

Report on an unannounced inspection of

HMP Woodhill

by HM Chief Inspector of Prisons

5–16 February 2018

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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 Woodhill in Milton Keynes is a complex institution known as a ‘core local’ prison. As such it combines a local prison function for just over 600 men with a high security responsibility, holding a small number (17 at the time of this inspection) of category A prisoners, most of whom are going through the court process or have been recently convicted. In addition, the prison operates a close supervision centre (CSC), a specialist facility for some of the country’s most disruptive prisoners. We inspect the CSC system separately, so the CSC wings at Woodhill were not looked at during this inspection. As part of HM Prison and Probation Service’s estate transformation, HMP Woodhill is earmarked to become a category B training prison later in the year.

We last inspected Woodhill in late 2015, when we expressed some optimism about the direction the prison was taking and recorded reasonably good assessments in three of our four tests of a healthy prison. We were, however, critical of the prison’s approach to the issues of suicide and self-harm prevention, identifying several areas where improvement was required. This inspection showed that overall outcomes for those detained were decidedly mixed. There was no doubt that some very good work was being undertaken at Woodhill, but we recorded quite significant deterioration in the areas of safety and activity, and judged outcomes for prisoners to be poor in both.

Underpinning nearly all the concerns raised in this report, including issues of safety and well-being, were chronic staff shortages and inexperience. This led to poor time out of cell, unpredictable daily routines and limited access to activity. From a staffing complement of 320 officers there were, at the time of the inspection, 55 vacancies, and 20% of officers in post had less than 12 months’ experience. Most interaction we saw between staff and prisoners was polite but reactive, and many prisoners expressed frustration at the apparent inability of staff to help them. A restricted daily routine had been in place for three years and there was little challenge and encouragement to help prisoners to engage constructively with activity. During the working day we found half the population locked in their cells. Our colleagues in Ofsted judged the overall effectiveness of learning and skills provision to be ‘inadequate’, their lowest assessment, and caused mainly by the underuse of available training and education resources owing to staff shortages. The need to bring stability, consistency and accessibility to daily routines and the prison regime was, in our view, an absolute prerequisite to improving the well-being of those detained.

Woodhill was still not safe enough. Good and innovative work had been done to ensure men were properly assessed when they arrived at the prison, but some information sharing arrangements were not well embedded and induction was often cancelled. We saw wings that appeared relatively calm, but nearly a third of prisoners told us they currently felt unsafe and over half told us they had felt unsafe at some point during their stay. Many prisoners reported victimisation and violence had increased – to levels greater than we typically see in local prisons. We were concerned about the high number of assaults that had taken place against staff. It was hard to avoid the conclusion that this was related to the paucity of the regime on offer and the inconsistency of staff in their dealings with prisoners. In nearly all respects we found the prison’s response to the need to reduce violence, intimidation and bullying to be insufficient or lacking. This is, therefore, the subject of one of our main recommendations.

The use of formal disciplinary procedures and force was high. There had been some improvement in the management of adjudications, but oversight of the use of force was inadequate. In contrast, conditions in the segregation unit had improved and the numbers segregated had fallen. The prison had well-developed arrangements to support security and stronger perimeter security than is usual for a local prison. Over half of prisoners told us it was easy to obtain drugs but positive testing rates were lower than in comparable prisons and mostly concerned the use of psychoactive substances and tradeable medications issued within the prison.

The number of self-inflicted deaths remained a huge concern. At the time we inspected, eight prisoners had taken their own lives since our previous inspection in 2015 and, staggeringly, 19

prisoners had taken their own lives at the establishment since 2011. Tragically, a few months after this inspection another prisoner was reported to have taken his own life. The prison's historical failure to implement recommendations from coroners and following Prisons and Probation Ombudsman inquiries had been the subject of repeated criticism and had led to external scrutiny and analysis. Incidents of self-harm remained high. Improvements had been made to the way prisoners at risk of self-harm were assessed and supported, but not all planned improvements had been sustained and we had real concerns that the poverty of regime had the potential to undermine the well-being of those at risk.

Notwithstanding weaknesses in the relationships between staff and prisoners, we found Woodhill to be a reasonably respectful prison. Living conditions, the communal environment and access to resources and amenities were mostly good. Consultation with prisoners was effective, although the food on offer was unpopular. Work to promote equality had been neglected but this had not generally translated into more negative outcomes for minority groups. Health services had improved, most notably in the redesign and delivery of mental health services, but the regime and unlocking processes for some very poorly prisoners in the inpatient unit was a concern.

As with other findings, offender management was undermined by low staffing levels and we observed some weakness with public protection arrangements. There was a high demand for resettlement services with adequate, if variable, provision by the two community rehabilitation companies (CRCs) that served the prison. Across a range of rehabilitation services, however, a lack of monitoring made it very difficult to clarify the full effectiveness of the work being done. Family engagement work was limited.

It was clear to us that some improvements had been made at Woodhill and the governor and her team had expended considerable effort, enthusiasm and commitment to promote a positive culture in the establishment. That said, a disappointingly small number of recommendations from our previous inspection had been achieved. The priorities for the prison were clear: to stabilise the regime through adequate staffing; to devise and implement a clear, evidenced-based strategy to improve safety; and to sustain and embed the work being done to reduce self-harm.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

April 2018

Fact page

Task of the establishment

HMP Woodhill is a core local prison, which means that the bulk of its population comprises a mixture of remand and short-sentenced men with the mental health, substance misuse and other issues typical of local prisons; it also has a high security function for a small number of category A prisoners. The prison also has a close supervision centre (CSC), which is part of a national system for managing some of the most high-risk prisoners in the system; this is inspected separately. As part of HM Prison and Probation Services' estate transformation, the prison is earmarked to become a category B training prison later in 2018.

Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 626

Baseline certified normal capacity: 539

Operational capacity: 637

Notable features from this inspection

Since the previous inspection, there had been eight self-inflicted deaths. In total, 19 prisoners had taken their lives at the establishment since 2011. A further self-inflicted death was reported a few months following our inspection.

There were 55 officer vacancies (out of a total of 320), and one in five officers were new, with less than 12 months in post.

Due to chronic and substantial staff shortages, a restricted regime had been in place for three years.

One-third of prisoners were unsentenced.

Over 10% of prisoners were serving an indeterminate sentence.

Only 47 sentenced prisoners had been at the prison for one year or more.

50% of prisoners due for release in the next three months had been assessed as presenting a high or very risk of harm.

Prison status (public or private) and key providers

Public

Physical health provider: Central Northwest London NHS Foundation Trust

Mental health provider: Central Northwest London NHS Foundation Trust

Substance misuse provider: Westminster Drug Project

Learning and skills provider: Milton Keynes College

Community rehabilitation company (CRC): Thames Valley CRC and Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire (BeNCH) CRC

Escort contractor: GeoAmey

Region/Department

High security estate

Brief history

HMP Woodhill was opened in 1992. It started as a local prison but in the late 1990s took on a high-security role as a core local prison.

Short description of residential units

Each house unit, except units 5 and 6, is divided into two wings, A and B. Each wing on the main house units is designed to hold 60 prisoners in single cells. Some cells have been converted into doubles. All units hold a cross-section of prisoners, including category A and young adults, following a risk assessment.

House unit 1A – a mix of remand and convicted prisoners; 1B is the induction wing.

House unit 2A – a mix of remand and convicted prisoners; 2B is the drug rehabilitation unit

House unit 3A – a mix of remand and convicted prisoners; 3B currently closed for refurbishment

House unit 4A – a mix of remand and convicted prisoners; 4B is the vulnerable prisoner unit

House unit 5 – 51 cells, all purpose-built for two prisoners. This wing is currently closed for refurbishment

House unit 6 – national CSC and protected witness unit – not inspected.

Name of governor and date in post

Nicola Marfleet, September 2017

Independent Monitoring Board chair

Mary-Ann Dixey

Date of last inspection

14–25 September 2015

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

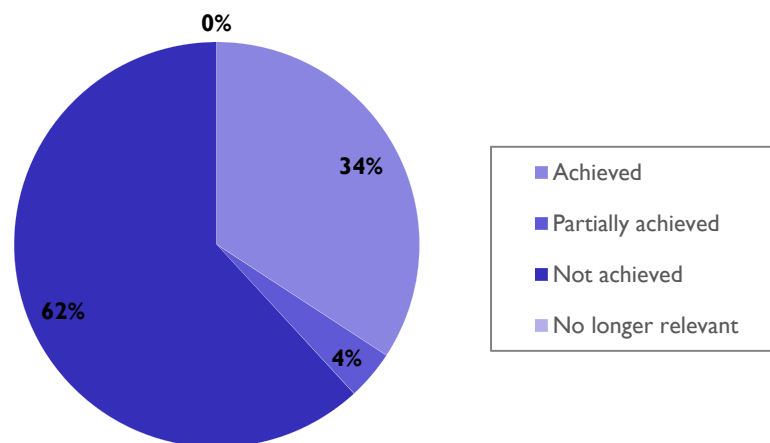
¹ <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

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

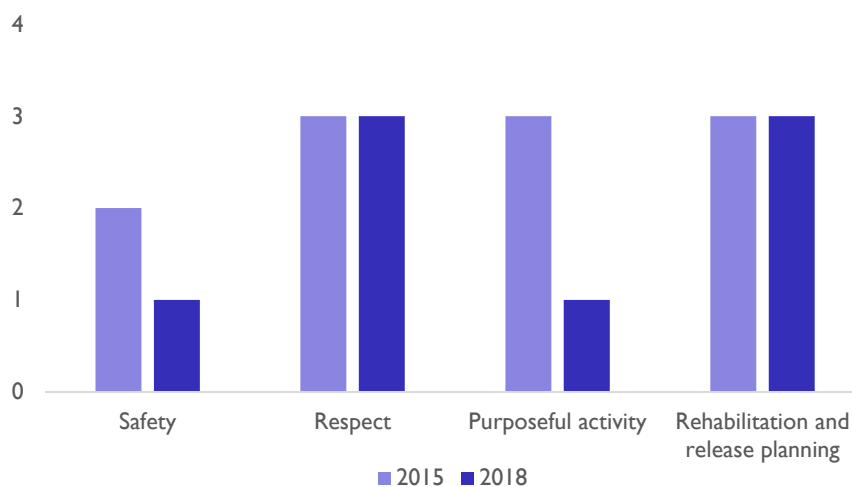
- S1 We last inspected HMP Woodhill in 2015 and made 76 recommendations overall. The prison fully accepted 66 of the recommendations and partially (or subject to resources) accepted six. It rejected four of the recommendations.
- S2 At this follow-up inspection, we found that the prison had achieved 26 of those recommendations, partially achieved three recommendations and not achieved 47 recommendations. 0 recommendations were no longer relevant.

Figure 1: HMP Woodhill progress on recommendations from last inspection (n=76)



- S3 Since our last inspection, outcomes for prisoners stayed the same in Respect and Rehabilitation and release planning. Outcomes for prisoners in both Safety and Purposeful activity had declined. Outcomes were reasonably good in Respect and Rehabilitation and release planning, whereas outcomes in both Safety and Purposeful activity were poor.

Figure 2: HMP Woodhill healthy prison outcomes 2015 and 2018³



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** Reception and first night processes were very good and focused on risks and vulnerabilities. Too many prisoners missed out on an induction. Almost one in three prisoners felt unsafe. Violence was high and the prison's response was inadequate. The number of adjudications and levels of use of force were high and oversight was weak. Segregation arrangements were reasonable. Security was mostly proportionate. Drug use was relatively low. Levels of self-harm were high. There had been eight self-inflicted deaths since the previous inspection. There had been some good actions to improve support for those at risk of suicide and self-harm but some important elements had not been sustained. Safety was severely compromised by a poor regime. **Outcomes for prisoners were poor against this healthy prison test.**
- S5** At the last inspection in September 2015 we found that outcomes for prisoners in HMP Woodhill were not sufficiently good against this healthy prison test. We made 26 recommendations in the area of safety.⁴ At this inspection we found that six of the recommendations had been achieved, two had been partially achieved and 18 had not been achieved.
- S6** The reception area was clean, calm and well-ordered. There was an array of well-considered information to reassure new arrivals. A range of peer workers, including Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), was available in reception and on the first night centre, and helped new prisoners to settle in.
- S7** The first night process incorporated several safety checks and interviews, which gave prisoners every opportunity to disclose their anxieties. A member of the safer prisons team was present throughout the evening. The first night centre had a relaxed and welcoming environment. New arrivals had good access to a shower, clothing and bedding, but cells were not always well prepared. Some prisoners still arrived unacceptably late from court, which directly affected their access to support and advice on their first night in prison. The prison had developed an excellent 'Early days in custody' booklet, which was intended to ensure that risk information was shared. In practice, although the booklet helped first night staff to identify risk factors, checks and safeguards needed during the rest of the induction period were often not completed. Induction was often cancelled, and about 10% of the population had not yet had one.
- S8** Despite a relatively calm atmosphere on all residential units, under one-third of respondents to our survey said that they currently felt unsafe, which was far higher than at the time of the previous inspection. Levels of violence, particularly assaults against staff, had increased and were high. Frustrations with the poor regime and inconsistent responses to everyday requests were the cause of many violent incidents. The analysis of violence was unsophisticated, and there was no strategic plan to reduce it. The response to violence required improvement; while most incidents were investigated, the challenge and monitoring of perpetrators on residential units was poor. Support for victims of bullying and violence was also underdeveloped.
- S9** The experience for vulnerable prisoners who were not located on the dedicated vulnerable prisoner unit was very poor.
- S10** The number of adjudications was high, and far higher than that at similar prisons. Some should have been dealt with by other means. Around a half of all charges laid were either dismissed or not proceeded with, which undermined any attempt to challenge poor

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.

behaviour. A recent increase in management oversight had begun to address these frailties, and the relatively new quality assurance process was having a good effect.

- S11 Levels of use of force had increased, and were much higher than at other local prisons and at the time of the previous inspection. Oversight was inadequate and could not give assurance, to either us or managers, that force was used proportionately. Use of force documents were incomplete and there was no routine review of documentation or video footage. Use of special accommodation was appropriate and had reduced since the previous inspection.
- S12 Use of segregation had reduced since the previous inspection, and the unit offered a decent environment. Most stays were short, and over the previous six months three-quarters of segregated prisoners had returned to normal location at the establishment. However, the regime on the unit was impoverished.
- S13 Security was mostly proportionate and did not restrict access to the regime unnecessarily. A large amount of security information was received, and analysis was thorough, timely and informed appropriate security objectives. Over half of respondents to our survey said that illicit drugs were easily available at the prison. The random mandatory drug testing positive rate was lower than at other local prisons and mostly concerned tradable medications and new psychoactive substances (this generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices), but the prison's supply reduction strategy and action plan were weak and out of date.
- S14 At the time of this inspection, there had been eight self-inflicted deaths since our previous visit in 2015. At the time of the inspection, there had been no self-inflicted deaths for just over a year, but tragically a further self-inflicted death was reported shortly after our inspection visit. Historically high numbers of self-inflicted deaths and previous failures to implement recommendations had drawn repeated criticism from the coroner and the Prisons and Probation Ombudsman (PPO). Since the previous inspection, Her Majesty's Prison and Probation Service (HMPPS) and external observers (including Stephen Shaw, former Prisons and Probation Ombudsman) had examined failings relating to self-harm and suicide prevention, and generated a large amount of analysis.
- S15 The number of recorded self-harm incidents had increased and was much higher than at similar prisons. The number of prisoners on open assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm was very high, so staff struggled to give them the attention they needed. Overall, support for prisoners in crisis was seriously compromised by the lack of time out of cell, unfamiliar staff and the large number of prisoners on an ACCT.
- S16 There had been some good actions to improve suicide and self-harm prevention systems but, overall, the prison had failed to sustain this work. The prison did not maintain an up-to-date action plan which measured their progress against recommendations from the PPO. Complex case meetings, to discuss prisoners in crisis, were not effective. All incidents of self-harm were followed up, capturing potentially useful learning. However, data analysis was much too weak and did not examine patterns across time.
- S17 Some aspects of the ACCT process had improved and were generally better than we see elsewhere. There was better multidisciplinary attendance at review meetings and assessments were now completed by the dedicated safer custody group. Care maps, overall, had sensible, achievable actions. However, there were still some important frailties, especially in relation to understanding triggers. Documents were often chaotic, which meant that risk information was not readily available. There were sufficient Listeners across the

prison, but prisoners in distress could not reliably access their support overnight. Managers struggled to deliver training in mental health awareness and suicide and self-harm prevention.

