

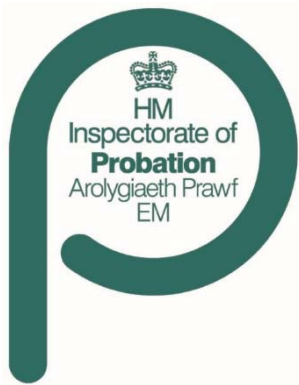
Report on an unannounced inspection of

HMP Gartree

by HM Chief Inspector of Prisons

13–23 November 2017

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



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Glossary of terms

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

Introduction

HMP Gartree is a medium-sized category B prison in Leicestershire. Built mostly in the 1960s, it is unusual in that it holds only prisoners serving indeterminate sentences, 90% of whom are serving a life sentence. The clear majority present a high risk of harm to others. A recent change in the profile of prisoners sent to Gartree meant that an increasing number of those held were in the very early stages of their sentence and, as such, were not necessarily ready to complete offending behaviour work and faced the real prospect of many years at the prison before onward progression into the wider prison system. This shift in the population had presented some specific challenges.

Our last two inspections of Gartree in 2010 and 2014 found a safe, stable and respectful establishment which managed its high-risk population well. At this inspection, we found that outcomes for prisoners had deteriorated across three of our four healthy prison tests, particularly in safety. The stability we have praised in the past had been undermined by staff shortages that seemed to impact on nearly all aspects of prison life; this was evidenced by managerial drift and by delays in fully coming to terms with the challenges posed by a changing population.

The prison was no longer safe enough. Despite some positive features, the management of newly arrived prisoners and their induction were lacklustre and a missed opportunity to set the right tone with prisoners facing long years at the prison. Almost a quarter of prisoners in our survey now indicated they felt unsafe, up from 10% when we last inspected. In common with so many prisons, levels of violence and victimisation had increased, bringing what had previously been very positive lower levels into line with comparable prisons. A concern was the very significant increase in assaults on staff, some of these being very serious. Some work had been done to try to make the prison safer but it was inconsistent and insufficient, often taken in isolation and not coordinated or shared with the wider staff group.

Use of force had similarly increased to a level now consistent with similar prisons but, when used, seemed to us justified and well supervised. Use of segregation had also increased but remained lower than that seen in comparable prisons. Prisoners held in segregation were reasonably well cared for but they were a cohort of often long-term residents and/or were very troubled and challenging individuals. Yet more work needed to be done to better meet the admittedly intractable needs of these men.

Security was generally proportionate, although the quality of intelligence – normally reflective of the strength of relationships between staff and prisoners – was weaker, a seeming result of staff shortages and staff inexperience. Almost half of prisoners thought that illicit drugs were easily available but, although increasing, mandatory drug testing data suggested usage was not as high as elsewhere in the prison system. The prison's response to drugs issues, both in tackling supply and supporting those with a drug problem, nevertheless needed to be much better.

The incidents of prisoners self-harming had risen dramatically, in fact they had almost quadrupled since our last inspection. There is no doubt that Gartree holds some very challenging prisoners, often with complex mental health problems and long-term needs, and a large proportion of the self-harm incidents related to these men. However, there was no strategy which considered the particular difficulties confronting those serving indeterminate sentences to understand the causes of, and tackle, this dramatic rise in incidents. Support for them lacked focus and the case management of those in crisis was not good enough. A small number of prisoners had been subject to assessment, care in custody and teamwork (ACCT) monitoring for extraordinarily long periods, one for two years; another prisoner had been subject to constant observation for over a year. The prison had lost its way in trying to care for these prisoners and plan for their recovery.

Gartree remained a reasonably respectful prison, although again deterioration was evident. The physical environment, the quality of accommodation and services to support daily living were all

sufficient. We saw evidence of positive and useful staff-prisoner relationships which had clearly been established over time, but for the many new staff, long periods of lock-up meant that effective relationships had yet to develop. Work to promote equality had been neglected, which had resulted in what we evidenced to be quite mixed outcomes for different groups with protected characteristics.

Health provision had deteriorated and was of particular concern. Severe nursing staffing shortages meant that nursing provision focused on crisis management and medicines administration, which created significant gaps in planned and proactive health and social care. Our judgement was somewhat mitigated by the fact that a new health provider had only recently taken on responsibility for health, so there was a reasonable expectation that matters would improve.

Staff shortages meant that prisoners spent far too much time locked up. Prisoners were immensely frustrated by the lack of consistency and predictability to their day. Managers tried to give prisoners notice of additional lock-up periods but the staff shortages were so acute that prisoners were regularly locked up at short notice for substantial periods of the day and this severely undermined work, training and education. There were some innovative attempts to promote the better use of prisoner time but the disruption to daily routines was pervasive and during checks we found 44% of prisoners locked up during the working day. The number of work or education places had been increased but unemployment remained too high. All of this was particularly disappointing as the quality of education, training and work provision was good and prisoners achieved well.

The core responsibility of HMP Gartree is the management and progression of some very dangerous men. Over 90% were assessed as presenting a high or very high risk of harm to others. As in many other areas, staff shortages had a detrimental impact on offender management. Many prisoners had too little contact with their offender supervisors and too little was done to motivate and encourage them to reduce their risk and progress. An impressive range of offending behaviour programmes was offered but it needed a review to reflect the changed population. At our last inspection, we commented positively on the introduction of the therapeutic community plus (TC+) and psychologically informed planned environment (PIPE) unit, which enhanced the provision of the original long-standing therapeutic community. At this inspection, although undermined by staff shortages, all three communities continued to be very effective. With such a risky population, public protection was a high priority and well managed. Very few prisoners were released and all received bespoke release planning.

To conclude, our sense was that Gartree was a prison that was not as good as it could or should be. It had some difficult prisoners to manage but also had some significant advantages: a relatively stable population; long-term prisoners, among whom many would have a significant personal investment in the need to cooperate and progress; and a clear institutional function and purpose. It was clear to us that staff shortages had played a substantial part in Gartree's deterioration, but that was not the whole story. There were evidently a number of processes that needed tightening but, more significantly, there was a need for renewed managerial and strategic focus to re-energise the prison, tackle some of the challenges and avoid a drift into complacency. It was striking, for example, how few of our previous recommendations had been achieved. We left the prison with some additional recommendations which we trust will assist improvement going forward.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

January 2018

Fact page

Task of the establishment

HMP Gartree is a category B training prison for adult male prisoners serving indeterminate sentences.

Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 704

Certified normal capacity: 708

Operational capacity: 719

Notable features from this inspection

641 prisoners were serving a life sentence, and the remaining 63 an indeterminate sentence for public protection.

Half of the prisoners were within the first few years of their indeterminate sentences.

90% of prisoners (635 out of 708) were assessed as presenting a high risk of harm to others.

One-third of prisoners were from a black and minority ethnic background and almost one in six were foreign nationals.

Prison status (public or private) and key providers

Public

Physical health provider: Care & Custody (Health) Limited

Mental health provider: Care & Custody (Health) Limited

Substance misuse provider: Care & Custody (Health) Limited – STaRT Team

Learning and skills provider: Milton Keynes College

Community rehabilitation company (CRC): None

Escort contractor: GeoAmey

Region/Department

Long-term high security estate

Brief history

The prison opened in 1966 as a category C prison, but was adapted in 1967 for use as a dispersal high security prison. In the early 1990s, it re-rolled to a category B life-sentenced prisoner main centre, and now houses the largest group of life-sentenced prisoners in the UK.

Short description of residential units

A, B, C and D wings are generic residential wings; these are part of the original 1960s build and have since been refurbished. A–C wings have single cells only, and D wing also has two double cells.

G wing is a generic residential unit, opened in 2005/06. It has two double cells, with the remainder being single.

H wing opened in 2005/06, and houses the older population unit and the psychologically informed planned environment (PIPE) unit.

1 wing houses 28 prisoners in 13 double cells and two singles.

Gartree therapeutic community (GTC) holds up to 25 prisoners in single cells.

The TC+, for prisoners with learning difficulties or low IQ who require additional assistance and guidance, has 12 single cells.

The segregation unit has 11 beds.

Name of governor/director and date in post

Alexandra Barker/Michael Wood, Partnership Governors, October 2016

Independent Monitoring Board chair

Tim Norman

Date of last inspection

10–21 March 2014

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.

Rehabilitation and release planning Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

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 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous 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 and conditions for men in prisons (Version 5, 2017)*.¹ 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 the appendices.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.²

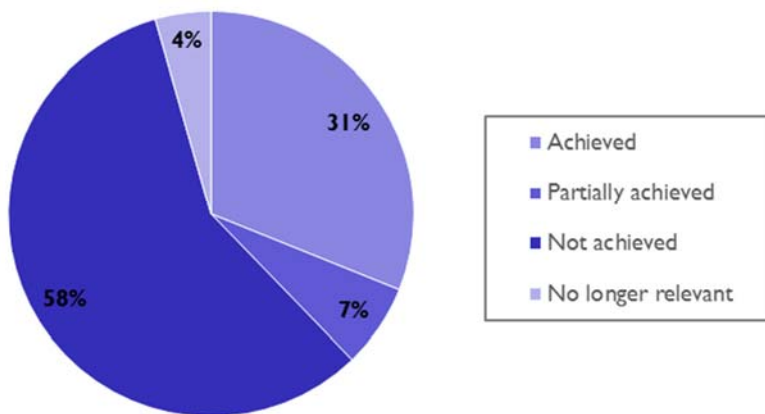
¹ <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

² 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

- S1 We last inspected HMP Gartree in 2014 and made 43 recommendations overall. The prison fully accepted 35 of the recommendations and partially (or subject to resources) accepted five. It rejected three of the recommendations.
- S2 At this follow-up inspection we found that the prison had achieved 14 of those recommendations, partially achieved three recommendations and not achieved 26 recommendations.

Figure 1: HMP Gartree progress on recommendations from last inspection (n=43)



- S3 Since our last inspection, outcomes for prisoners stayed the same in Purposeful activity, but had declined in all other healthy prison areas. Outcomes were not sufficiently good in Safety and Purposeful activity, and were reasonably good in Respect, and Rehabilitation and release planning.

Figure 2: HMP Gartree healthy prison outcomes 2014 and 2017³



³ Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

Safety

S4 *Prisoners received too little support in their early days at the prison. Since the previous inspection, levels of violence had increased considerably and were now comparable with those at similar prisons, and more prisoners felt unsafe. Drugs and alcohol were too readily available. A range of actions had been taken to reduce violence and drug and alcohol availability, but a more coordinated approach and plan were required. The number of adjudications, and levels of segregation and use of force had increased substantially but remained lower than at similar prisons. Security was well managed and processes were mostly proportionate. The management of prisoners at risk of suicide and self-harm had deteriorated and was weak. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S5 *At the last inspection in 2014 we found that outcomes for prisoners in Gartree were good against this healthy prison test. We made 12 recommendations in the area of safety.⁴ At this inspection we found that four of the recommendations had been achieved and eight had not been achieved.*

S6 Reception staff were welcoming and the process was swift. Early days arrangements had deteriorated since the previous inspection. There was no involvement from peer workers or Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) on the first night to support and inform new arrivals. There were no longer any dedicated first night locations and, once on a residential unit, prisoners were left in mostly unprepared cells, unsupported by wing staff. Prisoners received a brief safety interview on their wing before lock-up. There was no routine observation of new arrivals during their first night.

S7 The induction process was disjointed and unreliable. Prisoners spent much of their first few days locked up. An induction orderly tried to ensure that prisoners completed the induction process, but this was impeded by regime restrictions. Staff had insufficient oversight of his work.

S8 At the time of the inspection, almost a quarter of prisoners felt unsafe, and this was far higher than at the time of the previous inspection. Levels of violence had increased substantially and were now similar to those in other category B training prisons. Most assaults on prisoners were low level, although the number of serious assaults had increased and the relatively high level of serious assaults on staff was a concern.

S9 The collation and analysis of violent incidents were good and had identified a change in population (see paragraph S47 and paragraph 4.9), prisoner frustrations at regime curtailment, and drug debt as the main causal factors.

S10 A range of actions had been taken to make the prison safer but there was no action plan to coordinate and monitor progress. Procedures to tackle perpetrators of violence were inconsistent, and support for victims was lacking. A few prisoners were self-isolating owing to fears for their own safety, and they experienced a minimal regime with little time unlocked.

S11 There was a good understanding of the incentives and earned privileges (IEP) scheme. IEP review paperwork evidenced proportionate decision making, and that opportunities had been created for prisoners to achieve enhanced status.

⁴ This included recommendations about substance misuse treatment, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison area of respect.

- S12 The number of adjudications had more risen substantially since the previous inspection, but were still slightly lower than at similar prisons. This volume, the regime restrictions and problems in accommodating hearings meant that too many charges were adjourned and eventually dismissed or not proceeded with. This undermined the prison's attempts to tackle antisocial behaviour.
- S13 The level of use of force had increased considerably, although was slightly lower than at similar prisons. The recently reintroduced monitoring meeting reviewed data and a small number of dossiers and video-recordings to identify learning points. Too many dossiers were incomplete, and had remained so for some time. Use of the special cell had increased. Records were mostly incomplete and we were not confident that all uses had been justified.
- S14 Levels of segregation had increased but remained lower than at other category B training prisons. The segregation unit was consistently full, so some prisoners were segregated on the wings. The unit held some very challenging and troubled prisoners, and we saw some excellent and skilful management of these prisoners by uniformed staff. A weekly management meeting considered the reintegration of those segregated, and most eventually returned to normal location. However, some prisoners were segregated for long periods and we had concerns for their well-being. The regime on the unit was predictable but minimal. Of more concern were the prisoners segregated on the wings, whose regime was often poor, with sporadic access to exercise and showers.
- S15 Physical security and procedures were generally proportionate but we were concerned at the prison's frequent inability to account for prisoners. There was an excellent flow of intelligence, mainly relating to drugs, mobile phones and violence; this was acted on promptly, with the exception of carrying out suspicion testing for drugs. Managers and staff working within security were appropriately focused on drugs and violence, alongside other risks such as organised crime groups and extremism.
- S16 Prisoners in our survey said that drugs and alcohol were easily available. The number of prisoners testing positive for drugs was relatively low, but there were regular and substantial drug and alcohol finds. The establishment had taken several actions to reduce the supply of alcohol and drugs, including new psychoactive drugs (drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects), which were an emerging problem, but still lacked a comprehensive, coordinated or monitored action plan.
- S17 There had been two self-inflicted deaths since the previous inspection. The number of recorded self-harm incidents had increased year on year and was now substantially higher than at the time of the previous inspection. A large proportion of these related to the same group of complex prisoners with long-term needs. The management of prisoners at risk of suicide and self-harm had deteriorated and was now weak. There was no local policy which considered the particular difficulties confronting those serving a life sentence or indeterminate sentence for public protection, and no strategy to tackle the dramatic rise in self-harm.
- S18 Support for prisoners in crisis was not sufficiently focused. Too many care maps were inadequate and case management was inconsistent. Some prisoners had been subject to assessment, care in custody and teamwork (ACCT) case management monitoring for prisoners at risk of suicide or self-harm for extraordinarily long periods, without achievable targets or a clear plan. The facilities to provide constant supervision were unacceptably poor and did not assist recovery. There was a good care suite, and prisoners in crisis could now see Listeners at night.

- S19 The prison did not have a policy or any formal procedures for the protection of adults at risk. Safeguarding issues could be raised by staff at the complex prisoners meeting but actions did not always follow.
- S20 Overall, the leadership and management of safety had deteriorated. Managers' approach was insufficiently strategic, lacking in overarching action plans and monitoring to assess the effectiveness of action taken. Too few staff outside the management chain understood the reasons why safety was deteriorating or knew what was being done to make the prison safer.

Respect

- S21 *Staff knew the prisoners in their care well and relationships were good. Living conditions were reasonable. Prisoner consultation arrangements were effective. Too many responses to complaints were late. The food provided was reasonably good. The strategic management of equality was underdeveloped. Outcomes for prisoners with protected characteristics were mostly reasonable but prisoners with disabilities were not supported well enough. Faith provision was good. Health provision had deteriorated and was poor overall. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S22 *At the last inspection in 2014 we found that outcomes for prisoners in Gartree were good against this healthy prison test. We made 18 recommendations in the area of respect. At this inspection we found that four of the recommendations had been achieved, one had been partially achieved and 13 had not been achieved.*

- S23 Most prisoners said that staff treated them respectfully and that there was a member of staff they could talk to if they had a problem. Most of the interactions that we observed between staff and prisoners were positive, demonstrating a genuine interest in prisoner welfare. Prisoners told us that the large numbers of new staff were eager to help, but that their lack of experience and inability to get things done frustrated them. Staff were not always visible on wing landings, and in some cases prisoners were not adequately supervised.
- S24 Cells were in a reasonable condition and suitably equipped, although cells on A, C and D wings had no privacy screening for toilets. Prisoners had good access to clean clothing and bedding. Too many showers were in a poor condition, suffering from a lack of ventilation and insufficient privacy screening. External areas were littered and some communal areas were grubby. The provision of wing kitchens was positive but some were dirty, and some equipment needed urgent replacement. The variety and quality of the food provided were good, with some items being made on site.
- S25 There were formal and effective prisoner consultation arrangements, and the prisoner council had regular meetings with the governor. The applications process was poorly managed, with inadequate oversight. The number of complaints submitted had increased and was now higher than elsewhere. Some quality assurance took place but too many complaints were returned late and some responses were curt and unhelpful.
- S26 Legal visits lacked privacy and there was insufficient support for appellants.
- S27 Equality and diversity work had been neglected at a strategic level since the previous inspection. The monitoring of equality was hindered by the absence of nationally provided data. The discrimination incident report form process had insufficient oversight, and prisoners had little confidence in it. Some incidents had not been investigated thoroughly

enough or responded to in a timely way. There were prisoner representatives for all protected characteristics, but consultation through prisoner forums was too irregular to be effective.

- S28 Outcomes for prisoners with protected characteristics were mixed. In our survey and focus groups, black and minority ethnic and Muslim prisoners reported negatively about victimisation by staff, and more work was needed to understand these negative perceptions. Support for the substantial number of foreign national prisoners was good. Some positive work had been undertaken with the small number of prisoners who identified as Gypsy, Romany or Traveller, and older prisoners located on H wing were able to access age-appropriate activities. Despite a comprehensive list of those identified with disabilities, the personal emergency evacuation plan system was not fit for purpose, and we identified gaps for some prisoners requiring reasonable adjustments and extra support. Prisoner 'buddies' were not overseen or trained. For prisoners who identified as either gay or bisexual, good support was available, although there had been delays in meeting the needs of the one transgender prisoner.
- S29 The chaplaincy facilities and range of provision were good, and the team made a valuable contribution to prison life. Although steps had been taken to ensure that prisoners could always access corporate worship, other faith activities were affected by regime pressures.
- S30 Health services overall had deteriorated since the previous inspection, and several areas were poor. The unstable prison regime and shortage of health services staff had affected health service provision, including nurse-led clinics, long-term condition management and care planning. The service primarily focused on the administration of medication. Good smoking cessation services had supported the recent transition to a smoke-free prison, but other health promotion activity was too limited.
- S31 The administration and accountability of social care were poorly understood by the provider and the oversight of referrals, assessments and reviews was inadequate. The three prisoners receiving social care packages did not have current care plans and their social care needs were not being met consistently.
- S32 Prisoners experiencing a mental health crisis received reasonably prompt care but, overall, they received inadequate ongoing support and interventions, mainly because of staffing shortages within the wider health team.
- S33 Substance misuse provision had deteriorated. The range of psychosocial support was inadequate, primarily due to low staffing, although one-to-one support was good. The demand for clinical services had increased considerably and support was reasonably good.
- S34 Medication administration was generally confidential and queues were sufficiently well supervised, but several aspects of medication management were inadequate, including the management of medication for the segregation unit.
- S35 Dental provision was generally good and waiting times were within acceptable limits.

Purposeful activity

S36 *Staff shortages had resulted in a restricted and unpredictable regime, and far too many prisoners were regularly locked up for substantial periods of the day. PE and library facilities were reasonably good. The leadership of education, skills and work required improvement. There were too few full-time activity places for the population, and attendance and punctuality were poor due to regime restrictions. The range and level of provision had improved and were satisfactory. The quality of teaching and learning was good and prisoners achieved well. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S37 *At the last inspection in 2014 we found that outcomes for prisoners in Gartree were not sufficiently good against this healthy prison test. We made nine recommendations in the area of purposeful activity. At this inspection we found that four of the recommendations had been achieved, two had been partially achieved and three had not been achieved.*

S38 Acute staff shortages were having a considerable and detrimental impact on prisoners' daily regime and amount of time out of cell. Managers had attempted to provide prisoners with reasonable notice of regime disruptions, but staffing levels were so tight that this was rarely achieved. Prisoners were very frustrated by the lack of predictability and consistency of the regime, which had been going on for months. Regime restrictions, incorrect rolls and delays were a common occurrence. Prisoners were regularly locked up, sometimes at short notice, for substantial periods of the day. During our roll checks during the core day, an average of 44% of prisoners were locked up, which was excessive.

S39 The library provided a pleasant environment and contained a reasonable range of books and resources, and access was reasonably good.

S40 PE facilities and recreational activities were good. Attendance was sometimes hampered by regime restrictions, and recreational gym was provided during the working day, disrupting work and education.

S41 The leadership and management of education, skills and work activities required improvement. Despite an increase, there were still insufficient places to provide full-time education, training or work for the population. Too many prisoners were unemployed. Owing to acute shortages of uniformed staff, prisoners regularly remained locked up on their wings, unable to attend the purposeful activity sessions for which they had been scheduled. Many sessions started late. The length of some classroom and workshop learning sessions had been reduced and some activity sessions had been cancelled or postponed. College and prison managers had taken effective actions to improve the provision. Robust performance management arrangements had improved the quality of teaching, and the range and level of provision met need.

S42 Teaching, learning and assessment in educational and vocational training were good. Classroom assistants and mentors provided good support during learning sessions. Prisoners had a positive attitude to learning and were enthusiastic to talk about their progress and achievements. They behaved well, took pride in their work and made good progress in achieving their qualifications. Attendance and punctuality at learning, skills and work activities were poor.

