%	35%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	66%	69%	66%	71%
4.4	Can you normally get your stored property, if you need to?	24%	23%	24%	27%
4.5	Is the food in this prison good/very good?	36%	30%	36%	31%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	48%	45%	45%
4.7	Are you able to speak to a Listener at any time, if you want to?	72%	56%	72%	66%
4.8	Are your religious beliefs are respected?	54%	52%	54%	57%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	56%	59%	56%	59%
4.10	Is it easy/very easy to attend religious services?	51%	49%	51%	51%

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	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	83%	81%	83%	76%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	58%	56%	58%	58%
5.2	Do you feel applications are dealt with quickly (within seven days)?	22%	39%	22%	26%
5.3	Is it easy to make a complaint?	62%	59%	62%	56%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	34%	33%	34%	36%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	20%	28%	20%	19%
5.5	Have you ever been prevented from making a complaint when you wanted to?	23%	19%	23%	17%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	29%	29%	29%	33%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	60%	48%	60%	61%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	49%	45%	49%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	8%	10%	4%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	34%	36%	34%	31%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	79%	79%	79%	81%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	75%	73%	75%	78%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	25%	30%	25%	30%
7.4	Do staff normally speak to you most of the time/all of the time during association?	20%	21%	20%	16%
7.5	Do you have a personal officer?	71%	63%	71%	72%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	64%	62%	64%	61%

Main comparator and comparator to last time

Key to tables

		HMP Wymott 2016	Category C training prisons comparator	HMP Wymott 2016	HMP Wymott 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	45%	37%	45%	31%
8.2	Do you feel unsafe now?	21%	16%	21%	11%
8.4	Have you been victimised by other prisoners here?	30%	27%	30%	29%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	15%	11%	15%	18%
8.5	Hit, kicked or assaulted you?	8%	8%	8%	6%
8.5	Sexually abused you?	1%	1%	1%	3%
8.5	Threatened or intimidated you?	21%	16%	21%	17%
8.5	Taken your canteen/property?	10%	7%	10%	2%
8.5	Victimised you because of medication?	7%	4%	7%	5%
8.5	Victimised you because of debt?	4%	5%	4%	1%
8.5	Victimised you because of drugs?	4%	5%	4%	2%
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?	7%	3%	7%	2%
8.5	Victimised you because of your nationality?	4%	3%	4%	1%
8.5	Victimised you because you were from a different part of the country?	7%	4%	7%	2%
8.5	Victimised you because you are from a Traveller community?	3%	1%	3%	1%
8.5	Victimised you because of your sexual orientation?	4%	2%	4%	3%
8.5	Victimised you because of your age?	1%	3%	1%	2%
8.5	Victimised you because you have a disability?	3%	3%	3%	3%
8.5	Victimised you because you were new here?	4%	5%	4%	6%
8.5	Victimised you because of your offence/crime?	11%	4%	11%	11%
8.5	Victimised you because of gang related issues?	4%	5%	4%	2%

Main comparator and comparator to last time

Key to tables

		HMP Wymott 2016	Category C training prisons comparator	HMP Wymott 2016	HMP Wymott 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	26%	28%	26%	27%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	9%	11%	9%	10%
8.7	Hit, kicked or assaulted you?	3%	4%	3%	3%
8.7	Sexually abused you?	2%	1%	2%	1%
8.7	Threatened or intimidated you?	12%	12%	12%	14%
8.7	Victimised you because of medication?	2%	4%	2%	3%
8.7	Victimised you because of debt?	1%	2%	1%	1%
8.7	Victimised you because of drugs?	2%	2%	2%	0%
8.7	Victimised you because of your race or ethnic origin?	3%	4%	3%	2%
8.7	Victimised you because of your religion/religious beliefs?	2%	3%	2%	1%
8.7	Victimised you because of your nationality?	1%	3%	1%	1%
8.7	Victimised you because you were from a different part of the country?	2%	3%	2%	3%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	0%
8.7	Victimised you because of your age?	1%	2%	1%	1%
8.7	Victimised you because you have a disability?	4%	3%	4%	2%
8.7	Victimised you because you were new here?	2%	4%	2%	3%
8.7	Victimised you because of your offence/crime?	7%	4%	7%	6%
8.7	Victimised you because of gang related issues?	1%	2%	1%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	39%	40%	39%	48%