- S18 There was no clear leadership of adult safeguarding. There was no referrals process for staff who had concerns about a patient's vulnerability. No prison managers currently attended the local safeguarding adults board.
- S19 Overall, the leadership and management of safety were weak. Too little had been done at a strategic level to understand and address violence. Management oversight of some high-risk areas, such as use of force, was lacking. Clearly, management focus had been on trying to reduce the number of self-inflicted deaths, and while some very good processes had been introduced, many had not been sustained and managers had failed to capitalise on all of the recent learning.

Respect

S20 *Most prisoners said that staff treated them respectfully but they were frustrated with inconsistent staffing and large numbers of inexperienced staff who struggled to get things done. Living conditions and access to basic essentials were good. Consultation was effective. The numbers of applications and complaints submitted were high. The food provided was unappetising. Monitoring and oversight of equality were weak but outcomes for minority groups were mostly reasonable. Faith provision was supportive. Health and substance misuse provision was mostly good, although the inpatient unit lacked a therapeutic regime. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S21 *At the last inspection in September 2015 we found that outcomes for prisoners in HMP Woodhill were reasonably good against this healthy prison test. We made 30 recommendations in the area of respect. At this inspection we found that 12 of the recommendations had been achieved and 18 had not been achieved.*

S22 In our survey, most prisoners, although fewer than at the time of the previous inspection, said that staff treated them respectfully. The lack of time unlocked had had a negative impact on staff-prisoner relationships. Most of the interactions we observed were polite, although largely reactive. Many prisoners were frustrated at the lack of continuity of staff on their wings and the frequent inability of some staff to be help them, either because of a lack of experience or the fact that they were from other prisons and did not know local arrangements.

S23 Living conditions were mostly good. Communal areas were clean and bright. Most cells were in good condition and contained sufficient furniture, but too many single cells held two prisoners. Decent-quality clothing and basic essentials were provided. There was good access to showers but they remained unscreened and some were damp, constantly flooded and dirty. The wing information rooms were a good initiative but too much of the information they contained was out of date. Access to property was often problematic, which caused frustration.

S24 In our survey, only 23% of prisoners said that the food provided was good. The food we tasted was unappetising, and consultation with prisoners about the catering was poor. Breakfast packs were inadequate and meals were served too early.

S25 The prison shop list contained a wide range of products. Prices were reasonable and included access to fresh fruit.

- S26 Consultation arrangements about general domestic issues were good and there was evidence of improvements as a result. The application process was well managed but over-used for issues that could have been dealt with more informally. The number of complaints submitted was far higher than that at similar prisons but there was no analysis to monitor trends or identify emerging issues.
- S27 Equality and diversity work had been neglected since the previous inspection. A structured plan had recently been implemented to address this but was not yet embedded. Equality monitoring was not undertaken, so the prison could not be assured that minority groups were not disadvantaged.
- S28 Consultation forums were infrequent and inconsistent, although prisoner equality representatives were now available on most units and met the equality team regularly. The quality of discrimination incident report forms (DIRFs) was mixed, and responses took too long to be processed. The DIRF process included external scrutiny, which was a positive step forward.
- S29 In our survey, most prisoners with protected characteristics reported similarly to their counterparts and we found outcomes to be reasonable across most groups. However, not enough was being done to meet the needs of young adults, older prisoners and some prisoners with disabilities, particularly those with mobility issues. The introduction of a well-supervised 'buddy' scheme for prisoners with disabilities was a welcome initiative.
- S30 The chaplaincy facilities and range of provision were good and made a valuable contribution to prison life.
- S31 Health services had improved. An appropriate range of primary care services was provided, but the 'failure to attend' rate was too high. The appointment system was efficient, and prisoners had good access to wing-based nurses. The inpatient clinical assessment unit held prisoners with mental and physical health needs. Prisoners there spent most of the day locked up and there was no therapeutic regime.
- S32 Since the previous inspection, the mental health service had been redesigned to incorporate mental health associate practitioners, who provided good support for prisoners with low-level needs. All prisoners were reviewed by a member of the mental health team on the day after their arrival. Prisoners with complex mental health needs were managed appropriately, but gaps in staffing limited service development.
- S33 Drug- and alcohol-dependent prisoners received good clinical care. Prisoners could access a range of one-to-one and group work but there was no Alcoholics Anonymous or Narcotics Anonymous provision. Release planning and overdose prevention measures were comprehensive, and strong links with community services ensured treatment continuation.
- S34 Medication administration was not confidential and supervision was poor. Dental provision was good.

Purposeful activity

S35 *Staff shortages and a restricted regime meant that the amount of time unlocked was poor for most prisoners. Gym facilities were good but underused. Library provision was poor. The leadership and management of education, work and skills were inadequate. There were sufficient activity places for most prisoners but facilities were often closed. Even when open, activity places were rarely full. For those who attended, the quality of teaching and learning was good overall, and prisoners behaved well. Prisoners' progress was often interrupted and slow. **Outcomes for prisoners were poor against this healthy prison test.***

S36 *At the last inspection in September 2015 we found that outcomes for prisoners in HMP Woodhill were reasonably good against this healthy prison test. We made 10 recommendations in the area of purposeful activity. At this inspection we found that five of the recommendations had been achieved and five had not been achieved.*

S37 Chronic and substantial staff shortages had had a serious impact on the prison's ability to operate a full regime. A restricted regime had been in place for three years, but even this was reduced further almost daily. Prisoners were kept well informed of changes but remained frustrated.

S38 During the week, the amount of time unlocked was, at best, around eight hours a day for working prisoners, and often this was reduced to around four hours. This was reflected in our survey, in which around 60% of respondents said that they were unlocked for between two and six hours on a weekday. In our roll checks, around half of the population was locked up, which was far higher than at the previous inspection.

S39 The library was often closed and there was little promotion of literacy. Only around a hundred prisoners were enrolled in the library, and data collection on library use was weak.

S40 Recreational gym facilities and the delivery of vocational PE qualifications were reasonable. Gym sessions were rarely cancelled but the gym routinely operated well below capacity, which was particularly poor given the large number of prisoners regularly locked up on the wings.

S41 There were no age-specific sessions for older prisoners or young adults, and none to support those on drug rehabilitation programmes.

S42 The overall effectiveness, leadership and management of education, skills and work was inadequate. The prison provided sufficient full- and part-time activity places for most of the population. However, staff shortages and regime restrictions resulted in workshops, and education and training classes often being cancelled. Even when activities were running, prisoners failed to attend and, as a result, activity places were rarely occupied fully, and opportunities for prisoners to develop work skills and improve their English and mathematics skills were severely curtailed. During the inspection, only one-third of prisoners attended activities at any one time. Commendably, education sessions were delivered on the wings when lessons were cancelled but prisoners' progress stalled and resulted in waiting lists for those needing courses, particularly in English and mathematics. Quality assurance arrangements, self-evaluation and quality improvement planning were underdeveloped. Partnerships and collaboration with education and training providers were strong and fruitful. The range of accredited vocational training had increased but there was insufficient vocational and employment-related work. Over 70 prisoners were engaged in distance learning and Open University courses, which was more than we often see.

- S43 The quality of teaching, learning and assessment was good. In education sessions, tutors planned individual learning well and supported prisoners with their development of written and spoken English and mathematics skills across most courses. Most prisoners in vocational training and industries developed good practical work skills. Individual learning plans were not used well enough, and prisoners' interpersonal and work skills were not always recorded.
- S44 Prisoners who were able to attend education, training and work engaged well and were respectful to each other and to prison and other staff. Too many prisoners became frustrated and demotivated by the regular closures and cancellations, and struggled to maintain a healthy work ethic. When education sessions were provided on the units, many prisoners adapted well and took responsibility for their own learning.
- S45 Most prisoners who completed their course, achieved well, including in English and mathematics. Prisoners' progress through their qualifications was undermined by regime closures, and achievements were often too slow. This was particularly problematic for those in the prison for short periods. Prisoners' standards of work were generally high.

Rehabilitation and release planning

- S46 *The strategic management of reducing reoffending had stalled and the quality of offender management was undermined by staff shortages. Most prisoners moved on from Woodhill reasonably swiftly. For the few long stayers, offender supervisor contact was limited and mostly reactive, and prisoners struggled to progress. New home detention curfew processes were embedding well. Basic public protection measures were sound but pre-release arrangements for some high-risk prisoners were weak. The demand for resettlement services was high, community rehabilitation company release planning was adequate and provision was good. Measures to support children and family contact were underdeveloped. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S47 *At the last inspection in September 2015 we found that outcomes for prisoners in HMP Woodhill were reasonably good against this healthy prison test. We made 10 recommendations in the area of resettlement.⁵ At this inspection we found that two of the recommendations had been achieved, one had been partially achieved and seven had not been achieved.*

- S48 The strategic management of reducing reoffending was not sufficiently good. Pending the decision to change the function of the prison to a category B training prison, planning for the current population had stalled. The strategy was not based on a needs analysis and there was no action plan against which to monitor progress.
- S49 Staff shortages in the offender management unit and high levels of cross-deployment of uniformed offender supervisors undermined the quality of offender management and substantially limited contact with prisoners in many cases. Most prisoners were held at the prison for a relatively brief time before moving on to other prisons. While the backlog of initial offender assessment system (OASys) assessments appeared low, the number transferring to other prisons without one was not monitored.
- S50 A small proportion of prisoners stayed at the prison for longer, and some, including high risk of harm cases, were released from the establishment. Offender management for these was

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.

largely reactive, with few OASys reviews being undertaken to reflect changes in risk or progress made.

- S51 The new national home detention curfew processes had been implemented successfully and appeared to be effective but the lack of local monitoring made it difficult to evidence these outcomes.
- S52 For prisoners presenting a risk to the public, contact restrictions were applied appropriately. The interdepartmental risk management team provided good oversight of release planning for the most concerning cases but it did not review all high-risk men due for release. Risk management planning for release was compromised by poor information exchange with community-based offender managers, even in some high-risk cases.
- S53 Categorisation reviews were up to date. There were too few places available nationally for category B prisoners to be transferred and some stayed too long, with too little opportunity to progress and address their offending behaviour.
- S54 Prisoners had access to a wide range of help with housing and financial problems. However, the number of prisoners released into sustainable accommodation was not monitored sufficiently robustly to assess the effectiveness of the provision.
- S55 The two accredited offending behaviour programmes were managed appropriately but there was still no strategy to deliver structured offence-focused work for those convicted of domestic violence and sex offences.
- S56 The demand for resettlement services was high, with about 120 prisoners released each month. Prisoners received adequate community rehabilitation company (CRC) support, but the level of service varied, depending on which of the two CRC contracts they were subject to.
- S57 Family engagement work was underdeveloped. Some initiatives to support family contact, including monthly father and child visits and reading schemes, were run, but family visits had not been delivered for a year and no wider family support, or parenting or family courses were in place. Families we spoke to were positive about their visits experience and the visitors centre, which provided a good service.
- S58 Some prisoners had unacceptable delays of up to three weeks in getting PIN numbers added to their telephone accounts, and therefore struggled to maintain contact with their families and friends during their early days at the prison.

Main concerns and recommendations

- S59 Concern: One in three prisoners said that they felt unsafe at the time of the inspection and too many felt victimised by prisoners and staff. Levels of violence had risen and were higher than at other local prisons. The management of perpetrators and victims alike was poor. The analysis of violence was unsophisticated and there was no strategic plan to reduce it.

Recommendation: There should be prison-wide action to improve prisoners' perceptions of safety, reduce violence, tackle antisocial behaviour and support victims. This should be supported by a detailed survey of prisoner perceptions, an evidence-based strategy and action plan, improved data analysis and timely investigation of incidents.

- S60 Concern: There had been eight self-inflicted deaths since the previous inspection. Levels of self-harm were consistently high, and higher than at similar prisons. Although there had been some good actions to improve systems, and ACCT procedures had generally improved, work to address deficiencies had not been sustained. Staff struggled to deliver support consistently for prisoners in crisis, who were locked in their cells for long periods.

Recommendation: The work already done to analyse the high number of deaths at Woodhill should be reviewed, to determine the progress made and set up-to-date strategic priorities. Actions to reduce levels of self-harm should be sustained over time, and progress should be monitored consistently by senior managers.

- S61 Concern: Prisoners were locked up for too long. This had a detrimental impact on their well-being, and meant that they could not access education, work and training to support their rehabilitation and resettlement.

Recommendation: Prisoners should have more time out of cell and be provided with a reliable regime, so that they can access constructive activities, education, training and work opportunities, and gain skills and qualifications to aid their rehabilitation and resettlement.

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 Escort staff handed in their anti-ligature knife at the prison gate, which meant that prisoners at risk of suicide were potentially vulnerable while they waited on the van outside reception. Prisoners were handcuffed routinely while moving between reception and the escort vehicle, which was disproportionate. Video-link was well used, reducing the number of daily trips to court. Reception and video-link staff understood their responsibility to inform wing managers if prisoners received unexpectedly long sentences.
- I.2 The reception area was clean, calm and well ordered. There was an array of well-considered information to reassure new arrivals. The notice welcoming prisoners off the van was especially well judged.
- I.3 The first night process incorporated several safety checks and interviews, which gave prisoners every opportunity to disclose their anxieties. The reception Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) offered prisoners a hot drink and chatted to them at the gate of the holding room. A member of the safer prisons team was present throughout the evening and interviewed all new arrivals privately in reception, to check if they were having any thoughts of self-harm. Other checks by staff during the rest of the evening were less private but the tone was still supportive.
- I.4 The first night centre had a relaxed and welcoming environment. It was well staffed throughout the evening, but several officers who were on detached duty from another prison struggled to advise prisoners. New arrivals were able to talk to Insiders (prisoners who introduce new arrivals to prison life), Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and other peer workers. They had good access to a shower and a hot meal. There was plenty of clothing and bedding available on the unit but first night cells were not always well prepared. The first night health screening with a nurse lacked privacy.
- I.5 Some escort vans arrived unacceptably late from court, often just before 8pm. Reception staff did not have time to process the property of these new arrivals and it often took several days before these prisoners were brought back to reception to access their belongings (see also paragraph 2.11 and recommendation 2.15). It was typical for the latest arriving prisoners to reach the first night centre at about 9.30pm. This had a direct impact on the support they received, as they had to be locked up without a telephone call, a shower or advice from peer workers. They were subsequently unlocked individually to see the nurse. Prisoners arriving from court on Saturday afternoons faced a similarly poor first night experience.
- I.6 The prison had developed an excellent 'Early days in custody' booklet, which was intended to ensure that risk information was shared in the first five days. In practice, although the

booklet helped first night staff to identify risk factors, and was generally well completed on arrival, the checks and safeguards needed during the rest of the induction period were often not completed. It was particularly disappointing that there was no evidence of multidisciplinary reviews taking place. The problem was especially acute on house unit 2A, where new arrivals requiring substance misuse treatment were taken on their first night.

- I.7** Vulnerable prisoners were supposed to go directly to house unit 4B on their first night. However, at the time of the inspection the unit was full, and about 15 of them were stuck on the first night centre with an impoverished regime, with only 1–2 hours out of their cells each day (see also paragraphs I.17 and 3.2).
- I.8** Induction consisted of slides presented by an officer and peer worker. However, this session was often cancelled owing to staff shortages, and we were unable to observe it. At least 10% of the population had not yet attended induction, although staff made efforts to go door to door, to speak to new arrivals.