S43 Learners achieved well in functional skills English and mathematics, English for speakers of other languages, and in vocational subjects. The development of learners' practical skills and confidence was good.

Rehabilitation and release planning

S44 *There was good support for prisoners to maintain contact with their families. Offender management was hindered by staff shortages and cross-deployment. Almost all prisoners had a sentence plan but many had too little contact with their offender supervisors to motivate and encourage progression. Public protection was well managed. Recategorisations were up to date. A wide range of offending behaviour programmes were delivered but did not reflect the needs of the changed population. The therapeutic communities and psychologically informed planned environment effectively supported prisoners to address their risks and progress. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S45 *At the last inspection in 2014 we found that outcomes for prisoners in Gartree were good against this healthy prison test. We made four recommendations in the area of resettlement.⁵ At this inspection we found that two of the recommendations had been achieved and two had not been achieved.*

S46 Family engagement work was good. There were a number of initiatives to support family contact, including an innovative range of family visits, prisoners giving presents to their children, and reading schemes. Entry procedures and searching processes were respectful but visits sometimes started late. Visits were relaxed, refreshments were available and there was a professionally staffed play area. Families we spoke to were positive about visits and the visitors centre.

S47 All prisoners were serving indeterminate sentences, and about 90% were assessed as high or very high risk of harm to others. The nature of the population had changed since our last inspection, with prisoners being sent to the prison much earlier in their sentence and often before they had come to terms with their sentence. This presented some specific challenges to the strategic management of reducing reoffending, particularly around the suitability of interventions and offending behaviour work. The very new reducing reoffending strategy provided a useful overview but was not yet fully informed by offending-related needs analyses and there was no detailed action plan for development.

S48 While case administration was good, shortages and cross-deployment of uniformed offender supervisors hindered effective offender management. Almost all prisoners had a sentence plan and most knew what they needed to do to achieve their targets. However, contact with offender supervisors was far too variable. It was reasonably good for some prisoners but there was too little prioritisation of casework and, in some examples, no recorded contact, encouragement or motivation for over a year. Public protection was a clear priority and contact restrictions were managed appropriately.

S49 Recategorisation reviews were up to date and of a reasonably high quality. Although good efforts were made to secure progressive transfers, some prisoners waited too long to move on owing to issues beyond the control of the prison.

S50 An impressive range of accredited offending behaviour programmes was provided. However, these had not been reviewed to reflect the changed population, with half of the current prisoners being in a very early stage of a long, indeterminate sentence. This meant that some programmes were now unsuitable.

⁵ This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.

- S51 The Gartree therapeutic community (GTC), TC+ and psychologically informed planned environment (PIPE) unit were very effective in giving eligible prisoners opportunities to address their risk factors and progress in their sentences, but all were undermined by staff redeployment and regime restrictions.
- S52 Over the previous six months, only six prisoners had been released into the community, and each of these had had bespoke release arrangements, approved by the parole board, with the direct support of the offender manager.

Main concerns and recommendations

- S53 Concern: Almost a quarter of prisoners felt unsafe, and levels of violence had increased substantially. A range of actions had been undertaken to tackle violence but there was no strategy or plan to coordinate action and monitor progress.

Recommendation: A comprehensive violence reduction strategy and action plan should be developed and shared with staff. Actions should be monitored for their effectiveness in making the prison safer.

- S54 Concern: Levels of self-harm had increased substantially, but the management of prisoners at risk of suicide and self-harm was weak. Too many care maps were inadequate and case management was inconsistent. Some prisoners had been subject to ACCT processes and on constant supervision for extraordinary lengths of time.

Recommendation: The reasons for the dramatic rise in self-harm should be investigated and understood, and actions implemented to reduce it. The management and care of prisoners subject to assessment, care in custody and teamwork (ACCT) procedures should be improved, with consistent case management and effective use of care plans with achievable goals and targets.

- S55 Concern: The new health provider had been in post for seven months, but local governance processes (including up-to-date policies, clinical supervision and staff training plans), effective prisoner consultation and robust systems to learn lessons from clinical incidents were not in place. Severe nursing staffing shortages meant that nursing provision focused on crisis management and medicines administration, which created significant gaps in planned and proactive health and social care.

Recommendation: The commissioner and health provider should ensure that there are effective governance processes and sufficient competent and well-supported staff to provide a safe health service that promptly identifies and meets prisoners' health and social care needs.

- S56 Concern: Staff shortages were having a severe and detrimental impact on outcomes for prisoners across many areas. Prisoners were increasingly frustrated by an unpredictable and unstable regime. They were locked up for substantial periods of the day, unable to attend their scheduled education and work activities.

Recommendation: Gartree should have sufficient staff to be able to run its full and predictable regime.

Section 1. Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes:

Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

- I.1 The establishment had a relatively static population and received an average of three new arrivals a week. There were no video-link facilities as demand was limited among the sentenced population, so any prisoners appealing their sentences had to travel to nearby HMP Leicester to use their suite, often staying there for several days and disrupting their lives at Gartree.
- I.2 The reception area was small but clean and just about adequate for the limited numbers passing through. Holding rooms were small and had no natural daylight, but there was useful information on display.
- I.3 Reception staff were welcoming and the process was swift. There was no interview with prison staff at this stage but prisoners were seen in private by a nurse. There was no time for the staff to process prisoners' property as they were required to work in other areas of the prison. Although new arrivals were allowed to retrieve a few basic items for the night, they went to the wings without most of their belongings.
- I.4 Early days arrangements had deteriorated since the previous inspection. There was no involvement from peer workers or Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) to support and inform new arrivals either in reception or during the first night. There were no longer any dedicated first night locations, with new prisoners being allocated a cell wherever there was space.
- I.5 Once escorted onto a residential wing, prisoners were left in cells which were not always prepared for occupation. For example, one man we met had no pillow or kettle in his cell, and there were torn pieces of material hanging from the light fitting and window. Other cells were dirty. New arrivals were left on the wing unsupported, without any introduction or guidance. During this time, they could shower and collected a hot meal. Eventually, just before prisoners were locked up for the night, a manager completed a brief safety interview with new arrivals in a wing office.
- I.6 Prison managers did not discuss these new arrivals during the night-time handover we observed, and the member of night staff we spoke to was unaware of the new arrivals on his wing and therefore did not complete any routine checks on them overnight.
- I.7 The induction process was disjointed and unreliable, which was particularly disappointing, given that new arrivals were likely to be spending the next few years of their lives at the prison. Prisoners spent much of their first few days locked up while waiting to be allocated work. There was one induction orderly, unhelpfully located away from the wing where some induction activities took place. He provided prisoners with a range of leaflets and information. Throughout the first week at the prison, there was a rolling programme of scheduled slots for new arrivals to attend the education department, gym, programmes team and such like. The induction orderly tried to ensure that they completed the timetabled

induction process, but he was impeded by frequent regime restrictions (see section on time out of cell and main recommendation S56) and the prisoners leaving to retrieve their remaining property from reception. He delivered talks in-cell without staff having sufficient oversight of his work. Only the induction orderly kept a record of when prisoners completed elements of the induction process.

Recommendations

- 1.8 All new arrivals should be supported by staff and peer workers during their reception and first night, receive a thorough first night safety assessment and be located in clean, fully equipped cells.**
- 1.9 All new arrivals should receive a comprehensive and coordinated induction, with good peer worker involvement overseen by staff.**

Managing behaviour

Expected outcomes:

Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

- 1.10** Gartree had historically been a relatively safe prison. However, in our survey almost a quarter of prisoners said that they currently felt unsafe, compared with only 10% at the time of the previous inspection. Levels of victimisation between prisoners had increased. Far fewer prisoners than previously said that they had not experienced any victimisation (57% versus 77%).
- 1.11** Levels of violence had increased considerably and were now similar to those in other category B training prisons. The number of assaults against prisoners had increased substantially, although only a few of these had been serious. There had been a huge increase in the number of assaults on staff and a relatively large number of these had been serious, leaving some staff unable to return to work for long periods.
- 1.12** A new violence reduction strategy had been launched very recently but it was not specific to the Gartree population and consisted largely of definitions of what constituted violence (see main recommendation S52). There was no reference to the excellent and regular analysis that had been undertaken by the safer custody clerk, which had identified a change in the type of prisoner admitted to the establishment (see paragraph 4.9), increases in drug debt and widely experienced frustration at routine regime curtailments as the causal factors of violence. There was little focus on violence in the monthly safer custody meetings. Although several recent initiatives to address violence had been introduced, few of them had been discussed at the meeting and there was no coordinated violence reduction action plan to monitor progress.
- 1.13** Measures to tackle perpetrators of violence were not embedded or understood across the prison. We saw examples of perpetrators who had either been placed on the basic level of the incentives and earned privileges (IEP) scheme, had their cell sharing risk assessment reviewed, been placed on disciplinary report or, for the most serious, been referred to the

police. However, there was a lack of consistency and other prisoners responsible for similar levels of violence had been subject only to 'monitoring'.

- I.14 An investigation was commissioned for every reported violent incident but too many were either not completed, were very late or contained too little detail to prompt further action. Support for victims of violence and other antisocial behaviour was limited and consisted mainly of monitoring.
- I.15 A few prisoners were self-isolating owing to fears for their own safety; this meant that they remained in their cells for almost the entire day and were not provided with any exercise. There were no management plans to give structured support to these prisoners.
- I.16 At the time of the inspection, approximately 60% of the population were on the enhanced level and 3% on the basic level of the IEP scheme. Prisoners mostly understood the scheme and knew what was expected of them to achieve enhanced status, although some perceived a lack of consistency from staff in approving these applications. The IEP review paperwork we saw evidenced proportionate decision making when prisoners had been downgraded to the basic level. Some work had been done to create opportunities for prisoners to achieve enhanced status but, in reality, because of the frequent regime curtailments, prisoners saw little incentive to work towards this.

Recommendation

- I.17 **Comprehensive support plans for victims of violence and antisocial behaviour, including those who are self-isolating, should be introduced and monitored routinely.**

Adjudications

- I.18 The number of adjudications had risen substantially since the previous inspection, from 334 to 765 in the previous six-month period, but levels were still slightly lower than at similar prisons.
- I.19 The large number of adjudications was difficult for managers and segregation unit staff to deal with. The impact of regular regime restrictions made it difficult for prisoners and reporting officers to attend, and there were problems in accommodating hearings in the consistently busy segregation unit. This meant that too many charges were adjourned and eventually dismissed or not proceeded with. At the time of the inspection, there were over 250 outstanding adjudications with no resolution, many going back to the start of 2017, and many of these were due to be abandoned. This situation undermined the prison's attempts to tackle antisocial behaviour.
- I.20 There was a monthly adjudications standardisation meeting but analysis to understand trends and address deficiencies was too basic. There was no consideration of the reasons for so many adjournments, in order to develop a recovery plan, and no exploration of the punishments given by different managers, or those received by groups with protected characteristics.

Recommendation

- I.21 Analysis of adjudication data should be improved, to identify deficiencies in the process, and the adjudications standardisation meeting should implement and monitor a clear plan for recovery.**

Use of force

- I.22** The level of use of force had increased considerably, with 89 incidents in the previous six months, although was slightly lower than at similar prisons. Around half of the incidents were planned, and body-worn cameras were used, so they could be recorded easily.
- I.23** The recently reintroduced use of force monitoring meeting had begun to review data, a small number of dossiers and video-recordings to identify learning points, but attendance at this meeting was poor and not sufficiently multidisciplinary. Data collection was weak and there was no way to monitor trends or identify emerging hotspots of incidents.
- I.24** We reviewed 40 dossiers dating back six months, and found around half to be incomplete. The quality of completed use of force documents was reasonable but they often failed to demonstrate a focus on de-escalation. This gap had been identified at the most recent monitoring meeting as a learning point.
- I.25** Baton use was rare and we were satisfied that there was an appropriate level of enquiry after each incident.
- I.26** Use of special accommodation had also increased. Most uses were for very short periods. The previously thorough scrutiny of use of special accommodation had ceased; the records we reviewed were mostly incomplete and we were not confident that all uses had been justified.

Recommendation

- I.27 The use of force monitoring meeting should be sufficiently multidisciplinary and frequent, to ensure good oversight of all uses of force and special accommodation.**

Segregation

- I.28** Levels of segregation across the prison had increased but remained lower than at other category B training prisons. The segregation unit, comprising 11 cells, was consistently full, so some prisoners were segregated on various wings. There had been some very long stays on the unit but all had been authorised appropriately at a senior level. At the time of the inspection, prisoners on the unit and across the prison had been segregated for an average of about 50 days. However, in the previous six months there had been many shorter stays, reducing the average to around 23 days.
- I.29** Authorisation and review processes for segregation were thorough and we saw evidence of prisoners taking part in good order and discipline boards. A weekly management meeting reviewed all segregated prisoners and considered what was needed to reintegrate them back onto the wings. A few segregated prisoners were transferred to other prisons but most eventually returned to normal location. We were concerned for the well-being of some long-term segregated prisoners. These prisoners were often very challenging and troubled,

including some subject to assessment, care in custody and teamwork (ACCT) case management procedures (see paragraph I.47 and recommendation I.49). We saw some excellent and skilful management of these prisoners by uniformed staff but there were insufficient interventions or purposeful activities to prevent their psychological deterioration. Prisoners we spoke to felt supported by segregation staff but said that there was insufficient input from the mental health team.

- I.30** Cells on the unit were reasonable, but the shower area was in a poor state of repair and the exercise yards were effectively bare cages. For those segregated on the unit, the daily regime was predictable but minimal, consisting of access to exercise, showers and telephones. Those prisoners segregated across the prison did not have regular daily access to these basic requirements.

Recommendations

- I.31 Prisoners segregated for longer than four weeks should have a care plan, including purposeful activity, to prevent their psychological deterioration.** (Repeated recommendation I.57)
- I.32 All segregated prisoners, regardless of location, should have access to the statutory segregation regime.**

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse and effective drug supply reduction measures are in place.

- I.33** Physical security was appropriate and security procedures were generally proportionate, although we were concerned at the prison's frequent inability to account for prisoners following movement to activities. On an almost daily basis, an incorrect roll was reported, causing delays to, and sometimes cancellations of, the regime. Visits restrictions were imposed for incidents that were unrelated to trafficking.
- I.34** Dynamic security, normally a strength in a prison with a long-term population, was undermined by staff shortages. The lack of continuity of staff on the wings restricted officers' ability to develop an understanding of those in their care (see main recommendation S56).
- I.35** A large amount of intelligence was received by the security analysts each month, mainly relating to drugs, mobile phones and violence. This information was analysed quickly and prioritised, to generate immediate actions and to inform longer-term strategic aims.
- I.36** A spike in information around disorder had recently been identified and this had led to the prison's stability rating being raised to 'high risk' shortly before the inspection. A range of interventions and consultations enabled a reduction to medium risk during the inspection.
- I.37** Managers and staff working within security were sighted appropriately on a range of threats such as contraband, violence, extremism, corruption and organised crime. There were good links with external agencies to support this work.

- I.38** In our survey, 49% and 39% of prisoners, respectively, indicated that drugs and alcohol were easily available, and 12% of prisoners said that they had developed a problem with illicit drugs since being at the prison. The random mandatory drug test rate stood at around 4.5%, but this did not account for new psychoactive drugs (NPS; drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects), which were a developing problem. When positive tests for NPS were included, the rate increased to about 10.5%. The prison had taken several actions to reduce the supply of drugs and alcohol but still lacked a comprehensive, coordinated or monitored action plan.
- I.39** The prison's dedicated search team reacted quickly to requests for searches. These had produced regular and sometimes substantial finds of drugs, illicitly brewed alcohol and weapons. However, intelligence-led requests for suspicion drug tests were rarely actioned. The prison told us that this was due to a lack of resources (see main recommendation S56).
- I.40** In our survey, 11% of prisoners said that they had developed a problem with taking medication not prescribed to them since being at the prison. The prison and health services team had devised a system of identifying prisoners who were likely to be trading medications or who were potentially susceptible to bullying for their medications. This allowed them to monitor the activities of 'treatment nominals' closely and identify the trafficking or trading of prescribed medications. Similarly, measures to identify 'brewers', including the distillation of strong alcohol, were developing well.

Recommendations

- I.41** **The prison should be able to account for all prisoners at roll checks promptly and accurately.**
- I.42** **There should be an up-to-date and detailed drug supply reduction strategy and supporting action plan, which should be monitored actively to ensure that all required actions, including drug testing, take place.**

Good practice

- I.43** *Prisoners suspected of the illicit trading of medications and those susceptible to bullying for their medication were closely monitored as 'treatment nominals'.*

Safeguarding

Expected outcomes:

The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

- I.44** Since the previous inspection, there had been two self-inflicted deaths. The number of recorded self-harm incidents had increased year on year, from 51 incidents in the six months before the previous inspection to 195 incidents in the same period before the current one, and this level was now higher than at similar prisons. A large proportion of self-harm

incidents related to the same group of prisoners with complex mental health problems and long-term needs (see main recommendation S54).

- I.45** The management of prisoners at risk of suicide and self-harm had deteriorated and was now weak. There was no local policy which considered the particular difficulties confronting those serving a life sentence or indeterminate sentence for public protection. There was a monthly safer custody meeting and some reasonable analysis, which had clearly identified the increase in self-harm. However, the prison had no strategy to understand the causes of, and tackle, this dramatic rise. There was only a short, inadequate safer custody action plan and a recently updated action plan based on the Prisons and Probation Ombudsman's recommendations about deaths in custody. However, not all of these recommendations had been implemented (see main recommendation S54).
- I.46** Support for prisoners in crisis was not sufficiently focused. Too many care maps were inadequate and case management was inconsistent. A small number of prisoners had been subject to ACCT monitoring for extraordinarily long periods, without achievable targets or a clear plan. Some, but not all, of these prisoners were discussed at a fortnightly complex prisoners meeting. At the time of the inspection, one man had been on a continuous ACCT document for two years, with 250 case reviews. The care map had last been updated at case review 185, so had lost direction and purpose, and wing staff were unclear what the ACCT document was supposed to achieve (see main recommendation S54).
- I.47** Constant supervision was used often; in the case of one particularly complex prisoner, it had been used continuously for over a year. The facilities to provide constant supervision were unacceptably poor and did not assist recovery. The two permanent constant supervision cells, almost always occupied, were located in a dingy area on D wing, behind a makeshift curtain and adjacent to a noisy servery. At other times, this supervision took place on the wings, with an open door and two officers outside, while other prisoners associated and played pool nearby. About 40% of constant supervision was facilitated on the segregation unit, which provided a wholly unsuitable environment. We were also not assured that segregation was always used as a last resort for prisoners subject to ACCT monitoring (see also paragraph I.29).
- I.48** There continued to be some good work done to raise awareness of trigger dates among the staff. There were also good distraction newsletters to occupy prisoners in crisis. There was no longer a dedicated safer custody orderly, and this was a gap in provision. There was a group of nine Listeners, which was just about adequate for the level of need, and more recruitment and training was planned for 2018. They had use of a good care suite, and prisoners in crisis could now see the Listeners at night. Local emergency response guidance made no reference to the codes that staff were to use to alert control room staff.

Recommendations

- I.49 Prisoners requiring constant supervision should be located in appropriate environments which support recovery.**
- I.50 Managers should regularly scrutinise the reasons for prisoners on open ACCT documents to be held in segregation and assure themselves that the location is due to exceptional circumstances and for the shortest time possible. (Repeated recommendation, I.55)**
- I.51 The prison's emergency response procedures should implement national HM Prisons and Probation Service guidance.**

Protection of adults at risk⁶

- I.52** The prison did not have a policy or any formal procedures for the protection of adults at risk. There was a manager with responsibility for this area, but he did not regularly attend meetings with the local safeguarding adults board. There was no training to help staff to understand and identify the risks. There was no referrals system but safeguarding issues could be raised by staff at the fortnightly complex prisoners meeting. Although concerns about one prisoner had been raised in this forum, we found no evidence of subsequent action, such as an assessment to determine if he was at risk of abuse or neglect.

Recommendation

- I.53** **Formal procedures to protect adults at risk of harm, abuse or neglect should be implemented.**

⁶ Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Section 2. Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes:

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

- 2.1** In our survey, 76% of prisoners said that staff treated them respectfully, and this was similar to the percentage found at the time of the previous inspection and that at other category B prisons. During the inspection, we observed many decent and courteous interactions, and positive and useful relationships had clearly been established. In some areas, including I wing and the therapeutic communities (see section on offender personality disorder units), these were particularly impressive, with high levels of good-quality engagement, and awareness of prisoner needs.
- 2.2** However, since the previous inspection there had been a large turnover of staff, which meant that many staff were new to the prison and had not yet developed similar meaningful relationships. Often, contact between these staff and prisoners was polite but superficial. Although prisoners expressed frustration at the lack of experience of these new staff and their inability to get things done, they also acknowledged the desire of these staff members to help and support. Staff shortages and the regular regime restrictions (see section on time out of cell and main recommendation S56) affected the time available for these relationships to be nurtured.
- 2.3** Some staff spent an excessive amount of time in wing offices, and sometimes there was inadequate visibility of staff and supervision of prisoners on upper residential landings.
- 2.4** There was currently no personal officer scheme, and the lack of entries in prisoner case notes was indicative of this. Nonetheless, in our survey, 77% of respondents said that there was a member of staff they could talk to if they had a problem.

