

Report on an unannounced inspection of

HMP Bullingdon

by HM Chief Inspector of Prisons

24 April–11 May 2017

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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

Built 25 years ago, Bullingdon is a relatively modern local and resettlement prison near Bicester in Oxfordshire. Serving the Thames Valley, it holds just over 1100 adult and young adult prisoners of differing status. About a fifth of those held are unsentenced or unconvicted, while others represent the full range of sentences, including nearly 200 men who are serving over 10 years and up to life. In this respect, Bullingdon is a complex prison that contends with disparate operational challenges.

We last inspected Bullingdon in 2015. At the time we described a prison that had struggled – not least owing to its difficulty in maintaining staffing levels – but where the early signs of improvement were evident. At this inspection we found a not dissimilar picture. It was clear to us that the attempt to sustain improvement at the prison had been a challenge and, to an extent, it was a significant disappointment that outcomes for prisoners were not sufficiently good against all of our tests of a healthy prison. That said, there was much that we found that was encouraging and which suggested improvement remained a realistic possibility.

Bullingdon was not safe enough. The reception of new prisoners took too long and had insufficient focus on self-harm risks. Peer-led induction arrangements were, however, useful. About a third of prisoners felt unsafe and violence remained high, despite some early signs that it was, at last, reducing. The prison was active in addressing this challenge and was able to evidence a number of meaningful initiatives, as well as the deployment of resources designed to reduce anti-social behaviour. A mentoring unit designed to support vulnerable prisoners struggling to cope with the prison experience, who were therefore vulnerable to exploitation, was an example of this. Similarly, Bullingdon was one of the few public sector prisons we have been to where prisoners could get a full shop order within 24 hours of arrival, thus mitigating their chances of falling into debt and related bullying.

Nevertheless, too many prisoners felt victimised. There was clear evidence of a significant drug and gang problem in the prison, with regular finds of drugs, mobile phones and weapons, although too many searches were missed and the quality of supervision was called into question by a lack of staff. In our main recommendations we identify the need to address both the staffing problems and the problem of violence as key priorities for the prison.

Since we last visited, three prisoners had taken their own lives, and there had been a significant increase in self-harm incidents. Unlike the prison's focus on violence reduction, their work to support those at risk of self-harm was weak and, in addition, safeguarding procedures were very poor. We identify support for those at risk of self-harm as a third priority for the prison in our main recommendations. Like violence, use of force was much increased, but supervision was now better. Segregation operated at near capacity, although there were now fewer prisoners seeking sanctuary than we observed when we last inspected.

The governor, through some effective, visible leadership, ensured the prison was reasonably clean, but many cells remained poorly equipped and about a quarter were overcrowded. Staff-prisoner relationships were best described as adequate rather than good. Some staff, but not enough, were supportive – a situation not helped by their lack of numbers. The promotion of equality had seen some improvement, as had the provision of health care, although – in keeping with a repeated theme of this inspection – it was undermined in key areas by a lack of adequate staffing. Again, addressing this shortfall was a key priority for the prison.

Staff shortages had further impacted the regime to which prisoners had access, curtailing time unlocked for most. Daily routines were predictable but during the working day we found 45% of prisoners locked in their cells. Our colleagues in Ofsted judged that the overall provision of learning and skills at Bullingdon required improvement. There were broadly sufficient work and education places for all, but allocation and attendance were poor. Similarly, teaching, learning and assessment needed to be better and too much work was repetitive and mundane.

Despite having a significant number of higher-risk prisoners, the quality of offender management was again undermined by staff shortages and was poor. Too few prisoners had a proper assessment of their risks or a meaningful sentence plan. Public protection arrangements also needed to improve. Resettlement work evidenced some improvement across the pathways, although, again, we identified weaknesses, notably in supporting those to be released into accommodation or into work or training.

The key message from this inspection was the urgent need for increased staffing. It was clear to us that this was a strategic problem that was undermining everything the prison was trying to do. Despite this, and despite the outcomes we observed and the assessments we have made, many – not least the governor – were doing their best to effect improvement and were proving capable in doing so. This suggested that there was cause for continued optimism. We list a number of recommendations that we trust will assist the prison.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

June 2017

Fact page

Task of the establishment

HMP Bullingdon is a local and resettlement prison for Thames Valley and Hampshire. It serves the courts of Oxfordshire, Berkshire and Wiltshire.

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

Public

Region/Department

London and Thames Valley

Number held

1,109

Certified normal accommodation

869

Operational capacity

1,114

Date of last full inspection

15–26 June 2015

Brief history

HMP Bullingdon opened in April 1992. It has a 'new gallery' design, with its four main house blocks divided into three galleried units. A fifth house block was added in 1998 and a sixth in 2008 – both are two galleried units.

Short description of residential units

Arcnott unit – Remand and convicted prisoners.

Blackthorn unit – Remand and convicted prisoners.

Charndon unit – Remand and convicted prisoners.

Dorton unit – Remand and convicted prisoners.

Edgcott unit – Vulnerable prisoners.

Finmere unit – Induction/first night (F1 unit, main population and vulnerable prisoners on a split regime) and enhanced full-time workers (F2 unit, integrated regime for main population and vulnerable prisoners).

Health care inpatient unit – Hospital wing for prisoners with inpatient needs.

SSCU – Separation, support and challenge unit (segregation unit).

Name of governor/director

Ian Blakeman

Escort contractor

GEOAmey

Health service provider

Care UK

Learning and skills providers

Milton Keynes College

Independent Monitoring Board chair

Paul Miller

Community rehabilitation company (CRC)

Thames Valley Community Rehabilitation Company

About this inspection and report

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

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

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

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

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

- **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 and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and IV respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix V of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

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

Summary

Safety

S1 *The initial welcome for prisoners in reception was good. First night interviews did not take sufficient account of suicide and self-harm risk factors. The induction to prison life was helpful. Too many prisoners felt unsafe and reported high levels of victimisation – often due to drugs and debt. The number of incidents of violence had increased but was lower than at similar prisons and now showed a downward trend. Levels of self-harm were high and support for prisoners was weak. Despite a good drug supply reduction plan, drugs, particularly spice, were too easily available. The number of adjudications and use of segregation were relatively high. Levels of use of force had increased and were high but managerial oversight was good. Substance misuse services were reasonable.*
Outcomes for prisoners were not sufficiently good against this healthy prison test.

S2 *At the last inspection in 2015 we found that outcomes for prisoners in Bullingdon were not sufficiently good against this healthy prison test. We made 17 recommendations in the area of safety. At this follow-up inspection we found that seven of the recommendations had been achieved, and 10 had not been achieved.*

S3 New arrivals spent far too long waiting on vans outside reception. The initial welcome for these prisoners was good, with the offer of hot food, a drink and a shower. Individual interviews with the first night officer and health services staff lacked privacy and there was no comprehensive assessment of new arrivals' risk factors for suicide and self-harm. Some holding rooms were in a very poor condition.

S4 It took too long – about four hours from arrival – for prisoners to reach their first night cells. These were generally clean and adequately furnished, and prisoners were issued sufficient clothing and bedding. The induction to prison life, delivered by peer workers, was well pitched and useful.

S5 The experiences of vulnerable prisoners were poor throughout the early days' process. Their reception holding room was inadequate, their induction was delayed and they remained on the induction unit with an impoverished regime for too long.

S6 Too many prisoners, around a third of the population, said that they felt unsafe at the time of the inspection, which was far worse than at similar prisons and than at the time of the previous inspection. Many prisoners reported being victimised by other prisoners, often because of drugs, debt or gang-related activity. The number of recorded violent incidents had increased substantially, although had begun to reduce from a peak in the summer of 2016.

S7 The prison was appropriately focused on reducing violence and had invested a significant amount of time, additional money and effort into making the prison safer. A number of innovative initiatives had been implemented, supported by a clear and strategic action plan.

S8 The support and mentoring unit was an excellent initiative, providing useful support to potentially vulnerable prisoners. Vulnerable prisoners on their dedicated wing were generally more positive about their prison experience. The potential risks of exploitation posed to young adults on the vulnerable prisoner wing were not assessed.

- S9 Since the previous inspection, there had been three self-inflicted deaths. The number of recorded incidents of self-harm had increased considerably and was far higher than at comparator prisons. Work to tackle this trend was not sufficiently strategic. Some recommendations from the Prisons and Probation Ombudsman had been implemented but we were not confident that near-fatal incidents were always investigated to learn lessons. Assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was weak. Too many risk assessments were poor, case reviews were too often not multidisciplinary, care maps were not used effectively to support prisoners and there was a backlog of post-closure reviews. A weekly 'decency' meeting to discuss prisoners at risk of self-harm was not given sufficient priority, was poorly attended and did not manage risk effectively.
- S10 There were no safeguarding procedures to protect prisoners at risk of abuse or neglect. No prison staff attended the local safeguarding adults board and staff were not trained to identify risks.
- S11 Security arrangements were mostly proportionate. The key threats were drugs, violence and organised crime groups. The emergence of a range of organised crime groups was well managed, with assistance from the on-site police team. Security information was processed and analysed efficiently. There were regular finds of drugs, weapons and mobile phones but less than half of commissioned target searches had been completed during the previous year owing to staff shortages.
- S12 The strategic management of drug supply reduction had improved. A detailed action plan was reviewed regularly and some proactive measures were in place to tackle supply, but drug availability, particularly 'spice' (a new psychoactive substance which induces effects akin to cannabis), was high. Half of all prisoners in our survey said that it was easy to get illegal drugs in the prison, too many said that they had developed a problem with drugs while there, and the diversion of prescribed medication was problematic. The random mandatory drug testing rate was above that at similar prisons and did not include the large number of prisoners testing positive for spice.
- S13 The incentives and earned privileges scheme was under review at the time of the inspection, with efforts being made to improve facilities for those on the enhanced level. The scheme was unsophisticated; those on the basic level had little encouragement to improve their behaviour, and case notes contained little useful information to inform reviews.
- S14 The number of adjudications was high and too many charges were either dismissed or not proceeded with. There was no regular effective segregation monitoring and review group or adjudication standardisation meeting to monitor this, and no quality assurance of adjudications.
- S15 The number of recorded uses of force had increased and was substantially higher than in similar prisons and than at the time of the previous inspection. Most incidents involved the use of full restraints. Overall governance was much improved and a monthly monitoring meeting reviewed incidents and considered a wide range of data. Most planned interventions were filmed and the recordings we observed demonstrated good use of de-escalation techniques.
- S16 The segregation unit usually ran at or near capacity. The unit was clean but the regime was very limited, with short exercise periods on the three bare exercise yards and few activities. Some prisoners remained in segregation for too long and, while there were some interventions to try to encourage them to return to normal location, there were no detailed management plans or formal reintegration plans.

- S17 The clinical management of drug- and/or alcohol-dependent prisoners was safe overall and the supervision of methadone administration had improved, but not all clinical reviews were conducted jointly with Inclusion, the psychosocial support team, to maximise support for prisoners. Inclusion provided an appropriate range of interventions but staff shortages had resulted in waiting lists for groups and for the recovery programme.

Respect

S18 *External and residential areas were clean. Many cells were overcrowded. Prisoners had good access to clean clothing, bedding and showers but most showers were in a poor state of repair. As a result of staff shortages, wing staff were often stretched and unable to respond adequately to all prisoners' needs, and some staff were dismissive. Equality work had improved and outcomes for most minority groups were adequate, but required further improvement. Faith provision was reasonable but limited by staff shortages. Health services were undermined by staffing issues and some key areas required significant improvement. The food provided was reasonable, and swift access to the prison shop reduced the potential for debt. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S19 *At the last inspection in 2015 we found that outcomes for prisoners in Bullingdon were reasonably good against this healthy prison test. We made 28 recommendations in the area of respect.² At this follow-up inspection we found that seven of the recommendations had been achieved, three had been partially achieved and 18 had not been achieved.*

S20 External areas were clean, pleasant and well maintained. Communal areas on wings were also clean but repairs and maintenance to cells and communal areas were often delayed owing to the slow response of the facilities maintenance contractor. Many cells had broken or insufficient furniture and around 25% of single cells were overcrowded. Toilets and showers were generally in poor repair and most were not adequately screened, although access to showers was good. The supply of clothing and bedding had improved and prisoners had good access to laundry facilities. Applications were freely available on all the wings, although not all were adequately tracked for a response.

S21 We saw some good interactions between staff and prisoners but few staff mingled with prisoners during association, and some were dismissive of prisoners' welfare. Most prisoners in our survey and those we spoke to said that they had a member of staff they could turn to for help. However, because of staff shortages, staff were often very busy, under pressure and unable to respond to all prisoners' needs within a reasonable time. With the notable exception of the vulnerable prisoners wing (E wing), written case notes were sparse and often observational, and there were no management checks. Consultation with prisoners was reasonably good and some major changes had been made in response to prisoner concerns.

S22 The management of equality and diversity had improved. There was now a strategy and an action plan but they were not supported by a needs analysis and were not specific enough. Regular equality action team meetings were held and were well attended. Equality data were examined in detail but were received from national sources too late to be fully effective and did not cover some key areas. Discrimination incident report forms were checked at a senior level and responses were reasonably good. There were no dedicated prisoner

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

- equality representatives. Forums for those with protected characteristics had been started in the previous year but regular consultation and action were not yet embedded.
- S23 Black and minority ethnic and Muslim prisoners, and especially those with disabilities, were less positive than their respective counterparts about staff interactions, but otherwise the responses of these groups did not differ markedly from others in their perceptions of treatment and conditions.
- S24 Little information or support was given to foreign national prisoners, and those who did not speak English well were at risk of isolation. This was of particular concern, given the prison's history of deaths in custody.
- S25 Some good support was given to some prisoners with disabilities but there this was not sufficiently systematic. There was insufficient oversight of prisoner carers, and measures for emergency evacuation were inadequate.
- S26 Older prisoners were generally content but there was little dedicated provision for them. Some safety outcomes for young adults were monitored but there was no support for them and no specific activities were provided.
- S27 Managers knew that gay and bisexual people were not open about their sexuality but did not have a clear plan to give them more support, other than a poorly attended biannual meeting. Transgender prisoners were well integrated on the wings but found the establishment slow and uncertain in meeting their practical needs.
- S28 The historically good service provided by the chaplaincy was being affected by restricted staffing. Statutory duties were mostly covered and the main services took place but activities, pastoral care and attendance at ACCT reviews were limited. Physical facilities were adequate and volunteer counsellors and visitors provided excellent services.
- S29 The number of prisoner complaints submitted had risen sharply. The quality of the responses was mixed but quality assurance took place and areas were identified for improvement.
- S30 Limited advice on legal matters was given and no bail advice was provided.
- S31 Health care governance arrangements had improved. There was a comprehensive health care action plan, which clearly identified areas of concern, but some areas required significant improvement. Staffing vacancies in primary care had resulted in the regular use of agency nurses, which caused considerable challenges in promoting a positive culture. The standard of cleanliness in wing-based treatment rooms was poor. The health care complaints process was poorly promoted and ineffective. Themes and trends were not routinely identified and therefore did not inform service improvement.
- S32 In our survey, few prisoners reported the overall quality of health services as good. The management of prisoners with long-term conditions had deteriorated and some prisoners were not supported well enough. The inpatient unit was a serious area of concern. There was a regular lack of discipline staff to unlock prisoners, which meant that, as health services staff did not have their own cell keys, access to prisoners was sometimes delayed. Prisoners on the unit remained locked in their cells for extended periods, particularly at weekends. Medicines management was well led, and some new ways of working had recently been implemented to reduce errors, but medicines were not always stored safely and administration on the wings was chaotic, with prisoners left unsupervised. Dental services met patient need. Mental health provision was under-resourced. Staff had to prioritise urgent care over more routine services, such as group work and other psychosocial interventions, which meant that lower-level mental health need was not met sufficiently well.

- S33 In our survey, few prisoners rated the quality of the food provided as good. The food we tasted was reasonable and portion sizes were adequate, but hygiene and food handling practices on wing serveries were poor. Prisoners were able to obtain a full prison shop order on arrival, which reduced the potential for debt, and was good practice.

Purposeful activity

S34 *Substantial and chronic staff shortages resulted in a reduced regime and most prisoners had too little time unlocked. There had been some improvements to activities provision but it remained inadequate. There were enough activity places but allocation and attendance were poor and too many prisoners were unemployed. The quality of teaching, learning and assessment required improvement. Too much work was mundane and repetitive, and there were too few opportunities to undertake higher-level education and training. With the exception of most English and mathematics qualifications, prisoners achieved well. Library and PE services were reasonably good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S35 *At the last inspection in 2015 we found that outcomes for prisoners in Bullingdon were not sufficiently good against this healthy prison test. We made 17 recommendations in the area of purposeful activity. At this follow-up inspection we found that two of the recommendations had been achieved, 12 had been partially achieved and three had not been achieved.*

S36 As a result of staff shortages, a reduced, although predictable, regime was in place. The amount of time unlocked for the few fully employed prisoners was good, but for the many unemployed prisoners and those not engaged in the regime it was as little as two hours a day on some days. Our roll checks found 45% of prisoners locked in their cells during the core day, which was higher than at the previous inspection.

S37 The leadership and management of learning and skills and work activities required improvement. Effective new quality improvement processes had begun to improve the quality of the provision, although the impact was sometimes hindered owing to poor allocation and attendance. An accurate and honest self-assessment process had successfully identified many of the areas for improvement. Partnership working between the prison and provider was strong.

S38 The variety and amount of work and vocational training were adequate but there were too few opportunities for prisoners to take higher-level vocational training. There were insufficient places on mathematics and higher-level English courses to meet the needs of the population. The number of activity places had increased and was sufficient for the population. Around 60% of prisoners were engaged in purposeful activity at the time of the inspection. This low level of engagement was legitimate for many – such as retirement, disability or being on remand – but around 17% were unemployed, through no fault of their own.

S39 The quality of teaching, learning and assessment required improvement overall. Most teachers and instructors provided prisoners with helpful verbal feedback that helped them to make good progress. Most prisoners engaged well and enjoyed learning, even though many activities were too easy and the level of challenge was too low. Most instructors, and the English and mathematics teachers, did not set prisoners individual targets that helped prisoners to improve their work or to measure their progress. Teachers did not sufficiently reinforce the importance of English and mathematics skills development in lessons and in learning resources.

- S40 Prisoners' attendance and punctuality in industries and training were good but attendance in education classes was low. Prisoners were courteous, well behaved and demonstrated good team working skills. All prisoners in industries adopted safe working practices but there was insufficient development of prisoners' English and mathematics skills in most industries. Mundane and repetitive work in packing workshops and wing cleaning work failed to develop prisoners' employability skills.
- S41 Prisoners achieved well on many courses but achievement rates on most English and mathematics courses, although improved, remained low. The standard of prisoners' work in industries was good and learners made good progress in most education lessons, but the standard of prisoners' written work in education classes was not consistently good. Several activities did not offer accredited training opportunities.
- S42 Access to the library was reasonable and the range of resources was good. There were effective initiatives to support the development of prisoners' literacy skills. The good work of the few literacy mentors was rendered less effective by the reduction in association time.
- S43 Prisoners had good access to the gym. Around half the population used the gym regularly but usage was not analysed to inform further improvements. A wide range of recreational activities and qualifications was available and gym staff and peer workers supported prisoners well.

Resettlement

S44 *Offender management was undermined by staff shortages and was very poor. Many eligible prisoners did not have an offender assessment system (OASys) assessment or sentence plan and had little contact with their offender supervisor – even in high-risk cases. Pre-release public protection arrangements for high-risk prisoners required improvement. Categorisation was timely but prisoners' needs rarely informed transfers. The quality of resettlement work had improved and prisoners were supported reasonably well across most pathways. Despite good accommodation support, too many prisoners were released without sustainable accommodation, and support for prisoners to find employment and training on release was poor. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S45 *At the last inspection in 2015 we found that outcomes for prisoners in Bullingdon were poor against this healthy prison test. We made 18 recommendations in the area of resettlement. At this follow-up inspection we found that five of the recommendations had been achieved, one had been partially achieved and 12 had not been achieved.*

- S46 The population held at the establishment was complex and the number of new arrivals and releases each month was high, which placed additional demands on both resettlement and offender management.
- S47 Overall, the strategic management of resettlement had improved, with an up-to-date strategy for the pathways and a clear action plan, overseen by a regular committee. However, there had been too little needs analysis to evidence the provision required, particularly for the very different types of prisoners held.
- S48 The quality of offender management was poor and significantly undermined by staff shortages and the high level of cross-deployment of offender supervisors. At the time of the inspection, 40% of eligible prisoners did not have an initial offender assessment system (OASys) assessment or sentence plan, and reviews were rarely completed. Wing surgeries were held

regularly and provided an opportunity for prisoners to seek clarification or ask for help from the OMU. However, ongoing engagement with prisoners was very poor and in too many cases the prisoner had never met their offender supervisor. In our survey, over half of prisoners said that no one was helping them to achieve their sentence plan targets. Home detention curfew processes had improved, yet too many prisoners were still released late – mainly because of issues beyond the control of the prison.