Recommendations

- I.9** **Escort vehicle staff should retain their anti-ligature knife on admission to the establishment.**
- I.10** **Prisoners should only be handcuffed on and off the escort van based on an individual risk assessment.** (Repeated recommendation I.4)
- I.11** **HMPPS should address the contractual arrangements with the escort provider to ensure that prisoners arrive at the prison early enough to be assessed and settle into clean, appropriately equipped accommodation.** (Repeated recommendation S36i)
- I.12** **Staff should complete every stage of the ‘Early days in custody’ booklet to required timescales, and managers should ensure compliance.**
- I.13** **All prisoners should receive a full and prompt induction.**

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

- I.14** Despite a relatively calm atmosphere on all residential units, 31% of respondents to our survey said that they currently felt unsafe, compared with 18% at the time of the previous inspection, and 55% that they had felt unsafe at some point since arriving at the establishment. In addition, more prisoners than at comparable establishments said that they had been victimised by prisoners and staff. The level of violence had increased and remained higher than at other local prisons. There had been 65 assaults on prisoners, 57 assaults on staff and 47 fights in the previous six months. The number of assaults on staff was particularly high, and prisoner frustrations with the poor regime and inconsistent responses to everyday

requests were the cause of much of this violence (see also section on staff–prisoner relationships, and main recommendation S59).

- I.15** The prison’s response to violent incidents was weak. Violence reduction officers investigated each incident but frequent redeployment meant that some investigations were delayed or superficial. The new approach to challenging perpetrators and supporting victims of bullying and violence involved placing perpetrators on one of three levels of monitoring. Many residential staff did not understand the scheme, and implemented monitoring in only a minority of cases. One check during the inspection showed that staff on residential units were unaware of more than three-quarters of prisoners placed on one of these stages, and monitoring entries in electronic case notes were rare. Support for victims was also underdeveloped; prisoners were offered limited support from violence reduction officers and Listeners, but more structured monitoring on the wing was not available. The safer custody team was aware of these deficiencies and had recruited violence reduction champions on each unit to address this, but it was too early to see any impact of these measures (see main recommendation S59).
- I.16** The strategic management of bullying and violence reduction required improvement. Analysis of trends and patterns was underdeveloped and, even though monthly safer custody and fortnightly complex case meetings were well attended, there were few actions and no action plan to reduce levels of bullying and violence (see main recommendation S59).
- I.17** Vulnerable prisoners, comprising a mix of sex offenders and prisoners needing protection from other prisoners, continued to be held on house unit 4B. This unit had a calm environment, and staff we spoke to there were knowledgeable about the prisoners in their care. Despite many staff being alert to the risks of grooming, there was still no formal risk assessment system to protect susceptible or younger prisoners placed on this unit. Outcomes for the vulnerable prisoners who were not living on the dedicated vulnerable prisoner unit were poor. They received an impoverished regime and spent large amounts of time locked in their cells (see also paragraph 1.7).
- I.18** The incentives and earned privileges (IEP) scheme was generally understood by most prisoners we spoke to, and they knew what they needed to do to achieve the highest level. However, partly due to inconsistencies in staffing (see also paragraph 2.1), the scheme was applied mainly punitively; this was reflected in our survey, in which only around a quarter of prisoners said that the scheme encouraged good behaviour. Nine per cent of prisoners were on the basic regime. Their reviews were held at seven-day intervals, but daily entries in electronic records, which should have contributed to reviews, were often missing and few individualised targets were set.

Recommendations

- I.19** **Vulnerable young adults located on the vulnerable prisoner unit should have a formal risk assessment and a plan to promote their safety on the unit.** (Repeated recommendation 1.25)
- I.20** **The incentives and earned privileges (IEP) policy should be fully and consistently applied, with appropriate quality assurance and management checks.** (Repeated recommendation 1.49)

Adjudications

- I.21** The number of adjudications was high, and far higher than that at similar prisons and at the time of the previous inspection. Most charges were for unauthorised possession, violence (including assaults and fights), threatening behaviour and disobeying orders. The prison's own analysis and our observations indicated that some adjudications could have been dealt with using less formal means. Just over half of all adjudications were either dismissed or not proceeded with, which greatly undermined the prison's ability to challenge poor behaviour.
- I.22** Increased managerial oversight had been introduced recently and was already having a positive impact on the completion rate of adjudications. A renewed system of quality assurance by the governor and the deputy governor, with feedback shared among all adjudicators, had also improved the quality of procedures and the recording of adjudications.
- I.23** The quarterly adjudication standardisation meeting reviewed a wide range of recent data but did not monitor trends over time, to identify patterns of behaviour.

Recommendations

- I.24** **The number of adjudications which are dismissed or not proceeded with should be reduced.**
- I.25** **Adjudication data should be analysed and monitored, to identify and address any ongoing trends or emerging hotspots of poor behaviour.**

Use of force

- I.26** In the previous six months, there had been 302 incidents in which force had been used, which was far higher than at other local prisons and at the time of the previous inspection. Oversight of use of force was inadequate, with more than 400 use of force reports in this period not being completed, and no routine reviews of video recordings of planned or spontaneous incidents. Managers investigated incidents when a prisoner made a complaint, but in the absence of other governance this could not give assurance, to either us or managers, that force was always used appropriately
- I.27** Use of special accommodation had decreased. Documentation for use of the cell showed that its initial use was appropriate. However, use of anti-ligature clothing was routine and there were still examples of compliant prisoners not being removed at the earliest opportunity.

Recommendation

- I.28** **Oversight of use of force should be improved, to ensure that it is always used appropriately. Use of force documentation should be completed within 72 hours of the incident, and managers should routinely review a proportion of incidents, including video and audio footage.**

Segregation

- I.29** A total of 102 prisoners had been segregated over the previous six months, representing a decrease since the previous inspection. Stays were generally short, and 77 of these prisoners

had been returned to normal location at the establishment. However, a substantial minority of prisoners spent long periods on the unit. At the time of the inspection, one man had been living on the unit for more than four months.

- I.30** The environment on the unit was decent, with cells and communal areas that were generally clean and graffiti free, although the exercise yards were cage like. Segregated prisoners could access one hour of exercise each day, 'distraction' packs (containing activities designed to help mitigate the damaging effects of isolation) and reading materials, in addition to televisions for those on the standard or enhanced regime. However, they could only access showers and telephone calls on alternate days. Relationships between staff and prisoners on the unit were good.
- I.31** Oversight of the unit was effective. The segregation monitoring and review group carried out a detailed analysis of the use of segregation, and segregation reviews were timely. Formal reintegration planning was initiated once prisoners had been segregated for up to two weeks.

Recommendation

- I.32 Prisoners in the segregation unit should have daily access to telephone calls and showers.**

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** The security department was facilitative and the management of a small number of category A prisoners did not obstruct access to the regime unnecessarily for most prisoners. However, for prisoners who were not category A, routine strip-searching in visits and on entry to the segregation unit was disproportionate to the risks posed, and prisoners on the inpatient unit were subject to multiple officer unlocks which were not supported by suitable risk assessments or regular reviews (see also paragraph 2.75).
- I.34** Staff submitted a large amount of intelligence, and this was analysed promptly by a team of trained analysts. Security objectives generally related to preventing the trafficking of drugs and telephones, and preventing disorder. Actions were communicated swiftly across the prison, and the daily briefing ensured that all relevant matters were shared with the safer custody team. Strategic links between these departments had improved since the previous inspection. A dedicated search team carried out a large number of routine searches across the establishment. However, not all intelligence-led searches were carried out in a reasonable timeframe.
- I.35** The prison had a well-developed approach to countering extremism and radicalisation, with regular forums with partners and good sharing of intelligence with the police and other organisations.
- I.36** As part of the high security estate, the establishment had better physical security than at other local prisons. In our survey, 54% of respondents said that it was easy or very easy to get drugs at the prison. However, the confirmed random mandatory drug testing (MDT)

positive rate for the previous six months was 15.5%, which was lower than at comparable prisons. This was made up of a 9% positive rate for new psychoactive substances (this generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices) and a 7% positive rate for other drugs, predominantly tradeable medications (some prisoners tested positive for more than one substance). There was good intelligence on substance use, and 45.5% of suspicion mandatory drug tests were positive. However, the prison carried out only about one in 10 of the suspicion tests requested.

- I.37** The strategic approach to tackling substance use was weak; the security department and substance use service did not attend each other's meetings and the supply reduction action plan was not updated often enough.

Recommendations

- I.38** The strip-searching of all but category A prisoners should be supported by a risk assessment.
- I.39** Prisoners who present a risk to staff and are subject to multiple officer unlocking arrangements should receive a thorough risk assessment which is reviewed regularly.
- I.40** The establishment should develop a more strategic and integrated approach to drug and alcohol supply and demand reduction, involving all key stakeholders. This should be supported by an up-to-date strategy and detailed action plan, which should be monitored for effectiveness.

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.41** At the time of this inspection there had been eight self-inflicted deaths and a total of 19 prisoners had taken their lives at the establishment since 2011. At the time of the inspection, there had been no self-inflicted deaths for just over a year, but tragically a further self-inflicted death was reported shortly after our visit. Historically high numbers of self-inflicted deaths and previous failures to implement recommendations had drawn repeated criticism from the coroner and the Prisons and Probation Ombudsman (PPO). Since the previous inspection, Her Majesty's Prison and Probation Service (HMPPS) and a number of external observers (including Stephen Shaw, former Prisons and Probation Ombudsman) had examined failings relating to self-harm and suicide prevention and generated a large amount of analysis.
- I.42** The number of recorded self-harm incidents had increased and was much higher than at similar prisons, with 314 incidents in the previous six months. We found that a small number of prisoners was repeatedly self-harming. The number of prisoners on open assessment, care

in custody and teamwork (ACCT) case management documents had increased considerably over the previous six months and was very high, at 41. With this number, staff struggled to give them the attention they needed (see main recommendation S60).

- I.43** Some good actions had been introduced to improve suicide and self-harm prevention systems. For example, a member of the safer prisons team now attended the first night process, and the impressive 'Early days in custody' booklet had been developed (see also paragraph I.6). However, overall, the prison had failed to sustain this work. It did not have a current strategy document to consider the remaining challenges, and had not maintained an up-to-date action plan with which to measure its progress against recommendations from the PPO. Excluding newly qualified officers, only 31% of staff had started the new training in mental health awareness, and suicide and self-harm prevention (see main recommendation S60).
- I.44** All incidents of self-harm were followed up, and these interviews captured useful learning. However, monthly data analysis did not adequately exploit this information and did not examine trends across time. Monthly safer custody meetings were therefore not sufficiently strategic. Complex case meetings, to discuss prisoners in crisis, were not effective and did not take place often enough; there had not been a meeting for a month at the time of the inspection (see main recommendation S60).
- I.45** Some aspects of the ACCT process had improved and were generally better than we see elsewhere. There was better multidisciplinary attendance at review meetings, and assessments were now completed by the dedicated safer custody group. Care maps generally had sensible, achievable actions. However, there were still some important frailties, especially in relation to understanding triggers. Documents were often chaotic, which meant that important risk information was not readily available to duty staff, who were often new or on detached duty from other prisons. Overall, support for prisoners in crisis was seriously compromised by the lack of time out of cell (see also section on time out of cell), unfamiliar staff (see also paragraph 2.1) and the large number of prisoners on an ACCT (see main recommendation S60).
- I.46** There were sufficient Listeners across the prison. There were two Listener suites, which were converted cells in which a Listener lived. The other Listeners were not guaranteed a single cell, and without a neutral venue prisoners in distress could not reliably access confidential Listener support overnight.

Protection of adults at risk⁶

- I.47** There was no clear leadership of adult safeguarding. The safer custody team was starting to take on this work, which had previously been carried out ad hoc by health services staff if they became concerned about a patient's vulnerability. A local policy was being brought up to date but had not yet been published. There was no referrals process for staff to use if they had concerns about a prisoner at risk of harm or neglect. There was no adult safeguarding training. No prison managers currently attended the local safeguarding adults board.

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).

Recommendation

- I.48 There should be a referrals process by which staff can report concerns about prisoners at risk of harm, abuse or neglect.**

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, although most (63%) prisoners said that staff treated them respectfully, this was less than the 78% we found at the time of the previous inspection. Our observations and discussions with staff and prisoners identified that the large amount of time that prisoners were locked up and the restricted regime had a large impact on these relationships. Many prisoners we spoke to expressed frustration at the lack of continuity of staff on their wings and the frequent inability of some staff to help them, either because of a lack of experience or the fact that they were from other prisons and did not know local arrangements.
- 2.2 Similarly, there was a lack of positive engagement from staff to encourage prisoners to engage in the regime, due its unreliability, and seemingly little point in challenging non-attendance when there was a high likelihood of closures (see also section on education, skills and work activities).
- 2.3 Most of the interactions we observed were polite but in almost all cases tended to be reactive. We also observed staff referring prisoners to formal applications for issues that we considered could have been dealt with at wing level. However, we were impressed by the developing confidence of some of the newer staff.
- 2.4 There was no personal officer or key worker scheme. Most of the general entries in electronic case notes tended to be negative, in response to poor behaviour, and management checks were not recorded. The few positive comments we saw were usually in relation to prisoners having performed well at work places, and a few offender supervisors provided a comprehensive commentary of prisoner progress.

Recommendation

- 2.5 **Electronic case notes should reflect engagement between staff and prisoners, and the circumstances of individual prisoners. Management checks should be recorded.**

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** Living conditions were mostly good, although around half of all cells designed for one occupant held two. Communal areas were clean and bright, and afforded excellent supervision by staff. Some of the flooring was beginning to wear badly and there was an infestation of mice that the prison was struggling to manage. Staff and managers complained about the poor response of the facilities management provider, which led to delays in the maintenance and repairs of cells. There were 20 cells out of action during the inspection.
- 2.7** Cells, although often cramped, were well equipped and there had been a considerable improvement in the provision of furniture such as lockers, tables, and toilet seats and lids since the previous inspection. There was little graffiti in cells and the offensive display policy was generally enforced. A painting programme ensured that cells were decorated periodically, which contributed greatly to the quality of the environment.
- 2.8** Responses to cell call bells were prompt during the inspection but only 13% of respondents to our survey said that responses normally took place within five minutes. There were no quality checks to monitor this.
- 2.9** Weekly access to decent-quality clean clothing and bedding was good and we saw sufficient stock on all wings. Prisoners told us that they could access cleaning materials easily, and hygiene packs containing personal toiletries were issued to all prisoners each week. Prisoners wearing their own clothes could get these laundered once a week in the on-wing laundries. Most of the washing equipment worked and we were told that responses to breakdowns was efficient.
- 2.10** There was good access to showers but there was still no screening in any of the shower areas. Some of these areas were dirty and damp, with flooded floors due to poor drainage.
- 2.11** Access to property was a cause of much frustration among prisoners, and we witnessed some long waits for both initial access to property on arrival (see paragraph 1.5) and the retrieval of stored property, often due to the redeployment of reception staff.
- 2.12** The wing information rooms, run by prisoner orderlies, were a good initiative and provided a large amount of material, although some of this was out of date, and sometimes obsolete.

Recommendations

- 2.13 Two prisoners should not be held in cells designed for one.** (Repeated recommendation 2.9)
- 2.14 Showers areas should be screened, kept clean and maintained properly.**
- 2.15 Prisoners should be able to access their property on arrival and subsequently within seven days of application.**

Residential services

- 2.16** Prisoners ordered their food choices in advance from menus that included healthy and vegetarian options. The kitchen catered for different diets, including both health-related and religious needs, and supplied speciality meals when required, to support the celebration of cultural and religious festivals.
- 2.17** In our survey, only 23% of respondents said that the food provided was good, and the sample we tasted was unappetising. We saw meals being served too early. Breakfast packs were inadequate and issued on the night before consumption. Facilities were available for prisoners to dine out on the units, although they were rarely used.
- 2.18** The serveries we saw were clean, although there was evidence of an infestation of mice (see also paragraph 2.6). Arrangements to consult prisoners about the catering were poor. There had been no food survey for over a year, and weekly food comment sheets were rarely completed by prisoners.
- 2.19** In our survey, 52% of respondents, in line with comparator prisons, said that the prison shop sold a wide enough range of goods to meet their needs. They were able to order items on Mondays and these would be delivered on the following Friday. Items were reasonably priced and included fruit.
- 2.20** Shop consultation arrangements took place through residential prisoner consultation meetings. There was good access to a range of catalogues, but prisoners had to pay a 50 pence administration charge.