Recommendation

- 2.5 Residential staff should be visible on all wing landings, to support and supervise prisoners.**

Daily life

Expected outcomes:

Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

Living conditions

- 2.6** Accommodation standards were relatively good. Most cells provided single accommodation and were mainly clean and well equipped (see Appendix IV). Prisoners clearly took pride in their living environment and had made good use of available space to maximise storage capacity and living comfort. However, on A, C and D wings there was no privacy screening for toilets. Many cells had curtains, although prisoners had generally bought these themselves. All prisoners had access to their cells via courtesy keys.
- 2.7** Some communal areas on A, B, C and D wings were grubby, with unswept stairwells and food and litter debris visible. We saw some offensive graffiti, particularly on B wing. As a result of the regular regime restrictions, cleaners on some of the residential units were not unlocked for work until midway through the afternoon, which sometimes made cleaning problematic.
- 2.8** Some outside areas and gullies contained litter, and clothing and sheets were tangled in barbed wire (see Appendix IV).
- 2.9** In our survey, 91% of prisoners said that they could shower daily. This had reduced since the previous inspection, reflecting some of the regime restrictions in place. Too many showers across the wings suffered from a lack of ventilation, resulting in peeling paint on ceilings and stained walls. Privacy screening was often missing or inadequate.
- 2.10** In our survey, 78% and 64% of respondents said that they received sufficient clean clothing and clean sheets, respectively, each week. Any shortfalls in supply were mitigated by the number of prisoners who wore their own clothing and had purchased their own bed linen. There were adequate stocks and supplies of cleaning materials.

Recommendations

- 2.11 Residential units and outside areas should be kept clean and free of litter and debris.**
- 2.12 Shower areas should be decorated and have privacy screening and sufficient ventilation.**

Residential services

- 2.13** The kitchen employed 25 prisoners, who could attain national vocational qualifications in food preparation and cooking. It was clean and well maintained. There were suitable arrangements to store and cook halal food separately, although one refrigerator housed both halal and non-halal items.

- 2.14** In our survey, 44% of prisoners said that the quality of the food provided was quite/very good. We found it to be good, with reasonable portion sizes. However, the breakfast packs, although offering a greater variety of items than previously, were inadequate and still issued on the day before they were due to be eaten. A diverse 10-week rolling menu was in place, offering a variety of healthy meals, with fruit and vegetables available daily. A number of items, including bread, rolls, pies and soups, were prepared fresh on site.
- 2.15** Wing serveries were in a reasonable condition and meals were served at a suitable time, with adequate staff supervision. Food temperatures were not consistently recorded and food comments books were not always visible. There was opportunity for some prisoners to dine out on all wings.
- 2.16** Wing kitchens were provided to enable prisoners to self-cater, but many of these were dirty, particularly on A, B, C and D wings. There was litter and food debris left on the floors, work surfaces were unclean and some equipment was filthy and in urgent need of replacement (see Appendix IV).
- 2.17** The prison shop list had been increased, to include a full range of items on the national product list. This was reflected in our survey, with far more prisoners than at the time of the previous inspection saying that the shop sold the items they needed (55% versus 34%). Prisoner consultation meetings included discussion on the prison shop.
- 2.18** Prisoners could order items from a variety of catalogues. An administration fee was still applied but delivery costs were only imposed if the supplier charged, and were spread fairly among prisoners where possible.

Recommendations

- 2.19 Halal and non-halal items should be stored and prepared separately in the kitchen.**
- 2.20 Self-catering facilities should be clean, with equipment that is fit for purpose.**

Prisoner consultation, applications and redress

- 2.21** In our survey, 72% of prisoners said that they were consulted about issues which affected their daily lives. An elected prisoner council met the governor monthly, and meeting minutes indicated effective engagement and discussion. Consultation on the therapeutic communities was also good.
- 2.22** The applications process was managed inconsistently, with no reliable way to establish the timeliness of responses or whether they had been responded to at all.
- 2.23** A total of 1,781 complaints had been submitted in the previous six months, which was more than elsewhere and at the time of the previous inspection. Complaint forms were available on all units, although they were collected by a member of uniformed staff, which potentially compromised confidentiality.
- 2.24** Between August and October 2017, about 18% of responses to complaints had been late. Many related to loss and damage of prisoners' property, often due to losses on transfer to the establishment. Compensation payments were currently in excess of £500 per month.

- 2.25** Complaint responses were quality assured, although we found several that did not address the issues raised, were curt in tone and unhelpfully redirected the complainant to another department. Data analysis was undertaken weekly but did not analyse trends over time, to enable comparisons to be made.
- 2.26** There was no longer any dedicated legal services provision. Prisoners could book research time in the library, work on the available stand-alone computers and make use of the small number of legal textbooks held there. 'Access to Justice' laptops were available by request. Legal visits were held in the main visits room on Wednesdays. These visits could be booked easily and there was sufficient capacity, but the room offered no privacy.

Recommendations

- 2.27** **The applications process should be tracked, to ensure that prisoners receive timely responses.**
- 2.28** **Responses to complaints should be processed within required timescales.**
- 2.29** **Prisoners should be able to have a private legal visit.**

Equality, diversity and faith

Expected outcomes:

There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics⁷ and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

- 2.30** The strategic management of equality and diversity had been neglected and was underdeveloped. The current strategy did not outline how the needs of all groups with protected characteristics would be addressed, and the equality action plan did not consider all protected characteristics.
- 2.31** The equality team was made up of one equality officer, one foreign national officer and one administrative support worker. Owing to staffing pressures, the already small equality team was often cross-deployed, making it difficult to complete this work (see main recommendation S56).
- 2.32** The equality action team met bimonthly. The meeting was chaired by the governor and included prisoner representation. However, no nationally provided equality data had been available for the previous five months. The prison had attempted to collect some local data, but this was in its infancy and needed further development. Although there was no longer an impact assessment programme in place, assessments were completed when issues arose and were likely to affect minority groups.

⁷ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.33** The discrimination incident report form process had insufficient oversight, and prisoners told us that they had little confidence in it. Reporting forms and collection boxes were not available on every wing. Some incidents had not been investigated thoroughly enough or responded to in a timely manner.
- 2.34** All new arrivals met a prisoner equality representative, who alerted the equality team to any prisoners with a protected characteristic so that their individual needs could be met. There were prisoner representatives for all protected characteristics, with job descriptions, and there was also a member of the senior management team to champion each area. However, there was no regular and consistent consultation through prisoner forums for any protected groups. There was some support for minority groups from community organisations. For example, staff from Northampton University came into the prison to engage with prisoners, and Leicestershire Gypsy and Traveller Equality (GATE) had worked with the prison to host a conference to increase awareness for Gypsy, Romany and Traveller prisoners.

Recommendations

- 2.35** **There should be an equality and diversity policy that outlines how the needs of all protected groups will be recognised and addressed.** (Repeated recommendation 2.19)
- 2.36** **Prisoners' treatment and conditions, including access to employment and offender management, should be monitored and analysed, to ensure equal outcomes for all protected groups.**

Protected characteristics

- 2.37** Black and minority ethnic and Muslim prisoners made up around 33% and 20% of the population, respectively. In our survey and focus groups, black and minority ethnic prisoners and Muslim prisoners reported negatively about victimisation by staff, and more work was needed to understand these negative perceptions. At the time of the inspection, there were nine prisoners who identified as Gypsy, Romany or Traveller. A prisoner representative for this group had been identified and some positive work had taken place through Leicestershire GATE, but support was inconsistent and irregular.
- 2.38** There were 111 foreign national prisoners. Those we spoke to were impressed with the support they received from the foreign national officer. They were able to access a drop-in service to raise any difficulties, and had access to Home Office Immigration Enforcement staff. At the time of the inspection, there was one prisoner being held beyond the end of his sentence on immigration grounds, and he was receiving good support.
- 2.39** The prison had a comprehensive log of prisoners with a disability. Some reasonable adjustments had been made to cells but there were gaps, and more needed to be done to ensure that all prisoners with disabilities were supported appropriately (see also section on social care). The prison ran a 'buddy' system to support some prisoners with disabilities but these peer workers did not have sufficient oversight or training to ensure that appropriate care was given. There was also insufficient oversight of the personal emergency evacuation plan (PEEP) process. There was no central list of PEEPs, and not all wing staff knew what they were. When prisoners were identified as needing a PEEP, there was not always a plan available on the wing.

- 2.40** In our survey, older prisoners reported comparably with the rest of the population. They were mostly located on H wing and were able to access age-appropriate activities such as model making, as well as some designated gym time.
- 2.41** There were 14 prisoners who identified as either gay or bisexual. Good external support was available via Leicester LGBT Centre. There had been delays in support for the one transgender prisoner being held at the time of the inspection. She reported feeling unsupported and was not accessing any external support or counselling, although spoke positively about the assistance she had received from the mental health team.

Recommendations

- 2.42 Prisoner forums for all protected characteristics should be advertised and take place regularly.**
- 2.43 The prison should investigate and address the reasons for protected groups' negative perceptions.** (Repeated recommendation 2.31)
- 2.44 Reasonable adjustments should be made for prisoners who need them, and all prisoners requiring a personal emergency evacuation plan should have an up-to-date plan which is clearly identifiable to wing staff.**
- 2.45 Buddies should have appropriate oversight, including a job description outlining their duties, and regular supervision.**

Faith and religion

- 2.46** The chaplaincy was a good source of support for prisoners serving very long sentences. The team was well integrated into prison life and celebrated all the key religious festivals. All religions were represented through either employed or sessional chaplains. In our survey, 91% of prisoners said that they were able to attend religious services, and 76% that they were able to speak to a chaplain of their faith in private. Prisoner faith representatives were in place.
- 2.47** The multi-faith area was spacious and bright. In addition to corporate worship, the chaplaincy team offered a wide range of weekly activities, including a choir, study groups and meditation. However, owing to regime restrictions, some prisoners had been unable to attend chaplaincy activities other than corporate worship.
- 2.48** The duty chaplain saw all new prisoners, made daily visit to the segregation unit and provided support to prisoners who had experienced bereavement or loss. There was a weekly rota, to ensure that a chaplain saw all prisoners subject to assessment, care in custody and teamwork (ACCT) monitoring at least weekly.

Health, well-being and social care

Expected outcomes:

Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

2.49 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁸ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The Care Quality Commission issued two 'requirement to improve' notices following the inspection (see Appendix III) and took further enforcement action in the form of a warning notice, served to the provider on 18 December 2017, under section 29 of the Health & Social Care Act 2008. An action plan has been received by the CQC in response to this action, and the regulatory breaches will be followed up with the health care provider.

Strategy, clinical governance and partnerships

2.50 The Care Quality Commission issued two 'requirement to improve' notices following the inspection (see Appendix III) and took further enforcement action (see paragraph 2.49).

2.51 Care and Custody (Health) Ltd had provided health services since April 2017. The senior management team was well linked in with the wider prison. Commissioning arrangements were well established and there were well-attended local delivery board and contract review meetings. A bimonthly internal governance meeting had also been introduced recently.

2.52 A health and social care needs assessment had been completed in August 2016. Too many of its recommendations had yet to be implemented, particularly concerning the care of people with long-term conditions.

2.53 A range of policies was available to staff, but many were insufficiently specific to the prison environment and were overdue for review, and there was no evidence that staff had read them (see main recommendation S55).

2.54 The service was suffering from serious nursing staff shortages and a high reliance on agency staff (see main recommendation S55). Partly as a consequence, the service was primarily focused on the administration of medication. The management team was sighted on recruitment, and some posts had recently been appointed, although start dates had been delayed by security checks and notice periods. A more flexible approach to covering shifts had been identified by managers as crucial to moving the service forward, and a staff consultation process was being undertaken to alter shift patterns.

2.55 There were no regular full staff meetings. Lessons learnt from incidents and reflection on practice was not disseminated effectively to the staff group. Prisoner consultation was poor, both in health care and substance use services. There had been no patient satisfaction surveys, and a health care prisoner forum had been held only twice since April 2017. The issues discussed there had not influenced service development (see main recommendation S55).

⁸ 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>.

- 2.56** In the previous six months, 74 clinical incidents had been reported by staff. Staffing shortages and delays in medication provision were common occurrences, and the regular regime curtailment also had an impact on clinical services. Clinical incidents were not analysed routinely for trends, in order to inform service development (see main recommendation S55). Two serious untoward incidents had been reported appropriately to NHS England since April 2017.
- 2.57** Health services managers were unaware of staff training needs as records were unavailable, including for mandatory training. Staff we spoke to were confident in their life support skills but lacked more specialist skills, including long-term condition management. Those we observed providing emergency care were skilled and competent. Clinical staff did not have regular clinical supervision (see main recommendation S55).
- 2.58** Electronic patient records were reasonably comprehensive. However, we did not see appropriate care plans for patients with long-term conditions, and social care records were not sufficiently detailed or current.
- 2.59** To request a routine appointment, patients posted applications in the health care post box on each wing. However, the boxes were not emptied frequently enough. We did not see any guidance for prisoners on how to access health services.
- 2.60** The health centre was clean and all clinical rooms were furnished appropriately. A very small room had been created on G wing, to provide a medication administration point for patients on G and H wings. This was too small to accommodate two members of staff comfortably, provided no confidentiality for patients and was dirty. There was no programme of clinical audit and no infection control audits had been undertaken (see main recommendation S55).
- 2.61** Emergency equipment was available across the prison but regular checks were not documented. An emergency response we observed during the inspection was dealt with professionally and appropriately, although we saw staff struggle to transport the equipment, which was too heavy.
- 2.62** A total of 104 health care complaints had been received in the previous three months. Health care complaint forms were available on each wing but some dated back to the previous provider. Patients posted their complaint into the health care post box, which was not opened often enough, and this introduced delays. Some patients used the general prison complaints process, which compromised confidentiality and also caused delays. The complaint responses we saw were polite, legible and addressed concerns adequately. However, complaints were not analysed sufficiently well and therefore could not influence service development.

Recommendation

- 2.63** **There should be a programme of regular clinical audits, including infection prevention and control.**

Promoting health and well-being

- 2.64** There was neither a health promotion strategy nor a prison-wide approach to promoting health and well-being, although the gym provided good services for remedial support and older prisoners.

- 2.65** National health campaigns did not guide health promotion services, and there was limited health promotion information displayed on residential wings. The health centre did not provide health promotion leaflets, and the induction process did not include health promotion information. Recent work had been undertaken to provide bowel screening services, but prisoners were not able to access health checks, disease prevention and screening programmes consistently.
- 2.66** The establishment had been smoke-free since September 2017, and the health services team had worked hard to support this change. Smoking cessation services were effective, with regular clinics, and there was evidence of good outcomes for prisoners engaging in these programmes.
- 2.67** Condoms were not well advertised and sexual health services were inadequate. NHS health checks were not undertaken regularly, and older patients did not receive proactive care.

Recommendations

- 2.68** **Health promotion material should be available throughout the prison, in a variety of languages and formats, to meet the needs of the prison population.**
- 2.69** **Prisoners should have consistent access to NHS health checks, and disease prevention and screening programmes.**
- 2.70** **Condoms should be easily available and well advertised.**

Primary care and inpatient services

- 2.71** New arrivals received prompt, comprehensive health screening, and appropriate onward referrals were made. No health service information was provided during the induction process.
- 2.72** A 24-hour primary care service was provided, but the range of services was limited. Waiting times for a routine GP appointment were good; there was a two-day wait for routine appointments, and emergency slots were allocated daily for patients needing to see a GP urgently.
- 2.73** There were daily nurse triage clinics for prisoners reporting sick or with other presenting needs, but these were sometimes cancelled owing to regime curtailments. Once applications for routine health services were received, there was an effective appointments system.
- 2.74** Owing to staffing shortages over recent months, long-term conditions were managed by the GP (see main recommendation S55). Not all patients with long-term conditions had been identified, and care plans were not always in place to manage chronic conditions such as diabetes and asthma.
- 2.75** Arrangements for end-of-life care were poor and there was no pathway. Prisoners believed to have palliative care needs were not clearly identified, and care plans were inadequate.
- 2.76** Secondary appointments at a local external hospital were well managed by administrators, with clinical input when required, and health services staff supported the risk assessment of prisoners before escort. Four daily escorts were provided by the prison, in addition to two emergency slots if required. Patient access to secondary care services was affected by prison

staff shortages, as 10% of escorts had been cancelled in the previous six months (see main recommendation S55).

- 2.77** Very limited joint working took place with external services. An HIV/hepatitis C specialist attended the prison to deliver clinics, but no other external links had been established for the specialist treatment of conditions such as diabetes or asthma. Staff were not sufficiently well trained to deliver these services internally.
- 2.78** Discharge planning arrangements required improvement, to ensure that all prisoners due for transfer to other prisons or release were identified. There was no robust system to ensure that such prisoners received health promotion advice and support to register with community health services.

Recommendations

- 2.79 Prisoners should be provided with information about health services on reception.**
- 2.80 Prisoners with long-term conditions should be clearly identified and receive personalised care planning, to ensure that their needs are met.**
- 2.81 There should be a palliative care policy, to ensure that patients with a life-limiting condition are identified and cared for appropriately.**

Social care

- 2.82** The accountability of social care was poorly understood by the provider and the oversight of referrals, assessments and reviews was inadequate. Social care services were provided by Care and Custody (Health) Ltd. Prisoners with social care needs were able to self-refer to the local authority, or be referred by the health services team. Assessments were carried out by the local authority.
- 2.83** There was no clear agreement between the prison, health care provider and the local authority to clarify the pathway and accountabilities for meeting social care needs. There was an information-sharing agreement between the local authority and the health care provider but this had not been signed by all parties.
- 2.84** Appropriate equipment and adaptations were provided, but they were not always timely. A protocol had been developed to support access to equipment from the community, but communication between the prison, health care department and the local authority was not sufficiently good to ensure that equipment was provided in a timely manner (see also paragraph 2.39 and recommendation 2.44).
- 2.85** Three prisoners were receiving a social care package at the time of the inspection. A record of the local authority assessment was not held for all of them. Care plans were not current, were not person centred and did not have clear review dates. We saw no evidence that prisoners' social care needs were met consistently.

Recommendations

- 2.86** A memorandum of understanding should be formally agreed between the social care provider, the prison and the local authority, to ensure that social care needs are met consistently.
- 2.87** Prisoners with social care needs should have a personalised care plan with clear goals, which is reviewed regularly.

Mental health care

- 2.88** In our survey, 32% of prisoners said that they had mental health problems, of whom 46% said that they had been helped at the prison. Many prisoners presented with complex mental health issues, including severe self-harm (see section on suicide and self-harm prevention).
- 2.89** The integrated mental health nursing team had serious staffing shortages. Regular agency nurses filled most gaps, but nurses had no dedicated time to see patients owing to other duties, including medicine administration and smoking cessation clinics. Partnership working with the prison, including the therapeutic communities, was very good. Regular mental health awareness training for prison staff was planned once mental health staffing had improved.
- 2.90** The mental health manager triaged all referrals and generally saw them for a brief assessment within three weeks. Prisoners presenting in crisis were seen quickly. Those with moderate to severe needs were added to the caseload. At the time of the inspection, the team had 91 patients on their caseload; many had care plans that were not sufficiently individualised and they were not receiving most of the planned interventions. We were concerned that the team was not sighted on, or meeting the needs of, many patients. Mental health nurses attended almost all ACCT reviews, which gave these prisoners regular contact with them, but this did not replace regular, targeted support for some very complex men.
- 2.91** Support for patients with mild to moderate needs was typically basic self-care advice and a GP referral if required, as no groups were held and there was little one-to-one support. There was no proactive mental health support for long-term prisoners on the segregation unit, beyond a mental health nurse attending weekly reviews (see section on segregation).
- 2.92** A counsellor working four days a week supported 14 clients with trauma issues, but waiting times were excessive, at around 18 months. Psychiatrist and clinical psychologist input was subcontracted from North Staffordshire Combined Healthcare NHS Trust. The psychiatrist provided good levels of support through four sessions a week, and waiting times were reasonable, but prescribing was the primary intervention due to insufficient alternative options. A clinical psychologist provided two sessions a week, mainly for anxiety and trauma.
- 2.93** Patients requiring transfer under the Mental Health Act generally experienced delays in assessment and transfer due to external issues, including bed availability. The one patient who had been transferred in the previous six months had waited almost 11 weeks.

Recommendations

- 2.94** Patients with mental health problems should have prompt access to an appropriate range of support that meets their identified needs, including one-to-one support, group work and psychologically informed interventions, through a regularly reviewed and individualised care plan.
- 2.95** Patients requiring transfer under the Mental Health Act should be assessed and transferred within agreed Department of Health time frames.

Substance misuse treatment⁹

- 2.96** The drug strategy, published in November 2017, was not informed by a needs assessment and lacked a comprehensive action plan. However, the reasonably well-attended drug strategy meeting, chaired by the governor, effectively identified and addressed emerging issues. Joint working between the substance misuse team and the prison was excellent, including regular training for prison staff. The new head of reducing reoffending had plans to develop the strategic approach.
- 2.97** Substance misuse provision had deteriorated since the previous inspection. The range of psychosocial support was inadequate, primarily because the small substance treatment and recovery team (STaRT) was not adequately resourced, exacerbated by a lack of administrative support and the frequent regime restrictions. STaRT provided harm reduction advice, including awareness of new psychoactive drugs (drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects), to all new arrivals.
- 2.98** The skilled and committed STaRT workers received around 30 referrals a month and provided one-to-one support for around 100 prisoners. Prisoners we spoke to were positive about the support received, and case records indicated that prisoners received good individual input, including voluntary drug testing. In 2017, the only group intervention was weekly acupuncture.
- 2.99** A drug recovery wing and peer supporter scheme had both stopped since the previous inspection. The lack of medium- and high-intensity group work and family work were significant gaps in provision. The chaplaincy facilitated weekly Alcoholics Anonymous meetings, and plans to implement Narcotics Anonymous were advanced. STaRT workers made entries in electronic patient records, which supported continuity of care.
- 2.100** The demand for clinical prescribing had increased considerably since the previous inspection, from six to 23 on methadone. Although all of those prescribed were expected to work toward abstinence owing to sentence lengths, prescribing was flexible and individualised. During the inspection, 11 prisoners were stabilising, seven maintaining and five actively reducing.
- 2.101** Pain, mental health problems and relapse to illicit use were the primary barriers to recovery, exacerbated by the lack of mental health and substance use interventions available. A specialist GP provided weekly clinics and attended the weekly STaRT meeting, which supported effective communication. There was no locally agreed prescribing policy and the pathways were underdeveloped.

⁹ In the previous report substance misuse treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

- 2.102** Pre-release and transfer planning was appropriate, but naloxone (an opiate reversal agent) provision and the related training were not available on release.

