

Report on an announced inspection of

# **HMP Pentonville**

by HM Chief Inspector of Prisons

**9–13 January 2017**

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



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### **Glossary of terms**

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

# Introduction

HMP Pentonville remains a large, overcrowded Victorian local prison serving courts in North London, holding over 1,200 adult and young adult men. The population is complex and demanding. Just over half are sentenced, often to long periods in custody, for serious violent or drug-related offences. Gang behaviour is pervasive and brings significant challenges for stability and good order. Around a quarter of the population are foreign nationals, and at the time of the inspection 40 of these were time-served detainees, held under administrative powers. In our survey, 84% of men said they had arrived at the prison with problems of some kind, and around a quarter said these included feeling depressed or suicidal; 28% said they had mental health problems.

During the inspection, our health inspector discovered that one in five men was taking anti-psychotic drugs, which has significant implications for all staff dealing with their care and management. In addition, in 2016, 111 patients had been transferred or listed for transfer to a secure mental health unit - this is the largest number of psychiatric transfers the inspectorate has ever come across. Half of these men had waited longer than the transfer target of two weeks, and one had waited 169 days, which was totally unacceptable.

At our previous two inspections, we became increasingly concerned about the poor outcomes for prisoners at Pentonville, and when we last visited in February 2015 we gave our bottom score for three out of four healthy prison tests. As a consequence, this inspection was announced, which we hoped would give prison leaders and staff the opportunity to address some of our main concerns before we re-visited.

What we found at this inspection was, in some ways, encouraging, with significant efforts made to address our previous criticisms. However, we continued to have significant concerns about poor outcomes, particularly for the safety of the prison. Levels of violence remained too high and some of it was serious, including a homicide in late 2016. There had been five self-inflicted deaths since our last inspection, and frailties in the case management and care for men vulnerable to suicide and self-harm were evident. Governance, reporting and quality assurance of security, adjudications and use of force needed attention to provide reassurance that poor behaviour was being identified, well managed and dealt with fairly. In contrast, there had been some proactive measures to address levels of disorder, and there were signs that this was having a positive impact. Additional investment, some of which followed two escapes in 2016, was supporting these early signs of improvement. Work to limit the supply of drugs, and support for men with substance misuse problems, was well developed. Nevertheless, significant work was still needed to address our concerns about safety.

Given the challenges presented by being an inherently overcrowded, run-down Victorian local prison, Pentonville had made real efforts to improve the cleanliness of the environment and the ability of men to live decent lives. Much still needed to be done, but good progress had been made. It was obvious that there had been serious underinvestment in the infrastructure of the prison - illustrated by the continuing poor state of many cell windows, and the shabbiness and scarcity of cell fixtures and fittings. Staff-prisoner relationships had improved, although management needed to maintain focus on this to ensure staff continued to develop and improve how they dealt with the men in their care. While there was some good work with the large number of foreign nationals, the prison did not fully understand the needs of this group, and what they could do to support them better.

There had been a clear focus on improving the regime. It was now more predictable, and the number of activity places had increased significantly. Prison and learning and skills leaders now needed to work together to capitalise fully on the benefits of these improvements.

Resettlement work had improved and we now rated this as reasonably good overall. It was an achievement that, in a period of significant challenges to the prison, managers had maintained their focus on delivering resettlement support to the prisoners. Work to support the men held at

Pentonville with accommodation problems and in maintaining contact with their children, families and friends was particularly noteworthy.

It is clear that Pentonville remains an immensely challenging prison, and that outcomes for prisoners remain, in many respects, not good enough. However, we were encouraged to see at this inspection a tangible sense of purpose and optimism among the governor and his senior management team, which were having a galvanising effect on the staff group as a whole. Leaders had a plan for where they wanted to take the prison, and had introduced a number of helpful initiatives with more planned. Nevertheless, the complexities of the prison mean that its leadership will continue to need significant external support from HM Prison and Probation Service (HMPPS) if Pentonville is to deliver acceptable and consistent outcomes for prisoners.

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

March 2017

# Fact page

## Task of the establishment

Local resettlement prison for remand and convicted male prisoners aged 18 and over.

## Prison status

Public

## Region

London and Thames Valley

## Number held

1,230

## Certified normal accommodation

906

## Operational capacity

1,250

## Date of last full inspection

February 2015

## Brief history

HMP Pentonville is a very large Victorian local prison for remand and convicted prisoners, with four wings unchanged since it was built in 1842. It is one of the busiest prisons in the country with approximately 33,000 movements a year through its reception.

## Short description of residential units

A wing	–	233 spaces, first night unit (not detoxification)
C wing	–	160 spaces, general remand and convicted prisoners
D wing	–	180 spaces, general remand and convicted prisoners; non smoking
E1 wing	–	segregation unit, 12 spaces
E2-5 wings	–	156 spaces, general population (E2 sometimes used for vulnerable non-sex offenders)
F 1-4 wings	–	145 spaces for prisoners requiring substance misuse stabilisation
F5 wing	–	48 spaces for prisoners remanded for or convicted of sex offences (category B and C)
G1 wing	–	68 spaces, resettlement unit
G2-5 wings	–	420 spaces, general population; landing 5 is for enhanced status
J wing	–	64 space drug-free wing, run by Phoenix Futures
Health care	–	22 beds

## Name of governor

Kevin Reilly

## Escort contractor

Serco

## Health service provider

Care UK

## Learning and skills provider

Novus

**Independent Monitoring Board chair**

Camilla Poulton

**Community rehabilitation company (CRC)**

London CRC



# About this inspection and report

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

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

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

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

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

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

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

## This report

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

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

# Summary

## Safety

- S1 *Most prisoners had short journeys to the prison. Important aspects of reception and first night arrangements needed to improve. Levels of violence remained too high and many prisoners felt unsafe; some incidents were very serious. Several new initiatives to improve safety and reduce levels of violence had been introduced but it was too early to assess their impact. There had been five self-inflicted deaths since the last inspection, which was high. There were significant frailties in the case management of prisoners at risk, and care for some vulnerable men was deficient. There had been additional resources to bolster aspects of security, but the intelligence reporting systems needed attention. The regime in segregation had improved, but adjudications were not thorough enough. We were not confident that all force used, including special cells, was proportionate. Support for men with substance misuse problems was good. **Outcomes for prisoners were poor against this healthy prison test.***
- S2 *At the last inspection in February 2015 we found that outcomes for prisoners in Pentonville were poor against this healthy prison test. We made 19 recommendations in the area of safety. At this follow-up inspection we found that four of the recommendations had been achieved, five had been partially achieved, and 10 had not been achieved.*
- S3 Most prisoners had short journeys to the prison. All new arrivals were screened, but there was a lack of confidential space for them to disclose concerns, and they waited too long in the bleak holding areas. There was a lack of coordination between reception and first night teams. In our survey, only 50% of men told us they felt safe on their first night. Population pressures meant that not all new arrivals were located on first night wings, and staff on other wings did not always know if they were holding new arrivals. Induction was comprehensive and engaging, but not every new arrival went on it on their first day. Insiders provided good support.
- S4 There had been significant efforts to improve safety at Pentonville since our previous inspection, although the overall picture remained troubling, and too many men still felt unsafe. In our survey, 70% said they had felt unsafe at some time, and 41% said they felt unsafe currently, which were significantly higher than the comparators. However, strategic structures to identify and address violence and antisocial behaviour were now properly focused. The safer custody team was enthusiastic and developing relationships with other departments, including security, to understand patterns of violence and antisocial behaviour. Nevertheless, levels of violence remained too high, and some of the incidents were very serious. Some small-scale innovative initiatives were in place or being planned to tackle and reduce levels of violence further. Nevertheless, interventions to challenge antisocial behaviours were still too limited. Arrangements to keep safe the vulnerable prisoners located on F wing because of their offence were reasonable, but their regime was very limited. The extent of prisoner self-isolation was not fully understood by the prison, and a significant minority of prisoners vulnerable for reasons other than their offence were not supported properly.
- S5 Many men arriving at Pentonville were vulnerable and the population had complex needs. In our survey, around a quarter of said that they had problems on arrival with feeling suicidal or depressed or had mental health problems. There had been five self-inflicted deaths since our previous inspection. Recommendations from Prisons and Probation Ombudsman (PPO) death in custody reports were not always fully addressed, and some recurring themes

required greater attention and reinforcement. Rates of self-harm were high. We were concerned that assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm continued to have significant frailties and lacked quality assurance. Most prisoners on ACCT said they did not feel supported by or cared for by staff, and some had little or nothing to keep them purposefully occupied. Men subject to constant supervision, particularly on G and A wings, were held in poor conditions, which were intrusive and disrespectful. They were observed rather than engaged with meaningfully to reduce their level of crisis. The exceptional circumstances for locating some prisoners on ACCT in the segregation unit were not always clearly demonstrated. The day care centre for some men on ACCTs was much appreciated.

- S6 Adult safeguarding arrangements were embryonic and needed further development to identify and take action for those needing referral. Action to engage more strategically with safeguarding issues had recently begun.
- S7 Two prisoner escapes in 2016 had exposed frailties in physical security, which were being bolstered by additional investment and improved cooperation with the police. There had been some significant delays in processing security intelligence, and only two-thirds of intelligence-led searches were carried out. Strip searching of new arrivals and those in segregation was not intelligence led. Supervision of prisoner free-flow movement was good. Drug availability was high. The mandatory drug testing (MDT) random positive rate was high and above target. Testing for synthetic cannabinoids had started in June 2016. A supply reduction strategy was now part of the overall drug strategy, and there was a wide range of measures to interrupt supply routes.
- S8 The regime for men on the basic level of the incentives and earned privileges (IEP) scheme was too restrictive. There was no quality assurance of adjudications and too many were insufficiently investigated.
- S9 There was now some analysis of use of force data, but we found clear evidence that the recording of incidents was inaccurate. Much use of force documentation was reasonable, but some did not demonstrate that force was always proportionate or used as a last resort. Use of batons and special accommodation was too high. We were not assured that decisions to use the special cell were always appropriate. The cells in the segregation unit remained dingy, but had been painted and were clean. The new progression regime was a good initiative, but prisoners still did not have consistent daily access to showers, exercise and telephone calls. Data analysis was developing, but it was still difficult to identify total length of stay in segregation.
- S10 There was a better strategic approach to substance misuse. Drug and/or alcohol dependent prisoners were safely managed, with the majority appropriately located on the drug treatment wing. Phoenix Futures engaged with a third of the population and offered an impressive range of interventions, but these were not always available for prisoners on general location. The drug-free recovery wing continued to be an example of good practice.

## Respect

*S11 Pentonville remained an overcrowded prison. While the environment continued to be challenging, the prison was now cleaner and there had been efforts to make it more decent. Staff-prisoner relationships had also improved. Consultation with prisoners was well established. Some aspects of diversity work had stalled, but consultation with prisoners from protected characteristics groups had improved. Support for foreign nationals was a concern. Faith provision remained very good. Complaints were generally well managed. Health services were good overall. Prisoners were negative about the food, and there were delays in new arrivals accessing the shop. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

*S12 At the last inspection in February 2015 we found that outcomes for prisoners in Pentonville were poor against this healthy prison test. We made 30 recommendations in the area of respect. At this follow-up inspection we found that nine of the recommendations had been achieved, 11 had been partially achieved and 10 had not been achieved.*

S13 The prison remained overcrowded, and the Victorian fabric had suffered from years of underinvestment and neglect, but the overall standard of residential areas had improved. Cells and communal areas were clean and most had been painted. Rubbish, both inside and out, was regularly cleared, and there was little graffiti. However, overall, living conditions remained stark due to poor furniture, the dilapidated fabric of the building, crumbling window frames and lack of repairs. Too many men still shared cells designed for one, and privacy screening was inadequate. There had been efforts to ensure that prisoners had reasonable access to essential items and clean clothing. The applications system and processes to store and hand out prisoner property had improved.

S14 Staff-prisoner relationships had improved since we last inspected, and some good training for staff had encouraged them to adopt a more positive and collaborative approach with the men in their care. In our survey, more prisoners than previously said that most staff treated them with respect, and that they had a member of staff they could approach if they had a problem. Nevertheless, fewer respondents overall than the comparator said that most staff treated them with respect. The majority of interactions we observed were respectful and polite. Peer workers effectively supported the work of the prison, and prisoner consultation processes were well established and effective.

S15 Some aspects of equality and diversity work had stalled in autumn 2016 with attention focused on significant events in the prison, such as the prisoner escapes. The equality policy and action plan now needed to be updated. The equality meeting was poorly attended, and the most recent scheduled one had been cancelled. A backlog of responses to discrimination incident reporting forms (DIRFs) had recently been cleared; the majority related to generic issues. Responses were reasonably good, and some were particularly reassuring and helpful.

S16 There was a regular range of forums to support men from different protected characteristics groups, and also consultation with men from Irish Traveller backgrounds. Some reasonable work continued to be carried out with foreign national prisoners. However, there were limited resources to assist all these men, with a considerable level of unmet need. We were concerned about the rising number of foreign nationals still held significantly beyond the end of their sentence. Specific provision for older prisoners was limited, and facilities for men with disabilities were very basic, although there was some support from prisoner carers. Staff were confident about dealing with transgender prisoners, and there were plans to develop work encouraging gay and bisexual men to come forward.

- S17 The chaplaincy had a high profile in the prison, was easily accessible and catered for a wide range of faiths. Attendance at religious services was high and the facilities were adequate. Chaplains ran a wide range of relevant and popular faith courses, and provided good pastoral support to men, including those who were vulnerable.
- S18 The vast majority of responses to complaints we looked at were clear, timely and polite, but not all complaints about staff were investigated thoroughly enough. There was some good provision of legal information across the prison, and the new legal champions were a positive initiative. The space available for legal visits and provision of bail information were inadequate.
- S19 In our survey, fewer prisoners than the comparator told us that the overall quality of health services was good. Despite this, primary care services had improved and were very good. Care UK, which provided health services, had sound governance structures. There were still problems with patients accessing health care, and the non-attendance rate remained too high. The treatment of prisoners with long-term conditions had been transformed with a lead nurse and good joint working to ensure continuity of care. Pharmacy services were very good, but there were still some problems with risk assessment for medicines that prisoners had in possession. There were two dental service providers with different practices, which affected consistency and communication, and there was a lack of governance in some aspects of dentistry. Mental health services were impressive, but some men waited too long for secure hospital beds. We observed good joint working between the prison, health care and local authority on social care, although it was not fully efficient.
- S20 The standard of the food was adequate, although prisoners were not enthusiastic about it; meals were sustaining and ample. Cleanliness in the serveries and food trolleys had improved and were now satisfactory. Breakfast packs continued to be issued at night for the following morning, and meals were still served too early. A reasonable range of items were available in the prison shop, but new arrivals often had delays before they could place an order.

## Purposeful activity

S21 *Time out of cell was reasonable for the majority of men but very limited for a substantial minority. Ofsted rated learning, skills and work provision as requiring improvement overall. Leadership and management were improving and more provision had been developed, but more focus was needed on encouraging prisoners to take part in activities. Use of data to drive improvement needed to improve and greater innovation was needed to enhance provision further. Too many men were starting courses but not completing them. The quality of teaching and learning was too variable to achieve consistently good outcomes. The library and gym provided good opportunities, but prisoners had poor access to the library. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S22 *At the last inspection in February 2015 we found that outcomes for prisoners in Pentonville were poor against this healthy prison test. We made 11 recommendations in the area of purposeful activity. At this follow-up inspection we found that one of the recommendations had been achieved, four had been partially achieved and six had not been achieved.*

S23 Most prisoners who took part in activities could have around six hours a day out of their cell on weekdays, and the few full-time workers had over seven hours. Enhanced-level prisoners now had additional activities on two evenings a week. Prisoners who were unemployed had only two-and-a-half hours a day out of cell, and those on basic had even less. The regime was delivered more reliably than previously, with fewer ad hoc curtailments.

- S24 Prison leaders and managers had focused well on improving the quality of learning, skills and work, although much of this was at an early stage. The day-to-day management of the provision, including prisoner allocations, was much improved, but this and many other aspects of purposeful activity, such as partnership working and attendance, required further improvement. Managers made better use of a limited range of performance management data but had not identified the very small number of learners who completed courses and gained a qualification. Prisoner attendance at education sessions had improved but was still not high enough, and prison managers had not fully understood the complex factors behind this. The new quality improvement arrangements for the provision were at a very early stage.
- S25 The number of activity spaces had increased substantially since the previous inspection, and included one new and one re-opened workshop. Nevertheless, too few prisoners took part in the opportunities available. The range of courses and levels of qualifications offered were too narrow, but there were a few education opportunities at a higher level, such as Open University courses and distance learning. Greater innovation was required to identify further opportunities to enhance provision.
- S26 Teaching and learning in education sessions required improvement. The provider, Novus, had evaluated the quality of teaching and learning accurately and identified the key strengths and areas for improvement. An advanced teaching practitioner had been appointed to work with teachers and improve standards, but this work was at an early stage. Too much teaching was undemanding, although prisoners made some progress in most lessons. Although a few teachers set challenging learning targets, too many did not have sufficiently high expectations of learners. Vocational lessons were planned well and took account of the different needs of learners, but the more skilled learners were not sufficiently challenged to go beyond the requirements of the qualification. There was very limited space for teaching, training and learning, and classrooms were cramped and often overcrowded.
- S27 Most prisoners in education, training and work were polite and displayed respect for each other, their teachers and instructors. Learners appreciated that good English and mathematics skills were key to their employability, but their punctuality and attendance at education, learning and work sessions required improvement; only around two-thirds of prisoners attended their allocated sessions.
- S28 In 2015/16, a very small number of learners on courses, including functional skills, English and maths, English speaking and business enterprise, completed their course or gained their qualification. Prisoners' work in vocational and work settings was of a good standard, notably in textiles and barbering. The library remained a good facility to support learning and reading, but prisoner access was still a problem, and too few were able to use it.
- S29 Physical education (PE) facilities were satisfactory, with three well-equipped gyms and a sports hall, but there were no outdoor facilities and the showers in two gyms were poor. Prisoner access to PE was good for those who applied to attend. Instructors used data well to monitor gym use but this indicated that only just over 40% of prisoners used the facilities each week. The department had good links with health care and provided remedial PE sessions. A range of PE qualifications were now offered.

## Resettlement

- S30 *Managers had maintained a good focus on improving resettlement work. Prisoner needs were assessed on arrival and before release, and a range of referrals made. Resettlement and offender management work needed to be better coordinated. Offender management arrangements had improved, although the overall quality of work was too mixed. There was some good in-depth work with higher risk men. Resettlement pathway support was generally strong. Children and families support was better than we usually see in local prisons. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S31 *At the last inspection in February 2015 we found that outcomes for prisoners in Pentonville were not sufficiently good against this healthy prison test. We made 16 recommendations in the area of resettlement. At this follow-up inspection we found that two of the recommendations had been achieved, 12 had been partially achieved and two had not been achieved.*
- S32 There had been good attempts since the previous inspection to prioritise the role of resettlement and offender management and to raise the profile of this work. There were good managerial links between key departments inside the prison and externally, but this needed to develop for operational staff. Strategic meetings were well attended and policies were generally appropriate. An increase in staffing in both offender management and resettlement had reduced the backlog of reports and assessments. However, much of the work was still in development, and often lacked coordination. In our survey, significantly more prisoners than at the previous inspection said that something had happened to them while at Pentonville to make them less likely to reoffend.
- S33 In our survey, more prisoners than the comparator said they had an offender supervisor, yet fewer said they had a sentence plan. In our review of cases we found that while most prisoners had an OASys (offender assessment system) and risk of harm assessment, many were out of date. Although assessments completed by offender managers and probation officers were generally thorough, those for lower risk prisoners tended to be less detailed with little evidence from sources other than the prisoner. We saw some excellent examples of case management, but too many lacked appropriate focus on offending behaviour. Although there was sufficient overview of cases managed by probation staff, this was not extended to officer offender supervisors, even when they were responsible for high risk cases. Despite some continuing problems with receiving external reports, there had been improvements in the management of home detention curfew (HDC). There was a policy for work with indeterminate sentence prisoners, but many remained at Pentonville inappropriately.
- S34 Public protection arrangements were appropriate. The monthly inter-departmental risk management team was reasonably well attended with a generally good focus on appropriate prisoners. The quality of multi-agency public protection arrangements (MAPPA) reports was good, although there were still problems with the formal identification of prisoners' MAPPA levels before their release. Monitoring arrangements were appropriate.
- S35 We saw some excellent examples of resettlement plans that were both comprehensive and detailed. However, plans for some prisoners were missing altogether. Some of the resettlement pathways provided excellent work. There was still some confusion over the respective roles of resettlement staff and offender supervisors, and who was responsible for sharing information with the responsible officers in the community.
- S36 Provision to assist prisoners with accommodation was effective, with some very active engagement by staff. Around 90% of all released prisoners went into accommodation or



were offered appointments with local homeless services. Work on finance, benefit and debt advice required further development, especially for debt management. Prisoners' individual employment, training and education needs were identified but there was insufficient training or guidance to meet these. There was insufficient employability skills training. A pre-release programme, including job-seeking skills, was not promoted effectively and prisoner attendance was low.

- S37 Prisoners with health needs were prepared for release with take-home medication and coordination with external health agencies to ensure continuity of care. Throughcare arrangements for men with drug and alcohol problems were good.
- S38 The visitors' centre was helpful for visitors and a very valuable resource. A new and useful drop-in clinic gave visitors the opportunity to speak directly to a governor. Prisoners and visitors were generally content with the way visits were organised, although many complained about the difficulty in booking visits by telephone. Additional resources had increased the range and quantity of interventions to support prisoners and their families.
- S39 The prison offered no formally accredited offending behaviour programmes, and there were problems in moving prisoners, especially those in category B, to appropriate prisons to address their offending behaviour. There was a range of non-accredited courses, including Sycamore Tree (victim awareness training) and the Getting it Right resettlement programme, although the numbers attending remained low.

## Main concerns and recommendations

- S40 Concern: Too many prisoners felt unsafe. In our survey, key indicators for safety were worse than in similar prisons. The number of violent incidents was still too high and included some serious incidents, most notably a homicide, much of which were random or gang related. Action to support the many victims of violence and antisocial behaviour was limited.

**Recommendation: The prison should take action to reduce violence, make the prison safer and support victims of violence and antisocial behaviour. There should be a range of interventions to address lower level antisocial behaviour and prevent it escalating into more serious disorder.**

- S41 Concern: There had been five self-inflicted deaths since the previous inspection. Resulting actions from Prisons and Probation Ombudsman reports were not always reinforced adequately. Levels of self-harm were high and sometimes underreported and under recorded. Case management and support for prisoners at risk was poor, and too many were segregated without the exceptional circumstances to justify this. Too few staff had received safer custody refresher training.