Main comparator and comparator to last time

Key to tables

		HMP Wymott 2016	Category C training prisons comparator	HMP Wymott 2016	HMP Wymott 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	16%	29%	16%	12%
9.1	Is it easy/very easy to see the nurse?	31%	50%	31%	31%
9.1	Is it easy/very easy to see the dentist?	9%	14%	9%	8%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	57%	48%	57%	47%
9.2	The nurse?	55%	57%	55%	52%
9.2	The dentist?	46%	44%	46%	50%
9.3	The overall quality of health services?	32%	43%	32%	35%
9.4	Are you currently taking medication?	66%	49%	66%	62%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	91%	83%	91%	88%
9.6	Do you have any emotional well being or mental health problems?	45%	33%	45%	33%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	46%	50%	46%	49%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	28%	25%	28%	20%
10.2	Did you have a problem with alcohol when you came into this prison?	21%	16%	21%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	63%	43%	63%	43%
10.4	Is it easy/very easy to get alcohol in this prison?	30%	25%	30%	15%
10.5	Have you developed a problem with drugs since you have been in this prison?	11%	11%	11%	6%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	9%	7%	9%	1%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	64%	61%	64%	58%
10.8	Have you received any support or help with your alcohol problem while in this prison?	66%	62%	66%	74%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	84%	76%	84%	86%

Main comparator and comparator to last time

Key to tables

		HMP Wymott 2016	Category C training prisons comparator	HMP Wymott 2016	HMP Wymott 2014
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	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	66%	47%	66%	62%
11.1	Vocational or skills training?	53%	42%	53%	45%
11.1	Education (including basic skills)?	63%	57%	63%	58%
11.1	Offending behaviour programmes?	29%	24%	29%	28%
Are you currently involved in any of the following activities:					
11.2	A prison job?	65%	59%	65%	67%
11.2	Vocational or skills training?	14%	16%	14%	18%
11.2	Education (including basic skills)?	17%	22%	17%	26%
11.2	Offending behaviour programmes?	27%	11%	27%	22%
11.3	Have you had a job while in this prison?	91%	83%	91%	89%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	48%	44%	48%	37%
11.3	Have you been involved in vocational or skills training while in this prison?	79%	75%	79%	73%
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?	59%	56%	59%	56%
11.3	Have you been involved in education while in this prison?	78%	80%	78%	83%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	58%	58%	58%	65%
11.3	Have you been involved in offending behaviour programmes while in this prison?	83%	70%	83%	73%
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?	64%	49%	64%	55%
11.4	Do you go to the library at least once a week?	46%	41%	46%	50%
11.5	Does the library have a wide enough range of materials to meet your needs?	61%	44%	61%	55%
11.6	Do you go to the gym three or more times a week?	29%	33%	29%	25%
11.7	Do you go outside for exercise three or more times a week?	47%	54%	47%	59%
11.8	Do you go on association more than five times each week?	58%	62%	58%	70%
11.9	Do you spend ten or more hours out of your cell on a weekday?	20%	17%	20%	21%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	35%	33%	35%	35%
12.2	Have you had any problems with sending or receiving mail?	43%	42%	43%	48%
12.3	Have you had any problems getting access to the telephones?	25%	21%	25%	13%
12.4	Is it easy/ very easy for your friends and family to get here?	27%	28%	27%	34%