Recommendation

- 2.103** Prisoners with substance use issues should have easy access to a comprehensive range of interventions to meet their assessed needs, including high-intensity group work, peer support and family work. Clinical support should be underpinned by locally agreed and regularly reviewed policies and pathways which reflect national guidance.

Medicines optimisation and pharmacy services

- 2.104** Medications were supplied by Lloyd's pharmacy, which also provided four hours of clinical input from a pharmacist each week. The service was led by a full-time pharmacy technician, who was supported by two others. They dispensed in-possession medications, while nurses from both the primary care and mental health teams administered supervised medication.
- 2.105** Medication administration from the substance misuse treatment room, the main health centre and G wing was safe. At each location, administration was well supervised by officers and patient confidentiality was acceptable, apart from on G wing (see paragraph 2.60).
- 2.106** The process for administration of medication on the segregation unit and on the wings for those who could not attend an administration point was unacceptably poor. Medications were taken from their original packaging in the health centre and placed into an envelope for each patient; the envelope was recycled from the previous medication round. All envelopes were placed in an unsecured bag and taken to patients, where administration took place without any record of the prescription for reference. We alerted managers to this risky practice during the inspection.
- 2.107** Patients on current treatment were identified on reception, but there was no policy to ensure consistent practice in regard to keeping in-possession medication on arrival. Medicines reconciliation was undertaken within 72 hours.
- 2.108** A suitable selection of stock medications was available and prescriptions were filled in a timely fashion. Patients had good access to the pharmacy technicians while collecting their medication, and we observed some professional interactions. Patients were able to make an application to see the pharmacy team, but no regular pharmacy clinics or medication use reviews were undertaken.
- 2.109** The controlled drugs cupboards in the main health centre and on G wing were not compliant with regulations, and the drug cupboard on G wing was a converted office cupboard, which was not suitably secure. We found loose strips of tablets, and bottles that had been repurposed for other medications.
- 2.110** Medication was transported safely to and from the main gate; however, we had serious concerns about the transport of medications to and from residential units.
- 2.111** Oversight of the pharmacy service was inadequate. There was no medicines management committee, although there had been some discussion with the prison about the diversion of tradable medication and implementation of an alternative approach to managing pain. We were impressed with the use of a 'treatment nominals' list, which identified those prisoners

at risk of being bullied for their medication and those suspected of diversion (see paragraph 1.40 and good practice point 1.43).

- 2.112 While staff dispensing medications clearly knew their patients, there was no robust system to identify patients who had missed their medications. An in-possession policy was available but it was not followed. At the time of the inspection, there were 177 people on in-possession medication, but there were no compliance checks and not everyone had a recent risk assessment.
- 2.113 Patients were able to access a range of over-the-counter medicines from the treatment rooms, but the policy to underpin their administration was not robust. Paracetamol and cold remedies were available from the prison shop but there was no way of monitoring their use, to ensure that patients were not obtaining large stocks.
- 2.114 There were only two patient group directions (which enable nurses to supply and administer prescription-only medicine) available, and these covered vaccinations.
- 2.115 On release, prisoners were given a seven-day supply of their medication. However, those being transferred to other prisons were provided only with their in-possession medication. There was no routine contact with the receiving prison, to ensure that they had stock medication to enable treatments to be continued promptly on arrival.

Recommendations

- 2.116 **In-possession risk assessments, which consider the risks of the drug as well as the patient, should be completed routinely, in line with the policy, and recorded accurately in patient records.**
- 2.117 **Medications given on the segregation unit and on residential wings should be transported securely and administered appropriately.**
- 2.118 **A medicines management committee should be convened regularly, to ensure that patient safety and professional standards are maintained.**
- 2.119 **A wider range of medicines should be available for nurses and pharmacy staff to administer without a prescription, when clinically appropriate.**

Dental services and oral health

- 2.120 Dental services were subcontracted to Time for Teeth, which provided a good service. An appropriate range of treatments was provided, equivalent to that in the community, and these were delivered in a clean and suitable environment. Waiting lists had recently been reduced through some additional sessions, and were now of an acceptable length, following some longer waits earlier in the year due to broken equipment.
- 2.121 Missed appointments were followed up appropriately, and were monitored through auditing processes. Same-day emergency appointments were available, and patients had access to required medicines following dental procedures. Prisoners received oral health and disease prevention advice.

Section 3. Purposeful activity

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

Time out of cell

Expected outcomes:

All prisoners have sufficient time out of cell and are encouraged to engage in activities which support their rehabilitation.

- 3.1 Disruptions to the prison's daily regime had become severe in the three months before the inspection. Acute staffing shortages prevented the prison from delivering a full and decent regime that was appropriate for a training prison. The published core day theoretically provided prisoners in full-time employment with more than 10 hours out of their cells. However, this was currently unachievable because of daily regime restrictions, some of which were communicated to prisoners at short notice. These restrictions had an impact on almost every aspect of prison life, including attendance at education classes and health care appointments. Regular delays to starting the day's activities and achieving accurate roll checks (see paragraph 1.33 and recommendation 1.41) caused further unpredictability and reduced the time available for prisoners to be unlocked. All of this caused considerable frustration for prisoners (see main recommendation S56).
- 3.2 There was some innovative use of prisoners' time. A locally produced magazine by prisoners aimed to provide a sense of community, while the new Lily Pad Story Books for Children initiative, introduced by the Gartree therapeutic community (GTC), was a creative activity for prisoners that supported their contact with their children and families. The Storybook Dads scheme (in which prisoners record stories for their children) was also available.
- 3.3 Unemployed prisoners on the basic level of the incentives and earned privileges (IEP) scheme spent around 21 hours a day locked in their cells. Our roll checks during the working day showed an average of 44% of prisoners locked behind their doors, which was far too many.
- 3.4 The prison library provided a pleasant environment, provided by Leicestershire County Council. Access was reasonably good, and in our survey 62% prisoners said that they used the library about once a week. A session was provided for each wing during the week and these were rarely cancelled, but the library was not open at weekends. The library's stock was good, with a wide range of books and other materials to meet prisoners' diverse needs and abilities. Consultation with the education department ensured that stock purchases supported learners' needs and the anticipated education curriculum. Literacy support was available through the Turning Pages programme, and a book club met monthly.
- 3.5 Library staff collected data on the number of prisoners attending each session but did not carry out sufficient analysis to understand which prisoners were using the facilities. Consequently, they could not identify whether particular groups of prisoners were being disadvantaged.
- 3.6 PE provision was good. Facilities included a sports hall, weights room, cardiovascular training room, external football pitch and a large all-weather surface pitch. Some resistance machines were in need of replacement. The shower area was in a reasonable condition.

- 3.7** There was an appropriate range of sport and health-related fitness activities designed for those of differing abilities and ages. Accredited healthy living and fitness instructing courses were delivered but were affected by the ongoing regime restrictions.
- 3.8** The PE department had good links with the health care department and substance misuse team. Prisoners could be referred, and tailored and appropriate sessions were also built into the PE delivery plan. Bespoke sessions were available for prisoners from the GTC, TC+ and psychologically informed planned environment (PIPE) unit (see section on offender personality disorder units). The gym team also held sessions for those on the smoking cessation programme. Links to community sports teams that had been present at the previous inspection were no longer in place.
- 3.9** Access to PE was good but sometimes undermined attendance at education, training and work, as prisoners could go to recreational gym during the core day when they should have been engaging in work or training (see also paragraph 3.16). Basic figures on PE attendance were collected, but the data were not used to ensure equality of access or to promote health and fitness to non-users.

Recommendations

- 3.10** **Daytime recreational PE should not be timetabled for prisoners who should be attending work or training.** (Repeated recommendation 3.41)
- 3.11** **The library and PE departments should gather sufficient data to enable them to understand trends and ensure that all groups within the prison population have equal access to their facilities.**

Good practice

- 3.12** *The Lily Pad Story Books for Children initiative was a positive and creative use of prisoners' time which supported their contact with their children and families.*

Education, skills and work activities (Ofsted)¹⁰

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.¹¹

3.13 *Ofsted made the following assessments about the learning and skills and work provision:*

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

Management of education, skills and work

3.14 The leadership of education, skills and work activities required improvement. The prison's leaders and managers had been unable to ensure that prisoners attended scheduled purposeful activity sessions. Too many prisoners remained locked in their cell during the core day because there were insufficient uniformed staff to unlock them and escort them safely to purposeful activities. Many sessions started late. The length of some classroom and workshop learning sessions had been reduced, and others had been cancelled or postponed. (see main recommendation S56).

3.15 Despite an increase, there were still insufficient full-time activity places. At the time of the inspection, 235 prisoners were employed full time, and 245 part time. Too many prisoners were unemployed; of the 135 prisoners in this category, 28 were retired or excused from work on medical grounds, and the remainder were prisoners who had chosen to remain unemployed or who participated in just one or two activity sessions.

3.16 The practice of scheduling PE sessions during the core day and allowing prisoners to leave an activity session to attend health care or other appointments weakened the otherwise effective measures taken by college managers to raise the standards of teaching and learning (see recommendation 3.10). The prison's policy of allowing those on the enhanced level of the IEP scheme to attend several gym sessions during the core day, when they could be attending education classes or other purposeful activity sessions, exacerbated this issue.

3.17 Despite these deficiencies in leadership and management, the educational and vocational training provision from Milton Keynes College was good, and the range and level met need. Robust performance management procedures for the weakest teachers had resulted in a

¹⁰ This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

¹¹ In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

number of ineffective teachers leaving the college. The appointment of two advanced practitioners to support and mentor teachers had contributed considerably to improvements in quality. The additional appointment of a specialist functional skills practitioner had been instrumental in increasing the standards of teaching in English and mathematics, and in improving achievements in these subjects for all groups of prisoners.

- 3.18** Prison and college managers regularly sought prisoners' views on the suitability of the curriculum in relation to their needs. Their curriculum needs analysis made good use of prisoner feedback to provide a diverse curriculum that included opportunities for prisoners to study a range of GCSE subjects, as well as work in the prison gardens and in catering, laundry and cleaning.
- 3.19** As a result of good links with local employers, a number of them had established commercial contract workshops at the prison. These provided prisoners with a wide range of additional employment opportunities.
- 3.20** The self-assessment process was rigorous and mainly accurate. Prison and college managers had a clear view about the key targets and areas for improvement, and the quality improvement plan provided an appropriate timescale for improvement actions.
- 3.21** The process of allocating prisoners to activities was effective and took account of their previous attainment, interests and aptitudes. The prison's pay scales reflected the types of work that prisoners carried out.
- 3.22** The quality of the National Careers Service, provided by Nottingham City Council and Nottinghamshire County Council through their agent 'Futures', was good. Prisoners had access to useful information and guidance that helped them to set realistic goals for their time in custody and ensured that they were well prepared for transition to the next establishment or, for a very few, release. The on-site National Careers Service adviser worked well with prison managers, to promote distance learning courses. The 60 or so prisoners enrolled on these courses spoke highly of the support they received, which included use of the virtual campus (internet access for prisoners to community education, training and employment opportunities) to help them with their studies.

Recommendation

- 3.23** **There should be sufficient full-time activity places for the prison population, and all eligible prisoners should attend.**

Quality of provision

- 3.24** Teachers and instructors planned lessons and activities well for prisoners in education and vocational training, and most learners made good progress against challenging targets. For example, in entry-level functional skills, learners were asked to contribute regularly to group discussions and thereby improved their spoken English to a good standard. Prisoners in the prisoner-run bistro used their training well to take orders and meet customers' needs and requests effectively.
- 3.25** Teachers and instructors stretched and challenged prisoners to produce work of a high standard. For example, in the fine cell workshop, prisoners produced embroidered and fine stitched cloth that attracted high commercial prices, and those in hospitality and catering provided banquets for paying customers. In art classes, prisoners produced a high-quality poppy display to commemorate Remembrance Day.

- 3.26** Well-trained classroom assistants and mentors used their expertise and experience to enhance the learning and practical skills of their peers. In education classes, individual specialist support for learners with complex needs ensured that these learners progressed as well as their peers.
- 3.27** Assessment in most education and vocational lessons provided clear feedback that supported prisoners to improve and make progress in achieving their qualifications. For example, functional skills teachers provided feedback to learners under the headings 'what went well' and 'even better if', which enabled prisoners to identify how to improve through self-reflection.
- 3.28** Recording and assessment of wider working and practical skills in too many industry workshops remained underdeveloped, which meant that prisoners' development was not recorded consistently, and most were unsure of the progress they were making.
- 3.29** Most prisoners developed their English skills well as a result of good classroom-based learning in education classes. In vocational lessons and industry workshops, they developed and applied their mathematics skills well in the workplace. For example, prisoners in hospitality costed food and compared prices, while those in the bistro used the till when taking orders, and prisoners working in the prison's recycling facility weighed and checked waste for removal.
- 3.30** Teachers and instructors did not adequately ensure that prisoners developed their use and application of English in vocational training and industries. As a result, most prisoners' English skills remained undeveloped, and they made repeated basic spelling and grammatical mistakes.

Recommendations

- 3.31** **Staff supervising prisoners working in industries should systematically record and assess the progress that prisoners make in developing their practical skills and in improving their behaviour.**
- 3.32** **Teachers should promote English skills in vocational lessons and workshops more effectively, to enable prisoners to improve and apply their language and written skills in the workplace.**

Personal development and behaviour

- 3.33** Learners who attended training and education classes enjoyed their sessions. Most were engaged, participated in discussions and were motivated to achieve. They valued the opportunity to work as classroom assistants and as peer mentors. Learners' behaviour was good in sessions, and tutors managed poor behaviour well. They were respectful of their tutors and of each other.
- 3.34** Learners generally presented written work neatly. Standards of practical work in vocational training were as expected for the qualification and length of course. Workers in contract workshops worked well to complete contractual targets.
- 3.35** Opportunities for prisoners to gain accredited vocational qualifications in prison industries was good in the kitchens, garden maintenance, recycling, textiles, audio transcription and Braille, but were not available in fine cell assembly, woodworking and laundry. Distance learning and undergraduate level courses were offered in subjects as diverse as counselling, languages

and sports, but the number of prisoners studying these was relatively small, given the size of the prison's population.

- 3.36** Attendance and punctuality at learning, skills and work activities were poor. Prisoners valued the opportunities provided by the prison to participate in purposeful activity but were critical and resentful of the frequent regime restrictions, which had limited their access to these activities (see main recommendation S56).

Recommendations

- 3.37** **The prison should provide opportunities for prisoners employed in prison industries to gain an appropriate qualification.**

- 3.38** **The prison should further promote distance learning courses.**

Outcomes and achievements

- 3.39** Achievement rates for most classroom-based and vocational qualifications in 2016/17 had been high, especially in painting and decorating, cleaning, first aid and food preparation. The number of learners who had completed their studies on most courses was also high.
- 3.40** Learners achieved well in functional skills. Achievements in English and mathematics in 2016/17 had improved considerably since the previous inspection, especially at level 2. Achievements in English for speakers of other languages and in information and communications technology were also high.
- 3.41** Lower-level learners made good progress from their starting points. In particular, those receiving additional learning support developed their written English, understanding of technical language and communication skills at a standard above that expected.
- 3.42** Opportunities for prisoners to develop occupational skills in the wide range of prison training workshops were good. Prisoners produced work of a professional standard in catering, woodwork, textiles and carpet manufacturing, with many finished products and goods subsequently sold commercially within and outside the prison.
- 3.43** The development of learners' practical skills and confidence was good but the level of achievement for prisoners from a Gypsy or Traveller background was below that of others. Managers were aware of this and had begun to take actions to raise teachers' understanding of the specific challenges and barriers to learning faced by prisoners from this background.

Recommendation

- 3.44** **Prison and college managers should identify the reasons for any differences in achievement rates between different groups of prisoners and take appropriate steps to minimise these disparities.**

Section 4. Rehabilitation and release planning

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Children and families and contact with the outside world

Expected outcomes:

The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 4.1 Visits were scheduled for two hours on four afternoons a week, including Saturday and Sunday afternoons. When there were exceptional circumstances (for example, visitors from abroad for foreign national prisoners), double weekend visits were available. In our survey, only 21% of prisoners said that visits started and ended on time, and during the inspection we observed late starts due to regime pressures. This time was not made up at the end of visit sessions and they were often cut short.
- 4.2 Families we spoke to were positive about visits and the visitors centre. The centre was managed by the Prison Advice and Care Trust (PACT), which provided information and support for visitors on arrival at the prison. Staff were available to answer visitors' questions and explain the visits process. Entry procedures and searching were respectful. The prison had conducted a visitors' survey in the previous six months, and this had provided positive feedback.
- 4.3 PACT ran the shop in the visits hall where visitors could buy refreshments. The hall was spacious and comfortable, with a children's area stocked with toys. PACT provided a fully trained member of staff who was available to supervise children during all visits.
- 4.4 The longer, four-hour, family visits were good and creatively themed. There were adult-only as well as children's sessions. These visits were open to all prisoners, regardless of their incentives and earned privileges level. There had been 13 family visits in the previous year, an increase from four at the time of the previous inspection. Some family visits had been facilitated on the specialist units, to enable prisoners to show families where they lived.
- 4.5 The prison monitored the number of prisoners who did not access visits, and had engaged with them to understand the reasons behind this.
- 4.6 In addition to the Storybook Dads and Lily Pad Story Books for Children schemes to help prisoners to build relationships with their children (see paragraph 3.2), there was also an initiative to help them to buy their children a present which could be gift wrapped and given to them on a visit.
- 4.7 Telephones on the residential units had suitable privacy screening for calls to family members. However, because of regime curtailments (see section on time out of cell and

main recommendation S56), prisoners could not always make calls in the evenings, when friends and families were available.

Reducing risk, rehabilitation and progression

Expected outcomes:

Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

- 4.8** All prisoners were serving indeterminate sentences, and about 90% were assessed as presenting a high or very high risk of harm to others. Most of those serving an indeterminate sentence for public protection were over their tariff expiry date.
- 4.9** In the past, the establishment had specialised in the management of indeterminate-sentenced prisoners who were near their tariff expiry date and needed to complete offending behaviour programmes in order to progress further. However, population pressures nationally had led to prisoners being sent to the prison much earlier in their sentence, often within the first couple of years. Half of all prisoners were now in the first few years of sentence and had more than 10 years left to their tariff date. This shift in the population had presented some specific challenges to the strategic management of reducing reoffending (see section on interventions).
- 4.10** Oversight of reducing reoffending was reasonably good. There had not been a head of reducing reoffending for several months, although one had taken up the post just before the inspection. However, monthly reducing reoffending committee meetings had been sustained, provided reasonably good oversight of the work and were fairly well attended.
- 4.11** A new reducing reoffending strategy had been written very recently. As it was so new, it was not yet comprehensive but it provided a useful overview of the new population held at the establishment. The strategy was not yet fully informed by offending-related needs analyses, and there was no detailed action plan setting out the full range of priorities across all of the resettlement pathways.
- 4.12** Given the high-risk, long-term population, the provision of good-quality offender management was particularly important. However, the offender management unit (OMU) team was small, with uniformed offender supervisors carrying large caseloads, usually over 100 each. Staff shortages, sickness and ongoing cross-deployment of uniformed offender supervisors (see main recommendation S56) hindered effective offender management, and the overall quality of work was not sufficiently good in too many cases. The quality of offender supervisor work varied too widely, which meant that some prisoners received a reasonably good service while others were left to drift, often for many years. There was little management oversight of the quality of the work and too little prioritisation of offender supervisors' workloads. The case administration team was strong and often undertook additional work to try to cover for weaknesses in the offender supervisor team.
- 4.13** The large backlog of offender assessment system (OASys) assessments we found at the time of the previous inspection had been addressed, and currently only 58 prisoners out of 704 did not have an up-to-date assessment. However, 40 of these were the responsibility of the OMU, and this number had been gradually increasing over recent months. Without remedial action, this backlog was likely to grow.
- 4.14** In our survey, almost all prisoners said that they had a sentence plan and most knew what they needed to do to achieve their targets. Plans were of a reasonably good quality, with

appropriate targets relevant to the individual prisoner. However, some prisoners did not have an annual progress review of their plan, which limited their sense of engagement and progression.

- 4.15** The minimum expectation of contact levels was once a year, which was very low, but was still not achieved in many of the cases we looked at. There was also an expectation of contact within 10 days of arrival but, again, this was not consistently achieved by all offender supervisors. Contact was reasonably good in the lead-up to an event within the sentence, such as a parole board hearing, but in other cases it was poor, with no recorded contact, encouragement or motivation for well over a year, and many of the prisoners we spoke to were frustrated by this. Contact levels with prisoners arriving early on in their sentence, those who were not engaging with interventions or those who were over their tariff expiry date were also not good enough. There was too little prioritisation of case management work. Uniformed offender supervisors were not trained in motivational work to promote prisoner engagement and progression. The two probation officers carried smaller caseloads, as they undertook public protection work. Their level of contact with prisoners tended to be better.
- 4.16** Public protection was a clear priority, given the nature of the population. The screening of prisoners on arrival was managed well and contact restrictions were applied with approval from the interdepartmental risk management team (IRMT). However, the IRMT meeting was not well attended, which limited information exchange and intelligence gathering across the prison. Restrictions were removed when information suggested that it was safe to do so, and some requests from multi-agency public protection arrangements (MAPPA) led to restrictions being reinstated when it was judged to be in the interests of protecting victims.
- 4.17** Recategorisation reviews were up to date and of reasonably high quality, with good information gathering and defensible decisions. However, not enough was done to ensure that prisoners were fully involved in the process, so that they understood the steps that they needed to take to progress.
- 4.18** Good efforts were made to secure progressive transfers to lower security prisons, and in the previous two months 17 prisoners had moved on. However, some prisoners experienced delays in transfer due to issues beyond the control of the prison. For example, at the time of the inspection, the lack of places in open prisons nationally, and difficulties in securing transport, had resulted in eight category D prisoners staying for too long in category B conditions. Some category C prisoners were not accepted at their proposed prisons, and the reasons for this were sometimes unclear.

Recommendations

- 4.19 Oversight of offender management should be improved and a strategy to prioritise offender supervisor workloads should be implemented. The work should be of consistently high quality, with meaningful contact and a clear focus on motivation and progression.**
- 4.20 Progressive transfers of indeterminate-sentenced prisoners should not be delayed because of a lack of places in suitable prisons or a lack of available escort transport.**

Interventions

Expected outcomes:

Prisoners are able to access interventions designed to promote successful rehabilitation.