Recommendations

- 2.21** **Lunch should not be served before 12 noon and the evening meal not before 5pm, and breakfast should be issued on the day it is to be eaten.** (Repeated recommendation 2.99)
- 2.22** **Prisoners poor perceptions of food should be explored through regular consultation and surveys.**

Prisoner consultation, applications and redress

- 2.23** Consultation arrangements about domestic wing life were good, with a monthly prisoner council, supplemented by wing forums. These meetings were well attended and there was evidence of issues being taken seriously, with subsequent actions taken in response.
- 2.24** General applications were readily available and collected daily. Outgoing applications were logged, to enable follow-up. However, there was an over-reliance on using applications for issues that could have been dealt with more informally (see also paragraph 2.3). In addition to general applications, a wide range of other request forms were available from the peer worker who ran the wing information room.
- 2.25** Complaint forms were also freely available on all residential units. The number of complaints submitted was far higher than that at similar prisons and at the time of the previous inspection, and was extremely high. Most complaints related to access to property and residential issues. The responses we saw were generally polite and sought to address the issues raised. However, there was no analysis of data to monitor trends or identify emerging issues.

- 2.26** There was no formal legal services provision, other than the issuing of recall packs by offender supervisors and a good stock of legal texts in the library for those conducting their own defence or taking on other legal matters.
- 2.27** Access to legal visits was good. There were 14 private booths, which were well utilised by a range of legal visitors each day. Solicitors we spoke to told us that there was never a problem with arranging legal sessions with prisoners.

Recommendation

- 2.28** **Complaints data should be analysed to identify trends, and action should be taken as a result.**

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

- 2.29** The equality team was made up of two equality officers and one part-time administrative support worker. However, staff were often cross-deployed or had dual duties, so had little time to focus solely on equality work. This resulted in cancellations in activities and gaps in provision.
- 2.30** The strategic management of equality and diversity had been neglected but, following a recent review, a structured plan was now in place to address this, although it was not yet embedded. The equality strategy covered the needs of all protected groups and identified leads in the senior management team to champion them. There was an equality action plan, although this had been updated only a month before the inspection, with previous actions dating back to 2014.
- 2.31** The quarterly equality committee meeting included prisoner representation. The national equality monitoring tool provided data that were over six months old, and therefore too outdated for the committee to use meaningfully. We were told that there were plans to collect some local data in the absence of national equality data but this had not happened yet, and created a serious gap in understanding the issues for prisoners with protected characteristics.
- 2.32** Oversight of the discrimination incident report form process had improved, with external scrutiny from the Zahid Mubarek Trust (an independent charity which advocates for reforms and challenges discrimination within the criminal justice system). However, we found examples of incidents that had not been investigated sufficiently thoroughly or responded to in a timely way.

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

- 2.33** There were prisoner equality representatives on almost all units, and they had job descriptions. The equality team met them regularly, to gather information and address any issues raised, and this meeting was productive. Although limited in number, some equality-related celebratory events had been carried out throughout the previous year, involving Black History Month, a Gypsy, Romany, Traveller awareness event and an Anne Frank exhibition.

Recommendations

- 2.34** The equality committee should analyse data, to ensure that there are no inequitable outcomes for prisoners with protected characteristics, and ensure that the needs of prisoners with protected characteristics are met.
- 2.35** Discrimination incident report forms should be investigated fully and responses should be timely.

Protected characteristics

- 2.36** A calendar of events for the forthcoming year had been published. However, at the time of the inspection there had been no regular and consistent consultation through prisoner forums for any of the protected groups for some time, due to cancellations. There were also gaps in providing consistent external independent support to prisoners with protected characteristics. Only LGBT prisoners had been able to access this type of support in the previous six months, through the Q Alliance (a registered charity that provides support, information and representation for LGBT people in Milton Keynes).
- 2.37** At the time of the inspection, 32% of the prison population identified as being from a black and minority ethnic background. These prisoners reported similarly to white prisoners in our survey, and did not raise any issues specific to race in our focus groups. There were 12 Gypsy, Romany, Traveller prisoners, and this group had not had been able to access a support forum for the previous five months. No external support was available to them or to black and minority ethnic prisoners.
- 2.38** There were some discrepancies concerning the number of foreign national prisoners who were known to the equality team, compared with the number who self-disclosed in our survey and who appeared on the prison's own central database, which could have resulted in some being missed. The prison used a professional telephone interpreting service to good effect and we saw no isolated non-English-speaking prisoners. However, there was no foreign national forum to provide support and information. Immigration support from the Home Office was available weekly, to support the small number of prisoners waiting for deportation.
- 2.39** In our survey, 36% of prisoners said that they had a disability. For prisoners with physical impairments, a 'buddy' scheme was now in place, with good oversight from the equality team. Prisoners with a disability spoke highly of the support they received from buddies, who helped with collecting meals, cleaning their cells and raising issues with the equality team on their behalf. Reasonable adjustments, such as grab rails, were made, where necessary and the health services team made social care referrals for those prisoners with the greatest need (see section on social care).
- 2.40** At the time of the inspection, there were 12 prisoners who had been identified as needing personal emergency evacuation plans (PEEPs). The prison had done some work to raise staff awareness about these, but we came across some staff who did not know where PEEPS

were located and which prisoners on their units were subject to them, and others who were unsure about their content.

- 2.41** There was little provision for prisoners over 50. In the previous six months, there had been no forum for this group and no CAMEO (Come Along and Meet Each Other) meetings (a weekly opportunity for older prisoners, held in the chapel).
- 2.42** The number of prisoners under the age of 21 had increased considerably since the previous inspection, from 17 to 50, and they were dispersed across the prison. There was no forum or activity for this group, other than a music technology class run by the education department, which young prisoners told us was hard to access because of regime restrictions.
- 2.43** At the time of the inspection, there were seven LGBT prisoners at the establishment, including two transgender prisoners. Although there was no forum for this group, they reported positively about the support they received from the equality team. The transgender prisoners had access to make-up, and catalogues were being sourced to enable them to buy women's clothing, in line with the provision for male prisoners.

Recommendations

- 2.44 Regular prisoner forums should be available for all protected characteristics, to provide support and understand needs.**
- 2.45 Staff should be aware of prisoners who are subject to personal emergency evacuation plans, and the support required in the event of an evacuation.**
- 2.46 Age-appropriate activities should be available both for younger and older prisoners.**

Faith and religion

- 2.47** Faith provision was good. The chaplaincy facilities were spacious, modern and well equipped. In our survey, 63% of prisoners said that their religious beliefs were respected, and 84% that they could attend religious services. Chaplains were available to prisoners from all faiths and were well integrated with the rest of the prison. Each member of the team was allocated a key area, such as safety or security, to contribute to the prison's strategic groups.
- 2.48** Chaplains provided good pastoral support. They saw all new arrivals, visited the segregation and inpatient units daily and met those on assessment, care in custody and teamwork (ACCT) documents weekly. Prisoners of all faiths were able to attend study groups. Vulnerable prisoners, following a separate movement, were integrated successfully with the main population at corporate worship. Chaplains also provided bereavement support.
- 2.49** The courses provided by the chaplaincy including a six-week 'living with loss' programme, a music group and the Sycamore Tree victim awareness programme (see also section on interventions), and the team oversaw the approved prison visitors scheme.

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.

- 2.50** 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.

Strategy, clinical governance and partnerships

- 2.51** The CQC found no breaches of the relevant regulations.
- 2.52** Central and North West London NHS Foundation Trust (CNWL) provided 24-hour health and social care services, and Westminster Drugs Project (WDP) provided integrated clinical and psychosocial substance misuse services.
- 2.53** Health services had improved. Partnership working between both providers and the prison was effective. Strong leadership and robust governance helped to ensure that the service met needs and achieved good patient outcomes.
- 2.54** We observed proficient interactions between staff and prisoners. There were some vacancies within the primary care and mental health teams, and recruitment was ongoing. Use of regular agency and bank nurses ensured that consistency of staffing was maintained.
- 2.55** Staff felt well supported and had regular appraisals and clinical supervision. They were well trained and had good opportunities to enhance their professional development.
- 2.56** Prisoners were not routinely consulted to enhance service development. However, they had been engaged with in a recent audit to try to reduce the number of missed appointments (see below). No health-related prisoner forums took place, although these were planned.
- 2.57** There were good arrangements for incident reporting, and lessons learnt were disseminated both to staff and the trust. There had been 96 entries on the electronic reporting system (Datix) since August 2017, and those we sampled had been managed appropriately. The health-focused death-in-custody action plan was comprehensive and informed practice developments. A useful 'Lessons Learnt' circular was shared regularly with wider CNWL offender services, which promoted information sharing.
- 2.58** Electronic clinical records were generally well written and comprehensive, but some interactions we witnessed, and discussed with staff, had not been recorded, which meant that some care provision could not be evidenced.
- 2.59** Health services were delivered from the health centre, an inpatient clinical assessment unit (CAU) and the segregation unit, and also on four house blocks. Clinical rooms in the health centre were clean and well equipped, but other non-clinical rooms across the units and the CAU were of variable condition. Waiting rooms were bare and provided little stimulation for patients.

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>.

- 2.60** There was a schedule of audits, including infection control. Medical emergencies were well managed by appropriately trained staff. The emergency equipment was appropriate and checked regularly.
- 2.61** There was a confidential health care complaints system. The responses we sampled were easy to understand, polite in tone, dealt directly with the concerns raised and had been investigated thoroughly. Not all responses had been recorded and some fell outside the target response time of 10 working days; however, there were established plans to make the system more robust. Lessons learnt from complaints informed service delivery.

Recommendation

- 2.62** **The health care provider should gather and analyse prisoners' views on health care routinely, to support service development.**

Promoting health and well-being

- 2.63** There was a reasonable range of health promotion material available but no strategy based on national campaigns. There was no prison-wide approach to general health promotion, but there had been some good joint working to support the recent smoke-free prison initiative.
- 2.64** There were no health care peer workers available, and no plans to introduce them.
- 2.65** Immunisation and vaccination, blood-borne virus and smoking cessation programmes were in place. Mental health associate practitioners had been trained in smoking cessation, and we saw some good examples of new receptions receiving support for this on arrival.
- 2.66** NHS health checks were available, and there were plans to introduce abdominal aortic aneurism screening in the near future. Sexual health services were provided, and condoms were well advertised and available.

Recommendation

- 2.67** **There should be a whole-prison strategy to support health promotion and well-being activities, and this should include health-specific peer workers.**

Primary care and inpatient services

- 2.68** Initial health screening took place for all prisoners on the day of arrival and ensured prompt access to specialist follow-up services. Many secondary health assessments had been delayed but this had recently been resolved, and they now took place within seven days of prisoners' arrival at the prison.
- 2.69** An appropriate range of primary care services, including physiotherapy and podiatry, were provided. A well-embedded practice nurse service ensured that clinic schedules were protected, which resulted in short waiting times. The wait for a routine GP appointment was only two days, and urgent appointments were facilitated on the same day. Out-of-hours GP cover was provided to the same level as in the community.
- 2.70** The appointment system was efficient, and prisoners had good access to wing-based nurses. There was a high rate of failure to attend health appointments but initiatives had been

identified to help lower this, including contacting prisoners before their appointment, to confirm details and intent to attend.

- 2.71** A range of nurse-led clinics was available. Patients with long-term conditions and complex health needs were overseen by practice nurses, who liaised closely with the GP. Patients with diabetes were involved in the formulation of their individual care plans. These were good, supported continuity of care and were based on national clinical guidance. However, care plans for some patients with other conditions – for example, epilepsy – were less comprehensive.
- 2.72** Patients with palliative and end-of-life needs received good personalised and dignified care.
- 2.73** Prisoners had good access to secondary care services, and external hospital appointments were well managed. The health services team contributed to the individual risk assessments of their patients, helping to ensure that security measures were proportionate.
- 2.74** Although there was a framework for patients to receive a comprehensive pre-release assessment on discharge, we saw no evidence that this took place. However, staff were clear that all patients needing medication on release would be given seven days' supply.
- 2.75** At the time of the inspection, the 12-bedded inpatient CAU housed seven patients with mental and physical health needs. Four of these patients needed multiple officers to unlock them (see also paragraph 1.33 and recommendation 1.38), which had a large impact on the amount of time out of cell for less risky patients and meant that prisoners there spent most of their day locked up. A local operating procedure detailed a clear admission and discharge pathway, but there was still no therapeutic regime on the unit. While nurses were present on the unit to administer medication, undertake physical health checks and discuss individual patients with officers each morning, general day-to-day management was provided by prison officers, with little management oversight or support. Although we saw some good patient care plans, they were inaccessible to officers.

Recommendation

- 2.76** **The regime for inpatients should include appropriate therapeutic activity.**
(Repeated recommendation 2.72.)

Social care

- 2.77** CNWL had established links with Milton Keynes Council, enabling arrangements for social care assessments to take place, although waiting times from referral to assessment were up to 10 weeks, which was too long. There was no formal agreement between the two agencies.
- 2.78** CNWL was contracted by Milton Keynes Council to provide social care services. At the time of the inspection, only one prisoner was receiving a social care package, and the care and support provided to them was good.
- 2.79** Health services staff were aware of their safeguarding responsibilities and had received appropriate safeguarding training. Consent to share medical information was sought routinely.

Recommendation

- 2.80** There should be a memorandum of understanding between agencies, to outline appropriate joint service working on social care.

Mental health care

- 2.81** The mental health team was well integrated with the rest of the prison and regularly involved in ACCT reviews and prison-wide meetings to support patients with complex needs.
- 2.82** The mental health service had been redesigned since the previous inspection, and used a stepped-care model to structure provision, six days a week. The team comprised four registered mental health nurses, a psychologist and a full-time psychiatrist. Recruitment to the five vacant mental health nursing posts was ongoing. Three mental health associate practitioners had also been introduced into the team, and provided support for prisoners with low-level need. This was having a positive impact on primary care support. There was a short wait to see the psychiatrist, who had a flexible approach and saw urgent cases on the day of referral. At the time of the inspection, the team carried a caseload of 52 patients, which included eight patients being cared for under the care programme approach.
- 2.83** Immediate mental health needs were identified on reception and appropriate onward referrals made. All prisoners were seen by the mental health team on the day after their arrival at the prison, regardless of the outcome of their reception health screen.
- 2.84** Referrals were received from a variety of sources via a dedicated email box and electronic tasking via SystmOne (the electronic clinical information system), and prisoners could now also self-refer. Referrals were reviewed appropriately and appointments allocated based on patient need. In the previous three months, registered mental health nurses had assessed 79 patients who had been referred to the service. Recognised mental health assessment tools were used appropriately.
- 2.85** Interventions included weekly drop-in wing clinics, one-to-one support, facilitated self-help, art psychotherapy and group therapy. However, further service development was currently limited due to the lack of registered mental health nurses.
- 2.86** Provision for patients with a learning disability was adequate and we saw some impressive work with a patient with attention-deficit hyperactivity disorder. Physical health checks for mental health patients were undertaken by nurse practitioners.
- 2.87** Mental health patients had regular input from the team but not all care plans were updated regularly. We saw evidence of family involvement for patients with complex needs. Only 51 prison staff had been trained in mental health awareness in the previous 12 months.
- 2.88** There were effective links with the Westminster Drug Project (WDP) team to support patients with substance use and mental health issues.
- 2.89** Three patients had been transferred under the Mental Health Act in the previous six months. Two had waited between five and six weeks, but one had waited over five months.
- 2.90** There were good links with community mental health teams, to support patients being discharged back to the community, and also with other prisons and secure services, to support ongoing care.