Main comparator and comparator to last time

Key to tables

		HMP Wymott 2016	Category C training prisons comparator	HMP Wymott 2016	HMP Wymott 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	95%	81%	95%	87%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	34%	36%	34%	43%
13.2	Contact by letter?	36%	34%	36%	36%
13.2	Contact by phone?	29%	26%	29%	20%
13.2	Contact by visit?	39%	31%	39%	33%
13.3	Do you have a named offender supervisor in this prison?	91%	75%	91%	86%
For those who are sentenced:					
13.4	Do you have a sentence plan?	80%	61%	80%	75%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	50%	54%	50%	51%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	41%	46%	41%	55%
13.6	Offender supervisor?	45%	38%	45%	30%
13.6	Offender manager?	37%	27%	37%	26%
13.6	Named/ personal officer?	13%	12%	13%	15%
13.6	Staff from other departments?	22%	15%	22%	20%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	71%	61%	71%	61%
13.8	Are there plans for you to achieve any of your targets in another prison?	15%	20%	15%	10%
13.9	Are there plans for you to achieve any of your targets in the community?	26%	29%	26%	24%
13.10	Do you have a needs based custody plan?	7%	6%	7%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	15%	16%	15%	18%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	24%	34%	24%	31%
13.12	Accommodation?	28%	37%	28%	40%
13.12	Benefits?	24%	38%	24%	43%
13.12	Finances?	21%	28%	21%	28%
13.12	Education?	25%	34%	25%	36%
13.12	Drugs and alcohol?	38%	43%	38%	35%
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?	61%	54%	61%	58%

Diversity analysis



Key question responses (ethnicity) HMP Wymott 2016

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

Key to tables

		Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		31	159
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	7%	5%
1.6	Do you understand spoken English?	97%	100%
1.7	Do you understand written English?	100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)		
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	10%	4%
1.1	Are you Muslim?	42%	1%
1.12	Do you consider yourself to have a disability?	32%	34%
1.13	Are you a veteran (ex-armed services)?	3%	13%
1.14	Is this your first time in prison?	36%	44%
2.6	Were you treated well/very well by the escort staff?	61%	80%
2.7	Before you arrived here were you told that you were coming here?	64%	75%
3.2	When you were searched in reception, was this carried out in a respectful way?	84%	87%
3.3	Were you treated well/very well in reception?	64%	85%
3.4	Did you have any problems when you first arrived?	71%	58%
3.7	Did you have access to someone from health care when you first arrived here?	61%	69%
3.9	Did you feel safe on your first night here?	73%	81%
3.10	Have you been on an induction course?	87%	90%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	32%	55%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	48%	69%
4.4	Are you normally able to have a shower every day?	84%	90%
4.4	Is your cell call bell normally answered within five minutes?	24%	24%
4.5	Is the food in this prison good/very good?	45%	35%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	30%	47%
4.7	Are you able to speak to a Listener at any time, if you want to?	55%	75%
4.8	Do you feel your religious beliefs are respected?	45%	56%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	55%	56%
5.1	Is it easy to make an application?	77%	83%
5.3	Is it easy to make a complaint?	57%	62%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	40%	63%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	50%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	13%	9%
7.1	Do most staff, in this prison, treat you with respect?	70%	82%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	61%	78%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	10%	22%
7.4	Do you have a personal officer?	73%	72%
8.1	Have you ever felt unsafe here?	58%	43%
8.2	Do you feel unsafe now?	29%	20%
8.3	Have you been victimised by other prisoners?	45%	26%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	32%	19%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	29%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	26%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	23%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	7%	3%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	32%	24%
8.7	Have you ever felt threatened or intimidated by staff here?	16%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	16%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	13%	0%
8.7	Have you been victimised because of your nationality? (By staff)	3%	1%
8.7	Have you been victimised because you have a disability? (By staff)	13%	3%
9.1	Is it easy/very easy to see the doctor?	23%	15%
9.1	Is it easy/ very easy to see the nurse?	29%	32%
9.4	Are you currently taking medication?	68%	66%
9.6	Do you feel you have any emotional well being/mental health issues?	48%	45%
10.3	Is it easy/very easy to get illegal drugs in this prison?	52%	65%
11.2	Are you currently working in the prison?	55%	67%
11.2	Are you currently undertaking vocational or skills training?	7%	15%
11.2	Are you currently in education (including basic skills)?	31%	15%
11.2	Are you currently taking part in an offending behaviour programme?	35%	25%
11.4	Do you go to the library at least once a week?	63%	43%
11.6	Do you go to the gym three or more times a week?	28%	29%
11.7	Do you go outside for exercise three or more times a week?	50%	47%
11.8	On average, do you go on association more than five times each week?	34%	62%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	17%	21%
12.2	Have you had any problems sending or receiving mail?	45%	42%
12.3	Have you had any problems getting access to the telephones?	34%	24%

