

Report on an unannounced inspection of

HMP Wayland

by HM Chief Inspector of Prisons

19–30 June 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

HMP Wayland is a category C training establishment located in rural Norfolk near Thetford. Built over 30 years ago, the prison held just under 1,000 convicted adult male prisoners, the vast majority of whom were serving lengthy sentences. Over two thirds of prisoners were serving in excess of four years, with just over 100 serving life sentences.

We last inspected in Wayland in late 2013, when we found a prison that was stretched as a consequence of budgetary constraints, but was reasonably safe and delivering some good outcomes for those detained. At this inspection the prison was emerging from recent difficulties, but was improving and continuing to sustain broadly reasonable outcomes despite some concerns about safety, which was its key priority.

Overall, safety at Wayland was improving. The number of violent incidents had increased steadily between 2015 and 2016 but there was clear evidence that, encouragingly, it had begun to fall in the months leading up to the inspection. Meaningful work was being done by the prison to confront violence and reduce it, and this seemed to be having an effect. This, however, was yet to be reflected in improved prisoner confidence, as measured by prisoner perceptions of their own safety recorded in our survey.

Like violence, illicit drugs remained problematic. Nearly half of prisoners surveyed thought it was easy to obtain drugs and alcohol. While mandatory drug testing data was not excessive at around 5% positive, these figures did not include the widespread but less easily detected psychoactive substances. As with the prison's approach to violence reduction, however, useful strategies were in place to cut off supply and there was some evidence of successes. Security, in general, was applied with competence and proportionality, although the supervision and accountability in respect of the increased use of force recorded needed to be better. The use of segregation was reasonably well managed.

Wayland remained a generally respectful prison. The environment was reasonable, although some cells needed to be cleaner. Access to in-cell telephones and secure laptops that eased access to administrative systems was, in our view, the way forward and an example of good practice. Staff evidenced growing confidence in their dealings with prisoners and the promotion of equality was improving. Consultation with minority groups was very good, although much of this improving work had still to realise measurable improvement in outcomes for, and the perceptions of, minority groups.

The delivery of health services was variable, with improvements required to key services. Prisoners also expressed very negative views about the quality of the food and we had concerns over some poor hygiene standards observed in the kitchen. Similarly, we were not confident that religious or cultural observances in respect of food preparation were given sufficient priority.

There was enough work and education for most prisoners, but time out of cell was disappointing and we counted about a quarter of prisoners locked in cell during the working day. That said, there were meaningful plans to improve learning and vocational opportunities and our colleagues in Ofsted judged the overall effectiveness of provision to be 'good' overall.

Similarly, Wayland took its responsibilities as a resettlement prison seriously and was working hard to reduce a backlog in prisoner offender assessment system (OASys) assessments, while prioritising appropriately those that required immediate attention. Most prisoners knew their offender supervisor, although contact varied greatly, and most had a sentence plan. These plans were limited in their effect, but nearly two thirds of prisoners thought that the prison had assisted them in making them less likely to reoffend. Reintegration and release planning was generally good. Offending

behaviour work was also effective, and in particular the personality disorder (PDU) and psychologically informed planned environment (PIPE) units were excellent.

Overall, Wayland was, in our view, making progress and this is an encouraging report. Our assessment has had to balance a number of objective measures, many of which still need to improve further, with more dynamic measures such as the clear energy and determination within the prison to improve matters. The prison was very well led, while plans for improvement were active and substantive, taking the prison forward in a positive direction. Our report provides a number of recommendations which we hope will assist that process.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

September 2017

Fact page

Task of the establishment

HMP Wayland is a category C training prison with a resettlement function.

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

Public

Region/Department

The East

Number held

951

Certified normal accommodation

877

Operational capacity

953

Date of last full inspection

22 July – 2 August 2013

Brief history

HMP Wayland opened in 1985, with the site buildings being added to on four occasions. The last addition was in 2008, when 300 spaces were added across five new units.

Short description of residential units

A: Induction and high-risk cell sharing risk assessment (CSRA) – mostly single cells

B: Normal location, high-risk CSRA – mostly single cells

C: Normal location, high-risk CSRA – mostly single cells and safe cell

D: Integrated drug treatment system and normal location, high-risk CSRA – mostly single cells

E: Wensum enabling environment; personality disorder pathway service and progression; psychologically informed planned environment (PIPE) – single cells and safe cell

F: Enhanced unit, lowered security risk – single cells

G: Rehabilitation of Addicted Prisoners trust (RAPt); short duration drug programme; over-50s – single cells

H: Enhanced unit, lowered security risk – single cells

J–M: Normal location – double cells

N: Normal location, enhanced unit – double cells

Segregation unit

Name of governor

Paul Cawkwell

Escort contractor

Serco

Health service provider

Virgin Care Services Limited

Learning and skills providers

PeoplePlus

Independent Monitoring Board chair

Trish Phillips

Community rehabilitation company (CRC)

Norfolk and Suffolk CRC

About this inspection and report

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

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

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

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 Her Majesty's 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 *Conditions in reception and first night accommodation were less than ideal but processes were sound. The number of assaults had reduced from a peak in 2016 but remained very high. Measures to analyse and reduce violence were thorough and applied consistently. The level of self-harm had risen and was high; there was room for improvement in the monitoring of those at risk but there was a purposeful and coordinated approach to addressing issues at establishment level. The level of use of force was high, and its governance was inadequate. Security arrangements were generally proportionate, and the flow of intelligence had improved; there was a strong emphasis on the urgent task of reducing the ready availability of drugs. The segregation unit, in spite of inadequate physical facilities, was well managed. Work to address substance misuse was reasonably good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S2 *At the last inspection in 2013 we found that outcomes for prisoners in Wayland were reasonably good against this healthy prison test. We made 15 recommendations in the area of safety. At this follow-up inspection we found that nine of the recommendations had been achieved, one had been partially achieved and five had not been achieved.*
- S3 The escort vans we inspected were clean and properly equipped but prisoners reported negatively on their feelings of safety and their treatment by staff during journeys to the prison.
- S4 The reception area was small and old but processes were swift and the atmosphere was relaxed. Induction orderlies and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) met and reassured newly arrived prisoners. First night safety interviews and access to services were good but many first night cells were unwelcoming and had dirty toilets.
- S5 The peer-led induction, which started on the day after arrival, was short but reasonably informative. Some prisoners spent too long on the induction unit before transfer to another wing.
- S6 In our survey, almost half of respondents said that they had felt unsafe at the prison at some time, and over a quarter that they currently felt unsafe, both of which were worse than at similar prisons and than at the time of the previous inspection. Following a prolonged increase in the number of incidents of violence in 2015–16, there had been a reduction in recent months. However, the overall number of recorded assaults had risen sharply since the previous inspection.
- S7 The strategic oversight of violence reduction was very good and comprehensive monitoring identified trends and emerging hotspots of poor behaviour. Systems to identify and address violent and bullying behaviour were effective and a team of violence reduction officers investigated every reported incident.
- S8 Most poor behaviour was managed through mainstream disciplinary or administrative action. This was appropriate but there was a lack of specific interventions to change violent behaviour. Support for victims was reasonable, with support offered from the violence reduction staff, safer custody representatives and, when necessary, Listeners and/or the chaplaincy.

- S9 In the previous six months, 110 prisoners had self-harmed, which was far more than we see elsewhere. There had been five self-inflicted deaths since the previous inspection. Reasonable progress had been made to implement the Prisons and Probation Ombudsman's recommendations following deaths in custody.
- S10 The suicide and self-harm policy was underpinned by a robust action plan and annual safety survey. Safer prisons and safeguarding meetings were well attended by all relevant disciplines and were productive. Assessment, care in custody and teamwork (ACCT) case management documentation for prisoners at risk of suicide or self-harm was reasonable but flaws remained: some triggers were incorrectly recorded, actions on care maps were not completed and some documents were closed too quickly. Access to trained peer supporters (Listeners) was adequate but the rooms provided for that support (Listener suites) were in very poor condition.
- S11 The safeguarding policy was good, and at-risk adults were discussed weekly. Links with adult social services had developed and were now reasonably effective.
- S12 Security arrangements were generally proportionate, with a rational approach to prisoner work allocations and movement across the site, although not all visits restrictions were justifiable. There was an appropriate focus on the risks posed by extremism and radicalisation, as well as the key threats of violence, drugs – especially new psychoactive substances (NPS) – and mobile phones.
- S13 The flow of intelligence had increased sharply and it was efficiently processed and analysed. Although intelligence-led searching led to many finds, there was no monitoring of how many requested searches were actually completed. Staff corruption prevention processes were robust and had proved effective.
- S14 In our survey, 57% of respondents said that it was easy to get illegal drugs, and 41% that it was easy to obtain alcohol, at the prison, and 19% said that they had developed a drug problem there. The reported mandatory drug testing positive rate was low, at 5.6%, but, in addition, a quarter of all those tested were positive for NPS. The prison was alert to this and, led by the governor, had introduced a range of strategies to meet the threat posed by NPS. Some successes in stopping routes of supply had led to other routes being tried, and drug and alcohol availability remained high.
- S15 Although prisoners' perceptions of the incentives and earned privileges (IEP) scheme were not positive, additional privileges were available for many enhanced prisoners, and the scheme had a motivational effect. Reviews were timely and evidence based. The behaviour targets set for those on the basic regime were limited and did not have an individual focus.
- S16 Many more adjudications were held than at comparator prisons. Hearings were conducted appropriately but there was insufficient analysis of adjudication data to discover whether this high use was justified and how in detail the disciplinary system was being applied.
- S17 Levels of use of force, including the use of batons and special accommodation, had increased sharply and were much higher than at similar prisons. In our survey, more prisoners than at the time of the previous inspection said that they had been restrained in the previous six months. Almost half of all use of force records were incomplete, although the quality of those completed was good. Quarterly use of force committee meetings were not frequent enough to provide effective oversight, and sometimes did not take place.
- S18 The segregation unit was well managed. Cells on the unit were clean but toilets and sinks were in poor order and the recently refurbished shower area was already beginning to fail structurally. Levels of segregation were similar to those at other category C prisons and at

the time of the previous inspection but the average length of stay had decreased and few stayed for long periods. The regime had improved slightly; some in-cell work had been introduced and, subject to risk assessment, some prisoners were employed in maintaining the unit. Prisoners on the unit were positive about their treatment. There had been some successes in returning some extremely challenging prisoners to the general population but far too many prisoners were transferred to other establishments.

- S19 The prison's interim drug and alcohol strategy was not informed by a detailed needs analysis. Clinical and psychosocial services collaborated well but links with primary care prescribers required improvement. The Rehabilitation of Addicted Prisoners trust (RAPt) offered a wide range of psychosocial interventions. Resources in the RAPt team were stretched, which limited opportunities for service development. Clinical management was safe and prescribing regimes flexible, with two-thirds of prisoners reducing their dosage or completing treatment.

Respect

S20 *The accommodation was kept reasonably clean. The new prisoner net books for daily administrative tasks and in-cell telephones were making a positive impact. Staff-prisoner relationships were reasonably constructive and confident. Some good work was done on equality but black and minority ethnic and Muslim prisoners reported more negatively than their counterparts. Provision for those with disabilities was inadequate. The chaplaincy provided a good service. Complaints were handled efficiently but replies were not always of adequate quality. Most health services were reasonable, except for the management of long-term physical conditions. Mental health provision was good as far as it went, but did not meet the full range of need. Perceptions of the food provided were not favourable, and standards of hygiene were inadequate. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S21 *At the last inspection in 2013 we found that outcomes for prisoners in Wayland were not sufficiently good against this healthy prison test. We made 23 recommendations in the area of respect.² At this follow-up inspection we found that nine of the recommendations had been achieved, one had been partially achieved and 13 had not been achieved.*

S22 Communal areas were clean and well decorated but some cells had graffiti on the walls, the toilets in some cells were dirty and some toilets on the older wings had inadequate screening. In the newer accommodation, many in-cell showers were grubby and the flooring was decaying in some cells.

S23 Prisoners were positive about the newly introduced secure net books, which enabled them to take responsibility for tasks such as applications, meal choices and ordering from the prison shop, and in-cell telephones. There had been no monitoring or oversight of the application system; however, digitalisation of the process and the associated electronic audit trail now offered managers an opportunity to monitor applications properly.

S24 Staff knew the prisoners in their care well, and we saw many positive interactions. It was clear that staff confidence had grown in the previous year. Although the personal officer scheme did not have a high profile, there were more substantive entries, from more staff, on each prisoner's electronic case record than we usually see. Regular consultation meetings led to changes, although many prisoners did not feel part of this.

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.

- S25 The strategic management of equality and diversity had improved but outcomes for some protected characteristics remained poor. The well-attended monthly equality meeting was informed by good local analysis. However, some areas of concern had persisted for many months. There was an excellent range of forums for most protected characteristics. Peer workers from diverse backgrounds helped to promote equality work to prisoners. However, there were few links with relevant community organisations. Most discrimination incidents were well investigated but few complaints were upheld and there was no independent quality assurance.
- S26 In our survey, the third of the population who were from a black and minority ethnicity background responded more negatively than their counterparts across many important areas. They said that the lack of black or Asian staff was a problem. The Gypsy and Traveller community was well represented and consulted.
- S27 Muslim prisoners, comprising 17% of the prison population, responded more negatively than non-Muslim prisoners in many areas of our survey. They were consistently more likely to be subject to the basic regime or segregated. Staff had investigated these trends – highlighting, for example, the younger age profile of the Muslim population, which made poor behaviour and associated punishments more likely – but there were still perceptions of bias.
- S28 Although the number of foreign national prisoners had doubled since the previous inspection, support for them remained inadequate. There was no consultation or independent immigration advice, and these prisoners felt ignored. Equality staff were not aware of all the non-English speakers, and the professional telephone interpreting service was rarely used.
- S29 Support for prisoners with disabilities was inadequate and unsystematic. Personal emergency evacuation plans were missing or out of date, reasonable adjustments had not been made, some men were inappropriately located and there was no organised system for peer support. Older prisoners responded more positively than others in our survey, although there was limited provision for them.
- S30 Gay and bisexual prisoners engaged with consultation but the lack of any community support was a gap in provision.
- S31 The chaplaincy provided well for all major faiths, and attendance at services was high, despite regime pressures. However, there were no established links to the London faith communities to which many prisoners would return, and the official prison visitor scheme had lapsed.
- S32 Although most responses to complaints were timely, many lacked sufficient detail and investigation; some were dismissive and did not answer the issue raised. Quality assurance processes had recently been introduced but were underdeveloped.
- S33 There were insufficient legal textbooks in the library and these were poorly promoted. Arrangements for legal visits were reasonably good.
- S34 Partnership working between health services staff and the wider prison was improving but there were concerns about ineffective communication with key stakeholders. The management of long-term conditions was poor. Very few patients had current care plans and reviews were not routinely undertaken. There were no nurse-led clinics for long-term conditions as staff were not appropriately trained.
- S35 A good Patient Advice and Liaison Service was provided, which promoted patient engagement and managed complaints, but was not well advertised and was underused.

Medication administration was not always confidential, and medication queues were not supervised by prison officers. Dental services had improved considerably and waiting times were acceptable.

- S36 Arrangements for prisoners reporting sick were inadequate as they had to apply via their wing officer, causing delay and prejudicing confidentiality. Routine appointments were accessed via application but many prisoners told us that they missed appointments as they did not receive advance notification. Non-attendance rates were too high.
- S37 Primary and secondary mental health services were provided by a well-resourced team. Patients we spoke to were very satisfied with their care. A well-being service was separately commissioned to provide care for prisoners experiencing low-level needs. There was a high level of need, and demand exceeded provision. Prisoners waited up to two months for an initial appointment.
- S38 Prisoners were negative about the quality and quantity of the food provided. Standards of hygiene were inadequate, and we were not confident that religious requirements and cultural preferences were observed appropriately. Consultation arrangements were limited and had not identified the reasons for the discontent with the food.
- S39 The expansion of the prison shop list and the arrival of digital ordering meant that prisoners could easily order an improved range of goods.

Purposeful activity

S40 *There were sufficient activity places but the amount of time out of cell was relatively low. Learning and skills and work activities were well managed, with an emphasis on improving practice. Work activities were generating more recognised qualifications. The range of learning opportunities was appropriate to the population, although progression routes needed improving. Standards of teaching and learning were good, particularly in digital media. There was strong skill development in vocational training. Attendance was reasonable and prisoners had positive attitudes to learning. The library was well stocked and run but access to it was poor. PE facilities were adequate but under-used. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S41 *At the last inspection in 2013 we found that outcomes for prisoners in Wayland were reasonably good against this healthy prison test. We made 12 recommendations in the area of purposeful activity. At this follow-up inspection we found that 10 of the recommendations had been achieved and two had not been achieved.*

- S42 Our roll checks found 26% of prisoners locked in their cells during the core day, which was much higher than at the time of the previous inspection. There had been regular regime restrictions in the preceding months. The amount of time out of cell for prisoners working part-time or who were unemployed had reduced since the previous inspection. Prisoners who worked full-time complained that their exercise periods clashed with the time that they were returning from work.
- S43 There was a clear vision for the further development of education, training and work activities. Operational management had sufficient impact to improve the quality of provision. Relationships and partnership working between the prison and resettlement agencies were appropriate. No pre-release programmes were offered but partnership work with employers was improving, with more employers visiting the prison and offering interview opportunities.

- S44 A detailed quality improvement plan was based on a realistic and mainly accurate self-assessment. Managers used data and information well to review the curriculum and to improve poor performance. Almost all vocational training and work activities resulted in prisoners gaining either an accredited industry-recognised qualification or recognition of the skills developed in their daily work activities.
- S45 There were sufficient activity places, with an appropriate range of education, vocational training and work places to meet the needs of the population. Most prisoners were purposefully engaged in activity. Managers had reviewed the curriculum offer and pay structure, and there were robust plans to increase the provision further.
- S46 Vocational training and education resources were very good. An increasing number of progression routes were in place but the lack of effective sequencing of allocations prevented too many prisoners from progressing to the next level in a timely manner, particularly in English and mathematics. Work allocation was largely effective, and the education induction was good.
- S47 The standard of teaching, learning and assessment was good. Teachers integrated information learning technology and information technology skills into learning sessions well. Prisoners made very good progress in digital media ('Wayout TV'), producing work to a very high professional standard.
- S48 In vocational training and work, prisoners demonstrated good practical skill development, but too few instructors integrated English into their vocational training sessions or helped prisoners to improve their skills further. In a few sessions, more able learners were not sufficiently challenged to reach their potential.
- S49 Behaviour management was effective, and attendance at education classes during the inspection was satisfactory, and good in vocational training and work. However, there had been lower attendance over the preceding six months.
- S50 The achievement of accredited qualifications in education and vocational training was high. Achievement rates in English and mathematics were very good. In education and vocational training, the standard of work was mostly good. A minority of prisoners progressed between different levels – for example, in plumbing and welding – but too few progressed to higher levels in English and mathematics.
- S51 Access to the library was poor. The stock was appropriate; reading initiatives helped to promote reading but were not well used. Managers routinely monitored library usage but the information was not used effectively to encourage those not attending to do so.
- S52 There were good indoor gym facilities and an outdoor grass football pitch. Access was appropriate and equitable, but there was no effective strategy to encourage those not using the gym. There were sessions for the over-50s, and a remedial gym class but uptake was low. There were very good links with the health care department.

Resettlement

S53 *The overall management of resettlement work was reasonable. The offender management unit struggled in the face of the number of prisoners arriving with no offender assessment system (OASys) assessment but staff had worked hard to reduce the backlog. The quality of their work was reasonably good but sentence plans were not driving individual prisoner progress. Public protection and categorisation procedures worked well but there was little provision for those serving indeterminate sentences. Reintegration planning was carried out reasonably well. Much of the resettlement pathway work was sound. Weekly children and family visits were run but work with families was otherwise underdeveloped. Offending behaviour programmes were well organised, with some innovative projects, but there were gaps in inter-departmental communication. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S54 *At the last inspection in 2013 we found that outcomes for prisoners in Wayland were reasonably good against this healthy prison test. We made eight recommendations in the area of resettlement. At this follow-up inspection we found that one of the recommendations had been achieved, one had been partially achieved and six had not been achieved.*

S55 The strategic management of resettlement was reasonable but operationally there was insufficient joint working between the offender management unit (OMU) and the community rehabilitation company (CRC). The reducing reoffending strategy and action plan were out of date but meetings were comprehensive and well attended. In our survey, 60% of prisoners said that they had done something in the prison to make them less likely to offend in the future, which was higher than at similar prisons.

S56 In our survey, 84% of prisoners said that they had an offender supervisor and 78% that they had a sentence plan, both of which were better than at similar prisons. Too many prisoners arrived at the prison with no OASys assessment, and the backlog hindered progression for some. Staff had worked hard to reduce the backlog, although some assessments were over a year overdue. Contact between offender supervisors and prisoners varied greatly, partly because of staff cross-deployment.

S57 The quality of assessments and sentence plans was reasonable but assessment and planning to manage risk of harm were inadequate in half of the sample we looked at. The OMU made good use of the electronic case notes for recording work with prisoners. However, there was insufficient communication between other departments and the OMU, and sentence plans were not used sufficiently to drive work with the prisoner.

S58 Initial processes for identifying and monitoring public protection cases were reasonable and multi-agency public protection arrangements (MAPPA) processes were robust. The interdepartmental risk management team (IRMT) meeting discussed relevant cases and was generally well attended. Categorisation reviews were generally timely but some were carried out without an OASys assessment in place. Transfers to open conditions were usually made quickly.

S59 Consultation forums for those with indeterminate sentences had lapsed (although restarted during the inspection) and there was no other provision specific to this group.

S60 CRC staff saw most prisoners on arrival, to undertake an immediate needs screening, and again before release, to address their resettlement needs.