Recommendations

- 2.91 All discipline officers should receive regular mental health awareness training to enable them to recognise and take appropriate action when a prisoner has mental health problems.** (Repeated recommendation 2.92)
- 2.92 Patients requiring a transfer under the Mental Health Act should be assessed promptly and transferred within the current transfer guidelines.** (Repeated recommendation 2.93)

Substance misuse treatment⁹

- 2.93** The establishment's approach to drug and alcohol supply and demand reduction lacked strategic focus and planning (see also paragraph 1.36 and recommendation 1.39). On an operational level, joint working had improved, and this was reflected in the local psychoactive substance guidance protocol developed between the prison and substance misuse and health services teams.
- 2.94** WDP provided integrated clinical and psychosocial substance misuse services. Clinical governance systems and policies were robust, and the service was well managed and appropriately resourced. Prisoners could access a range of needs-led interventions, and currently 121 individuals (20% of the population) were actively engaging in one-to-one or recovery-focused group work modules. The more intensive five-session 'nurturing opportunities, vision and aspirations'(NOVA) course was run quarterly. WDP had trained four recovery champions, who offered additional support, but neither Alcoholics Anonymous nor Narcotics Anonymous meetings were available.
- 2.95** Drug- and alcohol-dependent prisoners were promptly admitted to the designated drug support unit (HB2A) or the adjoining unit (HB2B), if required. A substance misuse nurse provided night monitoring and observation on both locations. We observed positive interactions between officers and prisoners on HB2A, and the unit had a calm atmosphere, but the area for medicine administration acted as a thoroughfare and lacked privacy (see below).
- 2.96** In the previous six months, 228 prisoners had undertaken alcohol detoxification. Currently, 86 were receiving methadone, with 28% reducing their dosage. There was sufficient specialist prescribing input to initiate and review treatment but prisoners could still not continue buprenorphine regimes, for operational rather than clinical reasons. This was inappropriate and did not reflect national guidance.
- 2.97** Care coordination for patients with substance- and mental health-related problems had improved, with a joint WDP/CNWL dual diagnosis pathway and policy, and weekly meetings to plan and review the care of those with complex needs.
- 2.98** A local 'dual prescribing of opiates' protocol for the safe and effective management of patients treated for both pain relief and opiate dependency had been developed, and early evidence showed improved patient outcomes.
- 2.99** Release planning was comprehensive, and harm reduction advice included training in naloxone (an opiate reversal agent) for prisoners to manage opiate overdose in the community. Strong links with community services ensured treatment continuation on release, and WDP was represented at local planning meetings.

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).

Recommendations

- 2.100 Prescribing regimes for drug dependency should be flexible, individualised and reflect national guidance on buprenorphine.** (Repeated recommendation 1.75)
- 2.101 Prisoners should be able to access self-help and mutual aid groups such as Alcoholics Anonymous, Narcotics Anonymous or SMART Recovery, for additional support.**

Good practice

- 2.102** *Substance misuse and health service providers had introduced a local protocol for the safe and effective management of patients prescribed opiates for both pain relief and opiate dependency.*

Medicines optimisation and pharmacy services

- 2.103** An in-house pharmacy supplied medicines promptly. Prisoners had direct access to pharmacy staff for advice via a pharmacy appointments system, although there were no regular medicines use reviews.
- 2.104** Substance misuse services were provided by a separate provider (WDP; see above) but patients collected their substance misuse treatment and their medical treatments from the same nurse, at the same time, irrespective of which nurses were working on that particular wing.
- 2.105** The in-possession policy, formulary (a list of medications used to inform prescribing) and risk assessments were appropriate but not used consistently. However, the risk assessment was clearly on display in the patient electronic record. The prescribing of tradable medications was satisfactory.
- 2.106** Medication was administered three times a day, at 8am, 11.45am and 4pm, from the wing treatment rooms. Evening medication was taken to prisoners' cells between 6.30pm and 7pm, which left too short a gap from the previous dose for some medications.
- 2.107** Medication queues were poorly supervised by officers. They were not always vigilant with medication compliance, and allowed crowding at the hatch, which reduced confidentiality and increased the likelihood of bullying and medication diversion.
- 2.108** Nurses no longer prepared medication in pots before the patient arrived. Most drug administrations were recorded correctly on SystmOne, but some omitted doses did not appear to have been followed up. Administration of methadone on HB2A was a robust process, with the electronic dosing pump checked for quantity each time.
- 2.109** Health services staff could administer an appropriate range of medicines for minor ailments without a prescription, and had adequate access to stock medicines out of hours. Arrangements for supplying medications for prisoners going to court were generally appropriate. However, nurses dispensed medication from stock when prisoners were added to the court list after pharmacy staff had left, which lacked adequate governance.
- 2.110** Medicines were stored securely but some date checking was not carried out regularly, leading to out-of-date medicines being on the shelves on the wings.

- 2.111** Protocols and procedures were up to date. Medication incidents were managed appropriately. Well-attended medicine management meetings discussed all key issues, with both providers usually present.

Recommendations

- 2.112** In-possession risk assessments should be up to date, relevant for each patient and followed by the prescribers according to policy.
- 2.113** Medicines should be administered at clinically appropriate times, in line with current professional standards. (Repeated recommendation 2.80)
- 2.114** Custodial staff should supervise the medicine administration queues adequately to maintain patient confidentiality and reduce potential bullying. (Repeated recommendation 2.81)

Dental services and oral health

- 2.115** Buckinghamshire Dental Service offered a full range of NHS dental treatments, including good oral health advice. Patients told us that they were satisfied with the care provided but sometimes experienced long waits for an appointment. Waiting times fluctuated but had reduced to less than six weeks at the time of the inspection. High non-attendance rates were being addressed, and staff prioritised appointments based on clinical need.
- 2.116** The primary care team offered support and pain relief to patients when required, and there was effective communication with the dental team. Urgent referrals were seen promptly and out-of-hours provision was available if needed.
- 2.117** The dental room met current infection control standards and there was a separate decontamination room. Dental equipment was mostly maintained and serviced regularly, and waste materials were disposed of safely. The provider was addressing delays in some servicing agreements with the relevant contractors.

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 Chronic and substantial staff shortages caused almost routine disruptions to a restricted regime that had been in place for over three years. In January 2018, the already restricted regime had only run fully for only five days. The prison made efforts to inform prisoners and staff on the day before planned closures of workplaces and other regime activities, but this still caused considerable frustration to all concerned (see main recommendation S61).
- 3.2 The published core day theoretically provided prisoners in full- and part-time employment with more than 10 hours a day out of their cells. However, the actual amount of time unlocked during the inspection was, at best, around eight hours a day, and often this was reduced to around four hours. This was reflected in our survey, in which around 60% of respondents said that they were unlocked for between two and six hours a day on weekdays. Access to evening association periods up to 7pm was limited to two evenings per wing each week. Most prisons were unlocked for four hours a day at weekends. For some prisoners, such as unemployed prisoners on the basic level of the incentives and earned privileges scheme, the vulnerable prisoners on HBI unit and those waiting to complete induction, the amount of time unlocked could be as little as one and a half hours per day (see main recommendation S61).
- 3.3 During our roll checks, we found almost half of the population to be locked in their cells, which was much higher than at the previous inspection, and far too high (see main recommendation S61).
- 3.4 Exercise periods, although regular, were too short, at around 30 minutes. Those prisoners scheduled to be unlocked at the time of exercise had to choose between going out onto the yards or being locked up.
- 3.5 The prison library, operated by Northamptonshire Library Service, was often closed. We estimated that in the previous three months it had only operated normally on seven occasions, owing to regime cancellations. There were no scheduled evening or weekend sessions. Only around a hundred prisoners were enrolled in the library.
- 3.6 Stock was suitable and levels were high, and the library service responded to requests for specific books and provided support for those undergoing education courses.
- 3.7 There was little promotion of literacy around the prison, and no book club. Most of the prisoners who attended the library were from the nearby education department.
- 3.8 There was no gathering of data to identify either who was using the service or areas around the prison where services should have been promoted.

- 3.9** Recreational gym facilities were good and included a sports hall, weights room, cardiovascular training room and an external all-weather surface pitch. Most of the equipment was in good order.
- 3.10** Gym sessions were rarely cancelled but often operated well below capacity, which was particularly unacceptable given the large number of prisoners regularly locked up on the wings. The provision of vocational gym courses was reasonable.
- 3.11** There were no age-specific sessions for older prisoners or young adults, or health-related fitness activities designed for those of differing abilities. Links to health and substance misuse services were generally poor and there was little evidence of any joint working to support prisoners on drug rehabilitation programmes.

Recommendations

- 3.12 All prisoners should have daily access to an hour in the open air.**
- 3.13 Data on the use of the library and its stock should be collected and used to improve access.** (Repeated recommendation 3.32)
- 3.14 Wherever possible, all gym facilities should be used to full capacity.**
- 3.15 PE provision should be developed to include age-appropriate sessions and support for prisoners with specific health needs or those on the drug rehabilitation programme.**

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

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

Overall effectiveness of learning and skills and work:	<i>Inadequate</i>
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Requires improvement</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>Requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Inadequate</i>

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).

Management of education, skills and work

- 3.16** The overall effectiveness, leadership and management of education, skills and work was inadequate. Prison senior managers provided full- and part-time activity places for most of the population. However, these were underutilised, and only one-third of prisoners attended activities at any one time.
- 3.17** Extreme staff shortages and regime restrictions resulted in education, skills and work activities being cancelled on too many occasions. Education and training staff were told of closures by email at very short notice. Wing officers did not always know about cancellations, and even when activities were available, did not ensure that prisoners attended their allocated activity. During the inspection, activities were closed during most of the core day on most days (see also section on time out of cell and main recommendation S61).
- 3.18** Prison leaders and managers were clearly focused on helping prisoners to develop their English and mathematics skills. The curriculum broadly met prisoners' needs, and the prison had slightly increased the range of vocational training and work with the addition of painting and decorating parties working around the prison, and kitchen fitting and tiling. However, as a result of the restricted regime, the accredited work in the kitchens had ceased. A narrow range of contract assembly work was available. However, there were some good opportunities for vulnerable prisoners, including refurbishing office telephone systems, repairing circuit boards and quality testing their own work. Prison managers had recognised the need further to increase vocational training and contract work.
- 3.19** College staff reacted positively when told about cancellations of education sessions, going to the wings and providing good individual support to prisoners, particularly for English and mathematics. Prisoners appreciated this and adapted readily to independent learning.
- 3.20** Full-time education was provided for vulnerable prisoners on the wings, and this was rarely cancelled. Prison managers collaborated well with Milton Keynes College and other education providers, and provided effective support to the more able prisoners following distance learning and Open University courses. The number of prisoners on higher-level courses had risen, with around 70 on such courses at the time of the inspection. Prisoners serving long sentences appreciated the opportunity to take higher-level courses and participated well.
- 3.21** The prison's own education, skills and work quality assurance arrangements, self-evaluation and quality improvement planning had stalled. Too few staff attended the quality improvement group meetings, which meant that prison managers did not monitor education, skills and work sufficiently. Milton Keynes College staff used quality improvement processes well.
- 3.22** All prisoners were given an initial assessment of their English and mathematics skills, and this was used to inform the allocation process. Administrative staff allocated prisoners to activities appropriately, and most prisoners who needed to improve their English and mathematics skills were directed to education classes.
- 3.23** The quality of the National Careers Service, contracted to Futures, was good. Staff provided good, impartial careers advice, including to the one-third of prisoners who were on remand and in the prison for a short time. They regularly reviewed and effectively monitored most prisoners, to prepare them for progression to other prisons or release into the community. Futures staff provided a wide range of support with job applications and information about jobs, further education and training opportunities in the areas to which prisoners were being released. However, most prisoners had no access to the virtual campus (internet access for

prisoners to community education, training and employment opportunities) due to the lack of network connections.

Recommendations

- 3.24** Managers should increase the number of activity places, specifically in vocational training and employment-related work, to meet all prisoners' needs.
- 3.25** Quality assurance processes should be further developed, to make sure that prison managers have a cohesive approach to self-evaluation and planning for improvement across all education, skills and work.
- 3.26** The virtual campus should be made fully operational, and available to all prisoners.

Quality of provision

- 3.27** The quality of teaching, learning and assessment was good. In education sessions, most tutors taught prisoners well, using a wide range of information about them, including their starting points in English and mathematics, and their learning support needs. Most tutors used information about the support needs of prisoners with learning difficulties and/or disabilities effectively to plan their learning activities.
- 3.28** Tutors supported prisoners well to develop their written and spoken English and mathematics skills across most courses, reinforcing topics through vivid displays of mathematical principles. For example, in art classes, displays illustrated principles such as perspective, shape, measuring and ratios. The most successful tutors used trained peer mentors effectively, and prisoners who received this extra help progressed well and appreciated it.
- 3.29** Most tutors and trainers provided good feedback to prisoners. They checked prisoners' knowledge effectively, to assess their understanding during lessons. They questioned prisoners well, to extend their skills and help them to make progress, and most developed their independent learning skills. However, tutors and trainers did not use individual learning plans sufficiently well to show prisoners what they needed to do to progress and achieve their long-term aims.
- 3.30** There was insufficient vocational and employment-related work (see recommendation 3.24). For the small amount of vocational training offered, trainers provided good coaching, motivating prisoners to develop good practical and work skills through challenging tasks. For example, prisoners were given responsibility for refurbishing and decorating areas around the prison. In a contract workshop, prisoners supported each other to meet production targets, leading to a few prisoners achieving a level 2 qualification in leadership. Trainers promoted and integrated mathematics effectively in vocational training and work – for example, mixing paints and working out the ratios and proportions of chemicals used in industrial cleaning. However, the development of prisoners' English skills in vocational training and work was inadequate. In many workshops, trainers did not record prisoners' development of non-accredited work skills. Prisoners working on the wings were not fully occupied during the core day.

Recommendations

- 3.31 Individual learning plans should contain sufficient detail to ensure that prisoners know what to do to improve their academic, work and vocational skills.**
- 3.32 Prisoners' work skills should be recognised and recorded, to show their skills development.**

Personal development and behaviour

- 3.33** Prisoners behaved well and showed high levels of respect to each other and to prison and other staff. Most prisoners took pride in their work, particularly in art classes and the radio workshop. However, a substantial number of prisoners became frustrated and demotivated by the regular closures and cancellations, and struggled to maintain a healthy work ethic, which resulted in low attendance in many education classes.
- 3.34** The education, training and work provision was aimed at promoting the development of employability skills and reducing reoffending. However, trainers did not always record prisoners' development of personal and social skills, and prisoners had little useful information to take with them when transferring to another prison or on release.

Recommendation

- 3.35 Trainers should record prisoners' development of personal and social skills, to ensure that they are better prepared for progression to further education and training, and/or release into the community.**

Outcomes and achievements

- 3.36** Prisoners' outcomes and achievements required improvement. Most prisoners who were able to complete their courses achieved well, including in English and mathematics. Achievements for most education qualifications were high, including for those with complex special educational needs and/or those with learning difficulties and disabilities. Achievements on the small number of employability and vocational training courses were also high.
- 3.37** There were no variations in the achievements of different groups of prisoners. However, prisoners' progress through their qualifications was undermined by regime cancellations, which was particularly problematic for those in the prison for short periods. Too many prisoners were unable to attend and made slow progress towards their qualifications. This also created a backlog of prisoners waiting to attend courses.

Recommendation

- 3.38 The prison should increase the number of prisoners undertaking accredited qualifications, to provide prisoners with recognition of their achievements.**

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.

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.