Diversity Analysis



Key question responses (disability, age over 50) HMP Wymott 2016

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

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		64	127	49	145
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	5%	6%	6%	5%
1.6	Do you understand spoken English?	100%	99%	100%	99%
1.7	Do you understand written English?	100%	100%	100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	16%	17%	8%	19%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	4%	2%	6%
1.1	Are you Muslim?	5%	9%	2%	9%
1.12	Do you consider yourself to have a disability?			52%	27%
1.13	Are you a veteran (ex-armed services)?	13%	11%	26%	7%
1.14	Is this your first time in prison?	44%	42%	63%	36%
2.6	Were you treated well/very well by the escort staff?	75%	78%	79%	76%
2.7	Before you arrived here were you told that you were coming here?	72%	74%	70%	75%
3.2	When you were searched in reception, was this carried out in a respectful way?	73%	94%	81%	89%
3.3	Were you treated well/very well in reception?	78%	83%	85%	80%
3.4	Did you have any problems when you first arrived?	81%	50%	67%	58%
3.7	Did you have access to someone from health care when you first arrived here?	71%	67%	65%	68%
3.9	Did you feel safe on your first night here?	71%	84%	66%	85%
3.10	Have you been on an induction course?	84%	92%	89%	90%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	49%	51%	56%	47%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	62%	68%	79%	62%
4.4	Are you normally able to have a shower every day?	86%	91%	94%	88%
4.4	Is your cell call bell normally answered within five minutes?	21%	26%	18%	26%
4.5	Is the food in this prison good/very good?	40%	34%	31%	38%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	40%	47%	40%	47%
4.7	Are you able to speak to a Listener at any time, if you want to?	64%	76%	77%	70%
4.8	Do you feel your religious beliefs are respected?	48%	58%	58%	53%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	52%	57%	58%	55%
5.1	Is it easy to make an application?	78%	85%	79%	84%
5.3	Is it easy to make a complaint?	57%	64%	51%	65%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	46%	67%	65%	58%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	55%	47%	50%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	10%	2%	13%
7.1	Do most staff, in this prison, treat you with respect?	71%	84%	91%	75%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	70%	77%	77%	74%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	15%	22%	19%	20%
7.4	Do you have a personal officer?	74%	70%	78%	69%
8.1	Have you ever felt unsafe here?	67%	35%	40%	47%
8.2	Do you feel unsafe now?	38%	13%	20%	21%
8.3	Have you been victimised by other prisoners?	48%	20%	27%	30%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	38%	12%	21%	20%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	5%	6%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	10%	6%	4%	8%
8.5	Have you been victimised because of your nationality? (By prisoners)	8%	2%	6%	4%
8.5	Have you been victimised because of your age? (By prisoners)	2%	1%	2%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	8%	1%	6%	2%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	38%	19%	22%	27%
8.7	Have you ever felt threatened or intimidated by staff here?	20%	8%	13%	11%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	2%	2%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	2%	0%	3%
8.7	Have you been victimised because of your nationality? (By staff)	2%	1%	2%	1%
8.7	Have you been victimised because of your age? (By staff)	0%	1%	0%	1%
8.7	Have you been victimised because you have a disability? (By staff)	12%	1%	7%	4%
9.1	Is it easy/very easy to see the doctor?	18%	15%	13%	17%
9.1	Is it easy/ very easy to see the nurse?	34%	29%	35%	30%
9.4	Are you currently taking medication?	87%	56%	77%	63%
9.6	Do you feel you have any emotional well being/mental health issues?	70%	33%	29%	51%
10.3	Is it easy/very easy to get illegal drugs in this prison?	59%	65%	50%	67%
11.2	Are you currently working in the prison?	61%	68%	68%	65%
11.2	Are you currently undertaking vocational or skills training?	10%	15%	13%	14%
11.2	Are you currently in education (including basic skills)?	22%	15%	15%	18%
11.2	Are you currently taking part in an offending behaviour programme?	27%	27%	18%	30%
11.4	Do you go to the library at least once a week?	33%	53%	40%	48%
11.6	Do you go to the gym three or more times a week?	15%	35%	11%	35%
11.7	Do you go outside for exercise three or more times a week?	38%	53%	52%	45%
11.8	On average, do you go on association more than five times each week?	51%	60%	62%	56%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	13%	24%	24%	19%
12.2	Have you had any problems sending or receiving mail?	43%	43%	37%	45%
12.3	Have you had any problems getting access to the telephones?	29%	24%	13%	29%