- S61 In the previous six months, around 60% of releases had been out of area. Resettlement plans were reasonable, although there was an over-reliance on prisoner-reported information and they did not incorporate sufficient consideration of risk issues.
- S62 The CRC had developed good links with a range of housing providers, including some that were out of area. In the previous six months, 81% of the prisoners released had gone into settled accommodation.
- S63 Partnership arrangements to support employment, education and training on release were good but no data were collated on the proportion of men who had gained employment or training on release. Interventions by National Careers Service (NCS) organisations were timely as part of the prison induction programme. However, only 14% of those being released in the previous three months had been seen by the NCS. Too few prisoners nearing their release dates were encouraged, or took the opportunity, to produce a CV, make job applications or gain interview skills. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not used effectively.
- S64 Health discharge planning was timely and appropriate for prisoners with either physical or mental health needs. Prisoners on medication were given a two-week supply on a risk-assessed basis, and a letter for their GP. There were appropriate arrangements for prisoners requiring palliative care. For those with substance misuse issues, there was evidence of detailed release plans, relapse prevention work, the provision of harm reduction information and links with community service providers to facilitate post-release support.
- S65 The CRC provided support with a range of basic financial issues, and referred more complex problems to Citizens Advice. Prisoners could open bank accounts before discharge.
- S66 Most prisoners were far from home, which made visiting expensive and difficult. Provision at the visitors centre was poor, with no refreshments and few working lockers. However, facilities in the visits hall had improved, with a new café staffed by prisoners and better seating. Some visits started late.
- S67 The introduction of in-cell phones had been a positive development, helping prisoners to stay in touch with their families. The Ormiston Trust ran alternating children's and family events every Monday morning but wider provision to help prisoners to build relationships with their families was weak, with no parenting or relationship courses.
- S68 There was a comprehensive needs analysis, incorporating offending behaviour data, which informed the provision of offending behaviour programmes. A range of accredited programmes was available, although there was insufficient communication between the OMU and the programmes team. The personality disorder (PDU) and psychologically informed planned environment (PIPE) units were excellent initiatives, especially in giving training and support to uniformed staff who were fully engaged in the therapeutic process.

Main concerns and recommendations

S69 Concern: Despite well-organised activity to reduce violence and address intimidatory behaviour, the level of violence remained very high. This lack of safety was holding back many aspects of the progress which the prison was currently making.

Recommendation: The number of assaults should be reduced substantially through violence reduction measures, the efficacy of which should be monitored continuously.

S70 Concern: Illegal drugs were easily available and almost a fifth of respondents to our survey said that they had developed a drug problem at the establishment. Some good progress in stopping supply routes had led to other routes being tried. A sharp focus on new psychoactive substances had left some gaps in drug strategy, including the lack of a detailed needs analysis.

Recommendation: The establishment should continue to focus on reducing the supply and use of new psychoactive substances, and a comprehensive needs analysis should inform an action plan with clear and measurable objectives to reduce both demand and supply.

S71 Concern: The strategic management of equality and diversity had improved but outcomes for those with some of the protected characteristics remained poor. Support for prisoners with disabilities was inadequate and unsystematic. Black and minority ethnic and Muslim prisoners had poor perceptions of many aspects of treatment and conditions; there was no strategy to address this issue in circumstances where the major presenting problem, the tiny number of black and minority ethnic and Muslim staff, was likely to be intractable.

Recommendation: Managers should work consistently with all prisoners with protected characteristics, especially those with disabilities, and black and minority ethnic and Muslim prisoners, to establish and implement satisfactory ways of addressing their needs and concerns.

S72 Concern: Unusually poor perceptions of the quality of the food provided were partly explicable by shortcomings both in the storage of food, and in understanding prisoners' religious requirements and cultural preferences.

Recommendation: The kitchens should be adequately equipped for the proper storage and separation of food types, and catering staff should, on the basis of full training, store food in accordance with hygiene standards and ensure that religious and cultural needs are met.

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, prisoners reported negatively about their journeys to the prison. Fewer prisoners than at similar prisons said that they had felt safe on the van (74% versus 78%) and that they had been treated well by the escort staff (59% versus 73%). Not all prisoners were offered comfort breaks on long journeys. Property did not always arrive with prisoners.
- I.2 The escort vans we inspected were clean, free of graffiti and properly equipped with snacks, drinking water and first-aid kits. Once at the establishment, prisoners disembarked from vans quickly. Person escort records were completed to a reasonably good standard.

Recommendation

- I.3 **Prisoners should be offered comfort breaks at least every two and a half hours.**
(Repeated recommendation, I.4)

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.4 The reception area was small and old but adequate for the 20 or so new arrivals each week. Efforts had been made to keep it clean and functional. In our survey, prisoners were relatively negative about their reception experience but the processes we observed were swift and the atmosphere was relaxed. Newly arrived prisoners were shown to a small unlocked waiting room that was equipped with a television, newspapers, information leaflets and comfortable chairs. They were immediately met and reassured by a prisoner induction Insider (a prisoner who introduces new arrivals to prison life). An officer interviewed each new arrival in private, to assess any risks, and a nurse checked their immediate health needs. New arrivals were only strip-searched if there was supporting intelligence. An orderly kept the reception area clean and provided new arrivals with a hot drink. Access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was good. New arrivals could make a telephone call from reception. A professional telephone interpreting service was available for those who did not speak English (see also paragraph 2.27).
- I.5 Once new prisoners had moved on to the induction unit (on A wing), an officer interviewed them. Prisoners had good access to services on their first night, and were provided with bedding, a kettle, a television and a security-restricted laptop computer, which they could use to make basic requests and applications (see also paragraph 2.4). They were also given a colourful booklet, written in plain English, explaining what would happen to them in their

first 24 hours in custody. However, first night cells were shabby and unwelcoming, and the in-cell toilets were dirty. Staff checked on prisoners four times during their first night. The prison had advanced plans to open a new, more suitable first night unit elsewhere in the prison. In our survey, fewer prisoners than at similar prisons said that they had felt safe on their first night (71% versus 80%).

- 1.6** Induction started on the next working day after arrival. Four prisoners worked as induction Insiders and delivered the first induction session under the supervision of an officer. Prisoners watched a helpful, if slightly outdated, DVD on life at the establishment and were given an informative induction booklet. They then had one-to-one sessions with representatives from various departments, including the chaplaincy and the National Careers Service. Although the induction was short, it was reasonably informative. The induction Insiders were visible on the unit and easily accessible outside the formal sessions. In our survey, of those who had been on an induction course, more than at comparator prisons said that it had covered everything they needed to know (66% versus 59%). In theory, prisoners should have spent a week on the induction wing before moving to accommodation elsewhere in the prison. In practice, they stayed too long on the wing, sometimes for more than four weeks, waiting for a space on another residential unit. Prisoners who had completed their induction but were not working or on education courses also spent too long locked in their cells (see also section on time out of cell).

Bullying and violence reduction

Expected outcomes:

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

- 1.7** The monthly safer custody meetings were well attended. An impressive range of data was analysed each month, to identify trends and hotspots of violence and antisocial behaviour, with actions identified to make the prison safer. Regular information exchange between the security department and the offender management unit ensured that key information about risk and behaviour was shared.
- 1.8** The number of violent incidents had increased steadily through 2015 and into early 2016; the figure had been reducing again in the months before the inspection but the current rate showed a sharp increase in comparison with that at the time of the previous inspection. Few incidents were serious but the level of assaults on staff had increased several-fold since the time of the previous inspection.
- 1.9** In our survey, more respondents than elsewhere and than at the time of the previous inspection said that they had felt unsafe at the prison at some time (45% versus 40% and 35%, respectively) and that they currently felt unsafe (26% versus 18% and 15%, respectively). A third of all prisoners said that they had been victimised by other prisoners.
- 1.10** Formal arrangements to identify and address violence and antisocial behaviour were well embedded. Each reported incident was investigated by a member of the safer custody team, including direct challenge to perpetrators and the offer of support to victims. An effective team of prisoner safety mentors also provided support and contact for prisoners on every wing. The size and complexity of the establishment afforded a wide range of options for relocating prisoners in order to manage conflict, before having to consider segregation or transfer. Support for victims was reasonable. Individual support was offered by safer custody staff, prisoner peer workers and, when necessary, Listeners and/or the chaplaincy.

- 1.11** Electronic case notes were used well to highlight issues to all staff involved with the care and management of prisoners. Regular entries provided a clear picture of prisoners' ongoing behaviour and assisted in determining the level of intervention required. Most poor behaviour was managed either under the disciplinary system or administratively using the incentives and earned privileges (IEP) scheme, which we considered appropriate. Reviews were carried out regularly, with sanctions lifted once behaviour was deemed to have improved. However, there was no use of mediation, restorative justice or specific interventions (see main recommendation S69) to change violent behaviour.

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.

- 1.12** The level of self-harm was high. In the previous six months, 110 prisoners had committed a total of 216 acts of self-harm, which was far more than we see elsewhere, and than at the time of the previous inspection. In this period, the constant watch cells had been used on 11 occasions, by a total of seven prisoners.
- 1.13** Since the previous inspection, there had been eight deaths: five self-inflicted, two from natural causes and one of unknown cause. Reasonable progress had been made to implement the Prisons and Probation Ombudsman's recommendations following deaths in custody. For example, staff were aware of emergency response codes and checked prisoners' well-being when unlocking cells in the morning.
- 1.14** The strategic management of self-harm and suicide was good. The suicide and self-harm policy was supported by a robust action plan and annual safety survey. Monthly safer prisons and safeguarding meetings were well attended by representatives from relevant departments and were productive. We attended one such meeting where staff displayed great knowledge of, and care for, more complex prisoners. Mental health support for prisoners in crisis was particularly good.
- 1.15** In the previous six months, assessment, care in custody and teamwork (ACCT) case management procedures had been used on 204 occasions, far more than at the time of the previous inspection. ACCT documentation was reasonably good but some flaws remained, for example, triggers were incorrectly recorded and actions on care maps were not completed. Not all staff were up to date with ACCT training. Prisoners in crisis told us that they were being supported by staff, and the case reviews we attended were good. Access to the enthusiastic Listeners (peer supporters trained by the Samaritans) was adequate but the Listener suite was in a poor state.

Recommendations

- 1.16** **Assessment, care in custody and teamwork (ACCT) documentation should be completed properly. Triggers should record possible future events that might cause self-harm, while actions in care plans should be relevant and signed off when completed.**
- 1.17** **All staff should have up-to-date training on safer custody and ACCT procedures.** (Repeated recommendation, 1.30)

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.18** The safeguarding policy was up to date and comprehensive. Links with adult social services were reasonably good. The head of safer custody attended meetings run by the Norfolk Safeguarding Adults Board.
- I.19** Procedures to safeguard at-risk adults had improved and were satisfactory. During the inspection, nine at-risk adults were recorded on the prison's complex cases log. Such prisoners were discussed at the monthly safer prisons and safeguarding adults meeting (see paragraph I.14). They were also discussed once a week at the morning meeting for managers.

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.20** Security arrangements were appropriate and proportionate, with a rational approach to prisoner movement across the site, allocation of work and searching procedures. However, too many restrictions were applied to individuals' visits in response to behaviours which did not relate to visits. In the previous six months, almost a third of all closed visits had been imposed without any evidence of trafficking-related activity.
- I.21** The prison was well sighted on the key risks presented by a high prevalence of drugs, particularly the new psychoactive substances (NPS; new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects). Risks in relation to mobile phones and violence were often closely related to drug misuse. There was also an appropriate focus on the risks posed by extremism and radicalisation. Staff corruption prevention procedures were robust and there had been a significant arrest earlier in the year.
- I.22** There had been a drive to increase the submission of intelligence reports across the prison, and this had been successful. A range of sophisticated monitoring systems ensured that these reports were reviewed and prioritised efficiently, leading to actions to combat current and emerging threats. A wide-ranging set of data was scrutinised each month, to identify trends and hotspots of illegal activity. This was disseminated at the well-attended monthly security meeting. Monthly security objectives were set, in response to emerging threats, but we were not confident that they were disseminated beyond the meeting; none of the 10 staff we asked around the prison were aware of them.

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

- I.23** The on-site police team was well integrated into the security department, provided effective support in tackling illegal activity and shared information from other agencies.
- I.24** Predominantly intelligence led, the regular searching activity (often out of normal hours) included the use of the establishment's detection dogs. This often yielded high returns of drugs, illicitly brewed alcohol and mobile phone equipment. To date in 2017, this included over a kilo of drugs, 177 mobile phones and almost 500 litres of alcohol. However, there was no monitoring of how many requested searches were actually completed, so the effectiveness of this intelligence was unclear.
- I.25** In our survey, 57% of respondents said that it was easy to get illegal drugs, and 41% that it was easy to obtain alcohol, at the prison, both of which figures were far higher than elsewhere and than at the time of the previous inspection. On the newer wings (J–N), two-thirds of prisoners reported easy drug availability compared with 47% on the other wings. Nineteen per cent of all prisoners said that they had developed a drug problem while at the prison, compared with 11% at similar prisons and 7% at the time of the previous inspection.
- I.26** The official random mandatory drug testing positive rate had averaged only 5.6% in the previous six months but use of NPS (particularly 'spice') had become prevalent and an additional 26.3% of prisoners tested positive if these drugs were taken into account. Only 44% of intelligence-led suspicion testing was completed within the required time scales, and the prison did not routinely monitor completions or address this low figure.
- I.27** The prison had been proactive in developing a detailed supply reduction action plan, to identify and address drug supply routes. The governor chaired fortnightly NPS supply reduction meetings, which were attended by heads of function and the substance misuse service provider. Some successes in stopping routes of supply had led to other routes being tried, and drug and alcohol availability remained high and posed ongoing challenges (see main recommendation S70).

Recommendation

- I.28** **Searching and suspicion drug testing should be sufficiently resourced to carry out all actions which are identified as required on the basis of intelligence, and any slippage should be monitored and addressed.**

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.29** In our survey, fewer prisoners than at similar prisons and than at the time of the previous inspection said that they had been treated fairly under the IEP scheme (37% versus 48% and 52%, respectively) and that the scheme encouraged them to change their behaviour (39% versus 44% and 58%, respectively).
- I.30** The sample of IEP reviews we looked at were timely, proportionate, well documented and considered information from a variety of sources. However, few targets were recorded for prisoners on the basic regime, to help them to improve their behaviour. The focus was on

basic regime prisoners having to gain employment before being able to progress, which was inappropriate.

- I.31** The scheme provided some substantial incentives for good behaviour. Additional privileges for enhanced prisoners included progression to the enhanced wings (F and H) and a range of trusted peer worker positions.

Recommendation

- I.32 Prisoners on the basic regime should be set individual and realistic targets to address their poor 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.33** There had been 1,414 adjudications in the previous six months, which was far higher than at similar prisons and than at the time of the previous inspection. Some analysis of adjudication data took place at the quarterly segregation monitoring and review group (SMARG) meeting but this did not consider analysis of all protected characteristics. Trends, such as staff who placed prisoners on report, managers conducting hearings and any punishments which were outside of the published tariff, were not considered. Adjudications were not discussed at the monthly senior management team meeting, despite the increase in numbers.
- I.34** Adjudications were held in a suitable room on the segregation unit. Prisoners were given sufficient time and information to prepare for their hearings and could seek legal advice. Records were completed adequately and 10% of adjudications were reviewed each month.

Recommendation

- I.35 Analysis of adjudication data should include all protected characteristics, and the senior management team meeting should routinely consider adjudications data.**

The use of force

- I.36** Force, including the use of batons and special accommodation, was being used much more often than at similar prisons and than at the time of the previous inspection. In our survey, many more prisoners than at the time of the previous inspection said that they had been restrained in the previous six months. In that period, there had been about 240 incidents involving the use of force, over half of which had involved full use of restraint techniques. The high level was connected not just to violence in the prison but also to drugs: one-third of these restraints had occurred during out-of-hours searches, in order to stop prisoners secreting or otherwise disposing of contraband.
- I.37** Not all planned incidents were recorded and there was no evidence of a manager regularly reviewing them. The recordings that were made showed appropriate use of force.

Governance and quality assurance were inadequate: use of force committee meetings were held only quarterly, which was not frequent enough to provide effective oversight, and sometimes did not take place at all. The standard of written statements was good and demonstrated a focus on de-escalation but almost half of all use of force dossiers remained incomplete.

Recommendation

- I.38 The use of force committee should provide adequate oversight, review all uses of force and ensure that all dossiers are completed properly.**

Segregation

- I.39** Owing to significant damage to the segregation unit (built only a decade ago), a pre-existing, much smaller and older unit was currently back in use. This facility was not appropriate for such a large prison. Cells were clean but some toilet and sink units were in a poor state and there was no in-cell electrical power. The recently refurbished shower area, although clean and modern, was poorly equipped and was already beginning to fail structurally. There were plans to build a more suitable segregation unit.
- I.40** Overall, levels of segregation were similar to those at other category C prisons and at the time of the previous inspection. The average length of stay had decreased and few stayed for long periods. There had been some successes in returning extremely challenging prisoners to the general population but far too many prisoners were transferred to other establishments without their behaviour being challenged appropriately. Managerial oversight had improved and was good, and a monitoring and review meeting was held regularly.
- I.41** The regime available had improved slightly and, subject to a risk assessment, included some on-unit paid activity, including in-cell work and the repainting of vacant cells. The large exercise yard contained some equipment but prisoners exercised alone. Prisoners on the unit were positive about the support they received from the staff who worked there.

Recommendation

- I.42 The segregation unit should be fit for purpose, with adequate hygiene facilities.**

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.43** A sharp focus on NPS had left some gaps in the prison's interim drug and alcohol strategy, including the lack of a detailed needs analysis. The action plan was strong on supply reduction but did not include sufficient focus on reducing demand. Drug strategy meetings lacked strategic focus and were not consistently attended by representatives of relevant departments, although a new drug strategy lead had begun to address these issues (see main recommendation S70).
- I.44** The clinical substance misuse service was provided by Virgin Care, and psychosocial support by the Rehabilitation of Addicted Prisoners trust (RAPt). An experienced RAPt team saw

new prisoners within five days of arrival but their resources were stretched. Due to the high use of NPS among the prison population (see also section on security), referrals to the service had almost doubled in the previous year and brief interventions had risen by a third. Currently, RAPt supported 220 prisoners through one-to-one work and a range of drug awareness and relapse prevention workshops. The team had not been able to develop work with families.

- I.45** RAPt's abstinence-based substance misuse dependency programme, which ran on G wing, was due to be replaced by the shorter and less intense Bridge programme. Prisoners on this unit were concerned about the lack of other drug-free wings to support their recovery following programme completion. While Alcoholics Anonymous self-help groups met weekly and could be accessed by all prisoners, regardless of location, Narcotics Anonymous meetings were restricted to G wing prisoners, and currently only one peer supporter was available for the whole prison.
- I.46** Prisoners requiring opiate substitute treatment (OST) were managed safely and there was sufficient specialist prescribing input to review treatment regimes regularly. An average of 62 prisoners received methadone or buprenorphine, with two-thirds reducing their dosage or completing treatment. Reduction regimes were flexible and 13-week reviews were conducted jointly with substance misuse nurses and RAPt workers. However, there was insufficient joint working with primary care GPs to manage the prescription of pain management (see also paragraph 2.67).
- I.47** OST administration took place on D wing, the drug treatment unit and the location of the substance misuse teams. Consistent officer cover ensured appropriate supervision of methadone and buprenorphine.
- I.48** The clinical substance misuse service linked in well with mental health teams, to provide care for patients with drug and mental health-related problems.

Recommendation

- I.49** **The Rehabilitation of Addicted Prisoners trust (RAPt) service should be sufficiently resourced to develop initiatives such as peer support and work with families, and post-programme support for prisoners in recovery should be increased, in partnership with the prison.**

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 were generally well kept. Prisoners working on the wings kept communal areas clean and well decorated, and association equipment was adequate. In our survey, 82% of respondents, against 63% at similar prisons, said that they normally received cell cleaning materials each week. Most of the cells we looked at were clean, although some had graffiti on the walls. In-cell toilets on the older wings (A–D) were inadequately screened and many were dirty. More than 60 cells designed to hold one prisoner were holding two.
- 2.2 Many of the in-cell shower areas on the newer wings (J–N) were grubby and, because of their poor design, several had severe damp problems and decaying floors. The worst of these cells had been taken out of use. The cells on these wings were warm and humid, with little ventilation, and were ill equipped for the hot weather.
- 2.3 In our survey, only 43% of prisoners, against 68% at similar prisons and 82% at the time of the previous inspection, said that they received clean sheets every week. However, there were adequate laundry facilities on each wing for washing clothes. All prisoners, with the exception of those on the basic regime, could wear their own clothes.
- 2.4 The prison had taken part in a digitalisation project since the previous inspection. Prisoners we spoke to were positive about the newly introduced in-cell net books. These small laptop computers enabled them to take responsibility for day-to-day tasks such as submitting applications, selecting meal choices and ordering from the prison shop, without having access to the internet. Prisoners whose net book was removed for poor behaviour or who chose not to have one could access the same services using kiosks in communal wing areas.
- 2.5 Prisoners also had access to a TV channel called ‘Wayout TV’, which broadcast important updates such as changes to the regime. Since the previous inspection, telephones had been installed into all cells. Prisoners were positive about this development but restrictions had been placed on the use of these telephones during the core working day, in order to remove a disincentive to attend work. Many men told us that they could not make calls during periods when they were locked in their cells during work time because of impromptu regime curtailments. This also affected the small retired population.
- 2.6 Prisoners on the enhanced F and H wings had access to basic cooking facilities but those on the other wings had none, which was a source of frustration in category C conditions.
- 2.7 In our survey, less than half of prisoners said that applications were dealt with fairly and only a quarter that they were handled quickly. These figures were lower than at similar prisons and than at the time of the previous inspection. There was no formal monitoring or oversight of the application system. However, digitalisation of the process and the associated electronic audit trail now gave managers an opportunity to monitor applications properly.
- 2.8 On the older wings, there was no cell call bell logging system. We saw prisoners waiting more than five minutes for their call bell to be answered. There was a logging system on the

newer wings but there was no management oversight or monitoring of cell call bell responses.