- 4.1 The establishment held a complex mix of prisoners. A large proportion was on remand or serving short custodial sentences, alongside prisoners serving longer sentences, some of whom would stay at the prison throughout their sentence. Others had been moved to Woodhill for local release. About a third of the entire population were assessed as presenting a high risk of harm to others.
- 4.2 The strategic management of reducing reoffending had deteriorated since the previous inspection and was now not sufficiently good. Pending a change in the function of the prison to a category B training prison, planning for the current population had stalled. For example, the reducing reoffending strategy was not based on a current analysis of the needs of the distinct types of prisoners held. A reducing reoffending committee met monthly but did not include offender management, and attendance by representatives from other departments was not always adequate. There was no action plan, so it was difficult to see how priorities were set or progress was monitored. The meeting provided a forum for sharing the work completed but some departments did not submit reports regularly enough and the data submitted were often limited.
- 4.3 Two different community rehabilitation companies (CRCs) delivered the core resettlement services. Thames Valley CRC was contracted by MTC Novo, and BeNCH (Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire) CRC was contracted by Sodexo. The original contracts and resourcing were based on the Thames Valley CRC managing 70% of prisoners and BeNCH managing 30%. In reality, half of the prisoners were from BeNCH areas, which were not sufficiently well resourced to manage this higher than expected workload (see also section on release planning).
- 4.4 There were too few seconded probation officers, and four out of 12 uniformed offender supervisor posts were vacant. The negative impact of this was compounded by the large amount of cross-deployment of uniformed offender supervisors to operational duties, to cover for staff shortages elsewhere in the prison, all of which undermined the quality of offender management. Prison data showed that about 40% of uniformed offender supervisor hours had been lost over the previous six months. As a result of their lack of time in the offender management unit (OMU), most uniformed offender supervisors struggled to manage their cases proactively and were only able to respond to events in the prisoner's sentence, such as categorisation or parole board reviews. However, these important tasks were prioritised, and at the time of the inspection were up to date.

- 4.5 Most sentenced prisoners were held at the prison for a relatively brief time before moving on to training prisons. Only 48 prisoners did not have an initial offender assessment system (OASys) assessment but the number transferred on without one was not monitored, and offender supervisors we spoke to suggested that this was high.
- 4.6 Offender management was weak, both for the 47 sentenced prisoners who had been at the establishment for over a year and for those, including high risk of harm cases, who were due for release. Some of the probation officers based in the OMU provided more meaningful contact and engagement aimed at progression, but most uniformed offender supervisors failed to deliver an effective service. Contact was often irregular, and in some cases there was no evidence of contact for many months. OASys assessments were rarely reviewed to reflect changes in risk or progress made, which meant that many were out of date, and some considerably so.
- 4.7 Appropriately, prisoners on remand who were facing an indeterminate sentence were allocated to an offender supervisor, who met them to explain the next steps and the implications of their potential sentence.
- 4.8 The new national home detention curfew (HDC) processes had been implemented successfully and were well managed. The number being released early on HDC appeared to be increasing, and the timeliness of the releases appeared to be improving, but the lack of local monitoring made it difficult to evidence these outcomes. There was also no peer support on the wings to promote the scheme and help prisoners to complete the application forms. Applications were assessed appropriately and authorisation rightly sat with a senior manager. We saw examples of applications being rejected when there were concerns about the level of risk of harm to others in the community.

Recommendations

- 4.9 **The strategic management of reducing reoffending should be improved. An up-to-date and comprehensive needs analysis should inform a detailed strategy and a robust action plan against which to monitor progress.**
- 4.10 **The quality of offender management should be improved. Contact with prisoners, particularly those assessed as presenting a high or very high risk of harm, should be meaningful, clearly aimed at promoting progression and protecting the public.**

Public protection

- 4.11 Public protection restrictions, including the monitoring of letters and telephone calls, were managed well and applied appropriately. Risks were identified on arrival, and approval to use these restrictions was overseen by a regular meeting chaired by the head of the OMU. However, the decision to remove these restrictions was rarely informed by a comprehensive assessment by the offender supervisor, which potentially limited the quality of this oversight.
- 4.12 Prisoners could make applications for contact with their children, and the assessment process was sound overall. However, too little was done to chase up responses from other agencies, such as Children's Services, which meant that some applications were not resolved for several months, leaving the prisoner and their family unsure of what was happening.
- 4.13 The monthly interdepartmental risk management team meeting was reasonably well attended. It provided a forum within which to discuss release plans for the most concerning

and complex cases, identified as multi-agency public protection arrangements (MAPPA) level 2 or 3. Information exchange in these cases was generally good and there was evidence of risk management plans being developed. However, not all prisoners presenting a high risk of harm to others in the community were reviewed at the meeting, and in too many of these there was little evidence of pre-release risk management planning with the offender manager in the community. For example, in the following three months, 50 prisoners who had served a sentence of over 12 months were due to be released; 24 of these had been assessed as presenting high or very high risk of harm, yet a clear MAPPA management level had been set in only 13. In addition, there was no evidence of discussions between the offender supervisor and the offender manager in the community to implement a robust risk management plan for any of these prisoners.

Recommendation

- 4.14 Risk management planning for release, particularly for those assessed as high or very high risk of harm, should be more robust, with clear evidence of information exchange with the community-based offender manager, including confirmation of the multi-agency public protection arrangements (MAPPA) management level where relevant.**

Categorisation and transfers

- 4.15** Categorisation reviews, including those for category A prisoners, were up to date. The review paperwork we looked at was of good quality and informed by detailed assessments by offender supervisors. Prisoners could make written representations but were not involved face to face in the final approval process, which limited their engagement. Decision making in the cases we looked at was generally defensible and appropriate.
- 4.16** Owing to the lack of places nationally, some category B prisoners remained at the establishment for too long, and there was too little offence-focused work to help them to progress.

Recommendation

- 4.17 More category B places should be available nationally, to ensure that prisoners are located in the most appropriate prison in order to progress through their sentence.**

Interventions

Expected outcomes:

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

- 4.18** Both CRCs had specialist housing advisers, who also provided help with finance and debts. There was a wide range of help with housing problems, assisting prisoners to maintain or close down tenancies on arrival into custody and providing them with other, more specialist support when needed. Before release, both CRCs aimed to help prisoners find somewhere to live but this was often challenging due to the lack of available accommodation in the community.

- 4.19** The monitoring of accommodation status on release was not sufficiently sophisticated to assess the effectiveness of the provision. BeNCH CRC was unable to provide reliable data and Thames Valley CRC relied on prisoner disclosure before release and did not evidence the sustainability of accommodation following discharge.
- 4.20** Prisoners could now open bank accounts and set up benefit claims for Job Seekers Allowance before release, both of which were improvements since the previous inspection.
- 4.21** Ixion (a project supported by the European Social Fund) provided some additional resettlement help to a small number of prisoners. They provided a wide range of help related to promoting education, training and employment opportunities on release, including CV writing and guidance on the laws relating to the disclosure of criminal convictions to employers.
- 4.22** Thames Valley CRC had delivered three 'Getting it Right' courses (aimed at improving thinking and problem-solving skills) in the previous six months but another three courses had been cancelled, with only 18 completions in that period. BeNCH CRC had not been able to deliver its pre-release course owing to staff shortages.
- 4.23** Two accredited offending behaviour programmes were provided (the thinking skills programme and Resolve) but neither were available to prisoners convicted of sex offences. The prioritisation of places on both programmes was appropriate, waiting list were fairly short and the number of completions was reasonably good.
- 4.24** Even though some prisoners convicted of domestic violence and sex offences stayed at the establishment for much of their time in custody, there was no current needs analysis and still no strategy for the delivery of structured offence-focused work for them.
- 4.25** Indirect restorative justice was available through the Sycamore Tree programme, delivered three times a year, with 20 places on each course. The OMU was also managing some direct restorative justice work, which involved face-to-face meetings between the offender and their victim(s), and 13 prisoners were being assessed for participation.

Recommendations

- 4.26** **The proportion of prisoners released to sustainable accommodation should be monitored more robustly to measure the effectiveness of provision.**
- 4.27** **The prison should develop a strategy to address the management of and engagement with prisoners with histories of domestic violence and sex offences.**
(Repeated recommendation 4.45)

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.

- 4.28** The demand for resettlement services was high, with about 120 releases each month. New prisoners, including those on remand, received good CRC support on arrival, with completion of the resettlement plan and referrals to others when needed. In the cases we

looked at, initial resettlement plans were of reasonably good quality and the prisoner received a copy.

- 4.29** Both CRCs worked hard to ensure that resettlement plans were reviewed 12 weeks before release and that action was taken as a result. However, there were some unnecessary contractual differences between the CRCs, which meant that prisoners received different support. For example, Thames Valley CRC provided a further review meeting three weeks before release, which was good practice, but BeNCH did not. Thames Valley CRC had access to mentoring for prisoners on release but in recent months BeNCH had not. Thames Valley CRC provided a pre-release programme but BeNCH had not been able to deliver theirs owing to staff shortages (see also paragraph 4.22).
- 4.30** Both CRC teams reported regular problems with the lack of access to prisoners. Too often, regime cancellations resulted in the resettlement unit being closed or prisoners being locked in their cells and therefore missing their resettlement appointment. However, in these situations CRC staff went onto the wings to interview these prisoners as soon as possible.
- 4.31** Neither CRC provided support to victims of domestic violence or prisoners involved in sex working. For education, training and employment; drugs and alcohol; mental health and relationships issues, CRC staff made referrals to other departments but they rarely received feedback about outcomes in these cases, which made it difficult for them to evidence progress made.
- 4.32** Both CRCs reported variable working relationships with wing staff, OMU staff and community-based offender managers. Communication had improved overall since the previous inspection but it was still underdeveloped.

Recommendation

- 4.33 The resources and support provided by BeNCH CRC should equal that provided by Thames Valley CRC, to ensure that all prisoners can access the same range of help, irrespective of the area to which they are being released.**

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.

- 4.34** Visits capacity was appropriate and visits started on time. Families were able to book visits by telephone or email. Although the families we spoke to were positive about their visits experience and the visitors centre, no visitors survey had been conducted. The visitors centre was managed by the Prison Advice and Care Trust (PACT), which provided useful information in different languages 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.
- 4.35** Visitors could buy refreshments in both the visitors centre and the visits hall. The hall was spacious, with a children's area stocked with toys, although this was often closed due to staffing problems and the lack of availability of a play worker.

- 4.36** Father and child visits ran every month but none of the longer family visits, where families could share a meal with prisoners, had taken place in the previous year. Intensive family engagement work, to support prisoners with parenting skills, had ended and the prison did not monitor the number of prisoners who did not access visits.
- 4.37** Storybook Dads (in which prisoners record stories for their children) was run by the chaplaincy, and prisoners had been able to access a scheme called 'Christmas tree angel', an initiative to provide their children with a wrapped gift.
- 4.38** In our survey, more respondents than at comparator prisons said that they experienced delays in receiving letters and parcels (67% versus 49%). We also found examples of prisoners having to wait an unacceptable length of time (up to three weeks) to get PIN numbers added to their telephone accounts, and therefore struggling to maintain contact with their families and friends during their early days at the prison. While some of this was due to unavoidable delays, when it involved prisoners subject to public protection measures, for whom there were requirements for telephone numbers to be checked and mail to be read, we also found some avoidable delays due to paperwork not been filled out correctly.

Recommendations

- 4.39 Regular family visits should be developed.**
- 4.40 Prisoners should be able to access telephone numbers (subject to public protection measures being cleared) within the first few days of arrival.**

Section 5. Summary of recommendations and good practice

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

Main recommendations

To the governor

- 5.1** There should be prison-wide action to improve prisoners' perceptions of safety, reduce violence, tackle antisocial behaviour and support victims. This should be supported by a detailed survey of prisoner perceptions, an evidence-based strategy and action plan, improved data analysis and timely investigation of incidents. (S59)
- 5.2** The work already done to analyse the high number of deaths at Woodhill should be reviewed, to determine the progress made and set up-to-date strategic priorities. Actions to reduce levels of self-harm should be sustained over time, and progress should be monitored consistently by senior managers. (S60)
- 5.3** Prisoners should have more time out of cell and be provided with a reliable regime, so that they can access constructive activities, education, training and work opportunities, and gain skills and qualifications to aid their rehabilitation and resettlement. (S61)

Recommendation

To GeoAmey

Early days in custody

- 5.4** Escort vehicle staff should retain their anti-ligature knife on admission to the establishment. (1.9)

Recommendations

To HMPPS

Early days in custody

- 5.5** HMPPS should address the contractual arrangements with the escort provider to ensure that prisoners arrive at the prison early enough to be assessed and settle into clean, appropriately equipped accommodation. (1.11, repeated recommendation S36i)

Reducing risk, rehabilitation and progression

- 5.6** More category B places should be available nationally, to ensure that prisoners are located in the most appropriate prison in order to progress through their sentence. (4.17)

Recommendations

To the governor

Early days in custody

- 5.7** Prisoners should only be handcuffed on and off the escort van based on an individual risk assessment. (I.10, repeated recommendation I.4)
- 5.8** Staff should complete every stage of the 'Early days in custody' booklet to required timescales, and managers should ensure compliance. (I.12)
- 5.9** All prisoners should receive a full and prompt induction. (I.13)

Managing behaviour

- 5.10** Vulnerable young adults located on the vulnerable prisoner unit should have a formal risk assessment and a plan to promote their safety on the unit. (I.19, repeated recommendation I.25)
- 5.11** The incentives and earned privileges (IEP) policy should be fully and consistently applied, with appropriate quality assurance and management checks. (I.20, repeated recommendation I.49)
- 5.12** The number of adjudications which are dismissed or not proceeded with should be reduced. (I.24)
- 5.13** Adjudication data should be analysed and monitored, to identify and address any ongoing trends or emerging hotspots of poor behaviour. (I.25)
- 5.14** Oversight of use of force should be improved, to ensure that it is always used appropriately. Use of force documentation should be completed within 72 hours of the incident, and managers should routinely review a proportion of incidents, including video and audio footage. (I.28)
- 5.15** Prisoners in the segregation unit should have daily access to telephone calls and showers. (I.32)

Security

- 5.16** The strip-searching of all but category A prisoners should be supported by a risk assessment. (I.33)
- 5.17** Prisoners who present a risk to staff and are subject to multiple officer unlocking arrangements should receive a thorough risk assessment which is reviewed regularly. (I.39)
- 5.18** The establishment should develop a more strategic and integrated approach to drug and alcohol supply and demand reduction, involving all key stakeholders. This should be supported by an up-to-date strategy and detailed action plan, which should be monitored for effectiveness. (I.40)

Safeguarding

- 5.19** There should be a referrals process by which staff can report concerns about prisoners at risk of harm, abuse or neglect. (I.48)

Staff-prisoner relationships

- 5.20** Electronic case notes should reflect engagement between staff and prisoners, and the circumstances of individual prisoners. Management checks should be recorded. (2.5)

Daily life

- 5.21** Two prisoners should not be held in cells designed for one. (2.13, repeated recommendation 2.9)
- 5.22** Showers areas should be screened, kept clean and maintained properly. (2.14)
- 5.23** Prisoners should be able to access their property on arrival and subsequently within seven days of application. (2.15)
- 5.24** Lunch should not be served before 12 noon and the evening meal not before 5pm, and breakfast should be issued on the day it is to be eaten. (2.21, repeated recommendation 2.99)
- 5.25** Prisoners poor perceptions of food should be explored through regular consultation and surveys. (2.22)
- 5.26** Complaints data should be analysed to identify trends, and action should be taken as a result. (2.28)

Equality, diversity and faith

- 5.27** The equality committee should analyse data, to ensure that there are no inequitable outcomes for prisoners with protected characteristics, and ensure that the needs of prisoners with protected characteristics are met. (2.34)
- 5.28** Discrimination incident report forms should be investigated fully and responses should be timely. (2.35)
- 5.29** Regular prisoner forums should be available for all protected characteristics, to provide support and understand needs. (2.44)
- 5.30** Staff should be aware of prisoners who are subject to personal emergency evacuation plans, and the support required in the event of an evacuation. (2.45)
- 5.31** Age-appropriate activities should be available both for younger and older prisoners. (2.46)

Health, well-being and social care

- 5.32** The health care provider should gather and analyse prisoners' views on health care routinely, to support service development. (2.62)
- 5.33** There should be a whole-prison strategy to support health promotion and well-being activities, and this should include health-specific peer workers. (2.67)
- 5.34** The regime for inpatients should include appropriate therapeutic activity. (2.76, repeated recommendation 2.72.)