**Recommendation: All acts of self-harm should be recorded, and care for prisoners vulnerable to suicide and self-harm should be improved. Actions from Prisons and Probation Ombudsman reports should be fully implemented and subject to ongoing reinforcement.**

S42 Concern: We found poor documentation and inadequate data collection and analysis in segregation, adjudications, use of force and the IEP scheme, which meant that managers lacked the information to identify opportunities for improvement or tackle poor practice.

**Recommendation: Managers should regularly quality assure key documentation for disciplinary processes and routinely collect and analyse data about segregation, adjudications, use of force and the incentives and earned privileges (IEP) scheme.**

S43 Concern: There were a considerable number of foreign national men held, including 40 detained under administrative powers after the end of their sentence. The prison did not have a clear understanding of the needs of these men or provide sufficient specific resources to support them. Prison staff and immigration officials based in the prison seemed unaware of each other's roles, and collaborative working needed to improve. There was limited use of interpreting services, and many of these men were frustrated and not sure who to approach for assistance.

**Recommendation: The needs of the foreign national population should be better understood to ensure the support provided is appropriate and that the men are clear about who to approach for support.**

S44 Concern: Leaders and managers of learning and skills needed to find new and innovative ways of expanding the range and amount of purposeful activity provision for prisoners and to use data to drive improvements in the current provision.

**Recommendation: Prison managers should ensure that their leadership and management of learning and skills and work find innovative ways of developing provision and have a better focus on a wide range of detailed data to drive improvements, including the number of learners who start and complete each course.**

# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

- I.1 The number of prisoners arriving at Pentonville was high, with an average of 77 new arrivals a week in the previous six months and 567 movements to courts. Journey times to the prison were mainly short, but in our survey, 27% of prisoners, against the comparator of 23%, said that they had spent more than two hours in the van. More men than at our previous inspection said that the vans were clean, and those we inspected were decent.
- I.2 The prison locked the gate over lunchtime to facilitate staff breaks, which meant that men were delayed at court for an hour longer before transfer to the prison. Escort and reception staff communicated well, but not all person escort records (PERS) were detailed or legible.
- I.3 The prison had a video link to facilitate meetings with probation and court hearings, but its use had reduced to 188 from around 230 instances a month at our previous inspection. This had resulted in more prisoners being produced at court and consequent pressures on an already busy reception.

### Recommendation

- I.4 **The reasons for the reduction of the use of the video link should be explored and action taken to increase its use.**

## Early days in custody

### Expected outcomes:

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

- I.5 More prisoners than at the previous inspection said they were treated well by reception staff. All prisoners were strip searched on arrival and leaving reception, which was disproportionate (see recommendation I.33). The shower area in reception lacked privacy, and men going out to court were not offered a shower. Prisoners could apply for court clothes but it was not always possible for them to submit applications for this in time.
- I.6 First night interviews for new arrivals took place in an area that was not sufficiently private, and those who were potentially vulnerable were not systematically prioritised. It was relevant that in our survey, 25% of prisoners said they had been depressed or suicidal when they arrived at Pentonville. The resettlement interview took place on the first night, which was unnecessary at that time and used a much-needed confidential interview room. Reception and first night staff did not coordinate their functions or share information sufficiently.

- I.7** Arrivals generally waited too long in reception – on one occasion we saw men received at 7pm who were not located in cells until 1am. The main holding room was bleak and lacked activities or distractions, and men could smoke there despite the no-smoking signs. Prisoner Insiders provided food but there were no hot drinks.
- I.8** The location of new arrivals on the appropriate first night wings (A or F) was a problem due to the pressure on spaces and the need to keep apart some prisoners for safety reasons. As a consequence, some new arrivals were placed on general wings rather than in the first night units. Staff on the general wings were not always aware of the new arrivals held there. In our survey, only 50% of prisoners, against the comparator of 69%, said they felt safe on their first night.
- I.9** First night cells, and provision of essential items, had improved since our previous inspection, but not all new arrivals received full bedding, TV and kettle immediately. Insiders offered very good support, but they were not always unlocked when there were new arrivals on the wing.
- I.10** The induction on A wing was very good, with a clear and engaging presentation that involved both staff and Insiders. However, the location of new arrivals across the prison meant that not all attended induction on their first day. New arrivals who went directly to F wing for detoxification or the vulnerable prisoner unit (F5) received an individual induction from Insiders. Health care and chaplaincy staff saw all new arrivals.

## Recommendation

- I.11 Reception and first night staff should coordinate their functions effectively to ensure that new arrivals who are potentially vulnerable are identified and risk information is used to manage the men safely.**

## 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.12** In our survey 70% of prisoners, against the comparator of 48%, said they had felt unsafe at some time, and 41%, against 22%, said they felt unsafe now. In the previous six months, there had been 196 assaults on staff and prisoners. Many of the incidents were serious, including a homicide, and some involved weapons. Violence was often linked to gang affiliations and illicit trading, including drugs and new psychoactive substances (NPS),<sup>2</sup> and associated debts. Young adults were disproportionately involved in violence and antisocial behaviour. Prisoners repeatedly told us that, despite a more predictable regime, the lack of time out of cell or purposeful activity also caused frustrations that led to violence.
- I.13** Measures to address violence and antisocial behaviour had improved. Strategic structures were properly focused and underpinned by a comprehensive policy. However, members of the safer custody team were sometimes cross-deployed to other duties, which affected their work. The recording and investigation of incidents were good but not always timely. The lack

<sup>2</sup> New drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

of CCTV remained a significant weakness. Safer custody team links with other departments, including security, were developing and contributing to greater understanding of the reasons for the violence.

- I.14** Strategies to deal with the perpetrators of violent and antisocial behaviour were mostly punitive, focusing on the formal disciplinary procedures and reducing prisoners to the basic level of the incentives and earned privileges (IEP) scheme (see paragraphs I.38-9). This approach was not sophisticated enough to motivate positive changes in prisoner behaviour, although there were some small-scale projects to target the most disruptive and challenging behaviour. The multidisciplinary enhanced support service (ESS) continued to work with up to 12 prisoners on a one-to-one basis, and a formal evaluation by NHS England had indicated positive changes in behaviour of some of the men involved. Prisoner violence reduction representatives had recently been trained as mediators to help disrupt and resolve conflict where possible, but it was too early to assess their impact. A project targeted on gang affiliations was planned. There was limited individual support for the many victims of violence or antisocial behaviour, other than a cell or wing move. (See main recommendation S40.)
- I.15** There were reasonable arrangements for prisoners who were vulnerable because of their offence, and who were located on F5. They had access to work in the recycling and clothing exchange workshops, and some limited education on the wing. However, the range of activities was too narrow and the workshops were often cancelled. Prisoners identified as vulnerable for other reasons had little or no support, and we found several who had self-isolated because they were in fear for their safety. Staff were not always aware of them, and the extent of self-isolation was not fully understood. As a result, a significant minority of prisoners did not receive adequate support and had access to only a very restricted regime.

## 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.16** In our survey, around a quarter of prisoners said that they had problems with feeling suicidal, depressed or having mental health problems on arrival. There had been nine deaths in the prison since the previous inspection, five of which had been self-inflicted. There was no local suicide and self-harm prevention strategy. A comprehensive action plan included all recommendations received from previous Prisons and Probation Ombudsman reports into deaths in custody. There were a few recurring themes and we were not confident that the prison did enough to address the issues raised consistently and to reinforce the need for improvements. (See main recommendation S41).
- I.17** Levels of self-harm were high and we found several incidents that had not been recorded or reported. Over 400 prisoners in the previous six months had been on assessment, care in custody and teamwork (ACCT) case management for risk of suicide or self-harm. The quality of ACCT documents was generally poor and continued to include major weaknesses - assessments were sometimes poor; most care maps were very limited; case management was mostly inconsistent; and observations were not always completed at the required frequency and many were too predictable. ACCTs did not always accompany prisoners wherever they went in the prison, and there was often limited recorded evidence of meaningful staff engagement with these prisoners. There was no quality assurance of ACCTs.

- I.18** Most prisoners on ACCTs who we spoke to said they did not feel adequately cared for or supported by staff when they were in crisis. Some were locked up for long periods with nothing to keep them occupied. The constant supervision facilities, particularly on A and G wings, were disrespectful and intrusive environments for prisoners in crisis, who were observed rather than engaged with in a meaningful way to help reduce their level of crisis. Not all men on ACCTs met the criteria for attendance at the day care centre in health care (see paragraph 2.71). Those who could access the facility and its therapeutic regime felt better supported.
- I.19** There were inadequate arrangements for prisoners on ACCTs who were segregated – who numbered 37 in the previous six months. A governor’s authority was required for segregation of these men but we did not find this in all cases. We did not think that men on ACCTs were always segregated in exceptional circumstances. (See main recommendation S41.)
- I.20** In our survey, fewer prisoners than the comparator, 42% against 53%, said that they could always speak to a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). Although Listeners said they felt well supported by the prison and the Samaritans, they did not always get access to prisoners or had to speak to them through their cell door, which was not confidential. Listener suites were generally unwelcoming and cold. There was only one Samaritans telephone, which was insufficient for the size of the population, and the signal did not reach all cells in the prison.
- I.21** Around a quarter of staff had not received any safer custody refresher training in the last three years.

## Recommendation

- I.22 Prisoners should be able to see a Listener on request and in a confidential setting, and there should be more Samaritans telephones around the prison.**

## Safeguarding (protection of adults at risk)

### Expected outcomes:

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

- I.23** Arrangements for safeguarding prisoners at risk were underdeveloped. The safeguarding strategy was comprehensive but was very new and had not yet been published or promoted to staff. Staff awareness of safeguarding was very limited. The new nominated safeguarding lead officer had not yet made any effective links with the local safeguarding adults board. Some staff did not understand the arrangements for safeguarding, and confused this with social care, and not all knew how to identify men with safeguarding needs and refer them appropriately.

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

## Recommendation

- I.24 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, and the prison should ensure that staff understand how to identify and refer prisoners with safeguarding needs.**

## 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 escape of two prisoners in November 2016 had exposed some weaknesses in physical security and prompted investment in anti-drone technology, new security netting, patrol dogs and a long overdue programme to install replacement cell windows. The prison's improved cooperation with the police and Islington Council was useful in detecting and discouraging attempts to smuggle in contraband. Additional and better CCTV was due to be installed.
- I.26** Attendance at the monthly security meetings was often insufficient and some senior staff were repeatedly absent. The agenda and data considered were appropriate. Security audits had revealed some ongoing weaknesses, including poor quality intelligence reports from staff. The volume of intelligence was not high given the amount of disorder in the prison, and there had been delays of more than a month in processing around 400 intelligence reports, which meant that the security picture had been incomplete for some weeks. Some requests for follow-up activity were not met: only 66% of the intelligence-led searches authorised in December 2016 and only 28% of the suspicion drugs tests requested in the previous six months had been met. Effective communication between members of the security team was hampered by five separate office locations.
- I.27** Staff supervision of prisoner free-flow movement was good, with effective use of metal detectors, but staff could not always tell us where a particular prisoner should have been. The routine deployment of patrol dogs inside buildings during relatively minor incidents was disproportionate. The dogs appeared agitated and barked loudly throughout their time on the wings, and the overall impact was somewhat threatening and unhelpful in engendering a calm and ordered living space. Relationships with the on-site police officers were strong. There was an appropriate focus on corruption prevention.
- I.28** Staff routinely strip searched all prisoners entering or leaving the prison and new arrivals in the segregation unit (see paragraphs 1.5 and 1.48) This was excessive and not in line with the prison's policy. The 31 category D prisoners were subject to the same security processes as the rest of the population, including on escort.
- I.29** Drug availability was high. In our survey, 52% of prisoners said it was easy to get illegal drugs, higher than the comparator and our previous inspection. More prisoners on G wing (the resettlement and enhanced units) than the other wings (16% against 7%) reported drug and alcohol availability and said they had developed a drug problem while at the prison. The random positive mandatory drug testing (MDT) was above target at 16.12% and showed that cannabis was the main drug used. Testing for synthetic cannabinoids had started in June 2016 and 33 positive results for 'spice' had been recorded. The MDT suite had only one holding room, but was clean.

- I.30** There was now a drug supply reduction strategy and action plan. Supply reduction was discussed at monthly drug strategy and security meetings and there was good information sharing between departments. A range of measures to disrupt supply routes had been introduced (see paragraphs I.28).
- I.31** Although numbers were no longer excessive, some prisoners were still placed on closed visits for behaviour unrelated to visits. Letters to tell prisoners about visits restrictions were punitive in tone, and staff did not inform prisoners of the outcome of reviews.

## Recommendations

- I.32** **Staff should submit intelligence reports whenever necessary. Intelligence should be processed on time and required action should be followed up.**
- I.33** **Prisoners should only be strip searched when there is sufficient intelligence that this is necessary.**
- I.34** **Prisoners should only be placed on closed visits when there is specific evidence that they have abused visits, and closed visits should never be imposed as a punishment.**

## Incentives and earned privileges

### Expected outcomes:

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

- I.35** In our survey, fewer prisoners than the comparator said they had been treated fairly under the IEP scheme, and black and minority ethnic and Muslim prisoners were more negative than white and non-Muslim prisoners. There was no evidence of quality assurance of the scheme, and the number of prisoners on the basic regime was high.
- I.36** On some wings the regime for unemployed prisoners on the basic level was too limited for them to be able to demonstrate improved behaviour. They received only 30 minutes of outside exercise and the opportunity to collect the evening meal daily, three showers a week and two short association periods for telephone calls and cell cleaning; this potentially amounted to solitary confinement. On other wings, prisoners on the basic regime were allowed daily showers and staff said that they did not curtail association or exercise periods.

## Discipline

### Expected outcomes:

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

### Disciplinary procedures

- I.37** The data on adjudications were poor and it was not clear how many charges there were each month. Many charges were for drugs offences or unauthorised articles. Managers had



identified and resolved some issues in regular adjudication standardisation meetings. Investigation by adjudicating governors was often insufficient and resulted in procedural unfairness. There was no quality assurance of adjudications. (See main recommendation S42.)

- I.38** More serious incidents were referred to the police, which delayed the adjudication process while they were being considered. These adjudications were often dismissed because too much time had elapsed between the offence, the Crown Prosecution Service considering the case and the prison rescheduling the adjudication.

## Recommendation

- I.39** **Governors should investigate all adjudication charges fully and record their findings so that hearings are demonstrably fair.**

## The use of force

- I.40** Data indicated that force had been used on 224 occasions in the previous six months, fewer than at our previous inspection. However, we found some unrecorded uses of force and some discrepancies in reporting and therefore doubted the data. (See main recommendation S42.) Batons had been drawn on 10 occasions and used on five in the previous six months, which was high.
- I.41** There had been one use of force meeting in the previous six months that had considered data, but there were no minutes. It was unclear which senior manager was responsible for use of force and we found no evidence that managers routinely reviewed use of force reports, baton reviews or video evidence.
- I.42** Although much of the use of force documentation was reasonable, too many reports lacked detail, and often simply described the prisoner as 'non-compliant'. There were no documents at all for around 10% of reported incidents. Much of the video evidence we reviewed was poor, and lacked sound. There was not sufficient evidence that force was always used proportionately and as a last resort.
- I.43** Prisoners had been held in special cells on 16 occasions in the previous six months, fewer than at our previous inspection, but still more frequently than we would expect. The average stay was 8.6 hours, but one man at risk of self-harm had been held for almost 27 hours. In most cases, the recorded reasons for use of the special cell were not sufficiently detailed to provide evidence that its use was appropriate or to clarify if the prisoner had been deprived of his normal clothing. In some cases, the initial health screen was poorly completed, or signed by the governor before the nurse had assessed the prisoner.

## Recommendation

- I.44** **Managers should ensure that oversight of use of force and special accommodation is sufficient to ensure they are used proportionately and only as a last resort.**

## Segregation

- I.45** Cells in the segregation unit (EI landing) remained dingy, but they had been painted and were clean. There were only 11 cells, relatively few for such a large population, with

frequent pressure on spaces. Some segregated prisoners were held on E2 landing, and some prisoners returned to normal location before their period of cellular confinement was complete or were moved out of segregation at short notice. All prisoners were strip searched on arrival into the unit (see recommendation I.33).

- I.46** Relationships between prisoners and segregation unit staff were polite but superficial; staff addressed prisoners by their surnames only. There was little evidence that unit staff knew each individual prisoner in depth. The regime had improved since our previous inspection; prisoners could now have a radio after 24 hours and those who behaved well had access to some privileges, including additional time out of cell. However, not all prisoners were offered a shower every day, meals were served at the cell door and the prisoner telephone was out of order. Exercise was sometimes cancelled because of staff shortages. In our survey, only 10% of prisoners who had spent a night in segregation said they were treated well by staff.
- I.47** There was authorisation documentation for all segregated prisoners and prompt good order or discipline (GOOD) reviews. However, much of the documentation was insufficiently detailed to explain why prisoners needed to be segregated, and it was not always clear if the Independent Monitoring Board (IMB) had been informed as required. Segregation monitoring meetings had restarted, but data remained poor. Managers had identified that the average length of stay was 8.2 days for those there on cellular confinement and 5.7 days for those on GOOD. However, although most stays were relatively short, it was not possible to identify the average overall length of stay or the longest stays. (See main recommendation S42.)

## Recommendations

- I.48 All prisoners in the segregation unit should be offered a shower, exercise and a telephone call every day.**
- I.49 Documentation for segregation authorisation and review should demonstrate clear reasons why segregation is necessary and the steps taken to reintegrate the prisoner into normal location.**

## 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.50** A new head of drug strategy provided effective leadership and had developed a drug and alcohol strategy policy covering both supply and demand reduction. The annual action plan was reviewed at well-attended monthly drug strategy meetings, chaired by the deputy governor.
- I.51** Phoenix Futures continued to deliver good psychosocial support to prisoners with substance misuse needs through case management and an interventions team. Currently 466 prisoners (38% of the population) were engaged with the service, but in our survey fewer prisoners than last time said they received help with their drug and alcohol problems. Due to the restricted regime, there had been a backlog of assessments and reduced one-to-one and groupwork intervention.
- I.52** Since December 2016, all new arrivals were seen within three days, and those on the drug support units (F and E) could readily access a wide range of groupwork interventions and mutual aid support, such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine

Anonymous and self-management and recovery training (SMART), as well as peer mentors. However, the current regime restricted participation for prisoners on other units, such as G wing, where drug availability was high – in our survey, 59% of prisoners on G wing said it was easy to get illegal drugs compared with 47% on other wings.

- I.53** The prison's drug-free unit, J wing, still benefited from designated officers, regular voluntary drug testing, groupwork courses and peer support, which helped to create a supportive and safe environment for 64 prisoners. Despite population pressure, there were no 'lodgers' on the unit, which helped create a sense of community where prisoners could focus on their recovery.
- I.54** Clinical substance misuse services were provided by Care UK. Drug and alcohol dependent new arrivals received prompt treatment and most were admitted to F wing, the designated stabilisation unit. There were appropriate monitoring arrangements, which did not depend on prisoners' location, but night time observations had not been recorded consistently; this was rectified immediately when we notified the prison. Controlled drug administration on F and E wings was well managed and closely supervised.
- I.55** In the previous six months, 235 prisoners had completed alcohol detoxification and during the inspection, 167 received opiate substitute treatment. Prescribing regimes were flexible and the clinical service was appropriately resourced. A consultant addictions psychiatrist provided effective clinical oversight and ran monthly clinics for patients with complex needs. There were regular joint patient reviews with the psychosocial team, and substance misuse nurses co-facilitated groupwork modules on F wing. The care of patients with both substance and mental health related problems was well coordinated.

## Recommendation

- I.56** **All prisoners with substance misuse problems should have easy access to the full range of psychosocial support and mutual aid groups, regardless of their location.**

## Good practice

- I.57** *The drug-free unit provided a supportive environment that allowed prisoners to focus on their recovery.*



## 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 remained very overcrowded and the building had suffered from years of under-investment and neglect. Despite this, there had been a significant improvement in residential areas since our last inspection and the prison had developed innovative ways to maintain and clean the prison. The work teams – yard party, ‘grime busters’, painters and wing cleaners – were professional and motivated. Consequently, many cells and all communal areas were clean and most areas had been painted. Rubbish, both internally and externally, was regularly cleared and there was little graffiti. However, some rubbish was lodged in inaccessible external window grilles, which was unhygienic, and the building was decrepit and difficult to repair. A two-year programme to replace cell windows had begun in November 2016.
- 2.2 The accommodation remained substandard. Too many prisoners still shared single cells, and privacy screening was inadequate. Although some wings were better – E and F were brighter and J wing had some self-cook facilities - living conditions were still cramped and cell furniture was poor. Managers checked cell conditions effectively and regularly.
- 2.3 Prisoners had good access to cleaning materials and reasonable access to essential items and clean clothing, and weekly laundry was possible through the wing orderlies. Since our last inspection, prisoner access to their property had improved. Although prisoners had better access to showers, not all could have a shower every day. Some showers, while clean and screened, were shabby, draughty and had poor drainage.
- 2.4 Wing staff struggled to find time to respond to cell bells, which were not always answered within five minutes.
- 2.5 There were some activities on the wings (such as table tennis and pool) but these were insufficient for the number of men, and some prisoners had little to occupy them during association.
- 2.6 Prisoners could not make telephone calls with privacy and they complained that the telephones were often broken or not switched on. During our inspection, 15 telephones were repaired, but reports of broken telephones were not acted on systematically. It sometimes took too long to clear the telephone numbers for men with restrictions. Families could leave messages for prisoners through a voicemail system. Letters and ‘email a prisoner’ correspondence were dealt with promptly by the post room but sometimes got held up on the wings.
- 2.7 The application system was well publicised and more effective than at our last inspection. Insiders processed and recorded the non-confidential applications, and there were prompt responses to around two-thirds of these. Managers were monitoring this and encouraging all departments to respond.

## Recommendations

- 2.8** The number of prisoners allocated to Pentonville should be reduced to enable less crowded conditions.
- 2.9** Cell bells should be answered within five minutes. (Repeated recommendation 2.12)
- 2.10** Telephones for prisoners should offer privacy and be switched on all day, and there should be a systematic response to reports of broken phones.

## Staff-prisoner relationships

### Expected outcomes:

**Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.**

- 2.11** Staff-prisoner relationships were stronger than when we last inspected. Training had encouraged a more positive and collaborative approach, with a mandatory staff training course that supported their professional and personal development, and some innovative training involving both prisoners and officers.
- 2.12** In our survey, more prisoners than at our previous inspection said that they had a member of staff they could approach if they had a problem and that someone had checked on them in the last week, although only 60%, against the comparator of 73%, said that most staff treated them with respect. Most of the interactions we observed were respectful and polite. However, wing staff told us that they did not have enough time to talk to prisoners, and prisoners complained that they could not always get their queries dealt with. A personal officer scheme had recently begun but was not yet embedded. The prisoner electronic records that we read were brief and did not fully reflect the interaction between staff and prisoners or contain enough detail about prisoners' progress and achievements.
- 2.13** Peer workers effectively supported the work of the prison in many areas. They appreciated the opportunity to be involved in this work, and staff spoke highly of their contribution. Prisoner consultation was well established and effective. Prisoners and staff voted for the User Voice council representatives in professionally organised elections.