- 4.21** An impressive range of accredited offending behaviour programmes was available, including Kaizen violence, Kaizen intimate partner violence and the Healthy Relationship Programme. The New Me Strengths programme had been piloted and was due to be delivered later in the year, after staff training was complete. This and the Becoming New Me Plus programme would support prisoners with learning difficulties. The Kaizen programmes were rolling out to full capacity following the pilot phase.
- 4.22** However, the range of programmes had not been reviewed to meet the needs of the changed population at the establishment. It was proving difficult to find enough prisoners to participate in the current programmes as many were unsuitable, being very early in their sentence or in denial of their conviction. There was a lack of motivational work with these prisoners. A national review within the long-term and high security prisons was under way to rectify these problems and establish a more appropriate range of programmes at the establishment.
- 4.23** The prioritisation of programme places was well managed and there was a useful database of prisoner needs to help identify prisoners suitable for programmes.
- 4.24** There was no need for accommodation services as very few prisoners were released into the community, and those arriving had generally already dealt with their housing issues at local prisons. Any release plan was overseen by the parole board, and nearly all prisoners released went to approved premises.
- 4.25** There was no provision for setting up benefit claims on release and we were not confident that this was always resolved by the community-based offender manager ahead of the release date. A very small number of prisoners had opened a bank account while at the establishment.

Recommendation

- 4.26 The range of offending behaviour programmes should fully reflect the needs of the changed population at the establishment.**

Offender personality disorder units

Expected outcomes:

Personality disorder units and therapeutic communities provide a safe, respectful and purposeful environment which allows prisoners to confront their offending behaviour.

- 4.27** The establishment had two accredited therapeutic communities. The Gartree therapeutic community (GTC) was a 25-bed, high-intensity offending behaviour programme for prisoners with long-standing emotional and relationship difficulties that had led to their violent offending. The other therapeutic community, TC+, had space for 12 prisoners and specialised in supporting prisoners with a low IQ and learning difficulties. The aim of the two communities was to improve behaviour management through positive relationships and overcoming maladaptive coping strategies. The TC+ worked responsively with prisoners to promote individual behaviour change and positive coping strategies through proactive staff coaching and teaching which met different learning styles.

- 4.28** The prison also provided the psychologically informed planned environment (PIPE) unit and, together with the GTC and TC+, was part of the offender personality disorder pathway, with a total of 100 places available across the three units.
- 4.29** Those living on the three units were positive about the impact that the environments had on their sentence progression, but staff redeployment and prison regime curtailments undermined the therapeutic nature of the units and limited the amount of time that staff could spend on this work (see main recommendation S56).
- 4.30** All three units were staffed by a combination of specially selected and trained prison officers and clinical therapists, including psychologists. The criteria for admission included having personality disorder traits that contributed to offending behaviour, and being motivated to address these within a community setting. Prisoners were assessed before admission and then completed a further assessment period on the units.
- 4.31** Both therapeutic communities provided group interventions on weekdays, supplemented by individual key work. Residents on the GTC completed group work in the mornings and then engaged in the normal prison regime, including work or education, in the afternoons. The TC+ catered for prisoners who could not engage effectively in other offending behaviour programmes, and they received a range of interventions throughout the day.
- 4.32** The PIPE unit presented a progressive move for prisoners who had completed intensive offender behaviour programmes, so that they could practise and develop the skills they had learnt on those programmes.
- 4.33** There was too little joint working between uniformed offender supervisors and staff on the GTC, TC+ and the PIPE.

Release planning

Expected outcomes:

The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

- 4.34** Hardly any prisoners were released into the community from the establishment as most progressed to lower security prisons first. However, unusually, six prisoners had been released in the previous six months. All of these releases had been approved by the parole board, so they had had clear risk management release plans in place, with the involvement of the community-based offender manager. There was one prisoner due for release shortly after the inspection. He was being released to a PIPE hostel in the community and would receive resettlement support and oversight during his time there.

Section 5. Summary of recommendations and good practice

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

Main recommendation To health commissioner and health provider

- 5.1** The commissioner and health provider should ensure that there are effective governance processes and sufficient competent and well-supported staff to provide a safe health service that promptly identifies and meets prisoners' health and social care needs. (S55)

Main recommendation To HMPPS

- 5.2** Gartree should have sufficient staff to be able to run its full and predictable regime. (S56)

Main recommendations To the governor

- 5.3** A comprehensive violence reduction strategy and action plan should be developed and shared with staff. Actions should be monitored for their effectiveness in making the prison safer. (S53)
- 5.4** The reasons for the dramatic rise in self-harm should be investigated and understood, and actions implemented to reduce it. The management and care of prisoners subject to assessment, care in custody and teamwork (ACCT) procedures should be improved, with consistent case management and effective use of care plans with achievable goals and targets. (S54)

Recommendations To HMPPS

Reducing risk, rehabilitation and progression

- 5.5** Progressive transfers of indeterminate-sentenced prisoners should not be delayed because of a lack of places in suitable prisons or a lack of available escort transport. (4.20)

Interventions

- 5.6** The range of offending behaviour programmes should fully reflect the needs of the changed population at Gartree. (4.26)

Recommendations

To the governor

Early days in custody

- 5.7** All new arrivals should be supported by staff and peer workers during their reception and first night, receive a thorough first night safety assessment and be located in clean, fully equipped cells. (1.8)
- 5.8** All new arrivals should receive a comprehensive and coordinated induction, with good peer worker involvement overseen by staff. (1.9)

Managing behaviour

- 5.9** Comprehensive support plans for victims of violence and antisocial behaviour, including those who are self-isolating, should be introduced and monitored routinely. (1.17)
- 5.10** Analysis of adjudication data should be improved, to identify deficiencies in the process, and the adjudications standardisation meeting should implement and monitor a clear plan for recovery. (1.21)
- 5.11** The use of force monitoring meeting should be sufficiently multidisciplinary and frequent, to ensure good oversight of all uses of force and special accommodation. (1.27)
- 5.12** Prisoners segregated for longer than four weeks should have a care plan, including purposeful activity, to prevent their psychological deterioration. (1.31, repeated recommendation 1.57)
- 5.13** All segregated prisoners, regardless of location, should have access to the statutory segregation regime. (1.32)

Security

- 5.14** The prison should be able to account for all prisoners at roll checks promptly and accurately. (1.41)
- 5.15** There should be an up-to-date and detailed drug supply reduction strategy and supporting action plan, which should be monitored actively to ensure that all required actions, including drug testing, take place. (1.42)

Safeguarding

- 5.16** Prisoners requiring constant supervision should be located in appropriate environments which support recovery. (1.49)
- 5.17** Managers should regularly scrutinise the reasons for prisoners on open ACCT documents to be held in segregation and assure themselves that the location is due to exceptional circumstances and for the shortest time possible. (1.50, repeated recommendation, 1.55)
- 5.18** The prison's emergency response procedures should implement national HM Prisons and Probation Service guidance. (1.51)
- 5.19** Formal procedures to protect adults at risk of harm, abuse or neglect should be implemented. (1.53)

Staff-prisoner relationships

- 5.20** Residential staff should be visible on all wing landings, to support and supervise prisoners. (2.5)

Daily life

- 5.21** Residential units and outside areas should be kept clean and free of litter and debris. (2.11)
- 5.22** Shower areas should be decorated and have privacy screening and sufficient ventilation. (2.12)
- 5.23** Halal and non-halal items should be stored and prepared separately in the kitchen. (2.19)
- 5.24** Self-catering facilities should be clean, with equipment that is fit for purpose. (2.20)
- 5.25** The applications process should be tracked, to ensure that prisoners receive timely responses. (2.27)
- 5.26** Responses to complaints should be processed within required timescales. (2.28)
- 5.27** Prisoners should be able to have a private legal visit. (2.29)

Equality, diversity and faith

- 5.28** There should be an equality and diversity policy that outlines how the needs of all protected groups will be recognised and addressed. (2.35, repeated recommendation 2.19)
- 5.29** Prisoners' treatment and conditions, including access to employment and offender management, should be monitored and analysed, to ensure equal outcomes for all protected groups. (2.36)
- 5.30** Prisoner forums for all protected characteristics should be advertised and take place regularly. (2.42)
- 5.31** The prison should investigate and address the reasons for protected groups' negative perceptions. (2.43, repeated recommendation 2.31)
- 5.32** Reasonable adjustments should be made for prisoners who need them, and all prisoners requiring a personal emergency evacuation plan should have an up-to-date plan which is clearly identifiable to wing staff. (2.44)
- 5.33** Buddies should have appropriate oversight, including a job description outlining their duties, and regular supervision. (2.45)

Health, well-being and social care

- 5.34** There should be a programme of regular clinical audits, including infection prevention and control. (2.63)
- 5.35** Health promotion material should be available throughout the prison, in a variety of languages and formats, to meet the needs of the prison population. (2.68)

- 5.36** Prisoners should have consistent access to NHS health checks, and disease prevention and screening programmes. (2.69)
- 5.37** Condoms should be easily available and well advertised. (2.70)
- 5.38** Prisoners should be provided with information about health services on reception. (2.79)
- 5.39** Prisoners with long-term conditions should be clearly identified and receive personalised care planning, to ensure that their needs are met. (2.80)
- 5.40** There should be a palliative care policy, to ensure that patients with a life-limiting condition are identified and cared for appropriately. (2.81)
- 5.41** A memorandum of understanding should be formally agreed between the social care provider, the prison and the local authority, to ensure that social care needs are met consistently. (2.86)
- 5.42** Prisoners with social care needs should have a personalised care plan with clear goals, which is reviewed regularly. (2.87)
- 5.43** Patients with mental health problems should have prompt access to an appropriate range of support that meets their identified needs, including one-to-one support, group work and psychologically informed interventions, through a regularly reviewed and individualised care plan. (2.94)
- 5.44** Patients requiring transfer under the Mental Health Act should be assessed and transferred within agreed Department of Health time frames. (2.95)
- 5.45** Prisoners with substance use issues should have easy access to a comprehensive range of interventions to meet their assessed needs, including high-intensity group work, peer support and family work. Clinical support should be underpinned by locally agreed and regularly reviewed policies and pathways which reflect national guidance. (2.103)
- 5.46** In-possession risk assessments, which consider the risks of the drug as well as the patient, should be completed routinely, in line with the policy, and recorded accurately in patient records. (2.116)
- 5.47** Medications given on the segregation unit and on residential wings should be transported securely and administered appropriately. (2.117)
- 5.48** A medicines management committee should be convened regularly, to ensure that patient safety and professional standards are maintained. (2.118)
- 5.49** A wider range of medicines should be available for nurses and pharmacy staff to administer without a prescription, when clinically appropriate. (2.119)

Time out of cell

- 5.50** Daytime recreational PE should not be timetabled for prisoners who should be attending work or training. (3.10, repeated recommendation 3.41)
- 5.51** The library and PE departments should gather sufficient data to enable them to understand trends and ensure that all groups within the prison population have equal access to their facilities. (3.11)

Education, skills and work activities

- 5.52** There should be sufficient full-time activity places for the prison population, and all eligible prisoners should attend. (3.23)
- 5.53** Staff supervising prisoners working in industries should systematically record and assess the progress that prisoners make in developing their practical skills and in improving their behaviour. (3.31)
- 5.54** Teachers should promote English skills in vocational lessons and workshops more effectively, to enable prisoners to improve and apply their language and written skills in the workplace. (3.32)
- 5.55** The prison should provide opportunities for prisoners employed in prison industries to gain an appropriate qualification. (3.37)
- 5.56** The prison should further promote distance learning courses. (3.38)
- 5.57** Prison and college managers should identify the reasons for any differences in achievement rates between different groups of prisoners and take appropriate steps to minimise these disparities. (3.44)

Reducing risk, rehabilitation and progression

- 5.58** Oversight of offender management should be improved and a strategy to prioritise offender supervisor workloads should be implemented. The work should be of consistently high quality, with meaningful contact and a clear focus on motivation and progression. (4.19)

Interventions

- 5.59** The range of offending behaviour programmes should fully reflect the needs of the changed population at the establishment. (4.26)

Examples of good practice

Security

- 5.60** Prisoners suspected of the illicit trading of medications and those susceptible to bullying for their medication were closely monitored as ‘treatment nominals’. (1.43)

Time out of cell

- 5.61** The Lily Pad Story Books for Children initiative was a positive and creative use of prisoners’ time which supported their contact with their children and families. (3.12)

Section 6. Appendices

Appendix I: Inspection team

Alison Perry	Team leader
Paul Rowlands	Inspector
Jonathan Tickner	Inspector
Sandra Fieldhouse	Inspector
Caroline Wright	Inspector
Kam Sarai	Inspector
Laura Green	Researcher
Joe Simmonds	Researcher
Anna Fenton	Researcher
Tamara al Janabi	Researcher
Elizabeth Walsh	Lead health and social care inspector
Majella Pearce	Health and social care inspector
Sean Bradley	Dentist
Matthew Tedstone	Care Quality Commission inspector
Dayni Johnson	Care Quality Commission inspector
Jai Sharda	Ofsted inspector
Malcolm Bruce	Ofsted inspector
Sheila Campbell	Ofsted inspector
Martyn Griffiths	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. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2014, most prisoners said they felt safe at Gartree. The transfer and reception experience was mostly positive. Prisoners felt safe on their first night and their induction was appropriate. There were a low number of violent incidents, and arrangements to support victims of bullying were reasonably good. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) had no access to prisoners at night, but the care of prisoners in crisis was mostly positive. Security and disciplinary procedures were broadly proportionate. Prisoners held in the segregation unit spoke positively about staff support. Prisoners expressed strong views that illegal drugs were still too readily available. Outcomes for prisoners were good against this healthy prison test.

Recommendations

The prison should regularly review learning points from deaths in custody recommendations. (1.23)
Not achieved

Prisoners should have unrestricted access to Listeners, as well as a care suite. (1.24)
Achieved

There should be a detailed substances supply reduction strategy, which is actively monitored to ensure that required actions, including drug testing and searching, take place. (1.35)
Not achieved

The security committee should scrutinise monitoring reports, including intelligence assessments, actively and regularly, and these discussions should be recorded. (1.36)
Achieved

There should be sufficient opportunities for all prisoners to demonstrate their commitment to rehabilitation. (1.41)
Achieved

The adjudications standardisation meeting should analyse adjudication data to identify trends and patterns and take action where required. (1.45)
Not achieved

The security committee should scrutinise the use of force, and particularly special accommodation, actively and regularly. (1.49)
Not achieved

Managers should regularly scrutinise the reasons for prisoners on open ACCT documents to be held in segregation and assure themselves that the location is due to exceptional circumstances and for the shortest time possible. (1.55)

Not achieved (recommendation repeated, 1.50)

The segregation unit exercise yards and showers should be substantially improved. (1.56)

Not achieved

Prisoners segregated for longer than four weeks should have a care plan, including purposeful activity, to prevent their psychological deterioration. (1.57)

Not achieved (recommendation repeated, 1.31)

Prescribing regimes for opiate-dependent prisoners should be flexible and based on individual need. (1.64)

Achieved

Provision of counselling services should be increased to reduce waiting times. (1.65).

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2014, most areas of the prison were very clean but cells in the old accommodation were very small. Staff- prisoner engagement was very good. Strategic arrangements for equality and diversity work were mostly good but perceptions were generally more negative from minority groups and we found some evidence to support their concerns. Faith provision was good and appreciated by most prisoners. Health services were much better than we normally see. Many prisoners were critical about the food, and the prison shop provided an adequate service. Outcomes for prisoners were good against this healthy prison test.

Recommendations

In-cell toilets should be screened. (2.7)

Not achieved

The cost of telephone calls for prisoners phoning overseas should be reduced. (2.8)

Not achieved

There should be an equality and diversity policy that outlines how the needs of all protected groups will be recognised and addressed. (2.19)

Not achieved (recommendation repeated, 2.35)

Prisoners' treatment and conditions, including access to employment and offender management, should be monitored and analysed to ensure equal outcomes for all protected groups. (2.20)

Not achieved

The prison should investigate and address the reasons for protected groups' negative perceptions. (2.31)

Not achieved (recommendation repeated, 2.43)

Reasonable adjustments should be made for prisoners with disabilities. (2.32)

Not achieved

The prison should assess the needs of young adults and, where necessary, give them support to ensure they are treated equitably. (2.33)

Not achieved

All complaints should be investigated and responded to, and quality assurance should be robust. Complainants who use inappropriate language should be given constructive feedback. (2.42)

Partially achieved

Prisoners should have access to health care information and health promotion material in a range of languages. (2.53)

Not achieved

The escort arrangements for outside hospital appointments should be managed effectively to avoid unnecessary cancellations. (2.59)

Achieved

Prisoners should be able to see a pharmacist on request. (2.65)

Achieved

In-possession medication risk assessments should be reviewed at appropriate intervals, and the policy should reflect this. (2.66)

Not achieved

Patient group directions should be implemented to allow registered nurses to supply more potent medicines. (2.67)

Not achieved

The prison should explore and address prisoners' negative perceptions of the food. (2.83)

Achieved

Breakfast should be served on the day it is to be eaten. (2.84)

Not achieved

Improved self-catering facilities should be provided, with hotplates and adequate cold storage. (2.85)

Not achieved

Prisoners should be able to eat meals together. (2.86)

Achieved

Prisoners should not be charged an administration fee for catalogue orders. (2.90)

Not achieved

Purposeful activity

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

At the last inspection, in 2014, there were insufficient activity places and too many prisoners were locked up during the core day. Sequencing arrangements for all activities were ineffective. The range of education was limited and work provision was mostly low level. Teaching in education and coaching in vocational training were mostly good. Achievement rates overall were good. The library was well resourced and prisoners had sufficient access. The gym offered good opportunities for recreational PE but no vocational courses. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

There should be enough purposeful activity, including vocational training opportunities, to engage all prisoners throughout the working day. (S38)

Not achieved

Activities should be effectively allocated and sequenced to maximise the use of available places. (S39)

Partially achieved

Recommendations

All prisoners, especially those in segregation, should be offered at least one hour's exercise in the open air every day, during daylight hours. (3.5)

Not achieved

Contract work should be more purposeful and fully occupy prisoners throughout the working day. (3.18)

Partially achieved

The quality of teaching, learning and assessment should be improved to a consistently good standard across all the provision through the identification and sharing of best practice. (3.26)

Achieved

Provision in English for speakers of other languages (ESOL) should be improved to meet the needs of all prisoners. (3.27)

Achieved

The success rates on ESOL, English and mathematics courses should be improved. (3.30)

Achieved

Daytime recreational PE should not be timetabled for prisoners who should be attending work or training. (3.41)

Not achieved (recommendation repeated, 3.10)

The prison should provide accredited vocational PE courses for prisoners. (3.42)

Achieved

Resettlement

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

At the last inspection, in 2014, the reducing reoffending policy was clear and incorporated the work of offender management. There was a large offender assessment system (OASys) backlog but we acknowledged the prison was addressing this and that it was made more demanding due to the needs of the complex long-term population. Public protection arrangements were good. Resettlement pathway provision was appropriate for the population, and support for maintaining ties with children and families was good. There was a suitable range of offending behaviour programmes. Provision on the therapeutic communities and the psychologically informed planned environment (PIPE) unit was positive. Outcomes for prisoners were good against this healthy prison test.

Recommendations

There should be quality assurance of the contributions to sentence planning. (4.16)

Not achieved

Sentence planning targets should be clear, specific and measurable. (4.17)

Achieved

The prison should ensure that prisoners who are beyond their tariff are prioritised for contact and engagement to facilitate their progress. (4.18)

Not achieved

Prisoners leaving Gartree for accumulated visits should be able to return to their original cell and employment. (4.33)

Achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider: Care & Custody (Health) Limited

Location: HMP Gartree

Location ID: 1-3509143748

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 17- Good Governance

17(2)(a) Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

17(2)(f) Evaluate and improve practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e) of this regulation.

How the regulation was not being met:

Overall, governance systems were insufficient and the provider did not have adequate oversight of the service.

We found that there was no audit programme in place to monitor and improve the quality and safety of services. Incidents and complaints were recorded appropriately; however we did not see evidence that lessons were learned from these to inform service delivery. Patient forum feedback was not analysed or used to develop the service. Regular team meetings were not in place to share learning and provide an opportunity for staff to express their views.

There was no system in place to ensure that in-possession medication risk assessments were completed for all patients and reviewed regularly. There was no safe system for the secondary dispensing of medicines to patients in the segregation

unit. This issue was known to management however insufficient action had been taken to improve the process.

Infection control standards were not met in all clinical areas; whilst the provider was aware of inadequate standards, no action had been taken to make improvements or seek an alternative arrangement.

A number of recommendations from a Health Needs Analysis in 2016, and an NHSE Quality Visit in March 2017 had not been met, and the service action plan did not ensure sufficient progress against the actions listed.

Policies were not sufficiently localised to guide and support staff working within a prison environment.

Regulation 18- Staffing

18(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed.

18(2) Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

How the regulation was not being met:

There were insufficient numbers of staff deployed to meet the needs of the service which had resulted in the delivery of care being prioritised around the administration of medicines and crisis management.

The provider had not completed a training needs analysis or agreed a training programme for staff working within the service. Staff were not supported to access training. Staff had completed only basic life support training since the beginning of the contract. Staff skills mix had not been reviewed to help ensure staff were competent and skilled in their roles.

There was no regular formal clinical or managerial supervision for nursing staff.

Appendix IV: Photographs

Clothing and sheets tangled in barbed wire outside A–D wings.



Self-catering facilities on B wing.



Cell on B wing.