Prisoner survey responses HMP Wymott 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

		A, B and G Wings	C, D, E, F and H Wings
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		79	83
SECTION 1: General information			
1.2	Are you under 21 years of age?	0%	0%
1.3	Are you sentenced?	100%	100%
1.3	Are you on recall?	9%	9%
1.4	Is your sentence less than 12 months?	3%	0%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	28%	16%
1.5	Are you a foreign national?	3%	7%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	19%	15%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	4%
1.1	Are you Muslim?	10%	8%
1.11	Are you homosexual/gay or bisexual?	16%	1%
1.12	Do you consider yourself to have a disability?	39%	32%
1.13	Are you a veteran (ex-armed services)?	11%	7%
1.14	Is this your first time in prison?	54%	34%
1.15	Do you have any children under the age of 18?	40%	56%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	36%	23%
2.5	Did you feel safe?	83%	86%
2.6	Were you treated well/very well by the escort staff?	78%	76%
2.7	Before you arrived here were you told that you were coming here?	67%	78%
2.8	When you first arrived here did your property arrive at the same time as you?	88%	85%

Key to tables

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SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	36%	42%
3.2	When you were searched in reception, was this carried out in a respectful way?	86%	87%
3.3	Were you treated well/very well in reception?	86%	78%
	When you first arrived:		
3.4	Did you have any problems?	64%	55%
3.4	Did you have any problems with loss of property?	12%	16%
3.4	Did you have any housing problems?	5%	9%
3.4	Did you have any problems contacting employers?	3%	0%
3.4	Did you have any problems contacting family?	14%	13%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	3%
3.4	Did you have any money worries?	9%	11%
3.4	Did you have any problems with feeling depressed or suicidal?	16%	16%
3.4	Did you have any physical health problems?	19%	13%
3.4	Did you have any mental health problems?	31%	21%
3.4	Did you have any problems with needing protection from other prisoners?	11%	5%
3.4	Did you have problems accessing phone numbers?	13%	17%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	76%	90%
3.6	A shower?	20%	23%
3.6	A free telephone call?	54%	74%
3.6	Something to eat?	54%	50%
3.6	PIN phone credit?	40%	49%
3.6	Toiletries/ basic items?	42%	37%

Key to tables

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SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	28%	46%
3.7	Someone from health services?	67%	65%
3.7	A Listener/Samaritans?	17%	31%
3.7	Prison shop/ canteen?	19%	20%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	58%	53%
3.8	Support was available for people feeling depressed or suicidal?	37%	40%
3.8	How to make routine requests?	37%	51%
3.8	Your entitlement to visits?	33%	38%
3.8	Health services?	49%	56%
3.8	The chaplaincy?	44%	46%
3.9	Did you feel safe on your first night here?	76%	82%
3.10	Have you been on an induction course?	95%	84%
3.12	Did you receive an education (skills for life) assessment?	78%	76%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	51%	42%
4.1	Attend legal visits?	56%	45%
4.1	Get bail information?	13%	15%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	48%	36%
4.3	Can you get legal books in the library?	58%	45%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	67%	63%
4.4	Are you normally able to have a shower every day?	92%	84%
4.4	Do you normally receive clean sheets every week?	92%	74%
4.4	Do you normally get cell cleaning materials every week?	27%	49%
4.4	Is your cell call bell normally answered within five minutes?	26%	17%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	61%	64%
4.4	Can you normally get your stored property, if you need to?	16%	23%
4.5	Is the food in this prison good/very good?	35%	39%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	35%	49%
4.7	Are you able to speak to a Listener at any time, if you want to?	66%	71%
4.8	Are your religious beliefs are respected?	48%	56%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	53%	54%
4.10	Is it easy/very easy to attend religious services?	48%	54%