## Equality and diversity

### Expected outcomes:

**The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>4</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.**

### Strategic management

- 2.14** The equality policy, which outlined how each prison department should implement the principles of equality, was comprehensive but required updating, as some objectives did not extend beyond 2015. Since the previous inspection, the prison had introduced an action plan, linked to the equality policy. However, the monitoring information required to keep the action plan up to date had not been collected since the summer of 2016, rendering it ineffective. The bimonthly equality meeting was poorly attended and the most recent scheduled meeting had been cancelled. It no longer had an independent input from the Zahid Mubarek Trust.
- 2.15** There had been 41 discrimination incident reporting forms (DIRFs) received in the previous six months. Most prisoner complaints related to low-level generic problems in the prison. The responses were at least reasonably good, and in many cases reassuring and helpful. Following a recent backlog, additional staff had been allocated to respond to DIRFs. The forms were not readily available on all wings.
- 2.16** In most months, the equality officer organised an equality forum that was linked to one of the minority groups. The meetings were well run and provided useful opportunities for prisoner representatives to raise concerns. Since the previous inspection, the range of subject areas had been extended to include religion and young adults.

### Recommendation

- 2.17** **The equality policy should be updated, monitoring information should be collected regularly and the action plan kept up to date and reviewed at a well-attended equality meeting.**

### Protected characteristics

- 2.18** In our survey, 57% of prisoners identified themselves as from a minority ethnic group. Black and minority ethnic prisoners were more negative than white prisoners across a range of areas, although, in contrast, 35% of black and minority ethnic prisoners said they currently felt unsafe, compared with 46% of white prisoners. Minutes from a recent prisoner equality forum indicated that black and minority ethnic prisoners believed that the difficulties they experienced were related to general issues in the prison, rather than based on race. Support for Irish Travellers continued to be good, with relevant literature available and regular support groups run by visiting specialists.

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<sup>4</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.19** Since the previous inspection, the proportion of foreign national prisoners had reduced from a third to a quarter of the population. However, the 293 foreign nationals still represented a substantial group. Apart from some generic induction material, produced by HM Prison and Probation Service (HMPPS), there was little translated information available. We were unable to get figures on use of the professional telephone interpreting service, but we were told by staff that this too was very limited. Monthly workshops for foreign national prisoners provided assistance from the on-site immigration staff, as well as legal advice and support from independent external agencies. We observed one workshop in which approximately half the foreign national population participated, and found useful. However, many foreign nationals we spoke with outside this event continued to be confused or uncertain about their circumstances, and several approached us about their situation and, unlike most other prisoners, did not understand how to seek help. We were not confident that the prison fully understood the needs of foreign nationals.
- 2.20** The number of immigration detainees held beyond the end of their sentence had risen to 40 from 29 at the last inspection. This included one man whose sentence expired 19 months earlier and three men held for over two years past their sentence. Prison staff and immigration officials based in the prison seemed unaware of each other's roles and lacked collaborative working (see main recommendation S43).
- 2.21** In our survey, 23% of prisoners said they had some form of disability. The prison did not hold aggregated information about the number of disabled prisoners. Simple care plans had been produced for 12 such prisoners. The equality officer held a central record of personal emergency evacuation plans (PEEPs), which currently covered 13 prisoners. However, not all night staff were aware of where these men were located. Seven prisoners with disabilities received help from paid prisoner carers, who assisted with cell cleaning and collecting meals, and this arrangement worked well. The outdated design of the prison made access difficult for the small number of wheelchair users. The four adapted cells were all occupied by prisoners who had mobility problems.
- 2.22** There was limited provision for older prisoners. There was a special gym class and a representative from the Alzheimer's Society had attended the most recent equality forum for older prisoners. Prisoners who reached retirement age were eligible for retirement pay, although most preferred to continue working if they could.
- 2.23** The number of young adult prisoners had reduced to 73 from 125 at the previous inspection. They were treated the same as adult prisoners and were located throughout the prison. It had been difficult to organise a young adults equality forum, given the problems associated with gang affiliations. Young adults were often implicated by staff and other prisoners in violent behaviour, and there was little understanding of the distinct needs of this group of prisoners.
- 2.24** Staff were confident about how they would deal with transgender prisoners, and a manager recounted that a transgender prisoner had recently been looked after on a mainstream unit. We spoke to one transgender prisoner currently located on one of the smaller wings who was content with their treatment and living conditions.
- 2.25** In our survey, only 1% of the population identified themselves as homosexual/gay or bisexual (LGBT), which was probably a considerable underreporting. The governor responsible for equality and diversity identified improving the care of LGBT prisoners as a priority area for the next year, so that more such prisoners would feel comfortable about revealing their sexual identity.



## Recommendation

- 2.26** There should be greater effort to understand the distinct needs of young adult prisoners and steps taken to meet them.

## 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.**

- 2.27** The chaplaincy had a high profile in the prison and was well regarded by prisoners and staff. There was a wide range of associate chaplains, and good provision for prisoners from minority faiths.
- 2.28** A chaplain saw all new arrivals and gave them information about the help available and the opportunity to state their religion. Attendance at religious services was high. Although the facilities for worship needed updating, they remained adequate overall. The chaplaincy delivered a wide range of relevant and popular faith courses. The number of annual completions for the Sycamore Tree victim awareness course, also run by the chaplaincy, had increased to 80 from 15 at the previous inspection. The chaplaincy continued to run faith-based mentoring schemes, available to prisoners of all faiths and of no faith, which provided pre- and post-release support for up to 40 prisoners at a time.
- 2.29** Prisoners could speak to a duty chaplain who walked the wings every day. Chaplains provided a high level of pastoral care, dealing with around 10 cases a day, and regularly attended and contributed to key prison meetings about the cases with which they were involved. A professional counsellor had been introduced and the managing chaplain coordinated referrals to this service. The counsellor carried a small caseload and supported prisoners who had experienced difficulties with bereavement and emotional problems.

## 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.**

- 2.30** In our survey, prisoners were less positive than the comparators about the fairness and timeliness of the complaints process. The responses to complaints we looked at were polite and most were in time, but some could have been more detailed. Quality assurance arrangements looked at 10% of complaints but did not always consider if the response was effective in resolving prisoner concerns. Complaints about staff were not investigated thoroughly enough, and there was no evidence that prisoners alleging bullying or misconduct had been spoken to, even though many of these complaints concerned use of force (see paragraph 1.40).
- 2.31** Complaint forms were freely available and boxes were emptied daily by non-uniformed staff. Most complaints were about residential, property or offender management matters. The numbers of complaints remained high but had reduced since our last inspection. More low-level concerns were now dealt with through the applications system (see paragraph 2.7), and business hub staff visited the wings weekly to help prisoners with telephone and finance

issues. There was evidence that the prison had changed its systems in response to complaints about access to property and home detention curfew processes.

## Recommendation

**2.32 All complaints alleging staff misconduct should be investigated thoroughly.**

## Good practice

**2.33** *Business hub staff attended wings each week to deal with prisoner queries about telephone or finance matters.*

## 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.**

**2.34** There was good provision of legal information. New arrivals had access to information about legal rights, including voting rights where eligible, during their induction. There were a large number of legal reference books in the library but library access was difficult and Prison Service Instructions needed updating. The Prisoners Advice Service offered a monthly prison law surgery. There was a small supply of laptops for prisoners to use in preparing for legal cases. Each wing had a 'legal champions' officer with a signposting role. This was a good initiative but not yet embedded. Prisoners facing adjudications could make a free telephone call to a lawyer. However, there was no bail information available and no assistance for prisoners in finding accommodation to support bail applications.

**2.35** There were 10 rooms for legal visits which was inadequate. Lawyers could book a visit in the main visits hall on one weekday, but this was not confidential. The prison had applied twice for capital funding for more legal visits rooms, with judicial backing, but so far had been unsuccessful.

## Recommendation

**2.36 Prisoners should have access to bail information and support with accessing accommodation for bail applications.**

## 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.**

**2.37** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)<sup>5</sup> and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found that dental services required improvement and issued subsequent notices, which have been detailed in Appendix III of this report.

### Governance arrangements

**2.38** NHS England commissioned Care UK to provide health services. The company provided primary care services directly and subcontracted others. Working relationships between most health providers and with the prison were very good. We saw focused governance and contract reporting in appropriate meetings, and services were developing in line with a health needs assessment.

**2.39** In our survey, fewer prisoners than the comparator, 22% against 35%, thought that the overall quality of health services was good. There had been some steps to address prisoner perceptions - for example, through a continuous survey of users and a health representative attending the prisoner forum – but prisoners still needed to be made aware of what they could realistically expect.

**2.40** Recruitment and staffing had improved with reduced reliance on agency staff. Mandatory training was well managed and staff had access to higher training, as appropriate. Staff induction was good and most staff told us they felt well supervised and supported, including through clinical supervision. Registered nurses were available 24 hours a day on the wings and the inpatient unit.

**2.41** There was a wide range of Care UK policies and procedures. Staff were aware of the policies for preventing communicable diseases and the necessary action in the event of an outbreak. There was a regular schedule of clinical audits, and results demonstrated good compliance. Over 100 prisoners (9%) were 50 or older and there was a lead nurse for their care, through well man clinics. There were age-appropriate screening programmes, including for chlamydia for younger prisoners and bowel cancer and abdominal aortic aneurysm for older prisoners.

**2.42** The inpatient unit and health centre were modern and bright, unlike the wing treatment rooms. All clinical rooms were clean and those not meeting infection control standards had been refurbished or were out of use.

**2.43** Regularly checked emergency equipment, including automated external defibrillators (AEDs), was located strategically across the prison and in the health centre. A new emergency response protocol had been agreed with the ambulance service, and ambulance staff had shadowed colleagues in the prison to develop insight into the environment. New

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<sup>5</sup> CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

psychoactive substances (NPS)<sup>6</sup> were suspected of playing a part in 25% of emergencies. Although 97 prison officers (35%) were trained in first aid, during our night visit staff could not identify where the AEDs were located.

- 2.44** The health care complaints system had improved and now preserved medical confidentiality. However, some prisoners told us they did not have confidence in the system as complaints were collected by nurses, who could have included any who were the subject of a complaint; health services responded to this concern during our inspection. In 2016, there had been 80 health complaints and 292 concerns raised - 15% fewer than in 2015. The responses we saw were timely and addressed the concerns.
- 2.45** A lead nurse for well-being had developed a new approach to health promotion, which was being introduced. Although some information was displayed in the health centre and on the wings, health promotion campaigning was not yet prominent, and mainly absent in the health centre waiting room.
- 2.46** Prisoners had good access to immunisations and screening for blood-borne viruses, including treatment for hepatitis C. Barrier protection was available from health services staff, but not well advertised.

## Recommendation

- 2.47** **There should be a prison-wide systematic approach to promoting prisoner well-being; this should include harm minimisation and publicising the availability of barrier protection.**

## Delivery of care (physical health)

- 2.48** Health screening for new arrivals was prompt, with professional telephone interpreting available if required. Appropriate referrals were made and a GP was available during the reception process. New arrivals received a further comprehensive health assessment, including required immunisations and blood-borne virus testing, within the following few days.
- 2.49** The primary care service was one of busiest we have seen with over 3,500 contacts a month. Although there was a dedicated appointment system, prisoners complained that it did not work, citing several weeks for a response, but we saw no evidence of this. However, patients told us they could spend up to two hours in the health centre waiting room before or after appointments, because they could only move to and from wings at set times; this was unacceptable. Waiting times for all clinics were generally acceptable but the non-attendance rates were high, for example averaging 17% for the GP in 2016 with a high of 26.9%.
- 2.50** Patients had access to a range of nurse-led clinics, including nurse triage, well man, wound care, phlebotomy and sexual health. The health centre was due to use X ray facilities more extensively. Services for patients with lifelong conditions had been transformed. The lead GP and a dedicated nurse provided clinics including asthma, diabetes and epilepsy. Care plans were evident on SystemOne (the electronic clinical record). Prisoners had good access to urgent and routine GP appointments. There was an appropriate range of clinics run by allied health professionals, including physiotherapy.

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<sup>6</sup> New drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

- 2.51** The inpatient unit had 22 beds with high bed occupancy of 95%. Around 90% of beds were used for patients with serious mental health problems. Admission was mostly based on clinical need, although prisoners with no health needs were occasionally placed there inappropriately by the prison. The environment was good with a new communal dining area, but dampness in the shower rooms introduced unnecessary contamination and safety risks that required urgent action. Skilful use of the inpatient environment ensured that those with physical health needs were not unduly disturbed by those with behavioural difficulties. The standard of care planning was good and we saw compassionate care for patients with complex health needs. However, we were concerned about the dignity of a very vulnerable elderly patient, whose care records suggested that his personal care needs were not met overnight when he remained locked in his cell for a considerable time. The skills mix of staff on the inpatient unit was good and health personnel liaised well with prison officers. The regime and excellent range of daily activities (led by an occupational therapist) helped to promote inpatients' recovery, and there was an impressive sensory garden (see paragraph 2.71). The inpatients we spoke with were positive about their care, although the therapeutic day was disrupted too frequently because of the shortage of prison officers.
- 2.52** In 2016, there had been 89 external health appointments a month with few cancellations for security reasons (2.6%). Telemedicine had been introduced just before our visit; it was too soon to assess its effect.

## Recommendations

- 2.53** Prisoners should have shorter waiting times in the health centre waiting room before and after health appointments.
- 2.54** There should be sustained management action to reduce the high non-attendance rates for some clinics.
- 2.55** The shower area on the inpatient unit should be refurbished.
- 2.56** The comfort and dignity of vulnerable inpatients should be assured by documented checks.

## Pharmacy

- 2.57** Pharmacy services were provided on site by Care UK. Medicines were administered on each wing four times daily at clinically appropriate times. Patients had routine contact with pharmacy technicians who referred patients to pharmacy-led medicines use reviews and smoking cessation clinics as necessary. Prisoners could see a pharmacist for routine advice.
- 2.58** In our survey, fewer prisoners than the comparator said they were prescribed medicines, and drugs of potential abuse had been significantly reduced. The queues for the collection of medicines were adequately supervised but the proximity of patients occasionally compromised confidentiality. Administration records were complete and prisoners who did not attend for medicines were followed up appropriately. Out of hours, prisoners could obtain medicines from nurses, including over-the-counter medicines such as painkillers.
- 2.59** There was an up-to-date in-possession medicines policy, and risk assessments were consistently documented by pharmacy technicians and reviewed appropriately. Tradable medicines could not be prescribed in possession under any circumstances. Currently 37% of patients had medicines in possession but they did not have secure storage for them. There

were no targeted checks on prisoners to ensure they were taking their in-possession medication correctly.

- 2.60** Storage of medicines was adequate, drug refrigerator temperatures were monitored and there were good stock reconciliation procedures. The treatment rooms were small, dated and congested but clean. There were up-to-date standard operating procedures and a range of in-date and signed patient group directions (authorising appropriate health care professionals to supply and administer prescription-only medicine). Controlled drugs were generally well managed and stored correctly. There were appropriate and up-to-date protocols, including a formulary tailored to the prison environment. Pharmacy audits were completed regularly. Errors, near misses and drug alerts were managed effectively. A well-attended medicines management committee met monthly and ratified policies and monitored prescribing trends, including tradable medicines.

## Recommendations

- 2.61 Prisoners should have secure storage for medication.** (Repeated recommendation 2.94)
- 2.62 Systematic checks should be conducted on patients receiving in-possession medication.** (Repeated recommendation 2.95)

## Dentistry

- 2.63** There were two separate dental providers, one directly contracted by NHS England, that worked independently and with different governance processes and practices. Communication and integrated working was poor, with a lack of management oversight and supervision for both services. Documentation, audits and record keeping were not well maintained, and concerns about the dentists' professional integrity and responsibilities were identified during the inspection.
- 2.64** Despite regular clinics, waiting lists were extensive (49 and 92 on separate lists) and not well managed, with an unacceptable average non-attendance rate of 40.7% in 2016. The range of treatments available was appropriate, but in our survey fewer prisoners than the comparator thought the quality of dental service was good.
- 2.65** The dental suite was cluttered and disorganised, and lacked up-to-date facilities and equipment. The floor surrounding the dental chair was not sealed, raising concern about infection control.

## Recommendation

- 2.66 There should be action to introduce governance to the dental service. This should include assurances of safety and integrity, improved efficiency of waiting lists, reduced non-attendance rates and compliance with infection control standards.**

## Delivery of care (mental health)

- 2.67** Barnet, Enfield and Haringey Mental Health NHS Trust coordinated the work of Care UK primary mental health nurses with its own secondary mental health, inpatient and day care services so that mental health services were integrated. Primary mental health services had improved and were sufficient. There was a rich mix of skills among the extensive range of mental health professionals. Working relationships between the prison and mental health staff were effective.
- 2.68** There was an open referral system and prisoners were assessed promptly. An impressive 251 prison officers (88%) had been trained in mental health awareness in 2016. Since the training, referrals from prison officers for mental health assessments had significantly increased. There were regular allocation and review meetings.
- 2.69** Patients had complex emotional and mental health needs. There were about 25-30 patients at a time on the caseload for primary mental health care and 90 for secondary mental health team, with 246 patients (about one in five prisoners) on anti-psychotic medication, which was very high.
- 2.70** Therapeutic options were extensive. The chaplaincy offered counselling through a psychologist-led grief and loss therapeutic support to about 10 prisoners a day (see paragraph 2.29). Patients with mild to moderate mental illnesses received brief, solution-based interventions on a one-to-one or group basis. Those with more complex needs related to psychosis or trauma received appropriate care from psychiatrists, forensic psychiatrists and/or cognitive based therapies supervised by clinical psychology. There were also new innovative care pathways, led by professionals with advanced skills, for patients with neuro-developmental problems or speech and language needs.
- 2.71** The health care department had an impressive day centre for 20 inpatients and prisoners from other wings. It provided stimulating and relaxing activities for physically and mentally unwell patients, run by the mental health trust's occupational therapists. There was an open referral system – including self-referral – with appropriate selection criteria. However, due to limited capacity, inpatients were prioritised, although there was a two-week waiting list for them to attend, and prisoners located in the main prison could not attend. There was a range of structured activities available. Although there were two excellent outdoor spaces next to the centre, prisoners could not always use them due to a lack of prison staff to supervise them.
- 2.72** Too many prisoners experienced delays in transfer to external mental health facilities. In 2016, half the 111 patients who had been transferred or listed for transfer had waited longer than the target of two weeks, with up to 169 days in one case, which was unacceptable.

## Recommendation

- 2.73** **Patients requiring care in external mental health services should be transferred as soon as possible.**

## Good practice

- 2.74** *There were care pathways for patients with neuro-developmental problems or speech and language needs, which facilitated the assessment and treatment of commonly unrecognised syndromes among prisoners.*

## Social care

- 2.75** Good systems for social care had been developed with the local authority; 12 prisoners currently had social care plans. Although the response of the local authority had sometimes been sluggish, this had improved in the last quarter of 2016. There were good examples of partnership working between the prison, health care and local authority for some inpatients.

## 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.**

- 2.76** In our survey, only 13% of prisoners said the food was good, which was below the comparator of 21%. Despite this, we found the meals sustaining with ample portions, and more fresh food was now cooked. There were no reliable formal arrangements for prisoners to express their views on the food.
- 2.77** Meals continued to be served too early; lunch could begin at around 11am and the evening meal at 4.30pm. Breakfast packs, which contained little of nutritional value, continued to be issued the night before, when they were usually consumed. There was no communal dining and prisoners ate in their cells. The cleanliness in the serveries and food trolleys, which had previously been extremely poor, had now improved and was satisfactory. The kitchen was reasonably clean and tidy but the equipment frequently broke down and there were often delays in repairs, which sometimes affected the food that could be served.

## Recommendation

- 2.78** **Breakfast should be served on the morning it is eaten and lunch should not be served before noon and the evening meal not before 5pm.** (Repeated recommendation 2.115)

## Purchases

### Expected outcomes:

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

- 2.79** The prison shop arrangements remained the same as at the previous inspection, with a centralised model and no stock held at the prison. This meant that staff could not always deal with mistakes with orders or resolve these promptly. New arrivals could still wait up to 11 days before receiving their first shop order, but could apply for an 'ad hoc' telephone credit and tobacco or grocery pack containing selected items. The range of goods available in the shop was reasonable, although prisoners could not buy over-the-counter medication, such as painkillers, which they had to ask for from a nurse in health care.
- 2.80** Prisoners could still not shop from catalogues, but we were told that the involvement of User Voice prisoner support group had improved the general consultation process and prisoners could now raise requests for additional items not on the standard shop list.



## Recommendation

- 2.81 Prisoners should be able to access a full prison shop order within 72 hours of arrival.** (Repeated recommendation 2.121)



## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

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

- 3.1** In our survey, 70% of prisoners said that they were unlocked for less than four hours on a weekday. We struggled to reconcile this with prison data that only 15% of the population was locked up during activity periods, but we were assured that prisoners now had more time out of cell than at our previous inspection. The regime ran more reliably, with fewer ad hoc curtailments.
- 3.2** The population was split into two shifts so that most prisoners, including those who were unemployed, had around two and a half hours out of cell every day for exercise and association. The exception was prisoners on the basic regime who did not engage in activity (see paragraph 1.35). Prisoners who attended activities had additional time out of cell on weekdays. Part timers had around six hours out of cell, and the few full timers had over seven hours. As at our previous inspection, most prisoners were locked up for the night before 6pm, but enhanced-level prisoners now had activities on two evenings a week.
- 3.3** The exercise yard for A, C, D and J wings was reasonable, with grass, exercise equipment and benches. The other wings had more austere yards, with only exercise equipment for F wing prisoners and two prisoner telephones on the yard used by G wing. Exercise periods were generally regular, and although they rarely lasted an hour, they were longer than we often see.

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

## Learning and skills and work activities

### Expected outcomes:

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

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

**Overall effectiveness of learning and skills and work:** *requires improvement*

*Achievements of prisoners engaged in learning and skills and work:* *requires improvement*

*Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:* *requires improvement*

*Personal development and behaviour:* *requires improvement*

*Leadership and management of learning and skills and work:* *requires improvement*

### Management of learning and skills and work

**3.5** Prison leaders and managers had focused well on improving the quality of learning, skills and work, and had identified most of what was working well and what needed to improve. There had been many actions for improvement, although most were work in progress and there needed to be much further work to improve the provision. For example, strategies to raise prisoner attendance at education sessions had led to a steady increase in attendance over the past year, but the level was still not consistently high enough. (See main recommendation S44.) The process to allocate prisoners to activities had been overhauled and was more efficient and fair, but prisoners were not always allocated to education programmes that they could complete before leaving the prison.