Recommendations

- 2.9 Two prisoners should not share cells meant for one** (Repeated recommendation 2.10)
- 2.10 All toilets should be appropriately screened.**
- 2.11 The decaying cell floors on the newer wings should be repaired and the in-cell showers deep cleaned.**
- 2.12 Cell call bells should be answered within five minutes.**

Good practice

- 2.13** *The in-possession net books enabled prisoners to take responsibility for many everyday tasks, and enabled better tracking of requests and responses.*

Staff-prisoner relationships

Expected outcomes:

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

- 2.14** On the whole, staff took a courteous and constructive approach to prisoners. In our survey, prisoners were reasonably positive about staff engagement with them and 75% said that staff treated them respectfully. Only 52% of Muslim prisoners answered this question positively, against 79% of non-Muslims (see also section on equality and diversity).
- 2.15** The re-establishment of a consistent staff group on each wing had been positive: staff knew, and were known by, the prisoners in their care. Staff and prisoners alike said that trust and confidence between the two groups had improved after a difficult time in the previous year. In keeping with the more positive atmosphere on the newer residential wings, prisoners on these wings were more positive about staff in our survey than those on the older wings.
- 2.16** The personal officer scheme functioned reasonably at the everyday level; its impact was limited but wing staff, along with those from many other departments, made regular and full entries in the electronic case notes, creating a running record which was more detailed and helpful than in most other prisons. Personal officers were not able to attend sentence planning and resettlement reviews but a relatively large number of prisoners in our survey said that staff had helped them to achieve sentence plan targets.
- 2.17** Prisoner council meetings were held regularly and resulted in some actions, although most prisoners did not feel that they had much involvement with, or knowledge of, these meetings.

Good practice

- 2.18** *Wing staff, along with those from many other departments, made regular and full entries in the electronic case notes, creating a running record which was more detailed and helpful than in most other prisons.*

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

- 2.19** The strategic management of equality and diversity had improved but, despite the efforts of some dedicated staff, outcomes for those with some of the protected characteristics remained poor. The head of department was also responsible for safer custody, and the part-time equality officer did not have sufficient time to complete all of the planned work.
- 2.20** The equality meeting was held every month, chaired by the governor, and was well attended. As nationally provided equality data were many months out of date, the team had developed their own local analysis. This routinely considered potential inequality of access across an impressively wide range of areas, such as access to family days, release on temporary licence and completions of offender assessment system (OASys) assessments to assist progression. However, despite some high-quality investigations of areas of concern, specifically among the Muslim and minority ethnic groups, some apparent statistical imbalances had persisted for many months.
- 2.21** The equality officer organised an excellent range of forums for most protected characteristics. Attendance at the various meetings was mixed but prisoners were invited from across the prison, to ensure fair representation. Each forum was structured around our healthy prison tests and resulted in some clear actions which informed the local equality action plan. This plan was up to date and also included actions from the equality meeting and recent equality impact assessments.
- 2.22** A group of peer workers from diverse backgrounds helped to promote equality work to prisoners. They received some on-the-job support but had had no formal training. Despite some good efforts from the staff, there were hardly any links with relevant community organisations, to support prisoners from minority groups.
- 2.23** Discrimination incident report forms were available on the wings. Only 34 had been submitted in the previous six months, which was fewer than at similar prisons and about the same as at the time of the previous inspection. Most discrimination incidents were well investigated but few complaints were upheld and some were withdrawn without an investigation being completed. In one case, the complainant had transferred before an

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

investigation could take place, so the prison had not looked into the issue, and a learning opportunity had been missed. Each investigation was reviewed by a prison manager but there was no independent quality assurance from an external 'critical friend'.

Protected characteristics

- 2.24** A third of the population were from black and minority ethnic backgrounds. In our survey, these prisoners responded more negatively than their counterparts across many important areas, such as feeling safe, accessing work, seeing health services staff and getting time out of cell. Those we spoke to in a randomly selected focus group voiced similarly negative perceptions of the prison. Many men came from the London area, resented being so far from home and said that the lack of black or Asian staff, especially on the wings, was a problem. Although staffing was dictated to a large extent by the prison's location, and the recently held forums had begun to address the negative perceptions of this group, much more needed to be done to engage with these men (see main recommendation S71).
- 2.25** Muslim prisoners comprised 17% of the prison population. This group responded more negatively than non-Muslim prisoners in many important areas of our survey. Only 10% said that staff spoke to them on association, against 26% of other prisoners, and 45% said that they felt unsafe at the time of the inspection, against 21% of other prisoners. In addition, 50% said that they had been victimised by staff, against 22% of non-Muslim prisoners. In our focus group of randomly selected Muslim prisoners, men reported unfair treatment and felt that the lack of representation for their faith among the staff group was a problem. For more than a year, Muslim prisoners had consistently been more likely than others to be subject to the basic regime or to be segregated. Equality staff had identified and investigated these trends, highlighting, for example, the younger age profile of the Muslim population, which made poor behaviour and associated punishments more likely. However, these patterns persisted and contributed to unhelpful perceptions of bias among Muslim prisoners (see main recommendation S71).
- 2.26** The prison had identified 32 men from the Gypsy and Traveller community, although our survey suggested that there might have been twice as many. There was a dedicated prisoner representative for this group and there had been some recent, productive consultation.
- 2.27** The number of foreign national prisoners had doubled since the previous inspection, to about 7% of the population, but support for them remained inadequate. There was no consultation or independent immigration advice available and these prisoners told us that they felt ignored. Equality staff were not aware of all the non-English speakers, and the professional telephone interpreting service was rarely used. However, the library stocked a wide range of books in languages other than English, and the net books and kiosks offered some key services, such as prison shop ordering, in 21 commonly used languages.
- 2.28** Support for the 220 prisoners with disabilities was inadequate and unsystematic, and they responded much more negatively than others in many areas of our survey. Not all men with mobility problems were identified at reception. Some reasonable adjustments had not been made, while other fittings had been moved by the works team without informing the equality staff, so they did not have an up-to-date list of suitable cells. Partly because of these issues, and partly because of the lack of suitably designed accommodation, we came across prisoners who were inappropriately located without any organised support. In one instance, two men took turns to use a wheelchair. There was no official buddy scheme and one prisoner told us that he traded cigarettes with his neighbours so that they would fetch his food from the downstairs servery. Personal emergency evacuation plans were missing or out of date and staff did not know where to find them (see main recommendation S71).

- 2.29** Older prisoners made up 13% of the prison population. They responded more positively than others in our survey, although, apart from a dedicated gym session, there was limited provision for them. One landing on G wing held men over the age of 50 but this arrangement was ending and these prisoners were unhappy about relocating. There were only five retired prisoners: in our spot checks, one was locked up during the working day without the use of his in-cell telephone and staff did not respond promptly to his cell bell.
- 2.30** There were four identified gay and bisexual prisoners. They engaged with consultation, and those we spoke to felt supported. However, there were no links to community LGBT groups.

Recommendations

- 2.31 Foreign national prisoners should be regularly consulted and have access to independent immigration advice.**
- 2.32 Use of the professional telephone interpreting service should be monitored and should reflect the number of non-English speakers.**
- 2.33 Prisoners with disabilities should be systematically identified on reception, and needs for reasonable adjustments and other support should be met throughout their time at the establishment.**

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.

- 2.34** The chaplaincy provided well for all major faiths. Attendance at weekly faith services was high, despite ongoing regime pressures, and this was reflected in our survey, with 54% of respondents (against 49% at similar prisons) saying that it was easy to attend services. There was a well-appointed chapel and a large multi-faith room, used mainly for Friday prayers, with good washing facilities. The full-time Muslim chaplain worked hard to address the negative perceptions of these prisoners (see paragraph 2.25 and main recommendation S71).
- 2.35** The chaplaincy ran an appropriate range of courses, including the Tarbiyah course for Muslim men, the Alpha course for those exploring their Christian faith, and the Sycamore Tree victim awareness programme. Prisoners could access a one-to-one counselling service provided by trainee counsellor volunteers. The official prison visitor scheme had lapsed, although there were plans to restart it.
- 2.36** Chaplains saw new arrivals on their first morning at the establishment, and visited all prisoners subject to assessment, care in custody and teamwork (ACCT) support once a week. They also visited any prisoners who were due to be discharged, although there were no established links to the London faith communities to which many prisoners would return. This was a substantial gap because not all London-based prisoners were transferred back to a London prison before release.

Recommendations

- 2.37** The chaplaincy should provide an official prison visitor scheme.
- 2.38** The chaplaincy should establish links with London faith communities to support prisoners near release.

Complaints

Expected outcomes:

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

- 2.39** In the previous six months, a total of 1,298 complaints had been submitted, which was about half the number at the time of the previous inspection and comparable with that at similar prisons. In our survey, 27% of respondents said that complaints were dealt with fairly and 18% that they were dealt with quickly, and 25% said that they had been prevented from making a complaint. These figures were lower than at similar prisons and than at the time of the previous inspection.
- 2.40** Responses to complaints were generally timely; however, some were dismissive, many did not address the issue raised and a number lacked sufficient enquiry and detail. In some cases, responses stated that the issue would be investigated but there was no evidence of follow-up or a resolution to the initial query.
- 2.41** Data and trends relating to complaints were analysed at the monthly senior management team meeting but this was too limited and focused on performance against targets. Quality assurance processes had recently been introduced but required further development and senior management oversight.

Recommendation

- 2.42** All complaints should be dealt with fairly and responded to with a resolution or comprehensive explanation of future action.

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.

- 2.43** There were insufficient legal textbooks in the library, and those in stock were poorly promoted. Prisoners could not freely browse Prison Service Instructions and Orders. Legal visits took place five days a week, and the arrangements for these were reasonably good. In theory, prisoners could borrow an 'access to justice' laptop computer but since the previous inspection only one prisoner had applied to use one, and this had been refused. There were no current plans to put word processing software onto prisoners' laptops, to enable them to work on their legal cases. The services of the Criminal Cases Review Commission and the Legal Ombudsman were not promoted.

Recommendations

- 2.44** Prisoners should have easy access to a wide range of up-to-date legal textbooks, Prison Service Instructions and information about the Criminal Cases Review Commission and Legal Ombudsman.
- 2.45** Prisoners should be able to work on their legal cases using word processing packages.

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.

- 2.46** 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. Areas have been identified that require improvement with a subsequent notice issued by the CQC, which has been detailed within Appendix III of this report.

Governance arrangements

- 2.47** The Care Quality Commission issued 'requirement to improve' notices following the inspection (see Appendix III).
- 2.48** Health services, provided by Virgin Care and commissioned by NHS England East, did not provide a 24-hour service. A health needs assessment completed in 2016 had identified some service gaps, and some of these remained, most notably in the area of long-term condition management (see below).
- 2.49** Partnership working between health services staff and the wider prison had improved, but unsatisfactory information sharing and communication between health services professionals and wider stakeholders affected the management of care. Information sharing agreements had been developed and teams were working to resolve concerns.
- 2.50** Governance arrangements were adequate. There were monthly contract review meetings, a quarterly partnership board, which was chaired by the commissioner, and regular quality visits. A range of policies had been published but it was not clear whether staff had read them.
- 2.51** A total of 31 incidents had been reported in 2017, many of which concerned the management of medication, and all of which had been dealt with appropriately.
- 2.52** Following the eight deaths in custody since the previous inspection (see also paragraph 1.13), a health care action plan had been put in place and the majority of recommendations had been satisfactorily implemented.

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>.

- 2.53** The health care leadership team had successfully reduced the use of agency staff and stabilised the service with permanent staff. The final two vacancies in the team had been filled but there were delays in obtaining security clearance for them to start work.
- 2.54** Staff had regular performance appraisals though not all, except for the mental health team, engaged in regular clinical supervision.
- 2.55** Clinical rooms met infection prevention and control standards. Waiting areas were basic, with little health promotion information available. The location of a prison officer in the health care centre was a recent initiative that had had a positive impact on the environment.
- 2.56** Emergency care equipment was appropriate and routinely checked. Out-of-hours emergency responses were good, and senior prison staff were adequately trained. However, the health care treatment received out of hours was not documented appropriately on SystemOne (the electronic clinical record). This meant that ongoing treatment and advice were not always up to date and seamless.
- 2.57** Some prisoners submitted health care complaints through the main prison complaints procedure, and some through the Virgin Care system, which was equally confidential, with timely responses. The Virgin Care process was managed by a customer experience officer, and was linked into the Patient Advice and Liaison Service (PALS); this promoted patient engagement, and complaints were managed through a weekly complaints clinic, where issues could be resolved face to face. However, PALS was not well advertised and was underused. Complaints received through the prison system were managed by the deputy head of health care and this was not well linked into PALS. Complaints submitted, through either process, were analysed for themes and trends but not aggregated to give a reliable overview of all complaints.
- 2.58** There were well-attended screening and treatment clinics for blood-borne viruses and sexually transmitted infections. Smoking cessation treatment was available but access to community screening programmes, such as for bowel cancer, was limited. Condoms were available but not well advertised.
- 2.59** There was no overall strategic health promotion plan but the PALS officer had linked with Wayout TV (see paragraph 2.5) to create promotional videos. Prisoner health care representatives promoted attendance at monthly forums. A patient forum for prisoners with disabilities had also recently held its first meeting, which was a promising initiative.

Recommendations

- 2.60 All clinical staff should be in date with basic life support training.**
- 2.61 When prisoners receive out-of-hours care, their medical record should be updated immediately, to ensure that ongoing treatment and advice are acted on.**
- 2.62 A single health care complaints system should be in operation, and it should be well advertised.**
- 2.63 There should be regular systematic health promotion campaigns.**

Delivery of care (physical health)

- 2.64** New arrivals had an initial health care assessment which identified immediate issues, and appropriate referrals were made. A secondary, more in-depth health screen was undertaken the following day. A health care leaflet was issued to prisoners in reception but it was out of date and contained incorrect information. We were assured that a new one had been developed but was not yet available to prisoners.
- 2.65** Waiting times for primary care clinics were comparable with those in the community. However, in our survey, only 42% of prisoners said that it was easy to see a nurse, which was worse than at similar prisons (49%).
- 2.66** Arrangements for prisoners reporting sick were inadequate as they had to apply via their wing officer and told us that they felt uncomfortable involving non-clinical staff. Officers made appointments for prisoners at the triage clinic, to be seen on the same day. Routine appointments were accessed via application but many prisoners told us that they missed appointments as they did not receive advance notification. There was a 15% non-attendance rate across health care, which was too high.
- 2.67** A fortnightly GP-led analgesia review clinic was held, with the aim of reducing the number of prisoners reliant on opiate-based pain medication. While this was a good initiative, there was insufficient communication between the GP and the clinical substance misuse team when reviewing medication for their patients.
- 2.68** Patients with lifelong conditions were poorly managed. There were no nurse-led clinics for them as staff were not appropriately trained, and the GP service was not resourced to provide effective monitoring or oversight. While prisoners with diabetes received regular podiatry and retinal screening reviews, we noted a patient who had arrived at the prison with a pre-existing long-term condition and had not been seen by health services staff for five months. The electronic clinical records we reviewed were appropriate but too many patients with lifelong conditions did not have care plans, and reviews were not undertaken routinely.
- 2.69** Outside hospital referrals were generally well managed and the four daily external escorts provided by the prison usually met demand. Since January 2017, only 6% of appointments had been cancelled owing to a lack of escorting staff.

Recommendations

- 2.70 Prisoners should not have to rely on prison officers in order to access health care triage services.**
- 2.71 Prisoners with long-term conditions should receive regular reviews and have evidence-based care plans developed and delivered by competent health professionals.**

Pharmacy

- 2.72** Individually labelled medicines were dispensed by Virgin Care from HMP Norwich. Deliveries were received every day, although it could take up to three days to receive newly prescribed medicines. The pharmacy required one week to process repeat in-possession requests but there was no access to FP10 prescriptions, to get medicines from a local chemist if needed more quickly. The pharmacy team recognised the delays in obtaining medicines and had set

up patient packs for commonly required items so that the health services staff could access them quickly.

- 2.73** Medicines were stored safely and securely, and administered from six locations across the prison, but only three locations had the facilities to administer controlled drugs. Medicines were administered twice a day, at 8am and 4pm, but an extra dose could be administered at noon if deemed clinically necessary. Night treatments were given in-possession at 4pm.
- 2.74** Some medication queues we observed were disorderly and unsupervised. While interactions with patients were professional, they were not always confidential. Eighty-one per cent of medication was supplied in-possession but not all patients had lockable storage. Risk assessments were in place for many prisoners but reviews were not always timely. The in-possession policy was nine months out of date but we were told that the service was waiting for the publication of national guidance which would inform the review. Prisoners could receive treatment for minor ailments through the use of general sale list medicines.
- 2.75** Prescriptions, administrations and the issuing of in-possession medications were recorded electronically in four of the six locations from which drugs were administered but the other two locations used paper records. Contingency arrangements had been established in the event of a system failure. Medicines administered as patches were not recorded appropriately but this had been identified and a recording template was being developed.
- 2.76** Medicines were appropriately continued when prisoners arrived from other prisons. Patients were referred to the health care department after three days of refused medication; a list of critical medicines requiring more urgent attention was in development. Emergency medicines were readily available and checked regularly.
- 2.77** Prisoners could request a consultation with a member of the pharmacy team at a weekly clinic, where issues with medications could be resolved. Medicine errors were reported and reviewed at the quarterly medicines management group meeting and we saw some appropriate learning and actions being put into place following incidents.

Recommendations

- 2.78 Medication administration should be fully supervised by prison staff, to ensure confidentiality and prevent diversion.**
- 2.79 All prisoners should have the facility to lock away in-possession medication.**
- 2.80 In-possession reviews should be completed in line with a policy that is up to date.**
- 2.81 For medicines that are deemed critical, follow-up should take place for missed or refused doses sooner than 72 hours.**

Dentistry

- 2.82** The dental service was subcontracted by Virgin Care to John G. Plummer & Associates and had improved considerably since the previous inspection. Patients had timely access to the service, and treatments were undertaken efficiently, with oral health advice given to those seen by the dentist. Dental emergencies were managed appropriately and the dental service manager operated the waiting list effectively. Governance and maintenance records were all managed appropriately. Patients were seen within one week for an initial routine review before being booked for treatment, for which there was a current waiting time of six weeks.

Delivery of care (mental health)

- 2.83** In our survey, 38% of prisoners said that they had an emotional well-being or mental health problem, which was in line with the percentage at similar prisons but more than at the time of the previous inspection (25%).
- 2.84** Services were provided by a fully integrated mental health team, who worked with a stepped care model. The team comprised a psychiatrist (who visited one day a week), four mental health nurses, two social workers and two support workers.
- 2.85** Counselling services were provided by the chaplaincy. Improving access to psychological therapies (IAPT) services were provided by a separately commissioned well-being service to provide care for prisoners experiencing low-level needs, delivered by Norfolk and Suffolk NHS Foundation Trust. The service provided a psychological well-being practitioner and cognitive behavioural therapist for two days a week, which was not sufficient to meet demand. At the time of the inspection, there was a two-month wait for an initial assessment but there were plans to increase provision in the coming months.
- 2.86** At the time of the inspection, the mental health team had a caseload of 129, with all members caring for patients with complex primary and secondary care needs. There were 16 patients under the care programme approach and 29 with secondary care needs. There were good links with the GP service, which provided support for patients with more complex primary mental health needs.
- 2.87** Referrals were made via the reception assessment, wing staff and GPs. Patients were seen within two working days, and urgent referrals were seen on the same day by the duty mental health nurse. The team did not attend all ACCT reviews but were present at those for patients with mental health issues.
- 2.88** Mental health services were well regarded across the prison, and some of the patients we spoke to were very satisfied with their care. The team worked effectively with segregation unit staff.
- 2.89** The team met weekly to discuss new referrals and patients of concern. They also contributed to other health care and prison-wide meetings where complex cases and potentially vulnerable prisoners were discussed. Links had recently been established between the mental health team and the psychologically informed planned environment (PIPE) and personality disorder (PDU) units on Wensum unit (see also paragraph 4.48), in order to support patients with any emerging mental health issues.
- 2.90** The team provided mental health awareness training to prison staff, three times a year. In the last three years, 94 people had been trained.
- 2.91** Three prisoners had been transferred to hospital under the Mental Health Act in the previous six months, all of whom had waited longer than two weeks.

Recommendation

- 2.92** **The transfer of patients to hospital under the Mental Health Act should occur within agreed Department of Health timescales.**

Social care

- 2.93** Norfolk County Council had an informal agreement with Virgin Care to provide personal care services. A quarterly meeting was held between the Norfolk prison cluster and Norfolk County Council, which was well attended by prison and council representatives. Social care was a standing item at the monthly safer prisons and safeguarding adults meeting, and prisoners with complex needs featured in other health-related meetings. However, there were still prisoners with unmet needs.
- 2.94** Since January 2017, four prisoners had been referred to social services for assessment by the lead nurse for vulnerable adults but waiting times were too long; one prisoner had been waiting since February. At the time of the inspection, no prisoners were receiving formal assistance with personal care, and some required adaptations and specialist equipment which had yet to be provided. It had been agreed that the prison would provide some basic support for these men while they waited for a formal assessment. Some equipment had been purchased, such as anti-slip bath mats and grab rails, but we came across prisoners with unmet needs. There was poor information sharing between the health care provider and the prison, which both teams were working to resolve.

Recommendation

- 2.95** **Social care assessments should be undertaken within the timescale accepted in the community.**

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.

- 2.96** Many prisoners complained to us about the quality and quantity of the food provided, and only 19% of respondents to our survey said that it was good, against the 32% comparator. We found that if prisoners took all the food provided, portion sizes were adequate; however, some declined meals and supplemented their diet with items from the prison shop list. Breakfast packs were handed out on the day before consumption, and opportunities for prisoners to dine communally were limited.
- 2.97** Food temperatures were not recorded on all wings and management checks were inadequate. Wing serveries were grubby and the trolleys used to transport food from the kitchens were not sufficiently clean. There were two kitchens, which operated independently. The main kitchen prepared the food for A–H wings and the segregation unit, and the ‘new build’ kitchen prepared food for J–N wings. During our visit to both kitchens, we found that some food was inappropriately and unsafely stored and that staff were insufficiently aware of the cultural and religious requirements involved in food preparation and storage. In the main kitchen, we also found out-of-date food (see main recommendation S72).
- 2.98** Food consultation arrangements were in place but had not identified the root causes of prisoners’ dislike of the food. The food forum had taken place only twice in the previous six months, and the last food survey had taken place a year earlier; however, a new food survey had just been issued.