Appendix V: 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		696	98.9
Recall		7	1.0
Convicted unsentenced		1	0.1
Remand			
Civil prisoners			
Detainees			
Total		704	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced			
Less than six months			
six months to less than 12 months			
12 months to less than 2 years			
2 years to less than 4 years			
4 years to less than 10 years			
10 years and over (not life)			
ISPP (indeterminate sentence for public protection)		63	8.9
Life		641	91.1
Total		704	100%

Age	Number of prisoners	%
Under 21 years	0	0%
21 years to 29 years	138	19.6
30 years to 39 years	220	31.3
40 years to 49 years	164	23.3
50 years to 59 years	123	17.4
60 years to 69 years	49	7.0
70 plus years	10	1.4
Total	704	100
Please state minimum age here:	21	
Please state maximum age here:	76	

Nationality	18–20-year-olds	21 and over	%
British		593	84.2
Foreign nationals		111	15.8
Total		704	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced			
Category A			
Category B		616	87.5
Category C		72	10.2
Category D		16	2.3
Other			
Total		704	100%

Ethnicity	18–20-year-olds	21 and over	%
White			
British		412	58.5
Irish		7	1.0
Gypsy/Irish Traveller		9	1.3
Other white		39	5.5
Mixed			
White and black Caribbean		16	2.3
White and black African		2	0.3
White and Asian			
Other mixed		7	1.0
Asian or Asian British			
Indian		23	3.3
Pakistani		20	2.8
Bangladeshi		3	0.4
Chinese		7	1.0
Other Asian		24	3.4
Black or black British			
Caribbean		76	10.8
African		29	4.1
Other black		25	3.6
Other ethnic group			
Arab		2	0.3
Other ethnic group		1	0.1
Not stated		2	0.3
Total		704	100

Religion	18–20-year-olds	21 and over	%
Baptist		1	0.1
Church of England		158	22.4
Roman Catholic		90	12.8
Other Christian denominations		89	12.7
Muslim		135	19.2
Sikh		9	1.3
Hindu		5	0.7
Buddhist		36	5.1
Jewish		4	0.6
Other		24	3.4
No religion		153	21.7
Total		704	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)	No data		
Total			

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			7	1.0
1 month to 3 months			34	4.8
3 months to six months			62	8.8
six months to 1 year			65	9.2
1 year to 2 years			150	21.4
2 years to 4 years			143	20.3
4 years or more			240	34.1
Other			3	0.4
Total			704	100

Sentenced prisoners only

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

Unsentenced prisoners only

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

Main offence	18–20-year-olds	21 and over	%
Violence against the person	No data		
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded /holding warrant			
Total			

Appendix VI: Prisoner survey methodology and results

Prisoner survey methodology

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection.

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.¹²

The questionnaire is available in 14 languages and can also be administered via a telephone translation service if necessary.

The questionnaire was revised during 2016–17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a robust statistical formula HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment.¹³ In smaller establishments we may offer a questionnaire to the entire population.

Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity.¹⁴ Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 13 November 2017 the prisoner population at HMP Gartree was 708. Using the sampling method described above, questionnaires were distributed to 202 prisoners. We received a total of 167 completed questionnaires, a response rate of 83%. This included one

¹² Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

¹³ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

¹⁴ For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

questionnaire completed via face-to-face interview. 15 prisoners declined to participate in the survey and 20 questionnaires were either not returned at all, or returned blank.

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Gartree. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.¹⁵ Missing responses have been excluded from all analyses and for some questions, responses from a sub-group of the sample are reported (as indicated in the data).

Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

Responses from HMP Gartree 2017¹⁶ compared with those from other HMI Prisons surveys¹⁷

- Survey responses from HMP Gartree in 2017 compared with survey responses from the most recent inspection at all other category B training prisons.
- Survey responses from HMP Gartree in 2017 compared with survey responses from HMP Gartree in 2014.

Comparisons between different residential locations within HMP Gartree 2017

- Responses of prisoners on A, B, C and D wings compared with those from the rest of the establishment.

Comparisons between sub-populations of prisoners within HMP Gartree 2017¹⁸

- White prisoners' responses compared with those of prisoners from black or minority ethnic groups.
- British nationals' responses compared with those of foreign nationals.
- Muslim prisoners' responses compared with those of non-Muslim prisoners.
- Disabled prisoners' responses compared with those who do not have a disability.
- Responses of prisoners with mental health problems compared with those who do not have mental health problems.
- Responses of prisoners aged 50 and over compared with those under 50.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.¹⁹

In the comparator analyses, statistically significant differences are indicated by shading.²⁰ Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant

¹⁵ Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

¹⁶ Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

¹⁷ These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

¹⁸ These analyses are carried out on summary data from selected survey questions only.

¹⁹ A minimum of 10 responses which must also represent at least 10% of the total response.

²⁰ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

Survey summary

Background information

I.1	What wing or houseblock are you currently living on?	
	A Wing	23 (14%)
	B Wing.....	22 (13%)
	C Wing.....	23 (14%)
	D Wing.....	23 (14%)
	G Wing.....	26 (16%)
	H Wing.....	31 (19%)
	I Wing	6 (4%)
	TC and TC+.....	11 (7%)
	Segregation unit.....	2 (1%)
I.2	How old are you?	
	Under 21	1 (1%)
	21 - 25.....	11 (7%)
	26 - 29.....	16 (10%)
	30 - 39.....	60 (36%)
	40 - 49.....	39 (23%)
	50 - 59.....	25 (15%)
	60 - 69.....	14 (8%)
	70 or over.....	1 (1%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British.....	101 (63%)
	White - Irish.....	2 (1%)
	White - Gypsy or Irish Traveller.....	4 (2%)
	White - any other White background.....	4 (2%)
	Mixed - White and Black Caribbean	5 (3%)
	Mixed - White and Black African	1 (1%)
	Mixed - White and Asian	0 (0%)
	Mixed - any other Mixed ethnic background	0 (0%)
	Asian/ Asian British - Indian.....	3 (2%)
	Asian/ Asian British - Pakistani.....	3 (2%)
	Asian/ Asian British - Bangladeshi.....	2 (1%)
	Asian/ Asian British - Chinese.....	3 (2%)
	Asian - any other Asian Background.....	0 (0%)
	Black/ Black British - Caribbean.....	19 (12%)
	Black/ Black British - African	5 (3%)
	Black - any other Black/ African/ Caribbean background.....	6 (4%)
	Arab.....	0 (0%)
	Any other ethnic group.....	3 (2%)
I.4	How long have you been in this prison?	
	Less than 6 months.....	16 (10%)
	6 months or more	146 (90%)
I.5	Are you currently serving a sentence?	
	Yes.....	165 (99%)
	Yes - on recall.....	2 (1%)
	No - on remand or awaiting sentence.....	0 (0%)
	No - immigration detainee.....	0 (0%)

1.6	How long is your sentence?	
	Less than 6 months	0 (0%)
	6 months to less than 1 year	1 (1%)
	1 year to less than 4 years	1 (1%)
	4 years to less than 10 years	2 (1%)
	10 years or more.....	30 (18%)
	IPP (indeterminate sentence for public protection).....	18 (11%)
	Life.....	115 (69%)
	Not currently serving a sentence.....	0 (0%)

Arrival and reception

2.1	Were you given up-to-date information about this prison before you came here?	
	Yes	37 (22%)
	No.....	113 (68%)
	Don't remember	15 (9%)
2.2	When you arrived at this prison, how long did you spend in reception?	
	Less than 2 hours	100 (61%)
	2 hours or more.....	40 (24%)
	Don't remember	25 (15%)
2.3	When you were searched in reception, was this done in a respectful way?	
	Yes	149 (90%)
	No.....	9 (5%)
	Don't remember	8 (5%)
2.4	Overall, how were you treated in reception?	
	Very well	62 (37%)
	Quite well	87 (52%)
	Quite badly	9 (5%)
	Very badly	1 (1%)
	Don't remember	8 (5%)
2.5	When you first arrived here, did you have any of the following problems?	
	Problems getting phone numbers	32 (19%)
	Contacting family.....	28 (17%)
	Arranging care for children or other dependants.....	3 (2%)
	Contacting employers.....	5 (3%)
	Money worries.....	17 (10%)
	Housing worries	4 (2%)
	Feeling depressed.....	39 (23%)
	Feeling suicidal	14 (8%)
	Other mental health problems	30 (18%)
	Physical health problems	22 (13%)
	Drug or alcohol problems (e.g. withdrawal)	5 (3%)
	Problems getting medication	34 (20%)
	Needing protection from other prisoners.....	7 (4%)
	Lost or delayed property	38 (23%)
	Other problems.....	21 (13%)
	Did not have any problems.....	56 (34%)
2.6	Did staff help you to deal with these problems when you first arrived?	
	Yes	41 (25%)
	No.....	65 (40%)
	Did not have any problems when I first arrived.....	56 (35%)

First night and induction

3.1	Before you were locked up on your first night here, were you offered any of the following things?			
	Tobacco or nicotine replacement.....			70 (43%)
	Toiletries / other basic items			77 (48%)
	A shower.....			82 (51%)
	A free phone call.....			50 (31%)
	Something to eat.....			118 (73%)
	The chance to see someone from health care			70 (43%)
	The chance to talk to a Listener or Samaritans.....			40 (25%)
	Support from another prisoner (e.g. Insider or buddy).....			40 (25%)
	Wasn't offered any of these things			21 (13%)
3.2	On your first night in this prison, how clean or dirty was your cell?			
	Very clean			19 (12%)
	Quite clean			73 (45%)
	Quite dirty			42 (26%)
	Very dirty.....			26 (16%)
	Don't remember			3 (2%)
3.3	Did you feel safe on your first night here?			
	Yes			136 (83%)
	No.....			23 (14%)
	Don't remember			5 (3%)
3.4	In your first few days here, did you get:			
		Yes	No	Don't remember
	Access to the prison shop / canteen?	60 (39%)	83 (54%)	11 (7%)
	Free PIN phone credit?	49 (32%)	89 (59%)	14 (9%)
	Numbers put on your PIN phone?	77 (52%)	56 (38%)	14 (10%)
3.5	Did your induction cover everything you needed to know about this prison?			
	Yes.....			112 (68%)
	No.....			47 (28%)
	Have not had an induction.....			6 (4%)

On the wing

4.1	Are you in a cell on your own?		
	Yes.....		158 (96%)
	No, I'm in a shared cell or dormitory.....		7 (4%)
4.2	Is your cell call bell normally answered within 5 minutes?		
	Yes.....		82 (51%)
	No.....		61 (38%)
	Don't know.....		18 (11%)
	Don't have a cell call bell.....		1 (1%)

4.3 Please answer the following questions about the wing or houseblock you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	125 (78%)	34 (21%)	1 (1%)
Can you shower every day?	144 (91%)	13 (8%)	1 (1%)
Do you have clean sheets every week?	98 (64%)	52 (34%)	4 (3%)
Do you get cell cleaning materials every week?	99 (62%)	58 (36%)	3 (2%)
Is it normally quiet enough for you to relax or sleep at night?	108 (70%)	46 (30%)	1 (1%)
Can you get your stored property if you need it?	58 (37%)	60 (39%)	37 (24%)

4.4 Normally, how clean or dirty are the communal / shared areas of your wing or houseblock (landings, stairs, wing showers etc.)?

Very clean	17 (11%)
Quite clean	71 (44%)
Quite dirty	46 (29%)
Very dirty	26 (16%)

Food and canteen

5.1 What is the quality of food like in this prison?

Very good	5 (3%)
Quite good	65 (41%)
Quite bad	59 (37%)
Very bad	31 (19%)

5.2 Do you get enough to eat at mealtimes?

Always	12 (7%)
Most of the time	37 (22%)
Some of the time	73 (44%)
Never	43 (26%)

5.3 Does the shop / canteen sell the things that you need?

Yes	88 (55%)
No	67 (42%)
Don't know	5 (3%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes	123 (76%)
No	38 (24%)

6.2 Are there any staff here you could turn to if you had a problem?

Yes	126 (77%)
No	37 (23%)

6.3 In the last week, has any member of staff talked to you about how you are getting on?

Yes	40 (25%)
No	123 (75%)

6.4	How helpful is your personal or named officer?	
	Very helpful.....	18 (11%)
	Quite helpful.....	25 (15%)
	Not very helpful	10 (6%)
	Not at all helpful.....	11 (7%)
	Don't know.....	18 (11%)
	Don't have a personal / named officer	80 (49%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly.....	12 (7%)
	Sometimes.....	58 (36%)
	Hardly ever.....	90 (56%)
	Don't know.....	2 (1%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes.....	74 (46%)
	No.....	87 (54%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change.....	43 (27%)
	Yes, but things don't change.....	74 (46%)
	No.....	32 (20%)
	Don't know.....	13 (8%)

Faith

7.1	What is your religion?	
	No religion.....	37 (23%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	76 (47%)
	Buddhist.....	9 (6%)
	Hindu.....	2 (1%)
	Jewish	2 (1%)
	Muslim.....	23 (14%)
	Sikh	2 (1%)
	Other	11 (7%)
7.2	Are your religious beliefs respected here?	
	Yes.....	82 (50%)
	No.....	29 (18%)
	Don't know.....	15 (9%)
	Not applicable (no religion).....	37 (23%)
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	
	Yes.....	95 (59%)
	No.....	11 (7%)
	Don't know.....	19 (12%)
	Not applicable (no religion).....	37 (23%)
7.4	Are you able to attend religious services, if you want to?	
	Yes.....	114 (70%)
	No.....	9 (6%)
	Don't know.....	2 (1%)
	Not applicable (no religion).....	37 (23%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	53 (33%)
	No	109 (67%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	80 (50%)
	No	81 (50%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes	147 (91%)
	No	14 (9%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	5 (3%)
	Quite easy	29 (18%)
	Quite difficult	55 (35%)
	Very difficult	56 (35%)
	Don't know	13 (8%)
8.5	How often do you have visits from family or friends?	
	More than once a week	2 (1%)
	About once a week	7 (4%)
	Less than once a week	100 (63%)
	Not applicable (don't get visits)	50 (31%)
8.6	Do visits usually start and finish on time?	
	Yes	23 (21%)
	No	86 (79%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	67 (66%)
	No	34 (34%)

Time out of cell

9.1	Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?	
	Yes, and these times are usually kept to	24 (15%)
	Yes, but these times are not usually kept to	125 (77%)
	No	13 (8%)
9.2	How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?	
	Less than 2 hours	20 (13%)
	2 to 6 hours	72 (46%)
	6 to 10 hours	38 (24%)
	10 hours or more	16 (10%)
	Don't know	11 (7%)
9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours	14 (9%)
	2 to 6 hours	89 (56%)
	6 to 10 hours	46 (29%)
	10 hours or more	5 (3%)
	Don't know	6 (4%)

9.4	How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?		
	None.....		2 (1%)
	1 or 2.....		17 (10%)
	3 to 5.....		33 (20%)
	More than 5.....		101 (62%)
	Don't know.....		9 (6%)
9.5	How many days in a typical week do you get association, if you want it?		
	None.....		2 (1%)
	1 or 2.....		6 (4%)
	3 to 5.....		48 (30%)
	More than 5.....		93 (58%)
	Don't know.....		12 (7%)
9.6	How many days in a typical week could you go outside for exercise, if you wanted to?		
	None.....		4 (2%)
	1 or 2.....		10 (6%)
	3 to 5.....		30 (19%)
	More than 5.....		113 (70%)
	Don't know.....		4 (2%)
9.7	Typically, how often do you go to the gym?		
	Twice a week or more.....		74 (47%)
	About once a week.....		25 (16%)
	Less than once a week.....		11 (7%)
	Never.....		48 (30%)
9.8	Typically, how often do you go to the library?		
	Twice a week or more.....		7 (4%)
	About once a week.....		101 (62%)
	Less than once a week.....		28 (17%)
	Never.....		27 (17%)
9.9	Does the library have a wide enough range of materials to meet your needs?		
	Yes.....		71 (45%)
	No.....		60 (38%)
	Don't use the library.....		27 (17%)

Applications, complaints and legal rights

10.1	Is it easy for you to make an application?			
	Yes.....		130 (80%)	
	No.....		28 (17%)	
	Don't know.....		5 (3%)	
10.2	If you have made any applications here, please answer the questions below:			
		Yes	No	Not made any applications
	Are applications usually dealt with fairly?	78 (52%)	69 (46%)	3 (2%)
	Are applications usually dealt with within 7 days?	43 (29%)	100 (68%)	3 (2%)

10.3	Is it easy for you to make a complaint?			
	Yes.....			124 (78%)
	No.....			22 (14%)
	Don't know.....			13 (8%)
10.4	If you have made any complaints here, please answer the questions below:			
		Yes	No	Not made any complaints
	Are complaints usually dealt with fairly?	32 (22%)	83 (58%)	28 (20%)
	Are complaints usually dealt with within 7 days?	22 (15%)	97 (66%)	28 (19%)
10.5	Have you ever been prevented from making a complaint here when you wanted to?			
	Yes.....			23 (15%)
	No.....			107 (70%)
	Not wanted to make a complaint.....			22 (14%)
10.6	In this prison, is it easy or difficult for you to...	Easy	Difficult	Don't know Don't need this
	Communicate with your solicitor or legal representative?	70 (45%)	30 (19%)	32 (21%) 23 (15%)
	Attend legal visits?	67 (45%)	13 (9%)	39 (26%) 31 (21%)
	Get bail information?	10 (7%)	7 (5%)	50 (37%) 69 (51%)
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?			
	Yes.....			79 (49%)
	No.....			55 (34%)
	Not had any legal letters.....			27 (17%)

Health care

11.1	How easy or difficult is it to see the following people?	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
	Doctor	5 (3%)	41 (26%)	54 (34%)	53 (34%)	5 (3%)
	Nurse	11 (7%)	65 (42%)	40 (26%)	30 (19%)	10 (6%)
	Dentist	2 (1%)	13 (8%)	39 (25%)	89 (57%)	14 (9%)
	Mental health workers	6 (4%)	14 (9%)	24 (16%)	38 (26%)	67 (45%)
11.2	What do you think of the quality of the health service from the following people?	Very good	Quite good	Quite bad	Very bad	Don't know
	Doctor	15 (9%)	48 (30%)	41 (26%)	45 (28%)	10 (6%)
	Nurse	16 (10%)	51 (32%)	37 (24%)	41 (26%)	12 (8%)
	Dentist	10 (7%)	39 (25%)	29 (19%)	50 (33%)	25 (16%)
	Mental health workers	9 (6%)	17 (11%)	16 (11%)	28 (19%)	78 (53%)
11.3	Do you have any mental health problems?					
	Yes.....					50 (32%)
	No.....					106 (68%)
11.4	Have you been helped with your mental health problems in this prison?					
	Yes.....					23 (15%)
	No.....					27 (17%)
	Don't have any mental health problems.....					106 (68%)

11.5	What do you think of the overall quality of the health services here?	
	Very good.....	7 (4%)
	Quite good.....	25 (16%)
	Quite bad.....	51 (32%)
	Very bad.....	65 (41%)
	Don't know.....	9 (6%)
Other support needs		
12.1	Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?	
	Yes.....	57 (36%)
	No.....	101 (64%)
12.2	If you have a disability, are you getting the support you need?	
	Yes.....	16 (10%)
	No.....	37 (24%)
	Don't have a disability.....	101 (66%)
12.3	Have you been on an ACCT in this prison?	
	Yes.....	25 (16%)
	No.....	129 (84%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?	
	Yes.....	14 (9%)
	No.....	12 (8%)
	Have not been on an ACCT in this prison.....	129 (83%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy.....	30 (19%)
	Quite easy.....	35 (22%)
	Quite difficult.....	2 (1%)
	Very difficult.....	3 (2%)
	Don't know.....	86 (54%)
	No Listeners at this prison.....	2 (1%)

Alcohol and drugs

13.1	Did you have an alcohol problem when you came into this prison?	
	Yes.....	14 (9%)
	No.....	145 (91%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes.....	8 (5%)
	No.....	5 (3%)
	Did not / do not have an alcohol problem.....	145 (92%)
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes.....	20 (13%)
	No.....	137 (87%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes.....	19 (12%)
	No.....	138 (88%)

13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	17 (11%)
	No	139 (89%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	16 (11%)
	No	11 (7%)
	Did not / do not have a drug problem.....	124 (82%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	63 (41%)
	Quite easy	13 (8%)
	Quite difficult	7 (5%)
	Very difficult	5 (3%)
	Don't know.....	67 (43%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	38 (25%)
	Quite easy	22 (14%)
	Quite difficult	11 (7%)
	Very difficult	8 (5%)
	Don't know.....	74 (48%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes	75 (47%)
	No	86 (53%)
14.2	Do you feel unsafe now?	
	Yes	37 (24%)
	No	119 (76%)
14.3	Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)	
	Verbal abuse	50 (32%)
	Threats or intimidation.....	47 (31%)
	Physical assault.....	29 (19%)
	Sexual assault.....	3 (2%)
	Theft of canteen or property.....	28 (18%)
	Other bullying / victimisation	24 (16%)
	Not experienced any of these from prisoners here.....	87 (56%)
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	55 (36%)
	No	99 (64%)

14.5	Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)	
	Verbal abuse	39 (26%)
	Threats or intimidation.....	33 (22%)
	Physical assault.....	8 (5%)
	Sexual assault.....	2 (1%)
	Theft of canteen or property.....	10 (7%)
	Other bullying / victimisation	37 (25%)
	Not experienced any of these from staff here.....	87 (58%)

14.6	If you were being bullied / victimised by staff here, would you report it?	
	Yes	75 (49%)
	No	79 (51%)

Behaviour management

15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	
	Yes	59 (39%)
	No.....	82 (54%)
	Don't know what the incentives / rewards are	12 (8%)

15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	
	Yes	79 (51%)
	No.....	54 (35%)
	Don't know.....	17 (11%)
	Don't know what this is	4 (3%)

15.3	Have you been physically restrained by staff in this prison in the last 6 months?	
	Yes	7 (4%)
	No.....	153 (96%)

15.4	If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?	
	Yes	2 (1%)
	No.....	4 (3%)
	Don't remember	0 (0%)
	Not been restrained here in last 6 months	153 (96%)

15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	
	Yes	8 (5%)
	No.....	150 (95%)

15.6	If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:		
		Yes	No
	Were you treated well by segregation staff?	6 (75%)	2 (25%)
	Could you shower every day?	8 (100%)	0 (0%)
	Could you go outside for exercise every day?	7 (88%)	1 (13%)
	Could you use the phone every day (if you had credit)?	7 (88%)	1 (13%)

Education, skills and work**16.1 Is it easy or difficult to get into the following activities in this prison?**

	Easy	Difficult	Don't know	Not available here
Education	115 (75%)	22 (14%)	16 (10%)	0 (0%)
Vocational or skills training	40 (27%)	43 (29%)	51 (35%)	13 (9%)
Prison job	78 (51%)	60 (39%)	14 (9%)	0 (0%)
Voluntary work outside of the prison	4 (3%)	19 (13%)	24 (17%)	97 (67%)
Paid work outside of the prison	2 (1%)	14 (10%)	25 (17%)	102 (71%)

16.2 If you have done any of these activities while in this prison, do you think they will help you on release?

	Yes, will help	No, won't help	Not done this
Education	89 (59%)	48 (32%)	15 (10%)
Vocational or skills training	66 (47%)	34 (24%)	41 (29%)
Prison job	60 (41%)	74 (51%)	12 (8%)
Voluntary work outside of the prison	23 (18%)	14 (11%)	94 (72%)
Paid work outside of the prison	20 (15%)	14 (11%)	98 (74%)

16.3 Do staff encourage you to attend education, training or work?

Yes	87 (56%)
No.....	62 (40%)
Not applicable (e.g. if you are retired, sick or on remand)	7 (4%)

Planning and progression**17.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)**

Yes	134 (86%)
No.....	21 (14%)

17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?