- S49 The management of prisoner contact restrictions for public protection was sound. At the time of the inspection, a substantial number of high-risk sexual and violent prisoners was held at the establishment. These prisoners were discussed at the interdepartmental risk management team meeting but far too close to their release date and without ongoing review of the progress made. There was too little information exchange with offender managers about risk and needs, and multi-agency public protection arrangements (MAPPA) management levels were rarely confirmed well enough ahead of release for the prison to inform pre-release risk management planning.
- S50 Categorisation work had improved and was up to date. Too many prisoners were transferred on without an OASys assessment or sentence plan to inform their move. Many category B prisoners continued to stay for too long at the prison with little opportunity to undertake offence-focused work.
- S51 The demand for resettlement support was high, with around 150 prisoners released each month. Community rehabilitation company (CRC) provision had improved considerably and was now effective. There was some small-scale mentoring support for prisoners released to the local area, and this appeared positive.
- S52 A wide range of advice and support was available to those needing help with accommodation problems. Despite this, half of the prisoners released over recent months had not had sustainable accommodation to go to because of the lack of providers in the community and poor access to local authority help.
- S53 Not enough support was available for prisoners to gain employment, training or education on release. The induction to education was dull and uninspiring, and prisoners were not sufficiently informed of all the activities available. Few prisoners received a skills action plan to inform their work and training needs during their sentence, and not all prisoners received a pre-release service. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was out of action, leaving prisoners unable to undertake job searches before release. Links with employers to support prisoners' resettlement needs were weak.
- S54 Basic health care discharge planning arrangements were in place. Palliative care and end-of-life arrangements were good.
- S55 The clinical substance misuse service linked in effectively with community providers to ensure treatment continuation on release but not all prisoners were provided with harm reduction advice before discharge.
- S56 A comprehensive range of financial services was available to all prisoners and a substantial number of bank accounts had been opened.
- S57 Visitors struggled to book visits by telephone, which caused considerable frustration. Visitors centre staff provided valuable support but family engagement work was too limited. Broader provision to help prisoners to build and maintain relationships with their families was underdeveloped but improving. New initiatives, such as a celebrating achievements ceremony for prisoners and families, were encouraging.

- S58 The range of accredited programmes offered was good. Due to the lack of OASys data, the full extent of need for offence-focused work was not evidenced well enough. The Sycamore Tree victim awareness programme was delivered four times a year, and prisoners being released to the local CRC could access motivational work through the Getting it Right programme.

Main concerns and recommendations

- S59 Concern: Staffing shortages and restrictions across the prison severely undermined the delivery of safe, decent treatment and conditions of prisoners.

Recommendation: HM Prisons and Probation Service and the Ministry of Justice should analyse the reasons behind continuing staff shortfalls and take effective measures to ensure that the staff complement is sufficient in all areas and that actual staff numbers do not fall seriously below the number required to ensure security, safety, decency and realistic opportunities for rehabilitation.

- S60 Concern: Too many prisoners felt unsafe and levels of violence, often related to drugs and associated debt, were high. Good violence reduction and drug supply reduction plans were in place but were not yet making the prison safe enough or reducing drug availability.

Recommendation: The focus on violence and drug supply reduction should continue and current violence and drug reduction plans should be applied swiftly and robustly. Outcomes should be reviewed and evaluated and, where necessary, actions should be adapted to ensure maximum impact.

- S61 Concern: There had been three self-inflicted deaths since the previous inspection and levels of self-harm were high. There was insufficient evidence of lessons learnt from recent deaths or near-fatal incidents, and there was not enough analysis of self-harm incidents to inform action. The quality of many ACCT documents was poor and did not evidence sufficient care and support.

Recommendation: Lessons should be learned from self-inflicted deaths, near-fatal incidents and self-harm incidents, and they should be embedded in practice to ensure that the risk of suicide and self-harm is initially identified and then managed effectively.

- S62 Concern: The health provider had severe and chronic staffing shortages within the primary care team. Regular agency staff filled many of the gaps but the lack of a coherent, consistent team and skill deficits had a significant impact on the health team culture and service delivery, including chronic disease management and nurse-led clinics. This was exacerbated by inadequate access to clinical and managerial supervision.

Recommendation: Sufficient competent and supported health services staff should be in place and a positive team culture developed to ensure a consistent, effective and safe primary health service delivery.

- S63 Concern: There were sufficient activity places for all prisoners to be engaged in education, training and work but allocation and attendance measures were weak. Too many prisoners were unemployed and too many prisoners failed to attend their allocated education classes.

Recommendation: All prisoners who are eligible for education, work or training should be allocated an appropriate place and all prisoners who are allocated an activity, particularly in education classes, should attend.

S64 Concern: Prisoners' risk of harm to others was not always assessed or managed appropriately, and arrangements for release were not always robust enough.

Recommendation: Risk of harm should be identified and managed throughout prisoners' sentences and in the planning for release.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1 In our survey, fewer prisoners than at the time of the previous inspection (65% versus 75%) said that they had felt safe on escort vehicles. During the inspection, some escort staff handed in their anti-ligature knives at the gate and left their prisoners unattended and locked in the cellular vehicle outside reception, both of which practices were unsafe.
- I.2 Prisoners were taken off escort vehicles one at a time, routinely strip-searched by prison staff (see also paragraph 1.32) and then placed in a holding room. This procedure slowed disembarkation down considerably, particularly when other vehicles arrived simultaneously from other courts, and prisoners spent too long waiting on vans outside reception.
- I.3 There were good video-link facilities for appearances at local courts, which helped to reduce the number of movements in and out of the prison. There were plans to expand these facilities, to cater for the projected larger remand population.

Recommendations

- I.4 **While prisoners are in their care, escort staff should always have access to anti-ligature knives and never leave vehicles unattended.**
- I.5 **Prisoners should be promptly disembarked from escort vehicles.**

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.6 The reception area was busy, with an average of 77 new arrivals each week. Some aspects of the process were better than we often see. The initial welcome for new arrivals was good, with the offer of hot food, a hot drink and a shower. Prisoners were immediately issued with PIN telephone credit and could telephone their families while they waited in reception. Unusually, they could also order shop items and receive them on the day after arrival (see paragraph 2.90).
- I.7 Interviews with the first night officer and health services staff lacked privacy as doors were left open. The officer asked new arrivals about thoughts of suicide but there was no structured assessment of risk factors for suicide and self-harm. This was of particular concern because recent investigations by the Prisons and Probation Ombudsman (PPO) following three self-inflicted deaths in custody had highlighted weaknesses in identifying risk on arrival (see paragraph 1.23 and main recommendation S61). There were Samaritans

posters in various languages but otherwise there was little translated material on display (see recommendation 2.26).

- I.8** It took too long – about four hours from arrival – for prisoners to reach the first night centre. During the inspection, the reception process became increasingly slow as more vans arrived during the afternoon and evening. During the wait, prisoners remained in holding rooms which were in a poor condition, with damaged flooring and noticeboards, and little useful information on display. Although safer custody orderlies talked to prisoners while they waited, it took nearly three hours after the arrival of the first prisoners for a trained Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) to be brought to reception.
- I.9** All new arrivals were located on FI unit, the first night centre, where sufficient spaces were created each day. Some did not reach the first night cells until 9.30pm, and were immediately locked up. These cells were generally clean and adequately furnished, although toilets were dirty. New prisoners were issued sufficient clothing, bedding and toiletries. There were no routine first night checks.
- I.10** On the morning after arrival, new arrivals from the main population attended an induction to prison life, delivered by peer workers. This was well pitched and useful, covering practical aspects of settling into the establishment. There was some carefully worded advice about how to avoid radicalisation, which is something we rarely see.
- I.11** The experiences of vulnerable prisoners were poor throughout the early days process. Their reception holding room was much too small and not fit for purpose. They were located on FI, but for their own protection could not mix with other prisoners and their induction was delayed considerably. As there was a lack of accommodation for them elsewhere, they were subject to the impoverished FI regime for much longer than main population prisoners (about 10 days), and during this time were locked up for about 22 hours each day.

Recommendations

- I.12** **First night interviews should be held in private and all new arrivals should have a structured assessment of their risk factors for suicide and self-harm.**
- I.13** **Listeners should be available and have an active role throughout the reception process.**

Good practice

- I.14** *There was sound advice about radicalisation from peer workers during induction.*

Bullying and violence reduction

Expected outcomes:

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

- I.15** In our survey, far more prisoners than at similar prisons and than at the time of the previous inspection said that they had felt unsafe at some time at the establishment (57% versus 51% and 44%, respectively), that they currently felt unsafe (32% versus 24% and 20%, respectively) and that they had been victimised by other prisoners, often because of drugs, debt, gang-related activity or being new to the prison. The number of recorded acts of violence had increased sharply and appeared to have peaked during the summer of 2016. However, in spite of some serious incidents of concerted indiscipline (including one at Easter in which five staff had been seriously injured following a fight between prisoners on the exercise yard), the general trend appeared to be downward, although the number of serious assaults on other prisoners had increased and averaged around six per month. The number of assaults on staff had also increased, to almost seven per month (see main recommendation S60).
- I.16** The strategic oversight of bullying and violence reduction had improved and there was an effective action plan to address violent behaviour. A wide range of innovative initiatives had been implemented, including access to shop goods within 24 hours of arrival at the establishment (which removed the risk of accruing early debts; see also paragraphs 1.6 and 2.90), additional managerial oversight and extra administrative staff to collate data and conduct investigations. A large number of violence reduction prisoner representatives had been recruited to act as a first point of contact for prisoners subject to bullying. These prisoners were highly visible and met prison managers weekly to discuss emerging issues that were likely to cause disruption.
- I.17** The monthly safer custody meeting was attended by an appropriate range of managers and reviewed data to identify patterns of violent behaviour. However, owing to the transient nature of the population, the dynamics of reported poor behaviour changed quickly, so an active and effective weekly meeting called 'On the front foot' had been implemented. This considered all prisoners known or suspected to be involved in violent, bullying and antisocial behaviour and those who had an impact on the prison's stability. A useful strategy aimed at disrupting antisocial behaviour managed their locations and activities. However, there were too few individual interventions to address poor behaviour and there was little support for victims of violence.
- I.18** Vulnerable prisoners, the majority of whom were sex offenders, were mostly held on E wing. Those on E wing generally felt safe and were more positive than mainstream prisoners about their prison experience. However, there were a few young adults among the E wing vulnerable prisoner population and there was no consideration of their potential risk of exploitation from older sex offenders. In addition, F2 was run as an integrated enhanced wing, housing vulnerable and mainstream prisoners alike. Prisoners told us that this worked well, and reported few issues. Those vulnerable prisoners located on F1 had a very poor experience (see paragraph 1.11).
- I.19** The support mentoring unit (SMU) on A3 was a good initiative. Peer mentors from the unit met all new arrivals and helped to identify those who were likely to find coping with prison life a challenge. Once such individuals had been identified and assessed, they were located onto A3 with a support plan and a nominated mentor, usually for six weeks, while acclimatising to life in prison. At the end of this period, most moved to other landings on A

wing, with reducing support from the SMU workers. There was good oversight of the process by the staff and managers.

Recommendation

- I.20 Young adults (especially those located on the sex offender unit) should be risk assessed to identify and manage any vulnerability.** (Repeated recommendation I.22)

Good practice

- I.21** *The support mentoring unit identified and supported prisoners struggling to cope with custody and planned their reintegration onto normal location.*

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.22** Since the previous inspection, there had been three self-inflicted deaths. The number of recorded incidents of self-harm in the previous six months had increased considerably and was far higher than at similar prisons.
- I.23** Work to tackle the increase in self-harm was not sufficiently strategic and had not yet been given enough priority. There was an action plan addressing recommendations from the PPO following the self-inflicted deaths, and some of these had been implemented. However, some crucial ones had not, and we were also not confident that all near-fatal incidents were either consistently identified or properly investigated to learn lessons (see main recommendation S61).
- I.24** Assessment, care in custody and teamwork (ACCT) case management was weak and disorganised. Too many risk assessments were poor. Case reviews were often not multidisciplinary, and health services staff were too often absent from initial reviews. Care maps were not used effectively to support prisoners and there had been a consistent backlog of post-closure reviews for several months. Most staff did not have up-to-date ACCT training (see main recommendation S61).
- I.25** A weekly 'decency' meeting to discuss prisoners at risk of self-harm was not given sufficient priority. It lacked a clear purpose or structure, was poorly attended and did not manage risk effectively.
- I.26** The only constant supervision cell, located on the inpatient unit, was oppressive. Efforts were under way to improve it but during the inspection the cell was taken out of use. Prisoners at high risk of self-harm and suicide were then located in cells on the health care unit and observed through observation panels, which did not adequately manage their risk.
- I.27** During the inspection, there were no prisoners subject to ACCT monitoring on the segregation unit but we saw recent records of such cases, and staff had properly documented the exceptional reasons for segregating men at risk of suicide.

- I.28** In our survey, fewer prisoners than at the time of the previous inspection (50% versus 62%) said that it was easy to speak to a Listener at any time, and Listeners told us that there were delays in being escorted to callouts at night. There were no dedicated Listeners' suites.

Recommendation

- I.29** There should be sufficient appropriate cells to carry out effective constant supervision.

Safeguarding (protection of adults at risk)

Expected outcomes:

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

- I.30** Despite a recommendation following the previous inspection, there were no safeguarding procedures to protect prisoners at risk of abuse or neglect. The local safeguarding policy was four years out of date and there was no manager with clear oversight of this area. No prison staff attended the local safeguarding adults board and they did not seem to be clear about who to contact for advice, referral or assessment. None of the wing staff had been trained to identify risks. There was no referral process to enable prisoners or staff to raise concerns easily.

Recommendation

- I.31** Comprehensive adult safeguarding procedures should be introduced and embedded across the prison.

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.32** Procedural security arrangements were generally proportionate, although the strip-searching of all arriving prisoners and those located onto the segregation unit, regardless of risk, was disproportionate and often unnecessary (see also paragraph I.2). Access around the prison was not unduly restrictive, and free-flow prisoner movement was well managed. Visits restrictions were applied appropriately and related to trafficking activity in all cases.
- I.33** Monthly security committee meetings were well attended and links to safer custody and other key departments had improved. A comprehensive intelligence report was presented to the committee, from which security objectives were agreed and actioned. The security

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

department also attended the 'On the front foot' meeting (see paragraph I.17) and contributed to the disruption of antisocial behaviour across the prison.

- I.34** A recent drive to increase the flow of information into the security department had resulted in an approximately 20% increase in intelligence reports (IRs). These were processed and analysed efficiently, and underpinned the prison's understanding of current and emerging threats such as drugs, violence and organised crime groups. The risks posed by prisoners linked to terrorism and extreme religious and political views were well managed. There were weekly reviews of known activists and a nominated member of staff on each wing was responsible for providing regular updates to the security department. There were effective links with the on-site police team, and the emergence of a range of organised crime groups was being well managed jointly.
- I.35** Reduced staffing levels had decreased the effectiveness of dynamic security, with the remaining wing staff struggling to engage adequately with prisoners in order to understand their personal circumstances and develop 'soft intelligence' (see main recommendation S59).
- I.36** There were regular finds of weapons, drugs and mobile phones but, although target searches were commissioned regularly, they were often not carried out owing to staff shortages. Only 45% of requested searches had been carried out in the year to April 2017 and few suspicion drug tests had been completed.
- I.37** The strategic management of supply reduction had improved. The establishment had developed a detailed action plan, which was reviewed and updated regularly. Good information sharing between security, health and substance misuse services resulted in a more coordinated approach to supply and demand reduction measures. Despite some proactive measures to disrupt supply, drug availability was high and half of all prisoners in our survey (against the 42% comparator and 39% at the time of the previous inspection) said that it was easy to get illegal drugs at the prison. Sixteen per cent said that they had developed a drug problem and 12% a problem with diverted medication while at the prison (see also paragraph 2.66). The random mandatory drug testing positive rate was above that of similar prisons and had averaged 11.6% in the previous six months, against the target of 9%, but this figure did not include the large number of prisoners testing positive for 'spice' (a new psychoactive substance which induces effects akin to cannabis), which had become prevalent during this time. Drugs continued to cause prisoner debt and much of the associated violence in the prison (see main recommendation S60). With staff shortages, the random weekend testing target was not being met and only 16 suspicion tests had been conducted in the previous six months.

Recommendations

- I.38 All required intelligence-led searches should be completed.**
- I.39 All random and required suspicion drug testing should be completed.**

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.40** The IEP scheme was under review at the time of the inspection. There were plans to increase the incentives for those on the enhanced level, including providing an enhanced spur on each wing.
- I.41** The current scheme was unsophisticated. Those on the basic level had little encouragement to improve their behaviour and we saw little evidence of target setting. These prisoners were permitted to continue working or attend education but those who were unemployed experienced very limited time out of cell, making it difficult to evidence any change in behaviour.
- I.42** The prisoner case notes we reviewed contained little useful information to inform IEP review boards. Some wings used written files but these were limited in scope.

Recommendation

- I.43 Prisoners on the basic levels of the incentives and earned privileges scheme should be set meaningful targets to encourage them to improve their behaviour.**

Discipline

Expected outcomes:

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

Disciplinary procedures

- I.44** The number of adjudications had increased and was high, with disobeying orders, damage to property and unauthorised possession of drugs, mobile phones and weapons featuring most often. However, around a third of all governor's hearings and over 40% of those heard by the independent adjudicator were either dismissed or not proceeded with, often because of the amount of time elapsed from the initial charge.
- I.45** There were, on average, around 12 hearings each day, held on the segregation unit, which usually took up most of the morning. This restricted activity on the unit to exercise only. Proceedings were conducted fairly and prisoners were encouraged to participate fully but many issues could have been dealt with using the IEP system. There was no regular effective segregation monitoring and review group or adjudication standardisation meeting, no quality assurance process and no analysis of data to identify trends or emerging areas of concern.

Recommendations

- I.46 All disciplinary hearings should be heard and dealt with on time.** (Repeated recommendation, I.53)
- I.47 Adjudication data should be collated accurately and analysed for trends and to improve quality.** (Repeated recommendation, I.52)

The use of force

- I.48** The number of recorded uses of force had increased substantially, with most incidents involving the use of full restraints. There had been several serious incidents that had resulted in the drawing, and on two occasions the use, of batons. Reviews of incident reports indicated that these uses had been proportionate and justified.
- I.49** The overall governance of use of force was much improved, and a regular, well-attended meeting reviewed incidents each month and considered a wide range of data in order to identify trends. Most planned interventions were video-recorded but the footage was not reviewed routinely by a manager to identify learning points. The recordings that we watched demonstrated a focus on de-escalating incidents quickly.
- I.50** The completion of use of force dossiers had improved considerably, although too many lacked injury-to-prisoner forms.
- I.51** Special accommodation had been used seven times in the previous six months, which was in line with use at similar prisons. Uses were recorded well and appeared justified, and prisoners were removed at the earliest opportunity.

Segregation

- I.52** Living conditions on the segregation unit were reasonably good. The unit was clean and damaged cells were repaired and refurbished quickly. The three exercise yards were small and bare, and used for only one prisoner at a time, regardless of levels of risk.
- I.53** The unit was usually nearly full but the culture of prisoners seeking sanctuary there had changed, and most were held there for disciplinary reasons. The number of prisoners segregated had reduced from 430 in the six months before the previous inspection to 295 in the previous six months.
- I.54** At the time of the inspection, there were 21 prisoners on the unit, with the average stay being around three weeks. Segregation reviews were held on time. However, these were not sufficiently challenging and there was too little target setting to improve behaviour. Some prisoners with very challenging behaviour had been held for too long in segregation, including one who had been on a dirty protest for three months. While acknowledging the difficulties in managing such behaviour (and we observed some skilful day-to-day management of prisoners on the unit), we had concerns about the impact of prolonged segregation on prisoners' well-being and mental health. There was evidence of some success in reintegrating a few back onto other locations but there were no detailed management plans or formal reintegration plans.
- I.55** The daily regime on the unit was poor, consisting of 30 minutes of exercise, a shower, use of the telephone and access to a small number of books. One prisoner attended a course held

off the unit but there was no other evidence of off-unit activity. Relationships between unit staff and prisoners seemed good and most prisoners told us that they were treated well.

- I.56** Monthly segregation monitoring meetings had lapsed and had only been reintroduced after the announcement of the inspection.

Recommendation

- I.57 Individual care and reintegration plans should be introduced, to address the needs of segregated prisoners and plan for their return to normal location where appropriate.** (Repeated recommendation, I.66)

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.58** The substance misuse policy was detailed and had recently been reviewed but the accompanying action plan was not informed by a comprehensive annual needs analysis.
- I.59** In April 2016, Inclusion had become the provider of psychosocial support services, and offered an appropriate range of interventions. Staffing had reduced substantially, and the team carried long-term vacancies, which affected service delivery. Workers tried to see new arrivals within three days but this was not always possible. At the time of the inspection, 218 prisoners were actively engaging with the service and we saw examples of high-quality care plans and case work, although 120 prisoners were on the waiting list to attend drug and alcohol awareness modules and 25 to undertake the four-week Inclusion recovery programme.
- I.60** Alcoholics Anonymous and Narcotics Anonymous groups met weekly and a peer supporter assisted with induction and discussion groups. The prison did not have a designated drug support unit and there was no forum for consulting service users. In our survey, only 55% of respondents who had received help or support with their drug or alcohol problem said that this had been helpful, against the 74% comparator and 68% at the time of the previous inspection.
- I.61** Clinical substance misuse services were provided by Care UK and clinical management was safe overall. Drug- and/or alcohol-dependent prisoners received prompt and appropriate first night treatment and were admitted to FI, where 24-hour monitoring and observation were undertaken. Owing to population pressures, most prisoners stabilising or undergoing detoxification stayed on the unit for only three days, although they were not moved unless assessed as medically fit.
- I.62** In the previous six months, 107 prisoners had undertaken alcohol detoxification and currently 140 prisoners were receiving prescribed methadone (over half on a reducing basis), which was the only opiate substitute available. The supervision of methadone administration had improved. Prisoners who had previously been prescribed buprenorphine could not continue with this treatment for fear of diversion of medication, rather than clinical reasons.
- I.63** Treatment reviews took place regularly but not all were undertaken jointly with Inclusion, and some prisoners said that they needed more support during detoxification. The care of patients with mental health and substance-related problems was well coordinated.