Key to tables

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SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	78%	83%
5.3	Is it easy to make a complaint?	68%	55%
5.5	Have you ever been prevented from making a complaint when you wanted to?	27%	18%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	31%	27%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	65%	51%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	12%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	74%	78%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	78%	68%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	12%	32%
7.4	Do staff normally speak to you most of the time/all of the time during association?	11%	23%
7.5	Do you have a personal officer?	77%	63%

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SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	48%	47%
8.2	Do you feel unsafe now?	28%	21%
8.4	Have you been victimised by other prisoners here?	36%	27%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	18%	15%
8.5	Hit, kicked or assaulted you?	12%	9%
8.5	Sexually abused you?	0%	1%
8.5	Threatened or intimidated you?	26%	21%
8.5	Taken your canteen/property?	12%	11%
8.5	Victimised you because of medication?	9%	9%
8.5	Victimised you because of debt?	3%	8%
8.5	Victimised you because of drugs?	4%	4%
8.5	Victimised you because of your race or ethnic origin?	8%	4%
8.5	Victimised you because of your religion/religious beliefs?	9%	4%
8.5	Victimised you because of your nationality?	5%	4%
8.5	Victimised you because you were from a different part of the country?	10%	8%
8.5	Victimised you because you are from a traveller community?	3%	3%
8.5	Victimised you because of your sexual orientation?	7%	3%
8.5	Victimised you because of your age?	1%	1%
8.5	Victimised you because you have a disability?	5%	3%
8.5	Victimised you because you were new here?	5%	4%
8.5	Victimised you because of your offence/crime?	19%	3%
8.5	Victimised you because of gang related issues?	5%	4%

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	Percentages which are not highlighted show there is no significant difference		
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	28%	26%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	13%	9%
8.7	Hit, kicked or assaulted you?	3%	4%
8.7	Sexually abused you?	1%	3%
8.7	Threatened or intimidated you?	13%	13%
8.7	Victimised you because of medication?	1%	4%
8.7	Victimised you because of debt?	1%	1%
8.7	Victimised you because of drugs?	1%	3%
8.7	Victimised you because of your race or ethnic origin?	5%	3%
8.7	Victimised you because of your religion/religious beliefs?	4%	1%
8.7	Victimised you because of your nationality?	3%	0%
8.7	Victimised you because you were from a different part of the country?	1%	4%
8.7	Victimised you because you are from a traveller community?	1%	0%
8.7	Victimised you because of your sexual orientation?	3%	1%
8.7	Victimised you because of your age?	1%	0%
8.7	Victimised you because you have a disability?	7%	4%
8.7	Victimised you because you were new here?	4%	1%
8.7	Victimised you because of your offence/crime?	12%	4%
8.7	Victimised you because of gang related issues?	1%	0%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	16%	14%
9.1	Is it easy/very easy to see the nurse?	23%	32%
9.1	Is it easy/very easy to see the dentist?	12%	4%
9.4	Are you currently taking medication?	76%	60%
9.6	Do you have any emotional well being or mental health problems?	50%	47%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	22%	28%
10.2	Did you have a problem with alcohol when you came into this prison?	22%	21%
10.3	Is it easy/very easy to get illegal drugs in this prison?	51%	72%
10.4	Is it easy/very easy to get alcohol in this prison?	23%	39%
10.5	Have you developed a problem with drugs since you have been in this prison?	5%	15%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	11%	9%