Recommendations

- 2.99** Food temperature logs and associated management checks should be completed on all wings, ensuring cleanliness and good practice in serveries.
- 2.100** More effective consultation should take place to understand and address prisoners' concerns about the food. (Repeated recommendation, 2.97)

Purchases

Expected outcomes:

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

- 2.101** The prison shop list had recently been expanded to include all items offered by the supplier (DHL). Prison managers had therefore discontinued prisoner consultation about the shop, as there was no longer a need to remove and add items. However, the prisoner council still provided an opportunity to raise any concerns about the process. The expanded list, along with the arrival of digital ordering, using the net books and kiosks (see paragraph 2.4), meant that prisoners could now order an improved range of goods much more easily. This was reflected in our survey: 69% said that the shop sold a wide enough range of goods, against 48% at similar prisons and 50% at the time of the previous inspection.
- 2.102** Although DHL were based on site, new arrivals still had to wait up to 12 days for their first full shop order.
- 2.103** Prisoners could order from a wide range of catalogues and there was no administration fee. Any delivery charges were split fairly between the prisoners concerned.

Recommendation

- 2.104** Prisoners should have access to the full shop ordering system within 24 hours of arrival at the establishment. (Repeated recommendation, 2.102)

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** Most full-time employed prisoners had almost 10 hours a day out of their cell, which was more than at the time of the previous inspection. This increased to around 15 hours for those in full-time work and living on F and H wings. Other prisoners' time out of cell had reduced since the previous inspection; those who worked part-time now had around 6.5 hours a day and unemployed prisoners, or those who were not required, around four hours a day. Prisoners on the basic regime were out of their cells for around two hours a day.
- 3.2** Regular regime restrictions in the preceding months had meant that prisoners routinely lost half a day of activities during the week, and spent a morning or afternoon locked up at weekends.
- 3.3** At roll checks during the core day, we found 26% of prisoners locked in their cells who were sick, unemployed, on the basic regime or not required. This was far higher than at the time of the previous inspection.
- 3.4** Thirty minutes of outside exercise was offered daily. However, during the inspection prisoners who worked full-time complained that their exercise periods clashed with the time that they were returning from work.

Recommendations

- 3.5** Prisoners who are not at work through no fault of their own should be unlocked during the core day.
- 3.6** Employed prisoners should have equal access to exercise time.

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.

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

Overall effectiveness of learning and skills and work: Good

Achievements of prisoners engaged in learning and skills and work: Good

Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment: Good

Personal development and behaviour: Good

Leadership and management of learning and skills and work: Good

Management of learning and skills and work

3.8 Senior leaders, managers and staff had a clear ambition and vision for the development of purposeful education, training and work activities to meet the needs of the prison. The operational management of learning and skills and work improved the quality of provision and helped prisoners to gain skills valued by employers. Learning and skills had a high priority in the prison, and highly effective working relationships between prison managers and the education provider ensured that men could access appropriate learning pathways.

3.9 The partnership work between the prison and resettlement agencies was appropriate to support prisoners to improve their life chances on arrival at the prison. However, no pre-release programmes were offered, to help them to gain sustainable employment or further training on their release. Partnership work with employers was improving, with more visiting the prison and offering interview opportunities for prisoners on completion of qualifications and learning pathways.

3.10 The prison's own self-assessment was realistic and mainly accurate in identifying the key areas for further development, resulting in an effective quality improvement plan. Quality improvement initiatives were reviewed regularly, to ensure that they had a positive impact on the quality of teaching, learning and assessment, and that the courses offered aligned with prisoners' aspirations on release.

3.11 Managers used data effectively to review the curriculum and ensure that interventions to improve poor performance were appropriate and timely. Observations of teaching, learning and assessment in education and vocational training concentrated well on learning and the

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>.

progress that prisoners made. The resulting action plans for teachers had a good focus on improving their practice.

- 3.12** Managers had successfully ensured that almost all vocational training and work activities resulted in prisoners gaining either an accredited industry-recognised qualification or recognition of the skills developed in their daily work activities.

Recommendation

- 3.13** **There should be effective pre-release provision, to help prisoners to gain employment or further training.**

Provision of activities

- 3.14** There were sufficient activity places to meet the needs of the population. The level, range and variety of education, vocational training and work places were appropriate to prepare prisoners for release and future employment. Most prisoners were purposefully engaged to meet their resettlement needs. Senior and operational managers, in liaison with the education provider, had reviewed the curriculum offer and pay structure, and had robust plans to increase the provision further.
- 3.15** Vocational training and education resources were very good. Vocational accredited courses included brickwork, carpentry, plumbing, motor vehicle repair, welding and digital media. The curriculum offered in education provided good opportunities for men to gain accredited qualifications. Courses included English, mathematics, information technology, music technology, gym instructing, retail and employability. The prison also offered in-cell learning through their Way2Learn initiative, with subjects available such as mathematics, creative design, business studies and 'job smart'.

Quality of provision

- 3.16** The standard of teaching, learning and assessment was good. In education classes and vocational training, teachers used personal development plans and a passport to employment well, to focus prisoners' attention on their learning outcomes. Prisoners' progress was recorded accurately, and the targets set helped them to improve their performance and make good progress, while gaining skills to help their prospects of employment on release.
- 3.17** Teachers integrated information learning technology (ILT) appropriately into learning sessions. Prisoners demonstrated good use of information technology (IT), and the progress made by those in digital media (Wayout TV; see paragraph 2.5) was very good, producing work to a very high professional standard.
- 3.18** Prisoners were engaged in, and focused on, their learning and they worked independently in lessons and in vocational workshops. For example, in the TV/digital learning production hub, creative arts, IT and music technology, they worked with concentration, supporting the good progress they made. In vocational training and work, they demonstrated good practical skill development – for example, in brickwork, plastering, plumbing, welding and motor vehicle repair.
- 3.19** Teachers used a wide variety of assessment methods to check the progress that prisoners made. However, a minority of previous work had not been marked, with no feedback given

to guide prisoners on how to improve. In a few sessions, more able men were not sufficiently challenged to reach their potential.

- 3.20** Learning support was effective. Committed staff provided good support in a dedicated and well-equipped room for prisoners with pre-entry English skills. In addition, 10 peer mentors provided in-lesson support to prisoners, which helped them to make good progress. However, the peer mentors did not receive any training for this role.
- 3.21** Workshops and classrooms were well equipped to support learning. They were spacious and had appropriate furniture and equipment. Teachers and prisoners had good access to IT and other resources for learning. Workshops had sufficient bricks, tiles and plaster to support practical activities. All vocational workshops were large and featured classroom areas, where teachers gave presentations and which prisoners used for revision. Teachers promoted equality and diversity well.
- 3.22** Teachers did not routinely plan learning to meet prisoners' individual needs, or use information about their individual starting points, particularly in functional skills lessons. Too often, all prisoners undertook the same tasks, despite differences in their existing skill levels. For example, in mathematics lessons, all prisoners completed the same work, even though they were preparing for examinations at different levels. This resulted in a lack of challenge for some, and for others some confusion as they did not fully understand the tasks.
- 3.23** Teachers, both in vocational training and education classes, did not sufficiently ensure that prisoners improved their English skills, but took opportunities to provide prisoners with the mathematical skills required to support their learning. In lessons other than English, too many spelling and grammatical errors were not corrected, and sometimes teachers themselves used incorrect written English. Few prisoners were able to study the next level of English and mathematics alongside their vocational training.
- 3.24** The quality of the education induction was good in determining prisoners' starting points. The process for allocation was effective following an initial intervention by the National Careers Service and the development of appropriate skills action plans. However, prisoners were often put on waiting lists following subsequent applications, with no check against their skills action plan or career aspirations. An increasing number of progression routes were in place but the lack of effective sequencing of allocations prevented too many prisoners from progressing to the next level in a timely manner, particularly in English and mathematics.

Recommendations

- 3.25** Following assessment, prisoners should be told what they need to do to improve.
- 3.26** Classroom teaching should take account of individual skill levels to ensure that prisoners are appropriately challenged.
- 3.27** Teachers should use prisoners' starting points to plan learning effectively.
- 3.28** Prisoners should be able to study English and mathematics alongside their vocational training.
- 3.29** Prisoners should be allocated to work and education in line with their skills action plans and career aspirations.

- 3.30** The sequencing of activities, particularly vocational training courses, should be more effective, to allow prisoners to progress through levels quicker and more easily.

Personal development and behaviour

- 3.31** Prisoners were enthusiastic and took pride in their education, training and work activities. In addition to the development of vocational skills and knowledge, teachers worked hard to emphasise the importance of reliability, communication skills and problem solving.
- 3.32** Prisoners benefitted greatly from effective advice and guidance as part of the education induction, which enabled them to make informed choices regarding their education and training at the prison.
- 3.33** Teachers promoted good technical vocabulary and language. For example, prisoners working towards the gym instructor qualification discussed anatomy and physiology terms. Many developed useful IT skills through the use of the in-cell net books (see paragraph 2.4) and classroom computers.
- 3.34** Behaviour management was effective and there was mutual respect between prisoners and tutors. Prisoners' behaviour in lessons, vocational training and work was very good and helped to produce a positive learning and working environment.
- 3.35** During the inspection, attendance was satisfactory in education classes, and good in vocational training and work. However, historical attendance figures suggested a lower attendance over the previous six months due to regular regime restrictions.

Recommendation

- 3.36** There should be good rates of attendance at learning and skills and work activities.

Education and vocational achievements

- 3.37** The achievement of accredited qualifications in education and vocational training had increased, and was high. Almost all prisoners achieved their English and mathematics qualifications at entry level and level 1. However, not enough men successfully completed English and mathematics at level 2.
- 3.38** In education and vocational training, the standard of work was mostly good. Men demonstrated good practical skills in brickwork, plastering, plumbing, welding and motor vehicle repair, and very high standards of work in digital media, which prepared them well for employment on their release. Most prisoners in education classes and vocational training were making the progress expected of them. However, few were challenged to reach higher grades or produce work to a higher standard in order to reach their potential.
- 3.39** A minority of prisoners progressed between different levels. For example, most men in plumbing and welding completed level 2 qualifications following level 1 but few progressed to higher levels in English and mathematics to support their vocational or career aspirations, as identified in their sentence and skills action plans.

Library

- 3.40** Norfolk County Council provided the library service, which was staffed by two librarians and supported by four orderlies. The library was of a good size, welcoming and provided a comfortable seating area for reading. It offered a suitable range of well-displayed fiction and non-fiction books, including first-level readers, and an adequate selection of books in foreign languages, which the library updated regularly to match the changing needs of the prison population. Appropriate legal texts and Prison Service Instructions and Orders were available on request but few prisoners used them.
- 3.41** Access to the library was poor. Prisoners were unable to attend during the evening, and only by appointment during the day. Saturday access had recently been reintroduced but only for short periods, and less than a tenth of prisoners took advantage of this opportunity. In a typical week, only a fifth of the prison population visited the library. Appointed wing representatives had lists of the book stock, took requests from prisoners and then themselves visited the library weekly to borrow books on behalf of their fellow prisoners. This diminished the quality of choice and access to wider library services (for example, magazines and newspapers), and prevented the gaining of confidence within a library environment.
- 3.42** The library encouraged reading across the prison through the promotion of initiatives such as Reading Ahead and the Great British Reading Challenge. Storybook Dads (in which prisoners record stories for their children) and family learning workshops not only helped prisoners with their own reading skills, but also helped them to relate to their children. However, very few men attended or participated in these initiatives.
- 3.43** Managers routinely monitored library usage. However, this information was not used effectively to encourage those prisoners not attending to do so.

Recommendations

- 3.44** **Library access should be improved.**
- 3.45** **Prisoners not attending the library should be encouraged to do so.**

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

- 3.46** The PE department provided good facilities in the form of two gyms and an outdoor grass football pitch. In addition to weights and aerobic machinery, the main gym had a large sports hall, primarily used for badminton, five-a-side football and volleyball. The smaller gym had weights and aerobic machines. The grass football pitch was used for an intra-prison competition, with 11 teams entering. Staff had recently introduced a 5 km park run (modelled on the popular community version) around the grounds on Saturdays and Sundays.
- 3.47** The gym was open seven days a week and in the evenings, and access was appropriate and equitable. Eight instructors, supported by nine orderlies, oversaw provision, which broadly met the needs of the prisoners. Despite the extensive facilities, only just under half of the prison population had used the gym in the previous three months. Managers collected large

amounts of data, although there was insufficient analysis of usage by different groups, in order to identify specific wings or groups of prisoners not attending and develop a strategy to encourage them to do so. Surveys carried out by the prison included only prisoners using the gym and not the wider prison population. Overall, prisoners using the gym did so for over four hours a week.

- 3.48** Accredited gym instructor courses were delivered in partnership with the education provider, and manual handling certificates were delivered by gym staff as part of the gym induction. There were good links with the health care department, and staff ran sessions for the over-50s, as well as a remedial gym class, although the uptake was low.

Recommendation

- 3.49** **Gym staff should promote the use of the gym to prisoners not currently attending.**

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 strategic management of resettlement was reasonable, although at an operational level there was insufficient joint working between the offender management unit (OMU) and the community rehabilitation company (CRC) (see also paragraphs 4.9 and 4.25, and recommendation 4.14).
- 4.2** There was a detailed reducing reoffending strategy and an action plan but both were out of date. The current needs analysis was in-depth and incorporated both offender assessment system (OASys) and equality data. A prisoner survey had just been completed, in readiness for a new needs analysis. Bimonthly reducing reoffending meetings, chaired by the head of function, were comprehensive and well attended by representatives of relevant departments, including the OMU.
- 4.3** In our survey, 60% of prisoners said that they had done something in the prison to make them less likely to offend in the future, which was higher than at similar prisons (54%).

Recommendation

- 4.4** The reducing reoffending strategy and action plan should be kept up to date.

Offender management and planning

Expected outcomes:

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

- 4.5** In our survey, 84% of prisoners said that they had an offender supervisor and 78% that they had a sentence plan, both of which were better than at similar prisons.
- 4.6** Six probation officer and eight prison offender supervisors worked in the OMU. Cross-deployment due to staff shortages substantially reduced the time that the latter group could spend in the OMU, so that contact between offender supervisors and prisoners varied greatly. In our survey, 43% of respondents said that an offender supervisor was working with them to achieve their sentence plan targets, which was better than at the time of the previous inspection. However, there was no prescribed minimum frequency of contact between offender supervisors and the prisoners in their care, and no evidence of managers checking whether such contacts had been made.
- 4.7** Higher-risk cases, including those serving life sentences and complex personality disorder cases, were allocated to probation officer offender supervisors, who carried a caseload of

around 30 prisoners, while prison offender supervisors had around 95 men on their caseloads. A senior probation officer attended the prison four days a week to provide supervision to National Probation Service (NPS) staff but prison offender supervisors received no such support.

- 4.8** Too many prisoners arrived at the prison without an OASys assessment. In March and April 2017, 42% of new arrivals had had no current OASys assessment. Staff had worked hard to reduce the backlog; at the time of the inspection this was 105, of which the prison was responsible for 68, and some of these were over a year overdue. We found evidence of this backlog hindering progression in some cases (see paragraph 4.18). Despite this, assessments were prioritised appropriately by due date, proximity to a recategorisation review date and risk level. As an interim measure, the prison had developed a temporary risk indication tool, to enable them to begin some sentence planning and allocation to interventions. However, this did not always tie in with the subsequent sentence plan generated by the eventual OASys assessment.
- 4.9** The quality of assessments and sentence plans was reasonable but assessment and planning to manage the risk of harm were inadequate in half of the cases we looked at. The OMU made good use of electronic case notes for recording work with prisoners. However, there was insufficient communication between other departments and the OMU, and it was clear that sentence plans were not used sufficiently to drive work with the prisoner.
- 4.10** In the previous six months, 30 applications for release on home detention curfew (HDC) had been considered, six of which had been successful. While most releases were timely, some occurred around two weeks beyond the HDC eligibility date, as a result of delays in receiving reports back from the community NPS team. Decisions were made by a sufficiently senior manager and risk assessments were adequate. In the previous six months, there had been 160 releases on temporary licence (ROTLs), for four prisoners. During the inspection, there were two men currently on ROTL – one working in the outside gardens and one on home leave. The risk assessments we looked at were adequate.

Recommendations

- 4.11 Officer offender supervisors should have sufficient time, training and supervision to deliver their responsibilities effectively** (repeated recommendation, 4.18)
- 4.12 Prisoners should not be transferred without an up-to-date offender assessment system (OASys) assessment and sentence plan** (repeated recommendation, 4.16)
- 4.13 Assessment and planning to manage the risk of harm posed by prisoners should be robust, and this should be subject to quality assurance.**
- 4.14 There should be regular communication and joint working between the offender management unit and other departments, to ensure that the sentence plan drives all work undertaken with the prisoner.**

Public protection

- 4.15** Initial processes for identifying and monitoring public protection cases were satisfactory. At the time of the inspection, there were 43 multi-agency public protection arrangements (MAPPA) level 2 and three MAPPA level 3 prisoners at the establishment. In addition, 95 men were subject to harassment procedures and 50 to child protection measures. The

interdepartmental risk management team (IRMT) meeting discussed relevant cases and was generally well attended, and actions were logged and followed up.

- 4.16** Screening procedures on arrival were undertaken by case administrators, and were reasonable. Offender supervisors made recommendations for the application of monitoring restrictions, and the head of the OMU signed off the final decision. Where appropriate, prisoners were subject to contact restrictions, usually for an initial period of up to three months. At the time of the inspection, there were eight men on mail and/or telephone monitoring.
- 4.17** Arrangements for MAPPA were robust, although uniformed staff said that they would welcome training in this area. MAPPA reports were completed by offender supervisors and seconded probation officers; they were of good quality and were appropriately countersigned.

Categorisation

- 4.18** At the time of the inspection, there were 932 category C and 19 category D prisoners at the establishment. Categorisation reviews were timely and there was no backlog. The process was initiated by case administrators; offender supervisors submitted a risk assessment and prisoners could also make a written submission. A custodial manager conducted the initial review, and this was then signed off by the head of the OMU. Risk assessments were generally adequate, although we saw some examples of reviews undertaken with no OASys assessment in place, and also one case where a prisoner had been refused category D status because of the absence of an OASys assessment and sentence plan, a decision which unfairly hindered his progression.
- 4.19** Transfers to open conditions were usually facilitated within a couple of weeks. A large proportion of the population were far from home, and as a result some refused a move to the local open prison, preferring to wait longer for a transfer to an alternative nearer their home.

Recommendation

- 4.20 All risk assessments should be informed by a current OASys assessment.**

Indeterminate sentence prisoners

- 4.21** A total of 105 prisoners were serving a life sentence and 78 an indeterminate sentence for public protection, some of whom were several years beyond their tariff expiry date. They were all managed by an NPS offender supervisor.
- 4.22** An indeterminate-sentenced prisoner (ISP) strategy within the OMU policy set out the vision for ISPs, including their management, access to interventions and parole processes. Despite this, there was no specific provision for the needs of this population. Consultation forums had lapsed but restarted during the inspection.

Recommendation

- 4.23 The specific needs of indeterminate-sentenced prisoners should be ascertained through consultation, and should inform service provision where appropriate.**

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.

- 4.24** In the previous six months, 111 men had been released from the prison. Of these, 70 had been released outside of the local area, 32 to the NPS and 38 to a CRC. Norfolk and Suffolk CRC had delivered services inside the prison since June 2017, and offered one full-time caseworker, a manager on two days a week and a peer support worker. The CRC saw most prisoners on arrival, to undertake an immediate needs screening, and again 12 weeks before release to address resettlement needs.
- 4.25** Basic custodial screenings had been completed in previous establishments but there were many errors and omissions in those we looked at, so that some important gaps were carried through into the resettlement plan. However, at the 12-week pre-release review, the CRC revisited all of the resettlement pathways. The resettlement plans we looked at were reasonable; they were detailed in their coverage but were too reliant on prisoner-reported data and did not sufficiently consider risk issues. Both of these issues reflected the fact that there was little joint working between the CRC and the OMU (see also paragraph 4.9 and recommendation 4.14).

Recommendation

- 4.26 Basic custodial screenings should be completed to a reasonable quality across the estate.**

Accommodation

- 4.27** The CRC had developed links with a range of housing providers, including some that were out of area, and the caseworker undertook often complex assessments in order to secure accommodation for prisoners on release. Of the 111 prisoners released in the previous six months, 90 (81%) had gone into 'settled and suitable' accommodation, defined as sustainable for at least 12 weeks.

Recommendation

- 4.28 All prisoners should be discharged into sustainable accommodation.**

Education, training and employment

- 4.29** Through the work of the National Careers Service (NCS), provided by Futures, prisoners received appropriate advice and guidance on entering the prison and were active in the setting of their skills action plans, which had a good focus on their long-term career aspirations. Partnership arrangements and communication with internal and external agencies were robust and staff had a good understanding of local and regional employment needs.
- 4.30** However, the quality of the NCS provision required improvement. Interventions by NCS organisations were timely as part of the prison induction programme but limited towards the end of sentences. Only 14% of those being released in the previous three months had been

seen by the NCS. Too many prisoners were not prepared for finding sustainable employment or further training on release. Few men nearing their release dates were encouraged, or took the opportunity, to produce a CV, make job applications or gain interview skills. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not used for this purpose. No data were collated on the proportion of men who had gained employment or training on release.

Recommendations

- 4.31 All prisoners should be offered an effective pre-release course to prepare them for education, training or employment.**
- 4.32 The virtual campus should be used to help prisoners in their development of job search skills.**
- 4.33 Managers should analyse whether prisoners are successfully released into education, training or employment.**

Health care

- 4.34** Health discharge planning was timely and appropriate for prisoners with either physical or mental health needs. Prisoners on medication were given a two-week supply on a risk-assessed basis, and a letter for their GP. If needed, they were also given information on registering with a dentist. Those with complex mental health needs were well managed on discharge. Good links were made with community services, even when patients were discharged outside the local area. There were appropriate arrangements for prisoners requiring palliative care.