Recommendations

- I.64 The prison should conduct a comprehensive needs analysis and develop substance misuse support services which are readily accessible and responsive to need, in consultation with service users.**
- I.65 Prescribing regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to national guidance.**
- I.66 Joint working between clinical and psychosocial substance misuse teams should improve, to maximise support for prisoners.**

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 External areas of the prison were clean, litter free and well maintained. Communal areas on the wings were also clean.
- 2.2 The supply of clothing and bedding had improved, and was good on all wings. All prisoners were able to wash their own clothing in the wing laundry, and the facilities were adequate.
- 2.3 There was good access to showers, and staff ensured that prisoners at work during the day could shower on return to the wing, even if they were not due to have evening association (see section on time out of cell). The showers on C wing had been refurbished and funding secured to refurbish the rest. However, at the time of the inspection most shower rooms were in poor condition and inadequately screened. Repairs and maintenance to cells and communal areas were often delayed owing to the slow response of the facilities maintenance contractor.
- 2.4 Most of the cells we saw were clean, although many double cells had insufficient or damaged furniture, and many prisoners did not have lockable cabinets (see paragraph 2.64 and recommendation 2.69). Around 25% of the single cells held two prisoners, and these men lived in overcrowded and cramped conditions, Most in-cell toilets had inadequate screening and were badly stained, and many had no lids. The offensive display policy was well enforced.
- 2.5 Access to stored property in reception was problematic and we found applications dating back over a month that had not been dealt with. There were also delays in prisoners being reunited with their property on transfer from other prisons.
- 2.6 Application forms were available on all wings and could be submitted either to staff for confidential matters or to prisoner orderlies, who logged the applications and delivered them to a central point for collection by the appropriate departments. Applications were not always tracked. In our survey, 71% of prisoners said that it was easy to make an application but only 21% that they were dealt with quickly.
- 2.7 Access to telephones was reasonable during the day but because of the restricted regime (see section on time out of cell), prisoners could not make calls in the evenings, when friends and family were more likely to be available.
- 2.8 The delivery of mail was sometimes late due to insufficient staffing in the mail room (see main recommendation S59), although this had improved considerably since the previous inspection. Families and friends could also email prisoners and leave voicemail messages, and both systems were well used.

Recommendations

- 2.9 Cells designed for one prisoner should not be used to accommodate two.** (Repeated recommendation, 2.7)
- 2.10 Damaged furniture should be replaced, toilets deep cleaned and descaled, and toilet lids provided.** (Repeated recommendation, 2.8)
- 2.11 Prisoners should be able to access their stored property within a reasonable time and be reunited with their property quickly on transfer from another prison.**

Staff-prisoner relationships

Expected outcomes:

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

- 2.12** In our survey, only 65% of prisoners, less than at similar prisons (72%) and than at the time of the previous inspection (74%), said that staff treated them respectfully. The personal officer scheme was ineffective but, despite this, most prisoners in our survey (70%), and those we spoke to, said that there was a member of staff they could turn to for help. The interactions we observed presented a mixed picture; there were some good individual interactions but staff were too distant from prisoners at association times and some were dismissive of prisoners' welfare. As a result of staff shortages, staff were often very busy, under pressure and unable to respond to all prisoners' needs within a reasonable time (see main recommendation S59).
- 2.13** Our review of case notes showed that the quality and frequency of entries were varied. We saw a few high-quality entries but many were observational rather than detailing interaction with and knowledge of the prisoner (see also paragraph 1.35). For most prisoners, there were long gaps with no comments and no management checks. However, the case notes on the vulnerable prisoners' wing (E wing) were more frequent and of good quality, indicating that staff there were more engaged with prisoners on a regular basis.
- 2.14** The prisoner council was well attended and had met three times in the previous six months. There was evidence of some major changes being undertaken to address prisoner concerns.

Recommendation

- 2.15 All personal officers should engage actively with prisoners, and case note entries should be routine, meaningful and subject to management oversight.** (Repeated recommendation, 2.17)

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 characteristic⁴ 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

- 2.16** The management of equality and diversity had improved. There was now a strategy and an action plan, although actions and targets were not sufficiently specific or measurable, and a needs analysis had not been carried out. Regular equality action team meetings were held. These were well attended by representatives from the appropriate departments, and the data generated by the national equality monitoring tool were considered in detail. However, these data did not include segregation or use of force, and because of the time lag in the availability of data from national sources, the information was always out of date.
- 2.17** Forums had been held for prisoners with protected characteristics, for a different group each month, over the previous year. There was not yet clear evidence of these groups leading to any changes, although the equality action team meetings had considered ideas originating from the forums. Most improvements were due to the initiative of the deputy governor. The staff team supporting the equality agenda spent most of its time on violence reduction and suicide prevention work, which were also within its remit. There were no dedicated prisoner equality representatives. Violence reduction representatives held a brief for equality but, in reality, only one of them was an active champion for equality issues.
- 2.18** Discrimination incident report forms were freely available, and investigations and responses were all now checked for quality by a senior manager. This had led to an improvement in the quality of investigations, and responses were reasonably good, although in a few records we saw, it was not clear that perpetrators had been sufficiently challenged. An appropriate external person had been approached to undertake regular scrutiny of the responses but this was not yet in place.

Recommendation

- 2.19 Action to improve equality outcomes should be based on current data, an up-to-date needs assessment and regular consultation through prisoner forums.**

Protected characteristics

- 2.20** In our survey, there were no consistently different patterns of response between black and minority ethnic prisoners and white prisoners, although the former were less positive about some aspects of staff interaction; this was also the case for Muslim prisoners and those with disabilities compared with their respective counterparts.

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

- 2.21** There had been some efforts to encourage the use of professional telephone interpreting services for those who did not understand English well, and suitable speakerphones were provided, but the level of usage was low. There was little written information available in languages other than English, although a prisoner was working on an updated information booklet in several languages at the time of the inspection. The one recent forum for foreign national prisoners was the only support available to this group; staff told us that Home Office Immigration Enforcement staff were the key contacts, but support of prisoners was not in fact within their remit. Consequently, the small number of prisoners who did not speak English well could easily become isolated; the urgency of this issue was highlighted by the Prisons and Probation Ombudsman's investigations into recent deaths in custody (see paragraph 1.23).
- 2.22** Prisoners with disabilities, especially mobility difficulties, were given some good support on one wing (E1), which had a stair lift and special bathing facilities. This support was organised informally between staff and four prisoners who were employed to assist. However, the carer system was not sufficiently well structured, organised or controlled to ensure safe practice, although during the inspection external social care services started for four prisoners (see also paragraph 2.84). There were some care plans but there was no comprehensive and up-to-date system of care planning for all those with disabilities. On other wings, there was less active support, and none of the night staff were aware of personal emergency evacuation plans.
- 2.23** Older prisoners were generally content with their treatment but there was no specific provision for them, even though 12.1% of the population was over the age of 50. Young adults were located throughout the prison. There was no direct attention to their needs, apart from a small-scale scheme providing personal trainers in the gym. Use of force was monitored for this age group.
- 2.24** Very few prisoners had identified themselves as gay or bisexual. Forums for these prisoners took place twice yearly but attendance was low. Staff acknowledged that it was difficult for such prisoners to be open about their sexuality but this had not been addressed as a significant issue.
- 2.25** At the time of the inspection, there were three transgender prisoners at the prison, each of whom was living as a woman among the main population. They told us that they were generally treated with respect by staff and prisoners. However, they said that the establishment had been slow to provide them with essentials such as suitable clothing because of uncertainty about entitlements, as well as difficulties in procurement.

Recommendations

- 2.26** Information in the reception area and on the wings should be translated and available in the main languages spoken.
- 2.27** Professional telephone interpreting should be used for confidential matters for prisoners with poor English skills.
- 2.28** All prisoners with a disability should receive systematic care, with an up-to-date care plan with multidisciplinary input where appropriate, carers trained and supervised in line with best practice, and emergency evacuation plans, where required, immediately accessible to staff.

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.

- 2.29** Faith facilities were adequate, and chaplains were available for all except the Mormon and Rastafarian faiths. Chaplaincy work was being maintained as well as possible but delivery was suffering from restricted staffing (see main recommendation S59). There were only two full-time chaplaincy posts, supplemented by part-time or sessional chaplains, and the team was stretched. Chaplains were rarely able to attend assessment, care in custody and teamwork (ACCT) reviews, although they visited all those subject to ACCT monitoring at other times. They were also unable to attend pre-discharge meetings with prisoners or devote sufficient time to general pastoral care. Prisoners' perceptions of accessibility to a Muslim chaplain had improved considerably, owing to the appointment of a second, sessional chaplain.
- 2.30** Activities beyond regular worship were limited. Nevertheless, much of the commendable work noted at previous inspections continued; there were volunteer counsellors, visitors from churches in areas to which prisoners were regularly released and an active team of 12 official prison visitors (see also paragraph 4.47). The Sycamore Tree victim awareness course had been reinstated and was now a mainstream activity during the working day (see also paragraph 4.55). The chaplaincy continued to support preparation for release, in cooperation with the offender management unit (OMU) and community rehabilitation company, by working with 'through-the-gate' schemes such as New Leaf (see also paragraph 4.29).
- 2.31** In the weeks leading up to the inspection, there had been an increasing problem with late arrival of prisoners for worship due to regime slippage.

Recommendation

- 2.32 A full hour of corporate worship should be delivered in line with the published regime.**

Complaints

Expected outcomes:

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

- 2.33** The number of prisoner complaints submitted had risen sharply, and stood at 1,944 in the previous six months, which was relatively high. In our survey, fewer prisoners than elsewhere said that complaints were dealt with fairly.
- 2.34** The timeliness of responses was reasonable. Ten per cent of all complaints were examined by a manager and feedback was given about any issues identified. The quality of the responses we looked at was variable; some were respectful and detailed but others were inadequate and did not address all the matters raised.
- 2.35** Some analysis of complaints was undertaken and some trends had been identified and addressed. In our analysis, the main areas of concern for prisoners were property, residential

matters and offender management. Complaints about staff were dealt with appropriately and investigations were commissioned when needed.

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.

2.36 No legal services were offered, and bail information was no longer provided. Staff said that they signposted prisoners in need of such support to the OMU, but OMU staff told us that they could not offer more than the most basic signposting to solicitors. In our survey, prisoners responded relatively negatively to questions about legal rights. The library maintained a reasonable stock of legal texts, Prison Service Instructions and reference books.

Recommendation

2.37 **Legal services should be available, especially for those on remand.** (Repeated recommendation, 2.55)

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.

2.38 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁵ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement with subsequent notices issued by the CQC which have been detailed within Appendix III of this report.

Governance arrangements

2.39 The Care Quality Commission issued two 'requirement to improve' notices following the inspection (see Appendix III).

2.40 Care UK provided primary health services, and secondary mental health services were subcontracted to South Staffordshire and Shropshire NHS Foundation Trust (SSSFT). Joint working with NHS England was supporting service development. Some service gaps identified in a 2015 health needs assessment and an NHS England quality visit in December 2016 had still not been addressed, such as effective patient engagement.

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

- 2.41** Governance arrangements had improved. A well-attended monthly local delivery and quality board, chaired by the governor, informed the health care action plan. This clearly identified areas of concern but some areas required significant improvement. There was a suitable range of policies but only a third of staff had acknowledged reading them. Regular staff meetings occurred but a lack of comprehensive minutes made it difficult for us to ascertain the quality and depth of discussion.
- 2.42** Most of the 210 incident reports submitted in the previous six months had been actioned and escalated appropriately but the dissemination of learning from them was not evident.
- 2.43** The health services team was led by a small, experienced senior management team. The recent appointment of a business manager had had a positive impact on the service. Care UK had inherited a shortage of 32.6 full-time-equivalent posts from the previous provider, which they had successfully reduced to 15 at the time of the inspection, but this was still too many. Regular agency nurses covered many of the gaps but poor engagement from some meant that team working was underdeveloped and there were significant skill gaps, particularly in nurse assessment and life-long condition management (see main recommendation S62).
- 2.44** Permanent staff had good access to performance appraisals and mandatory training. Shared training opportunities were offered to regular agency staff. Only mental health staff were engaged in clinical supervision but senior nurse managers received external support to implement clinical supervision.
- 2.45** Clinical rooms did not meet the required infection prevention and control standards; cleaning standards were inadequate and treatment rooms were in a poor state of decoration, with many non-compliant fixtures and fittings. Waiting areas were stark, with no health promotion information available. However, waiting times before and after appointments had reduced and prisoners were well managed while in the unit.
- 2.46** Emergency care arrangements were good, and the recent introduction of paramedics to the team had had a positive impact on patient care. There were sufficient first-aid trained custody staff on duty at all times and there was good access to automated external defibrillators.
- 2.47** The interactions we observed between health services staff and prisoners were mixed. Some staff introduced themselves to prisoners but too many agency staff did not have name badges visible. Doors were often left open during prisoner consultations, which was inappropriate.
- 2.48** Health care complaints were a serious cause for concern. The process by which prisoners could complain was neither clear nor advertised. Consequently, many prisoners used the general prison system, but this caused delays while they were returned to the prisoner to resubmit on the correct form. At the time of the inspection, there were 50 complaints to be answered and 12 had exceeded the response time target. Complaints centred mainly on medication issues, but complaints about staff attitudes and behaviour were a predominant feature and often upheld. The quality of responses we sampled was mixed, and there was no quality assurance process. Effective complaints analysis and lessons learned were not informing service improvement.
- 2.49** There was no overall strategic health promotion plan or a regular calendar of events. There was good smoking cessation support but access to community screening programmes, such as bowel cancer screening, was still in development. Immunisation and blood-borne virus screening was discussed at the second reception screen and onward referrals made where appropriate. Barrier protection was available from reception staff but we did not see it advertised or offered, either on arrival or on discharge from the prison.

Recommendations

- 2.50 All clinical areas should be decorated to a satisfactory standard and meet relevant cleaning and infection control standards.** (Repeated recommendation 2.72)
- 2.51 Prisoners should have access to regular, systematic health promotion campaigns throughout the prison, including easy confidential access to barrier protection.** (Repeated recommendation 2.74)
- 2.52 The health care complaints system should be well advertised, responses should consistently address the issue, and regular review of themes and trends should inform service development.**
- 2.53 All staff should receive regular clinical supervision.**

Delivery of care (physical health)

- 2.54** New arrivals received an initial health screen to identify immediate health issues, and appropriate onward referrals were made. A secondary health screen was completed the following day.
- 2.55** Prisoners were not given any information about health services, either in reception or during induction. To access these services, prisoners either went to the wing treatment room to see the nurse, or submitted a health care application and subsequently underwent triage. In our survey, only 25% of prisoners rated the overall quality of health services as good, which was far lower than in similar prisons (34%).
- 2.56** There was good attendance at primary care clinics, and waiting lists were in line with those in the community. GP provision was appropriate and waiting times for routine appointments were acceptable. Daily embargoed slots ensured that emergency appointments were available. While a 24-hour nursing service was provided, the NHS 111 telephone line was accessed appropriately for medical support.
- 2.57** The management of prisoners with long-term conditions had deteriorated since the previous inspection. Nurse-led clinics were limited to a diabetic clinic, triage and discharge clinics. Not all nurses were adequately trained in nurse triage. The assistant practitioner held a phlebotomy clinic and undertook regular observations for prisoners with long-term conditions. The dietician held two clinics a week and provided excellent support for a wide range of conditions.
- 2.58** The electronic clinical records we viewed were reasonable but there was a lack of care plans, particularly for prisoners with long-term conditions.
- 2.59** The 21-bed inpatient unit offered support to patients with complex physical, mental health and social care needs. Clinical admission and discharge criteria were appropriate. However, the regime there was often inadequate. Nurses did not carry cell keys and relied on discipline officers to unlock prisoners. However, discipline officers were not always readily available, which led to delays in nursing staff accessing prisoners, which was unacceptable. Shortages of discipline staff also resulted in prisoners on the unit remaining locked in their cells for extended periods, particularly at weekends (see main recommendation S59). This was of particular concern for two prisoners with disabilities who had been resident there for over three years. The environment on the unit was poor and did not meet infection control standards.

- 2.60** As a result of new administrative processes, outside hospital referrals were managed appropriately, although the three external health care escorts each day did not meet the high demand. Few escorts were cancelled by the prison but in the previous three months over 12% had been cancelled as more urgent cases had taken priority.

Recommendations

- 2.61** Prisoners with long-term conditions should receive regular reviews and have evidence-based care plans developed by competent health professionals.
- 2.62** Nursing staff in the inpatient unit should have keys to enable them to have full and prompt access to patients.

Pharmacy

- 2.63** The in-house pharmacy was well led, and new ways of working had recently been introduced to reduce errors, but systems to reorder non-in-possession medication were not sufficiently robust, leading to delays in treatment for some prisoners.
- 2.64** The in-possession medication policy was reviewed annually. However, in-possession risk assessments were not completed consistently or reviewed regularly, although a new policy to address this was introduced during the inspection. Approximately 50% of medication was given in-possession but not all prisoners had lockable storage for their medication. There were no compliance checks, and prisoners told us that medication theft and bullying took place. In our survey, far more prisoners than at the time of the previous inspection said that they had been victimised because of medication (11% versus 4%).
- 2.65** Medicines were administered three times a day, at 8am, noon and 4pm, from treatment rooms on each wing. Prisoners who did not attend for their medication were not always followed up. Arrangements for night-time medication were appropriate.
- 2.66** Health services staff checked prisoners' identity before administration but officer supervision of the medications queue was poor. We witnessed inappropriate prisoner behaviour, including diversion of medication and smoking, that was not challenged. Confidentiality was not assured as administration hatches opened into a communal space.
- 2.67** The storage of medications was not always suitable and we were concerned about the inconsistent reporting of room and refrigerator temperatures that were out of range. The administration of controlled drugs was appropriate but cabinets were not appropriately secured to the wall.
- 2.68** Pharmacy staff undertook medication use reviews regularly. The pharmacist attended quarterly medicines management committee meetings, where policies, prescribing and tradable medication trends were discussed. A reasonable range of over-the-counter remedies were available, and prisoners could buy paracetamol from the prison shop.

Recommendations

- 2.69** All prisoners should have access to secure storage for their medication.
- 2.70** Prisoners should be followed up when they fail to attend to collect their medication.
- 2.71** Discipline staff should supervise medication administration queues to manage prisoner behaviour and reduce the risk of diversion. (Repeated recommendation 2.88)
- 2.72** Treatment room and refrigerator temperatures should be monitored daily to ensure that items are stored correctly, and appropriate action taken when necessary.

Dentistry

- 2.73** The dental service was subcontracted by Care UK to Time for Teeth. Patients had timely access to the dental service, and treatments were undertaken efficiently, with oral health advice given by the dentist. Dental emergencies were managed appropriately and the dental nurse managed the waiting list effectively.
- 2.74** The dental chair had broken down on a few occasions, and this had increased waiting times temporarily; however, the usual waiting time for an appointment was appropriate, at four to six weeks. Governance and maintenance records were all managed appropriately. There were plans for a new dental surgery and chair to be installed.

Delivery of care (mental health)

- 2.75** Overall, the mental health services did not meet need. Staff had to prioritise urgent care over more routine services, such as group work and other psychosocial interventions, which meant that lower-level mental health need was not met sufficiently well. NHS England was planning to undertake a review of mental health needs in the coming months.
- 2.76** The primary mental health team, employed by Care UK, comprised two mental health nurses and an assistant practitioner, who worked in a support role. A new manager had recently been recruited and it was hoped that they would increase the range and extent of work. During the inspection, there were 90 patients on the team's caseload (about 8% of the prison population). There was no psychiatric input into the primary mental health service. Prisoners could self-refer to the team, and other referrals came from health services staff and prison officers. The team offered a seven-day a week service that focused on prisoners in immediate crisis but there was no access to talking therapies or psychological interventions.
- 2.77** The secondary mental health team, provided by the Inclusion team from SSSFT, was also too small to meet patient need. There were 41 prisoners being managed under the care programme approach (CPA). The team comprised three senior nurses and a specialist psychologist, and offered a service from Monday to Friday. An assistant psychologist was due to join the team to increase access to therapies. Psychiatry provision from Inclusion (part of SSSFT) was appropriate for the number of patients under the CPA.
- 2.78** There were no specific pathways in either the primary or secondary team for prisoners with attention-deficit hyperactivity disorder, personality disorders, dementia or learning disability,

although those with the most serious need were given support. Neither service had a waiting list for treatment, and waiting times to assessment were appropriate. Care planning was effective.

- 2.79** Custody staff had access to an e-learning mental health awareness package but we were unable to ascertain how many prison staff had completed it. Custody staff we spoke to had not received any such training.
- 2.80** Five prisoners had been transferred to hospital under the Mental Health Act in the previous six months, with three waiting more than two weeks.

Recommendations

- 2.81** **A comprehensive primary mental health service should be provided, offering a full range of support for prisoners with mild and moderate mental health problems, learning disabilities and attention-deficit hyperactivity disorder, including psychological therapies.** (Repeated recommendation 2.101)
- 2.82** **Discipline staff should have regular mental health awareness training to enable them to identify and support prisoners with mental health problems.** (Repeated recommendation 2.100)
- 2.83** **Patients requiring a transfer under the Mental Health Act should be transferred within the current time guidelines.** (Repeated recommendation 2.102)

Social care

- 2.84** Prisoners with potential social care needs were appropriately referred by the prison to Oxfordshire County Council. In the previous six months, 11 referrals had been made but only four assessments had been completed. Two prisoners had been transferred out of the prison before an assessment had taken place, and others were still waiting – the longest for almost three months. During the inspection, external social care services started for four prisoners (see also paragraph 2.22).

Catering

Expected outcomes:

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

- 2.85** In our survey, fewer prisoners than at similar prisons said that the food provided was good (16% versus 21%). This view was echoed throughout the inspection by prisoners we spoke to. We found the food to be reasonable and portion sizes adequate. The menu cycle was varied and catered for all diets, including cultural and medical. A dietician was on site to provide advice about the nutritional content of meals, and special dietary requirements for individual prisoners.
- 2.86** There was good consultation about the food, with regular surveys and meetings, although kitchen staff rarely attended serveries at mealtimes to talk to prisoners. There was little opportunity to dine communally, and most prisoners ate in their cells, sometimes next to an

inadequately screened toilet. The meagre breakfast pack was issued on the day before it was due to be eaten.