**3.6** Prison managers were becoming increasingly confident about their lead role in the improvement process, but they were relatively inexperienced in dealing with the scale and breadth of improvement required. New managers from Novus (The Manchester College) had recently been appointed to the education and training provision. These managers had gained a good understanding of the quality of the learning and skills provision and identified, correctly, that it required improvement. The prison and Novus managers recognised that further development and improvement of close partnership working was essential to achieving all the improvement objectives.

**3.7** Prison managers collected and analysed a narrow but useful range of accurate performance data and used it well to monitor the basic administration and performance of the prison's purposeful activity. However, they had not analysed qualitative data on prisoners' experience of the provision. The prison governor and managers were unaware of Novus data showing

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

how few prisoners completed courses they started, nor had they identified the achievement gaps between different groups. (See main recommendation S44.)

- 3.8** New quality improvement arrangements gave the quality improvement group (QIG) an appropriate focus on the quality of provision and better use of data. These arrangements had yet to make an impact, although attendance at the QIG bimonthly meetings had improved.
- 3.9** Prison managers had used self-assessment effectively to identify many strengths and weaknesses. Managers' judgement on the overall effectiveness of the provision was accurate and reflected those of inspectors. The self-assessment process was not yet an integral part of the prison's improvement practice. The current quality improvement plan was based primarily on our previous recommendations rather than the outcomes of the self-assessment process. Although a relevant prison manager had been trained in how to conduct observations of teaching and learning, none had taken place for the prison-run learning and skills provision.
- 3.10** Prison leaders and Novus managers recognised the need to further expand learning, skills and work provision to make it more attractive and relevant to a larger range and number of prisoners, but this work was underdeveloped. Managers had not considered options such as a more flexible curriculum or using existing space more innovatively, including wing-based education and training sessions.

### Provision of activities

- 3.11** The number of activity spaces and qualification opportunities had increased substantially to nearly 900, which was close to providing nearly all prisoners with some kind of activity on each working day. One new workshop had opened and one closed workshop had reopened.
- 3.12** Around 50 prisoners were following education opportunities at an advanced level, mainly Open University and distance learning courses, and received appropriate support. A small group of Pentonville prisoners was working alongside degree-level students from a London university. Vulnerable prisoners now had opportunities for purposeful activity, although only around a third chose to engage with these consistently.
- 3.13** During our inspection, a national commercial company began barista training in the staff mess. The prisoners involved in this programme implemented their new learning well, and the professional-level beverages they provided had become popular with prison staff.
- 3.14** Despite the increase in activities and opportunities, the range of courses was narrow and most were not available beyond level 1. Too many prisoners were not involved in learning or skills activities during the working day, and during the inspection around a third of prisoners did not attend their allocated sessions. Too many prisoners did not regard learning and skills courses as a way of improving their skills and employability. The prison did not offer individualised, planned and carefully structured learning pathways to improve prisoners' prospects on release.

### Recommendations

- 3.15** **The range and levels of qualifications should be expanded further to meet the needs of the Pentonville population.**
- 3.16** **Prisoners should be offered planned and carefully structured individual learning pathways to improve their employment and rehabilitation prospects on release.**

## Quality of provision

- 3.17** Prisoner induction to learning, skills and work required improvement. Only around half of prisoners assigned to induction sessions attended them. During induction, prisoners developed only a basic understanding of vocational or classroom-based learning opportunities and how or which courses might lead to further learning or employment. The extensive information about courses in four glossy presentation packs were used only by prisoners with good English skills and others who had finished their English and maths skills assessments early. There were no face-to-face visual presentations for those less confident in English.
- 3.18** Prisoners made at least some progress in their learning in most education sessions, notably in basic English speaking skills. In a few lessons, primarily mathematics, teachers set challenging learning targets that helped prisoners make good progress and achieve their qualifications.
- 3.19** The quality of teaching and learning was varied and required improvement. A minority of teachers did not have high expectations of what prisoners could achieve or did not challenge them to engage in set tasks. The more able and enthusiastic prisoners dominated most lessons unchallenged by teachers, and other prisoners did not participate or made slow progress. Teachers corrected prisoners' spelling on marked work but their feedback did not always advise how they could improve their performance. Teachers' own spelling errors were evident on some posters, planning documents and whiteboards in lessons.
- 3.20** Novus managers had evaluated the quality of teaching and learning accurately, and clearly identified key strengths and areas for improvement. Their most recent lesson observations identified that too high a proportion required improvement. An advanced practitioner in teaching and learning had initiated a professional development programme focused on specific areas of improvement, including target setting, lesson planning and differentiation, but much of this was at early stage. A very small minority of teachers were not receptive to the professional support and development offered.
- 3.21** Vocational training sessions were well planned and took careful account of prisoners' different needs and skill levels, and we saw examples of this in carpentry and barbering lessons. In many education sessions, particularly functional skills in English, prisoners with widely different abilities were taught in the same class but not all teachers were adept at providing appropriate individual work for each learner; consequently, prisoners too often worked on an identical, frequently undemanding activity. Vocational instructors were skilled at maintaining prisoners' interest and engagement. Instructors used questioning well to check prisoners' learning and involve them all in the discussion.
- 3.22** Instructors recorded prisoners' vocational skills development on progress trackers and in individual learning plans (ILPs), which helped prisoners recognise the progress they were making. However, the targets and actions recorded on ILPs did not focus sufficiently on how prisoners might develop the skills valued by employers. The better ILPs in education, for example in mathematics, contained constructive comments and reflective feedback by prisoners, but too many others were incomplete and did not help prisoners understand how they could improve their work or achieve their qualification.
- 3.23** Prisoners designated as learning assistants provided good individual practical support to prisoners during vocational sessions. In one session, a learning assistant took responsibility for health and safety by checking prisoners' personal and protective equipment and ensuring fire safety precautions were followed. One prisoner acted as a good role model during prisoner induction to education and skills by explaining how learning in prison had led him to wider opportunities and increased self-confidence. A prisoner peer mentor provided useful

support in an information technology session. However, peer mentors were not available in almost all other classroom sessions.

- 3.24** Staff did not identify prisoners with learning difficulties and disabilities thoroughly enough. We saw no evidence of specialist support to such prisoners during classroom or vocational sessions.
- 3.25** Classroom and workshop resources were poor. Limited space and clutter in workshops constrained the skills that could be taught. For example, the carpentry workshop was too small to support any work larger than small bench joinery pieces. Recording work in the radio production course was impossible because no microphones were available. In industrial cleaning, there were insufficient resources to give prisoners experience of an appropriate range of cleaning tasks. There were too few jobs in the prison that enabled prisoners to gain a useful qualification or skill valued by employers on their release.

## Recommendations

- 3.26 Prisoner attendance at the induction to learning, skills and work should be improved and the sessions should be effective.**
- 3.27 Prison and Novus managers should ensure that the quality of teaching and learning improves to good overall, and that the different needs of learners are met.**
- 3.28 Prisoners with learning disabilities or difficulties should be identified accurately and appropriate specialist support provided routinely.**
- 3.29 Prisoners' targets and the feedback they receive on their work should enable them to improve the standard of their work.**

## Personal development and behaviour

- 3.30** Most prisoners in education, training and work sessions were polite and showed respect for each other, their teachers and instructors. Prisoners regarded the learning, skills and work environments as safe. The health and safety practice we observed met appropriate standards.
- 3.31** Prisoners appreciated that good English and mathematics skills were key to their future employability. Teachers encouraged prisoners to think deeply about current issues and to respect the views of others. Instructors developed prisoners' mathematics skills well in the workplace. However, English skills were not so well developed, with some poor attention to spelling on handouts and in classroom whiteboard presentations.
- 3.32** Prisoner Insiders played a key role in advising men on residential units, and acting as a communication link and conduit with prison staff. For example, they logged health applications, passed them to wing officers and recorded the responses. However, they received insufficient training for their role.
- 3.33** The great majority of prisoners in work, except kitchen workers, did not have job descriptions that could be shown to future employers as examples of the skills prisoners had used and what the work entailed.

- 3.34** Prisoner punctuality and attendance at education, learning and work sessions required improvement. During the inspection, only around two-thirds of prisoners attended their allocated sessions. Too many of the prisoners we interviewed said they only attended because it passed the time.

## Recommendations

- 3.35** Prisoners' English language and writing skills should be developed through their vocational and education sessions.
- 3.36** Prisoners in work should have job descriptions so that they can demonstrate to employers what skills they have learnt and applied.
- 3.37** Prisoner attendance at learning, skills and work sessions should be improved so that a much higher proportion attend their allocated sessions.

## Education and vocational achievements

- 3.38** The standard of prisoners' work in vocational and work settings was good, particularly in textiles and barbering. The majority of prisoners on vocational courses made good progress in developing appropriate skills leading to relevant qualifications. All prisoners working in the main kitchen achieved their food safety certificate at level 1, and kitchen workers who stayed longer in the prison took and passed an externally accredited qualification at level 2 delivered by prison staff.
- 3.39** The majority of prisoners on the wide range of information technology courses gained their qualifications, as did those on the industrial cleaning and carpentry courses. Prisoners' achievement on short literacy courses was too variable. Learners who completed a course generally gained their qualification.
- 3.40** Prisoners' achievement of qualifications on functional skills English and mathematics courses at levels 1 and 2 was low. On a very small minority of other courses, none of the prisoners who started a qualification went on to achieve it. In most courses, too few prisoners started and eventually completed them. For example, in 2015/16, only a very small proportion of the prisoners who started programmes in functional skills English and mathematics at levels 1 and 2, English speaking, or business enterprise eventually completed their course and gained their qualification.

## Recommendation

- 3.41** Prison and Novus managers should implement as a priority strategies that increase substantially the number of prisoners who start and complete a course.

## Library

- 3.42** The library, provided by the London Borough of Islington, remained a spacious and welcoming facility with good resources to support learning and reading, but prisoner access to the library was still a problem. The timetable for visits was still limited and sessions were often very poorly attended due to a lack of prison officers to escort prisoners to and from the library, particularly during the free-flow period. Only a small number of prisoners visited from education classes and workshops. Prisoners were not taken to the library during their



education induction, and some were unaware of the library's location, or even its existence. As a result, the number of prisoners visiting the library, borrowing books or using the facilities was low for the prison population, and had declined slightly since the previous inspection. In our survey, only 15% of prisoners said they used the library at least once a week, about half the comparator of 29%.

- 3.43** The range of stock was substantial and appropriate, including Prison Service orders, fiction and non-fiction, easy readers, talking books and a range of titles in foreign languages. However, annual stock loss was very high, at 22%. Computers in the library linked to the virtual campus (internet access for prisoners to community education, training and employment opportunities) had been out of action for months and had only recently been reconnected. These computers were used by prisoners to support their distance learning studies.
- 3.44** A series of popular library-based events were well supported and had promoted reading well, including poetry and creative writing sessions. There was a dedicated day each month for a well-attended forum giving specialist information and advice for foreign national prisoners. The Shannon Trust reading support scheme and Family Fables project, which enabled fathers to record stories for their children, were also well supported.

## Recommendation

- 3.45 Prisoners should be provided with appropriate information about the library, and have better access to it.**

## 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.**

- 3.46** Physical education (PE) facilities were adequate, with three well-equipped gyms and a large sports hall, but they were in a poor decorative state and the showers were inadequate, other than in the newest gym. There were no outdoor facilities. Access to PE was good for prisoners who applied to attend. The department had good links with health care, and provided remedial PE for prisoners with health, as well as specialist sessions for prisoners over 50. The prison had good links with community groups, through fundraising for children's charities. A range of accredited PE qualifications from levels 1 to 4 was now offered, including emergency first aid and personal trainer qualifications. Most prisoners who started a qualification completed it successfully.
- 3.47** Instructors used data well to monitor gym use but this indicated that only around 40% of prisoners used the facilities each week; in our survey, only 15% of prisoners said they used the gym more than three times a week, against the comparator of 24%. Only those prisoners who applied to attend received a gym induction.

## Recommendation

- 3.48 The sports hall and wing gyms should be redecorated, and the showers in the wing gyms should be improved.**



## 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** Since the previous inspection, managers responsible for resettlement had worked hard to raise the profile of this work and had been reasonably effective, despite the prison's more pressing concerns. The reducing reoffending and offender management policies had recently been updated, with the former based on the results of a needs analysis in January 2016.
- 4.2** The bimonthly reducing reoffending strategy group was well attended, which ensured good strategic links across the establishment. External strategic links included attendance at the London regional tripartite meetings between the London prisons, HM Prison and Probation Service (HMPPS) and the London Community Rehabilitation Company. However, some of this coordinated approach had been lost, and we found that many departments were still developing their work in isolation of each other. For example, the offender management policy made only scant reference to the work of the prison's community rehabilitation company (CRC)<sup>9</sup> London CRC. The link between the work of offender supervisors and the CRC was also not well understood by staff in either department, leading to variable practice and diminished effectiveness of the of the 'through the gate' approach.
- 4.3** The number of offender supervisors in the offender management unit (OMU) and probation staff (who now included a manager and six main grade staff) had increased since the previous inspection. Although there had been improvement since our previous inspection, there was still a backlog of offender assessment system (OASys) assessments undertaken by offender supervisors. This was mainly because of their continued redeployment to other duties, which lost more than 80-90 hours a month allocated to offender supervisor work. Nevertheless, in our survey significantly more prisoners than at the last inspection (47% against 36%) said that they had done something or something had happened to them at Pentonville to make them less likely to reoffend in the future.

#### Recommendation

- 4.4 Offender supervisor resources should be sufficient to ensure all key work is completed.**

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

## Offender management and planning

### Expected outcomes:

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

- 4.5** We were joined on this inspection by colleagues from HM inspectorate of Probation who looked in detail at 12 prisoner cases – six were in scope for offender management (serving more than 12 months and considered to pose a high or very high risk of harm) and six were out of scope. A further 17 cases of prisoners due to be released within the following fortnight were looked at in less detail.
- 4.6** All remanded or newly sentenced prisoners were seen within 24 hours of their arrival, and many were seen in reception for completion of a basic custody screening (BCS). None of the case we looked at included any covered by public protection concerns. Subsequent resettlement plans were completed by London CRC.
- 4.7** An offender supervisor was allocated to all sentenced men, although in practice they had little or no contact with those serving less than 12 months (approximately 23% of the total sentenced population). There were fewer prisoners without an OASys than at the last inspection, but many assessments were out of date; the prison did not monitor this figure and did not know the actual number. In our survey, the proportion of prisoners who said that they had an offender supervisor had risen threefold to 35% from only 11% at the previous inspection, although only 23% said they had a sentence plan, which was below the comparator.
- 4.8** The quality of OASys assessments and sentence plans varied, although it was substantially better in high and very high risk cases managed by external national probation service staff. In many cases managed by officer offender supervisors there was an insufficient risk of harm assessment, and in too many cases information used to complete assessments was drawn only from interviews with prisoners without further verification. Too many sentence plan targets just covered their behaviour in the prison ('remain adjudication free', 'adhere to prison rules' etc) rather than address their offending behaviour.
- 4.9** Offender supervisor contact with prisoners was generally sufficient. We saw some excellent examples of casework, but much of the contact with prisoners was limited to casual or passing interaction during day-to-day work on wings rather than focused on reducing reoffending and offending behaviour. There were now OMU wing surgeries, which was a good initiative and had helped respond to prisoner queries. Prisoners were generally positive about their experience of offender supervisors, and in our survey, significantly more than at the last inspection said their offender supervisor was helping them meet sentence plan targets.
- 4.10** The prison had a dedicated integrated offender management (IOM) offender supervisor who provided an enhanced support package to prisoners at heightened risk of reoffending; this work was impressive.
- 4.11** While probation offender supervisor received regular casework supervision, this was not provided for officer offender supervisors. Although there were plans to allocate all high and very high risk prisoners to one of the probation offender supervisors, 43% of such prisoners were currently allocated to officers; many of these cases did not have sufficient management overview.

- 4.12** The lower level of G wing (G1) had been identified as a resettlement wing. In principle, prisoners due to be released in the next month were allocated there and the CRC team was relocating offices there; planning for the unit was still ongoing. Given the number of prisoners released each month, not all could be located on G1. However, although prisoners on G1 would be able to access CRC staff more easily, prisoners throughout the prison had relatively easy access to these workers and all resettlement services.
- 4.13** In the previous six months, 85 men had been considered by the home detention curfew (HDC) board with 45 successful. Many prisoners who could be considered were excluded due to previous breaches or offences. In early 2016, the prison had begun the HDC process earlier than formerly - due to late reports from community offender supervisors - to increase the likelihood of successful candidates getting out on their eligibility date. This had been reasonably successful with 16 men in the previous six months being released on their first qualifying date. Despite this, 32 of the returned community reports were late and a further seven had been discontinued because no report had ever been received, despite numerous reminders and follow-ups. There were no releases on temporary licence (ROTL), and there had been none in the previous six months.

## Recommendations

- 4.14 All eligible prisoners should have an up-to-date OASys assessment and sentence plan with relevant objectives.**
- 4.15 All offender supervisors should have casework supervision, especially for their cases covering high risk of harm prisoners.**
- 4.16 Community offender supervisors should respond to home detention curfew requests promptly, to enable prisoners to be released at their earliest eligibility date.** (Repeated recommendation 4.11)

## Public protection

- 4.17** Public protection arrangements were generally sound. The monthly interdepartmental risk management team (IDRMT) meeting was well attended from across the prison, and minutes indicated that discussions of prisoners were generally comprehensive. Where reports were required by multi-agency public protection arrangement (MAPPAs) boards in the community, the quality was usually of a good standard. However, there were still some delays in confirmation of the level at which prisoners were to be managed. Of the MAPPA cases due to be released in the next six months, 28 did not have a confirmed level, including one due to be released two days after the inspection.

## Recommendation

- 4.18 Multi-agency public protection arrangements (MAPPA) levels should be confirmed six months before release.**

## Categorisation

- 4.19** Categorisation and categorisation reviews were up to date and generally on time. At the time of the inspection, 79% of the adult sentenced population were category C and there were few problems with their transfer to appropriate training prisons. This was similarly the

case for the 31 category D prisoners, some of who remained at Pentonville by choice. However, for the 95 category B prisoners there were often delays in movements and transfers due to the limited availability of places - at the time of the inspection, 88 had been at Pentonville for over a year, including 22 who had been there more than two years.

## Recommendation

- 4.20 Category B prisoners should not stay too long at the establishment. Sentence plan objectives and proactive offender supervision should aim to ensure that they are transferred quickly to the most appropriate establishment.** (Repeated recommendation 4.22)

## Indeterminate sentence prisoners

- 4.21** The prison held 54 indeterminate sentence prisoners. There was a policy for their management and that of potential lifers on remand, and a well-attended forum had been held in August 2016. All indeterminate sentence prisoners (ISP) were allocated to an offender supervisor but, as with other high risk offenders, many (24) were managed by officer offender supervisors and lacked management oversight (see recommendation 4.15). Delays in the transfer of indeterminate sentence prisoners continued to be a problem, especially category B prisoners (see recommendation 4.20).

## 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.**

- 4.22** The prison released around 120 men a month. The CRC managed the coordination and resettlement planning of prisoners and was responsible for five mandatory areas of work - accommodation; finance, benefit and debt; employment training and education; support for those working in the sex industry; and support for victims of domestic abuse - and coordination of all support back to the community. The CRC interviewed prisoners around 12 weeks before release to evaluate their need and make any necessary referrals to service providers. We saw considerable variation in this work. Although there were some excellent resettlement plans, which were both detailed and comprehensive, we also saw several where the plan was missing or had been drawn up too close to release to be effective.
- 4.23** In our survey, although more prisoners than at the previous inspection said they knew who to speak to about resettlement services, the proportion was still below the comparator. Cases we reviewed during the inspection indicated that referrals were made to appropriate departments, and there was evidence that much subsequent work was appropriate and helpful. However, the work still lacked coordination, and clarification about roles and responsibilities. In most of the cases we looked at there was no record indicating whether identified work (such as drugs and alcohol support, help with housing) had actually been undertaken. As a consequence, the resettlement plan was of little value for the community-based responsible officer. Equally, it was not clear to staff or in the reducing reoffending and offender management policies whether it was offender supervisors at the prison or the CRC staff who liaised with the responsible officer for low- and medium-risk prisoners serving over 12 months. However, for high risk prisoners it was clear that the case remained with the community worker.

## Recommendations

- 4.24 All resettlement plans and rehabilitation work with prisoners should be kept up to date and shared with community responsible officers to facilitate continuity for prisoners on their release.**
- 4.25 The prison should clarify the roles of community rehabilitation company and offender management staff in managing the resettlement needs of prisoners serving over 12 months, especially those assessed as low or medium risk of harm.**

## Accommodation

- 4.26** St Mungo's (a homelessness charity) supported prisoners with accommodation needs before their release. Workers saw prisoners when they were first sentenced and could help with the management of tenancies and housing debts, and then again in their last few weeks before release. In our survey, 29% of prisoners said they had problems with housing when they first arrived at the prison, significantly more than the comparator of 23%, and the prison's own needs analysis in August 2016 found that 23% of prisoners expected to be homeless on their release. According to monitoring data, approximately 75% of all prisoners leaving custody had an appropriate address, and a further 15% were given details about where to go for help and advice on release (usually homelessness units in their borough. A further 10% of prisoners declined the offer of help and advice.
- 4.27** Our analysis of cases indicated much good work by St Mungo's. Staff were active, knew the prisoners they were working with and had good community links with service providers.

## Education, training and employment

- 4.28** The National Careers Service provision from Prospects required improvement. Prospects staff provided effective individual information, advice and guidance to new arrivals, which helped them determine their most appropriate education and training options in prison. However, this information was not shared routinely with learning and skills managers, teachers or instructors, and did not inform the allocation of prisoners well enough.
- 4.29** The CRC had strong and effective links with Jobcentre Plus and other agencies, which provided practical employment-related support to prisoners before their release.
- 4.30** Although Prospects staff identified prisoners' individual needs during their resettlement phase, there was insufficient training and guidance to meet these identified needs. Staff shortages had meant that Prospects staff were unable to resource a formal employability skills training programme; prisoners' needs were partially met through some individual support and guidance.
- 4.31** A well-structured training and information programme, which included job-seeking skills, was available to prisoners nearing release, but it was not promoted effectively and prisoner attendance was very low – typically, only six to eight attended. The prison had insufficient formal links with local or national employers to support resettlement needs for all prisoners.

## Recommendation

- 4.32 All prisoners should receive pre-release careers advice and guidance, and have the opportunity to take part in a pre-release employability course.**

## Health care

- 4.33** Health discharge planning arrangements were in time and coordinated with external GPs and others. Take-home medication was supplied on discharge. There was effective pre-release planning for 70 patients subject to the care programme approach or with enduring mental health problems, with good links with external services to ensure continuity of care. Palliative care was available if required, and release on temporary licence was used for compassionate release.