- 5.35** There should be a memorandum of understanding between agencies, to outline appropriate joint service working on social care. (2.80)
- 5.36** All discipline officers should receive regular mental health awareness training to enable them to recognise and take appropriate action when a prisoner has mental health problems. (2.91, repeated recommendation 2.92)
- 5.37** Patients requiring a transfer under the Mental Health Act should be assessed promptly and transferred within the current transfer guidelines. (2.92, repeated recommendation 2.93)
- 5.38** Prescribing regimes for drug dependency should be flexible, individualised and reflect national guidance on buprenorphine. (2.100, repeated recommendation 1.75)
- 5.39** Prisoners should be able to access self-help and mutual aid groups such as Alcoholics Anonymous, Narcotics Anonymous or SMART Recovery, for additional support. (2.101)
- 5.40** In-possession risk assessments should be up to date, relevant for each patient and followed by the prescribers according to policy. (2.112)
- 5.41** Medicines should be administered at clinically appropriate times, in line with current professional standards. (2.113, repeated recommendation 2.80)
- 5.42** Custodial staff should supervise the medicine administration queues adequately to maintain patient confidentiality and reduce potential bullying. (2.114, repeated recommendation 2.81)

Time out of cell

- 5.43** All prisoners should have daily access to an hour in the open air. (3.12)
- 5.44** Data on the use of the library and its stock should be collected and used to improve access. (3.13, repeated recommendation 3.32)
- 5.45** Wherever possible, all gym facilities should be used to full capacity. (3.14)
- 5.46** PE provision should be developed to include age-appropriate sessions and support for prisoners with specific health needs or those on the drug rehabilitation programme. (3.15)

Education, skills and work activities

- 5.47** Managers should increase the number of activity places, specifically in vocational training and employment-related work, to meet all prisoners' needs. (3.24)
- 5.48** Quality assurance processes should be further developed, to make sure that prison managers have a cohesive approach to self-evaluation and planning for improvement across all education, skills and work. (3.25)
- 5.49** The virtual campus should be made fully operational, and available to all prisoners. (3.26)
- 5.50** Individual learning plans should contain sufficient detail to ensure that prisoners know what to do to improve their academic, work and vocational skills. (3.31)
- 5.51** Prisoners' work skills should be recognised and recorded, to show their skills development. (3.32)

- 5.52** Trainers should record prisoners' development of personal and social skills, to ensure that they are better prepared for progression to further education and training, and/or release into the community. (3.35)
- 5.53** The prison should increase the number of prisoners undertaking accredited qualifications, to provide prisoners with recognition of their achievements. (3.38)

Reducing risk, rehabilitation and progression

- 5.54** The strategic management of reducing reoffending should be improved. An up-to-date and comprehensive needs analysis should inform a detailed strategy and a robust action plan against which to monitor progress. (4.9)
- 5.55** The quality of offender management should be improved. Contact with prisoners, particularly those assessed as presenting a high or very high risk of harm, should be meaningful, clearly aimed at promoting progression and protecting the public. (4.10)
- 5.56** Risk management planning for release, particularly for those assessed as high or very high risk of harm, should be more robust, with clear evidence of information exchange with the community-based offender manager, including confirmation of the multi-agency public protection arrangements (MAPPA) management level where relevant. (4.14)

Interventions

- 5.57** The proportion of prisoners released to sustainable accommodation should be monitored more robustly to measure the effectiveness of provision. (4.26)
- 5.58** The prison should develop a strategy to address the management of and engagement with prisoners with histories of domestic violence and sex offences. (4.27, repeated recommendation 4.45)

Release planning

- 5.59** The resources and support provided by BeNCH CRC should equal that provided by Thames Valley CRC, to ensure that all prisoners can access the same range of help, irrespective of the area to which they are being released. (4.33)

Children and families and contact with the outside world

- 5.60** Regular family visits should be developed. (4.39)
- 5.61** Prisoners should be able to access telephone numbers (subject to public protection measures being cleared) within the first few days of arrival. (4.40)

Example of good practice

Health, well-being and social care

- 5.62** Substance misuse and health service providers had introduced a local protocol for the safe and effective management of patients prescribed opiates for both pain relief and opiate dependency. (2.102)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Alison Perry	Team leader
Sandra Fieldhouse	Inspector
Angus Mulready-Jones	Inspector
Paul Rowlands	Inspector
Jonathan Tickner	Inspector
Caroline Wright	Inspector
Tamara al Janabi	Researcher
Michelle Bellham	Researcher
Natalie-Anne Hall	Researcher
Beth Wilson	Researcher
Elizabeth Walsh	Lead health and social care inspector
Sigrid Engelen	Health inspector
Sue Melvin	Pharmacist
Gary Turney	Care Quality Commission inspector
Dee Angwin	Care Quality Commission inspector
Bob Cowdrey	Ofsted inspector
Malcolm Bruce	Ofsted inspector
Sheila Campbell	Ofsted inspector
Joe Simpson	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 2015, some prisoners arrived unacceptably late but reception processes were efficient. First night cells were dirty and poorly prepared. Levels of violence and self-harm were high, and there had been nine self-inflicted deaths since 2012. There was no prison-wide strategy to understand the problem or learn lessons from previous incidents. Almost one in five prisoners felt unsafe. The quality of crisis case management and anti-bullying processes was mixed and often failed to address the underlying causes. Security arrangements were mostly proportionate. The use of force was high and had increased significantly, but governance was good. The segregation accommodation was good but care planning was weak. Support for prisoners with drug and alcohol problems was generally good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

NOMS should address the contractual arrangements with the escort provider to ensure prisoners arrive at the prison early enough to be assessed and settle into clean, appropriately equipped accommodation. (S36i)

Not achieved (recommendation repeated, 1.11)

A prison-wide strategy and action plan to reduce the number of self-inflicted deaths and incidents of self-harm should be developed urgently. This should be based on detailed data and trend analysis and include implementation of Prisons and Probation Ombudsman recommendations. It should also include improvements in the quality of assessment, care in custody and teamwork (ACCT) case management documentation, and the lessons learned from internal investigations into life-threatening incidents. (S36ii)

Partially achieved

There should be prison-wide action to improve prisoners' perception of safety, reduce violence, tackle antisocial behaviour and support victims. This should be supported by a detailed survey of prisoner perceptions, an evidence-based strategy and action plan, improved data analysis, timely investigations of incidents, and fully effective use of the anti-bullying scheme. (S37)

Not achieved

Recommendations

Prisoners should not be delayed in reception due to lack of staff over the lunch period. (I.3)

Achieved

Prisoners should only be handcuffed on and off the escort van on the basis of an individual risk assessment. (I.4)

Not achieved (recommendation repeated, I.10)

There should be a Listener in reception throughout the day and evening to support new arrivals. (I.13)

Achieved

The first night and induction wing should not be used to accommodate prisoners who are difficult to locate elsewhere in the prison, and the prison should explore and address the negative views of vulnerable prisoners about their early days experiences. (I.14)

Not achieved

The prison should ensure that prisoners are always given the opportunity to shower and use a telephone soon after arrival, even if they arrive late. (I.15)

Not achieved

Vulnerable young adults located on the vulnerable prisoner unit should have a formal risk assessment and a plan to promote their safety on the unit. (I.25)

Not achieved (recommendation repeated, I.19)

The number of Listeners should be increased to ensure their availability at all times. (I.32)

Not achieved

The safeguarding adults policy should include a procedure for reporting prisoners who are at risk of abuse from others, and wing staff should be trained in this and be aware of their responsibilities under the Care Act. (I.35)

Not achieved

Strip searching of all but category A prisoners should be by risk assessment. (I.43)

Not achieved

Safer custody and security departments should have closer links at a strategic level, including joint attendance at key meetings, to ensure that all aspects of violence are considered and addressed. (I.44)

Not achieved

The effectiveness of the drug strategy should be reviewed to ensure all relevant departments work together to reduce the availability of drugs and respond to the emergence of new threats such as Spice. (I.45)

Not achieved

The incentives and earned privileges (IEP) policy should be fully and consistently applied, with appropriate quality assurance and management checks. (I.49)

Not achieved (recommendation repeated, I.20)

Adjudications should be analysed and monitored to identify and address any trends, and they should be completed within a reasonable time. (I.53)

Not achieved

Managers should investigate and analyse the high level of use of force to identify any trends or issues that need addressing. (1.57)

Not achieved

All use of special accommodation should be monitored to ensure it was necessary, documentation should fully record the circumstances of its use, and prisoners should be removed from special accommodation at the earliest opportunity. (1.58)

Partially achieved

Care and reintegration planning for segregated prisoners should start earlier and address their individual circumstances. (1.63)

Not achieved

Prisoners should not be subject to a reduced regime without appropriate authority, governance and monitoring arrangements in place. (1.64)

Achieved

The regime on the segregation unit should be improved, particularly for those prisoners segregated for their own protection, and should include activities and exercise in association where appropriate. (1.65)

Not achieved

New arrivals requiring stabilisation or detoxification should be consistently prioritised and admitted to the drug support unit without delay. (1.74)

Achieved

Prescribing regimes for drug dependency should be flexible, individualised and reflect national guidance on buprenorphine. (1.75)

Not achieved (recommendation repeated, 2.100)

The Westminster Drug Project and the mental health service should establish a full joint dual diagnosis pathway and joint working policy. (1.76)

Achieved

Prisoners needing medication should receive this before going to their activities. (1.77)

Achieved

Officers should be specifically selected and trained to work on the drug support unit. (1.78)

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2015, The environment was clean and well maintained but conditions in some accommodation were poor. Prisoners experienced problems getting basic kit and cell furniture, but the prison was working to improve this. Shower and toilet facilities lacked privacy. The majority of staff treated prisoners with decency, although prisoners from a black and minority ethnic background had negative views that needed to be addressed. Equality and diversity work lacked prisoner consultation, but faith provision was very good. Health services remained generally good, except for mental health provision. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

The mental health service should have sufficient staffing levels and skill mix to ensure that prisoners with primary and secondary mental health needs have timely access to a full range of care-planned mental health interventions within agreed timescales. (S38)

Achieved

Recommendations

More prisoners should have access to the landscaped areas. (2.8)

Not achieved

Two prisoners should not be held in cells designed for one. (2.9)

Not achieved (recommendation repeated, 2.13)

Prisoners should have access to sufficient clean clothing and cell furniture. (2.10)

Achieved

Showers and toilets should be suitably screened. (2.11)

Not achieved

Prisoners should receive their mail within 24 hours of its arrival in the prison, and non-category A prisoners should not have their mail routinely translated. (2.12)

Not achieved

Electronic case notes should reflect engagement between staff and prisoners and the circumstances of individual prisoners. Management checks should be improved. (2.17)

Achieved

There should be regular diversity training for all staff. (2.24)

Not achieved

The planned meetings to oversee equality and consult with prisoners from all backgrounds should be more frequent, address the needs of specific groups and take place consistently. (2.25)

Not achieved

Prisoner equality representatives should be appointed on every wing. (2.26)

Not achieved

The quality of discrimination incident reporting form investigations and responses should be checked by an independent external organisation. (2.27)

Achieved

The negative perceptions of Muslim, foreign national and black and minority ethnic prisoners about the prison, especially staff attitudes, should be addressed. (2.38)

Not achieved

Relevant information from care plans about the daily living needs of older prisoners and those with disabilities should be shared with wing staff and the prisoner concerned. (2.39)

Not achieved

The peer support scheme for older and disabled prisoners should be implemented as specified, and monitored robustly by residential and equality staff. (2.40)

Achieved

The prison should investigate and address the negative perceptions of some prisoners about access to chaplains in private. (2.44)

Achieved

All clinical areas should fully comply with current infection control standards. (2.60)

Achieved

Prisoners should have access to a well-advertised confidential health complaints system, and should receive timely responses that address all the issues raised. (2.61)

Achieved

Health service information and health application forms for prisoners should be easily available in a range of appropriate formats. (2.69)

Achieved

The non-attendance rate for all primary care clinics, including the dentist, should be reduced to under 10%. (2.70)

Not achieved

Prisoner health consultations should take place with maximum privacy, based on a risk assessment of the clinical environment and the individual prisoner. (2.71)

Achieved

The regime for inpatients should include appropriate therapeutic activity. (2.72)

Not achieved (recommendation repeated, 2.76)

Prisoners should have direct access to pharmacy staff for advice, including medicine use reviews. (2.79)

Achieved

Medicines should be administered at clinically appropriate times, in line with current professional standards. (2.80)

Not achieved (recommendation repeated, 2.113)

Custodial staff should supervise the medicine administration queues adequately to maintain patient confidentiality and reduce potential bullying. (2.81)

Not achieved (recommendation repeated, 2.114)

The drug administration area on house unit 4B should comply fully with infection control standards, be only accessible by health staff and have SystmOne access, and the treatment room on 2B should be secure. (2.82)

Achieved

All discipline officers should receive regular mental health awareness training to enable them to recognise and take appropriate action when a prisoner has mental health problems. (2.92)

Not achieved (recommendation repeated, 2.91)

Patients requiring a transfer under the Mental Health Act should be assessed promptly and transferred within the current transfer guidelines. (2.93)

Not achieved (recommendation repeated, 2.92)

Prisoners' poor perception of the food provided should be investigated and addressed. (2.98)

Not achieved

Lunch should not be served before 12 noon and the evening meal not before 5pm, and breakfast should be issued on the day it is to be eaten. (2.99)

Not achieved (recommendation repeated, 2.21)

There should not be a charge for catalogue orders. (2.102)

Not achieved

Purposeful activity

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

At the last inspection, in 2015 time out of cell was reasonable for most prisoners but too many were locked in their cells unnecessarily during the core day. The management of learning, skills and work was good. Work and training opportunities had increased significantly and there were sufficient activity spaces for all prisoners. The quality of teaching and learning had improved, and success rates were high. Attendance and punctuality were impressive. Library provision had also improved, and PE provision remained good. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Prisoners should only be locked up during activity periods on the basis of a risk assessment. (3.4)

Not achieved

The prison should use data more extensively to identify participation and achievements of different groups of prisoners, and ensure that all prisoners can participate and achieve. (3.10)

Not achieved

The prison should offer more opportunities for prisoners to work as peer mentors and learning support classroom assistants, and Milton Keynes College senior managers should increase learning support for education sessions to enable all prisoners to succeed and achieve their learning goals. (3.15)

Not achieved

The initial assessment of prisoners whose first language is not English should ensure that they receive the most appropriate support, including provision in English for speakers of other languages (ESOL), to enable them to progress. (3.16)

Achieved

Prison managers should ensure that all prisoners are allocated to an activity that acknowledges their length of sentence and sentence planning requirements. (3.17)

Achieved

Written feedback across all areas of education should ensure that prisoners receive useful information that helps them to progress faster. (3.22)

Achieved

Staff should consistently record the interpersonal and employability skills that prisoners develop in all areas of learning, skills and work. (3.25)

Achieved

Success rates on mathematics courses at level 1 should be improved further. (3.28)

Not achieved

Data on the use of the library and its stock should be collected and used to improve access. (3.32)

Not achieved (recommendation repeated, 3.13)

Links between the health care centre and PE staff should ensure that all prisoners are able to use the PE facilities safely and without delay. (3.37)

Achieved

Resettlement

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

At the last inspection, in 2015 the work of offender management and resettlement was not incorporated into one overarching strategy to meet all prisoner needs, and not everyone in the prison understood the recent changes in the approach to resettlement. There had been improvements in reducing the backlog of OASys assessments but some prisoners still did not have an adequate sentence plan. There was a lack of quality assurance and supervision to help offender supervisors in their role. Arrangements for managing public protection were good. Resettlement pathway provision had improved and was reasonably good. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

The prison should identify a clear strategic approach to embed the 'through the gate' model of resettlement throughout the prison, and to ensure that prisoners and staff understand the model and their role in it. Individual sentence plans should incorporate all the work undertaken by a prisoner and be linked, where appropriate, to that of offender management. (4.5)

Not achieved

Basic custody screenings should include all information necessary to inform an effective sentence plan, including offender group reconviction scale (OGRS) and public protection information. Prisoners subject to basic custody screening should be given a copy of their plan, and the prison should support them in meeting the identified targets. OASys (offender assessment system) assessments, basic custody screenings and sentence plans should be quality assured and improved. (4.17)