- 2.87** Hygiene standards and catering arrangements in the main kitchen were good. However, we observed poor hygiene practices and a lack of supervision on the wing serveries, and not all servery workers had received appropriate training. Workers did not always wear the correct clothing; serving utensils were not always used; there was a lack of sneeze guards on two wings; and food came into contact with unclean surfaces.

Recommendations

- 2.88** **Prisoners should be provided with an adequate breakfast, served on the day it is to be eaten.** (Repeated recommendation, 2.109)
- 2.89** **All servery workers and supervising staff should be trained in correct hygiene procedures, and serveries should be supervised adequately to ensure that high standards are maintained.**

Purchases

Expected outcomes:

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

- 2.90** In an unusual and impressive innovation, prisoners were able to submit a full shop order and receive goods within 24 hours of their arrival at the establishment (see also paragraph 1.6). This reduced the likelihood of prisoners accruing debt soon after arrival, which we often see elsewhere.
- 2.91** For others, shop orders were submitted on Tuesdays and goods were delivered on the following Friday. The range of items on the prison shop list was adequate and consultation with prisoners enabled changes to be made when required.
- 2.92** Prisoners were able to order newspapers and magazines, and larger goods from catalogues. The catalogue system had been improved in response to many complaints about late deliveries and long waits for refunds.

Good practice

- 2.93** *The facility for prisoners to make a full shop order within a day of arrival helped them to avoid getting into debt in their early days at the establishment.*

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.⁶

- 3.1** Due to substantial and chronic staff shortages, a reduced regime had been in place since the previous inspection. All prisoners had an hour out of their cells at 8am for domestic tasks and exercise. Prisoners went to work and activities relatively late, at 9am, which reduced their time available for purposeful activity. While the restricted regime was predictable, not all prisoners were able to have evening association daily, and this affected their ability to telephone family and friends (see section on residential units and main recommendation S59).
- 3.2** The amount of time unlocked for the relatively few full-time workers was reasonably good, at over nine hours a day, but for part-time workers this was around four hours. Unemployed prisoners could achieve a maximum of three and a half hours a day out of their cell but on some days had only two hours.
- 3.3** In our checks during the working day, we found an average of 45% of prisoners locked in cells, which was too high and higher than at the previous inspection.

⁶ 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 Ofsted⁷ made the following assessments about the learning and skills and work provision:

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

Management of learning and skills and work

3.5 Although improved since the previous inspection, the leadership and management of learning and skills and work were still not good enough. Prison managers' self-assessment of the quality of the provision had successfully identified many of the areas for improvement and accurately concluded that the rate of improvement was too slow. The education and vocational training provided by Milton Keynes College required improvement. The college's own self-assessment of the provision was not sufficiently critical and their quality assurance arrangements were insufficiently robust. For example, managers did not identify adequately the improvements needed in the induction to education, the use of individual learning plans and the quality of target setting.

3.6 Leaders and managers had a good understanding of the strengths and areas for improvement in purposeful activity. They had used this information well to inform their decision making and to implement appropriate improvement actions. Prison managers had introduced effective new quality improvement processes and initiatives had begun to enhance the quality of the provision. However, the impact was often hindered owing to the ineffective allocation process (see below), disparities in performance-related pay (which resulted in a disincentive for learners to attend education classes), staffing vacancies and low attendance in classes (see main recommendation S63).

3.7 Partnership working between prison and college managers was strong. This had resulted in a number of improvements since the previous inspection: attendance at industries and work had increased substantially; and most learners now achieved their qualifications, produced work of a good standard and made at least the expected progress from their starting points, with a few developing skills well above the expected level. However, although they had

⁷ 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>.

improved, attendance at education and achievement rates in English and mathematics were low, and too much of the provision was not of a consistently high quality.

- 3.8** Managers had worked effectively with external partners and employers to increase the range of skills development opportunities for learners. For example, two national charities had trained around 50 learners to become reading and mathematics peer mentors; a few learners engaged in a wide range of preparation for work activities, such as mock interviews and workplace internships with the Timpson Academy. However, managers had not measured the impact of these initiatives on learners' skill development.

Recommendation

- 3.9** **Learners' rate of progress should be carefully monitored and measured, to ensure that improvement is swift enough, and results in a consistently high quality of education and vocational training provision.**

Provision of activities

- 3.10** The number of spaces in purposeful activity had been increased and there were enough spaces to occupy the entire prison's population, at least on a part-time basis. Despite this, according to the prison's own records, only 60% of prisoners were engaged in purposeful activity at the time of the inspection. Although some, such as retired or remand prisoners, were not at work for legitimate reasons, there were still too many prisoners unemployed – around 17% of the population – through no fault of their own, compared with one in three at the time of the previous inspection (see main recommendation S63).
- 3.11** There was sufficient work and vocational training available to learners. At the time of the inspection, around 40 were undertaking distance learning and Open University courses from level 2 to degree level. Vulnerable learners had sufficient access to education opportunities. However, several activities, such as, laundry, tailoring, woodwork, DHL warehousing and the recently introduced Barista café, did not provide learners with the opportunity to gain formal recognition through accredited qualification for the skills they had developed.
- 3.12** Learners in paving, information technology, painting and decorating, and horticulture did not have the opportunity to increase their skills development further and to achieve higher-level vocational qualifications, as achievement was limited to level 1. Although the number of places in education classes had increased, there were insufficient places on mathematics and higher-level English courses to meet the needs of the population.
- 3.13** The accurate assessment of learners' English and mathematics skills on entry to the prison helped to direct them to the correct course level. However, the allocation process was not sufficiently effective to ensure that all of the available activity places in English and mathematics were fully occupied. As a result, waiting lists were long and learners waited too long to be allocated a place on a course (see main recommendation S63).

Recommendation

- 3.14** **Managers should ensure that prisoners in work and vocational training have the opportunity to achieve vocationally recognised qualifications and, where appropriate, prisoners should have additional opportunities to achieve full or units of qualifications above level 1.**

Quality of provision

- 3.15** Teachers and instructors provided learners with good levels of support and encouragement, which helped them to grow in confidence and overcome many of their barriers to learning. Most learners received detailed and positive verbal feedback that helped them to improve. Most learners in education classes received useful constructive written feedback from teachers. However, instructors in paving, and farms and gardens did not identify well enough what learners needed to do to improve the quality of their written work continually.
- 3.16** Most prisoners engaged well and enjoyed their learning. However, many of them undertook work that was too easy and/or provided too little challenge. In education classes, a minority of teachers failed to plan lessons to include stimulating and sufficiently challenging learning activities to meet the needs and abilities of all learners. For example, learners spent too much time working individually in completing worksheets, without the opportunity to explore their ideas through group work, debate or discussions. As a result, they did not develop further their wider cognitive skills.
- 3.17** In industries, a few instructors promoted and developed learners' mathematics skills well. For example, learners in painting and decorating, and paving developed good mathematics skills. They worked well in groups, practising measuring areas and perimeters and calculating the amount of resources they would need. However, in education classes teachers did not reinforce sufficiently the importance of English and mathematics skills development. Too often, learners' assessed work and learning resources, including classroom displays, contained grammatical and spelling mistakes.
- 3.18** Most instructors and the English and mathematics teachers did not provide learners with sufficiently individualised targets, and did not review their progress often enough. As a result, learners did not always know how to improve their work, and a few did not make the expected progress.
- 3.19** Teachers and instructors did not have access to relevant and appropriate information learning technologies during induction, in vocational training workshops or in English for speakers of other languages (ESOL) and ITQ courses. For example, in an ITQ lesson we observed, the teacher did not have projection facilities to enable them to demonstrate new techniques and skills to all learners, so had to give explanations to them individually; consequently, learning in this session was slow.

Recommendation

- 3.20** **Learning sessions should be sufficiently challenging, learners' progress should be reviewed regularly and they should be supported to achieve their individualised targets, particularly in English and mathematics.**

Personal development and behaviour

- 3.21** Attendance and punctuality at work and vocational training were mostly high. However, attendance at education, although improved, remained low, particularly in ESOL, English and mathematics (see main recommendation S63).
- 3.22** Learners demonstrated a positive attitude to learning and good team-working skills. They were courteous and well behaved in all learning and skills activities. Learners in woodwork, paving, and farms and gardens were proud of the work they had achieved and were keen to demonstrate the wide range of skills they had developed. Those who attended the first

'celebration of achievement event', which took place during the inspection, were also recognised for their high levels of motivation and commitment to learning.

- 3.23** Learners in the woodwork, tailoring and laundry workshops quickly developed new practical skills and used specialist machinery expertly, developing skills well above the expected level. In horticulture, vulnerable learners developed good team skills when working together on gardening projects. Learners in industries adopted safe working practices.
- 3.24** In industries such as the packaging workshops and wing cleaning, the work was mundane and repetitive, and failed to develop prisoners' employability skills. Learners focused too much on achieving work targets and did not develop wider skills for employment, including their English and mathematics skills.

Education and vocational achievements

- 3.25** The achievement of most functional skills English and mathematics qualifications had improved but remained low. The achievement of most English qualifications showed an upward trend in the current year. However, achievement of mathematics at entry levels 2 and 3 showed a decline.
- 3.26** Achievement rates in ITQ, ESOL, English at entry level 3 and most gym qualifications were high. Most learners completing their vocational training courses achieved their qualifications.
- 3.27** Most learners made at least the expected progress from their starting points; those in cookery, hospitality and ITQ made good or better progress. Many learners produced practical work of a good standard, particularly in cookery, hospitality, woodwork, laundry, tailoring, and farms and gardens. For example, learners in woodwork made high-quality church pews, flower boxes and bird cages. Learners made good progress in most education lessons but the standard of their written work was not consistently good. For example, this was the case in English and ESOL, where learners' portfolios were also disorganised and poorly presented.

Recommendation

- 3.28** **Managers should ensure that learners' achievements on all courses are high, particularly in functional skills English and mathematics.**

Library

- 3.29** Oxfordshire County Council provided the prison's well run and well-managed library service. The librarian was supported effectively by a deputy, three part-time members of staff and two orderlies. The library offered a suitable range of fiction and non-fiction books, including an adequate selection of easy-readers and large-print books, and a wide range of books to meet the needs of foreign language readers.
- 3.30** All prisoners had timetabled access to the library for at least an hour, once a week. However, it was closed during the evenings and at weekends. Around a third of prisoners made regular use of these facilities, which was a higher proportion than at similar prisons. The prison induction included little information about the library services and they were not sufficiently well advertised on the residential wings.

- 3.31** Library staff promoted literacy and reading through initiatives such as Dads Aloud (which allowed fathers to record stories for their children) and by facilitating prisoners reading to their children during family visits. In partnership with the Shannon Trust, staff trained and supervised the 22 peer mentors who worked with prisoners participating in the Turning Pages reading support scheme; this worked well, although its effectiveness had declined because of the restrictions to association times. The library had not carried out a needs analysis of its users, to ensure that its service was relevant to all prisoners.

Recommendation

- 3.32 Shannon Trust peer mentors should have sufficient time to support other prisoners to improve their reading and literacy skills.**

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.

- 3.33** The PE facilities were adequate, comprising a large sports hall, a cardiovascular suite and a weights room. However, there were too few shower facilities for the volume of users; four pieces of equipment in the cardiovascular suite had been waiting for repair for over a year; and the all-weather pitch was out of use. Access to the small fitness suites on the residential wings was limited and a minority of gym sessions were cancelled owing to the cross-deployment of gym staff.
- 3.34** Prisoners' access to the gym had improved and was good, with around 55% accessing between one and five sessions each week. Staff collected gym attendance data and regularly sought the views of prisoners. However, they did not carry out an analysis of the data, to identify if particular groups of prisoners were not attending, and to inform further improvements. Prisoners were given a thorough induction to the health and fitness facilities.
- 3.35** Staff were well qualified and experienced, and motivated prisoners well, acting as positive role models. There were good links with health services staff, providing effective joint support for younger prisoners and for those with identified physical and/or mental health needs. Dedicated sessions were provided for vulnerable prisoners and for those aged 50 and over. Three prisoners were employed as gym assistants. They were appropriately trained and supported their peers well.
- 3.36** Prisoners engaged in a wide range of recreational sport and leisure activities. Staff had developed useful partnerships with external links, which provided prisoners with enhanced learning experiences. These included coaching from Reading Football Club and an ex-England table tennis player, and the Oxford volleyball team competing against the prison team. A small cohort of prisoners undertook accredited courses from entry level 3 to level 3, and achievement rates were high on most courses.

Recommendation

- 3.37 All equipment in the cardiovascular suite should be appropriately maintained and prisoner access to the small fitness suites on the accommodation wings 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 The population held at the establishment was complex, with a combination of remand and short-term prisoners alongside two-thirds serving sentences of over 12 months, in many cases over four years. The number of new arrivals and releases each month was high, creating a huge demand for resettlement and offender management.
- 4.2 The strategic management of resettlement had improved since the previous inspection. The strategy for the resettlement pathways was up to date and provided a reasonably good description of the services provided. However, the strategy did not adequately set out the important role of the offender management unit (OMU) in managing higher-risk and longer-term prisoners. It also failed to promote offender management as the central point of all action aimed at reducing reoffending.
- 4.3 The strategy was supported by an action plan, which was reviewed regularly to show progress made and track further actions needed. The reducing reoffending committee met each month but attendance was variable, which limited information exchange between the departments.
- 4.4 A needs analysis using completed Basic Custody Screening Tool (BCST) assessments had been used to determine the level of demand across the resettlement pathways. However, this was not comprehensive. The strategy was not supported by an analysis of other available evidence, such as P-Nomis (electronic case notes), offender assessment system (OASys) assessments or prisoner survey results. In addition, there was no analysis of the specific needs of the various types of prisoners held at the establishment.
- 4.5 The community rehabilitation company (CRC) resettlement support delivered by Milton Keynes College on behalf of MTC Novo had developed appropriately since the previous inspection (see section on reintegration planning).

Recommendation

- 4.6 **Comprehensive analyses of the needs of the different types of prisoners held at the establishment should be undertaken and reviewed regularly, and should underpin the reducing reoffending strategy.**

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.

- 4.7** The quality of offender management was poor. Its effectiveness was significantly undermined by ongoing shortages of probation staff in the OMU, and of operational staff across the prison, which resulted in huge amounts of cross-deployment of offender supervisors (see main recommendation S59). About half of the probation staff posts were vacant, which meant that others carried much larger caseloads, and about 40% of uniformed offender supervisor hours were lost each month to cross-deployment. As a result, offender supervisors had little time to see and manage the prisoners on their caseload or complete OASys assessments and sentence plans. While some managed to see higher-risk prisoners as much as possible, others acknowledged that they were unable to provide sufficient management and some uniformed offender supervisors did not know who was on their caseload (see main recommendation S64).
- 4.8** The delivery of offender management had therefore become reactive. While offender supervisors responded well to tasks and events such as completing BCST assessments, carrying out categorisation work or preparing parole reports, most were unable to provide effective and proactive management of their cases.
- 4.9** Wing surgeries were held regularly, providing an opportunity for prisoners to seek clarification or ask for help from the OMU. However, ongoing engagement with prisoners was very poor in most of the cases we looked at. In some of these, the prisoner had never met their offender supervisor, and in others there was no evidence of contact for several months. In our survey, 53% of prisoners, compared with 39% at the time of the previous inspection, said that no one was helping them to achieve their sentence plan targets and only 30% said that their offender supervisor was helping.
- 4.10** At the time of the inspection, 40% of eligible prisoners did not have an initial OASys assessment or sentence plan; many of them had arrived at the prison without these, adding to the OMU's heavy workload. In addition, OASys assessments and sentence plans were rarely reviewed (see main recommendation S64). It was therefore not surprising that, in our survey, only 28% of prisoners, compared with 36% at the time of the previous inspection, said that they had a sentence plan.
- 4.11** Home detention curfew (HDC) processes had improved and the proportion of prisoners released on HDC had increased. Too many men were released after their eligibility date but mainly because of issues beyond the control of the establishment. Some prisoners were transferred in with little time left to serve, which made it difficult for OMU staff to complete the full assessment before their eligibility date. Other assessments were delayed as a result of late reports from the community-based offender manager. However, in-house processes were robust and involved the regular chasing of late reports when needed.

Recommendation

- 4.12 Prisoners should not be transferred into the establishment without an up-to-date offender assessment system (OASys) assessment and sentence plan.**

Public protection

- 4.13** Each prisoner received into the establishment was reviewed for public protection concerns and contact restrictions were suitably applied. Mail and telephone monitoring was removed at the earliest opportunity and applications for child contact were managed appropriately.
- 4.14** At the time of the inspection, a substantial number of high-risk sexual and violent prisoners were held at the establishment, many serving long sentences. Risk management planning for their release was too limited in some of the cases we looked at. The interdepartmental risk management team (IRMT) meeting reviewed mail and telephone monitoring but was poorly attended. It provided only a one-off review of high-risk prisoners, conducted just one month before release, which was too late to be fully effective. We were also concerned that the lack of an up-to-date OASys assessment meant that some prisoners would not have had an accurate risk assessment and might therefore be overlooked by the IRMT. We also found a lack of evidence of information exchange with offender managers about risk and needs throughout the sentence and in the lead-up to release (see main recommendation S64).
- 4.15** The multi-agency public protection arrangements (MAPPAs) management level was rarely confirmed well enough ahead of release to inform pre-release risk management planning. In cases where a higher MAPPA management level had been confirmed, progress reports (MAPPA Fs) were submitted on time but the quality of these was limited in some of the cases we looked at (see main recommendation S64).

Categorisation

- 4.16** Categorisation work had improved and was up to date. Processes to review categorisation were sound and prisoners being considered for a move to open conditions were involved in a board meeting. However, some were approved for category D status without an OASys assessment to explore their risks and needs, which was poor practice (see main recommendation S64).
- 4.17** Most prisoners were told about the outcome of their review only in writing, which limited their understanding and engagement, and the explanation for recategorisation rejections did not set specific targets.
- 4.18** The onward transfer for many prisoners was not informed by an OASys assessment, sentence plan targets or the offender supervisor's view of progression.
- 4.19** The difficulty in transferring category B prisoners, particularly sex offenders, persisted owing to the lack of places nationally and the restrictive acceptance criteria used by some prisons. Consequently, many stayed at the establishment for several years, with little opportunity to undertake offence-focused work or demonstrate progression.

Recommendations

- 4.20** **Categorisation reviews should clearly set out specific and achievable targets for the prisoner.** (Repeated recommendation 4.29)
- 4.21** **Prisoner transfers should be given a higher priority and be informed by sentence plan targets to promote progression.** (Repeated recommendation 4.30)
- 4.22** **The progression of category B prisoners, including sex offenders, should not be delayed because of a lack of places nationally.**

Indeterminate sentence prisoners

- 4.23** The number of indeterminate-sentenced prisoner (ISPs) had decreased from 160 to 114 since the previous inspection but most were over tariff, some by many years. Some had too few opportunities to progress and there was no specific support for them such as a forum or ISP family days.
- 4.24** Remand prisoners potentially facing an indeterminate sentence were not supported by the OMU. Some parole board hearings had been cancelled owing to the lack of video-link equipment.

Recommendation

- 4.25 Indeterminate-sentenced prisoners (ISPs) should not stay at the establishment for too long and more support should be provided, including a system to identify and support potential ISPs throughout their remand period.** (Repeated recommendation 4.34)

Reintegration planning

Expected outcomes:

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

- 4.26** The demand for resettlement support was high, with around 150 prisoners released each month. Many of those due for release were from outside the local area, which presented further challenges in the provision of effective resettlement help.
- 4.27** CRC provision had improved considerably, and supported prisoners effectively on arrival and before release. Resettlement plans were developed on arrival but because of the regime restrictions caused by operational staff shortages (see main recommendation S59), these were not always undertaken face to face with prisoners. However, the CRC worked hard to try to avoid this happening, and the problem was reducing.
- 4.28** Prisoners could access ongoing resettlement help and we saw evidence of proactive support. Milton Keynes College case workers were confident and proactive. Reviews of the release plan were undertaken in preparation for release but there was insufficient joint working with the OMU, particularly in the higher risk of harm cases.
- 4.29** There was some small-scale mentoring support for prisoners released to the local area, and this appeared positive. This provided support before and immediately after release (see also paragraph 2.30).

Accommodation

- 4.30** There was a high level of need for help with accommodation problems, and a wide range of advice and support was available. New prisoners could access help to maintain or close down tenancies through proactive information, advice and guidance.
- 4.31** The caseworkers in the CRC team were knowledgeable and had a good awareness of accommodation help available locally and further afield. There was evidence that some

prisoners had been helped to find some form of accommodation, even if this was temporary. However, in our survey only 27% of prisoners said that they knew who to speak to about accommodation support on release.

- 4.32** Despite the level of support available, half of the prisoners released over recent months had not had sustainable accommodation to go to. This was an increasing problem nationally, often caused by the lack of social housing providers in the community, including poor access to local authority help. Some of the hostels in the local area had closed down and there was far less supported housing than there had been in the past. Those that did exist were often full. Oxford local authority housing department insisted on seeing evidence that a man was currently living on the streets before they would consider him homeless, so there was no support available from them on the day of release.

Recommendation

- 4.33** **The community rehabilitation company and housing advice providers should establish why prisoners are being released without sustainable accommodation and take concerted action to address the problem.**

Education, training and employment

- 4.34** The quality of the National Careers Service (NCS) provided by Advisa was inadequate. Individual interventions by staff were effective in supporting prisoners to determine appropriate education and training while in prison. However, long-standing staff shortages had resulted in many prisoners not receiving the information, advice and guidance they needed to maximise their chances of gaining employment, training or education on release (see main recommendation S60).
- 4.35** The induction to education was uninspiring; NCS staff were not fully involved in it, and prisoners were not sufficiently informed of all the activities available at the prison. Almost two-thirds of prisoners did not receive a skills action plan to inform their work and training needs during their sentence.
- 4.36** The virtual campus (internet access for prisoners to community education, training and employment opportunities) was out of use. As a result, prisoners were unable to undertake essential job searches before release. Links between the NCS and local employers to support prisoners' resettlement needs were weak. Prison managers did not collect accurate information about prisoners' employment and training destinations on release, including for prisoners who had attended the Timpson Training Academy.