## Drugs and alcohol

- 4.34** There was good joint working between the clinical and the psychosocial substance misuse service. Substance misuse workers made records on prisoners' electronic medical notes (SystemOne), which supported effective information sharing. Prisoners with substance misuse needs received harm reduction and overdose prevention information, and those at high risk of relapse could be re-titrated with a safe dose of methadone to guard against overdose after release. However, training in the use of naloxone to manage overdose in the community was currently not available to prisoners.
- 4.35** There were good community links to facilitate effective throughcare arrangements. A 'through the gate' worker provided support to prisoners 12 weeks before release and three months after, and was able to accompany prisoners to community appointments. A family support worker, who provided a family liaison service and signposted families to resources in the community, had developed a range of initiatives, such as 'families in recovery' and 'families anonymous' groups, and an 'all about dad' book to help prisoners improve contact with their children.
- 4.36** The Phoenix Futures team, who provided psychosocial support at the prison (see paragraph 1.51), hosted continuity of care meetings to consider individual prisoners and general issues; these were well attended by representatives from local drug intervention programme teams.

## Recommendation

- 4.37 Prisoners with substance misuse needs should be able to have training on overdose management, including the use of naloxone, before their release.**

## Finance, benefit and debt

- 4.38** Work in this area required development. CRC staff gave prisoners who indicated they had debt problems a 'debt pack', which included information and advice along with standard template letters to contact those to whom they were in debt. It was not clear how useful this was, and there were no data on use of the letters or how many gained positive outcomes. A money advice programme had been run at the end of 2016 and was planned to be repeated. Prisoners could now open bank accounts before their release.
- 4.39** Jobcentre Plus staff contacted all prisoners before their release to start benefit claims, and so shorten delays once they were in the community). Although this was positive for those claiming Job Seeker's Allowance, an estimated 70% of prisoners were likely to be claiming Employment and Support Allowance (ESA) - due to alcohol and drug dependency, mental health problems etc. This meant that delays to accessing benefits were likely, potentially undermining resettlement work with such prisoners.



## Children, families and contact with the outside world

- 4.40** The visitors' centre was small and cramped but an extension and outside shelter were due to be built. Centre staff were friendly and a helpful initial point of contact for visitors; they were sensitive to their needs and, where necessary, provided reassurance about a prisoner's well-being. A drop-in clinic where visitors could speak directly to a governor had recently been introduced.
- 4.41** Prisoners and visitors we spoke to were generally content with the way visits were organised. Visits could be booked online, which worked well, but we received many complaints from visitors and prisoners about how long it took to book a visit on the telephone booking line.
- 4.42** The visits hall was basic but adequately furnished and provided sufficient space. It included a café and a small children's crèche, and a large, well-equipped and professionally staffed children's play area had been introduced since the previous inspection, which was a significant improvement. Although the closed visits area still overlooked domestic visits, the atmosphere in the visits hall was usually relaxed.
- 4.43** There was a regular programme of family visits, which were no longer restricted to prisoners on the enhanced IEP level. Additional resources from partner agencies had allowed a commendable increase in the range and quantity of support for prisoners and their families. Voluntary organisations ran at least six different programmes covering various aspects of family support, including input on relationship building and parenting.

## Attitudes, thinking and behaviour

- 4.44** There were no formally accredited offending behaviour programmes delivered at Pentonville. A range of non-accredited programmes included the 'Getting it Right' resettlement course, delivered by the CRC, Sycamore Tree restorative justice, via the chaplaincy and 'Building Futures' substance misuse course, although attendance on these was often low.
- 4.45** If prisoners needed to attend an offending behaviour programme they could be transferred to an appropriate prison. However, this was left to individual offender supervisors to negotiate and so action on this varied, and was compounded by difficulties in transferring prisoners to category B prisons (see paragraph 4.19 and recommendation 4.20), even though they were often the most in need of such work.

## Additional resettlement services

- 4.46** Prisoners were asked during the preparation of resettlement plans if they had experienced domestic abuse or if they had worked in the sex industry, although very few said that they had or wanted help or support. The CRC had established contact with a community service, Sex Workers Into Sexual Health (SWISH), which could offer support on release. There were still no services coming into the prison.

## Recommendation

- 4.47** **The prison should develop services to support individuals while in custody and before their release who have experienced domestic abuse or worked in the sex industry.**



## Section 5. Summary of recommendations and good practice

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

### Main recommendations

#### To the governor

- 5.1** The prison should take action to reduce violence, make the prison safer and support victims of violence and antisocial behaviour. There should be a range of interventions to address lower level antisocial behaviour and prevent it escalating into more serious disorder. (S40)
- 5.2** All acts of self-harm should be recorded, and care for prisoners vulnerable to suicide and self-harm should be improved. Actions from Prisons and Probation Ombudsman reports should be fully implemented and subject to ongoing reinforcement. (S41)
- 5.3** Managers should regularly quality assure key documentation for disciplinary processes and routinely collect and analyse data about segregation, adjudications, use of force and the incentives and earned privileges (IEP) scheme. (S42)
- 5.4** The needs of the foreign national population should be better understood to ensure the support provided is appropriate and that the men are clear about who to approach for support. (S43)
- 5.5** Prison managers should ensure that their leadership and management of learning and skills and work find innovative ways of developing provision and have a better focus on a wide range of detailed data to drive improvements, including the number of learners who start and complete each course. (S44)

### Recommendations

#### To HMPPS

- 5.6** The number of prisoners allocated to Pentonville should be reduced to enable less crowded conditions. (2.8)
- 5.7** Community offender supervisors should respond to home detention curfew requests promptly, to enable prisoners to be released at their earliest eligibility date. (4.16, repeated recommendation 4.11)
- 5.8** Multi-agency public protection arrangements (MAPPA) levels should be confirmed six months before release. (4.18)

### Recommendations

#### To the governor

#### Courts, escort and transfers

- 5.9** The reasons for the reduction of the use of the video link should be explored and action taken to increase its use. (1.4)

### Early days in custody

- 5.10** Reception and first night staff should coordinate their functions effectively to ensure that new arrivals who are potentially vulnerable are identified and risk information is used to manage the men safely. (1.11)

### Self-harm and suicide

- 5.11** Prisoners should be able to see a Listener on request and in a confidential setting, and there should be more Samaritans telephones around the prison. (1.22)

### Safeguarding

- 5.12** 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, and the prison should ensure that staff understand how to identify and refer prisoners with safeguarding needs. (1.24)

### Security

- 5.13** Staff should submit intelligence reports whenever necessary. Intelligence should be processed on time and required action should be followed up. (1.32)
- 5.14** Prisoners should only be strip searched when there is sufficient intelligence that this is necessary. (1.33)
- 5.15** Prisoners should only be placed on closed visits when there is specific evidence that they have abused visits, and closed visits should never be imposed as a punishment. (1.34)

### Discipline

- 5.16** Governors should investigate all adjudication charges fully and record their findings so that hearings are demonstrably fair. (1.39)
- 5.17** Managers should ensure that oversight of use of force and special accommodation is sufficient to ensure they are used proportionately and only as a last resort. (1.44)
- 5.18** All prisoners in the segregation unit should be offered a shower, exercise and a telephone call every day. (1.48)
- 5.19** Documentation for segregation authorisation and review should demonstrate clear reasons why segregation is necessary and the steps taken to reintegrate the prisoner into normal location. (1.49)

### Substance misuse

- 5.20** All prisoners with substance misuse problems should have easy access to the full range of psychosocial support and mutual aid groups, regardless of their location. (1.56)

### Residential units

- 5.21** Cell bells should be answered within five minutes. (2.9, repeated recommendation 2.12)

- 5.22** Telephones for prisoners should offer privacy and be switched on all day, and there should be a systematic response to reports of broken phones. (2.10)

### Equality and diversity

- 5.23** The equality policy should be updated, monitoring information should be collected regularly and the action plan kept up to date and reviewed at a well-attended equality meeting. (2.17)
- 5.24** There should be greater effort to understand the distinct needs of young adult prisoners and steps taken to meet them. (2.26)

### Complaints

- 5.25** All complaints alleging staff misconduct should be investigated thoroughly. (2.32)

### Legal rights

- 5.26** Prisoners should have access to bail information and support with accessing accommodation for bail applications. (2.36)

### Health services

- 5.27** There should be a prison-wide systematic approach to promoting prisoner well-being; this should include harm minimisation and publicising the availability of barrier protection. (2.47)
- 5.28** Prisoners should have shorter waiting times in the health centre waiting room before and after health appointments. (2.53)
- 5.29** There should be sustained management action to reduce the high non-attendance rates for some clinics. (2.54)
- 5.30** The shower area on the inpatient unit should be refurbished. (2.55)
- 5.31** The comfort and dignity of vulnerable inpatients should be assured by documented checks. (2.56)
- 5.32** Prisoners should have secure storage for medication. (2.61, repeated recommendation 2.94)
- 5.33** Systematic checks should be conducted on patients receiving in-possession medication. (2.62, repeated recommendation 2.95)
- 5.34** There should be action to introduce governance to the dental service. This should include assurances of safety and integrity, improved efficiency of waiting lists, reduced non-attendance rates and compliance with infection control standards. (2.66)
- 5.35** Patients requiring care in external mental health services should be transferred as soon as possible. (2.73)

### Catering

- 5.36** Breakfast should be served on the morning it is eaten and lunch should not be served before noon and the evening meal not before 5pm. (2.78, repeated recommendation 2.115)

## **Purchases**

- 5.37** Prisoners should be able to access a full prison shop order within 72 hours of arrival. (2.81, repeated recommendation 2.121)

## **Learning and skills and work activities**

- 5.38** The range and levels of qualifications should be expanded further to meet the needs of the Pentonville population. (3.15)
- 5.39** Prisoners should be offered planned and carefully structured individual learning pathways to improve their employment and rehabilitation prospects on release. (3.16)
- 5.40** Prisoner attendance at the induction to learning, skills and work should be improved and the sessions should be effective. (3.26)
- 5.41** Prison and Novus managers should ensure that the quality of teaching and learning improves to good overall, and that the different needs of learners are met. (3.27)
- 5.42** Prisoners with learning disabilities or difficulties should be identified accurately and appropriate specialist support provided routinely. (3.28)
- 5.43** Prisoners' targets and the feedback they receive on their work should enable them to improve the standard of their work. (3.29)
- 5.44** Prisoners' English language and writing skills should be developed through their vocational and education sessions. (3.35)
- 5.45** Prisoners in work should have job descriptions so that they can demonstrate to employers what skills they have learnt and applied. (3.36)
- 5.46** Prisoner attendance at learning, skills and work sessions should be improved so that a much higher proportion attend their allocated sessions. (3.37)
- 5.47** Prison and Novus managers should implement as a priority strategies that increase substantially the number of prisoners who start and complete a course. (3.41)
- 5.48** Prisoners should be provided with appropriate information about the library, and have better access to it. (3.45)

## **Physical education and healthy living**

- 5.49** The sports hall and wing gyms should be redecorated, and the showers in the wing gyms should be improved. (3.48)

## **Strategic management of resettlement**

- 5.50** Offender supervisor resources should be sufficient to ensure all key work is completed. (4.4)

## **Offender management and planning**

- 5.51** All eligible prisoners should have an up-to-date OASys assessment and sentence plan with relevant objectives. (4.14)

- 5.52** All offender supervisors should have casework supervision, especially for their cases covering high risk of harm prisoners. (4.15)
- 5.53** Category B prisoners should not stay too long at the establishment. Sentence plan objectives and proactive offender supervision should aim to ensure that they are transferred quickly to the most appropriate establishment. (4.20, repeated recommendation 4.22)

### Reintegration planning

- 5.54** All resettlement plans and rehabilitation work with prisoners should be kept up to date and shared with community responsible officers to facilitate continuity for prisoners on their release. (4.24)
- 5.55** The prison should clarify the roles of community rehabilitation company and offender management staff in managing the resettlement needs of prisoners serving over 12 months, especially those assessed as low or medium risk of harm. (4.25)
- 5.56** All prisoners should receive pre-release careers advice and guidance, and have the opportunity to take part in a pre-release employability course. (4.32)
- 5.57** Prisoners with substance misuse needs should be able to have training on overdose management, including the use of naloxone, before their release. (4.37)
- 5.58** The prison should develop services to support individuals while in custody and before their release who have experienced domestic abuse or worked in the sex industry. (4.47)

### Examples of good practice

- 5.59** The drug-free unit provided a supportive environment that allowed prisoners to focus on their recovery. (1.57)
- 5.60** Business hub staff attended wings each week to deal with prisoner queries about telephone or finance matters. (2.33)
- 5.61** There were care pathways for patients with neuro-developmental problems or speech and language needs, which facilitated the assessment and treatment of commonly unrecognised syndromes among prisoners. (2.73)





## Section 6. Appendices

### Appendix I: Inspection team

Peter Clarke	Chief Inspector
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Jane Parsons	HMI Prisons Chief Communications Officer
Anna Fenton	Researcher
Laura Green	Researcher
Helen Ranns	Researcher
Joe Simmonds	Researcher
Patricia Taflan	Researcher
Sigrid Engelen	Substance misuse inspector
Paul Tarbuck	Health services inspector
Noor Mohamed	Pharmacist
Caroline Williams	Care Quality Commission inspector
Nick Crombie	Ofsted inspector
Stephen Hunsley	Ofsted inspector
Allan Shaw	Ofsted inspector
Simrita Badachha	Offender management inspector
Helen Mercer	Offender management inspector
Louise Finer	Observer (Senior Policy Officer, HMI Prisons)
John Wadham	Observer (Chair, National Preventive Mechanism)



## 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 2015, we found that the reception area was busy and functional. First night assessments were good but conditions on the first night unit were poor. Too many prisoners felt unsafe, and less safe than at the time of the previous inspection. The number of violent incidents against staff and prisoners was high. Although violence reduction measures were in place, levels of violence and the seriousness of violence were increasing. Processes to support prisoners at risk of suicide and self-harm required improvement. The number of adjudications was high, the level of use force had doubled and use of special cells had increased dramatically. The regime on the segregation unit was poor. Drug availability and use were high. Arrangements to support those with substance misuse issues were good. Outcomes for prisoners were poor against this healthy prison test.*

#### **Main recommendation**

The reasons for the high and increasing levels of violence should be further explored, prisoners should be consulted and action should be taken to make the prison safer. (S57)

**Partially achieved**

#### **Recommendations**

Vans used to transport prisoners should be kept clean and free of graffiti. (I.5)

**Achieved**

Newly arrived prisoners should be provided with clean first night accommodation and a full range of essential equipment, be able to take a shower and be subject to enhanced observations by night staff to ensure their safety. (I.15)

**Partially achieved**

The placement of young adults on the vulnerable prisoner wing should be informed by a comprehensive and individualised risk assessment to promote their safety. (I.25)

**Not achieved**

Case reviews and care plans for prisoners at risk of suicide and self-harm should be improved with consistent case management to ensure that identified needs are met. (I.34, repeated recommendation I.41)

**Not achieved**

Safer cells should be available on all residential wings. (I.35, repeated recommendation I.44)

**Not achieved**

Constant observation cells should be sited where they afford some privacy. (I.36)

**Not achieved**

Prisoners should be able to speak to a Listener in private when they request one. (I.37)

**Not achieved**

The initial contact made with the local safeguarding adults board should be followed up to establish effective safeguarding adults processes across the prison. (I.40, repeated recommendation I.49).

**Not achieved**

Prisoners should only be placed on closed visits for illicit or inappropriate activity related to visits or when there is sufficient intelligence to indicate the likelihood of such activity. (I.51, repeated recommendation I.58)

**Not achieved**

A more strategic approach to supply reduction should be developed, including the implementation of an up-to-date supply reduction strategy. (I.52)

**Achieved**

The mandatory drug testing programme should be adequately resourced to undertake the required level of random and suspicion testing. (I.53)

**Not achieved**

Prisoners should not have to wait three months to apply for enhanced status. (I.59)

**Not achieved**

Prisoners on the basic regime should be set individualised targets and more opportunity to demonstrate improvements in behaviour. (I.60)

**Partially achieved**

Monitoring and analysis of the use of force should be improved. (I.69)

**Partially achieved**

Authorising paperwork for the use of special accommodation should fully justify the need for its use and ensure that the prisoner is removed at the earliest opportunity. (I.70)

**Not achieved**

The management and oversight of segregation should be improved. (I.77)

**Partially achieved**

The regime for prisoners on the segregation unit should be improved and all prisoners should be allowed to have radios. (I.78)

**Achieved**

The drug and alcohol strategy should be updated, contain development targets and be informed by a comprehensive needs analysis. The drug and alcohol strategy committee should meet regularly and all relevant departments and service providers should attend. (I.84)

**Achieved**

## Respect

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

*At the last inspection, in 2015, areas of the prison were filthy. The amount of accumulated waste around the prison was shocking, with mounds of rubbish outside the wings. Communal areas were grubby and many cells were dirty, and poorly furnished and maintained. Prisoners struggled to get sufficient clean clothing, bedding, cleaning materials and eating utensils. Not all prisoners could shower every day. The application process had improved. Too few prisoners said that staff treated them respectfully. Equality arrangements had improved strategically and provision for foreign national prisoners was good, but more needed to be done to identify and address needs across all protected characteristics. Faith provision was good. The number of prisoner complaints submitted was high and we were not assured that complaints about staff had been investigated. Health services had improved and were reasonably good. Outcomes for prisoners were poor against this healthy prison test.*

### Main recommendations

The cleanliness and conditions of cells, communal areas and external areas should be improved and prisoners should have access to sufficient clothing bedding, cleaning materials and eating utensils. (S58)

**Achieved**

The reasons for prisoners' poor perception of staff should be explored and formal complaints about poor behaviour should be investigated and acted on. (S59)

**Partially achieved**

### Recommendations

Single cells should not be used to accommodate two prisoners (2.10)

**Not achieved**

Prisoners should have daily access to clean showers with privacy screens (2.11, repeated recommendation 2.10)

**Partially achieved**

Cell bells should be answered within five minutes. (2.12, repeated recommendation 2.9)

**Not achieved** (recommendation repeated, 2.9)

Prisoners should be able to use the telephone in private every day outside the working day. (2.13, repeated recommendation 2.12)

**Partially achieved**

The equality policy should be supported by an action plan covering all the protected characteristics. (2.25)

**Partially achieved**

Equality monitoring should include all protected characteristics, and action should be taken to address issues identified for any specific group. (2.26)

**Not achieved**

Appropriate support, including forums, should be provided to all groups of prisoners with protected characteristics. (2.27)

**Achieved**

Prisoners with disabilities and older prisoners with identified needs should have a multidisciplinary care plan to which all staff have ready access and about which prisoners are consulted. (2.39, repeated recommendation 2.40)

**Not achieved**

Older prisoners and prisoners with disabilities should be provided with regular and appropriate regime activities; this should include specific activities for vulnerable prisoners. (2.40, repeated recommendation 2.41)

**Not achieved**

Translated information should be provided in the most commonly spoken languages and professional telephone interpreting services used when required. (2.41)

**Partially achieved**

Responses to complaints should be respectful and fully address the issues raised, and complaints against staff should be tracked and fully investigated. (2.52)

**Partially achieved**

Formal advice about legal rights and bail information should be provided. (2.58)

**Partially achieved**

More booths for legal and professional visits should be provided and they should be in a better condition. (2.59)

**Not achieved**

An up-to-date health needs analysis should inform all service provision. (2.70)

**Achieved**

All clinical areas should be fully compliant with infection control guidelines. (2.71)

**Not achieved**

A designated senior health lead should develop health services for older prisoners and those with disabilities. (2.72)

**Achieved**

Prisoners should be able to complain about health services through a well-publicised confidential system, and all responses to complaints should be timely and fully address all the issues raised. (2.73)

**Achieved**

Systematic health promotion should take place throughout the prison, overseen by a prison health promotion action group, which should include prisoner representation. (2.74)

**Partially achieved**

Prisoners with lifelong conditions should receive regular reviews and have an evidence based care plan prepared by staff that are appropriately trained and supervised. (2.84, repeated recommendation 2.76)

**Achieved**

There should be an efficient, confidential health care application process, managed by health services staff. (2.85)

**Partially achieved**

The queues for the collection and supervision of medicines should be adequately supervised to ensure that patient confidentiality is maintained and that the risk of diversion is limited. (2.93)

**Achieved**

Prisoners should have secure storage for medication. (2.94)

**Not achieved** (recommendation repeated, 2.61)

Systematic checks should be conducted on patients receiving in-possession medication. (2.95)

**Partially achieved** (recommendation repeated, 2.62)

Discipline staff should have mental health awareness training so that they can take appropriate action when a prisoner has mental health problems. (2.107, repeated recommendation 2.99)

**Achieved**

A comprehensive primary mental health service should be provided, offering a full range of support for prisoners with mild and moderate mental health problems, including psychological therapies and counselling. (2.108)

**Achieved**

Breakfast should be served on the morning it is eaten and lunch should not be served before noon and the evening meal not before 5pm. (2.115, repeated recommendation 2.105)

**Not achieved** (recommendation repeated, 2.78)

All catering equipment and areas should be in good order and problems with the flooring should be addressed. Wing serveries and equipment should be cleaned comprehensively immediately after use. (2.116)

**Partially achieved**

Prisoners should be able to access a full prison shop order within 72 hours of arrival. (2.121)

**Not achieved** (recommendation repeated, 2.81)

## Purposeful activity

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

*At the last inspection, in 2015, most prisoners had too little time out of cell. Ofsted's overall assessment of learning and skills and work activities was inadequate. There were too few learning and skills and work places, and those available were underutilised. Unemployment rates were high. Only a quarter of prisoners were engaged in activity at any one time. The range of learning and skill and work activities was too limited and there was insufficient provision to meet the needs of all prisoners identified with low levels of English and mathematics. The quality of teaching and the achievements of prisoners required improvement. The quality of the library and PE provision were reasonable but access to both was poor. Outcomes for prisoners were poor against this healthy prison test.*

### Main recommendation

There should be sufficient suitable employment and other activity places for the population and these should be fully utilised. More prisoners should have opportunities to gain educational and vocational qualifications. (S60)

**Partially achieved**

## Recommendations

Prisoners' time out of cell should be increased, and they should have access to daily association, including some evening association. (3.6)

**Achieved**

The published daily routines for prisoners, including association and exercise, should be adhered to consistently. (3.7, repeated recommendation S47)

**Partially achieved**

Arrangements to improve teaching, learning and assessment should be sufficiently effective and raise quality to at least good. (3.15)

**Not achieved**

Attendance at quality improvement group meetings should be improved and include more robust discussion about the quality of teaching, learning and assessment. (3.16)

**Partially achieved**

Observations of teaching, learning and assessment should extend across all areas of the provision, to provide clearer information about the quality and to be able to share best practices. (3.17)

**Not achieved**

All prisoners with identified learning needs in English and/or mathematics should be appropriately supported across the prison and in discrete classes. (3.26)