Drugs and alcohol

- 4.35** Clinical and psychosocial substance misuse teams worked jointly to facilitate treatment continuation on release, although many prisoners were transferred to resettlement prisons for local release. Prisoners were given harm reduction and overdose prevention information but naloxone training to treat opiate overdose in the community was not yet available.
- 4.36** The Rehabilitation of Addicted Prisoners trust (RAPt) team had established appropriate links with community drug and alcohol services; release plans were of good quality and prisoners could attend relapse prevention workshops. Recovery workers had managed to arrange several residential rehabilitation placements for prisoners following release.

Recommendation

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

Finance, benefit and debt

- 4.38** The CRC provided support with a range of basic financial issues, such as cancelling direct debits, freezing mobile phone contracts, rent arrears payment plans and court fines. Citizens Advice attended the prison monthly, and prisoners with more complex financial issues were signposted to them. Prisoners could open bank accounts before discharge.

Children, families and contact with the outside world

- 4.39** In our survey, only 15% of prisoners said that it was easy for their friends and family to visit, against 28% at similar prisons. Many came from the London area and were far from home, so it was often expensive and difficult for their friends and families to visit, although there was a bus service which ran from London once a fortnight.
- 4.40** Provision at the visitors centre was poor, apart from a small children's play area. There were no refreshments available and few working lockers. The centre was run by prison staff and offered no pastoral services. There were plans to improve the centre's facilities.
- 4.41** Visits had to be booked online. Centre staff could amend a booking over the telephone, although visitors told us that it was difficult to get through on the telephone.
- 4.42** Visitors were sent over to the prison entrance in groups of about 20, and were then simultaneously admitted into a small sterile area between two sliding doors, which was unpleasantly overcrowded. A member of staff then shouted a briefing at the visitors through the door. Furthermore, during our inspection the admission of visitors from the visitors centre was suspended for half an hour while prisoners were brought into the visits hall, as there were insufficient staff to run both processes. This meant that some visits routinely started half an hour late.
- 4.43** Facilities in the visits hall had improved and it was much more welcoming. It was freshly decorated, and the new Britannia Café served hot food and was popular with visitors. It was staffed by prisoners, although they could not yet gain a qualification for this work. Better, more comfortable seating had also been introduced. The Ormiston Trust supervised a good children's play area, but otherwise their role was more limited than in some prisons. They ran alternating children's and family events every Monday morning, and these included a homework club. These events were generally well used but hardly ever full. During the inspection, the facility to have a family photograph taken was reintroduced.
- 4.44** Wider provision to help prisoners to build relationships with their families was weak, with no parenting or relationship courses, no family support work and no strategy to help to deliver this work. The introduction of in-cell telephones had been a positive development, helping prisoners who were far from home to stay in touch with their families during the evenings. There were also plans to take further advantage of the digitalisation project and introduce a limited amount of video calling from the legal visits area later in 2017.

Recommendations

- 4.45** **Facilities in the visitors centre should be improved, to cater for friends and family arriving after long journeys.**
- 4.46** **A strategy to help prisoners maintain and strengthen family links should be developed and implemented.** (Repeated recommendation, 4.41)

Attitudes, thinking and behaviour

- 4.47** A comprehensive needs analysis, incorporating offending behaviour data, informed the provision of offending behaviour programmes. A range of accredited programmes was offered: the thinking skills programme, with 54 places per year; Resolve, with 54 places per year; the alcohol-related violence programme, with 18 places per year and the self-change programme, with rolling provision for three prisoners at a time. However, there was insufficient communication between the OMU and the programmes team, and this had led to frustration for offender supervisors (see recommendation 4.14).
- 4.48** The personality disorder (PDU) and psychologically informed planned environment (PIPE) units, both located on Wensum unit, were excellent initiatives. In particular, they gave training and support to uniformed staff who were fully engaged in the therapeutic process. The presence of these units was helpful to the overall culture of the prison. Prisoners were assessed for around five months on the PDU to determine if they had a personality disorder; those who did then remained on the unit for around 18 months to undertake the Assist programme via group and one-to-one work. They moved onto the PIPE unit as part of their progression.

Good practice

- 4.49** *The personality disorder (PDU) and psychologically informed planned environment (PIPE) units, both located on Wensum unit, were excellent initiatives. In particular, they gave training and support to uniformed staff who were fully engaged in the therapeutic process, and had a positive impact within the prison as a whole.*

Section 5. Summary of recommendations and good practice

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

Main recommendations

To the governor

- 5.1 The number of assaults should be reduced substantially through violence reduction measures, the efficacy of which should be monitored continuously. (S69)
- 5.2 The establishment should continue to focus on reducing the supply and use of new psychoactive substances, and a comprehensive needs analysis should inform an action plan with clear and measurable objectives to reduce both demand and supply. (S70)
- 5.3 Managers should work consistently with all prisoners with protected characteristics, especially those with disabilities, and black and minority ethnic and Muslim prisoners, to establish and implement satisfactory ways of addressing their needs and concerns. (S71)
- 5.4 The kitchens should be adequately equipped for the proper storage and separation of food types, and catering staff should, on the basis of full training, store food in accordance with hygiene standards and ensure that religious and cultural needs are met. (S72)

Recommendations

To HMPPS

Offender management and planning

- 5.5 Prisoners should not be transferred without an up-to-date offender assessment system (OASys) assessment and sentence plan (4.12, repeated recommendation, 4.16)

Reintegration planning

- 5.6 Basic custodial screenings should be completed to a reasonable quality across the estate. (4.26)

Recommendation

To Prisoner Escort and Custody Services

Courts, escort and transfers

- 5.7 Prisoners should be offered comfort breaks at least every two and a half hours. (1.3, repeated recommendation, 1.4)

Recommendations

To the governor

Self-harm and suicide

- 5.8** Assessment, care in custody and teamwork (ACCT) documentation should be completed properly. Triggers should record possible future events that might cause self-harm, while actions in care plans should be relevant and signed off when completed. (1.16)
- 5.9** All staff should have up-to-date training on safer custody and ACCT procedures. (1.17, repeated recommendation, 1.30)

Security

- 5.10** Searching and suspicion drug testing should be sufficiently resourced to carry out all actions which are identified as required on the basis of intelligence, and any slippage should be monitored and addressed. (1.28)

Incentives and earned privileges

- 5.11** Prisoners on the basic regime should be set individual and realistic targets to address their poor behaviour. (1.32)

Discipline

- 5.12** Analysis of adjudication data should include all protected characteristics, and the senior management team meeting should routinely consider adjudications data. (1.35)
- 5.13** The use of force committee should provide adequate oversight, review all uses of force and ensure that all dossiers are completed properly. (1.38)
- 5.14** The segregation unit should be fit for purpose, with adequate hygiene facilities. (1.42)

Substance misuse

- 5.15** The Rehabilitation of Addicted Prisoners trust (RAPt) service should be sufficiently resourced to develop initiatives such as peer support and work with families, and post-programme support for prisoners in recovery should be increased, in partnership with the prison. (1.49)

Residential units

- 5.16** Two prisoners should not share cells meant for one (2.9, repeated recommendation, 2.10)
- 5.17** All toilets should be appropriately screened. (2.10)
- 5.18** The decaying cell floors on the newer wings should be repaired and the in-cell showers deep cleaned. (2.11)
- 5.19** Cell call bells should be answered within five minutes. (2.12)

Equality and diversity

- 5.20** Foreign national prisoners should be regularly consulted and have access to independent immigration advice. (2.31)
- 5.21** Use of the professional telephone interpreting service should be monitored and should reflect the number of non-English speakers. (2.32)
- 5.22** Prisoners with disabilities should be systematically identified on reception, and needs for reasonable adjustments and other support should be met throughout their time at the establishment. (2.33)

Faith and religious activity

- 5.23** The chaplaincy should provide an official prison visitor scheme. (2.37)
- 5.24** The chaplaincy should establish links with London faith communities to support prisoners near release. (2.38)

Complaints

- 5.25** All complaints should be dealt with fairly and responded to with a resolution or comprehensive explanation of future action. (2.42)

Legal rights

- 5.26** Prisoners should have easy access to a wide range of up-to-date legal textbooks, Prison Service Instructions and information about the Criminal Cases Review Commission and Legal Ombudsman. (2.44)
- 5.27** Prisoners should be able to work on their legal cases using word processing packages. (2.45)

Health services

- 5.28** All clinical staff should be in date with basic life support training. (2.60)
- 5.29** When prisoners receive out-of-hours care, their medical record should be updated immediately, to ensure that ongoing treatment and advice are acted on. (2.61)
- 5.30** A single health care complaints system should be in operation, and it should be well advertised. (2.62)
- 5.31** There should be regular systematic health promotion campaigns. (2.63)
- 5.32** Prisoners should not have to rely on prison officers in order to access health care triage services. (2.70)
- 5.33** Prisoners with long-term conditions should receive regular reviews and have evidence-based care plans developed and delivered by competent health professionals. (2.71)
- 5.34** Medication administration should be fully supervised by prison staff, to ensure confidentiality and prevent diversion. (2.78)
- 5.35** All prisoners should have the facility to lock away in-possession medication. (2.79)

- 5.36** In-possession reviews should be completed in line with a policy that is up to date. (2.80)
- 5.37** For medicines that are deemed critical, follow-up should take place for missed or refused doses sooner than 72 hours. (2.81)
- 5.38** The transfer of patients to hospital under the Mental Health Act should occur within agreed Department of Health timescales. (2.92)
- 5.39** Social care assessments should be undertaken within the timescale accepted in the community. (2.95)

Catering

- 5.40** Food temperature logs and associated management checks should be completed on all wings, ensuring cleanliness and good practice in serveries. (2.99)
- 5.41** More effective consultation should take place to understand and address prisoners' concerns about the food. (2.100, repeated recommendation, 2.97)

Purchases

- 5.42** Prisoners should have access to the full shop ordering system within 24 hours of arrival at the establishment. (2.104, repeated recommendation, 2.102)

Time out of cell

- 5.43** Prisoners who are not at work through no fault of their own should be unlocked during the core day. (3.5)
- 5.44** Employed prisoners should have equal access to exercise time. (3.6)

Learning and skills and work activities

- 5.45** There should be effective pre-release provision, to help prisoners to gain employment or further training. (3.13)
- 5.46** Following assessment, prisoners should be told what they need to do to improve. (3.25)
- 5.47** Classroom teaching should take account of individual skill levels to ensure that prisoners are appropriately challenged. (3.26)
- 5.48** Teachers should use prisoners' starting points to plan learning effectively. (3.27)
- 5.49** Prisoners should be able to study English and mathematics alongside their vocational training. (3.28)
- 5.50** Prisoners should be allocated to work and education in line with their skills action plans and career aspirations. (3.29)
- 5.51** The sequencing of activities, particularly vocational training courses, should be more effective, to allow prisoners to progress through levels quicker and more easily. (3.30)
- 5.52** There should be good rates of attendance at learning and skills and work activities. (3.36)

5.53 Library access should be improved. (3.44)

5.54 Prisoners not attending the library should be encouraged to do so. (3.45)

Physical education and healthy living

5.55 Gym staff should promote the use of the gym to prisoners not currently attending. (3.49)

Strategic management of resettlement

5.56 The reducing reoffending strategy and action plan should be kept up to date. (4.4)

Offender management and planning

5.57 Officer offender supervisors should have sufficient time, training and supervision to deliver their responsibilities effectively (4.11, repeated recommendation, 4.18)

5.58 Assessment and planning to manage the risk of harm posed by prisoners should be robust, and this should be subject to quality assurance. (4.13)

5.59 There should be regular communication and joint working between the offender management unit and other departments, to ensure that the sentence plan drives all work undertaken with the prisoner. (4.14)

5.60 All risk assessments should be informed by a current OASys assessment. (4.20)

5.61 The specific needs of indeterminate-sentenced prisoners should be ascertained through consultation, and should inform service provision where appropriate. (4.23)

Reintegration planning

5.62 All prisoners should be discharged into sustainable accommodation. (4.28)

5.63 All prisoners should be offered an effective pre-release course to prepare them for education, training or employment. (4.31)

5.64 The virtual campus should be used to help prisoners in their development of job search skills. (4.32)

5.65 Managers should analyse whether prisoners are successfully released into education, training or employment. (4.33)

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

5.67 Facilities in the visitors centre should be improved, to cater for friends and family arriving after long journeys. (4.45)

5.68 A strategy to help prisoners maintain and strengthen family links should be developed and implemented. (4.46, repeated recommendation, 4.41)

Examples of good practice

Residential units

- 5.69** The in-possession net books enabled prisoners to take responsibility for many everyday tasks, and enabled better tracking of requests and responses. (2.13)

Staff-prisoner relationships

- 5.70** Wing staff, along with those from many other departments, made regular and full entries in the electronic case notes, creating a running record which was more detailed and helpful than in most other prisons. (2.18)

Reintegration planning

- 5.71** The personality disorder (PDU) and psychologically informed planned environment (PIPE) units, both located on Wensum unit, were excellent initiatives. In particular, they gave training and support to uniformed staff who were fully engaged in the therapeutic process, and had a positive impact within the prison as a whole. (4.49)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Martin Kettle	Team leader
Jonathan Tickner	Inspector
Paul Rowlands	Inspector
Colin Carroll	Inspector
Beverley Alden	Inspector
Tamara Pattinson	Inspector
Alissa Redmond	Researcher
Laura Green	Researcher
Sophie Skinner	Researcher
Natalie Hall	Researcher
Sigrid Engelen	Substance misuse inspector
Elizabeth Walsh	Health services inspector
Anne Regan	Pharmacist
Catriona Reeves	Care Quality Commission inspector
Steven Hunsley	Ofsted inspector
David Baber	Ofsted inspector
Allan Shaw	Ofsted inspector
Caroline Nicklin	Offender management 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 2013, prisoners were critical of their experience of transfers and reception. We observed swift reception procedures carried out by friendly staff and with an appropriate regard for confidentiality. The first night arrangements required improvement. Prisoners were generally positive about induction and the information they received, although we observed a lack of individual support. Violent incidents and self-harm were well managed and support for prisoners in crisis was generally good. Adult safeguarding was neglected. Security and disciplinary procedures were broadly proportionate. The segregation unit offered the same basic regime for a wide range of prisoners. Substance misuse services were good. Outcomes for prisoners were reasonable good against this healthy prison test.

Main recommendation

First night arrangements should be reviewed and take account of prisoners' anxieties about safety on their first night and the lack of quality interaction with staff. There should be a clear policy on the management of prisoners on their first night. (S44)

Achieved

Recommendations

Prisoners should be offered comfort breaks at least every two and a half hours. (1.4)

Not achieved (recommendation repeated, 1.3)

All prisoners should be able to make a telephone call and take a shower on their first night. (1.14)

Achieved

The induction programme should be reviewed to ensure that all relevant information is imparted and that staff are involved. (1.15)

Achieved

Staff from all disciplines involved with prisoners on ACCTs should contribute to their ongoing record and reviews. (1.29)

Partially achieved

All staff should have up-to-date training on safer custody and ACCT procedures. (1.30)

Not achieved (recommendation repeated, 1.17)

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.34)

Achieved

There should be robust systems for requesting suspicion tests; the mandatory drug testing programme should be sufficiently resourced to undertake suspicion testing within the required time and any slippage should be monitored and addressed. (I.42)

Not achieved

Prisoners should not be sanctioned for not wishing to move to F and H wings. (I.50)

Achieved

Applications for promotion to the enhanced level of the IEP scheme should be considered within a reasonable time frame. (I.51)

Achieved

There should be no collective punishments. (I.55)

Achieved

The policy for the management of prisoners in the segregation unit should be fully implemented and the regime improved. Inappropriate behaviour by prisoners should be challenged by staff, the underlying causes of poor behaviour should be investigated and the needs of individual prisoners should be addressed. (I.67)

Achieved

Prisoners' perceptions of their treatment by staff on the segregation unit should be investigated and addressed. (I.68)

Achieved

Peer support should be developed throughout the prison and regular external speakers should contribute to self-help groups. (I.78)

Not achieved

The drug and alcohol strategy should be informed by a comprehensive needs analysis and should contain detailed development targets and performance measures. (I.79)

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2013, there was a variety of residential accommodation, some old and shabby, some new and of different designs; the accommodation in most areas was clean. Interactions between staff and prisoners ranged from very positive to disinterested. Formal arrangements for equality and diversity were underdeveloped and in our survey most minority groups were more negative than the population as a whole across the range of indicators. Responses to general complaints were mixed and prisoners had little confidence in the discrimination incident report form (DIRF) complaints procedure. Legal services were inadequate. Faith provision was good. Overall health care services were good and had improved significantly since our last inspection. Prisoners expressed dissatisfaction with the food but were satisfied with the range of goods provided by the shop. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Managers should investigate and address the reasons for prisoners' negative perceptions of staff. The standard of engagement expected of staff should be clear, and monitored. (S45)

Achieved

Governance and management oversight of diversity should be prioritised to ensure that the needs of all prisoners with protected characteristics are identified, assessed and met, and any negative perceptions of particular groups are understood. Inequality should be investigated promptly and appropriate remedial action taken. (S46)

Not achieved

Recommendations

Damaged fabric and showers on the older wings should be repaired and made fit for purpose. (2.9)

Achieved

Two prisoners should not share cells meant for one. (2.10)

Not achieved (recommendation repeated, 2.9)

Personal officers should attend sentence planning and resettlement reviews. (2.17)

Not achieved

Members of the equality team and prisoner representatives should be fully trained in equality. (2.24)

Not achieved

The prison should seek to involve outside organisations in supporting minority groups. (2.25)

Not achieved

The continuing fall in the number of reported discrimination incidents should be investigated and action taken. (2.26)

Achieved

Prisoners who have reported a discrimination incident should be fully informed of the reasons for the finding and the action being taken. Investigations should be thorough and quality assurance robust. (2.27)

Not achieved

Immigration detainees should not be held in prison other than in exceptional circumstances following individualised risk assessment, and should be informed of the intention to deport them at least six months before their prison sentence ends. (2.37)

Achieved

Foreign nationals should have access to independent immigration advice. (2.38)

Not achieved

There should be regular consultation with older prisoners and their concerns acted on (2.39)

Achieved

All complaints should be dealt with fairly and responded to promptly with a resolution or comprehensive explanation of future action. (2.49)

Not achieved

Prisoners should have access to trained legal services advisers. (2.53)

Not achieved

There should be sufficient ‘access to justice’ laptops to meet the needs of the population. (2.54)

Achieved

There should be an up-to-date health needs assessment which includes all areas of prisoner health, including dental health needs. (2.65)

Achieved

Confidentiality should be maintained in all health care areas and complaints should be managed confidentially. (2.66)

Partially achieved

Waiting lists for health care services should be reduced to enable timely access for prisoners. (2.75)

Achieved

The medicines and therapeutics committee should ensure that all medication policies and procedures, including the in-possession policy, are reviewed and followed. (2.81)

Not achieved

The current practice for the supply of products should be reviewed, to allow patients to receive timely access to medication. Medications should be administered at times that ensure maximum clinical effectiveness. (2.82)

Achieved

More effective consultation should take place to understand and address prisoners’ concerns about the food. (2.97)

Not achieved (recommendation repeated, 2.100)

Breakfast packs should be issued on the morning they are to be eaten. (2.98)

Not achieved

Prisoners should have access to the full shop ordering system within 24 hours of arrival at the establishment. (2.102)

Not achieved (recommendation repeated, 2.104)

Purposeful activity

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

At the last inspection, in 2013, time out of cell had improved and was good for most prisoners. The management of the OLASS (Offenders’ Learning and Skills Services) provision was good but the learning and skills leadership had not improved since the last inspection and key areas had not been rectified. There were sufficient activity places but labour allocation was uninformed and disjointed. The overall quality and range of activities were good. Educational and vocational achievements were good. The library service was adequate but access required improvement for some prisoners. PE provision was adequate. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

The procedure for allocation to activities should be improved to ensure fair and prompt allocation and full use of activity spaces. (S47)

Achieved

Recommendations

Association should be provided after the evening meal during the week. (3.5)

Achieved

The leadership of activities should be strengthened to address the outstanding areas for improvement identified at the last inspection. (3.14)

Achieved

The quality improvement focus of the quality improvement group and the teaching and learning observations in the non-OLASS areas should be developed further. (3.15)

Achieved

The self-assessment and improvement planning procedures should be developed to ensure that all areas of activities provision is appropriately evaluated and improved. (3.16)

Achieved

The quality of induction should be improved by promoting the benefits of literacy and numeracy to undertaking activities in the prison. (3.23)

Achieved

Substantive qualifications recognised by industry should be introduced in waste management and in the assembly and packing workshops. (3.24)

Achieved

The teaching and assessment of theoretical knowledge should be improved to ensure that prisoners retain knowledge over time. (3.30)

Achieved

The effectiveness of individual learning plans in education and target setting should be improved in all areas to ensure that learners are sufficiently challenged to progress well. (3.31)

Achieved

Attendance and punctuality to activities should be improved so that teachers can plan effectively to meet the needs of all prisoners and ensure they receive their full entitlement. (3.37)

Not achieved

Use of the library by prisoners should be enhanced by organising enrichment activities to promote and develop reading. (3.40)

Not achieved

A strategy should be developed for the delivery of accredited courses in the gym. (3.47)

Achieved

Resettlement

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

At the last inspection, in 2013, the strategic management of resettlement was appropriate but offender management did not meet the needs of all prisoners. Public protection arrangements were good. Release on temporary licence arrangements (ROTL) had improved since our last inspection. Reintegration planning was broadly appropriate but finance and debt support, family work and visits were underdeveloped. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

A more robust needs analysis should be completed, including an analysis of the specific needs of indeterminate-sentenced prisoners and prisoners with disabilities, and used to inform service provision. (4.6)

Partially achieved

Prisoners should not be transferred without an up-to-date OASys and sentence plan. (4.16)

Not achieved (recommendation repeated, 4.12)

Sentence plans should reflect targets and objectives set by all departments, and relevant departments and personal officers should attend sentence planning boards, or at least provide written contributions. (4.17)

Not achieved

Officer offender supervisors should have sufficient time, training and supervision to deliver their responsibilities effectively. (4.18)

Not achieved (recommendation repeated, 4.11)

Objectives and referrals made by all resettlement pathway departments should be shared with offender supervisors and passed to offender managers at the point of release. (4.25)

Not achieved

The finance, benefit and debt needs of prisoners should be assessed and services made available to meet identified need. (4.34)

Achieved

A strategy to help prisoners maintain and strengthen family links should be developed and implemented. (4.41)

Not achieved (recommendation repeated, 4.46)

Reinforcement of learning from offending behaviour programmes should be undertaken by staff while prisoners remain in custody. (4.48)

Not achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notice

Provider: Virgin Care Services Limited

Location: HMP Wayland

Location ID: 1-1333240930

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

Action we have told the provider to take

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

Regulation 18: Staffing

Regulation 18 HSCA (Regulated Activities) Regulations 2014 Staffing:

1. Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.
2. Persons employed by the service provider in the provision of a regulated activity must be enabled where appropriate to obtain further qualifications appropriate to the work they perform.