Recommendations

- 4.37** **Prison managers should develop effective links with local employers, and provide prisoners with a wide range of opportunities to engage in resettlement activities before and on release.**
- 4.38** **Accurate prisoner destination data should be collected and used to measure and continue to improve the effectiveness of the education, training and employment provision for all released prisoners.**

Health care

- 4.39** Basic health care discharge planning arrangements were in place. All prisoners were seen by wing nurses at least one week before their discharge. On release, they were provided with seven days of medication and a printed summary of their care for their GP. They were also given information about planned hospital appointments but were not provided with assistance to find a GP, if they needed one, or any health promotion advice.
- 4.40** The Inclusion team managed the release of patients on the care programme approach and with complex mental health needs effectively, by contacting the relevant community mental health teams in advance of discharge.
- 4.41** Palliative care arrangements were appropriate and there were good links with the local hospice.

Drugs and alcohol

- 4.42** The clinical substance misuse service had developed effective systems and processes to facilitate treatment continuation on release, which included issuing bridging prescriptions (FP 10s) for methadone, and the team linked in with a wide range of drug intervention programme teams in the community.
- 4.43** The Inclusion service prioritised release planning and provided appropriate and detailed harm reduction advice and overdose prevention information to its clients; however, if a prisoner was only in contact with the clinical team, no such advice was given. There was no information sharing between clinical substance misuse and Inclusion teams, resulting in a lack of coordination; we saw one prisoner due for release who worked with both teams but neither was aware of this. The services started to address this concern when it was raised during the inspection.

Recommendation

- 4.44** **Substance misuse services should improve information sharing and ensure that all prisoners with drug and alcohol problems receive harm reduction and overdose prevention information before release.**

Finance, benefit and debt

- 4.45** Finance, benefit and debt advice had improved substantially and all prisoners could now access a full range of financial services, provided by Thames Valley Partnership. Partnership staff provided debt advice and support, help with applications for credit reports and referrals to a debt advice support organisation for prisoners' families. Jobcentre Plus provided benefits help and advice. Sentenced prisoners were able to open basic bank accounts, and around 25 applications were accepted every month.

Children, families and contact with the outside world

- 4.46** Visitors continued to experience difficulties in booking visits. Although visitors could book online, many still relied on the telephone booking line, which opened for only three and a half hours each day. Visitors struggled to get through on this line, causing considerable frustration.

- 4.47** Staff at the visitors centre, which was run by Arcott Enterprises, provided valuable support to families. They offered refreshments and an outdoor area with picnic tables. Family engagement work was too limited; a link worker from Thames Valley Partnership visited once a fortnight. The chaplaincy ran the official prison visitors scheme, which had 12 active members (see also paragraph 2.30).
- 4.48** Admission to visits was reasonably efficient. Visitors were allocated a place in the queue when they booked, which eliminated the need to turn up early on the day.
- 4.49** The hall itself was large and could accommodate 63 visits. Security arrangements were mostly proportionate, although prisoners had to wear fluorescent orange bibs. The tea bar sold sandwiches but no hot food. Although visitors centre staff made a reasonable quantity of sandwiches in the morning, many of these were sold to prison staff at lunchtime and there were not enough left for visiting families. The children's play area, which opened when the tea bar staff were free to supervise it, was large but had too few toys and games.
- 4.50** Broader provision to help prisoners to build and maintain relationships with their families was underdeveloped but starting to improve. The reducing reoffending team had recently taken over this work and had developed a good family day strategy. There had been six such days in 2016, with seven planned for 2017. There were also family days for vulnerable prisoners, although visitors under the age of 18 were not allowed to participate owing to the potential risk from some of this population. This decision unfairly affected those vulnerable prisoners who were not a risk to children.
- 4.51** As well as the Dads Aloud scheme run by the library (see paragraph 3.32), there were some other encouraging but still very new initiatives. During the inspection, the prison held its first ceremony celebrating achievement, attended by prisoners and families. The Family Man relationship programme had recently started and there was also a course designed to engage prisoners in cooking for their children.

Recommendations

- 4.52 Visits booking line provision should meet demand.**
- 4.53 Family engagement work should be expanded.**

Attitudes, thinking and behaviour

- 4.54** The range of accredited offending behaviour programmes offered was good. The thinking skills programme, Resolve and a range of sex offender treatment programmes were available and were managed well, in terms of the prioritisation of places.
- 4.55** Due to the lack of OASys data, the full extent of need for offence-focused work beyond the use of accredited programmes was not evidenced well enough. We were told that there was no provision of offence-focused work for perpetrators of domestic violence.
- 4.56** The Sycamore Tree victim awareness programme was delivered four times a year, and 188 men had completed it since April 2015. Prisoners being released to the local Thames Valley CRC could also access some motivational and goal-setting work through the Getting it Right programme.

- 4.57** The establishment had continued its focus on using restorative justice. A few face-to-face meetings between victims and offenders had been held. Use of the process to reduce conflict within the prison was at a very early stage.

Recommendation

- 4.58** **The full need for offence-focused work should be evidenced and action taken to address gaps in provision, including domestic violence.**

Additional resettlement services

- 4.59** Veterans in custody were identified on arrival and could access support from SSAFA, the armed forces charity, representatives of which attended the prison each month. Support included access to accommodation on release, a rent deposit scheme and grants for clothing and furniture. At the time of the inspection, 17 such prisoners were being supported.

Section 5. Summary of recommendations and good practice

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

Main recommendation

To HMPPS

- 5.1** HM Prisons and Probation Service and the Ministry of Justice should analyse the reasons behind continuing staff shortfalls and take effective measures to ensure that the staff complement is sufficient in all areas and that actual staff numbers do not fall seriously below the number required to ensure security, safety, decency and realistic opportunities for rehabilitation. (S59)

Main recommendations

To the governor

- 5.2** The focus on violence and drug supply reduction should continue and current violence and drug reduction plans should be applied swiftly and robustly. Outcomes should be reviewed and evaluated and, where necessary, actions should be adapted to ensure maximum impact. (S60)
- 5.3** Lessons should be learned from self-inflicted deaths, near-fatal incidents and self-harm incidents, and they should be embedded in practice to ensure that the risk of suicide and self-harm is initially identified and then managed effectively. (S61)
- 5.4** Sufficient competent and supported health services staff should be in place and a positive team culture developed to ensure a consistent, effective and safe primary health service delivery. (S62)
- 5.5** All prisoners who are eligible for education, work or training should be allocated an appropriate place and all prisoners who are allocated an activity, particularly in education classes, should attend. (S63)
- 5.6** Risk of harm should be identified and managed throughout prisoners' sentences and in the planning for release. (S64)

Recommendation

To PECS

Courts, escort and transfers

- 5.7** While prisoners are in their care, escort staff should always have access to anti-ligature knives and never leave vehicles unattended. (1.4)

Recommendations

To HMPPS

Offender management and planning

- 5.8** Prisoners should not be transferred into the establishment without an up-to-date offender assessment system (OASys) assessment and sentence plan. (4.12)
- 5.9** The progression of category B prisoners, including sex offenders, should not be delayed because of a lack of places nationally. (4.22)

Recommendations

To the governor

Courts, escort and transfers

- 5.10** Prisoners should be promptly disembarked from escort vehicles. (1.5)

Early days in custody

- 5.11** First night interviews should be held in private and all new arrivals should have a structured assessment of their risk factors for suicide and self-harm. (1.12)
- 5.12** Listeners should be available and have an active role throughout the reception process. (1.13)

Bullying and violence reduction

- 5.13** Young adults (especially those located on the sex offender unit) should be risk assessed to identify and manage any vulnerability. (1.20, repeated recommendation 1.22)

Self-harm and suicide

- 5.14** There should be sufficient appropriate cells to carry out effective constant supervision. (1.29)

Safeguarding

- 5.15** Comprehensive adult safeguarding procedures should be introduced and embedded across the prison. (1.31)

Security

- 5.16** All required intelligence-led searches should be completed. (1.38)
- 5.17** All random and required suspicion drug testing should be completed. (1.39)

Incentives and earned privileges

- 5.18** Prisoners on the basic levels of the incentives and earned privileges scheme should be set meaningful targets to encourage them to improve their behaviour. (1.43)

Discipline

- 5.19** All disciplinary hearings should be heard and dealt with on time. (1.46, repeated recommendation, 1.53)
- 5.20** Adjudication data should be collated accurately and analysed for trends and to improve quality. (1.47, repeated recommendation, 1.52)
- 5.21** Individual care and reintegration plans should be introduced, to address the needs of segregated prisoners and plan for their return to normal location where appropriate. (1.57, repeated recommendation, 1.66)

Substance misuse

- 5.22** The prison should conduct a comprehensive needs analysis and develop substance misuse support services which are readily accessible and responsive to need, in consultation with service users. (1.64)
- 5.23** Prescribing regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to national guidance. (1.65)
- 5.24** Joint working between clinical and psychosocial substance misuse teams should improve, to maximise support for prisoners. (1.66)

Residential units

- 5.25** Cells designed for one prisoner should not be used to accommodate two. (2.9, repeated recommendation, 2.7)
- 5.26** Damaged furniture should be replaced, toilets deep cleaned and descaled, and toilet lids provided. (2.10, repeated recommendation, 2.8)
- 5.27** Prisoners should be able to access their stored property within a reasonable time and be reunited with their property quickly on transfer from another prison. (2.11)

Staff-prisoner relationships

- 5.28** All personal officers should engage actively with prisoners, and case note entries should be routine, meaningful and subject to management oversight. (2.15, repeated recommendation, 2.17)

Equality and diversity

- 5.29** Action to improve equality outcomes should be based on current data, an up-to-date needs assessment and regular consultation through prisoner forums. (2.19)
- 5.30** Information in the reception area and on the wings should be translated and available in the main languages spoken. (2.26)
- 5.31** Professional telephone interpreting should be used for confidential matters for prisoners with poor English skills. (2.27)

- 5.32** All prisoners with a disability should receive systematic care, with an up-to-date care plan with multidisciplinary input where appropriate, carers trained and supervised in line with best practice, and emergency evacuation plans, where required, immediately accessible to staff. (2.28)

Faith and religious activity

- 5.33** A full hour of corporate worship should be delivered in line with the published regime. (2.32)

Legal rights

- 5.34** Legal services should be available, especially for those on remand. (2.37, repeated recommendation, 2.55)

Health services

- 5.35** All clinical areas should be decorated to a satisfactory standard and meet relevant cleaning and infection control standards. (2.50, repeated recommendation 2.72)
- 5.36** Prisoners should have access to regular, systematic health promotion campaigns throughout the prison, including easy confidential access to barrier protection. (2.51, repeated recommendation 2.74)
- 5.37** The health care complaints system should be well advertised, responses should consistently address the issue, and regular review of themes and trends should inform service development. (2.52)
- 5.38** All staff should receive regular clinical supervision. (2.53)
- 5.39** Prisoners with long-term conditions should receive regular reviews and have evidence-based care plans developed by competent health professionals. (2.61)
- 5.40** Nursing staff in the inpatient unit should have keys to enable them to have full and prompt access to patients. (2.62)
- 5.41** All prisoners should have access to secure storage for their medication. (2.69)
- 5.42** Prisoners should be followed up when they fail to attend to collect their medication. (2.70)
- 5.43** Discipline staff should supervise medication administration queues to manage prisoner behaviour and reduce the risk of diversion. (2.71, repeated recommendation 2.88)
- 5.44** Treatment room and refrigerator temperatures should be monitored daily to ensure that items are stored correctly, and appropriate action taken when necessary. (2.72)
- 5.45** A comprehensive primary mental health service should be provided, offering a full range of support for prisoners with mild and moderate mental health problems, learning disabilities and attention-deficit hyperactivity disorder, including psychological therapies. (2.81, repeated recommendation 2.101)
- 5.46** Discipline staff should have regular mental health awareness training to enable them to identify and support prisoners with mental health problems. (2.82, repeated recommendation 2.100)

- 5.47** Patients requiring a transfer under the Mental Health Act should be transferred within the current time guidelines. (2.83, repeated recommendation 2.102)

Catering

- 5.48** Prisoners should be provided with an adequate breakfast, served on the day it is to be eaten. (2.88, repeated recommendation, 2.109)
- 5.49** All servery workers and supervising staff should be trained in correct hygiene procedures, and serveries should be supervised adequately to ensure that high standards are maintained. (2.89)

Learning and skills and work activities

- 5.50** Learners' rate of progress should be carefully monitored and measured, to ensure that improvement is swift enough, and results in a consistently high quality of education and vocational training provision. (3.9)
- 5.51** Managers should ensure that prisoners in work and vocational training have the opportunity to achieve vocationally recognised qualifications and, where appropriate, prisoners should have additional opportunities to achieve full or units of qualifications above level 1. (3.14)
- 5.52** Learning sessions should be sufficiently challenging, learners' progress should be reviewed regularly and they should be supported to achieve their individualised targets, particularly in English and mathematics. (3.20)
- 5.53** Managers should ensure that learners' achievements on all courses are high, particularly in functional skills English and mathematics. (3.28)
- 5.54** Shannon Trust peer mentors should have sufficient time to support other prisoners to improve their reading and literacy skills. (3.32)

Physical education and healthy living

- 5.55** All equipment in the cardiovascular suite should be appropriately maintained and prisoner access to the small fitness suites on the accommodation wings improved. (3.37)

Strategic management of resettlement

- 5.56** Comprehensive analyses of the needs of the different types of prisoners held at the establishment should be undertaken and reviewed regularly, and should underpin the reducing reoffending strategy. (4.6)

Offender management and planning

- 5.57** Categorisation reviews should clearly set out specific and achievable targets for the prisoner. (4.20, repeated recommendation 4.29)
- 5.58** Prisoner transfers should be given a higher priority and be informed by sentence plan targets to promote progression. (4.21, repeated recommendation 4.30)

- 5.59** Indeterminate-sentenced prisoners (ISPs) should not stay at the establishment for too long and more support should be provided, including a system to identify and support potential ISPs throughout their remand period. (4.25, repeated recommendation 4.34)

Reintegration planning

- 5.60** The community rehabilitation company and housing advice providers should establish why prisoners are being released without sustainable accommodation and take concerted action to address the problem. (4.33)
- 5.61** Prison managers should develop effective links with local employers, and provide prisoners with a wide range of opportunities to engage in resettlement activities before and on release. (4.37)
- 5.62** Accurate prisoner destination data should be collected and used to measure and continue to improve the effectiveness of the education, training and employment provision for all released prisoners. (4.38)
- 5.63** Substance misuse services should improve information sharing and ensure that all prisoners with drug and alcohol problems receive harm reduction and overdose prevention information before release. (4.44)
- 5.64** Visits booking line provision should meet demand. (4.52)
- 5.65** Family engagement work should be expanded. (4.53)
- 5.66** The full need for offence-focused work should be evidenced and action taken to address gaps in provision, including domestic violence. (4.58)

Examples of good practice

Early days in custody

- 5.67** There was sound advice about radicalisation from peer workers during induction. (1.14)

Bullying and violence reduction

- 5.68** The support mentoring unit identified and supported prisoners struggling to cope with custody and planned their reintegration onto normal location. (1.21)

Purchases

- 5.69** The facility for prisoners to make a full shop order within a day of arrival helped them to avoid getting into debt in their early days at the establishment. (2.93)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Alison Perry	Team leader
Sandra Fieldhouse	Inspector
Paul Rowlands	Inspector
Jonathan Tickner	Inspector
Karen Dillon	Inspector
Martin Kettle	Inspector
Maneer Afsar	Inspector
Emma Seymour	Researcher
Laura Green	Researcher
Patricia Taflan	Researcher
Catherine Shaw	Researcher
Alissa Redmond	Researcher
Sigrid Engelen	Substance misuse inspector
Elizabeth Walsh	Health services inspector
Nicola Carlisle	Pharmacist
Catriona Reeves	Care Quality Commission inspector
Denise Olander	Ofsted inspector
Matt Benbow	Ofsted inspector
Allan Shaw	Ofsted inspector
Keith Humphries	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2015, reception processes were sound. First night arrangements were reasonable for most but peer workers were not routinely used to help settle prisoners in. More prisoners felt unsafe than at the time of the previous inspection and victimisation because of drugs was prevalent. Understanding and management of safety issues were poor. There had been five self-inflicted deaths since the previous inspection and assessment, care in custody and teamwork (ACCT) care planning required improvement. Security was mostly proportionate but drugs were too widely available. The number of adjudications and rate of segregation were high and undermined the regime and care for segregated prisoners. Levels of use of force had risen, although governance was improving. Substance misuse services were mostly good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Data collection and analysis around incidents of violence, victimisation and bullying should be comprehensive and accurate so that managers understand what nature of violent and antisocial incidents, who is committing them, why and where. On the basis of the analysis action should be taken to make the prison safer. (S54)

Achieved

Recommendations from Prisons and Probation Ombudsman reports should be actioned and reviewed to make sure that lessons are learned. The quality of assessment, care in custody and teamwork (ACCT) documents should be improved and evidence consistent case management, effective care planning and multidisciplinary input. (S55)

Not achieved

Recommendations

Listeners and Insiders should be used routinely during the reception and first night processes to help settle in and advise new prisoners. (I.13)

Not achieved

Information should be available in a range of languages and a professional telephone interpreting service should be used when necessary. (I.14)

Not achieved

All prisoners should complete the induction programme promptly, attendance should be tracked and the course content should be comprehensive. (I.15)

Achieved

Young adults (especially those located on the sex offender unit) should be risk assessed to identify and manage any vulnerability. (1.22)

Not achieved (recommendation repeated, 1.20)

Prisoners on open ACCT documents who are located on the segregation unit should undergo an enhanced assessment to ensure that their location is appropriate, that sufficient consideration is given to their vulnerabilities and that a supportive regime is initiated. (1.29)

Achieved

The safeguarding policy should be reintroduced and fully implemented, and adults with safeguarding needs should be identified and appropriate care provided. (1.32)

Not achieved

Closed visits should be applied only for reasons related directly to visits. (1.42)

Achieved

The prison should establish a strategically coordinated, whole-prison approach to drug supply and demand reduction. (1.43)

Achieved

Adjudication data should be collated accurately and analysed for trends and to improve quality. (1.52)

Not achieved (recommendation repeated, 1.47)

All disciplinary hearings should be heard and dealt with on time. (1.53)

Not achieved (recommendation repeated, 1.46)

Governance of use of force should be rigorous, and data on trends and patterns used strategically to reduce the number of such incidents. (1.57)

Achieved

The regime for prisoners on the segregation unit should be improved and include purposeful activities. (1.65)

Not achieved

Individual care and reintegration plans should be introduced, to address the needs of segregated prisoners and plan for their return to normal location where appropriate. (1.66)

Not achieved (recommendation repeated, 1.57)

Prescribing regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to national guidance. (1.76)

Not achieved

Opiate substitution medication should be administered at the same time on all days of the week, to ensure a consistent 24-hour interval between doses. (1.77)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2015, the environment was clean and litter free. Many cells were overcrowded and access to adequate cell furniture, clothing and bedding was sometimes problematic. Applications were poorly administered. Staff–prisoner relationships were mostly good. The oversight of equality provision had only recently improved but our survey outcomes for black and minority ethnic and Muslim prisoners were poor. Faith provision was good. Complaints were well managed. Health services were improving and reasonably good. The food provided was reasonable. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

Dedicated forums should be held across protected characteristics to provide support and inform delivery. Equality data should be collated and analysed, and action should be taken to ensure that the needs of minority groups are met. (S56)

Partially achieved

Recommendations

Cells designed for one prisoner should not be used to accommodate two. (2.7)

Not achieved (recommendation repeated, 2.9)

Damaged furniture should be replaced, toilets deep cleaned and descaled, and toilet lids provided. (2.8)

Not achieved (recommendation repeated, 2.10)

Showers should be suitably screened for privacy. (2.9)

Not achieved

A sufficient amount of prison-issue clothing and bedding should be available in all units. (2.10, repeated recommendation 2.16)

Achieved

Applications should be tracked and monitored to ensure timely and good-quality replies. (2.11)

No achieved

Incoming prisoners' mail should be delivered to the wings promptly. (2.12)

Partially achieved

All personal officers should engage actively with prisoners, and case note entries should be routine, meaningful and subject to management oversight. (2.17)

Not achieved (recommendation repeated, 2.15)

The diversity strategy should be relaunched, based on a thorough needs assessment and with appropriate levels of management oversight. (2.23)

Not achieved

Discrimination incident report forms should be investigated thoroughly, and responses should be timely and their quality checked both by prison managers and an independent, external organisation. (2.24)

Not achieved

All prisoners with a disability should have a care plan, which should be reviewed periodically to ensure that it is being implemented and to identify any changes in their circumstances. Plans should be informed by all departments, especially health care, which have knowledge of these prisoners' needs. (2.38)

Not achieved

Prisoner carers should have clearly defined roles and their activities should be monitored to ensure the appropriateness of their work. (2.39)

Not achieved

The negative perceptions of Muslim prisoners about access to chaplains should be explored and addressed. (2.46)

Achieved

Information about trends in complaints should be formally reviewed and used to inform management action to make improvements. (2.51)

Achieved

Legal services should be available, especially for those on remand. (2.55)

Not achieved (recommendation repeated, 2.37)

Governance systems, including incident reviews, should be robust and supported by effective, regular joint clinical governance meetings and policies. (2.71)

Partially achieved

All clinical areas should be decorated to a satisfactory standard and meet relevant cleaning and infection control standards. (2.72)

Not achieved (recommendation repeated, 2.50)