**Not achieved**

Teachers should ensure that all learners, particularly the more able, are suitably challenged to achieve their full potential. (3.27)

**Not achieved**

Success rates should be improved further, to at least good, across all qualifications, and particularly in English. (3.32)

**Not achieved**

Library access should be improved for all prisoners. (3.36, repeated recommendation 3.26)

**Not achieved**

Prisoners' access to PE should be improved. (3.42)

**Partially achieved**



## Resettlement

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

*At the last inspection, in 2015, strategic oversight of resettlement was limited but planning for the introduction of new resettlement providers was well advanced. As a result of staff shortages, offender management was very poor. Very few prisoners, including many high risk of harm cases, had an offender supervisor, offender assessment system (OASys) assessment, sentence plan or risk management plan. Public protection arrangements for prisoners due for release were not sufficiently proactive. Categorisation arrangements were sound but many prisoners were transferred without a sentence plan to inform their move. Demand for resettlement services was high and all prisoners had their needs assessed. Resettlement pathway provision was mixed. Work to support children and families and those with substance misuse issues were particularly good but there was too little help with debt and employment and training on release. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

### **Main recommendation**

The offender management unit should be sufficiently resourced to ensure that all eligible prisoners receive an offender assessment system (OASys) assessment, sentence plan and risk management plan, as well as a nominated offender supervisor to monitor and support progress and contribute to risk management release planning. (S61)

**Partially achieved**

### **Recommendations**

Resettlement services should be promoted more widely, so that more prisoners know who to turn to for help and feel prepared for release. (4.4)

**Partially achieved**

Community offender supervisors should respond to home detention curfew requests promptly, to enable prisoners to be released at their earliest eligibility date. (4.11)

**Partially achieved** (recommendation repeated, 4.16)

All public protection prisoners should have their telephone numbers screened promptly and should be informed if their application is denied. (4.18, repeated recommendation 4.19)

**Partially achieved**

Multi-agency public protection arrangements (MAPPA) levels should be confirmed six months before release and the interdepartmental risk management team should be reviewed to improve its effectiveness and oversight of all relevant cases. (4.19)

**Partially achieved**

Category B prisoners should not stay too long at the establishment. Sentence plan objectives and proactive offender supervision should aim to ensure that they are transferred quickly to the most appropriate establishment. (4.22)

**Not achieved** (recommendation repeated, 4.20)

There should be a system to identify and support potential indeterminate sentence prisoners during the first days of custody, and throughout the remand and trial period. (4.25, repeated recommendation 4.25)

**Achieved**

All prisoners should have a resettlement needs assessment and plan across the resettlement pathways well ahead of their release. (4.31)

**Partially achieved**

The effectiveness and sufficiency of all resettlement provision should be regularly monitored in partnership with service providers and service users to ensure needs are being effectively met. (4.32, repeated recommendation 4.31)

**Partially achieved**

Better links should be established, with a wider range of employers, to provide more jobs for prisoners on release. (4.39)

**Partially achieved**

All prisoners with finance and debt problems should be able to access specialist help and, where relevant, they should be able open bank accounts before release. (4.45)

**Partially achieved**

Family visits days should be open to all prisoners, regardless of their IEP level. (4.53, repeated recommendation 4.50)

**Achieved**

The prisoner search area and waiting room should be clean and refurbished. (4.54)

**Partially achieved**

Closed visits booths should be located out of sight of other visits. (4.55)

**Not achieved**

The scale and type of provision to address offending behaviour should be based on a local analysis of need. (4.60)

**Partially achieved**

Prisoners should be able to access interventions to help them address experiences of abuse. (4.62)

**Partially achieved**

# Appendix III: Care Quality Commission Requirement Notices



## Requirement Notices

**Provider:** Time for Teeth Limited

**Location:** HMP Pentonville

**Location ID:** 1-1682069432

**Regulated activities:** Treatment of disease, disorder, or injury, diagnostic and screening procedures and surgical procedures.

### Action we have told the provider to take

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

#### Regulation 17 Good governance

The registered person had very limited systems and processes in place to effectively monitor the safety and quality of the dental service and ensure compliance with legislation and clinical guidance.

#### How the regulation was not being met:

Poor governance systems and processes were in place and, at the time of inspection, we were unable to locate essential documents to establish if procedures had been followed.

There was limited access to online or paper based policies and procedures.

There was no evidence audits were completed, with no external scrutiny of practices and trends.

There were no external peer reviews or clinical or managerial supervision.

There was an absence of incident reporting, including unsecured dental instruments left by another provider, security of the holding cell and broken equipment in surgery.

There was no integrated working with other health care and dental providers, with

little communication and networking.	
<b>Regulation 15 Premises and equipment</b>	The registered person did not ensure the security, integrity and suitability for use of the dental equipment and clinical area.
<p><b>How the regulation was not being met:</b></p> <p>Risks associated with the dental room and equipment had not been identified and addressed by the provider:</p> <p>Dental equipment was left on the work surfaces which had been broken and out of use for over two years at the time of inspection.</p> <p>There was a fridge in the middle of the room which could not be placed under the work surfaces due to the lead not reaching the socket. This was a health and safety risk which could result in a trip hazard.</p> <p>The floor surrounding the base of the dental chair was not sealed which provided a source for infection as it was exposed and unable to be kept clean.</p> <p>We were unable to distinguish the clean and dirty areas within the clinic room. This was hindered by a cluttered environment, and the decontamination process was not defined or assured.</p>	

## Requirement Notices

**Provider:** Mr. Paramjit Chopra

**Location:** Chopra & Associates HMP Pentonville

**Location ID:** 1-195762931

**Regulated activities:** Treatment of disease, disorder, or injury, diagnostic and screening and surgical procedures.

### Action we have told the provider to take

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

<b>Regulation 17 Good governance</b>	The registered person had very limited systems and processes in place to effectively monitor the safety and quality of the dental service and ensure compliance with legislation and clinical guidance.
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<p><b>How the regulation was not being met:</b></p> <p>Poor governance systems and processes were in place and, at the time of inspection, we were unable to locate essential documents to establish if procedures had been followed.</p> <p>There was no access to online or paper based policies and procedures, and the provider was unsure if he should be following his own policies, the other dental provider's or the main health care provider's policies.</p> <p>Self-audits were completed, but there was no external scrutiny of practices and trends, and no actions were taken in response to recurring findings highlighted. We were not assured of the integrity of audit records, which were amended during the inspection.</p> <p>There were no external peer reviews, or clinical or managerial supervision.</p> <p>There was no integrated working with other health care and dental providers, with little communication and networking.</p>	
<p><b>Regulation 15 Premises and equipment</b></p>	<p>The registered person did not ensure the security, integrity and suitability for use of the dental equipment and clinical area.</p>
<p><b>How the regulation was not being met:</b></p> <p>Risks associated with the dental room and equipment had not been identified and addressed by the provider:</p> <p>Dental equipment was left on the work surfaces which had been broken and out of use for over two years at the time of inspection.</p> <p>There was a fridge in the middle of the room which could not be placed under the work surfaces due to the lead not reaching the socket. This was a health and safety risk which could result in a trip hazard.</p> <p>The floor surrounding the base of the dental chair was not sealed which provided a source for infection as it was exposed and unable to be kept clean.</p> <p>We were unable to distinguish the clean and dirty areas within the clinic room. This was hindered by a cluttered environment, and the decontamination process was not defined or assured.</p>	



## 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	24	623	51.6
Recall	1	118	9.5
Convicted unsentenced	12	100	8.9
Remand	32	281	24.9
Civil prisoners	0	4	0.3
Detainees	1	46	3.7
Unknown	3	10	1
<b>Total</b>	<b>73</b>	<b>1,182</b>	<b>100</b>

Sentence	18–20 yr olds	21 and over	%
Unsentenced	50	452	40
Less than six months	4	86	7.2
six months to less than 12 months	4	81	6.8
12 months to less than 2 years	2	95	7.7
2 years to less than 4 years	10	127	10.9
4 years to less than 10 years	2	210	16.9
10 years and over (not life)	0	79	6.3
ISPP (indeterminate sentence for public protection)	0	17	1.4
Life	1	35	4.2
<b>Total</b>	<b>73</b>	<b>1,182</b>	<b>100</b>

Age	Number of prisoners	%
Under 21 years	73	5.8
21 years to 29 years	466	37.1
30 years to 39 years	362	28.8
40 years to 49 years	241	19.2
50 years to 59 years	88	7
60 years to 69 years	16	1.3
70 plus years: <i>maximum age=82</i>	9	0.7
<b>Total</b>	<b>1,255</b>	<b>100</b>

Nationality	18–20 yr olds	21 and over	%
British	55	864	73.2
Foreign nationals	18	293	24.8
Not stated	0	25	2
<b>Total</b>	<b>73</b>	<b>1,182</b>	<b>100</b>

<b>Security category</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Uncategorised unsentenced	48	442	39
Category B	0	95	7.6
Category C	0	583	46.5
Category D	0	31	2.5
Other	25	31	4.4
<b>Total</b>	<b>73</b>	<b>1,182</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
White			
British	11	333	27.4
Irish	2	22	1.9
Gypsy/Irish Traveller	0	4	0.3
Other white	8	150	12.6
Mixed			
White and black Caribbean	9	46	4.4
White and black African	1	6	0.6
White and Asian	0	6	0.5
Other mixed	2	23	2
Asian or Asian British			
Indian	2	37	3.1
Pakistani	0	31	2.5
Bangladeshi	4	42	3.7
Chinese	0	1	0.1
Other Asian	5	51	4.5
Black or black British			
Caribbean	7	178	14.7
African	12	117	10.3
Other black	6	76	6.5
Other ethnic group			
Arab	0	7	0.6
Other ethnic group	4	49	4.2
Not stated	0	3	0.3
<b>Total</b>	<b>73</b>	<b>1,182</b>	<b>100</b>



Religion	18–20 yr olds	21 and over	%
Church of England	3	150	12.2
Roman Catholic	18	246	21
Other Christian denominations	13	220	18.6
Muslim	22	366	30.9
Sikh	0	17	1.4
Hindu	0	10	0.8
Buddhist	0	8	0.6
Jewish	0	5	0.4
Other	1	11	1
No religion	16	149	13.1
<b>Total</b>	<b>73</b>	<b>1,182</b>	<b>100</b>

**Sentenced prisoners only**

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	12	1	160	12.7
1 month to 3 months	6	0.5	220	17.5
3 months to six months	4	0.3	131	10.4
six months to 1 year	1	0.1	131	10.4
1 year to 2 years	0	0	66	5.3
2 years to 4 years	0	0	22	1.8
<b>Total</b>	<b>23</b>	<b>1.8</b>	<b>730</b>	<b>58.8</b>

**Sentenced prisoners only**

		%
Foreign nationals detained post sentence expiry	40	
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	279	
<b>Total</b>		

**Unsentenced prisoners only**

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	17	3.4	180	35.9
1 month to 3 months	20	4	132	26.3
3 months to six months	12	2.4	97	19.3
six months to 1 year	0	0	33	6.6
1 year to 2 years	1	0.2	8	1.6
2 years to 4 years	0	0	2	0.4
<b>Total</b>	<b>50</b>	<b>4</b>	<b>452</b>	<b>36</b>



## Appendix V: Summary of prisoner questionnaires and interviews

### Prisoner survey methodology

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

### Sampling

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

### Distributing and collecting questionnaires

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

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

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

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

### Survey response

At the time of the survey on 20 December 2016, the prisoner population at HMP Pentonville was 1,236. Using the method described above, questionnaires were distributed to a sample of 225 prisoners.

We received a total of 184 completed questionnaires, a response rate of 82%. This included one questionnaire completed via interview. Six respondents refused to complete a questionnaire and 35 questionnaires were not returned.

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

Wing/unit	Number of completed survey returns
A	31
C	19
D	25
E	21
F	21
G	52
J	10
Health care	4
Segregation unit	1

### Presentation of survey results and analyses

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

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

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

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Pentonville in 2016 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 33 local prisons since April 2013.
- The current survey responses from HMP Pentonville in 2016 compared with the responses of prisoners surveyed at HMP Pentonville in 2015.
- A comparison within the 2016 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2016 survey between those who are British and those who are foreign nationals.
- A comparison within the 2016 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2016 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2016 survey between the responses of prisoners on G wing and the responses of prisoners on all other wings.

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

## Survey summary

### Section I: About you

<b>Q1.2</b>	<b>How old are you?</b>	
	<i>Under 21</i>	12 (7%)
	<i>21 - 29</i>	64 (35%)
	<i>30 - 39</i>	48 (26%)
	<i>40 - 49</i>	39 (21%)
	<i>50 - 59</i>	17 (9%)
	<i>60 - 69</i>	3 (2%)
	<i>70 and over</i>	0 (0%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	<i>Yes</i>	119 (65%)
	<i>Yes - on recall</i>	17 (9%)
	<i>No - awaiting trial</i>	27 (15%)
	<i>No - awaiting sentence</i>	18 (10%)
	<i>No - awaiting deportation</i>	1 (1%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<i>Not sentenced</i>	46 (26%)
	<i>Less than 6 months</i>	28 (16%)
	<i>6 months to less than 1 year</i>	11 (6%)
	<i>1 year to less than 2 years</i>	21 (12%)
	<i>2 years to less than 4 years</i>	22 (13%)
	<i>4 years to less than 10 years</i>	31 (18%)
	<i>10 years or more</i>	14 (8%)
	<i>IPP (indeterminate sentence for public protection)</i>	1 (1%)
	<i>Life</i>	2 (1%)
<b>Q1.5</b>	<b>Are you a foreign national (i.e. do not have UK citizenship)?</b>	
	<i>Yes</i>	40 (22%)
	<i>No</i>	143 (78%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>	
	<i>Yes</i>	173 (96%)
	<i>No</i>	7 (4%)
<b>Q1.7</b>	<b>Do you understand written English?</b>	
	<i>Yes</i>	172 (95%)
	<i>No</i>	9 (5%)

<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	52 (29%)	<i>Asian or Asian British - Chinese</i> 1 (1%)
	<i>White - Irish</i>	9 (5%)	<i>Asian or Asian British - other</i> 2 (1%)
	<i>White - other</i>	23 (13%)	<i>Mixed race - white and black Caribbean</i> 8 (5%)
	<i>Black or black British - Caribbean</i>	26 (15%)	<i>Mixed race - white and black African</i> 2 (1%)
	<i>Black or black British - African</i>	18 (10%)	<i>Mixed race - white and Asian</i> 1 (1%)
	<i>Black or black British - other</i>	2 (1%)	<i>Mixed race - other</i> 4 (2%)
	<i>Asian or Asian British - Indian</i>	4 (2%)	<i>Arab</i> 2 (1%)
	<i>Asian or Asian British - Pakistani</i>	4 (2%)	<i>Other ethnic group</i> 6 (3%)
	<i>Asian or Asian British - Bangladeshi</i>	13 (7%)	
<b>Q1.9</b>	<b>Do you consider yourself to be Gypsy/ Romany/ Traveller?</b>		
	<i>Yes</i>		10 (6%)
	<i>No</i>		164 (94%)
<b>Q1.10</b>	<b>What is your religion?</b>		
	<i>None</i>	32 (18%)	<i>Hindu</i> 1 (1%)
	<i>Church of England</i>	36 (20%)	<i>Jewish</i> 3 (2%)
	<i>Catholic</i>	36 (20%)	<i>Muslim</i> 47 (26%)
	<i>Protestant</i>	0 (0%)	<i>Sikh</i> 5 (3%)
	<i>Other Christian denomination</i>	10 (6%)	<i>Other</i> 7 (4%)
	<i>Buddhist</i>	2 (1%)	
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>		
	<i>Heterosexual/ Straight</i>		176 (99%)
	<i>Homosexual/Gay</i>		1 (1%)
	<i>Bisexual</i>		1 (1%)
<b>Q1.12</b>	<b>Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?</b>		
	<i>Yes</i>		42 (23%)
	<i>No</i>		137 (77%)
<b>Q1.13</b>	<b>Are you a veteran (ex-armed services)?</b>		
	<i>Yes</i>		7 (4%)
	<i>No</i>		173 (96%)
<b>Q1.14</b>	<b>Is this your first time in prison?</b>		
	<i>Yes</i>		65 (36%)
	<i>No</i>		116 (64%)
<b>Q1.15</b>	<b>Do you have children under the age of 18?</b>		
	<i>Yes</i>		91 (50%)
	<i>No</i>		90 (50%)

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>On your most recent journey here, how long did you spend in the van?</b>	
	<i>Less than 2 hours</i>	119 (65%)
	<i>2 hours or longer</i>	49 (27%)
	<i>Don't remember</i>	14 (8%)

<b>Q2.2</b>	<b>On your most recent journey here, were you offered anything to eat or drink?</b>	
	<i>My journey was less than two hours</i>	119 (66%)
	Yes	25 (14%)
	No	32 (18%)
	Don't remember	4 (2%)
<b>Q2.3</b>	<b>On your most recent journey here, were you offered a toilet break?</b>	
	<i>My journey was less than two hours</i>	119 (65%)
	Yes	7 (4%)
	No	50 (27%)
	Don't remember	6 (3%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>	
	Yes	90 (50%)
	No	78 (43%)
	Don't remember	13 (7%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes	123 (68%)
	No	49 (27%)
	Don't remember	9 (5%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	Very well	30 (17%)
	Well	77 (43%)
	Neither	50 (28%)
	Badly	12 (7%)
	Very badly	7 (4%)
	Don't remember	4 (2%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)</b>	
	Yes, someone told me	99 (54%)
	Yes, I received written information	9 (5%)
	No, I was not told anything	71 (39%)
	Don't remember	3 (2%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes	128 (70%)
	No	47 (26%)
	Don't remember	7 (4%)

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

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	<i>Less than 2 hours</i>	36 (20%)
	<i>2 hours or longer</i>	142 (79%)
	Don't remember	1 (1%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	Yes	127 (72%)
	No	46 (26%)
	Don't remember	4 (2%)

<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>			
	Very well		23 (13%)	
	Well		69 (38%)	
	Neither		53 (29%)	
	Badly		21 (12%)	
	Very badly		14 (8%)	
	Don't remember		1 (1%)	
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>			
	Loss of property	45 (25%)	Physical health	41 (23%)
	Housing problems	53 (29%)	Mental health	51 (28%)
	Contacting employers	11 (6%)	Needing protection from other prisoners	19 (11%)
	Contacting family	76 (42%)	Getting phone numbers	70 (39%)
	Childcare	6 (3%)	Other	10 (6%)
	Money worries	46 (26%)	Did not have any problems	28 (16%)
	Feeling depressed or suicidal	44 (24%)		
<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>			
	Yes		34 (19%)	
	No		118 (66%)	
	Did not have any problems		28 (16%)	
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>			
	Tobacco		138 (76%)	
	A shower		18 (10%)	
	A free telephone call		66 (36%)	
	Something to eat		143 (79%)	
	PIN phone credit		107 (59%)	
	Toiletries/ basic items		113 (62%)	
	Did not receive anything		4 (2%)	
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)</b>			
	Chaplain		55 (31%)	
	Someone from health services		112 (64%)	
	A Listener/Samaritans		29 (17%)	
	Prison shop/ canteen		26 (15%)	
	Did not have access to any of these		38 (22%)	
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)</b>			
	What was going to happen to you		57 (35%)	
	What support was available for people feeling depressed or suicidal		33 (20%)	
	How to make routine requests (applications)		51 (31%)	
	Your entitlement to visits		50 (30%)	
	Health services		63 (38%)	
	Chaplaincy		47 (28%)	
	Not offered any information		65 (39%)	



<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>	
	Yes	90 (50%)
	No	79 (44%)
	Don't remember	10 (6%)
<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>	
	Have not been on an induction course	42 (24%)
	Within the first week	89 (50%)
	More than a week	39 (22%)
	Don't remember	7 (4%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	Have not been on an induction course	42 (24%)
	Yes	68 (39%)
	No	52 (30%)
	Don't remember	11 (6%)
<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	Did not receive an assessment	32 (18%)
	Within the first week	52 (30%)
	More than a week	75 (43%)
	Don't remember	15 (9%)

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

<b>Q4.1</b>	<b>How easy is it to.....</b>						
		Very easy	Easy	Neither	Difficult	Very difficult	N/A
	Communicate with your solicitor or legal representative?	12 (7%)	20 (12%)	25 (15%)	56 (33%)	45 (26%)	13 (8%)
	Attend legal visits?	20 (13%)	41 (26%)	30 (19%)	28 (18%)	15 (10%)	22 (14%)
	Get bail information?	6 (4%)	6 (4%)	21 (14%)	27 (18%)	41 (27%)	50 (33%)
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>						
	Not had any letters						30 (17%)
	Yes						77 (44%)
	No						69 (39%)
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>						
	Yes						38 (22%)
	No						25 (15%)
	Don't know						109 (63%)
<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>						
		Yes	No	Don't know			
	Do you normally have enough clean, suitable clothes for the week?	69 (39%)	102 (58%)	5 (3%)			
	Are you normally able to have a shower every day?	63 (36%)	113 (64%)	0 (0%)			
	Do you normally receive clean sheets every week?	106 (60%)	67 (38%)	4 (2%)			
	Do you normally get cell cleaning materials every week?	70 (40%)	103 (59%)	3 (2%)			
	Is your cell call bell normally answered within five minutes?	16 (9%)	152 (87%)	7 (4%)			
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	88 (50%)	87 (49%)	1 (1%)			
	If you need to, can you normally get your stored property?	18 (10%)	122 (70%)	34 (20%)			

<b>Q4.5</b>	<b>What is the food like here?</b>	
	<i>Very good</i>	3 (2%)
	<i>Good</i>	20 (11%)
	<i>Neither</i>	41 (23%)
	<i>Bad</i>	52 (29%)
	<i>Very bad</i>	61 (34%)
<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>	
	<i>Have not bought anything yet/ don't know</i>	9 (5%)
	<i>Yes</i>	65 (37%)
	<i>No</i>	103 (58%)
<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>	
	<i>Yes</i>	74 (42%)
	<i>No</i>	48 (27%)
	<i>Don't know</i>	56 (31%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>	
	<i>Yes</i>	95 (54%)
	<i>No</i>	38 (21%)
	<i>Don't know/ N/A</i>	44 (25%)
<b>Q4.9</b>	<b>Are you able to speak to a chaplain of your faith in private if you want to?</b>	
	<i>Yes</i>	62 (35%)
	<i>No</i>	31 (18%)
	<i>Don't know/ N/A</i>	82 (47%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	<i>I don't want to attend</i>	19 (11%)
	<i>Very easy</i>	35 (20%)
	<i>Easy</i>	53 (30%)
	<i>Neither</i>	22 (12%)
	<i>Difficult</i>	15 (8%)
	<i>Very difficult</i>	11 (6%)
	<i>Don't know</i>	22 (12%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>	
	<i>Yes</i>	120 (67%)
	<i>No</i>	42 (24%)
	<i>Don't know</i>	16 (9%)
<b>Q5.2</b>	<b>Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)</b>	
		<i>Not made one</i> <i>Yes</i> <i>No</i>
	<i>Are applications dealt with fairly?</i>	27 (16%)      53 (32%)      88 (52%)
	<i>Are applications dealt with quickly (within seven days)?</i>	27 (17%)      36 (22%)      100 (61%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>	
	<i>Yes</i>	76 (43%)
	<i>No</i>	50 (28%)
	<i>Don't know</i>	50 (28%)