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SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	76%	54%
11.1	Vocational or skills training?	52%	52%
11.1	Education (including basic skills)?	63%	61%
11.1	Offending Behaviour Programmes?	38%	19%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	79%	61%
11.2	Vocational or skills training?	13%	16%
11.2	Education (including basic skills)?	22%	17%
11.2	Offending Behaviour Programmes?	26%	21%
11.4	Do you go to the library at least once a week?	57%	36%
11.5	Does the library have a wide enough range of materials to meet your needs?	65%	57%
11.6	Do you go to the gym three or more times a week?	21%	31%
11.7	Do you go outside for exercise three or more times a week?	45%	38%
11.8	Do you go on association more than five times each week?	43%	61%
11.9	Do you spend ten or more hours out of your cell on a weekday?	25%	8%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	30%	39%
12.2	Have you had any problems with sending or receiving mail?	43%	43%
12.3	Have you had any problems getting access to the telephones?	33%	25%
12.4	Is it easy/ very easy for your friends and family to get here?	29%	27%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	96%	86%
13.10	Do you have a needs based custody plan?	5%	8%
13.11	Do you feel that any member of staff has helped you to prepare for release?	13%	14%

Diversity analysis



Key question responses (veterans) HMP Wymott 2016

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	Any percentage highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		22	167
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	0%	5%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	5%	18%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	4%
1.1	Are you Muslim?	0%	8%
1.12	Do you consider yourself to have a disability?	37%	33%
1.14	Is this your first time in prison?	68%	39%
2.6	Were you treated well/very well by the escort staff?	91%	75%
2.7	Before you arrived here were you told that you were coming here?	82%	72%
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	89%
3.3	Were you treated well/very well in reception?	86%	81%
3.4	Did you have any problems when you first arrived?	41%	63%
3.7	Did you have access to someone from health care when you first arrived here?	68%	68%
3.9	Did you feel safe on your first night here?	77%	80%
3.10	Have you been on an induction course?	100%	88%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	60%	49%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	Any percentage highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	82%	63%
4.4	Are you normally able to have a shower every day?	91%	89%
4.4	Is your cell call bell normally answered within five minutes?	20%	25%
4.5	Is the food in this prison good/very good?	32%	37%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	59%	42%
4.7	Are you able to speak to a Listener at any time, if you want to?	86%	70%
4.8	Do you feel your religious beliefs are respected?	77%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	73%	53%
5.1	Is it easy to make an application?	86%	82%
5.3	Is it easy to make a complaint?	63%	61%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	86%	56%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	59%	47%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	12%
7.1	Do most staff, in this prison, treat you with respect?	86%	78%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	86%	73%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	28%	19%
7.4	Do you have a personal officer?	81%	70%
8.1	Have you ever felt unsafe here?	37%	46%
8.2	Do you feel unsafe now?	10%	22%
8.3	Have you been victimised by other prisoners?	41%	27%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	28%	20%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	18%	6%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	5%
8.5	Have you been victimised because of your age? (By prisoners)	0%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	5%	3%

Diversity analysis

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	14%	27%
8.7	Have you ever felt threatened or intimidated by staff here?	0%	14%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	3%
8.7	Have you been victimised because of your nationality? (By staff)	0%	1%
8.7	Have you been victimised because of your age? (By staff)	0%	1%
8.7	Have you been victimised because you have a disability? (By staff)	0%	5%
9.1	Is it easy/very easy to see the doctor?	14%	16%
9.1	Is it easy/ very easy to see the nurse?	29%	31%
9.4	Are you currently taking medication?	57%	67%
9.6	Do you feel you have any emotional well being/mental health issues?	28%	48%
10.3	Is it easy/very easy to get illegal drugs in this prison?	68%	62%
11.2	Are you currently working in the prison?	77%	64%
11.2	Are you currently undertaking vocational or skills training?	23%	12%
11.2	Are you currently in education (including basic skills)?	9%	18%
11.2	Are you currently taking part in an offending behaviour programme?	37%	25%
11.4	Do you go to the library at least once a week?	41%	47%
11.6	do you go to the gym three or more times a week?	29%	28%
11.7	Do you go outside for exercise three or more times a week?	52%	47%
11.8	On average, do you go on association more than five times each week?	57%	57%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	35%	18%
12.2	Have you had any problems sending or receiving mail?	29%	44%
12.3	Have you had any problems getting access to the telephones?	14%	26%