Patients should not wait excessive periods of time in waiting rooms prior to and following their health care appointments. (2.73)

Achieved

Prisoners should have access to regular, systematic health promotion campaigns throughout the prison, including easy confidential access to barrier protection. (2.74)

Not achieved (recommendation repeated, 2.51)

Newly arrived prisoners should receive prompt initial health services in reception, followed by a comprehensive secondary screen within 72 hours. (2.81)

Achieved

Discipline staff should supervise medication administration queues, to manage prisoner behaviour and reduce the risk of diversion. (2.88)

Not achieved (recommendation repeated, 2.71)

Prisoners should not wait more than six weeks for assessment and for routine dental treatment. (2.93)

Achieved

Discipline staff should have regular mental health awareness training to enable them to identify and support prisoners with mental health problems. (2.100)

Not achieved (recommendation repeated, 2.82)

A comprehensive primary mental health service should be provided, offering a full range of support for prisoners with mild and moderate mental health problems, learning disabilities and attention-deficit hyperactivity disorder, including psychological therapies. (2.101)

Not achieved (recommendation repeated, 2.81)

Patients requiring a transfer under the Mental Health Act should be assessed promptly and transferred within the current transfer guidelines. (2.102)

Not achieved (recommendation repeated, 2.83)

Prisoners should be provided with an adequate breakfast, served on the day it is to be eaten. (2.109)

Not achieved (recommendation repeated, 2.88)

Lunch should not be served before noon. (2.110)

Not achieved

Prisoners should be able to access a full shop order within 72 hours of arrival. (2.116)

Achieved

Purposeful activity

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

At the last inspection, in 2015, staff shortages and a restricted regime had resulted in a reduced amount of time out of cell. The management of learning and skills and work activities was improving but still a work in progress. The volume and range of activities had increased. There were sufficient activity places for most but too many prisoners failed to attend or were unemployed. The quality of teaching and learning required improvement. There was too little English and mathematics provision to meet demand. Too many prisoners failed to complete their courses but those who did mostly achieved well. The library was a good facility but underused. PE provision was good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

All sentenced prisoners and all remand prisoners who wish to work should be allocated to suitable learning and skills and work activities and should be required to attend. Failure to attend should be addressed. (S57)

Partially achieved

Recommendations

Prisoners should have access to daily exercise and evening association. (3.6)

Partially achieved

The prison should improve the quality improvement arrangements to include the observation of teaching and learning in industries and vocational workshops and by using the views of prisoners to inform the self-assessment process. (3.16)

Achieved

Curriculum planning should be improved by using local market intelligence, by planning progression to receiving prisons and by analysing the needs of prisoners, particularly in industries and vocational workshops. (3.17)

Partially achieved

The level of vocational qualifications available should be increased to enable prisoners to progress to higher levels. (3.22)

Partially achieved

Links with employers should be increased, to provide prisoners with a better understanding of employment opportunities and workplace expectations. (3.23)

Partially achieved

English and mathematics provision should be increased further to meet the needs of prisoners assessed with pre-entry and entry-level skills. (3.24)

Partially achieved

The prison should improve planning for individual learning by setting prisoners detailed and challenging targets and by providing good-quality feedback on written work; staff should ensure that prisoners are clear about their progress and what they need to do to improve. (3.36)

Partially achieved

Interactive learning technologies should be available in all classrooms and teachers should use this to improve the quality of teaching and learning. (3.37)

Not achieved

Formal, accredited training for classroom helpers/peer workers should be provided so that they can contribute more effectively in teaching and learning sessions. (3.38)

Partially achieved

Prisoners' development of English and mathematics should be integrated into vocational training and work. (3.39)

Partially achieved

Prisoners who start courses should be able to complete them. (3.43)

Partially achieved

Outcomes for learners in functional skills English and mathematics should be improved. (3.44)

Partially achieved

The level of skills development in industries should be increased and skills developed in work and vocational workshops should be accredited to improve prisoners' chances of employment after release. (3.45)

Partially achieved

The prison should undertake a biannual library survey to assess how well the library is meeting the needs of the population. (3.49)

Not achieved

The outside pitch should be repaired and made available for use. (3.56)

Not achieved

The number of prisoners who use PE facilities should be increased and they should be allowed to use the small gym rooms attached to the residential wings. (3.57)

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, the strategic management of resettlement was weak. Offender management was undermined by acute staff shortages. Too many prisoners were without an up-to-date sentence plan and had limited offender supervisor contact, which hindered their ability to progress. Home detention curfew and categorisation assessments and reviews were often late. Public protection arrangements were adequate. Opportunities for the large indeterminate-sentenced population were limited. Resettlement needs were assessed on arrival and demand for resettlement services was high, but the new community rehabilitation company model was not yet effective for all prisoners. Too few prisoners knew where to go to for help with resettlement issues. Pathway provision was mixed but more needed to be done to provide assistance with debt issues and with finding employment or training on release. Outcomes for prisoners were poor against this healthy prison test.

Main recommendation

Offender assessment system (OASys) assessments should be up to date, and categorisation and home detention curfew decisions should be completed on time to enable prisoners to progress. (S58)

Not achieved

Recommendations

All prisoners should be able to access help from the community rehabilitation company based in the prison, to deal with housing and debts problems at any point during their sentence. (4.7)

Achieved

A reducing reoffending strategy, based on a comprehensive needs analysis, should be developed which reflects the complex population held at the establishment and the new arrangements for resettlement support, and addresses the considerable weaknesses in offender management. (4.8)

Not achieved

Better data collection should be introduced and more management oversight provided to identify issues and tackle poor performance. (4.16)

Partially achieved

All reviews of OASys should be thorough and include a comprehensive plan for managing the risk of harm. All departments should provide information to help to develop better sentence plan targets. (4.17)

Not achieved

P-Nomis should be used as the central recording system. (4.18)

Achieved

Completed multi-agency public protection arrangements (MAPPA) F reports should include a better analysis of information to provide an assessment of progress made, changes in custodial behaviour and risk levels. (4.23)

Not achieved

Confirmation of the MAPPA management level should be sought six months before release and the interdepartmental risk management team meeting should provide better oversight of these cases, with attendance for all relevant departments. (4.24)

Not achieved

Categorisation reviews should clearly set out specific and achievable targets for the prisoner. (4.29)

Not achieved (recommendation repeated, 4.20)

Prisoner transfers should be given a higher priority and be informed by sentence plan targets to promote progression. (4.30)

Not achieved (recommendation repeated, 4.21)

The National Offender Management Service should ensure that the progression of category B sex offenders is not delayed owing to a lack of places nationally. (4.31)

Not achieved

Indeterminate-sentenced prisoners (ISPs) should not stay at the establishment for too long and more support should be provided, including a system to identify and support potential ISPs throughout their remand period. (4.34)

Not achieved (recommendation repeated, 4.25)

The effectiveness of the new arrangements for providing housing advice and help should be measured. (4.41)

Achieved

Through links with employers and outside agencies, and attendance at good-quality resettlement classes, prisoners should be prepared for, informed about and supported to find employment, training and education on release. (4.43)

Not achieved

A robust system to monitor the progression of prisoners post-release should be introduced and the data used to evaluate the impact of the National Careers Service provision on prisoners. (4.44)

Not achieved

All prisoners should have access to a comprehensive range of debt and finance support and advice, including case management and the opening of bank accounts before release. (4.50)

Achieved

The nature and extent of prisoners' needs to re-establish or maintain contact with children and families should be established and steps taken to meet these needs. (4.59, repeated recommendation 4.61)

Not achieved

The need for a replacement victim awareness programme should be explored and provision developed if appropriate. (4.63)

Achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notice

Provider: Care UK Clinical Services Ltd

Location: HMP Bullingdon

Location ID: 1-2496910915

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

Action we have told the provider to take

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

Regulation 16: Receiving and acting on complaints

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

How the regulation was not being met:

We found that the provider did not operate an effective and accessible system for identifying, receiving, recording, handling and responding to complaints.

The complaints system was not effectively promoted in healthcare or on the prison wings. This meant that a number of healthcare complaints were initially submitted to the main prison complaints system, resulting in delays. As a result, patient details and the reason for their complaint were not kept confidential, and responses were delayed, as patients then had to re-submit complaints through the healthcare system.

Complaints were not dealt with promptly. At the time of inspection there were 50 outstanding complaints, with 12 over the provider's current response target time of 28 days. No earlier acknowledgements of receipt were sent, and there was no quality assurance process in place to ensure that complaint responses were timely or appropriate.

We therefore found that the complaints system was not effective in ensuring that complainants received appropriate responses, or that proportionate and timely action was taken in response to complaints.

Regulation 17: Good GovernanceRegulation 17 HSCA (RA) Regulations
2014 Good Governance**How the regulation was not being met:**

We found that the provider did not have systems and processes in place to ensure that they were able to meet other Requirements.

The provider did not effectively assess, monitor or improve the quality and safety of services, in particular to ensuring that appropriate processes and procedures were being followed by all staff in relation to adherence to the cold chain and safe storage of medicines, and consistency in infection control measures. It was also in relation to the learning of lessons from complaints and other feedback received by the provider in order to inform improvements of services provided by all team members, including the long-term agency staff who comprised a large part of the healthcare team.

In three of the six wing treatment rooms, we found that medicine fridge temperatures were not being checked appropriately, or if recorded as being above the maximum safe temperature, had not been escalated to the pharmacy to ensure that the efficacy of medicines had not been compromised. In two treatment rooms, the room temperature had been recorded as above the maximum safe temperature for medicine storage, but this had not been escalated to the pharmacy to ensure that the medicines stored in these rooms were still safe to use.

The provider did not effectively act on feedback from people using the service. Complaints were logged and responded to, but there was no evidence of identifying and addressing trends or themes, or that lessons learnt informed service improvement. We found that a large number of recent complaints received from patients related to staff attitudes and behaviour, but saw no evidence that trends or themes had been identified, or that lessons learnt informed wider service improvement or disseminated effectively to the whole team. This meant there was a risk that the issues complained about would happen again.

Appendix IV: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	32	618	58.9
Recall	0	128	11.6
Convicted unsentenced	5	31	3.3
Remand	18	160	16.1
Civil prisoners	0	0	0
Detainees	1	8	0.8
Total	56	1047	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	24	213	21.5
Less than six months	5	58	5.7
six months to less than 12 months	2	47	4.4
12 months to less than 2 years	6	120	11.4
2 years to less than 4 years	10	228	21.6
4 years to less than 10 years	9	184	17.5
10 years and over (not life)	0	83	7.5
ISPP (indeterminate sentence for public protection)	0	60	10.3
Life	0	54	4.9
Total	56	1047	100

Age	Number of prisoners	%
Please state minimum age here: 18	0	0
Under 21 years	56	5.1
21 years to 29 years	379	34
30 years to 39 years	345	31.3
40 years to 49 years	189	17.1
50 years to 59 years	84	7.6
60 years to 69 years	29	2.6
70 plus years	21	1.9
Please state maximum age here: 83	0	0
Total	1103	100

Nationality	18–20-year-olds	21 and over	%
British	47	947	90.1
Foreign nationals	4	97	9.2
Not stated	5	3	0.7
Total	56	1047	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	27	249	25.0
Uncategorised sentenced	4	19	2.1
Category A	0	0	0
Category B	0	115	10.4
Category C	0	638	57.8
Category D	0	25	2.3
Other/YOI closed	25	1	2.4
Total	56	1047	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British	26	693	65.2
Irish	0	14	1.3
Gypsy/Irish Traveller	1	17	1.6
Other white	2	39	3.7
Mixed			
White and black Caribbean	3	30	3.0
White and black African	2	5	0.6
White and Asian	1	5	0.5
Other mixed	0	11	1.0
Asian or Asian British			
Indian	2	28	2.7
Pakistani	6	44	4.5
Bangladeshi	1	5	0.5
Chinese	0	1	0.1
Other Asian	1	22	2.1
Black or black British			
Caribbean	2	57	5.3
African	8	38	4.2
Other black	1	19	1.8
Other ethnic group			
Arab	0	3	0.3
Other ethnic group	0	5	0.5
Not stated	0	11	1.0
Total	56	1047	100

Religion	18–20-year-olds	21 and over	%
Baptist	0	2	0.2
Church of England	0	141	12.8
Roman Catholic	5	164	15.3
Other Christian denominations	13	218	20.9
Muslim	23	157	16.3
Sikh	0	21	1.9
Hindu	0	2	0.2
Buddhist	0	31	2.8
Jewish	0	7	0.6
Other	0	29	2.6
No religion	15	275	26.3
Total			

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

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	11	1.0	125	11.3
1 month to 3 months	8	0.7	245	22.2
3 months to six months	8	0.7	168	15.2
six months to 1 year	3	0.3	166	15.0
1 year to 2 years	2	0.2	82	7.4
2 years to 4 years	0	0	29	2.6
4 years or more	0	0	18	1.6
Total	32	2.9	834	75.6

Sentenced prisoners only

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

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	10	4.2%	82	34.6
1 month to 3 months	11	4.6%	67	28.3
3 months to six months	0	0.0%	15	6.3
six months to 1 year	0	0.0%	1	0.4
1 year to 2 years	0	0.0%	0	0.0
2 years to 4 years	3	1.3%	48	20.3
4 years or more	0	0.0%	0	0.0
Total	24	2.2%	213	19.3

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 establishment⁸. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 24 April 2017, the prisoner population at HMP Bullingdon was 1,091. Using the method described above, questionnaires were distributed to a sample of 218 prisoners.

We received a total of 182 completed questionnaires, a response rate of 83%. Fifteen respondents refused to complete a questionnaire and 21 questionnaires were not returned.

⁸ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
A	33
B	32
C	29
D	33
E	32
F	20
Health care unit	3
Segregation unit	0

Presentation of survey results and analyses

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

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 differences⁹ 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 Bullingdon in 2017 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 Bullingdon in 2017 compared with the responses of prisoners surveyed at HMP Bullingdon in 2015.
- A comparison within the 2017 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2017 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2017 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 2017 survey between the responses of prisoners on E wing and the responses of prisoners on A, B, C, D and F wings.

⁹ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.01 which means that there is only a 1% likelihood that the difference is due to chance.

Survey summary

Section I: About You

Q1.1	What wing or houseblock are you currently living on? See survey methodology.	
Q1.2	How old are you?	
	Under 21	9 (5%)
	21 - 29.....	62 (34%)
	30 - 39.....	59 (33%)
	40 - 49.....	35 (19%)
	50 - 59.....	10 (6%)
	60 - 69.....	5 (3%)
	70 and over	1 (1%)
Q1.3	Are you sentenced?	
	Yes	129 (71%)
	Yes - on recall.....	22 (12%)
	No - awaiting trial.....	15 (8%)
	No - awaiting sentence	15 (8%)
	No - awaiting deportation.....	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced.....	30 (17%)
	Less than 6 months.....	11 (6%)
	6 months to less than 1 year	20 (11%)
	1 year to less than 2 years	30 (17%)
	2 years to less than 4 years	33 (18%)
	4 years to less than 10 years.....	29 (16%)
	10 years or more.....	11 (6%)
	IPP (indeterminate sentence for public protection)	10 (6%)
	Life.....	6 (3%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?	
	Yes	17 (9%)
	No.....	164 (91%)
Q1.6	Do you understand spoken English?	
	Yes	177 (98%)
	No.....	3 (2%)
Q1.7	Do you understand written English?	
	Yes	176 (97%)
	No.....	5 (3%)

Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	119 (67%)	Asian or Asian British - Chinese..... 1 (1%)
	White - Irish.....	2 (1%)	Asian or Asian British - other..... 2 (1%)
	White - other.....	9 (5%)	Mixed race - white and black Caribbean. 11 (6%)
	Black or black British - Caribbean.....	12 (7%)	Mixed race - white and black African..... 1 (1%)
	Black or black British - African.....	3 (2%)	Mixed race - white and Asian..... 0 (0%)
	Black or black British - other.....	2 (1%)	Mixed race - other..... 2 (1%)
	Asian or Asian British - Indian.....	2 (1%)	Arab..... 1 (1%)
	Asian or Asian British - Pakistani.....	6 (3%)	Other ethnic group..... 1 (1%)
	Asian or Asian British - Bangladeshi.....	3 (2%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes.....		6 (3%)
	No.....		171 (97%)
Q1.10	What is your religion?		
	None.....	52 (29%)	Hindu..... 0 (0%)
	Church of England.....	48 (27%)	Jewish..... 0 (0%)
	Catholic.....	30 (17%)	Muslim..... 29 (16%)
	Protestant.....	1 (1%)	Sikh..... 1 (1%)
	Other Christian denomination.....	6 (3%)	Other..... 7 (4%)
	Buddhist.....	5 (3%)	
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight.....		171 (96%)
	Homosexual/Gay.....		3 (2%)
	Bisexual.....		4 (2%)
Q1.12	Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?		
	Yes.....		56 (31%)
	No.....		122 (69%)
Q1.13	Are you a veteran (ex- armed services)?		
	Yes.....		10 (6%)
	No.....		170 (94%)
Q1.14	Is this your first time in prison?		
	Yes.....		45 (25%)
	No.....		134 (75%)
Q1.15	Do you have children under the age of 18?		
	Yes.....		94 (53%)
	No.....		83 (47%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?		
	Less than 2 hours.....		90 (50%)
	2 hours or longer.....		81 (45%)
	Don't remember.....		10 (6%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	90 (50%)
	Yes	58 (32%)
	No.....	29 (16%)
	<i>Don't remember</i>	3 (2%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	90 (50%)
	Yes	8 (4%)
	No.....	77 (43%)
	<i>Don't remember</i>	5 (3%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	92 (51%)
	No.....	72 (40%)
	<i>Don't remember</i>	16 (9%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	117 (65%)
	No.....	58 (32%)
	<i>Don't remember</i>	5 (3%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well</i>	42 (23%)
	<i>Well</i>	77 (43%)
	<i>Neither</i>	42 (23%)
	<i>Badly</i>	12 (7%)
	<i>Very badly</i>	5 (3%)
	<i>Don't remember</i>	2 (1%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	<i>Yes, someone told me</i>	110 (61%)
	<i>Yes, I received written information</i>	10 (6%)
	<i>No, I was not told anything</i>	51 (28%)
	<i>Don't remember</i>	13 (7%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	148 (83%)
	No.....	29 (16%)
	<i>Don't remember</i>	2 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	51 (28%)
	<i>2 hours or longer</i>	122 (67%)
	<i>Don't remember</i>	8 (4%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	138 (77%)
	No	37 (21%)
	<i>Don't remember</i>	5 (3%)

Q3.3	Overall, how were you treated in reception?		
	Very well.....	26 (14%)	
	Well.....	67 (37%)	
	Neither.....	55 (31%)	
	Badly.....	22 (12%)	
	Very badly.....	10 (6%)	
	Don't remember.....	0 (0%)	
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	Loss of property.....	37 (21%)	Physical health.....
	Housing problems.....	45 (26%)	Mental health.....
	Contacting employers.....	10 (6%)	Needing protection from other prisoners
	Contacting family.....	62 (35%)	Getting phone numbers.....
	Childcare.....	5 (3%)	Other.....
	Money worries.....	35 (20%)	Did not have any problems.....
	Feeling depressed or suicidal.....	48 (27%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	Yes.....	31 (18%)	
	No.....	109 (63%)	
	Did not have any problems.....	33 (19%)	
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	Tobacco.....	143 (79%)	
	A shower.....	37 (21%)	
	A free telephone call.....	68 (38%)	
	Something to eat.....	129 (72%)	
	PIN phone credit.....	91 (51%)	
	Toiletries/ basic items.....	90 (50%)	
	Did not receive anything.....	9 (5%)	
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	Chaplain.....	69 (39%)	
	Someone from health services.....	114 (64%)	
	A Listener/Samaritans.....	44 (25%)	
	Prison shop/ canteen.....	31 (18%)	
	Did not have access to any of these.....	40 (23%)	
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	What was going to happen to you.....	78 (45%)	
	What support was available for people feeling depressed or suicidal.....	55 (32%)	
	How to make routine requests (applications).....	58 (34%)	
	Your entitlement to visits.....	53 (31%)	
	Health services.....	73 (42%)	
	Chaplaincy.....	78 (45%)	
	Not offered any information.....	58 (34%)	
Q3.9	Did you feel safe on your first night here?		
	Yes.....	126 (70%)	
	No.....	46 (26%)	
	Don't remember.....	8 (4%)	

Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	38 (21%)
	<i>Within the first week</i>	78 (44%)
	<i>More than a week</i>	50 (28%)
	<i>Don't remember</i>	12 (7%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	38 (22%)
	<i>Yes</i>	70 (40%)
	<i>No</i>	50 (29%)
	<i>Don't remember</i>	15 (9%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	46 (26%)
	<i>Within the first week</i>	17 (10%)
	<i>More than a week</i>	103 (59%)
	<i>Don't remember</i>	10 (6%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	20 (11%)	32 (18%)	31 (18%)	40 (23%)	31 (18%)	21 (12%)
	<i>Attend legal visits?</i>	24 (14%)	52 (31%)	29 (17%)	22 (13%)	5 (3%)	34 (20%)
	<i>Get bail information?</i>	7 (5%)	12 (8%)	21 (14%)	29 (19%)	28 (18%)	56 (37%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters</i>						31 (17%)
	<i>Yes</i>						83 (47%)
	<i>No</i>						64 (36%)
Q4.3	Can you get legal books in the library?						
	<i>Yes</i>						63 (36%)
	<i>No</i>						14 (8%)
	<i>Don't know</i>						99 (56%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	95 (53%)	78 (44%)	5 (3%)			
	<i>Are you normally able to have a shower every day?</i>	139 (78%)	40 (22%)	0 (0%)			
	<i>Do you normally receive clean sheets every week?</i>	122 (70%)	47 (27%)	6 (3%)			
	<i>Do you normally get cell cleaning materials every week?</i>	92 (52%)	79 (45%)	5 (3%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	19 (11%)	142 (83%)	11 (6%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	99 (58%)	73 (42%)	0 (0%)			
	<i>If you need to, can you normally get your stored property?</i>	30 (17%)	96 (55%)	49 (28%)			