**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?	77 (45%)	15 (9%)	78 (46%)
Are complaints dealt with quickly (within seven days)?	77 (45%)	13 (8%)	81 (47%)

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

Yes	38 (22%)
No	131 (78%)

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

Don't know who they are	63 (37%)
Very easy	8 (5%)
Easy	19 (11%)
Neither	29 (17%)
Difficult	28 (16%)
Very difficult	23 (14%)

**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	21 (12%)
Yes	53 (30%)
No	80 (46%)
Don't know	20 (11%)

**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	21 (12%)
Yes	65 (38%)
No	67 (39%)
Don't know	19 (11%)

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

Yes	24 (14%)
No	150 (86%)

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

I have not been to segregation in the last 6 months	126 (76%)
Very well	1 (1%)
Well	3 (2%)
Neither	11 (7%)
Badly	7 (4%)
Very badly	18 (11%)

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

Yes	102 (60%)
No	68 (40%)

<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	Yes	115 (67%)
	No	56 (33%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	Yes	37 (21%)
	No	139 (79%)
<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i>	8 (5%)
	<i>Never</i>	52 (30%)
	<i>Rarely</i>	56 (33%)
	<i>Some of the time</i>	41 (24%)
	<i>Most of the time</i>	10 (6%)
	<i>All of the time</i>	5 (3%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i>	141 (81%)
	<i>In the first week</i>	4 (2%)
	<i>More than a week</i>	15 (9%)
	<i>Don't remember</i>	14 (8%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<i>Do not have a personal officer/ I have not met him/ her</i>	141 (81%)
	<i>Very helpful</i>	3 (2%)
	<i>Helpful</i>	13 (7%)
	<i>Neither</i>	10 (6%)
	<i>Not very helpful</i>	5 (3%)
	<i>Not at all helpful</i>	2 (1%)

### Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>			
	Yes	124 (70%)		
	No	54 (30%)		
<b>Q8.2</b>	<b>Do you feel unsafe now?</b>			
	Yes	72 (41%)		
	No	104 (59%)		
<b>Q8.3</b>	<b>In which areas have you felt unsafe? (Please tick all that apply to you.)</b>			
	<i>Never felt unsafe</i>	54 (32%)	<i>At meal times</i>	23 (13%)
	<i>Everywhere</i>	47 (27%)	<i>At health services</i>	17 (10%)
	<i>Segregation unit</i>	20 (12%)	<i>Visits area</i>	27 (16%)
	<i>Association areas</i>	36 (21%)	<i>In wing showers</i>	40 (23%)
	<i>Reception area</i>	18 (11%)	<i>In gym showers</i>	14 (8%)
	<i>At the gym</i>	15 (9%)	<i>In corridors/stairwells</i>	19 (11%)
	<i>In an exercise yard</i>	36 (21%)	<i>On your landing/wing</i>	32 (19%)
	<i>At work</i>	13 (8%)	<i>In your cell</i>	28 (16%)
	<i>During movement</i>	39 (23%)	<i>At religious services</i>	16 (9%)
	<i>At education</i>	14 (8%)		

<b>Q8.4</b>	<b>Have you been victimised by other prisoners here?</b>	
	Yes	52 (30%)
	No	123 (70%)
<b>Q8.5</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends)</i>	14 (8%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	10 (6%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	28 (16%)
	<i>Having your canteen/property taken</i>	17 (10%)
	<i>Medication</i>	9 (5%)
	<i>Debt</i>	5 (3%)
	<i>Drugs</i>	6 (3%)
	<i>Your race or ethnic origin</i>	16 (9%)
	<i>Your religion/religious beliefs</i>	6 (3%)
	<i>Your nationality</i>	10 (6%)
	<i>You are from a different part of the country than others</i>	8 (5%)
	<i>You are from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	0 (0%)
	<i>Your age</i>	7 (4%)
	<i>You have a disability</i>	10 (6%)
	<i>You were new here</i>	14 (8%)
	<i>Your offence/ crime</i>	3 (2%)
	<i>Gang related issues</i>	12 (7%)
<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>	
	Yes	71 (41%)
	No	104 (59%)
<b>Q8.7</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends)</i>	26 (15%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	20 (11%)
	<i>Sexual abuse</i>	6 (3%)
	<i>Feeling threatened or intimidated</i>	34 (19%)
	<i>Medication</i>	15 (9%)
	<i>Debt</i>	6 (3%)
	<i>Drugs</i>	4 (2%)
	<i>Your race or ethnic origin</i>	16 (9%)
	<i>Your religion/religious beliefs</i>	11 (6%)
	<i>Your nationality</i>	17 (10%)
	<i>You are from a different part of the country than others</i>	6 (3%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	4 (2%)
	<i>Your age</i>	7 (4%)
	<i>You have a disability</i>	9 (5%)
	<i>You were new here</i>	22 (13%)
	<i>Your offence/ crime</i>	8 (5%)
	<i>Gang related issues</i>	6 (3%)
<b>Q8.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	Not been victimised	88 (53%)
	Yes	26 (16%)
	No	52 (31%)

## Section 9: Health services

<b>Q9.1</b>	<b>How easy or difficult is it to see the following people?:</b>						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	22 (13%)	2 (1%)	15 (9%)	15 (9%)	53 (31%)	63 (37%)
	The nurse	20 (12%)	4 (2%)	28 (16%)	25 (15%)	50 (29%)	44 (26%)
	The dentist	29 (17%)	1 (1%)	9 (5%)	12 (7%)	44 (26%)	75 (44%)
<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people?:</b>						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	42 (24%)	8 (5%)	35 (20%)	21 (12%)	38 (22%)	31 (18%)
	The nurse	31 (18%)	10 (6%)	40 (23%)	35 (20%)	32 (18%)	25 (14%)
	The dentist	66 (39%)	6 (4%)	18 (11%)	25 (15%)	27 (16%)	29 (17%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<i>Not been</i>						23 (14%)
	<i>Very good</i>						5 (3%)
	<i>Good</i>						26 (16%)
	<i>Neither</i>						29 (18%)
	<i>Bad</i>						39 (24%)
	<i>Very bad</i>						43 (26%)
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes						78 (45%)
	No						97 (55%)
<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>						
	<i>Not taking medication</i>						97 (55%)
	<i>Yes, all my meds</i>						21 (12%)
	<i>Yes, some of my meds</i>						23 (13%)
	<i>No</i>						34 (19%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>						
	Yes						74 (43%)
	No						98 (57%)
<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?</b>						
	<i>Do not have any emotional or mental health problems</i>						98 (58%)
	Yes						13 (8%)
	No						59 (35%)

## Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	Yes	65 (37%)
	No	110 (63%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	Yes	35 (20%)
	No	141 (80%)

<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	Very easy	59 (34%)
	Easy	30 (17%)
	Neither	6 (3%)
	Difficult	4 (2%)
	Very difficult	9 (5%)
	Don't know	65 (38%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy	18 (10%)
	Easy	23 (13%)
	Neither	12 (7%)
	Difficult	8 (5%)
	Very difficult	12 (7%)
	Don't know	102 (58%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes	17 (10%)
	No	160 (90%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes	10 (6%)
	No	167 (94%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	<i>Did not / do not have a drug problem</i>	99 (58%)
	Yes	39 (23%)
	No	34 (20%)
<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?</b>	
	<i>Did not / do not have an alcohol problem</i>	141 (81%)
	Yes	15 (9%)
	No	19 (11%)
<b>Q10.9</b>	<b>Was the support or help you received, while in this prison, helpful?</b>	
	<i>Did not have a problem/ did not receive help</i>	127 (77%)
	Yes	29 (17%)
	No	10 (6%)

### Section 11: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	27 (16%)	8 (5%)	25 (15%)	14 (8%)	56 (33%)	41 (24%)
	Vocational or skills training	41 (25%)	8 (5%)	30 (19%)	23 (14%)	42 (26%)	18 (11%)
	Education (including basic skills)	25 (15%)	19 (12%)	60 (37%)	17 (10%)	28 (17%)	15 (9%)
	Offending behaviour programmes	56 (36%)	4 (3%)	19 (12%)	14 (9%)	32 (20%)	32 (20%)

<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>				
	<i>Not involved in any of these</i>				61 (37%)
	<i>Prison job</i>				48 (29%)
	<i>Vocational or skills training</i>				18 (11%)
	<i>Education (including basic skills)</i>				52 (31%)
	<i>Offending behaviour programmes</i>				12 (7%)
<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	56 (40%)	28 (20%)	43 (31%)	13 (9%)
	Vocational or skills training	57 (48%)	25 (21%)	25 (21%)	12 (10%)
	Education (including basic skills)	41 (30%)	43 (31%)	41 (30%)	12 (9%)
	Offending behaviour programmes	60 (50%)	27 (23%)	20 (17%)	13 (11%)
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>				
	<i>Don't want to go</i>				28 (16%)
	<i>Never</i>				86 (50%)
	<i>Less than once a week</i>				32 (19%)
	<i>About once a week</i>				21 (12%)
	<i>More than once a week</i>				5 (3%)
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>				
	<i>Don't use it</i>				84 (51%)
	<i>Yes</i>				27 (16%)
	<i>No</i>				53 (32%)
<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>				
	<i>Don't want to go</i>				36 (21%)
	<i>0</i>				66 (38%)
	<i>1 to 2</i>				44 (26%)
	<i>3 to 5</i>				17 (10%)
	<i>More than 5</i>				9 (5%)
<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>				
	<i>Don't want to go</i>				30 (17%)
	<i>0</i>				14 (8%)
	<i>1 to 2</i>				64 (37%)
	<i>3 to 5</i>				52 (30%)
	<i>More than 5</i>				15 (9%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>				
	<i>Don't want to go</i>				9 (5%)
	<i>0</i>				8 (5%)
	<i>1 to 2</i>				39 (23%)
	<i>3 to 5</i>				82 (48%)
	<i>More than 5</i>				33 (19%)



<b>Q11.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)</b>	
	<i>Less than 2 hours</i>	68 (39%)
	<i>2 to less than 4 hours</i>	54 (31%)
	<i>4 to less than 6 hours</i>	22 (13%)
	<i>6 to less than 8 hours</i>	10 (6%)
	<i>8 to less than 10 hours</i>	5 (3%)
	<i>10 hours or more</i>	9 (5%)
	<i>Don't know</i>	7 (4%)

### Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	Yes	37 (21%)
	No	137 (79%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes	92 (54%)
	No	78 (46%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes	101 (57%)
	No	75 (43%)
<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i>	34 (19%)
	<i>Very easy</i>	16 (9%)
	<i>Easy</i>	43 (24%)
	<i>Neither</i>	20 (11%)
	<i>Difficult</i>	27 (15%)
	<i>Very difficult</i>	26 (15%)
	<i>Don't know</i>	10 (6%)

### Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<i>Not sentenced</i>	46 (27%)
	Yes	69 (40%)
	No	57 (33%)
<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)</b>	
	<i>Not sentenced/ NA</i>	103 (60%)
	<i>No contact</i>	31 (18%)
	<i>Letter</i>	15 (9%)
	<i>Phone</i>	3 (2%)
	<i>Visit</i>	25 (15%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes	59 (35%)
	No	112 (65%)

<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<i>Not sentenced</i>	46 (27%)
	Yes	29 (17%)
	No	97 (56%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	143 (83%)
	<i>Very involved</i>	7 (4%)
	<i>Involved</i>	9 (5%)
	<i>Neither</i>	8 (5%)
	<i>Not very involved</i>	3 (2%)
	<i>Not at all involved</i>	3 (2%)
<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	143 (82%)
	<i>Nobody</i>	13 (7%)
	<i>Offender supervisor</i>	10 (6%)
	<i>Offender manager</i>	8 (5%)
	<i>Named/ personal officer</i>	1 (1%)
	<i>Staff from other departments</i>	2 (1%)
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	143 (82%)
	Yes	9 (5%)
	No	9 (5%)
	<i>Don't know</i>	13 (7%)
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	143 (82%)
	Yes	13 (7%)
	No	5 (3%)
	<i>Don't know</i>	13 (7%)
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	143 (83%)
	Yes	9 (5%)
	No	9 (5%)
	<i>Don't know</i>	11 (6%)
<b>Q13.10</b>	<b>Do you have a needs-based custody plan?</b>	
	Yes	8 (5%)
	No	75 (45%)
	<i>Don't know</i>	83 (50%)
<b>Q13.11</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>	
	Yes	17 (10%)
	No	147 (90%)

**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	26 (17%)	27 (18%)	101 (66%)
Accommodation	23 (15%)	37 (25%)	89 (60%)
Benefits	22 (15%)	33 (22%)	94 (63%)
Finances	21 (14%)	21 (14%)	103 (71%)
Education	28 (19%)	31 (21%)	86 (59%)
Drugs and alcohol	38 (26%)	36 (25%)	72 (49%)

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

<i>Not sentenced</i>	46 (28%)
<i>Yes</i>	57 (34%)
<i>No</i>	64 (38%)

## Main comparator and comparator to last time



### Prisoner survey responses HMP Pentonville 2016

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

#### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>184</b>	<b>6,078</b>	<b>184</b>	<b>200</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	7%	5%	7%	10%
1.3	Are you sentenced?	75%	68%	75%	58%
1.3	Are you on recall?	9%	10%	9%	10%
1.4	Is your sentence less than 12 months?	22%	21%	22%	18%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	3%	1%	3%
1.5	Are you a foreign national?	22%	13%	22%	19%
1.6	Do you understand spoken English?	96%	98%	96%	96%
1.7	Do you understand written English?	95%	96%	95%	94%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	53%	23%	53%	56%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	5%	6%	4%
1.1	Are you Muslim?	26%	12%	26%	33%
1.11	Are you homosexual/gay or bisexual?	1%	3%	1%	1%
1.12	Do you consider yourself to have a disability?	23%	26%	23%	24%
1.13	Are you a veteran (ex-armed services)?	4%	6%	4%	4%
1.14	Is this your first time in prison?	36%	33%	36%	34%
1.15	Do you have any children under the age of 18?	50%	53%	50%	55%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	27%	23%	27%	26%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	41%	41%	41%	18%
2.3	Were you offered a toilet break?	11%	8%	11%	8%
2.4	Was the van clean?	50%	58%	50%	44%
2.5	Did you feel safe?	68%	75%	68%	64%
2.6	Were you treated well/very well by the escort staff?	59%	68%	59%	49%
2.7	Before you arrived here were you told that you were coming here?	54%	64%	54%	53%
2.7	Before you arrived here did you receive any written information about coming here?	5%	3%	5%	6%
2.8	When you first arrived here did your property arrive at the same time as you?	70%	79%	70%	72%

## Main comparator and comparator to last time

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<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	20%	41%	20%	21%
3.2	When you were searched in reception, was this carried out in a respectful way?	72%	78%	72%	68%
3.3	Were you treated well/very well in reception?	51%	62%	51%	43%
When you first arrived:					
3.4	Did you have any problems?	84%	77%	84%	87%
3.4	Did you have any problems with loss of property?	25%	16%	25%	25%
3.4	Did you have any housing problems?	29%	23%	29%	29%
3.4	Did you have any problems contacting employers?	6%	6%	6%	8%
3.4	Did you have any problems contacting family?	42%	35%	42%	45%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	3%	3%	4%
3.4	Did you have any money worries?	26%	24%	26%	37%
3.4	Did you have any problems with feeling depressed or suicidal?	25%	25%	25%	24%
3.4	Did you have any physical health problems?	23%	18%	23%	20%
3.4	Did you have any mental health problems?	28%	26%	28%	20%
3.4	Did you have any problems with needing protection from other prisoners?	11%	9%	11%	11%
3.4	Did you have problems accessing phone numbers?	39%	32%	39%	38%
For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	22%	32%	22%	20%
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	76%	74%	76%	80%
3.6	A shower?	10%	28%	10%	9%
3.6	A free telephone call?	37%	54%	37%	27%
3.6	Something to eat?	79%	70%	79%	66%
3.6	PIN phone credit?	59%	50%	59%	54%
3.6	Toiletries/ basic items?	62%	58%	62%	38%

## Key to tables

## Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction continued</b>					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	32%	45%	32%	37%
3.7	Someone from health services?	64%	66%	64%	59%
3.7	A Listener/Samaritans?	17%	31%	17%	25%
3.7	Prison shop/ canteen?	15%	22%	15%	15%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	35%	41%	35%	28%
3.8	Support was available for people feeling depressed or suicidal?	20%	36%	20%	23%
3.8	How to make routine requests?	31%	34%	31%	32%
3.8	Your entitlement to visits?	30%	33%	30%	31%
3.8	Health services?	38%	44%	38%	34%
3.8	The chaplaincy?	29%	39%	29%	31%
3.9	Did you feel safe on your first night here?	50%	69%	50%	51%
3.10	Have you been on an induction course?	76%	75%	76%	74%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	52%	49%	52%	39%
3.12	Did you receive an education (skills for life) assessment?	82%	74%	82%	74%
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	19%	36%	19%	19%
4.1	Attend legal visits?	39%	50%	39%	36%
4.1	Get bail information?	8%	17%	8%	7%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	44%	41%	44%	43%
4.3	Can you get legal books in the library?	22%	35%	22%	26%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	39%	49%	39%	38%
4.4	Are you normally able to have a shower every day?	36%	75%	36%	44%
4.4	Do you normally receive clean sheets every week?	60%	64%	60%	72%
4.4	Do you normally get cell cleaning materials every week?	40%	50%	40%	37%
4.4	Is your cell call bell normally answered within five minutes?	9%	24%	9%	13%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	50%	56%	50%	31%
4.4	Can you normally get your stored property, if you need to?	10%	20%	10%	9%
4.5	Is the food in this prison good/very good?	13%	21%	13%	16%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	37%	47%	37%	37%
4.7	Are you able to speak to a Listener at any time, if you want to?	42%	53%	42%	35%
4.8	Are your religious beliefs respected?	54%	48%	54%	57%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	36%	50%	36%	42%
4.10	Is it easy/very easy to attend religious services?	50%	43%	50%	54%

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<b>SECTION 5: Applications and complaints</b>				
5.1 Is it easy to make an application?	67%	71%	67%	58%
For those who have made an application:				
5.2 Do you feel applications are dealt with fairly?	38%	47%	38%	42%
5.2 Do you feel applications are dealt with quickly (within seven days)?	27%	32%	27%	24%
5.3 Is it easy to make a complaint?	43%	49%	43%	43%
For those who have made a complaint:				
5.4 Do you feel complaints are dealt with fairly?	16%	27%	16%	14%
5.4 Do you feel complaints are dealt with quickly (within seven days)?	14%	22%	14%	13%
5.5 Have you ever been prevented from making a complaint when you wanted to?	23%	21%	23%	27%
5.6 Is it easy/very easy to see the Independent Monitoring Board?	16%	18%	16%	14%
<b>SECTION 6: Incentives and earned privileges scheme</b>				
6.1 Do you feel you have been treated fairly in your experience of the IEP scheme?	31%	40%	31%	30%
6.2 Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	39%	38%	35%
6.3 In the last six months have any members of staff physically restrained you (C&R)?	14%	10%	14%	12%
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?	10%	35%	10%	23%
<b>SECTION 7: Relationships with staff</b>				
7.1 Do most staff, in this prison, treat you with respect?	60%	73%	60%	52%
7.2 Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	67%	67%	67%	54%
7.3 Has a member of staff checked on you personally in the last week to see how you were getting on?	21%	27%	21%	15%
7.4 Do staff normally speak to you most of the time/all of the time during association?	9%	17%	9%	10%
7.5 Do you have a personal officer?	19%	34%	19%	13%
For those with a personal officer:				
7.6 Do you think your personal officer is helpful/very helpful?	49%	66%	49%	53%

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<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	70%	48%	70%	66%
8.2	Do you feel unsafe now?	41%	22%	41%	43%
8.4	Have you been victimised by other prisoners here?	30%	32%	30%	41%
Since you have been here, have other prisoners:					
8.5	Made insulting remarks about you, your family or friends?	8%	13%	8%	12%
8.5	Hit, kicked or assaulted you?	6%	10%	6%	12%
8.5	Sexually abused you?	2%	2%	2%	2%
8.5	Threatened or intimidated you?	16%	17%	16%	17%
8.5	Taken your canteen/property?	10%	8%	10%	9%
8.5	Victimised you because of medication?	5%	5%	5%	6%
8.5	Victimised you because of debt?	3%	4%	3%	4%
8.5	Victimised you because of drugs?	3%	5%	3%	5%
8.5	Victimised you because of your race or ethnic origin?	9%	4%	9%	5%
8.5	Victimised you because of your religion/religious beliefs?	3%	4%	3%	3%
8.5	Victimised you because of your nationality?	6%	3%	6%	4%
8.5	Victimised you because you were from a different part of the country?	5%	4%	5%	4%
8.5	Victimised you because you are from a Traveller community?	0%	2%	0%	2%
8.5	Victimised you because of your sexual orientation?	0%	2%	0%	0%
8.5	Victimised you because of your age?	4%	3%	4%	3%
8.5	Victimised you because you have a disability?	6%	4%	6%	3%
8.5	Victimised you because you were new here?	8%	7%	8%	6%
8.5	Victimised you because of your offence/crime?	2%	7%	2%	4%
8.5	Victimised you because of gang related issues?	7%	5%	7%	8%



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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	41%	32%	41%	48%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	15%	12%	15%	18%
8.7	Hit, kicked or assaulted you?	11%	6%	11%	10%
8.7	Sexually abused you?	3%	1%	3%	2%
8.7	Threatened or intimidated you?	19%	13%	19%	17%
8.7	Victimised you because of medication?	9%	6%	9%	7%
8.7	Victimised you because of debt?	3%	2%	3%	2%
8.7	Victimised you because of drugs?	2%	3%	2%	3%
8.7	Victimised you because of your race or ethnic origin?	9%	4%	9%	10%
8.7	Victimised you because of your religion/religious beliefs?	6%	4%	6%	6%
8.7	Victimised you because of your nationality?	10%	3%	10%	7%
8.7	Victimised you because you were from a different part of the country?	3%	3%	3%	3%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	3%
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	0%
8.7	Victimised you because of your age?	4%	2%	4%	5%
8.7	Victimised you because you have a disability?	5%	3%	5%	4%
8.7	Victimised you because you were new here?	13%	5%	13%	10%
8.7	Victimised you because of your offence/crime?	5%	5%	5%	4%
8.7	Victimised you because of gang related issues?	3%	3%	3%	6%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	33%	34%	33%	39%