How the regulation was not being met:

We found that the provider did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff in order to provide an appropriate level of care to patients with long-term medical conditions. The provider had not enabled clinical staff to obtain further qualifications, training or professional development to ensure that patients had long-term conditions effectively monitored or managed.

There were no members of nursing staff trained in the management of specific chronic diseases, namely diabetes, asthma and chronic obstructive pulmonary disease, epilepsy, heart failure, atrial fibrillation, hypertension, chronic kidney disease, rheumatoid arthritis, osteoporosis and hypothyroidism.

As a result, there were no specific clinics being held to ensure that patients with long-term conditions were receiving routine reviews, and we saw no evidence that any of these patients had up-to-date care plans to ensure the appropriate management of their conditions.

In addition, no staff member had been allocated to ensure that patients with long-term conditions were correctly identified and registered in order that they received the care needed at individual or strategic level. We found one case where a patient with a serious chronic disease had not been appropriately identified on reception to the prison, and not seen by a nurse or GP for five months until presenting himself to healthcare, during which time they were at potential risk of deterioration of their condition.

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		862	90.6
Recall		89	9.4
Convicted unsentenced		0	0
Remand		0	0
Civil prisoners		0	0
Detainees		0	0
Total		951	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced		0	
Less than six months		0	
six months to less than 12 months		2	0.2
12 months to less than 2 years		13	1.4
2 years to less than 4 years		127	13.4
4 years to less than 10 years		543	57.1
10 years and over (not life)		83	8.7
ISPP (indeterminate sentence for public protection)		78	8.2
Life		105	11
Total		951	100

Age	Number of prisoners	%
Please state minimum age here: 21		
Under 21 years	0	0
21 years to 29 years	355	37.3
30 years to 39 years	292	30.7
40 years to 49 years	181	19
50 years to 59 years	104	10.9
60 years to 69 years	15	1.6
70 plus years	4	0.4
Please state maximum age here: 78		
Total	951	100

Nationality	18–20-year-olds	21 and over	%
British		882	92.7
Foreign nationals		69	7.3
Total		951	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced		0	0
Uncategorised sentenced		0	0
Category A		0	0
Category B		0	0
Category C		932	98
Category D		19	2
Other		0	0
Total		951	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British		544	57.2
Irish		9	0.9
Gypsy/Irish Traveller		31	3.3
Other white		53	5.6
Mixed			
White and black Caribbean		33	3.5
White and black African		4	0.4
White and Asian		4	0.4
Other mixed		13	1.4
Asian or Asian British			
Indian		17	1.8
Pakistani		20	2.1
Bangladeshi		20	2.1
Chinese		4	0.4
Other Asian		16	1.7
Black or black British			
Caribbean		102	10.7
African		47	4.9
Other black		20	2.1
Other ethnic group			
Arab		0	0
Other ethnic group		11	1.2
Not stated		3	0.3
Total		951	100

Religion	18–20-year-olds	21 and over	%
Baptist		0	0
Church of England		141	14.8
Roman Catholic		203	21.3
Other Christian denominations		151	15.9
Muslim		161	16.9
Sikh		6	0.6
Hindu		7	0.7
Buddhist		28	2.9
Jewish		10	1.1
Other		22	2.3
No religion		221	23.2
Total		951	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)		11	100
Total		11	100

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			74	7.8
1 month to 3 months			161	16.9
3 months to six months			167	17.6
six months to 1 year			237	24.9
1 year to 2 years			201	21.2
2 years to 4 years			97	10.1
4 years or more			14	1.5
Total			951	100

Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry		0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).		475 (including MAPPA)	100
Total		475	100

Unsentenced prisoners only

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

Main offence	18–20-year-olds	21 and over	%
Violence against the person		364	38.3
Sexual offences		10	1.1
Burglary		129	13.6
Robbery		171	17.9
Theft and handling		11	1.2
Fraud and forgery		19	2
Drugs offences		188	19.8
Other offences		59	6.1
Civil offences		0	0
Offence not recorded /holding warrant		0	0
Total		951	100

Appendix V: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the 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 19 June 2017, the prisoner population at HMP Wayland was 949. Using the method described above, questionnaires were distributed to a sample of 219 prisoners.

We received a total of 142 completed questionnaires, a response rate of 65%. Eleven respondents refused to complete a questionnaire and 66 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	16
B	15
C	11
D	15
E	17
F	7
G	7
H	8
J	7
K	6
L	9
M	10
N	14

Presentation of survey results and analyses

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

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 Wayland in 2017 compared with responses from prisoners surveyed in all other category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 38 category C training prisons since April 2013.
- The current survey responses from HMP Wayland in 2017 compared with the responses of prisoners surveyed at HMP Wayland in 2013.
- 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.

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.

- 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 those who are aged 50 and over and those under 50.
- A comparison within the 2017 survey between the responses of prisoners on E wing and all other wings.
- A comparison within the 2017 survey between the responses of prisoners on J, K, L, M and N wings and the responses of prisoners on A, B, C and D wings.

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	1 (1%)
	21 - 29.....	51 (36%)
	30 - 39.....	41 (29%)
	40 - 49.....	28 (20%)
	50 - 59.....	20 (14%)
	60 - 69.....	0 (0%)
	70 and over	0 (0%)
Q1.3	Are you sentenced?	
	Yes	126 (89%)
	Yes - on recall.....	15 (11%)
	No - awaiting trial.....	0 (0%)
	No - awaiting sentence	0 (0%)
	No - awaiting deportation.....	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced	0 (0%)
	Less than 6 months	0 (0%)
	6 months to less than 1 year	2 (1%)
	1 year to less than 2 years	8 (6%)
	2 years to less than 4 years	21 (15%)
	4 years to less than 10 years	64 (46%)
	10 years or more	15 (11%)
	IPP (indeterminate sentence for public protection)	17 (12%)
	Life.....	13 (9%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?	
	Yes	11 (8%)
	No.....	128 (92%)
Q1.6	Do you understand spoken English?	
	Yes	138 (98%)
	No.....	3 (2%)
Q1.7	Do you understand written English?	
	Yes	134 (96%)
	No.....	6 (4%)

Q1.8 What is your ethnic origin?

White - British (English/ Welsh/ Scottish/ Northern Irish).....	78 (56%)	Asian or Asian British - Chinese.....	1 (1%)
White - Irish	3 (2%)	Asian or Asian British - other	0 (0%)
White - other.....	13 (9%)	Mixed race - white and black Caribbean ..	5 (4%)
Black or black British - Caribbean.....	12 (9%)	Mixed race - white and black African.....	1 (1%)
Black or black British - African	10 (7%)	Mixed race - white and Asian.....	1 (1%)
Black or black British - other	0 (0%)	Mixed race - other	0 (0%)
Asian or Asian British - Indian	2 (1%)	Arab	0 (0%)
Asian or Asian British - Pakistani.....	3 (2%)	Other ethnic group.....	7 (5%)
Asian or Asian British - Bangladeshi.....	4 (3%)		

Q1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?

Yes	9 (7%)
No.....	128 (93%)

Q1.10 What is your religion?

None.....	32 (24%)	Hindu.....	1 (1%)
Church of England	26 (19%)	Jewish.....	3 (2%)
Catholic	26 (19%)	Muslim.....	21 (15%)
Protestant.....	1 (1%)	Sikh.....	1 (1%)
Other Christian denomination	13 (10%)	Other	5 (4%)
Buddhist	7 (5%)		

Q1.11 How would you describe your sexual orientation?

Heterosexual/ Straight	138 (99%)
Homosexual/Gay.....	0 (0%)
Bisexual.....	1 (1%)

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	35 (25%)
No.....	104 (75%)

Q1.13 Are you a veteran (ex- armed services)?

Yes	5 (4%)
No.....	136 (96%)

Q1.14 Is this your first time in prison?

Yes	45 (32%)
No.....	96 (68%)

Q1.15 Do you have children under the age of 18?

Yes	65 (46%)
No.....	76 (54%)

Section 2: Courts, transfers and escorts**Q2.1 On your most recent journey here, how long did you spend in the van?**

Less than 2 hours	33 (24%)
2 hours or longer	100 (71%)
Don't remember	7 (5%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours.....</i>	33 (23%)
	<i>Yes</i>	74 (52%)
	<i>No.....</i>	30 (21%)
	<i>Don't remember.....</i>	5 (4%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	33 (23%)
	<i>Yes</i>	12 (9%)
	<i>No.....</i>	89 (63%)
	<i>Don't remember</i>	7 (5%)
Q2.4	On your most recent journey here, was the van clean?	
	<i>Yes</i>	71 (50%)
	<i>No.....</i>	55 (39%)
	<i>Don't remember</i>	15 (11%)
Q2.5	On your most recent journey here, did you feel safe?	
	<i>Yes</i>	103 (74%)
	<i>No.....</i>	30 (22%)
	<i>Don't remember</i>	6 (4%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well.....</i>	37 (26%)
	<i>Well.....</i>	47 (33%)
	<i>Neither</i>	48 (34%)
	<i>Badly.....</i>	6 (4%)
	<i>Very badly</i>	2 (1%)
	<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>	70 (49%)
	<i>Yes, I received written information</i>	23 (16%)
	<i>No, I was not told anything</i>	49 (35%)
	<i>Don't remember</i>	3 (2%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	<i>Yes</i>	105 (74%)
	<i>No.....</i>	33 (23%)
	<i>Don't remember</i>	4 (3%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours.....</i>	56 (40%)
	<i>2 hours or longer.....</i>	77 (55%)
	<i>Don't remember.....</i>	8 (6%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	<i>Yes</i>	108 (77%)
	<i>No</i>	21 (15%)
	<i>Don't remember</i>	12 (9%)

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

Very well.....	40 (28%)
Well.....	57 (40%)
Neither.....	26 (18%)
Badly.....	11 (8%)
Very badly.....	4 (3%)
Don't remember.....	3 (2%)

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

Loss of property.....	42 (30%)	Physical health.....	15 (11%)
Housing problems.....	21 (15%)	Mental health.....	30 (21%)
Contacting employers.....	3 (2%)	Needing protection from other prisoners.....	5 (4%)
Contacting family.....	26 (19%)	Getting phone numbers.....	23 (16%)
Childcare.....	3 (2%)	Other.....	8 (6%)
Money worries.....	19 (14%)	Did not have any problems.....	54 (39%)
Feeling depressed or suicidal.....	22 (16%)		

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

Yes.....	23 (17%)
No.....	59 (43%)
Did not have any problems.....	54 (40%)

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

Tobacco.....	123 (87%)
A shower.....	40 (28%)
A free telephone call.....	58 (41%)
Something to eat.....	87 (62%)
PIN phone credit.....	84 (60%)
Toiletries/ basic items.....	63 (45%)
Did not receive anything.....	5 (4%)

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.....	75 (53%)
Someone from health services.....	106 (75%)
A Listener/Samaritans.....	57 (40%)
Prison shop/ canteen.....	39 (28%)
Did not have access to any of these.....	19 (13%)

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.....	87 (63%)
What support was available for people feeling depressed or suicidal.....	59 (42%)
How to make routine requests (applications).....	58 (42%)
Your entitlement to visits.....	58 (42%)
Health services.....	81 (58%)
Chaplaincy.....	69 (50%)
Not offered any information.....	23 (17%)

Q3.9 Did you feel safe on your first night here?

Yes.....	100 (71%)
No.....	31 (22%)
Don't remember.....	9 (6%)

Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	11 (8%)
	<i>Within the first week</i>	91 (65%)
	<i>More than a week</i>	33 (24%)
	<i>Don't remember</i>	5 (4%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	11 (8%)
	<i>Yes</i>	84 (60%)
	<i>No</i>	35 (25%)
	<i>Don't remember</i>	9 (6%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	17 (12%)
	<i>Within the first week</i>	46 (33%)
	<i>More than a week</i>	54 (39%)
	<i>Don't remember</i>	23 (16%)

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>	27 (20%)	25 (18%)	32 (23%)	31 (23%)	12 (9%)	10 (7%)
	<i>Attend legal visits?</i>	20 (16%)	30 (24%)	25 (20%)	15 (12%)	5 (4%)	29 (23%)
	<i>Get bail information?</i>	5 (4%)	9 (8%)	21 (18%)	12 (11%)	8 (7%)	59 (52%)
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>						20 (14%)
	<i>Yes</i>						72 (51%)
	<i>No</i>						49 (35%)
Q4.3	Can you get legal books in the library?						
	<i>Yes</i>						52 (38%)
	<i>No</i>						14 (10%)
	<i>Don't know</i>						72 (52%)
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>	93 (66%)	43 (30%)	5 (4%)			
	<i>Are you normally able to have a shower every day?</i>	123 (87%)	18 (13%)	0 (0%)			
	<i>Do you normally receive clean sheets every week?</i>	59 (43%)	69 (50%)	10 (7%)			
	<i>Do you normally get cell cleaning materials every week?</i>	115 (82%)	23 (16%)	3 (2%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	33 (24%)	86 (63%)	18 (13%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	102 (73%)	37 (27%)	0 (0%)			
	<i>If you need to, can you normally get your stored property?</i>	27 (19%)	89 (64%)	23 (17%)			
Q4.5	What is the food like here?						
	<i>Very good</i>						2 (1%)
	<i>Good</i>						24 (17%)
	<i>Neither</i>						40 (29%)
	<i>Bad</i>						43 (31%)
	<i>Very bad</i>						31 (22%)

Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/ don't know</i>	2 (1%)
	Yes	97 (69%)
	No.....	41 (29%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	72 (51%)
	No.....	16 (11%)
	<i>Don't know</i>	52 (37%)
Q4.8	Are your religious beliefs respected?	
	Yes.....	70 (51%)
	No.....	19 (14%)
	<i>Don't know/ N/A</i>	47 (35%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	80 (58%)
	No.....	8 (6%)
	<i>Don't know/ N/A</i>	51 (37%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	20 (14%)
	<i>Very easy</i>	41 (30%)
	<i>Easy</i>	34 (25%)
	<i>Neither</i>	13 (9%)
	<i>Difficult</i>	8 (6%)
	<i>Very difficult</i>	5 (4%)
	<i>Don't know</i>	17 (12%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes	111 (79%)		
	No	26 (18%)		
	<i>Don't know</i>	4 (3%)		
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)			
		Not made one		
		Yes		
		No		
	Are <i>applications</i> dealt with fairly?	9 (7%)	57 (44%)	64 (49%)
	Are <i>applications</i> dealt with quickly (within seven days)?	9 (7%)	31 (23%)	92 (70%)
Q5.3	Is it easy to make a complaint?			
	Yes	83 (60%)		
	No	33 (24%)		
	<i>Don't know</i>	22 (16%)		
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 <i>complaints</i> dealt with fairly?	33 (24%)	28 (21%)	75 (55%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	33 (24%)	18 (13%)	84 (62%)

Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	34 (24%)
	No.....	105 (76%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	27 (20%)
	<i>Very easy</i>	14 (10%)
	<i>Easy</i>	14 (10%)
	<i>Neither</i>	40 (29%)
	<i>Difficult</i>	28 (20%)
	<i>Very difficult</i>	15 (11%)

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.)	
	<i>Don't know what the IEP scheme is</i>	8 (6%)
	Yes	52 (37%)
	No	66 (47%)
	<i>Don't know</i>	15 (11%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	8 (6%)
	Yes	54 (39%)
	No.....	63 (45%)
	<i>Don't know</i>	15 (11%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	20 (14%)
	No.....	120 (86%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	113 (82%)
	<i>Very well</i>	3 (2%)
	<i>Well</i>	4 (3%)
	<i>Neither</i>	9 (7%)
	<i>Badly</i>	5 (4%)
	<i>Very badly</i>	4 (3%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	104 (75%)
	No.....	35 (25%)

Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	98 (71%)
	No.....	41 (29%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	50 (35%)
	No.....	91 (65%)
Q7.4	How often do staff normally speak to you during association?	
	Do not go on association	5 (4%)
	Never.....	28 (20%)
	Rarely	31 (22%)
	Some of the time	41 (29%)
	Most of the time.....	23 (17%)
	All of the time.....	11 (8%)
Q7.5	When did you first meet your personal (named) officer?	
	I have not met him/her	40 (29%)
	In the first week.....	48 (34%)
	More than a week.....	30 (21%)
	Don't remember	22 (16%)
Q7.6	How helpful is your personal (named) officer?	
	Do not have a personal officer/ I have not met him/ her	40 (29%)
	Very helpful.....	37 (26%)
	Helpful	22 (16%)
	Neither.....	13 (9%)
	Not very helpful	19 (14%)
	Not at all helpful.....	9 (6%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	Yes	63 (45%)		
	No.....	77 (55%)		
Q8.2	Do you feel unsafe now?			
	Yes	36 (26%)		
	No.....	103 (74%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	Never felt unsafe	77 (57%)	At meal times	6 (4%)
	Everywhere	24 (18%)	At health services	10 (7%)
	Segregation unit.....	3 (2%)	Visits area.....	3 (2%)
	Association areas	21 (16%)	In wing showers.....	12 (9%)
	Reception area	2 (1%)	In gym showers.....	5 (4%)
	At the gym	11 (8%)	In corridors/stairwells.....	23 (17%)
	In an exercise yard	28 (21%)	On your landing/wing.....	19 (14%)
	At work.....	12 (9%)	In your cell.....	18 (13%)
	During movement.....	27 (20%)	At religious services	4 (3%)
	At education	4 (3%)		

Q8.4	Have you been victimised by other prisoners here?	
	Yes	46 (33%)
	No.....	95 (67%)
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>	18 (13%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	19 (13%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	33 (23%)
	<i>Having your canteen/property taken</i>	13 (9%)
	<i>Medication</i>	4 (3%)
	<i>Debt</i>	6 (4%)
	<i>Drugs</i>	10 (7%)
	<i>Your race or ethnic origin</i>	8 (6%)
	<i>Your religion/religious beliefs</i>	8 (6%)
	<i>Your nationality</i>	6 (4%)
	<i>You are from a different part of the country than others</i>	9 (6%)
	<i>You are from a traveller community</i>	4 (3%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	5 (4%)
	<i>You have a disability</i>	9 (6%)
	<i>You were new here</i>	7 (5%)
	<i>Your offence/ crime</i>	5 (4%)
	<i>Gang related issues</i>	9 (6%)
Q8.6	Have you been victimised by staff here?	
	Yes	38 (27%)
	No.....	102 (73%)
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>	23 (16%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	11 (8%)
	<i>Sexual abuse</i>	5 (4%)
	<i>Feeling threatened or intimidated</i>	18 (13%)
	<i>Medication</i>	4 (3%)
	<i>Debt</i>	0 (0%)
	<i>Drugs</i>	1 (1%)
	<i>Your race or ethnic origin</i>	11 (8%)
	<i>Your religion/religious beliefs</i>	10 (7%)
	<i>Your nationality</i>	7 (5%)
	<i>You are from a different part of the country than others</i>	5 (4%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	5 (4%)
	<i>You have a disability</i>	4 (3%)
	<i>You were new here</i>	2 (1%)
	<i>Your offence/ crime</i>	4 (3%)
	<i>Gang related issues</i>	1 (1%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	<i>Not been victimised</i>	79 (60%)
	<i>Yes</i>	24 (18%)
	<i>No</i>	28 (21%)

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	4 (3%)	11 (8%)	29 (21%)	25 (18%)	44 (32%)	25 (18%)
	The nurse	6 (4%)	11 (8%)	47 (34%)	29 (21%)	27 (20%)	17 (12%)
	The dentist	13 (10%)	6 (4%)	15 (11%)	17 (13%)	41 (31%)	42 (31%)
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	14 (10%)	16 (12%)	49 (36%)	19 (14%)	24 (17%)	16 (12%)
	The nurse	7 (5%)	17 (12%)	59 (43%)	21 (15%)	18 (13%)	15 (11%)
	The dentist	37 (27%)	9 (7%)	34 (25%)	19 (14%)	17 (13%)	20 (15%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						6 (4%)
	<i>Very good</i>						9 (7%)
	<i>Good</i>						42 (30%)
	<i>Neither</i>						27 (20%)
	<i>Bad</i>						32 (23%)
	<i>Very bad</i>						22 (16%)
Q9.4	Are you currently taking medication?						
	Yes						70 (51%)
	No						68 (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>						68 (49%)
	<i>Yes, all my meds</i>						50 (36%)
	<i>Yes, some of my meds</i>						11 (8%)
	<i>No</i>						10 (7%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						53 (38%)
	No						87 (62%)
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>						87 (64%)
	Yes						24 (18%)
	No						26 (19%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	37 (26%)
	No	104 (74%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	25 (18%)
	No	116 (82%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy.....	64 (46%)
	Easy.....	15 (11%)
	Neither.....	6 (4%)
	Difficult.....	2 (1%)
	Very difficult.....	1 (1%)
	Don't know.....	52 (37%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	24 (17%)
	Easy.....	34 (24%)
	Neither.....	10 (7%)
	Difficult.....	5 (4%)
	Very difficult.....	4 (3%)
	Don't know.....	63 (45%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	27 (19%)
	No.....	114 (81%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	9 (7%)
	No.....	129 (93%)
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.....	93 (70%)
	Yes.....	23 (17%)
	No.....	17 (13%)
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.....	116 (83%)
	Yes.....	13 (9%)
	No.....	10 (7%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	Did not have a problem/ did not receive help.....	102 (78%)
	Yes.....	23 (18%)
	No.....	6 (5%)

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	10 (7%)	24 (17%)	46 (32%)	22 (15%)	28 (20%)	12 (8%)
	Vocational or skills training	18 (13%)	20 (15%)	43 (32%)	26 (19%)	20 (15%)	9 (7%)
	Education (including basic skills)	13 (9%)	25 (18%)	54 (39%)	24 (18%)	15 (11%)	6 (4%)
	Offending behaviour programmes	31 (23%)	9 (7%)	21 (15%)	18 (13%)	33 (24%)	25 (18%)

Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)				
	<i>Not involved in any of these</i>				19 (14%)
	Prison job				80 (59%)
	Vocational or skills training.....				23 (17%)
	Education (including basic skills).....				36 (26%)
	Offending behaviour programmes				22 (16%)
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	14 (12%)	38 (33%)	55 (47%)	9 (8%)
	Vocational or skills training	22 (21%)	53 (50%)	25 (23%)	7 (7%)
	Education (including basic skills)	17 (16%)	48 (46%)	30 (29%)	10 (10%)
	Offending behaviour programmes	24 (23%)	45 (42%)	27 (25%)	10 (9%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				27 (19%)
	<i>Never</i>				37 (27%)
	<i>Less than once a week</i>				37 (27%)
	<i>About once a week</i>				34 (24%)
	<i>More than once a week</i>				4 (3%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				46 (33%)
	<i>Yes</i>				70 (51%)
	<i>No</i>				22 (16%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				22 (16%)
	<i>0</i>				25 (18%)
	<i>1 to 2</i>				41 (30%)
	<i>3 to 5</i>				42 (31%)
	<i>More than 5</i>				7 (5%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				15 (11%)
	<i>0</i>				13 (10%)
	<i>1 to 2</i>				26 (19%)
	<i>3 to 5</i>				34 (25%)
	<i>More than 5</i>				48 (35%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				4 (3%)
	<i>0</i>				10 (7%)
	<i>1 to 2</i>				7 (5%)
	<i>3 to 5</i>				24 (17%)
	<i>More than 5</i>				95 (68%)

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>	7 (5%)
<i>2 to less than 4 hours</i>	22 (16%)
<i>4 to less than 6 hours</i>	15 (11%)
<i>6 to less than 8 hours</i>	25 (19%)
<i>8 to less than 10 hours</i>	28 (21%)
<i>10 hours or more</i>	26 (19%)
<i>Don't know</i>	12 (9%)

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?**

<i>Yes</i>	38 (27%)
<i>No</i>	102 (73%)

Q12.2 Have you had any problems with sending or receiving mail (letters or parcels)?