Q4.5	What is the food like here?		
	Very good.....	1	(1%)
	Good.....	27	(15%)
	Neither.....	48	(27%)
	Bad.....	51	(28%)
	Very bad.....	53	(29%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?		
	Have not bought anything yet/ don't know.....	15	(8%)
	Yes.....	102	(57%)
	No.....	61	(34%)
Q4.7	Can you speak to a Listener at any time, if you want to?		
	Yes.....	90	(50%)
	No.....	20	(11%)
	Don't know.....	69	(39%)
Q4.8	Are your religious beliefs respected?		
	Yes.....	88	(49%)
	No.....	26	(15%)
	Don't know/ N/A.....	64	(36%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?		
	Yes.....	87	(49%)
	No.....	21	(12%)
	Don't know/ N/A.....	69	(39%)
Q4.10	How easy or difficult is it for you to attend religious services?		
	I don't want to attend.....	33	(19%)
	Very easy.....	37	(21%)
	Easy.....	42	(24%)
	Neither.....	19	(11%)
	Difficult.....	15	(9%)
	Very difficult.....	7	(4%)
	Don't know.....	23	(13%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes.....	125	(71%)	
	No.....	44	(25%)	
	Don't know.....	8	(5%)	
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)			
		<i>Not made one</i>	Yes	No
	Are applications dealt with fairly?	16 (9%)	72 (42%)	82 (48%)
	Are applications dealt with quickly (within seven days)?	16 (10%)	32 (19%)	118 (71%)
Q5.3	Is it easy to make a complaint?			
	Yes.....	89	(51%)	
	No.....	48	(28%)	
	Don't know.....	37	(21%)	

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?	69 (40%)	20 (11%)	85 (49%)
Are complaints dealt with quickly (within seven days)?	69 (40%)	22 (13%)	82 (47%)

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

Yes	34 (20%)
No.....	139 (80%)

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

Don't know who they are.....	51 (29%)
Very easy.....	14 (8%)
Easy.....	23 (13%)
Neither.....	42 (24%)
Difficult.....	29 (17%)
Very difficult.....	16 (9%)

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

Don't know what the IEP scheme is	16 (9%)
Yes	66 (37%)
No	68 (38%)
Don't know	29 (16%)

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

Don't know what the IEP scheme is	16 (9%)
Yes	66 (39%)
No.....	64 (38%)
Don't know	23 (14%)

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

Yes	18 (10%)
No.....	157 (90%)

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

I have not been to segregation in the last 6 months	134 (80%)
Very well.....	3 (2%)
Well.....	5 (3%)
Neither.....	9 (5%)
Badly.....	7 (4%)
Very badly.....	10 (6%)

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

Yes	117 (65%)
No.....	62 (35%)

Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	121 (70%)
	No.....	51 (30%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	51 (29%)
	No.....	127 (71%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association.....</i>	7 (4%)
	<i>Never.....</i>	47 (27%)
	<i>Rarely</i>	53 (30%)
	<i>Some of the time</i>	41 (23%)
	<i>Most of the time.....</i>	20 (11%)
	<i>All of the time.....</i>	9 (5%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	135 (75%)
	<i>In the first week.....</i>	12 (7%)
	<i>More than a week.....</i>	23 (13%)
	<i>Don't remember</i>	9 (5%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	135 (75%)
	<i>Very helpful.....</i>	15 (8%)
	<i>Helpful</i>	13 (7%)
	<i>Neither</i>	7 (4%)
	<i>Not very helpful</i>	3 (2%)
	<i>Not at all helpful.....</i>	6 (3%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes	102 (57%)
	No.....	77 (43%)
Q8.2	Do you feel unsafe now?	
	Yes	55 (32%)
	No.....	119 (68%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	77 (45%)
	<i>Everywhere</i>	40 (23%)
	<i>Segregation unit.....</i>	5 (3%)
	<i>Association areas</i>	35 (20%)
	<i>Reception area</i>	8 (5%)
	<i>At the gym</i>	14 (8%)
	<i>In an exercise yard</i>	25 (14%)
	<i>At work.....</i>	10 (6%)
	<i>During movement.....</i>	35 (20%)
	<i>At education</i>	6 (3%)
	<i>At meal times.....</i>	20 (12%)
	<i>At health services.....</i>	12 (7%)
	<i>Visits area.....</i>	14 (8%)
	<i>In wing showers</i>	23 (13%)
	<i>In gym showers</i>	5 (3%)
	<i>In corridors/stairwells.....</i>	24 (14%)
	<i>On your landing/wing</i>	33 (19%)
	<i>In your cell.....</i>	20 (12%)
	<i>At religious services.....</i>	9 (5%)
Q8.4	Have you been victimised by other prisoners here?	
	Yes	65 (37%)
	No.....	110 (63%)

Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	33 (19%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	25 (14%)
<i>Sexual abuse</i>	4 (2%)
<i>Feeling threatened or intimidated</i>	43 (25%)
<i>Having your canteen/property taken</i>	21 (12%)
<i>Medication</i>	11 (6%)
<i>Debt</i>	13 (7%)
<i>Drugs</i>	18 (10%)
<i>Your race or ethnic origin</i>	7 (4%)
<i>Your religion/religious beliefs</i>	10 (6%)
<i>Your nationality</i>	8 (5%)
<i>You are from a different part of the country than others</i>	8 (5%)
<i>You are from a traveller community</i>	3 (2%)
<i>Your sexual orientation</i>	6 (3%)
<i>Your age</i>	10 (6%)
<i>You have a disability</i>	9 (5%)
<i>You were new here</i>	17 (10%)
<i>Your offence/ crime</i>	10 (6%)
<i>Gang related issues</i>	18 (10%)

Q8.6 Have you been victimised by staff here?

Yes	71 (40%)
No	106 (60%)

Q8.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	37 (21%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	19 (11%)
<i>Sexual abuse</i>	3 (2%)
<i>Feeling threatened or intimidated</i>	31 (18%)
<i>Medication</i>	20 (11%)
<i>Debt</i>	5 (3%)
<i>Drugs</i>	9 (5%)
<i>Your race or ethnic origin</i>	8 (5%)
<i>Your religion/religious beliefs</i>	8 (5%)
<i>Your nationality</i>	7 (4%)
<i>You are from a different part of the country than others</i>	6 (3%)
<i>You are from a traveller community</i>	3 (2%)
<i>Your sexual orientation</i>	4 (2%)
<i>Your age</i>	7 (4%)
<i>You have a disability</i>	8 (5%)
<i>You were new here</i>	10 (6%)
<i>Your offence/ crime</i>	12 (7%)
<i>Gang related issues</i>	8 (5%)

Q8.8 If you have been victimised by prisoners or staff, did you report it?

<i>Not been victimised</i>	82 (49%)
Yes	23 (14%)
No	61 (37%)

Section 9: Health services

Q9.1 How easy or difficult is it to see the following people?

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	19 (11%)	4 (2%)	29 (17%)	16 (9%)	57 (33%)	50 (29%)
The nurse	19 (11%)	11 (6%)	57 (33%)	24 (14%)	34 (20%)	27 (16%)
The dentist	35 (20%)	2 (1%)	17 (10%)	11 (6%)	36 (21%)	70 (41%)

Q9.2 What do you think of the quality of the health service from the following people?

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	21 (12%)	8 (5%)	43 (24%)	27 (15%)	41 (23%)	36 (20%)
The nurse	14 (8%)	10 (6%)	47 (27%)	28 (16%)	40 (23%)	35 (20%)
The dentist	53 (32%)	11 (7%)	23 (14%)	23 (14%)	26 (16%)	31 (19%)

Q9.3 What do you think of the overall quality of the health services here?

<i>Not been</i>	11 (6%)
<i>Very good</i>	10 (6%)
<i>Good</i>	30 (18%)
<i>Neither</i>	26 (15%)
<i>Bad</i>	48 (28%)
<i>Very bad</i>	45 (26%)

Q9.4 Are you currently taking medication?

Yes	88 (51%)
No	86 (49%)

Q9.5 If you are taking medication, are you allowed to keep some/ all of it in your own cell?

<i>Not taking medication</i>	86 (49%)
<i>Yes, all my meds</i>	31 (18%)
<i>Yes, some of my meds</i>	30 (17%)
<i>No</i>	29 (16%)

Q9.6 Do you have any emotional or mental health problems?

Yes	86 (49%)
No	88 (51%)

Q9.7 Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?

<i>Do not have any emotional or mental health problems</i>	88 (51%)
Yes	25 (15%)
No	59 (34%)

Section 10: Drugs and alcohol

Q10.1 Did you have a problem with drugs when you came into this prison?

Yes	66 (38%)
No	109 (62%)

Q10.2 Did you have a problem with alcohol when you came into this prison?

Yes	35 (20%)
No	140 (80%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy.....	76 (43%)
	Easy.....	13 (7%)
	Neither.....	9 (5%)
	Difficult.....	3 (2%)
	Very difficult.....	6 (3%)
	Don't know.....	71 (40%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	35 (20%)
	Easy.....	24 (13%)
	Neither.....	11 (6%)
	Difficult.....	7 (4%)
	Very difficult.....	12 (7%)
	Don't know.....	89 (50%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	28 (16%)
	No.....	148 (84%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	20 (11%)
	No.....	154 (89%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem.....	94 (57%)
	Yes.....	42 (26%)
	No.....	28 (17%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	Did not / do not have an alcohol problem.....	140 (80%)
	Yes.....	14 (8%)
	No.....	20 (11%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	Did not have a problem/ did not receive help.....	114 (72%)
	Yes.....	24 (15%)
	No.....	20 (13%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	17 (10%)	14 (8%)	39 (22%)	22 (13%)	51 (29%)	32 (18%)
	Vocational or skills training	42 (25%)	9 (5%)	40 (24%)	25 (15%)	32 (19%)	21 (12%)
	Education (including basic skills)	34 (20%)	11 (7%)	57 (34%)	24 (14%)	27 (16%)	14 (8%)
	Offending behaviour programmes	45 (27%)	11 (7%)	26 (16%)	24 (14%)	39 (23%)	21 (13%)

Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)				
	<i>Not involved in any of these</i>				64 (37%)
	Prison job				72 (42%)
	Vocational or skills training.....				15 (9%)
	Education (including basic skills).....				33 (19%)
	Offending behaviour programmes				20 (12%)
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	41 (26%)	45 (29%)	52 (33%)	19 (12%)
	Vocational or skills training	49 (37%)	37 (28%)	32 (24%)	14 (11%)
	Education (including basic skills)	40 (28%)	53 (37%)	38 (26%)	14 (10%)
	Offending behaviour programmes	48 (34%)	44 (31%)	33 (23%)	16 (11%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				25 (14%)
	<i>Never</i>				48 (28%)
	<i>Less than once a week</i>				44 (25%)
	<i>About once a week</i>				44 (25%)
	<i>More than once a week</i>				12 (7%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				53 (31%)
	<i>Yes</i>				79 (46%)
	<i>No</i>				39 (23%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				38 (22%)
	<i>0</i>				52 (30%)
	<i>1 to 2</i>				23 (13%)
	<i>3 to 5</i>				49 (28%)
	<i>More than 5</i>				10 (6%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				43 (25%)
	<i>0</i>				41 (24%)
	<i>1 to 2</i>				45 (26%)
	<i>3 to 5</i>				22 (13%)
	<i>More than 5</i>				21 (12%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				3 (2%)
	<i>0</i>				7 (4%)
	<i>1 to 2</i>				35 (20%)
	<i>3 to 5</i>				105 (61%)
	<i>More than 5</i>				23 (13%)

Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	<i>Less than 2 hours</i>	33 (19%)
	<i>2 to less than 4 hours</i>	54 (31%)
	<i>4 to less than 6 hours</i>	41 (24%)
	<i>6 to less than 8 hours</i>	18 (10%)
	<i>8 to less than 10 hours</i>	6 (3%)
	<i>10 hours or more</i>	10 (6%)
	<i>Don't know</i>	11 (6%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	48 (28%)
	No.....	121 (72%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	80 (48%)
	No.....	88 (52%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	73 (42%)
	No.....	100 (58%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	35 (20%)
	<i>Very easy</i>	11 (6%)
	<i>Easy</i>	30 (17%)
	<i>Neither</i>	19 (11%)
	<i>Difficult</i>	27 (16%)
	<i>Very difficult</i>	44 (25%)
	<i>Don't know</i>	8 (5%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	30 (17%)
	Yes	92 (52%)
	No.....	55 (31%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	85 (48%)
	<i>No contact</i>	43 (24%)
	<i>Letter</i>	24 (14%)
	<i>Phone</i>	21 (12%)
	<i>Visit</i>	15 (8%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	49 (28%)
	No.....	123 (72%)

Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	30 (17%)
	<i>Yes</i>	40 (23%)
	<i>No</i>	104 (60%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	134 (77%)
	<i>Very involved</i>	13 (7%)
	<i>Involved</i>	10 (6%)
	<i>Neither</i>	1 (1%)
	<i>Not very involved</i>	5 (3%)
	<i>Not at all involved</i>	12 (7%)
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	134 (77%)
	<i>Nobody</i>	21 (12%)
	<i>Offender supervisor</i>	12 (7%)
	<i>Offender manager</i>	8 (5%)
	<i>Named/ personal officer</i>	1 (1%)
	<i>Staff from other departments</i>	10 (6%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	134 (77%)
	<i>Yes</i>	22 (13%)
	<i>No</i>	8 (5%)
	<i>Don't know</i>	11 (6%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	134 (77%)
	<i>Yes</i>	11 (6%)
	<i>No</i>	18 (10%)
	<i>Don't know</i>	10 (6%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	134 (77%)
	<i>Yes</i>	13 (8%)
	<i>No</i>	10 (6%)
	<i>Don't know</i>	16 (9%)
Q13.10	Do you have a needs based custody plan?	
	<i>Yes</i>	8 (5%)
	<i>No</i>	84 (50%)
	<i>Don't know</i>	77 (46%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	15 (9%)
	<i>No</i>	146 (91%)

**Q13.12 Do you know of anyone in this prison who can help you with the following on release?
(Please tick all that apply to you.)**

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	40 (25%)	31 (19%)	89 (56%)
Accommodation	33 (21%)	34 (21%)	92 (58%)
Benefits	36 (23%)	37 (23%)	86 (54%)
Finances	36 (23%)	22 (14%)	96 (62%)
Education	37 (24%)	28 (18%)	87 (57%)
Drugs and alcohol	41 (26%)	46 (29%)	72 (45%)

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>	30 (18%)
<i>Yes</i>	57 (33%)
<i>No</i>	84 (49%)

Main comparator and comparator to last time



Prisoner survey responses HMP Bullingdon 2017

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				
Number of completed questionnaires returned		182	6,036	182	219
SECTION 1: General information					
1.2	Are you under 21 years of age?	5%	6%	5%	2%
1.3	Are you sentenced?	83%	68%	83%	78%
1.3	Are you on recall?	12%	10%	12%	9%
1.4	Is your sentence less than 12 months?	17%	21%	17%	16%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	3%	6%	7%
1.5	Are you a foreign national?	9%	13%	9%	11%
1.6	Do you understand spoken English?	98%	98%	98%	99%
1.7	Do you understand written English?	97%	96%	97%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	27%	25%	27%	27%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	5%	3%	9%
1.1	Are you Muslim?	16%	13%	16%	11%
1.11	Are you homosexual/gay or bisexual?	4%	3%	4%	2%
1.12	Do you consider yourself to have a disability?	31%	27%	31%	18%
1.13	Are you a veteran (ex-armed services)?	6%	6%	6%	4%
1.14	Is this your first time in prison?	25%	33%	25%	36%
1.15	Do you have any children under the age of 18?	53%	53%	53%	47%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	45%	22%	45%	41%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	64%	40%	64%	56%
2.3	Were you offered a toilet break?	9%	8%	9%	12%
2.4	Was the van clean?	51%	58%	51%	58%
2.5	Did you feel safe?	65%	74%	65%	75%
2.6	Were you treated well/very well by the escort staff?	66%	67%	66%	68%
2.7	Before you arrived here were you told that you were coming here?	61%	64%	61%	60%
2.7	Before you arrived here did you receive any written information about coming here?	6%	3%	6%	10%
2.8	When you first arrived here did your property arrive at the same time as you?	83%	78%	83%	76%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	28%	41%	28%	27%
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	77%	77%	82%
3.3	Were you treated well/very well in reception?	52%	62%	52%	59%
	When you first arrived:				
3.4	Did you have any problems?	81%	78%	81%	69%
3.4	Did you have any problems with loss of property?	21%	16%	21%	24%
3.4	Did you have any housing problems?	26%	23%	26%	21%
3.4	Did you have any problems contacting employers?	6%	6%	6%	6%
3.4	Did you have any problems contacting family?	35%	35%	35%	26%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	3%	3%	3%
3.4	Did you have any money worries?	20%	24%	20%	20%
3.4	Did you have any problems with feeling depressed or suicidal?	27%	26%	27%	19%
3.4	Did you have any physical health problems?	19%	18%	19%	17%
3.4	Did you have any mental health problems?	31%	28%	31%	15%
3.4	Did you have any problems with needing protection from other prisoners?	9%	9%	9%	4%
3.4	Did you have problems accessing phone numbers?	34%	33%	34%	28%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	22%	31%	22%	26%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	79%	75%	79%	57%
3.6	A shower?	21%	28%	21%	20%
3.6	A free telephone call?	38%	54%	38%	47%
3.6	Something to eat?	72%	71%	72%	69%
3.6	PIN phone credit?	51%	49%	51%	41%
3.6	Toiletries/ basic items?	50%	58%	50%	50%

Key to tables

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SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	39%	45%	39%	36%
3.7	Someone from health services?	64%	66%	64%	61%
3.7	A Listener/Samaritans?	25%	30%	25%	20%
3.7	Prison shop/ canteen?	18%	22%	18%	13%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	45%	40%	45%	51%
3.8	Support was available for people feeling depressed or suicidal?	32%	35%	32%	30%
3.8	How to make routine requests?	34%	33%	34%	35%
3.8	Your entitlement to visits?	31%	33%	31%	30%
3.8	Health services?	42%	43%	42%	44%
3.8	The chaplaincy?	45%	39%	45%	36%
3.9	Did you feel safe on your first night here?	70%	67%	70%	77%
3.10	Have you been on an induction course?	79%	75%	79%	84%
	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%	49%
3.12	Did you receive an education (skills for life) assessment?	74%	75%	74%	77%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	30%	35%	30%	35%
4.1	Attend legal visits?	46%	50%	46%	53%
4.1	Get bail information?	12%	16%	12%	15%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	47%	40%	47%	51%
4.3	Can you get legal books in the library?	36%	34%	36%	43%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	53%	48%	53%	49%
4.4	Are you normally able to have a shower every day?	78%	71%	78%	91%
4.4	Do you normally receive clean sheets every week?	70%	62%	70%	71%
4.4	Do you normally get cell cleaning materials every week?	52%	49%	52%	64%
4.4	Is your cell call bell normally answered within five minutes?	11%	23%	11%	20%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	58%	55%	58%	63%
4.4	Can you normally get your stored property, if you need to?	17%	19%	17%	19%
4.5	Is the food in this prison good/very good?	16%	21%	16%	15%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	57%	46%	57%	52%
4.7	Are you able to speak to a Listener at any time, if you want to?	50%	53%	50%	62%
4.8	Are your religious beliefs respected?	49%	48%	49%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	49%	50%	49%	54%
4.10	Is it easy/very easy to attend religious services?	45%	43%	45%	50%

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SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	71%	71%	71%	73%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	47%	46%	47%	45%
5.2	Do you feel applications are dealt with quickly (within seven days)?	21%	31%	21%	29%
5.3	Is it easy to make a complaint?	51%	48%	51%	57%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	19%	27%	19%	25%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	21%	21%	21%	28%
5.5	Have you ever been prevented from making a complaint when you wanted to?	20%	22%	20%	19%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	21%	18%	21%	29%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	40%	37%	38%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	38%	39%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	11%	10%	7%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	24%	34%	24%	35%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	65%	72%	65%	74%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	70%	67%	70%	65%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	29%	27%	29%	26%
7.4	Do staff normally speak to you most of the time/all of the time during association?	16%	17%	16%	17%
7.5	Do you have a personal officer?	25%	32%	25%	43%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	64%	65%	64%	70%

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SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	57%	51%	57%	44%
8.2	Do you feel unsafe now?	32%	24%	32%	20%
8.4	Have you been victimised by other prisoners here?	37%	32%	37%	33%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	19%	13%	19%	14%
8.5	Hit, kicked or assaulted you?	14%	10%	14%	13%
8.5	Sexually abused you?	2%	2%	2%	2%
8.5	Threatened or intimidated you?	25%	18%	25%	18%
8.5	Taken your canteen/property?	12%	9%	12%	11%
8.5	Victimised you because of medication?	6%	5%	6%	5%
8.5	Victimised you because of debt?	7%	5%	7%	4%
8.5	Victimised you because of drugs?	10%	5%	10%	6%
8.5	Victimised you because of your race or ethnic origin?	4%	4%	4%	4%
8.5	Victimised you because of your religion/religious beliefs?	6%	4%	6%	2%
8.5	Victimised you because of your nationality?	5%	3%	5%	2%
8.5	Victimised you because you were from a different part of the country?	5%	4%	5%	2%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	2%
8.5	Victimised you because of your sexual orientation?	3%	2%	3%	2%
8.5	Victimised you because of your age?	6%	3%	6%	3%
8.5	Victimised you because you have a disability?	5%	4%	5%	2%
8.5	Victimised you because you were new here?	10%	7%	10%	6%
8.5	Victimised you because of your offence/crime?	6%	7%	6%	5%
8.5	Victimised you because of gang related issues?	10%	6%	10%	5%