Yes	115 (87%)
No.....	12 (9%)
Don't know what my objectives or targets are.....	5 (4%)

17.3 Are staff here supporting you to achieve your objectives or targets?

Yes	67 (51%)
No.....	59 (45%)
Don't know what my objectives or targets are.....	5 (4%)

17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	61 (50%)	17 (14%)	45 (37%)
Other programmes	41 (36%)	19 (17%)	53 (47%)
One to one work	41 (37%)	11 (10%)	60 (54%)
Being on a specialist unit	22 (20%)	12 (11%)	75 (69%)
ROTL - day or overnight release	3 (3%)	3 (3%)	102 (94%)

Preparation for release

18.1	Do you expect to be released in the next 3 months?			
	Yes			3 (2%)
	No			147 (93%)
	Don't know			8 (5%)
18.2	How close is this prison to your home area or intended release address?			
	Very near			0 (0%)
	Quite near			0 (0%)
	Quite far			1 (50%)
	Very far			1 (50%)
18.3	Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?			
	Yes			1 (50%)
	No			1 (50%)
18.4	Are you getting help to sort out the following things for when you are released?			
		Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
	Finding accommodation	0 (0%)	1 (50%)	1 (50%)
	Getting employment	0 (0%)	1 (50%)	1 (50%)
	Setting up education or training	0 (0%)	1 (50%)	1 (50%)
	Arranging benefits	0 (0%)	1 (50%)	1 (50%)
	Sorting out finances	0 (0%)	1 (50%)	1 (50%)
	Support for drug or alcohol problems	0 (0%)	0 (0%)	1 (100%)
	Health / mental health support	0 (0%)	1 (50%)	1 (50%)
	Social care support	0 (0%)	1 (50%)	1 (50%)
	Getting back in touch with family or friends	0 (0%)	1 (50%)	1 (50%)

More about you

19.1	Do you have children under the age of 18?			
	Yes			60 (38%)
	No			96 (62%)
19.2	Are you a UK / British citizen?			
	Yes			142 (90%)
	No			16 (10%)
19.3	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?			
	Yes			6 (4%)
	No			149 (96%)
19.4	Have you ever been in the armed services (e.g. army, navy, air force)?			
	Yes			11 (7%)
	No			146 (93%)
19.5	What is your gender?			
	Male			158 (99%)
	Female			0 (0%)
	Non-binary			1 (1%)
	Other			0 (0%)

19.6	How would you describe your sexual orientation?	
	Straight / heterosexual.....	149 (95%)
	Gay / lesbian / homosexual.....	4 (3%)
	Bisexual.....	3 (2%)
	Other.....	1 (1%)
19.7	Do you identify as transgender or transsexual?	
	Yes.....	2 (1%)
	No.....	151 (99%)

Final questions about this prison

20.1	Do you think your experiences in this prison have made you more or less likely to offend in the future?	
	More likely to offend.....	9 (6%)
	Less likely to offend.....	92 (61%)
	Made no difference.....	51 (34%)

HMP Gartree 2017

Survey responses compared with those from other HMIP surveys of category B training prisons and with those from the previous survey

In this table summary statistics from HMP Gartree 2017 are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other category B training prisons (6 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.

- Summary statistics from HMP Gartree in 2017 are compared with those from HMP Gartree in 2014. Please note that we do not have comparable data for the new questions introduced in September 2017.

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167	1,272	167	161

n=number of valid responses to question (HMP Gartree 2017)

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	n=167	1%	0%	1%	0%
	Are you 25 years of age or younger?	n=167	7%		7%	
	Are you 50 years of age or older?	n=167	24%	28%	24%	21%
	Are you 70 years of age or older?	n=167	1%	4%	1%	1%
1.3	Are you from a minority ethnic group?	n=161	31%	27%	31%	33%
1.4	Have you been in this prison for less than 6 months?	n=162	10%		10%	
1.5	Are you currently serving a sentence?	n=167	100%	99%	100%	100%
	Are you on recall?	n=167	1%	4%	1%	1%
1.6	Is your sentence less than 12 months?	n=167	1%	1%	1%	0%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	n=167	11%	13%	11%	4%
7.1	Are you Muslim?	n=162	14%	13%	14%	13%
11.3	Do you have any mental health problems?	n=156	32%		32%	
12.1	Do you consider yourself to have a disability?	n=158	36%	28%	36%	22%
19.1	Do you have any children under the age of 18?	n=156	39%	46%	39%	38%
19.2	Are you a foreign national?	n=158	10%	11%	10%	13%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	n=155	4%	3%	4%	2%
19.4	Have you ever been in the armed services?	n=157	7%	7%	7%	4%
19.5	Is your gender female or non-binary?	n=159	1%		1%	
19.6	Are you homosexual, bisexual or other sexual orientation?	n=157	5%	6%	5%	3%
19.7	Do you identify as transgender or transsexual?	n=153	1%		1%	
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	n=165	22%		22%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	n=165	61%	48%	61%	64%
2.3	When you were searched in reception, was this done in a respectful way?	n=166	90%	80%	90%	87%
2.4	Overall, were you treated very / quite well in reception?	n=167	89%		89%	

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2.5	When you first arrived, did you have any problems?	n=166	66%	66%	66%	42%
2.5	Did you have problems with:					
	- Getting phone numbers?	n=166	19%	20%	19%	6%
	- Contacting family?	n=166	17%	21%	17%	11%
	- Arranging care for children or other dependents?	n=166	2%		2%	
	- Contacting employers?	n=166	3%	1%	3%	1%
	- Money worries?	n=166	10%	13%	10%	9%
	- Housing worries?	n=166	2%	6%	2%	2%
	- Feeling depressed?	n=166	24%		24%	
	- Feeling suicidal?	n=166	8%		8%	
	- Other mental health problems?	n=166	18%		18%	
	- Physical health problems	n=166	13%	15%	13%	8%
	- Drugs or alcohol (e.g. withdrawal)?	n=166	3%		3%	
	- Getting medication?	n=166	21%		21%	
	- Needing protection from other prisoners?	n=166	4%	6%	4%	1%
	- Lost or delayed property?	n=166	23%	25%	23%	12%
	<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	n=106	39%	33%	39%	60%
FIRST NIGHT AND INDUCTION						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	n=162	43%	62%	43%	47%
	- Toiletries / other basic items?	n=162	48%	53%	48%	45%
	- A shower?	n=162	51%	27%	51%	49%
	- A free phone call?	n=162	31%	38%	31%	38%
	- Something to eat?	n=162	73%	57%	73%	54%
	- The chance to see someone from health care?	n=162	43%	61%	43%	69%
	- The chance to talk to a Listener or Samaritans?	n=162	25%	32%	25%	42%
	- Support from another prisoner (e.g. Insider or buddy)?	n=162	25%		25%	
	- None of these?	n=162	13%		13%	
3.2	On your first night in this prison, was your cell very / quite clean?	n=163	56%		56%	
3.3	Did you feel safe on your first night here?	n=164	83%	75%	83%	87%
3.4	In your first few days here, did you get?					
	- Access to the prison shop / canteen?	n=154	39%	23%	39%	30%
	- Free PIN phone credit?	n=152	32%		32%	
	- Numbers put on your PIN phone?	n=147	52%		52%	
3.5	Have you had an induction at this prison?	n=165	96%	89%	96%	93%
	<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	n=159	70%		70%	

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ON THE WING						
4.1	Are you in a cell on your own?	n=165	96%		96%	
4.2	Is your cell call bell normally answered within 5 minutes?	n=162	51%	32%	51%	73%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	n=160	78%	68%	78%	85%
	- Can you shower every day?	n=158	91%	91%	91%	99%
	- Do you have clean sheets every week?	n=154	64%	55%	64%	76%
	- Do you get cell cleaning materials every week?	n=160	62%	65%	62%	68%
	- Is it normally quiet enough for you to relax or sleep at night?	n=155	70%	65%	70%	72%
	- Can you get your stored property if you need it?	n=155	37%	23%	37%	40%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=160	55%		55%	
FOOD AND CANTEEN						
5.1	Is the quality of the food in this prison very / quite good?	n=160	44%		44%	
5.2	Do you get enough to eat at meal-times always / most of the time?	n=165	30%		30%	
5.3	Does the shop / canteen sell the things that you need?	n=160	55%	49%	55%	34%
RELATIONSHIPS WITH STAFF						
6.1	Do most staff here treat you with respect?	n=161	76%	79%	76%	88%
6.2	Are there any staff here you could turn to if you had a problem?	n=163	77%	72%	77%	82%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=163	25%	28%	25%	36%
6.4	Do you have a personal officer?	n=162	51%		51%	
	<i>For those who have a personal officer:</i>					
6.4	Is your personal or named officer very / quite helpful?	n=82	52%		52%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=162	7%		7%	
6.6	Do you feel that you are treated as an individual in this prison?	n=161	46%		46%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=162	72%		72%	
	If so, do things sometimes change?	n=117	37%		37%	
FAITH						
7.1	Do you have a religion?	n=162	77%	77%	77%	80%
	<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	n=126	65%		65%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=125	76%		76%	
7.4	Are you able to attend religious services, if you want to?	n=125	91%		91%	

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CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=162	33%		33%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=161	50%	48%	50%
8.3	Are you able to use a phone every day (if you have credit)?	n=161	91%		91%
8.4	Is it very / quite easy for your family and friends to get here?	n=158	22%		22%
8.5	Do you get visits from family/friends once a week or more?	n=159	6%		6%
<i>For those who get visits:</i>					
8.6	Do visits usually start and finish on time?	n=109	21%		21%
8.7	Are your visitors usually treated respectfully by staff?	n=101	66%		66%
TIME OUT OF CELL					
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=162	92%		92%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>					
9.1	Are these times usually kept to?	n=149	16%		16%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=157	13%	9%	13%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=157	10%	18%	10%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=160	9%		9%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=160	3%		3%
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=162	62%		62%
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=161	58%		58%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=161	70%		70%
9.7	Do you typically go to the gym twice a week or more?	n=158	47%		47%
9.8	Do you typically go to the library twice a week or more?	n=163	4%	8%	4%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	n=131	54%	50%	54%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	n=163	80%	79%	80%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	n=147	53%	48%	53%
	Are applications usually dealt with within 7 days?	n=143	30%	33%	30%
10.3	Is it easy for you to make a complaint?	n=159	78%	62%	78%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	n=115	28%	26%	28%
	Are complaints usually dealt with within 7 days?	n=119	19%	21%	19%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=130	18%		18%

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HMP Gartree 2017	All other category B training prisons	HMP Gartree 2017	HMP Gartree 2014
167	1,272	167	161

<i>For those who need it, is it easy to:</i>					
10.6	Communicate with your solicitor or legal representative?	n=132	53%		53%
	Attend legal visits?	n=119	56%		56%
	Get bail information?	n=67	15%		15%
<i>For those who have had legal letters:</i>					
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=134	59%	58%	59% 57%
HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	n=158	29%		29%
	- Nurse?	n=156	49%		49%
	- Dentist?	n=157	10%		10%
	- Mental health workers?	n=149	13%		13%
11.2	Do you think the quality of the health service is very / quite good from:				
	- Doctor?	n=159	40%		40%
	- Nurse?	n=157	43%		43%
	- Dentist?	n=153	32%		32%
	- Mental health workers?	n=148	18%		18%
11.3	Do you have any mental health problems?	n=156	32%		32%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	n=50	46%		46%
11.5	Do you think the overall quality of the health services here is very / quite good?	n=157	20%		20%
OTHER SUPPORT NEEDS					
12.1	Do you consider yourself to have a disability?	n=158	36%	28%	36% 22%
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	n=53	30%		30%
12.3	Have you been on an ACCT in this prison?	n=154	16%		16%
<i>For those who have been on an ACCT:</i>					
12.4	Did you feel cared for by staff?	n=26	54%		54%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=158	41%		41%
ALCOHOL AND DRUGS					
13.1	Did you have an alcohol problem when you came into this prison?	n=159	9%	15%	9% 18%
<i>For those who had / have an alcohol problem:</i>					
13.2	Have you been helped with your alcohol problem in this prison?	n=13	62%	62%	62% 76%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=157	13%	18%	13% 12%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=157	12%	11%	12% 6%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=156	11%		11%
<i>For those who had / have a drug problem:</i>					
13.6	Have you been helped with your drug problem in this prison?	n=27	59%	56%	59% 91%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=155	49%		49%
13.8	Is it very / quite easy to get alcohol in this prison?	n=153	39%		39%

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Number of completed questionnaires returned

n=number of valid responses to question (HMP Gartree 2017)

HMP Gartree 2017	All other category B training prisons	HMP Gartree 2017	HMP Gartree 2014
167	1,272	167	161

SAFETY						
14.1	Have you ever felt unsafe here?	n=161	47%	50%	47%	27%
14.2	Do you feel unsafe now?	n=156	24%	25%	24%	10%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	n=154	33%		33%	
	- Threats or intimidation?	n=154	31%		31%	
	- Physical assault?	n=154	19%		19%	
	- Sexual assault?	n=154	2%		2%	
	- Theft of canteen or property?	n=154	18%		18%	
	- Other bullying / victimisation?	n=154	16%		16%	
	- Not experienced any of these from prisoners here	n=154	57%	63%	57%	77%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=154	36%		36%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	n=151	26%		26%	
	- Threats or intimidation?	n=151	22%		22%	
	- Physical assault?	n=151	5%		5%	
	- Sexual assault?	n=151	1%		1%	
	- Theft of canteen or property?	n=151	7%		7%	
	- Other bullying / victimisation?	n=151	25%		25%	
	- Not experienced any of these from staff here	n=151	58%	63%	58%	72%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=154	49%		49%	
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=153	39%		39%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=154	51%		51%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=160	4%	10%	4%	4%
	<i>For those who have been restrained in the last 6 months:</i>					
15.4	Did anyone come and talk to you about it afterwards?	n=6	33%		33%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=158	5%	20%	5%	17%
	<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>					
15.6	Were you treated well by segregation staff?	n=8	75%		75%	
	Could you shower every day?	n=8	100%		100%	
	Could you go outside for exercise every day?	n=8	88%		88%	
	Could you use the phone every day (if you had credit)?	n=8	88%		88%	

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Number of completed questionnaires returned

HMP Gartree 2017	All other category B training prisons	HMP Gartree 2017	HMP Gartree 2014
167	1,272	167	161

n=number of valid responses to question (HMP Gartree 2017)

EDUCATION, SKILLS AND WORK					
16.1	In this prison, is it easy to get into the following activities:				
	- Education?	n=153	75%		75%
	- Vocational or skills training?	n=147	27%		27%
	- Prison job?	n=152	51%		51%
	- Voluntary work outside of the prison?	n=144	3%		3%
	- Paid work outside of the prison?	n=143	1%		1%
16.2	In this prison, have you done the following activities:				
	- Education?	n=152	90%	85%	90%
	- Vocational or skills training?	n=141	71%	75%	71%
	- Prison job?	n=146	92%	89%	92%
	- Voluntary work outside of the prison?	n=131	28%		28%
	- Paid work outside of the prison?	n=132	26%		26%
<i>For those who have done the following activities, do you think they will help you on release:</i>					
	- Education?	n=137	65%	55%	65%
	- Vocational or skills training?	n=100	66%	48%	66%
	- Prison job?	n=134	45%	41%	45%
	- Voluntary work outside of the prison?	n=37	62%		62%
	- Paid work outside of the prison?	n=34	59%		59%
16.3	Do staff encourage you to attend education, training or work?			n=149	58%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?			n=155	87%
<i>For those who have a custody plan:</i>					
17.2	Do you understand what you need to do to achieve your objectives or targets?			n=132	87%
17.3	Are staff helping you to achieve your objectives or targets?			n=131	51%
17.4	In this prison, have you done:				
	- Offending behaviour programmes?	n=123	63%		63%
	- Other programmes?	n=113	53%		53%
	- One to one work?	n=112	46%		46%
	- Been on a specialist unit?	n=109	31%		31%
	- ROTL - day or overnight release?	n=108	6%		6%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>					
	- Offending behaviour programmes?	n=78	78%		78%
	- Other programmes?	n=60	68%		68%
	- One to one work?	n=52	79%		79%
	- Being on a specialist unit?	n=34	65%		65%
	- ROTL - day or overnight release?	n=6	50%		50%

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Number of completed questionnaires returned

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167	1,272	167	161

n=number of valid responses to question (HMP Gartree 2017)

PREPARATION FOR RELEASE						
18.1	Do you expect to be released in the next 3 months?	n=158	2%		2%	
<i>For those who expect to be released in the next 3 months:</i>						
18.2	Is this prison very / quite near to your home area or intended release address?	n=2	0%		0%	
18.3	Is anybody helping you to prepare for your release?	n=2	50%		50%	
18.4	Do you need help to sort out the following for when you are released:					
	- Finding accommodation?	n=2	50%		50%	
	- Getting employment?	n=2	50%		50%	
	- Setting up education or training?	n=2	50%		50%	
	- Arranging benefits?	n=2	50%		50%	
	- Sorting out finances?	n=2	50%		50%	
	- Support for drug or alcohol problems?	n=1	0%		0%	
	- Health / mental Health support?	n=2	50%		50%	
	- Social care support?	n=2	50%		50%	
	- Getting back in touch with family or friends?	n=2	50%		50%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:					
	- Finding accommodation?	n=1	0%		0%	
	- Getting employment?	n=1	0%		0%	
	- Setting up education or training?	n=1	0%		0%	
	- Arranging benefits?	n=1	0%		0%	
	- Sorting out finances?	n=1	0%		0%	
	- Support for drug or alcohol problems?	n=0				
	- Health / mental Health support?	n=1	0%		0%	
	- Social care support?	n=1	0%		0%	
	- Getting back in touch with family or friends?	n=1	0%		0%	
FINAL QUESTION ABOUT THIS PRISON						
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	n=152	61%		61%	

HMP Gartree 2017

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners from black and minority ethnic groups are compared with those of white prisoners
- Responses of foreign national prisoners are compared with those of British national prisoners

Please note that these analyses are based on summary data from selected survey questions only.

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Number of completed questionnaires returned

Black and minority ethnic	White	Foreign national	British national
50	111	16	142

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	0%	1%	0%	1%
	Are you 50 years of age or older?	16%	27%	19%	25%
1.3	Are you from a minority ethnic group?			71%	27%
7.1	Are you Muslim?	46%	0%	25%	14%
11.3	Do you have any mental health problems?	14%	40%	21%	33%
12.1	Do you consider yourself to have a disability?	10%	48%	31%	37%
19.2	Are you a foreign national?	21%	4%		
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	2%	5%	7%	4%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	86%	91%	94%	90%
2.4	Overall, were you treated very / quite well in reception?	88%	89%	100%	88%
2.5	When you first arrived, did you have any problems?	67%	65%	60%	67%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	28%	44%	43%	39%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	84%	82%	75%	84%
3.5	Have you had an induction at this prison?	98%	95%	100%	97%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	65%	73%	63%	70%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	52%	49%	50%	53%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	78%	78%	81%	78%
	- Can you shower every day?	83%	96%	88%	91%
	- Do you have clean sheets every week?	53%	68%	54%	64%
	- Do you get cell cleaning materials every week?	59%	63%	47%	63%
	- Is it normally quiet enough for you to relax or sleep at night?	78%	67%	67%	70%
	- Can you get your stored property if you need it?	25%	43%	40%	37%

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Number of completed questionnaires returned

Black and minority ethnic	White
50	111

Foreign national	British national
16	142

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	22%	34%
5.3	Does the shop / canteen sell the things that you need?	47%	60%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	64%	82%
6.2	Are there any staff here you could turn to if you had a problem?	74%	79%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	16%	28%
6.6	Do you feel that you are treated as an individual in this prison?	40%	49%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	60%	69%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	83%	71%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	30%	36%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	57%	46%
8.3	Are you able to use a phone every day (if you have credit)?	80%	96%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	64%	66%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	17%	11%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	7%	11%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	48%	60%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	76%	82%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	40%	60%
10.3	Is it easy for you to make a complaint?	77%	80%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	21%	33%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	21%	15%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	15%	36%
	- Nurse?	50%	47%
	- Dentist?	13%	9%
	- Mental health workers?	12%	15%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	43%	49%
11.5	Do you think the overall quality of the health services here is very / quite good?	17%	22%

25%	31%
47%	55%
73%	78%
81%	76%
6%	25%
44%	45%
67%	64%
80%	76%
40%	31%
20%	52%
88%	92%
73%	66%
8%	13%
15%	10%
21%	58%
63%	82%
43%	53%
63%	80%
27%	26%
0%	20%
25%	29%
50%	47%
13%	10%
8%	14%
33%	48%
13%	20%

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Number of completed questionnaires returned

Black and minority ethnic	White
50	111

Foreign national	British national
16	142

OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	0%	34%
SAFETY			
14.1	Have you ever felt unsafe here?	50%	45%
14.2	Do you feel unsafe now?	28%	20%
14.3	Not experienced bullying / victimisation by other prisoners	55%	56%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	40%	35%
14.5	Not experienced bullying / victimisation by members of staff	35%	71%
14.6	If you were being bullied / victimised by staff here, would you report it?	53%	47%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	39%	39%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	40%	59%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	2%	5%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	2%	7%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	73%	53%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	90%	84%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	49%	52%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?		50%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	62%	58%

33%	29%
50%	45%
25%	23%
54%	57%
31%	36%
21%	61%
60%	47%
33%	39%
38%	53%
0%	4%
6%	5%
67%	57%
100%	85%
39%	52%
	50%
57%	60%

HMP Gartree 2017

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Disabled prisoners' responses are compared with those of prisoners who are not disabled
- Responses of prisoners with mental health problems are compared with those of prisoners who do not have mental health problems

Please note that these analyses are based on summary data from selected survey questions only.