<i>Yes</i>	71 (51%)
<i>No</i>	69 (49%)

Q12.3 Have you had any problems getting access to the telephones?

<i>Yes</i>	19 (14%)
<i>No</i>	119 (86%)

Q12.4 How easy or difficult is it for your family and friends to get here?

<i>I don't get visits</i>	19 (14%)
<i>Very easy</i>	5 (4%)
<i>Easy</i>	15 (11%)
<i>Neither</i>	8 (6%)
<i>Difficult</i>	29 (21%)
<i>Very difficult</i>	59 (43%)
<i>Don't know</i>	2 (1%)

Section 13: Preparation for release**Q13.1 Do you have a named offender manager (home probation officer) in the probation service?**

<i>Not sentenced</i>	0 (0%)
<i>Yes</i>	104 (75%)
<i>No</i>	34 (25%)

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>	34 (25%)
<i>No contact</i>	38 (28%)
<i>Letter</i>	27 (20%)
<i>Phone</i>	32 (23%)
<i>Visit</i>	29 (21%)

Q13.3 Do you have a named offender supervisor in this prison?

<i>Yes</i>	117 (84%)
<i>No</i>	22 (16%)

Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	108 (78%)
	<i>No</i>	30 (22%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	30 (22%)
	<i>Very involved</i>	30 (22%)
	<i>Involved</i>	30 (22%)
	<i>Neither</i>	10 (7%)
	<i>Not very involved</i>	15 (11%)
	<i>Not at all involved</i>	22 (16%)
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>	30 (22%)
	<i>Nobody</i>	47 (35%)
	<i>Offender supervisor</i>	45 (34%)
	<i>Offender manager</i>	17 (13%)
	<i>Named/ personal officer</i>	21 (16%)
	<i>Staff from other departments</i>	21 (16%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	30 (22%)
	<i>Yes</i>	75 (55%)
	<i>No</i>	16 (12%)
	<i>Don't know</i>	15 (11%)
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>	30 (22%)
	<i>Yes</i>	19 (14%)
	<i>No</i>	70 (51%)
	<i>Don't know</i>	17 (13%)
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>	30 (22%)
	<i>Yes</i>	32 (23%)
	<i>No</i>	47 (34%)
	<i>Don't know</i>	28 (20%)
Q13.10	Do you have a needs based custody plan?	
	<i>Yes</i>	9 (7%)
	<i>No</i>	74 (55%)
	<i>Don't know</i>	51 (38%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	32 (23%)
	<i>No</i>	106 (77%)

**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>	Yes	No
Employment	26 (20%)	35 (27%)	70 (53%)
Accommodation	25 (20%)	34 (27%)	69 (54%)
Benefits	27 (21%)	38 (30%)	61 (48%)
Finances	26 (21%)	28 (22%)	71 (57%)
Education	27 (22%)	34 (28%)	62 (50%)
Drugs and alcohol	31 (25%)	34 (28%)	57 (47%)

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

<i>Not sentenced</i>	0 (0%)
Yes	79 (60%)
No.....	53 (40%)

Main comparator and comparator to last time



Prisoner survey responses HMP Wayland 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 Wayland 2017	Category C Training prisons comparator	HMP Wayland 2017	HMP Wayland 2013
	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		142	6,511	142	193
SECTION 1: General information					
1.2	Are you under 21 years of age?	1%	2%	1%	0%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	11%	9%	11%	9%
1.4	Is your sentence less than 12 months?	1%	6%	1%	6%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	12%	8%	12%	7%
1.5	Are you a foreign national?	8%	11%	8%	3%
1.6	Do you understand spoken English?	98%	99%	98%	100%
1.7	Do you understand written English?	96%	98%	96%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	33%	26%	33%	37%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	4%	7%	8%
1.1	Are you Muslim?	15%	13%	15%	18%
1.11	Are you homosexual/gay or bisexual?	1%	4%	1%	2%
1.12	Do you consider yourself to have a disability?	25%	23%	25%	17%
1.13	Are you a veteran (ex-armed services)?	4%	6%	4%	4%
1.14	Is this your first time in prison?	32%	40%	32%	26%
1.15	Do you have any children under the age of 18?	46%	51%	46%	54%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	71%	44%	71%	81%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	68%	74%	68%	75%
2.3	Were you offered a toilet break?	11%	8%	11%	6%
2.4	Was the van clean?	50%	60%	50%	58%
2.5	Did you feel safe?	74%	78%	74%	75%
2.6	Were you treated well/very well by the escort staff?	59%	73%	59%	70%
2.7	Before you arrived here were you told that you were coming here?	49%	60%	49%	52%
2.7	Before you arrived here did you receive any written information about coming here?	16%	12%	16%	19%
2.8	When you first arrived here did your property arrive at the same time as you?	74%	84%	74%	89%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	40%	53%	40%	54%
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	85%	77%	82%
3.3	Were you treated well/very well in reception?	69%	76%	69%	67%
	When you first arrived:				
3.4	Did you have any problems?	61%	62%	61%	65%
3.4	Did you have any problems with loss of property?	30%	19%	30%	17%
3.4	Did you have any housing problems?	15%	13%	15%	19%
3.4	Did you have any problems contacting employers?	2%	2%	2%	2%
3.4	Did you have any problems contacting family?	19%	18%	19%	27%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	2%	2%	1%
3.4	Did you have any money worries?	14%	13%	14%	15%
3.4	Did you have any problems with feeling depressed or suicidal?	16%	16%	16%	13%
3.4	Did you have any physical health problems?	11%	14%	11%	10%
3.4	Did you have any mental health problems?	21%	20%	21%	10%
3.4	Did you have any problems with needing protection from other prisoners?	4%	5%	4%	4%
3.4	Did you have problems accessing phone numbers?	17%	15%	17%	21%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	28%	36%	28%	30%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	87%	73%	87%	80%
3.6	A shower?	28%	28%	28%	27%
3.6	A free telephone call?	41%	41%	41%	35%
3.6	Something to eat?	62%	57%	62%	47%
3.6	PIN phone credit?	60%	50%	60%	60%
3.6	Toiletries/ basic items?	45%	48%	45%	45%

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	53%	53%	53%	48%
3.7	Someone from health services?	75%	70%	75%	66%
3.7	A Listener/Samaritans?	40%	33%	40%	33%
3.7	Prison shop/ canteen?	28%	25%	28%	24%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	63%	50%	63%	49%
3.8	Support was available for people feeling depressed or suicidal?	43%	40%	43%	34%
3.8	How to make routine requests?	42%	43%	42%	45%
3.8	Your entitlement to visits?	42%	39%	42%	45%
3.8	Health services?	58%	52%	58%	52%
3.8	The chaplaincy?	50%	48%	50%	44%
3.9	Did you feel safe on your first night here?	71%	80%	71%	69%
3.10	Have you been on an induction course?	92%	90%	92%	93%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	66%	59%	66%	67%
3.12	Did you receive an education (skills for life) assessment?	88%	84%	88%	82%
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?	38%	42%	38%	47%
4.1	Attend legal visits?	40%	45%	40%	37%
4.1	Get bail information?	12%	14%	12%	13%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	51%	38%	51%	40%
4.3	Can you get legal books in the library?	38%	41%	38%	37%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	66%	66%	66%	75%
4.4	Are you normally able to have a shower every day?	87%	89%	87%	97%
4.4	Do you normally receive clean sheets every week?	43%	68%	43%	82%
4.4	Do you normally get cell cleaning materials every week?	82%	63%	82%	94%
4.4	Is your cell call bell normally answered within five minutes?	24%	33%	24%	35%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	73%	68%	73%	65%
4.4	Can you normally get your stored property, if you need to?	19%	23%	19%	21%
4.5	Is the food in this prison good/very good?	19%	32%	19%	16%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	69%	48%	69%	50%
4.7	Are you able to speak to a Listener at any time, if you want to?	51%	55%	51%	55%
4.8	Are your religious beliefs respected?	52%	52%	52%	55%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	58%	58%	58%	67%
4.10	Is it easy/very easy to attend religious services?	54%	49%	54%	54%

Main comparator and comparator to last time

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Percentages which are not highlighted show there is no significant difference				
SECTION 5: Applications and complaints				
5.1 Is it easy to make an application?	79%	80%	79%	84%
For those who have made an application:				
5.2 Do you feel applications are dealt with fairly?	47%	56%	47%	65%
5.2 Do you feel applications are dealt with quickly (within seven days)?	25%	37%	25%	49%
5.3 Is it easy to make a complaint?	60%	58%	60%	66%
For those who have made a complaint:				
5.4 Do you feel complaints are dealt with fairly?	27%	33%	27%	37%
5.4 Do you feel complaints are dealt with quickly (within seven days)?	18%	27%	18%	31%
5.5 Have you ever been prevented from making a complaint when you wanted to?	25%	20%	25%	14%
5.6 Is it easy/very easy to see the Independent Monitoring Board?	20%	29%	20%	24%
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%	48%	37%	52%
6.2 Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	44%	39%	58%
6.3 In the last six months have any members of staff physically restrained you (C&R)?	14%	9%	14%	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?	28%	37%	28%	31%
SECTION 7: Relationships with staff				
7.1 Do most staff, in this prison, treat you with respect?	75%	79%	75%	79%
7.2 Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	71%	73%	71%	69%
7.3 Has a member of staff checked on you personally in the last week to see how you were getting on?	36%	29%	36%	30%
7.4 Do staff normally speak to you most of the time/all of the time during association?	25%	21%	25%	18%
7.5 Do you have a personal officer?	71%	62%	71%	74%
For those with a personal officer:				
7.6 Do you think your personal officer is helpful/very helpful?	59%	62%	59%	61%

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SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	45%	40%	45%	35%
8.2	Do you feel unsafe now?	26%	18%	26%	15%
8.4	Have you been victimised by other prisoners here?	33%	29%	33%	19%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	13%	12%	13%	8%
8.5	Hit, kicked or assaulted you?	14%	9%	14%	5%
8.5	Sexually abused you?	0%	1%	0%	1%
8.5	Threatened or intimidated you?	23%	17%	23%	11%
8.5	Taken your canteen/property?	9%	8%	9%	5%
8.5	Victimised you because of medication?	3%	4%	3%	4%
8.5	Victimised you because of debt?	4%	5%	4%	1%
8.5	Victimised you because of drugs?	7%	5%	7%	2%
8.5	Victimised you because of your race or ethnic origin?	6%	4%	6%	3%
8.5	Victimised you because of your religion/religious beliefs?	6%	3%	6%	3%
8.5	Victimised you because of your nationality?	4%	3%	4%	2%
8.5	Victimised you because you were from a different part of the country?	6%	4%	6%	3%
8.5	Victimised you because you are from a Traveller community?	3%	1%	3%	2%
8.5	Victimised you because of your sexual orientation?	1%	2%	1%	1%
8.5	Victimised you because of your age?	4%	3%	4%	1%
8.5	Victimised you because you have a disability?	6%	3%	6%	2%
8.5	Victimised you because you were new here?	5%	5%	5%	4%
8.5	Victimised you because of your offence/crime?	4%	5%	4%	3%
8.5	Victimised you because of gang related issues?	6%	5%	6%	3%

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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?	27%	28%	27%	30%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	17%	10%	17%	11%
8.7	Hit, kicked or assaulted you?	8%	4%	8%	3%
8.7	Sexually abused you?	4%	1%	4%	0%
8.7	Threatened or intimidated you?	13%	12%	13%	9%
8.7	Victimised you because of medication?	3%	3%	3%	3%
8.7	Victimised you because of debt?	0%	2%	0%	1%
8.7	Victimised you because of drugs?	1%	2%	1%	4%
8.7	Victimised you because of your race or ethnic origin?	8%	4%	8%	7%
8.7	Victimised you because of your religion/religious beliefs?	7%	3%	7%	5%
8.7	Victimised you because of your nationality?	5%	3%	5%	3%
8.7	Victimised you because you were from a different part of the country?	4%	3%	4%	3%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	2%
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.7	Victimised you because of your age?	4%	2%	4%	2%
8.7	Victimised you because you have a disability?	3%	3%	3%	2%
8.7	Victimised you because you were new here?	1%	4%	1%	2%
8.7	Victimised you because of your offence/crime?	3%	4%	3%	2%
8.7	Victimised you because of gang related issues?	1%	2%	1%	2%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	46%	40%	46%	35%

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SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	29%	29%	29%	26%
9.1	Is it easy/very easy to see the nurse?	42%	49%	42%	43%
9.1	Is it easy/very easy to see the dentist?	16%	14%	16%	11%
	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?	52%	49%	52%	47%
9.2	The nurse?	59%	57%	59%	54%
9.2	The dentist?	43%	44%	43%	38%
9.3	The overall quality of health services?	39%	42%	39%	46%
9.4	Are you currently taking medication?	51%	51%	51%	44%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	86%	83%	86%	82%
9.6	Do you have any emotional well being or mental health problems?	38%	35%	38%	25%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	48%	49%	48%	59%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	26%	25%	26%	30%
10.2	Did you have a problem with alcohol when you came into this prison?	18%	16%	18%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	57%	46%	57%	22%
10.4	Is it easy/very easy to get alcohol in this prison?	41%	26%	41%	17%
10.5	Have you developed a problem with drugs since you have been in this prison?	19%	11%	19%	7%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	7%	7%	7%	8%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	58%	61%	58%	55%
10.8	Have you received any support or help with your alcohol problem while in this prison?	57%	63%	57%	67%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	79%	76%	79%	84%

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SECTION 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	49%	49%	49%	63%
11.1	Vocational or skills training?	46%	42%	46%	50%
11.1	Education (including basic skills)?	58%	56%	58%	59%
11.1	Offending behaviour programmes?	22%	24%	22%	31%
Are you currently involved in any of the following activities:					
11.2	A prison job?	59%	60%	59%	66%
11.2	Vocational or skills training?	17%	16%	17%	16%
11.2	Education (including basic skills)?	26%	22%	26%	13%
11.2	Offending behaviour programmes?	16%	11%	16%	13%
11.3	Have you had a job while in this prison?	88%	84%	88%	82%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	37%	43%	37%	38%
11.3	Have you been involved in vocational or skills training while in this prison?	79%	75%	79%	71%
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?	62%	56%	62%	57%
11.3	Have you been involved in education while in this prison?	84%	80%	84%	72%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	55%	57%	55%	64%
11.3	Have you been involved in offending behaviour programmes while in this prison?	77%	71%	77%	71%
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?	55%	49%	55%	54%
11.4	Do you go to the library at least once a week?	27%	42%	27%	32%
11.5	Does the library have a wide enough range of materials to meet your needs?	51%	46%	51%	33%
11.6	Do you go to the gym three or more times a week?	36%	33%	36%	52%
11.7	Do you go outside for exercise three or more times a week?	60%	53%	60%	69%
11.8	Do you go on association more than five times each week?	68%	60%	68%	74%
11.9	Do you spend ten or more hours out of your cell on a weekday?	19%	17%	19%	18%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	27%	33%	27%	32%
12.2	Have you had any problems with sending or receiving mail?	51%	43%	51%	42%
12.3	Have you had any problems getting access to the telephones?	14%	21%	14%	17%
12.4	Is it easy/ very easy for your friends and family to get here?	15%	28%	15%	12%

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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?	75%	80%	75%	84%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	37%	36%	37%	36%
13.2	Contact by letter?	26%	33%	26%	33%
13.2	Contact by phone?	31%	27%	31%	29%
13.2	Contact by visit?	28%	31%	28%	26%
13.3	Do you have a named offender supervisor in this prison?	84%	75%	84%	74%
For those who are sentenced:					
13.4	Do you have a sentence plan?	78%	60%	78%	71%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	56%	54%	56%	51%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	45%	46%	45%	51%
13.6	Offender supervisor?	43%	39%	43%	31%
13.6	Offender manager?	16%	27%	16%	24%
13.6	Named/ personal officer?	20%	13%	20%	7%
13.6	Staff from other departments?	20%	15%	20%	16%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	71%	61%	71%	69%
13.8	Are there plans for you to achieve any of your targets in another prison?	18%	19%	18%	26%
13.9	Are there plans for you to achieve any of your targets in the community?	30%	28%	30%	28%
13.10	Do you have a needs based custody plan?	7%	6%	7%	9%
13.11	Do you feel that any member of staff has helped you to prepare for release?	23%	15%	23%	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?	33%	33%	33%	36%
13.12	Accommodation?	33%	35%	33%	35%
13.12	Benefits?	38%	36%	38%	39%
13.12	Finances?	28%	27%	28%	25%
13.12	Education?	35%	33%	35%	35%
13.12	Drugs and alcohol?	37%	41%	37%	46%
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?	60%	54%	60%	59%

Diversity analysis



Key question responses (ethnicity and religion) HMP Wayland 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

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		46	94	21	115
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	9%	8%	9%	8%
1.6	Do you understand spoken English?	98%	98%	95%	98%
1.7	Do you understand written English?	94%	97%	86%	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.)			81%	23%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	8%	0%	8%
1.1	Are you Muslim?	40%	4%		
1.12	Do you consider yourself to have a disability?	31%	23%	40%	21%
1.13	Are you a veteran (ex-armed services)?	2%	4%	5%	4%
1.14	Is this your first time in prison?	54%	21%	48%	29%
2.6	Were you treated well/very well by the escort staff?	63%	58%	57%	62%
2.7	Before you arrived here were you told that you were coming here?	35%	58%	38%	54%
3.2	When you were searched in reception, was this carried out in a respectful way?	70%	80%	71%	77%
3.3	Were you treated well/very well in reception?	63%	71%	67%	70%
3.4	Did you have any problems when you first arrived?	65%	61%	71%	58%
3.7	Did you have access to someone from health care when you first arrived here?	80%	72%	75%	76%
3.9	Did you feel safe on your first night here?	62%	76%	62%	74%
3.10	Have you been on an induction course?	93%	92%	100%	91%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	25%	44%	21%	43%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
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	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	74%	61%	76%	65%
4.4	Are you normally able to have a shower every day?	85%	88%	81%	90%
4.4	Is your cell call bell normally answered within five minutes?	27%	22%	14%	26%
4.5	Is the food in this prison good/very good?	22%	17%	5%	21%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	66%	71%	65%	70%
4.7	Are you able to speak to a Listener at any time, if you want to?	45%	55%	30%	55%
4.8	Do you feel your religious beliefs are respected?	47%	53%	50%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	65%	53%	62%	56%
5.1	Is it easy to make an application?	69%	83%	62%	83%
5.3	Is it easy to make a complaint?	59%	61%	60%	60%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	31%	39%	29%	39%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	36%	33%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	15%	14%	14%	14%
7.1	Do most staff, in this prison, treat you with respect?	71%	76%	52%	79%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	72%	69%	65%	71%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	22%	25%	10%	26%
7.4	Do you have a personal officer?	63%	75%	52%	74%
8.1	Have you ever felt unsafe here?	53%	42%	65%	40%
8.2	Do you feel unsafe now?	33%	23%	45%	21%
8.3	Have you been victimised by other prisoners?	38%	31%	40%	30%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	24%	23%	25%	23%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	11%	3%	15%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	11%	3%	15%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	9%	2%	5%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	11%	4%	10%	5%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	36%	24%	50%	22%
8.7	Have you ever felt threatened or intimidated by staff here?	18%	11%	25%	11%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	20%	2%	30%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	18%	2%	35%	3%
8.7	Have you been victimised because of your nationality? (By staff)	13%	1%	15%	4%
8.7	Have you been victimised because you have a disability? (By staff)	4%	2%	5%	3%
9.1	Is it easy/very easy to see the doctor?	18%	34%	15%	33%
9.1	Is it easy/ very easy to see the nurse?	27%	50%	20%	49%
9.4	Are you currently taking medication?	41%	55%	40%	52%
9.6	Do you feel you have any emotional well being/mental health issues?	33%	40%	50%	36%
10.3	Is it easy/very easy to get illegal drugs in this prison?	45%	62%	45%	59%
11.2	Are you currently working in the prison?	48%	66%	40%	62%
11.2	Are you currently undertaking vocational or skills training?	20%	15%	10%	19%
11.2	Are you currently in education (including basic skills)?	36%	21%	25%	25%
11.2	Are you currently taking part in an offending behaviour programme?	9%	20%	5%	19%
11.4	Do you go to the library at least once a week?	30%	25%	20%	27%
11.6	Do you go to the gym three or more times a week?	40%	34%	35%	34%
11.7	Do you go outside for exercise three or more times a week?	54%	62%	65%	58%
11.8	On average, do you go on association more than five times each week?	62%	71%	65%	70%
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%	25%	15%	20%
12.2	Have you had any problems sending or receiving mail?	60%	47%	50%	50%
12.3	Have you had any problems getting access to the telephones?	22%	10%	20%	12%