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	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	40%	32%	40%	34%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	21%	13%	21%	11%
8.7	Hit, kicked or assaulted you?	11%	7%	11%	9%
8.7	Sexually abused you?	2%	1%	2%	1%
8.7	Threatened or intimidated you?	18%	14%	18%	14%
8.7	Victimised you because of medication?	11%	6%	11%	4%
8.7	Victimised you because of debt?	3%	2%	3%	3%
8.7	Victimised you because of drugs?	5%	3%	5%	3%
8.7	Victimised you because of your race or ethnic origin?	5%	4%	5%	6%
8.7	Victimised you because of your religion/religious beliefs?	5%	4%	5%	3%
8.7	Victimised you because of your nationality?	4%	3%	4%	2%
8.7	Victimised you because you were from a different part of the country?	3%	3%	3%	1%
8.7	Victimised you because you are from a Traveller community?	2%	1%	2%	3%
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	1%
8.7	Victimised you because of your age?	4%	2%	4%	3%
8.7	Victimised you because you have a disability?	5%	4%	5%	1%
8.7	Victimised you because you were new here?	6%	5%	6%	5%
8.7	Victimised you because of your offence/crime?	7%	5%	7%	5%
8.7	Victimised you because of gang related issues?	5%	3%	5%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	27%	34%	27%	40%

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SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	19%	21%	19%	22%
9.1	Is it easy/very easy to see the nurse?	40%	41%	40%	49%
9.1	Is it easy/very easy to see the dentist?	11%	9%	11%	9%
	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?	33%	40%	33%	37%
9.2	The nurse?	36%	50%	36%	43%
9.2	The dentist?	30%	30%	30%	30%
9.3	The overall quality of health services?	25%	34%	25%	29%
9.4	Are you currently taking medication?	51%	53%	51%	48%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	68%	56%	68%	73%
9.6	Do you have any emotional well being or mental health problems?	49%	44%	49%	30%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	30%	40%	30%	37%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	38%	33%	38%	31%
10.2	Did you have a problem with alcohol when you came into this prison?	20%	21%	20%	23%
10.3	Is it easy/very easy to get illegal drugs in this prison?	50%	42%	50%	39%
10.4	Is it easy/very easy to get alcohol in this prison?	33%	20%	33%	24%
10.5	Have you developed a problem with drugs since you have been in this prison?	16%	10%	16%	12%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	12%	9%	12%	5%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	60%	56%	60%	53%
10.8	Have you received any support or help with your alcohol problem while in this prison?	41%	52%	41%	51%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	55%	74%	55%	68%

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SECTION 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	30%	33%	30%	31%
11.1	Vocational or skills training?	29%	30%	29%	27%
11.1	Education (including basic skills)?	41%	45%	41%	50%
11.1	Offending behaviour programmes?	22%	17%	22%	20%
Are you currently involved in any of the following activities:					
11.2	A prison job?	42%	46%	42%	43%
11.2	Vocational or skills training?	9%	8%	9%	6%
11.2	Education (including basic skills)?	19%	23%	19%	23%
11.2	Offending behaviour programmes?	12%	7%	12%	8%
11.3	Have you had a job while in this prison?	74%	70%	74%	69%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	39%	38%	39%	38%
11.3	Have you been involved in vocational or skills training while in this prison?	63%	56%	63%	56%
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?	45%	41%	45%	45%
11.3	Have you been involved in education while in this prison?	72%	67%	72%	67%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	51%	48%	51%	46%
11.3	Have you been involved in offending behaviour programmes while in this prison?	66%	54%	66%	58%
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?	47%	38%	47%	45%
11.4	Do you go to the library at least once a week?	32%	28%	32%	36%
11.5	Does the library have a wide enough range of materials to meet your needs?	46%	32%	46%	44%
11.6	Do you go to the gym three or more times a week?	34%	23%	34%	42%
11.7	Do you go outside for exercise three or more times a week?	25%	40%	25%	42%
11.8	Do you go on association more than five times each week?	13%	42%	13%	64%
11.9	Do you spend ten or more hours out of your cell on a weekday?	6%	9%	6%	4%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	28%	31%	28%	32%
12.2	Have you had any problems with sending or receiving mail?	48%	48%	48%	50%
12.3	Have you had any problems getting access to the telephones?	42%	35%	42%	26%
12.4	Is it easy/ very easy for your friends and family to get here?	24%	35%	24%	28%

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SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	63%	62%	63%	65%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	47%	45%	47%	36%
13.2	Contact by letter?	26%	26%	26%	37%
13.2	Contact by phone?	23%	12%	23%	27%
13.2	Contact by visit?	16%	34%	16%	39%
13.3	Do you have a named offender supervisor in this prison?	29%	31%	29%	33%
For those who are sentenced:					
13.4	Do you have a sentence plan?	28%	32%	28%	36%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	56%	54%	56%	46%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	53%	48%	53%	39%
13.6	Offender supervisor?	30%	32%	30%	35%
13.6	Offender manager?	20%	25%	20%	29%
13.6	Named/ personal officer?	3%	10%	3%	22%
13.6	Staff from other departments?	25%	17%	25%	20%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	54%	50%	54%	58%
13.8	Are there plans for you to achieve any of your targets in another prison?	28%	29%	28%	22%
13.9	Are there plans for you to achieve any of your targets in the community?	33%	31%	33%	29%
13.10	Do you have a needs based custody plan?	5%	7%	5%	3%
13.11	Do you feel that any member of staff has helped you to prepare for release?	9%	11%	9%	15%
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?	26%	26%	26%	21%
13.12	Accommodation?	27%	32%	27%	25%
13.12	Benefits?	30%	34%	30%	28%
13.12	Finances?	19%	21%	19%	16%
13.12	Education?	24%	27%	24%	23%
13.12	Drugs and alcohol?	39%	40%	39%	38%
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?	40%	44%	40%	52%

Diversity analysis



Key question responses (ethnicity and religion) HMP Bullingdon 2017

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

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		47	130	29	150
1.3	Are you sentenced?	77%	86%	76%	85%
1.5	Are you a foreign national?	15%	7%	14%	9%
1.6	Do you understand spoken English?	100%	98%	100%	98%
1.7	Do you understand written English?	100%	96%	100%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			77%	17%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	5%	3%	3%
1.1	Are you Muslim?	44%	5%		
1.12	Do you consider yourself to have a disability?	24%	34%	29%	32%
1.13	Are you a veteran (ex-armed services)?	0%	7%	3%	6%
1.14	Is this your first time in prison?	32%	23%	35%	24%
2.6	Were you treated well/very well by the escort staff?	53%	70%	50%	69%
2.7	Before you arrived here were you told that you were coming here?	57%	62%	66%	60%
3.2	When you were searched in reception, was this carried out in a respectful way?	68%	81%	69%	79%
3.3	Were you treated well/very well in reception?	49%	54%	39%	55%
3.4	Did you have any problems when you first arrived?	84%	81%	86%	81%
3.7	Did you have access to someone from health care when you first arrived here?	75%	60%	66%	64%
3.9	Did you feel safe on your first night here?	70%	70%	66%	70%
3.10	Have you been on an induction course?	80%	78%	93%	76%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	30%	30%	17%	32%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	61%	52%	59%	52%
4.4	Are you normally able to have a shower every day?	80%	76%	72%	78%
4.4	Is your cell call bell normally answered within five minutes?	16%	10%	10%	11%
4.5	Is the food in this prison good/very good?	22%	14%	17%	16%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	39%	64%	45%	60%
4.7	Are you able to speak to a Listener at any time, if you want to?	39%	54%	41%	52%
4.8	Do you feel your religious beliefs are respected?	61%	45%	62%	47%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	49%	49%	57%	48%
5.1	Is it easy to make an application?	65%	72%	59%	73%
5.3	Is it easy to make a complaint?	51%	51%	50%	51%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	38%	28%	39%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	44%	37%	39%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	11%	14%	10%
7.1	Do most staff, in this prison, treat you with respect?	57%	69%	62%	66%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	63%	73%	59%	73%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	21%	14%	17%	17%
7.4	Do you have a personal officer?	26%	24%	21%	25%
8.1	Have you ever felt unsafe here?	53%	59%	45%	60%
8.2	Do you feel unsafe now?	36%	30%	31%	32%
8.3	Have you been victimised by other prisoners?	33%	39%	36%	38%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	17%	28%	25%	25%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	11%	2%	7%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	5%	11%	5%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	5%	0%	6%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	7%	4%	6%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	39%	40%	50%	38%
8.7	Have you ever felt threatened or intimidated by staff here?	13%	20%	14%	18%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	11%	2%	4%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	4%	14%	3%
8.7	Have you been victimised because of your nationality? (By staff)	9%	2%	0%	5%
8.7	Have you been victimised because you have a disability? (By staff)	0%	6%	4%	5%
9.1	Is it easy/very easy to see the doctor?	22%	18%	14%	20%
9.1	Is it easy/ very easy to see the nurse?	44%	38%	33%	41%
9.4	Are you currently taking medication?	30%	59%	25%	56%
9.6	Do you feel you have any emotional well being/mental health issues?	36%	54%	36%	52%
10.3	Is it easy/very easy to get illegal drugs in this prison?	50%	52%	36%	53%
11.2	Are you currently working in the prison?	39%	44%	32%	44%
11.2	Are you currently undertaking vocational or skills training?	9%	7%	4%	9%
11.2	Are you currently in education (including basic skills)?	24%	18%	25%	19%
11.2	Are you currently taking part in an offending behaviour programme?	9%	13%	11%	12%
11.4	Do you go to the library at least once a week?	36%	30%	30%	33%
11.6	Do you go to the gym three or more times a week?	49%	29%	41%	32%
11.7	Do you go outside for exercise three or more times a week?	25%	26%	18%	27%
11.8	On average, do you go on association more than five times each week?	13%	14%	22%	12%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	2%	7%	11%	5%
12.2	Have you had any problems sending or receiving mail?	50%	46%	54%	46%
12.3	Have you had any problems getting access to the telephones?	46%	41%	57%	38%

Diversity Analysis



Key question responses (disability) HMP Bullingdon 2017

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		56	122
1.3	Are you sentenced?	88%	82%
1.5	Are you a foreign national?	5%	12%
1.6	Do you understand spoken English?	98%	98%
1.7	Do you understand written English?	95%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	20%	28%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	2%
1.1	Are you Muslim?	14%	17%
1.12	Do you consider yourself to have a disability?		
1.13	Are you a veteran (ex-armed services)?	7%	5%
1.14	Is this your first time in prison?	20%	27%
2.6	Were you treated well/very well by the escort staff?	67%	66%
2.7	Before you arrived here were you told that you were coming here?	63%	60%
3.2	When you were searched in reception, was this carried out in a respectful way?	73%	80%
3.3	Were you treated well/very well in reception?	51%	53%
3.4	Did you have any problems when you first arrived?	95%	75%
3.7	Did you have access to someone from health care when you first arrived here?	68%	64%
3.9	Did you feel safe on your first night here?	71%	70%
3.10	Have you been on an induction course?	78%	78%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	30%	31%

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?	49%	55%
4.4	Are you normally able to have a shower every day?	75%	80%
4.4	Is your cell call bell normally answered within five minutes?	6%	14%
4.5	Is the food in this prison good/very good?	27%	11%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	64%	56%
4.7	Are you able to speak to a Listener at any time, if you want to?	57%	48%
4.8	Do you feel your religious beliefs are respected?	49%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	46%	52%
5.1	Is it easy to make an application?	78%	67%
5.3	Is it easy to make a complaint?	56%	50%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	31%	41%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	13%	9%
7.1	Do most staff, in this prison, treat you with respect?	66%	67%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	65%	74%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	11%	20%
7.4	Do you have a personal officer?	16%	28%
8.1	Have you ever felt unsafe here?	61%	54%
8.2	Do you feel unsafe now?	26%	35%
8.3	Have you been victimised by other prisoners?	45%	35%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	36%	20%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	8%	3%
8.5	Have you been victimised because of your age? (By prisoners)	9%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	17%	0%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	47%	35%
8.7	Have you ever felt threatened or intimidated by staff here?	18%	16%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	3%
8.7	Have you been victimised because of your nationality? (By staff)	6%	3%
8.7	Have you been victimised because of your age? (By staff)	6%	3%
8.7	Have you been victimised because you have a disability? (By staff)	15%	0%
9.1	Is it easy/very easy to see the doctor?	22%	18%
9.1	Is it easy/ very easy to see the nurse?	48%	36%
9.4	Are you currently taking medication?	82%	38%
9.6	Do you feel you have any emotional well being/mental health issues?	67%	42%
10.3	Is it easy/very easy to get illegal drugs in this prison?	41%	56%
11.2	Are you currently working in the prison?	36%	45%
11.2	Are you currently undertaking vocational or skills training?	11%	6%
11.2	Are you currently in education (including basic skills)?	15%	21%
11.2	Are you currently taking part in an offending behaviour programme?	23%	7%
11.4	Do you go to the library at least once a week?	32%	32%
11.6	Do you go to the gym three or more times a week?	19%	41%
11.7	Do you go outside for exercise three or more times a week?	22%	27%
11.8	On average, do you go on association more than five times each week?	15%	13%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	9%	4%
12.2	Have you had any problems sending or receiving mail?	51%	45%
12.3	Have you had any problems getting access to the telephones?	40%	42%



Prisoner survey responses HMP Bullingdon 2017

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

Key to tables

		HMP Bullingdon E Wing	HMP Bullingdon All Other Wings
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		32	147
SECTION 1: General information			
1.2	Are you under 21 years of age?	3%	6%
1.3	Are you sentenced?	84%	83%
1.3	Are you on recall?	13%	12%
1.4	Is your sentence less than 12 months?	13%	17%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	6%
1.5	Are you a foreign national?	3%	11%
1.6	Do you understand spoken English?	97%	99%
1.7	Do you understand written English?	97%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	19%	28%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	4%
1.1	Are you Muslim?	9%	18%
1.11	Are you homosexual/gay or bisexual?	19%	1%
1.12	Do you consider yourself to have a disability?	34%	31%
1.13	Are you a veteran (ex-armed services)?	16%	4%
1.14	Is this your first time in prison?	48%	21%
1.15	Do you have any children under the age of 18?	42%	55%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	44%	45%
2.5	Did you feel safe?	72%	64%
2.6	Were you treated well/very well by the escort staff?	75%	64%
2.7	Before you arrived here were you told that you were coming here?	66%	61%
2.8	When you first arrived here did your property arrive at the same time as you?	88%	82%

Key to tables

	Any percentage highlighted in green is significantly better	HMP Bullingdon E Wing	HMP Bullingdon 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		
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	28%	29%
3.2	When you were searched in reception, was this carried out in a respectful way?	81%	75%
3.3	Were you treated well/very well in reception?	66%	48%
	When you first arrived:		
3.4	Did you have any problems?	78%	82%
3.4	Did you have any problems with loss of property?	13%	23%
3.4	Did you have any housing problems?	16%	27%
3.4	Did you have any problems contacting employers?	3%	6%
3.4	Did you have any problems contacting family?	44%	33%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	4%
3.4	Did you have any money worries?	22%	19%
3.4	Did you have any problems with feeling depressed or suicidal?	28%	27%
3.4	Did you have any physical health problems?	22%	19%
3.4	Did you have any mental health problems?	19%	35%
3.4	Did you have any problems with needing protection from other prisoners?	25%	5%
3.4	Did you have problems accessing phone numbers?	47%	31%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	63%	83%
3.6	A shower?	22%	21%
3.6	A free telephone call?	22%	42%
3.6	Something to eat?	59%	74%
3.6	PIN phone credit?	16%	58%
3.6	Toiletries/ basic items?	44%	52%

Key to tables

	Any percentage highlighted in green is significantly better	HMP Bullingdon E Wing	HMP Bullingdon 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		
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	26%	43%
3.7	Someone from health services?	52%	67%
3.7	A Listener/Samaritans?	23%	26%
3.7	Prison shop/ canteen?	19%	17%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	46%	45%
3.8	Support was available for people feeling depressed or suicidal?	32%	32%
3.8	How to make routine requests?	25%	36%
3.8	Your entitlement to visits?	25%	32%
3.8	Health services?	39%	43%
3.8	The chaplaincy?	25%	50%
3.9	Did you feel safe on your first night here?	56%	73%
3.10	Have you been on an induction course?	90%	77%
3.12	Did you receive an education (skills for life) assessment?	77%	74%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	36%	28%
4.1	Attend legal visits?	40%	47%
4.1	Get bail information?	7%	13%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	38%	48%
4.3	Can you get legal books in the library?	38%	36%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	84%	47%
4.4	Are you normally able to have a shower every day?	78%	77%
4.4	Do you normally receive clean sheets every week?	88%	65%
4.4	Do you normally get cell cleaning materials every week?	50%	52%
4.4	Is your cell call bell normally answered within five minutes?	26%	8%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	65%	57%
4.4	Can you normally get your stored property, if you need to?	32%	14%
4.5	Is the food in this prison good/very good?	19%	15%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	56%	57%
4.7	Are you able to speak to a Listener at any time, if you want to?	75%	45%
4.8	Are your religious beliefs are respected?	66%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	57%	48%
4.10	Is it easy/very easy to attend religious services?	48%	44%

Key to tables

	Any percentage highlighted in green is significantly better	HMP Bullingdon E Wing	HMP Bullingdon 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		
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	74%	71%
5.3	Is it easy to make a complaint?	66%	48%
5.5	Have you ever been prevented from making a complaint when you wanted to?	19%	20%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	29%	19%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	34%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	38%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	9%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	87%	61%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	86%	67%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	44%	25%
7.4	Do staff normally speak to you most of the time/all of the time during association?	22%	16%
7.5	Do you have a personal officer?	38%	22%

Key to tables

	Any percentage highlighted in green is significantly better	HMP Bullingdon E Wing	HMP Bullingdon 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		
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	63%	56%
8.2	Do you feel unsafe now?	29%	32%
8.4	Have you been victimised by other prisoners here?	37%	37%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	30%	16%
8.5	Hit, kicked or assaulted you?	10%	14%
8.5	Sexually abused you?	10%	1%
8.5	Threatened or intimidated you?	30%	23%
8.5	Taken your canteen/property?	13%	11%
8.5	Victimised you because of medication?	3%	6%
8.5	Victimised you because of debt?	0%	9%
8.5	Victimised you because of drugs?	3%	11%
8.5	Victimised you because of your race or ethnic origin?	3%	4%
8.5	Victimised you because of your religion/religious beliefs?	7%	6%
8.5	Victimised you because of your nationality?	3%	5%
8.5	Victimised you because you were from a different part of the country?	3%	5%
8.5	Victimised you because you are from a traveller community?	0%	2%
8.5	Victimised you because of your sexual orientation?	13%	1%
8.5	Victimised you because of your age?	7%	6%
8.5	Victimised you because you have a disability?	3%	6%
8.5	Victimised you because you were new here?	10%	10%
8.5	Victimised you because of your offence/crime?	20%	3%
8.5	Victimised you because of gang related issues?	3%	12%

Key to tables

	Any percentage highlighted in green is significantly better	HMP Bullingdon E Wing	HMP Bullingdon 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		
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	30%	42%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	20%	21%
8.7	Hit, kicked or assaulted you?	7%	11%
8.7	Sexually abused you?	3%	1%
8.7	Threatened or intimidated you?	17%	17%
8.7	Victimised you because of medication?	13%	11%
8.7	Victimised you because of debt?	0%	4%
8.7	Victimised you because of drugs?	0%	6%
8.7	Victimised you because of your race or ethnic origin?	0%	6%
8.7	Victimised you because of your religion/religious beliefs?	3%	5%
8.7	Victimised you because of your nationality?	0%	5%
8.7	Victimised you because you were from a different part of the country?	7%	3%
8.7	Victimised you because you are from a traveller community?	0%	2%
8.7	Victimised you because of your sexual orientation?	7%	1%
8.7	Victimised you because of your age?	3%	4%
8.7	Victimised you because you have a disability?	7%	4%
8.7	Victimised you because you were new here?	3%	6%
8.7	Victimised you because of your offence/crime?	10%	6%
8.7	Victimised you because of gang related issues?	3%	5%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	30%	16%
9.1	Is it easy/very easy to see the nurse?	63%	33%
9.1	Is it easy/very easy to see the dentist?	20%	9%
9.4	Are you currently taking medication?	61%	48%
9.6	Do you have any emotional well being or mental health problems?	48%	50%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	7%	44%
10.2	Did you have a problem with alcohol when you came into this prison?	10%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	32%	54%
10.4	Is it easy/very easy to get alcohol in this prison?	16%	37%
10.5	Have you developed a problem with drugs since you have been in this prison?	7%	18%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	13%	11%

Key to tables

	Any percentage highlighted in green is significantly better	HMP Bullingdon E Wing	HMP Bullingdon 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		
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	28%	31%
11.1	Vocational or skills training?	26%	30%
11.1	Education (including basic skills)?	31%	43%
11.1	Offending Behaviour Programmes?	31%	21%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	46%	42%
11.2	Vocational or skills training?	21%	6%
11.2	Education (including basic skills)?	46%	14%
11.2	Offending Behaviour Programmes?	21%	10%
11.4	Do you go to the library at least once a week?	55%	28%
11.5	Does the library have a wide enough range of materials to meet your needs?	54%	44%
11.6	Do you go to the gym three or more times a week?	28%	36%
11.7	Do you go outside for exercise three or more times a week?	28%	24%
11.8	Do you go on association more than five times each week?	3%	16%
11.9	Do you spend ten or more hours out of your cell on a weekday?	3%	6%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	25%	30%
12.2	Have you had any problems with sending or receiving mail?	36%	50%
12.3	Have you had any problems getting access to the telephones?	48%	40%
12.4	Is it easy/ very easy for your friends and family to get here?	28%	23%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	48%	25%
13.10	Do you have a needs based custody plan?	3%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	15%	8%