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Number of completed questionnaires returned

	Have a disability		Do not have a disability		Mental health problems		No mental health problems
	57		101		50		106

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	0%	1%	2%	0%
	Are you 50 years of age or older?	33%	20%	22%	25%
1.3	Are you from a minority ethnic group?	9%	45%	15%	41%
7.1	Are you Muslim?	4%	21%	6%	18%
11.3	Do you have any mental health problems?	65%	14%		
12.1	Do you consider yourself to have a disability?			71%	18%
19.2	Are you a foreign national?	9%	11%	6%	11%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	7%	2%	6%	2%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	88%	92%	90%	91%
2.4	Overall, were you treated very / quite well in reception?	88%	92%	88%	91%
2.5	When you first arrived, did you have any problems?	88%	54%	84%	56%
	<i>For those who had any problems when they first arrived:</i>				
2.6	Did staff help you to deal with these problems?	45%	35%	38%	41%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	80%	85%	76%	87%
3.5	Have you had an induction at this prison?	97%	98%	94%	99%
	<i>For those who have had an induction:</i>				
3.5	Did your induction cover everything you needed to know about this prison?	66%	72%	62%	73%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	46%	56%	48%	54%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	75%	82%	77%	81%
	- Can you shower every day?	91%	92%	89%	93%
	- Do you have clean sheets every week?	57%	67%	57%	67%
	- Do you get cell cleaning materials every week?	67%	60%	63%	62%
	- Is it normally quiet enough for you to relax or sleep at night?	50%	81%	52%	79%
	- Can you get your stored property if you need it?	39%	36%	34%	39%

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	Have a disability	Do not have a disability
Number of completed questionnaires returned	57	101

	Mental health problems	No mental health problems
	50	106

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	35%	28%
5.3	Does the shop / canteen sell the things that you need?	57%	52%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	77%	79%
6.2	Are there any staff here you could turn to if you had a problem?	72%	82%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	32%	21%
6.6	Do you feel that you are treated as an individual in this prison?	47%	46%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	73%	60%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	73%	80%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	34%	32%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	42%	51%
8.3	Are you able to use a phone every day (if you have credit)?	96%	89%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	70%	67%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	14%	10%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	11%	10%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	50%	56%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	81%	80%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	48%	55%
10.3	Is it easy for you to make a complaint?	80%	78%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	31%	26%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	18%	18%

	34%	28%	
	55%	53%	
	71%	80%	
	74%	81%	
	29%	22%	
	42%	48%	
	70%	62%	
	72%	78%	
	31%	33%	
	44%	52%	
	94%	91%	
	71%	67%	
	16%	8%	
	12%	10%	
	49%	55%	
	80%	81%	
	50%	54%	
	78%	80%	
	30%	26%	
	24%	15%	

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* less than 1% probability that the difference is due to chance

Have a disability	Do not have a disability
57	101

Mental health problems	No mental health problems
50	106

Number of completed questionnaires returned

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	37%	24%
	- Nurse?	49%	49%
	- Dentist?	13%	7%
	- Mental health workers?	17%	11%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	43%	50%
11.5	Do you think the overall quality of the health services here is very / quite good?	23%	18%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	30%	
SAFETY			
14.1	Have you ever felt unsafe here?	56%	39%
14.2	Do you feel unsafe now?	30%	19%
14.3	Not experienced bullying / victimisation by other prisoners	44%	66%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	32%	37%
14.5	Not experienced bullying / victimisation by members of staff	58%	59%
14.6	If you were being bullied / victimised by staff here, would you report it?	50%	49%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	39%	38%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	52%	51%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	5%	3%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	7%	3%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	52%	62%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	89%	86%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	43%	56%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?		100%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	53%	66%

39%	24%
53%	47%
12%	8%
20%	10%
45%	
27%	16%
19%	42%
60%	37%
34%	17%
42%	66%
30%	36%
52%	61%
49%	50%
32%	42%
48%	53%
10%	1%
12%	1%
57%	60%
82%	89%
46%	53%
	100%
54%	65%

HMP Gartree 2017

Comparison of survey responses between sub-populations of prisoners

In this table responses of prisoners aged 50 and over are compared with those of prisoners under 50
Please note that this analysis is based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

50 and over	Under 50
40	127

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.3	Are you from a minority ethnic group?	21%	34%
7.1	Are you Muslim?	5%	17%
11.3	Do you have any mental health problems?	30%	33%
12.1	Do you consider yourself to have a disability?	49%	32%
19.2	Are you a foreign national?	8%	11%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	4%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	85%	91%
2.4	Overall, were you treated very / quite well in reception?	90%	89%
2.5	When you first arrived, did you have any problems?	63%	68%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	38%	39%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	82%	83%
3.5	Have you had an induction at this prison?	97%	96%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	76%	69%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	51%	50%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	79%	78%
	- Can you shower every day?	92%	91%
	- Do you have clean sheets every week?	74%	60%
	- Do you get cell cleaning materials every week?	72%	59%
	- Is it normally quiet enough for you to relax or sleep at night?	78%	67%
	- Can you get your stored property if you need it?	49%	34%

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

50 and over	Under 50
40	127

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	49%	24%
5.3	Does the shop / canteen sell the things that you need?	68%	51%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	80%	75%
6.2	Are there any staff here you could turn to if you had a problem?	67%	81%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	26%	24%
6.6	Do you feel that you are treated as an individual in this prison?	56%	43%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	75%	62%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	81%	74%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	46%	29%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	28%	57%
8.3	Are you able to use a phone every day (if you have credit)?	100%	88%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	84%	61%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	13%	13%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	10%	10%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	50%	55%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	83%	79%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	59%	51%
10.3	Is it easy for you to make a complaint?	84%	76%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	25%	29%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	7%	21%

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* less than 1% probability that the difference is due to chance

50 and over	Under 50
40	127

Number of completed questionnaires returned

HEALTH CARE		
11.1	Is it very / quite easy to see:	
	- Doctor?	29% 29%
	- Nurse?	42% 51%
	- Dentist?	15% 8%
	- Mental health workers?	11% 14%
<i>For those who have mental health problems:</i>		
11.4	Have you been helped with your mental health problems in this prison?	27% 51%
11.5	Do you think the overall quality of the health services here is very / quite good?	26% 19%
OTHER SUPPORT NEEDS		
<i>For those who have a disability:</i>		
12.2	Are you getting the support you need?	50% 20%
SAFETY		
14.1	Have you ever felt unsafe here?	44% 48%
14.2	Do you feel unsafe now?	28% 22%
14.3	Not experienced bullying / victimisation by other prisoners	53% 58%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	56% 29%
14.5	Not experienced bullying / victimisation by members of staff	76% 52%
14.6	If you were being bullied / victimised by staff here, would you report it?	76% 40%
BEHAVIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	57% 33%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	57% 50%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	0% 6%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0% 7%
EDUCATION, SKILLS AND WORK		
16.3	Do staff encourage you to attend education, training or work?	55% 60%
PLANNING AND PROGRESSION		
17.1	Do you have a custody plan?	81% 88%
<i>For those who have a custody plan:</i>		
17.3	Are staff helping you to achieve your objectives or targets?	45% 53%
PREPARATION FOR RELEASE		
<i>For those who expect to be released in the next 3 months:</i>		
18.3	Is anybody helping you to prepare for your release?	50%
FINAL QUESTION ABOUT THIS PRISON		
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	63% 60%

HMP Gartree 2017

Comparison of survey responses between sub-populations of prisoners

In this table Muslim prisoners' responses are compared with those of non-Muslim prisoners
Please note that this analysis is based on summary data from selected survey questions only.

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Number of completed questionnaires returned

	Muslim	Non-Muslim
Number of completed questionnaires returned	23	139

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	0%	1%
	Are you 50 years of age or older?	9%	27%
1.3	Are you from a minority ethnic group?	100%	19%
7.1	Are you Muslim?		
11.3	Do you have any mental health problems?	14%	36%
12.1	Do you consider yourself to have a disability?	9%	41%
19.2	Are you a foreign national?	17%	9%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	5%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	96%	89%
2.4	Overall, were you treated very / quite well in reception?	87%	90%
2.5	When you first arrived, did you have any problems?	68%	66%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	33%	41%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	91%	81%
3.5	Have you had an induction at this prison?	100%	96%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	61%	73%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	59%	49%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	74%	79%
	- Can you shower every day?	68%	96%
	- Do you have clean sheets every week?	52%	65%
	- Do you get cell cleaning materials every week?	57%	63%
	- Is it normally quiet enough for you to relax or sleep at night?	78%	67%
	- Can you get your stored property if you need it?	23%	40%

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	Muslim	Non-Muslim
Number of completed questionnaires returned	23	139

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	13%	33%
5.3	Does the shop / canteen sell the things that you need?	41%	57%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	76%	77%
6.2	Are there any staff here you could turn to if you had a problem?	70%	79%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	13%	27%
6.6	Do you feel that you are treated as an individual in this prison?	29%	49%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	52%	69%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	91%	72%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	13%	37%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	65%	46%
8.3	Are you able to use a phone every day (if you have credit)?	70%	96%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	80%	64%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	19%	11%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	12%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	44%	56%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	70%	82%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	41%	56%
10.3	Is it easy for you to make a complaint?	78%	78%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	21%	30%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	27%	14%

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* less than 1% probability that the difference is due to chance

	Muslim	Non-Muslim
Number of completed questionnaires returned	23	139

HEALTH CARE		
11.1	Is it very / quite easy to see:	
	- Doctor?	0% 34%
	- Nurse?	36% 50%
	- Dentist?	4% 11%
	- Mental health workers?	11% 14%
<i>For those who have mental health problems:</i>		
11.4	Have you been helped with your mental health problems in this prison?	67% 45%
11.5	Do you think the overall quality of the health services here is very / quite good?	9% 23%
OTHER SUPPORT NEEDS		
<i>For those who have a disability:</i>		
12.2	Are you getting the support you need?	0% 31%
SAFETY		
14.1	Have you ever felt unsafe here?	48% 47%
14.2	Do you feel unsafe now?	19% 25%
14.3	Not experienced bullying / victimisation by other prisoners	57% 56%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	35% 36%
14.5	Not experienced bullying / victimisation by members of staff	29% 63%
14.6	If you were being bullied / victimised by staff here, would you report it?	41% 50%
BEHAVIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	40% 39%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	39% 54%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	0% 4%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0% 6%
EDUCATION, SKILLS AND WORK		
16.3	Do staff encourage you to attend education, training or work?	65% 57%
PLANNING AND PROGRESSION		
17.1	Do you have a custody plan?	91% 86%
<i>For those who have a custody plan:</i>		
17.3	Are staff helping you to achieve your objectives or targets?	53% 51%
PREPARATION FOR RELEASE		
<i>For those who expect to be released in the next 3 months:</i>		
18.3	Is anybody helping you to prepare for your release?	
FINAL QUESTION ABOUT THIS PRISON		
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	47% 62%

HMP Gartree 2017

Comparison of survey responses from different residential locations

In this table responses from A, B, C and D wings are compared with those from all other wings.

Shading is used to indicate statistical significance*, as follows:

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A, B, C and D Wings	All other wings
91	74

Number of completed questionnaires returned

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	0%	1%
	Are you 25 years of age or younger?	7%	8%
	Are you 50 years of age or older?	15%	35%
	Are you 70 years of age or older?	0%	1%
1.3	Are you from a minority ethnic group?	40%	22%
1.4	Have you been in this prison for less than 6 months?	15%	4%
1.5	Are you currently serving a sentence?	100%	100%
	Are you on recall?	1%	1%
1.6	Is your sentence less than 12 months?	1%	0%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	12%	10%
7.1	Are you Muslim?	21%	7%
11.3	Do you have any mental health problems?	30%	32%
12.1	Do you consider yourself to have a disability?	33%	39%
19.1	Do you have any children under the age of 18?	38%	39%
19.2	Are you a foreign national?	15%	4%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	5%	3%
19.4	Have you ever been in the armed services?	7%	7%
19.5	Is your gender female or non-binary?	1%	0%
19.6	Are you homosexual, bisexual or other sexual orientation?	4%	7%
19.7	Do you identify as transgender or transsexual?	1%	1%

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* less than 1% probability that the difference is due to chance

A, B, C and D Wings	All other wings
91	74

Number of completed questionnaires returned

ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	21%	24%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	60%	62%
2.3	When you were searched in reception, was this done in a respectful way?	90%	89%
2.4	Overall, were you treated very / quite well in reception?	89%	89%
2.5	When you first arrived, did you have any problems?	64%	69%
2.5	Did you have problems with:		
	- Getting phone numbers?	19%	20%
	- Contacting family?	18%	16%
	- Arranging care for children or other dependents?	2%	1%
	- Contacting employers?	1%	5%
	- Money worries?	13%	5%
	- Housing worries?	3%	1%
	- Feeling depressed?	23%	24%
	- Feeling suicidal?	8%	10%
	- Other mental health problems?	18%	19%
	- Physical health problems?	14%	12%
	- Drugs or alcohol (e.g. withdrawal)?	3%	3%
	- Getting medication?	20%	22%
	- Needing protection from other prisoners?	6%	3%
	- Lost or delayed property?	21%	26%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	42%	36%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	41%	45%
	- Toiletries / other basic items?	48%	47%
	- A shower?	48%	53%
	- A free phone call?	28%	34%
	- Something to eat?	68%	78%
	- The chance to see someone from health care?	40%	47%
	- The chance to talk to a Listener or Samaritans?	21%	29%
	- Support from another prisoner (e.g. Insider or buddy)?	25%	23%
	- None of these?	14%	12%
3.2	On your first night in this prison, was your cell very / quite clean?	57%	56%

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* less than 1% probability that the difference is due to chance

	A, B, C and D Wings	All other wings
Number of completed questionnaires returned	91	74

3.3	Did you feel safe on your first night here?	83%	82%
3.4	In your first few days here, did you get?		
	- Access to the prison shop / canteen?	33%	47%
	- Free PIN phone credit?	28%	37%
	- Numbers put on your PIN phone?	51%	54%
3.5	Have you had an induction at this prison?	96%	97%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	73%	68%
ON THE WING			
4.1	Are you in a cell on your own?	99%	92%
4.2	Is your cell call bell normally answered within 5 minutes?	48%	53%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	70%	88%
	- Can you shower every day?	88%	94%
	- Do you have clean sheets every week?	52%	77%
	- Do you get cell cleaning materials every week?	56%	68%
	- Is it normally quiet enough for you to relax or sleep at night?	70%	70%
	- Can you get your stored property if you need it?	33%	42%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	50%	61%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	43%	44%
5.2	Do you get enough to eat at meal-times always / most of the time?	30%	29%
5.3	Does the shop / canteen sell the things that you need?	54%	56%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	78%	74%
6.2	Are there any staff here you could turn to if you had a problem?	76%	80%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	23%	26%
6.4	Do you have a personal officer?	39%	65%
	<i>For those who have a personal officer:</i>		
6.4	Is your personal or named officer very / quite helpful?	29%	70%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	7%	7%
6.6	Do you feel that you are treated as an individual in this prison?	51%	40%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	68%	78%
	If so, do things sometimes change?	42%	30%

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	Blue shading shows results that are significantly more negative than the comparator
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A, B, C and D Wings	All other wings
91	74

Number of completed questionnaires returned

FAITH			
7.1	Do you have a religion?	76%	81%
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	64%	66%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	81%	71%
7.4	Are you able to attend religious services, if you want to?	91%	92%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	28%	38%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	54%	44%
8.3	Are you able to use a phone every day (if you have credit)?	89%	94%
8.4	Is it very / quite easy for your family and friends to get here?	19%	25%
8.5	Do you get visits from family/friends once a week or more?	7%	4%
<i>For those who get visits:</i>			
8.6	Do visits usually start and finish on time?	26%	17%
8.7	Are your visitors usually treated respectfully by staff?	64%	68%
TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	91%	93%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>			
9.1	Are these times usually kept to?	14%	18%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	14%	10%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	10%	11%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	8%	8%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	5%	1%
9.4	Do you have time to do domestics more than 5 days in a typical week?	60%	64%
9.5	Do you get association more than 5 days in a typical week, if you want it?	55%	62%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	69%	71%
9.7	Do you typically go to the gym twice a week or more?	44%	52%
9.8	Do you typically go to the library twice a week or more?	6%	3%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	49%	60%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	75%	85%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	51%	57%
	Are applications usually dealt with within 7 days?	30%	31%

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10.3	Is it easy for you to make a complaint?	77%	80%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	25%	32%
	Are complaints usually dealt with within 7 days?	19%	18%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	25%	11%
<i>For those who need it, is it easy to:</i>			
10.6	Communicate with your solicitor or legal representative?	45%	60%
	Attend legal visits?	48%	65%
	Get bail information?	8%	23%
<i>For those who have had legal letters:</i>			
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	61%	57%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	30%	28%
	- Nurse?	51%	44%
	- Dentist?	10%	9%
	- Mental health workers?	13%	13%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	37%	43%
	- Nurse?	43%	42%
	- Dentist?	31%	34%
	- Mental health workers?	16%	19%
11.3	Do you have any mental health problems?	30%	32%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	42%	50%
11.5	Do you think the overall quality of the health services here is very / quite good?	18%	22%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	33%	39%
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	28%	33%
12.3	Have you been on an ACCT in this prison?	10%	21%
<i>For those who have been on an ACCT:</i>			
12.4	Did you feel cared for by staff?	56%	53%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	41%	42%

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ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	9%	8%
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	63%	60%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	17%	9%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	13%	11%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	15%	7%
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	58%	63%
13.7	Is it very / quite easy to get illicit drugs in this prison?	42%	56%
13.8	Is it very / quite easy to get alcohol in this prison?	41%	35%
SAFETY			
14.1	Have you ever felt unsafe here?	44%	49%
14.2	Do you feel unsafe now?	27%	20%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	28%	35%
	- Threats or intimidation?	28%	31%
	- Physical assault?	17%	18%
	- Sexual assault?	0%	4%
	- Theft of canteen or property?	12%	24%
	- Other bullying / victimisation?	11%	21%
	- Not experienced any of these from prisoners here	62%	52%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	38%	32%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	30%	21%
	- Threats or intimidation?	23%	21%
	- Physical assault?	9%	1%
	- Sexual assault?	0%	3%
	- Theft of canteen or property?	6%	7%
	- Other bullying / victimisation?	30%	17%
	- Not experienced any of these from staff here	52%	64%
14.6	If you were being bullied / victimised by staff here, would you report it?	52%	44%

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BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	33%	47%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	45%	60%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	5%	1%
<i>For those who have been restrained in the last 6 months:</i>			
15.4	Did anyone come and talk to you about it afterwards?	33%	0%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	6%	1%
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>			
15.6	Were you treated well by segregation staff?	80%	0%
	Could you shower every day?	100%	100%
	Could you go outside for exercise every day?	80%	100%
	Could you use the phone every day (if you had credit)?	80%	100%
EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	73%	77%
	- Vocational or skills training?	23%	31%
	- Prison job?	49%	54%
	- Voluntary work outside of the prison?	4%	2%
	- Paid work outside of the prison?	1%	2%
16.2	In this prison, have you done the following activities:		
	- Education?	90%	90%
	- Vocational or skills training?	70%	71%
	- Prison job?	91%	93%
	- Voluntary work outside of the prison?	34%	22%
	- Paid work outside of the prison?	29%	22%
<i>For those who have done the following activities, do you think they will help you on release:</i>			
	- Education?	66%	63%
	- Vocational or skills training?	67%	64%
	- Prison job?	41%	47%
	- Voluntary work outside of the prison?	64%	57%
	- Paid work outside of the prison?	58%	57%
16.3	Do staff encourage you to attend education, training or work?	55%	63%

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PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	88%	84%
<i>For those who have a custody plan:</i>			
17.2	Do you understand what you need to do to achieve your objectives or targets?	88%	86%
17.3	Are staff helping you to achieve your objectives or targets?	51%	52%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	60%	67%
	- Other programmes?	51%	55%
	- One to one work?	48%	42%
	- Been on a specialist unit?	11%	52%
	- ROTL - day or overnight release?	5%	6%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>			
	- Offending behaviour programmes?	73%	84%
	- Other programmes?	61%	75%
	- One to one work?	73%	85%
	- Being on a specialist unit?	17%	74%
	- ROTL - day or overnight release?	33%	67%
PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	1%	3%
<i>For those who expect to be released in the next 3 months:</i>			
18.2	Is this prison very / quite near to your home area or intended release address?		0%
18.3	Is anybody helping you to prepare for your release?		50%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?		50%
	- Getting employment?		50%
	- Setting up education or training?		50%
	- Arranging benefits?		50%
	- Sorting out finances?		50%
	- Support for drug or alcohol problems?		0%
	- Health / mental Health support?		50%
	- Social care support?		50%
	- Getting back in touch with family or friends?		50%

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18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?		0%
	- Getting employment?		0%
	- Setting up education or training?		0%
	- Arranging benefits?		0%
	- Sorting out finances?		0%
	- Support for drug or alcohol problems?		
	- Health / mental Health support?		0%
	- Social care support?		0%
- Getting back in touch with family or friends?		0%	
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	61%	60%