## Main comparator and comparator to last time

### Key to tables

		HMP Pentonville 2016	Local prisons comparator	HMP Pentonville 2016	HMP Pentonville 2015
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	10%	22%	10%	11%
9.1	Is it easy/very easy to see the nurse?	19%	43%	19%	23%
9.1	Is it easy/very easy to see the dentist?	6%	9%	6%	6%
	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?	32%	40%	32%	37%
9.2	The nurse?	35%	51%	35%	35%
9.2	The dentist?	23%	30%	23%	20%
9.3	The overall quality of health services?	22%	35%	22%	26%
9.4	Are you currently taking medication?	45%	53%	45%	43%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	57%	58%	57%	58%
9.6	Do you have any emotional well being or mental health problems?	43%	42%	43%	35%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	18%	41%	18%	32%
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	37%	33%	37%	37%
10.2	Did you have a problem with alcohol when you came into this prison?	20%	21%	20%	24%
10.3	Is it easy/very easy to get illegal drugs in this prison?	52%	40%	52%	41%
10.4	Is it easy/very easy to get alcohol in this prison?	24%	19%	24%	19%
10.5	Have you developed a problem with drugs since you have been in this prison?	10%	10%	10%	9%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	9%	6%	6%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	54%	57%	54%	63%
10.8	Have you received any support or help with your alcohol problem while in this prison?	44%	53%	44%	79%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	74%	75%	74%	77%

## Main comparator and comparator to last time

### Key to tables

		HMP Pentonville 2016	Local prisons comparator	HMP Pentonville 2016	HMP Pentonville 2015
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 11: Activities</b>					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	19%	33%	19%	13%
11.1	Vocational or skills training?	23%	29%	23%	14%
11.1	Education (including basic skills)?	48%	45%	48%	30%
11.1	Offending behaviour programmes?	15%	18%	15%	12%
Are you currently involved in any of the following activities:					
11.2	A prison job?	29%	45%	29%	22%
11.2	Vocational or skills training?	11%	8%	11%	9%
11.2	Education (including basic skills)?	31%	23%	31%	24%
11.2	Offending behaviour programmes?	7%	7%	7%	4%
11.3	Have you had a job while in this prison?	60%	70%	60%	57%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	33%	38%	33%	36%
11.3	Have you been involved in vocational or skills training while in this prison?	52%	56%	52%	57%
For those who have had vocational or skills training while in this prison:					
11.3	Do you feel the vocational or skills training will help you on release?	40%	43%	40%	46%
11.3	Have you been involved in education while in this prison?	70%	66%	70%	64%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	45%	49%	45%	48%
11.3	Have you been involved in offending behaviour programmes while in this prison?	50%	53%	50%	53%
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?	45%	39%	45%	42%
11.4	Do you go to the library at least once a week?	15%	29%	15%	13%
11.5	Does the library have a wide enough range of materials to meet your needs?	16%	33%	16%	19%
11.6	Do you go to the gym three or more times a week?	15%	24%	15%	4%
11.7	Do you go outside for exercise three or more times a week?	38%	40%	38%	57%
11.8	Do you go on association more than five times each week?	19%	44%	19%	28%
11.9	Do you spend ten or more hours out of your cell on a weekday?	5%	9%	5%	4%
<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	21%	31%	21%	19%
12.2	Have you had any problems with sending or receiving mail?	54%	47%	54%	53%
12.3	Have you had any problems getting access to the telephones?	57%	33%	57%	62%
12.4	Is it easy/ very easy for your friends and family to get here?	34%	35%	34%	34%

## Main comparator and comparator to last time

### Key to tables

		HMP Pentonville 2016	Local prisons comparator	HMP Pentonville 2016	HMP Pentonville 2015
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 13: Preparation for release</b>					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	55%	62%	55%	41%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	45%	44%	45%	48%
13.2	Contact by letter?	22%	27%	22%	18%
13.2	Contact by phone?	4%	13%	4%	20%
13.2	Contact by visit?	36%	35%	36%	35%
13.3	Do you have a named offender supervisor in this prison?	35%	30%	35%	11%
For those who are sentenced:					
13.4	Do you have a sentence plan?	23%	32%	23%	20%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	54%	54%	54%	55%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	42%	48%	42%	52%
13.6	Offender supervisor?	32%	32%	32%	14%
13.6	Offender manager?	26%	25%	26%	24%
13.6	Named/ personal officer?	3%	11%	3%	5%
13.6	Staff from other departments?	6%	18%	6%	33%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	29%	52%	29%	50%
13.8	Are there plans for you to achieve any of your targets in another prison?	42%	27%	42%	60%
13.9	Are there plans for you to achieve any of your targets in the community?	31%	32%	31%	16%
13.10	Do you have a needs based custody plan?	5%	7%	5%	9%
13.11	Do you feel that any member of staff has helped you to prepare for release?	10%	10%	10%	8%
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?	21%	26%	21%	14%
13.12	Accommodation?	29%	32%	29%	20%
13.12	Benefits?	26%	34%	26%	18%
13.12	Finances?	17%	21%	17%	9%
13.12	Education?	27%	27%	27%	15%
13.12	Drugs and alcohol?	33%	40%	33%	30%
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?	47%	45%	47%	36%

## Diversity analysis



### Key question responses (ethnicity, foreign national and religion) HMP Pentonville 2016

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

#### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
<b>Number of completed questionnaires returned</b>		<b>93</b>	<b>84</b>	<b>40</b>	<b>143</b>	<b>47</b>	<b>132</b>
1.3	Are you sentenced?	75%	72%	78%	74%	67%	77%
1.5	Are you a foreign national?	17%	25%			13%	25%
1.6	Do you understand spoken English?	95%	98%	87%	99%	96%	97%
1.7	Do you understand written English?	95%	95%	82%	99%	94%	95%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			43%	55%	87%	39%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	9%	21%	1%	0%	8%
1.1	Are you Muslim?	45%	7%	15%	29%		
1.12	Do you consider yourself to have a disability?	16%	31%	18%	25%	18%	25%
1.13	Are you a veteran (ex-armed services)?	5%	4%	5%	4%	2%	4%
1.14	Is this your first time in prison?	37%	36%	50%	32%	45%	33%
2.6	Were you treated well/very well by the escort staff?	54%	66%	67%	58%	51%	64%
2.7	Before you arrived here were you told that you were coming here?	55%	54%	51%	56%	46%	58%
3.2	When you were searched in reception, was this carried out in a respectful way?	65%	80%	77%	70%	52%	80%
3.3	Were you treated well/very well in reception?	47%	56%	58%	49%	39%	56%
3.4	Did you have any problems when you first arrived?	85%	84%	73%	87%	85%	85%
3.7	Did you have access to someone from health care when you first arrived here?	67%	61%	76%	61%	65%	65%
3.9	Did you feel safe on your first night here?	39%	64%	55%	49%	36%	57%
3.10	Have you been on an induction course?	73%	79%	84%	75%	78%	75%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	19%	17%	22%	18%	14%	20%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	43%	35%	49%	37%	32%	43%
4.4	Are you normally able to have a shower every day?	35%	34%	33%	37%	30%	38%
4.4	Is your cell call bell normally answered within five minutes?	9%	10%	13%	8%	2%	12%
4.5	Is the food in this prison good/very good?	12%	15%	16%	12%	7%	15%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	35%	40%	26%	40%	27%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	34%	47%	44%	41%	24%	46%
4.8	Do you feel your religious beliefs are respected?	49%	58%	66%	51%	57%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	29%	40%	40%	35%	31%	38%
5.1	Is it easy to make an application?	63%	72%	62%	69%	54%	73%
5.3	Is it easy to make a complaint?	36%	48%	45%	43%	49%	41%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	26%	35%	29%	30%	20%	34%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	40%	27%	41%	33%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	16%	11%	11%	14%	22%	10%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	57%	66%	59%	61%	44%	68%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	66%	70%	62%	70%	55%	72%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	11%	6%	3%	11%	2%	11%
7.4	Do you have a personal officer?	24%	13%	16%	20%	23%	18%
8.1	Have you ever felt unsafe here?	68%	72%	62%	72%	78%	66%
8.2	Do you feel unsafe now?	35%	47%	39%	41%	45%	39%
8.3	Have you been victimised by other prisoners?	30%	27%	35%	28%	32%	29%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	16%	15%	14%	17%	20%	15%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	6%	16%	7%	15%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	2%	0%	4%	7%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	5%	6%	14%	4%	7%	5%
8.5	Have you been victimised because you have a disability? (By prisoners)	5%	5%	8%	5%	5%	5%

## Diversity analysis

### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
8.6	Have you been victimised by a member of staff?	42%	38%	34%	42%	57%	35%
8.7	Have you ever felt threatened or intimidated by staff here?	23%	16%	13%	21%	33%	16%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	7%	16%	7%	17%	6%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	6%	0%	8%	21%	1%
8.7	Have you been victimised because of your nationality? (By staff)	9%	10%	18%	7%	14%	7%
8.7	Have you been victimised because you have a disability? (By staff)	1%	9%	11%	4%	5%	6%
9.1	Is it easy/very easy to see the doctor?	10%	11%	8%	11%	0%	14%
9.1	Is it easy/ very easy to see the nurse?	19%	21%	19%	19%	9%	23%
9.4	Are you currently taking medication?	40%	48%	36%	47%	39%	46%
9.6	Do you feel you have any emotional well being/mental health issues?	38%	47%	38%	44%	35%	47%
10.3	Is it easy/very easy to get illegal drugs in this prison?	44%	61%	37%	55%	50%	53%
11.2	Are you currently working in the prison?	22%	35%	29%	29%	19%	34%
11.2	Are you currently undertaking vocational or skills training?	13%	10%	9%	12%	14%	10%
11.2	Are you currently in education (including basic skills)?	27%	38%	50%	27%	28%	32%
11.2	Are you currently taking part in an offending behaviour programme?	6%	7%	0%	9%	2%	8%
11.4	Do you go to the library at least once a week?	19%	11%	19%	14%	9%	17%
11.6	Do you go to the gym three or more times a week?	18%	12%	11%	16%	7%	17%
11.7	Do you go outside for exercise three or more times a week?	42%	34%	48%	35%	43%	37%
11.8	On average, do you go on association more than five times each week?	20%	18%	16%	20%	15%	19%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	5%	6%	3%	6%	4%	4%
12.2	Have you had any problems sending or receiving mail?	55%	53%	50%	55%	58%	51%
12.3	Have you had any problems getting access to the telephones?	55%	61%	51%	59%	75%	52%

## Diversity Analysis



### Key question responses (disability) HMP Pentonville 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	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>42</b>	<b>137</b>
1.3	Are you sentenced?	69%	76%
1.5	Are you a foreign national?	17%	24%
1.6	Do you understand spoken English?	98%	96%
1.7	Do you understand written English?	100%	94%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	35%	57%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	5%
1.1	Are you Muslim?	20%	28%
1.13	Are you a veteran (ex-armed services)?	5%	4%
1.14	Is this your first time in prison?	27%	38%
2.6	Were you treated well/very well by the escort staff?	60%	60%
2.7	Before you arrived here were you told that you were coming here?	42%	58%
3.2	When you were searched in reception, was this carried out in a respectful way?	61%	76%
3.3	Were you treated well/very well in reception?	50%	52%
3.4	Did you have any problems when you first arrived?	100%	78%
3.7	Did you have access to someone from health care when you first arrived here?	61%	66%
3.9	Did you feel safe on your first night here?	36%	56%
3.10	Have you been on an induction course?	70%	78%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	10%	21%



## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	29%	42%
4.4	Are you normally able to have a shower every day?	17%	42%
4.4	Is your cell call bell normally answered within five minutes?	5%	11%
4.5	Is the food in this prison good/very good?	17%	12%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	32%	39%
4.7	Are you able to speak to a Listener at any time, if you want to?	42%	42%
4.8	Do you feel your religious beliefs are respected?	45%	58%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	30%	38%
5.1	Is it easy to make an application?	68%	67%
5.3	Is it easy to make a complaint?	50%	41%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	35%	30%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	28%	42%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	15%	14%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	54%	63%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	54%	73%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	5%	10%
7.4	Do you have a personal officer?	18%	20%
8.1	Have you ever felt unsafe here?	83%	64%
8.2	Do you feel unsafe now?	59%	34%
8.3	Have you been victimised by other prisoners?	52%	22%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	22%	14%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	13%	8%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	10%	4%
8.5	Have you been victimised because of your age? (By prisoners)	10%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	18%	1%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	50%	37%
8.7	Have you ever felt threatened or intimidated by staff here?	18%	20%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	13%	8%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	6%
8.7	Have you been victimised because of your nationality? (By staff)	15%	8%
8.7	Have you been victimised because of your age? (By staff)	10%	2%
8.7	Have you been victimised because you have a disability? (By staff)	18%	1%
9.1	Is it easy/very easy to see the doctor?	18%	8%
9.1	Is it easy/ very easy to see the nurse?	25%	17%
9.4	Are you currently taking medication?	73%	36%
9.6	Do you feel you have any emotional well being/mental health issues?	78%	32%
10.3	Is it easy/very easy to get illegal drugs in this prison?	72%	45%
11.2	Are you currently working in the prison?	28%	29%
11.2	Are you currently undertaking vocational or skills training?	13%	11%
11.2	Are you currently in education (including basic skills)?	34%	31%
11.2	Are you currently taking part in an offending behaviour programme?	3%	8%
11.4	Do you go to the library at least once a week?	13%	15%
11.6	Do you go to the gym three or more times a week?	3%	18%
11.7	Do you go outside for exercise three or more times a week?	28%	42%
11.8	On average, do you go on association more than five times each week?	5%	24%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	5%	5%
12.2	Have you had any problems sending or receiving mail?	58%	52%
12.3	Have you had any problems getting access to the telephones?	60%	57%



## Prisoner survey responses HMP Pentonville 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	G wing (resettlement and enhanced prisoners)	All other wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>52</b>	<b>127</b>
<b>SECTION 1: General information</b>			
1.2	Are you under 21 years of age?	12%	5%
1.3	Are you sentenced?	75%	75%
1.3	Are you on recall?	4%	11%
1.4	Is your sentence less than 12 months?	23%	23%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	1%
1.5	Are you a foreign national?	27%	21%
1.6	Do you understand spoken English?	98%	95%
1.7	Do you understand written English?	92%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	60%	48%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	10%	4%
1.1	Are you Muslim?	31%	24%
1.11	Are you homosexual/gay or bisexual?	2%	1%
1.12	Do you consider yourself to have a disability?	8%	28%
1.13	Are you a veteran (ex-armed services)?	8%	2%
1.14	Is this your first time in prison?	33%	36%
1.15	Do you have any children under the age of 18?	60%	46%
<b>SECTION 2: Transfers and escorts</b>			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	32%	25%
2.5	Did you feel safe?	61%	72%
2.6	Were you treated well/very well by the escort staff?	55%	61%
2.7	Before you arrived here were you told that you were coming here?	57%	54%
2.8	When you first arrived here did your property arrive at the same time as you?	65%	72%

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<b>SECTION 3: Reception, first night and induction</b>			
3.1	Were you in reception for less than 2 hours?	16%	21%
3.2	When you were searched in reception, was this carried out in a respectful way?	75%	71%
3.3	Were you treated well/very well in reception?	46%	52%
	When you first arrived:		
3.4	Did you have any problems?	80%	86%
3.4	Did you have any problems with loss of property?	32%	22%
3.4	Did you have any housing problems?	20%	33%
3.4	Did you have any problems contacting employers?	6%	6%
3.4	Did you have any problems contacting family?	38%	44%
3.4	Did you have any problems ensuring dependants were being looked after?	4%	3%
3.4	Did you have any money worries?	14%	30%
3.4	Did you have any problems with feeling depressed or suicidal?	22%	25%
3.4	Did you have any physical health problems?	16%	25%
3.4	Did you have any mental health problems?	22%	30%
3.4	Did you have any problems with needing protection from other prisoners?	10%	10%
3.4	Did you have problems accessing phone numbers?	32%	41%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	84%	74%
3.6	A shower?	12%	9%
3.6	A free telephone call?	40%	35%
3.6	Something to eat?	82%	78%
3.6	PIN phone credit?	58%	60%
3.6	Toiletries/ basic items?	64%	61%

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<b>SECTION 3: Reception, first night and induction continued</b>			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	33%	32%
3.7	Someone from health services?	65%	63%
3.7	A Listener/Samaritans?	14%	17%
3.7	Prison shop/ canteen?	26%	11%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	57%	26%
3.8	Support was available for people feeling depressed or suicidal?	27%	17%
3.8	How to make routine requests?	37%	29%
3.8	Your entitlement to visits?	41%	26%
3.8	Health services?	45%	36%
3.8	The chaplaincy?	37%	26%
3.9	Did you feel safe on your first night here?	44%	54%
3.10	Have you been on an induction course?	76%	76%
3.12	Did you receive an education (skills for life) assessment?	83%	82%
<b>SECTION 4: Legal rights and respectful custody</b>			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	20%	18%
4.1	Attend legal visits?	45%	37%
4.1	Get bail information?	12%	6%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	39%	46%
4.3	Can you get legal books in the library?	27%	20%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	53%	33%
4.4	Are you normally able to have a shower every day?	45%	33%
4.4	Do you normally receive clean sheets every week?	61%	60%
4.4	Do you normally get cell cleaning materials every week?	52%	35%
4.4	Is your cell call bell normally answered within five minutes?	8%	10%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	51%	50%
4.4	Can you normally get your stored property, if you need to?	20%	7%
4.5	Is the food in this prison good/very good?	10%	13%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	35%
4.7	Are you able to speak to a Listener at any time, if you want to?	39%	43%
4.8	Are your religious beliefs are respected?	57%	53%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	47%	31%
4.10	Is it easy/very easy to attend religious services?	40%	54%

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<b>SECTION 5: Applications and complaints</b>			
5.1	Is it easy to make an application?	74%	65%
5.3	Is it easy to make a complaint?	49%	41%
5.5	Have you ever been prevented from making a complaint when you wanted to?	23%	21%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	21%	13%
<b>SECTION 6: Incentive and earned privileges scheme</b>			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	26%	32%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	31%	42%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	23%	10%
<b>SECTION 7: Relationships with staff</b>			
7.1	Do most staff, in this prison, treat you with respect?	48%	64%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	74%	63%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	22%	19%
7.4	Do staff normally speak to you most of the time/all of the time during association?	13%	7%
7.5	Do you have a personal officer?	28%	14%

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<b>SECTION 8: Safety</b>			
8.1	Have you ever felt unsafe here?	78%	66%
8.2	Do you feel unsafe now?	43%	40%
8.4	Have you been victimised by other prisoners here?	28%	30%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	2%	10%
8.5	Hit, kicked or assaulted you?	2%	7%
8.5	Sexually abused you?	0%	3%
8.5	Threatened or intimidated you?	16%	16%
8.5	Taken your canteen/property?	10%	10%
8.5	Victimised you because of medication?	4%	5%
8.5	Victimised you because of debt?	0%	4%
8.5	Victimised you because of drugs?	0%	5%
8.5	Victimised you because of your race or ethnic origin?	8%	9%
8.5	Victimised you because of your religion/religious beliefs?	2%	3%
8.5	Victimised you because of your nationality?	4%	7%
8.5	Victimised you because you were from a different part of the country?	0%	6%
8.5	Victimised you because you are from a traveller community?	0%	0%
8.5	Victimised you because of your sexual orientation?	0%	0%
8.5	Victimised you because of your age?	2%	5%
8.5	Victimised you because you have a disability?	2%	7%
8.5	Victimised you because you were new here?	6%	9%
8.5	Victimised you because of your offence/crime?	2%	2%
8.5	Victimised you because of gang related issues?	8%	5%

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<b>SECTION 8: Safety continued</b>			
8.6	Have you been victimised by staff here?	48%	38%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	22%	13%
8.7	Hit, kicked or assaulted you?	16%	9%
8.7	Sexually abused you?	0%	5%
8.7	Threatened or intimidated you?	26%	16%
8.7	Victimised you because of medication?	8%	9%
8.7	Victimised you because of debt?	2%	4%
8.7	Victimised you because of drugs?	2%	3%
8.7	Victimised you because of your race or ethnic origin?	12%	7%
8.7	Victimised you because of your religion/religious beliefs?	8%	6%
8.7	Victimised you because of your nationality?	8%	10%
8.7	Victimised you because you were from a different part of the country?	4%	3%
8.7	Victimised you because you are from a traveller community?	0%	2%
8.7	Victimised you because of your sexual orientation?	2%	3%
8.7	Victimised you because of your age?	8%	3%
8.7	Victimised you because you have a disability?	0%	7%
8.7	Victimised you because you were new here?	12%	13%
8.7	Victimised you because of your offence/crime?	4%	5%
8.7	Victimised you because of gang related issues?	2%	4%
<b>SECTION 9: Health services</b>			
9.1	Is it easy/very easy to see the doctor?	4%	12%
9.1	Is it easy/very easy to see the nurse?	8%	21%
9.1	Is it easy/very easy to see the dentist?	2%	8%
9.4	Are you currently taking medication?	30%	50%
9.6	Do you have any emotional well being or mental health problems?	30%	48%
<b>SECTION 10: Drugs and alcohol</b>			
10.1	Did you have a problem with drugs when you came into this prison?	34%	39%
10.2	Did you have a problem with alcohol when you came into this prison?	16%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	59%	47%
10.4	Is it easy/very easy to get alcohol in this prison?	33%	19%
10.5	Have you developed a problem with drugs since you have been in this prison?	16%	7%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	4%	6%



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<b>SECTION 11: Activities</b>			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	26%	15%
11.1	Vocational or skills training?	19%	24%
11.1	Education (including basic skills)?	48%	49%
11.1	Offending Behaviour Programmes?	13%	15%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	29%	30%
11.2	Vocational or skills training?	10%	12%
11.2	Education (including basic skills)?	33%	32%
11.2	Offending Behaviour Programmes?	4%	9%
11.4	Do you go to the library at least once a week?	18%	14%
11.5	Does the library have a wide enough range of materials to meet your needs?	21%	15%
11.6	Do you go to the gym three or more times a week?	28%	10%
11.7	Do you go outside for exercise three or more times a week?	37%	40%
11.8	Do you go on association more than five times each week?	26%	17%
11.9	Do you spend ten or more hours out of your cell on a weekday?	8%	4%
<b>SECTION 12: Friends and family</b>			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	26%	19%
12.2	Have you had any problems with sending or receiving mail?	52%	55%
12.3	Have you had any problems getting access to the telephones?	55%	58%
12.4	Is it easy/ very easy for your friends and family to get here?	42%	31%
<b>SECTION 13: Preparation for release</b>			
13.3	Do you have a named offender supervisor in this prison?	33%	36%
13.10	Do you have a needs based custody plan?	2%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	13%	10%