Diversity Analysis



Key question responses (disability and age over 50) HMP Wayland 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

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		35	104	20	121
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	6%	9%	16%	7%
1.6	Do you understand spoken English?	100%	97%	90%	99%
1.7	Do you understand written English?	97%	95%	90%	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.)	40%	31%	21%	35%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	9%	6%	6%	8%
1.1	Are you Muslim?	25%	12%	10%	16%
1.12	Do you consider yourself to have a disability?			26%	25%
1.13	Are you a veteran (ex-armed services)?	6%	2%	16%	2%
1.14	Is this your first time in prison?	17%	37%	16%	35%
2.6	Were you treated well/very well by the escort staff?	54%	60%	75%	56%
2.7	Before you arrived here were you told that you were coming here?	40%	52%	65%	47%
3.2	When you were searched in reception, was this carried out in a respectful way?	57%	83%	85%	75%
3.3	Were you treated well/very well in reception?	63%	70%	80%	67%
3.4	Did you have any problems when you first arrived?	89%	52%	53%	63%
3.7	Did you have access to someone from health care when you first arrived here?	62%	79%	69%	77%
3.9	Did you feel safe on your first night here?	50%	78%	74%	71%
3.10	Have you been on an induction course?	92%	92%	90%	93%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	14%	47%	63%	33%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	57%	68%	85%	63%
4.4	Are you normally able to have a shower every day?	86%	88%	95%	86%
4.4	Is your cell call bell normally answered within five minutes?	20%	25%	42%	21%
4.5	Is the food in this prison good/very good?	18%	20%	32%	16%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	65%	71%	74%	69%
4.7	Are you able to speak to a Listener at any time, if you want to?	51%	51%	63%	49%
4.8	Do you feel your religious beliefs are respected?	47%	52%	74%	47%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	65%	56%	84%	53%
5.1	Is it easy to make an application?	71%	81%	85%	78%
5.3	Is it easy to make a complaint?	68%	57%	67%	59%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	20%	43%	58%	34%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	26%	43%	32%	40%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	30%	10%	0%	17%
7.1	Do most staff, in this prison, treat you with respect?	61%	79%	84%	73%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	65%	73%	85%	68%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	21%	24%	42%	22%
7.4	Do you have a personal officer?	65%	73%	75%	71%
8.1	Have you ever felt unsafe here?	69%	37%	45%	45%
8.2	Do you feel unsafe now?	43%	21%	30%	25%
8.3	Have you been victimised by other prisoners?	54%	25%	35%	32%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	34%	20%	20%	23%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	6%	0%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	5%	10%	5%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	6%	0%	5%
8.5	Have you been victimised because of your age? (By prisoners)	6%	3%	10%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	23%	1%	15%	5%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	40%	23%	15%	29%
8.7	Have you ever felt threatened or intimidated by staff here?	29%	8%	5%	14%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	14%	6%	0%	9%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	14%	4%	5%	8%
8.7	Have you been victimised because of your nationality? (By staff)	9%	4%	5%	5%
8.7	Have you been victimised because of your age? (By staff)	9%	2%	5%	3%
8.7	Have you been victimised because you have a disability? (By staff)	6%	2%	5%	3%
9.1	Is it easy/very easy to see the doctor?	33%	28%	39%	28%
9.1	Is it easy/ very easy to see the nurse?	56%	38%	44%	42%
9.4	Are you currently taking medication?	80%	41%	65%	49%
9.6	Do you feel you have any emotional well being/mental health issues?	80%	23%	30%	40%
10.3	Is it easy/very easy to get illegal drugs in this prison?	56%	57%	69%	54%
11.2	Are you currently working in the prison?	50%	63%	61%	59%
11.2	Are you currently undertaking vocational or skills training?	12%	19%	11%	18%
11.2	Are you currently in education (including basic skills)?	30%	24%	17%	28%
11.2	Are you currently taking part in an offending behaviour programme?	12%	18%	6%	18%
11.4	Do you go to the library at least once a week?	20%	30%	40%	25%
11.6	Do you go to the gym three or more times a week?	18%	42%	39%	36%
11.7	Do you go outside for exercise three or more times a week?	47%	65%	53%	61%
11.8	On average, do you go on association more than five times each week?	51%	73%	55%	71%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	12%	21%	20%	19%
12.2	Have you had any problems sending or receiving mail?	57%	50%	20%	56%
12.3	Have you had any problems getting access to the telephones?	29%	9%	5%	15%



Prisoner survey responses HMP Wayland 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

		E wing	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		17	125
SECTION 1: General information			
1.2	Are you under 21 years of age?	0%	1%
1.3	Are you sentenced?	100%	100%
1.3	Are you on recall?	6%	11%
1.4	Is your sentence less than 12 months?	0%	2%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	24%	11%
1.5	Are you a foreign national?	0%	9%
1.6	Do you understand spoken English?	100%	98%
1.7	Do you understand written English?	100%	95%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	12%	36%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	7%
1.1	Are you Muslim?	0%	18%
1.11	Are you homosexual/gay or bisexual?	0%	1%
1.12	Do you consider yourself to have a disability?	29%	25%
1.13	Are you a veteran (ex-armed services)?	0%	4%
1.14	Is this your first time in prison?	24%	33%
1.15	Do you have any children under the age of 18?	41%	47%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	94%	68%
2.5	Did you feel safe?	94%	71%
2.6	Were you treated well/very well by the escort staff?	76%	57%
2.7	Before you arrived here were you told that you were coming here?	65%	47%
2.8	When you first arrived here did your property arrive at the same time as you?	83%	73%

Key to tables

	Any percentage highlighted in green is significantly better	E wing	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?	65%	36%
3.2	When you were searched in reception, was this carried out in a respectful way?	76%	77%
3.3	Were you treated well/very well in reception?	83%	67%
	When you first arrived:		
3.4	Did you have any problems?	56%	62%
3.4	Did you have any problems with loss of property?	19%	32%
3.4	Did you have any housing problems?	0%	17%
3.4	Did you have any problems contacting employers?	0%	2%
3.4	Did you have any problems contacting family?	12%	19%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	2%
3.4	Did you have any money worries?	0%	15%
3.4	Did you have any problems with feeling depressed or suicidal?	7%	17%
3.4	Did you have any physical health problems?	12%	11%
3.4	Did you have any mental health problems?	19%	22%
3.4	Did you have any problems with needing protection from other prisoners?	7%	3%
3.4	Did you have problems accessing phone numbers?	19%	16%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	83%	88%
3.6	A shower?	18%	30%
3.6	A free telephone call?	47%	40%
3.6	Something to eat?	59%	62%
3.6	PIN phone credit?	35%	63%
3.6	Toiletries/ basic items?	41%	45%

Key to tables

	Any percentage highlighted in green is significantly better	E wing	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?	53%	53%
3.7	Someone from health services?	71%	76%
3.7	A Listener/Samaritans?	53%	39%
3.7	Prison shop/ canteen?	18%	29%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	56%	63%
3.8	Support was available for people feeling depressed or suicidal?	44%	42%
3.8	How to make routine requests?	31%	43%
3.8	Your entitlement to visits?	31%	43%
3.8	Health services?	63%	58%
3.8	The chaplaincy?	56%	49%
3.9	Did you feel safe on your first night here?	83%	70%
3.10	Have you been on an induction course?	88%	93%
3.12	Did you receive an education (skills for life) assessment?	100%	86%
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?	71%	33%
4.1	Attend legal visits?	79%	36%
4.1	Get bail information?	10%	13%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	41%	52%
4.3	Can you get legal books in the library?	53%	36%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	76%	65%
4.4	Are you normally able to have a shower every day?	100%	86%
4.4	Do you normally receive clean sheets every week?	53%	41%
4.4	Do you normally get cell cleaning materials every week?	94%	80%
4.4	Is your cell call bell normally answered within five minutes?	47%	21%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	89%	71%
4.4	Can you normally get your stored property, if you need to?	35%	17%
4.5	Is the food in this prison good/very good?	19%	19%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	76%	68%
4.7	Are you able to speak to a Listener at any time, if you want to?	71%	49%
4.8	Are your religious beliefs are respected?	65%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	59%	57%
4.10	Is it easy/very easy to attend religious services?	71%	52%

Key to tables

	Any percentage highlighted in green is significantly better	E wing	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?	83%	78%
5.3	Is it easy to make a complaint?	76%	58%
5.5	Have you ever been prevented from making a complaint when you wanted to?	25%	24%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	31%	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?	59%	34%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	37%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	16%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	83%	74%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	94%	67%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	59%	32%
7.4	Do staff normally speak to you most of the time/all of the time during association?	53%	21%
7.5	Do you have a personal officer?	76%	71%

Key to tables

	Any percentage highlighted in green is significantly better	E wing	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?	35%	46%
8.2	Do you feel unsafe now?	18%	27%
8.4	Have you been victimised by other prisoners here?	24%	34%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	0%	15%
8.5	Hit, kicked or assaulted you?	6%	15%
8.5	Sexually abused you?	0%	0%
8.5	Threatened or intimidated you?	12%	25%
8.5	Taken your canteen/property?	0%	11%
8.5	Victimised you because of medication?	0%	3%
8.5	Victimised you because of debt?	0%	5%
8.5	Victimised you because of drugs?	0%	8%
8.5	Victimised you because of your race or ethnic origin?	0%	6%
8.5	Victimised you because of your religion/religious beliefs?	0%	6%
8.5	Victimised you because of your nationality?	0%	5%
8.5	Victimised you because you were from a different part of the country?	0%	7%
8.5	Victimised you because you are from a traveller community?	0%	3%
8.5	Victimised you because of your sexual orientation?	0%	1%
8.5	Victimised you because of your age?	0%	4%
8.5	Victimised you because you have a disability?	0%	7%
8.5	Victimised you because you were new here?	0%	6%
8.5	Victimised you because of your offence/crime?	0%	4%
8.5	Victimised you because of gang related issues?	6%	6%

Key to tables

	Any percentage highlighted in green is significantly better	E wing	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?	12%	29%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	12%	17%
8.7	Hit, kicked or assaulted you?	0%	9%
8.7	Sexually abused you?	0%	4%
8.7	Threatened or intimidated you?	6%	14%
8.7	Victimised you because of medication?	0%	3%
8.7	Victimised you because of debt?	0%	0%
8.7	Victimised you because of drugs?	0%	1%
8.7	Victimised you because of your race or ethnic origin?	0%	9%
8.7	Victimised you because of your religion/religious beliefs?	0%	8%
8.7	Victimised you because of your nationality?	0%	6%
8.7	Victimised you because you were from a different part of the country?	0%	4%
8.7	Victimised you because you are from a traveller community?	0%	2%
8.7	Victimised you because of your sexual orientation?	0%	1%
8.7	Victimised you because of your age?	0%	4%
8.7	Victimised you because you have a disability?	0%	3%
8.7	Victimised you because you were new here?	0%	2%
8.7	Victimised you because of your offence/crime?	0%	3%
8.7	Victimised you because of gang related issues?	0%	1%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	53%	26%
9.1	Is it easy/very easy to see the nurse?	65%	39%
9.1	Is it easy/very easy to see the dentist?	41%	12%
9.4	Are you currently taking medication?	65%	49%
9.6	Do you have any emotional well being or mental health problems?	29%	39%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	12%	28%
10.2	Did you have a problem with alcohol when you came into this prison?	18%	18%
10.3	Is it easy/very easy to get illegal drugs in this prison?	53%	57%
10.4	Is it easy/very easy to get alcohol in this prison?	35%	42%
10.5	Have you developed a problem with drugs since you have been in this prison?	0%	22%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	7%

Key to tables

	Any percentage highlighted in green is significantly better	E wing	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?	59%	48%
11.1	Vocational or skills training?	53%	45%
11.1	Education (including basic skills)?	65%	57%
11.1	Offending Behaviour Programmes?	37%	20%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	76%	56%
11.2	Vocational or skills training?	29%	15%
11.2	Education (including basic skills)?	24%	27%
11.2	Offending Behaviour Programmes?	41%	13%
11.4	Do you go to the library at least once a week?	24%	28%
11.5	Does the library have a wide enough range of materials to meet your needs?	47%	51%
11.6	Do you go to the gym three or more times a week?	47%	34%
11.7	Do you go outside for exercise three or more times a week?	56%	61%
11.8	Do you go on association more than five times each week?	76%	67%
11.9	Do you spend ten or more hours out of your cell on a weekday?	43%	17%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	47%	24%
12.2	Have you had any problems with sending or receiving mail?	24%	55%
12.3	Have you had any problems getting access to the telephones?	0%	16%
12.4	Is it easy/ very easy for your friends and family to get here?	12%	15%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	89%	84%
13.10	Do you have a needs based custody plan?	6%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	59%	18%



Prisoner survey responses HMP Wayland 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	J, K, L, M and N wings	A, B, C and D 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		
Number of completed questionnaires returned	46	57
SECTION 1: General information		
1.2 Are you under 21 years of age?	0%	2%
1.3 Are you sentenced?	100%	100%
1.3 Are you on recall?	7%	16%
1.4 Is your sentence less than 12 months?	0%	4%
1.4 Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	14%
1.5 Are you a foreign national?	18%	4%
1.6 Do you understand spoken English?	98%	98%
1.7 Do you understand written English?	91%	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.)	37%	34%
1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	7%
1.1 Are you Muslim?	16%	20%
1.11 Are you homosexual/gay or bisexual?	0%	2%
1.12 Do you consider yourself to have a disability?	18%	36%
1.13 Are you a veteran (ex-armed services)?	2%	5%
1.14 Is this your first time in prison?	44%	28%
1.15 Do you have any children under the age of 18?	50%	49%
SECTION 2: Transfers and escorts		
On your most recent journey here:		
2.1 Did you spend more than 2 hours in the van?	68%	72%
2.5 Did you feel safe?	72%	63%
2.6 Were you treated well/very well by the escort staff?	59%	49%
2.7 Before you arrived here were you told that you were coming here?	48%	42%
2.8 When you first arrived here did your property arrive at the same time as you?	72%	65%

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SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	35%	30%
3.2	When you were searched in reception, was this carried out in a respectful way?	76%	70%
3.3	Were you treated well/very well in reception?	71%	54%
	When you first arrived:		
3.4	Did you have any problems?	62%	70%
3.4	Did you have any problems with loss of property?	38%	37%
3.4	Did you have any housing problems?	13%	23%
3.4	Did you have any problems contacting employers?	2%	2%
3.4	Did you have any problems contacting family?	18%	23%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	5%
3.4	Did you have any money worries?	13%	19%
3.4	Did you have any problems with feeling depressed or suicidal?	13%	25%
3.4	Did you have any physical health problems?	9%	14%
3.4	Did you have any mental health problems?	27%	26%
3.4	Did you have any problems with needing protection from other prisoners?	0%	7%
3.4	Did you have problems accessing phone numbers?	20%	16%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	91%	86%
3.6	A shower?	36%	25%
3.6	A free telephone call?	45%	37%
3.6	Something to eat?	67%	60%
3.6	PIN phone credit?	67%	56%
3.6	Toiletries/ basic items?	49%	42%

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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?	65%	47%
3.7	Someone from health services?	76%	71%
3.7	A Listener/Samaritans?	46%	34%
3.7	Prison shop/ canteen?	24%	23%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	76%	49%
3.8	Support was available for people feeling depressed or suicidal?	44%	38%
3.8	How to make routine requests?	41%	40%
3.8	Your entitlement to visits?	46%	38%
3.8	Health services?	54%	55%
3.8	The chaplaincy?	46%	46%
3.9	Did you feel safe on your first night here?	78%	63%
3.10	Have you been on an induction course?	96%	91%
3.12	Did you receive an education (skills for life) assessment?	91%	82%
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%	23%
4.1	Attend legal visits?	36%	25%
4.1	Get bail information?	11%	12%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	46%	70%
4.3	Can you get legal books in the library?	42%	27%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	74%	47%
4.4	Are you normally able to have a shower every day?	98%	70%
4.4	Do you normally receive clean sheets every week?	52%	17%
4.4	Do you normally get cell cleaning materials every week?	85%	70%
4.4	Is your cell call bell normally answered within five minutes?	24%	9%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	57%
4.4	Can you normally get your stored property, if you need to?	18%	11%
4.5	Is the food in this prison good/very good?	24%	12%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	70%	68%
4.7	Are you able to speak to a Listener at any time, if you want to?	54%	35%
4.8	Are your religious beliefs are respected?	45%	44%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	57%	52%
4.10	Is it easy/very easy to attend religious services?	65%	38%

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SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	83%	72%
5.3	Is it easy to make a complaint?	53%	55%
5.5	Have you ever been prevented from making a complaint when you wanted to?	26%	29%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	9%	22%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	14%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	49%	23%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	17%	18%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	80%	59%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	71%	55%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	28%	28%
7.4	Do staff normally speak to you most of the time/all of the time during association?	18%	11%
7.5	Do you have a personal officer?	83%	53%

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SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	38%	58%
8.2	Do you feel unsafe now?	18%	37%
8.4	Have you been victimised by other prisoners here?	27%	46%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	7%	21%
8.5	Hit, kicked or assaulted you?	13%	18%
8.5	Sexually abused you?	0%	0%
8.5	Threatened or intimidated you?	20%	35%
8.5	Taken your canteen/property?	11%	11%
8.5	Victimised you because of medication?	0%	7%
8.5	Victimised you because of debt?	7%	3%
8.5	Victimised you because of drugs?	11%	7%
8.5	Victimised you because of your race or ethnic origin?	2%	12%
8.5	Victimised you because of your religion/religious beliefs?	0%	11%
8.5	Victimised you because of your nationality?	4%	7%
8.5	Victimised you because you were from a different part of the country?	4%	12%
8.5	Victimised you because you are from a traveller community?	2%	5%
8.5	Victimised you because of your sexual orientation?	0%	2%
8.5	Victimised you because of your age?	2%	5%
8.5	Victimised you because you have a disability?	0%	16%
8.5	Victimised you because you were new here?	9%	5%
8.5	Victimised you because of your offence/crime?	2%	7%
8.5	Victimised you because of gang related issues?	7%	9%

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SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	18%	45%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	16%	21%
8.7	Hit, kicked or assaulted you?	11%	11%
8.7	Sexually abused you?	7%	4%
8.7	Threatened or intimidated you?	9%	20%
8.7	Victimised you because of medication?	4%	4%
8.7	Victimised you because of debt?	0%	0%
8.7	Victimised you because of drugs?	0%	2%
8.7	Victimised you because of your race or ethnic origin?	2%	16%
8.7	Victimised you because of your religion/religious beliefs?	4%	13%
8.7	Victimised you because of your nationality?	0%	11%
8.7	Victimised you because you were from a different part of the country?	2%	7%
8.7	Victimised you because you are from a traveller community?	2%	2%
8.7	Victimised you because of your sexual orientation?	0%	2%
8.7	Victimised you because of your age?	2%	7%
8.7	Victimised you because you have a disability?	0%	7%
8.7	Victimised you because you were new here?	0%	4%
8.7	Victimised you because of your offence/crime?	2%	5%
8.7	Victimised you because of gang related issues?	0%	2%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	29%	18%
9.1	Is it easy/very easy to see the nurse?	45%	33%
9.1	Is it easy/very easy to see the dentist?	16%	8%
9.4	Are you currently taking medication?	46%	47%
9.6	Do you have any emotional well being or mental health problems?	36%	50%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	29%	28%
10.2	Did you have a problem with alcohol when you came into this prison?	11%	19%
10.3	Is it easy/very easy to get illegal drugs in this prison?	66%	47%
10.4	Is it easy/very easy to get alcohol in this prison?	48%	40%
10.5	Have you developed a problem with drugs since you have been in this prison?	24%	23%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	4%	9%

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SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	57%	26%
11.1	Vocational or skills training?	47%	33%
11.1	Education (including basic skills)?	65%	42%
11.1	Offending Behaviour Programmes?	18%	13%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	61%	54%
11.2	Vocational or skills training?	16%	13%
11.2	Education (including basic skills)?	27%	26%
11.2	Offending Behaviour Programmes?	16%	9%
11.4	Do you go to the library at least once a week?	33%	20%
11.5	Does the library have a wide enough range of materials to meet your needs?	51%	46%
11.6	Do you go to the gym three or more times a week?	39%	18%
11.7	Do you go outside for exercise three or more times a week?	66%	56%
11.8	Do you go on association more than five times each week?	76%	50%
11.9	Do you spend ten or more hours out of your cell on a weekday?	11%	9%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	24%	14%
12.2	Have you had any problems with sending or receiving mail?	58%	63%
12.3	Have you had any problems getting access to the telephones?	9%	26%
12.4	Is it easy/ very easy for your friends and family to get here?	21%	5%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	87%	80%
13.10	Do you have a needs based custody plan?	12%	4%
13.11	Do you feel that any member of staff has helped you to prepare for release?	16%	8%