Partially achieved

The role of all offender supervisors and community rehabilitation company staff should be clearly defined, including how they support prisoners to address their offending behaviour and achieve sentence plan targets. (4.18)

Achieved

All offender supervisors should have regular supervision, casework reviews and appropriate training to aid personal development and improve quality, consistency and effectiveness of their work. (4.19)

Not achieved

All elements of a prisoner's release should be collated to ensure that pre-release plans cover all aspects of his needs, and all prisoners should have the same level of support and provision to facilitate their release. (4.27)

Not achieved

Careers advice should be better promoted to prisoners during their sentence, particularly for those serving longer sentences. (4.32)

Not achieved

The broadband speed should be improved to enable the virtual campus to be used fully to benefit prisoners. (4.33)

Not achieved

Clear and reliable data about prisoners entering employment on release should be regularly collected. (4.34)

Not achieved

The prison should ensure, as a matter of urgency, that prisoners can begin their application for state benefits before their release to reduce the risk that they will have insufficient funds on release. (4.38)

Achieved

The prison should develop a strategy to address the management of and engagement with prisoners with histories of domestic violence and sex offences. (4.45)

Not achieved (recommendation repeated, 4.27)

Appendix III: 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	24	243	44.8
Recall	1	63	10.7
Convicted unsentenced	7	52	10.4
Remand	17	117	22.6
Civil prisoners	0	1	0.1
Detainees	0	3	0.
Indeterminate sentence	3	64	11.2
Total	52	542	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	27	183	35.4
Less than six months	3	30	5.5
six months to less than 12 months	2	30	5.3
12 months to less than 2 years	3	33	6
2 years to less than 4 years	5	65	11.6
4 years to less than 10 years	7	80	14.6
10 years and over (not life)	1	62	10.5
ISPP (indeterminate sentence for public protection)	0	19	3.1
Life	4	40	7.3
Total	52	542	100

Age	Number of prisoners	%
Please state minimum age here: 16		
Under 21 years	53	8.9
21 years to 29 years	200	33.6
30 years to 39 years	192	32.2
40 years to 49 years	92	15.4
50 years to 59 years	38	6.3
60 years to 69 years	13	2.1
70 plus years	7	1.1
Please state maximum age here: 86		
Total	595	100

Nationality	18–20-year-olds	21 and over	%
British	45	466	85.8
Foreign nationals	7	75	13.7
Not stated	0	1	0.1
Total	52	542	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	29	185	36
Provisional Category A	1	12	2.2
Category A	3	23	4.4
Category B	0	126	21.2
Category C	0	192	32.3
Category D	0	4	0.7
YOI Closed	19	0	3.2
Total	52	542	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British	27	317	57.8
Irish	0	16	2.7
Gypsy/Irish Traveller	0	8	1.3
Other white	4	33	6.2
Mixed			
White and black Caribbean	3	15	3
White and black African	0	3	0.5
White and Asian	0	6	1
Other mixed	0	4	0.6
Asian or Asian British			
Indian	0	7	1.1
Pakistani	2	13	2.5
Bangladeshi	0	6	1.0
Chinese	0	0	0
Other Asian	1	12	2.2
Black or black British			
Caribbean	7	33	6.7
African	5	41	7.7
Other black	3	20	3.8
Other ethnic group			
Arab	0	2	0.3
Other ethnic group	0	5	0.8
Not stated	0	1	0.1
Total	47	542	100

Religion	18–20-year-olds	21 and over	%
Baptist	0	1	0.1
Church of England	3	66	11.6
Roman Catholic	8	100	18.1
Other Christian denominations	6	73	13.2
Muslim	11	96	17.9
Sikh	0	2	0.3
Hindu	0	6	1.0
Buddhist	0	11	1.8
Jewish	0	9	1.6
Other	0	5	0.8
No religion	24	173	33.1
Not stated	0	2	0.3
Total	47	542	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)	0	2	0.33
Total			

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	9	1.5	84	14.1
1 month to 3 months	7	1.2	76	12.7
3 months to six months	3	0.5	68	11.4
six months to 1 year	5	0.8	85	14.2
1 year to 2 years	1	0.2	40	6.7
2 years to 4 years	0	0	6	1.0
4 years or more	0	0	0	0
Other	0	0	1	0.2
Total	25	4.2	360	60.5

Sentenced prisoners only

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

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	10	4.7	72	33.9
1 month to 3 months	9	4.2	49	23.1
3 months to six months	8	3.8	46	21.7
six months to 1 year	0	0	12	5.7
1 year to 2 years	0	0	3	1.4
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	27	12.7	182	87.3

Appendix IV: 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 5 February 2018, the prisoner population at HMP Woodhill was 614. Using the sampling method described above, questionnaires were distributed to 196 prisoners. We received a total of 159 completed questionnaires, a response rate of 81%. This included two questionnaires completed via face-to-face interview. Fourteen prisoners declined to participate in the survey and 23 questionnaires were either not returned at all, or returned blank.

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/>

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Woodhill. 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 Woodhill 2018 compared with those from other HMIP surveys¹⁶

- Survey responses from HMP Woodhill in 2018 compared with survey responses from the most recent inspection at all other local prisons.
- Survey responses from HMP Woodhill in 2018 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP Woodhill in 2018 compared with survey responses from HMP Woodhill in 2015.

Comparisons between sub-populations of prisoners within HMP Woodhill 2018¹⁷

- 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 25 and under compared with those over 25.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.¹⁸

In the comparator analyses, statistically significant differences are indicated by shading.¹⁹ 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 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.

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

¹⁶ 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.

¹⁷ These analyses are carried out on summary data from selected survey questions only.

¹⁸ A minimum of 10 responses which must also represent at least 10% of the total response.

¹⁹ 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.

Survey summary

Background information

I.1	What wing or houseblock are you currently living on?	
	1A	23 (14%)
	1B.....	19 (12%)
	2A	19 (12%)
	2B	24 (15%)
	3A	22 (14%)
	4A	20 (13%)
	4B	29 (18%)
	Segregation unit.....	2 (1%)
	Health care unit.....	1 (1%)
I.2	How old are you?	
	Under 21.....	14 (9%)
	21 - 25.....	27 (17%)
	26 - 29.....	21 (13%)
	30 - 39.....	55 (35%)
	40 - 49.....	30 (19%)
	50 - 59.....	5 (3%)
	60 - 69.....	3 (2%)
	70 or over	2 (1%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British	83 (54%)
	White - Irish	4 (3%)
	White - Gypsy or Irish Traveller.....	9 (6%)
	White - any other White background	6 (4%)
	Mixed - White and Black Caribbean.....	10 (6%)
	Mixed - White and Black African	1 (1%)
	Mixed - White and Asian.....	2 (1%)
	Mixed - any other Mixed ethnic background.....	2 (1%)
	Asian/ Asian British - Indian	0 (0%)
	Asian/ Asian British - Pakistani.....	5 (3%)
	Asian/ Asian British - Bangladeshi.....	3 (2%)
	Asian/ Asian British - Chinese.....	0 (0%)
	Asian - any other Asian Background.....	2 (1%)
	Black/ Black British - Caribbean.....	14 (9%)
	Black/ Black British - African	7 (5%)
	Black - any other Black/ African/ Caribbean background.....	3 (2%)
	Arab.....	1 (1%)
	Any other ethnic group	2 (1%)
I.4	How long have you been in this prison?	
	Less than 6 months.....	86 (56%)
	6 months or more.....	67 (44%)

1.5 Are you currently serving a sentence?

Yes	88 (58%)
Yes - on recall	26 (17%)
No - on remand or awaiting sentence	39 (25%)
No - immigration detainee	0 (0%)

1.6 How long is your sentence?

Less than 6 months	17 (11%)
6 months to less than 1 year	11 (7%)
1 year to less than 4 years	30 (19%)
4 years to less than 10 years	28 (18%)
10 years or more	14 (9%)
IPP (indeterminate sentence for public protection)	6 (4%)
Life	9 (6%)
Not currently serving a sentence	39 (25%)

Arrival and reception**2.1 Were you given up-to-date information about this prison before you came here?**

Yes	32 (20%)
No	109 (69%)
Don't remember	16 (10%)

2.2 When you arrived at this prison, how long did you spend in reception?

Less than 2 hours	63 (41%)
2 hours or more	87 (56%)
Don't remember	4 (3%)

2.3 When you were searched in reception, was this done in a respectful way?

Yes	127 (83%)
No	21 (14%)
Don't remember	5 (3%)

2.4 Overall, how were you treated in reception?

Very well	23 (15%)
Quite well	103 (66%)
Quite badly	26 (17%)
Very badly	3 (2%)
Don't remember	0 (0%)

2.5	When you first arrived here, did you have any of the following problems?	
	Problems getting phone numbers	75 (48%)
	Contacting family	86 (55%)
	Arranging care for children or other dependants	3 (2%)
	Contacting employers	13 (8%)
	Money worries	42 (27%)
	Housing worries	31 (20%)
	Feeling depressed	69 (44%)
	Feeling suicidal	27 (17%)
	Other mental health problems	42 (27%)
	Physical health problems	23 (15%)
	Drug or alcohol problems (e.g. withdrawal)	31 (20%)
	Problems getting medication	41 (26%)
	Needing protection from other prisoners	21 (13%)
	Lost or delayed property	35 (22%)
	Other problems	22 (14%)
	Did not have any problems	17 (11%)
2.6	Did staff help you to deal with these problems when you first arrived?	
	Yes	44 (29%)
	No	92 (60%)
	Did not have any problems when I first arrived	17 (11%)

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	87 (56%)
	Toiletries / other basic items	95 (62%)
	A shower	51 (33%)
	A free phone call	76 (49%)
	Something to eat	130 (84%)
	The chance to see someone from health care	109 (71%)
	The chance to talk to a Listener or Samaritans	91 (59%)
	Support from another prisoner (e.g. Insider or buddy)	67 (44%)
	Wasn't offered any of these things	6 (4%)
3.2	On your first night in this prison, how clean or dirty was your cell?	
	Very clean	8 (5%)
	Quite clean	34 (22%)
	Quite dirty	48 (31%)
	Very dirty	62 (39%)
	Don't remember	5 (3%)
3.3	Did you feel safe on your first night here?	
	Yes	101 (66%)
	No	43 (28%)
	Don't remember	10 (6%)

3.4 In your first few days here, did you get:

	Yes	No	Don't remember
Access to the prison shop / canteen?	38 (25%)	110 (72%)	4 (3%)
Free PIN phone credit?	56 (37%)	90 (59%)	6 (4%)
Numbers put on your PIN phone?	35 (23%)	110 (73%)	5 (3%)

3.5 Did your induction cover everything you needed to know about this prison?

Yes	67 (43%)
No.....	70 (45%)
Have not had an induction.....	18 (12%)

On the wing**4.1 Are you in a cell on your own?**

Yes	57 (37%)
No, I'm in a shared cell or dormitory	99 (63%)

4.2 Is your cell call bell normally answered within 5 minutes?

Yes.....	20 (13%)
No	127 (82%)
Don't know	7 (5%)
Don't have a cell call bell	0 (0%)

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?	86 (55%)	66 (43%)	3 (2%)
Can you shower every day?	118 (77%)	35 (23%)	0 (0%)
Do you have clean sheets every week?	110 (73%)	40 (27%)	0 (0%)
Do you get cell cleaning materials every week?	83 (57%)	57 (39%)	5 (3%)
Is it normally quiet enough for you to relax or sleep at night?	88 (59%)	59 (40%)	1 (1%)
Can you get your stored property if you need it?	31 (21%)	83 (57%)	31 (21%)

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

Very clean	13 (9%)
Quite clean	65 (43%)
Quite dirty.....	49 (32%)
Very dirty.....	25 (16%)

Food and canteen**5.1 What is the quality of food like in this prison?**

Very good	3 (2%)
Quite good	33 (21%)
Quite bad	76 (49%)
Very bad.....	43 (28%)

5.2	Do you get enough to eat at mealtimes?	
	Always	12 (8%)
	Most of the time	23 (15%)
	Some of the time	78 (50%)
	Never	43 (28%)

5.3	Does the shop / canteen sell the things that you need?	
	Yes	79 (52%)
	No	65 (43%)
	Don't know	8 (5%)

Relationships with staff

6.1	Do most staff here treat you with respect?	
	Yes	97 (63%)
	No	56 (37%)

6.2	Are there any staff here you could turn to if you had a problem?	
	Yes	105 (68%)
	No	49 (32%)

6.3	In the last week, has any member of staff talked to you about how you are getting on?	
	Yes	40 (26%)
	No	115 (74%)

6.4	How helpful is your personal or named officer?	
	Very helpful	10 (7%)
	Quite helpful	11 (7%)
	Not very helpful	10 (7%)
	Not at all helpful	14 (9%)
	Don't know	13 (8%)
	Don't have a personal / named officer	95 (62%)

6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly	6 (4%)
	Sometimes	30 (19%)
	Hardly ever	108 (69%)
	Don't know	12 (8%)

6.6	Do you feel that you are treated as an individual in this prison?	
	Yes	46 (30%)
	No	105 (70%)

6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change	9 (6%)
	Yes, but things don't change	46 (30%)
	No	76 (49%)
	Don't know	24 (15%)

Faith**7.1 What is your religion?**

No religion.....	47 (30%)
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	71 (46%)
Buddhist.....	4 (3%)
Hindu.....	1 (1%)
Jewish	2 (1%)
Muslim.....	25 (16%)
Sikh	0 (0%)
Other	5 (3%)

7.2 Are your religious beliefs respected here?

Yes.....	67 (44%)
No	24 (16%)
Don't know	15 (10%)
Not applicable (no religion)	47 (31%)

7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?

Yes	67 (44%)
No	16 (10%)
Don't know	24 (16%)
Not applicable (no religion)	47 (31%)

7.4 Are you able to attend religious services, if you want to?

Yes.....	91 (59%)
No	10 (6%)
Don't know	7 (5%)
Not applicable (no religion)	47 (30%)

Contact with family and friends**8.1 Have staff here encouraged you to keep in touch with your family / friends?**

Yes.....	29 (19%)
No	126 (81%)

8.2 Have you had any problems with sending or receiving mail (letters or parcels)?

Yes.....	103 (67%)
No.....	51 (33%)

8.3 Are you able to use a phone every day (if you have credit)?

Yes.....	123 (80%)
No.....	31 (20%)

8.4 How easy or difficult is it for your family and friends to get here?

Very easy	18 (12%)
Quite easy	53 (34%)
Quite difficult.....	39 (25%)
Very difficult.....	38 (25%)
Don't know	7 (5%)

8.5	How often do you have visits from family or friends?	
	More than once a week.....	5 (3%)
	About once a week.....	32 (21%)
	Less than once a week.....	67 (45%)
	Not applicable (don't get visits)	46 (31%)
8.6	Do visits usually start and finish on time?	
	Yes	65 (63%)
	No.....	38 (37%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	77 (75%)
	No.....	25 (25%)

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	57 (38%)
	Yes, but these times are not usually kept to	74 (49%)
	No.....	21 (14%)
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	40 (26%)
	2 to 6 hours.....	86 (57%)
	6 to 10 hours.....	12 (8%)
	10 hours or more	3 (2%)
	Don't know.....	10 (7%)
9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours	76 (50%)
	2 to 6 hours.....	67 (44%)
	6 to 10 hours	3 (2%)
	10 hours or more	0 (0%)
	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	7 (5%)
	1 or 2	38 (25%)
	3 to 5.....	51 (34%)
	More than 5.....	53 (35%)
	Don't know.....	3 (2%)
9.5	How many days in a typical week do you get association, if you want it?	
	None.....	3 (2%)
	1 or 2.....	59 (39%)
	3 to 5.....	37 (24%)
	More than 5	48 (32%)
	Don't know.....	5 (3%)

9.6	How many days in a typical week could you go outside for exercise, if you wanted to?	
	None.....	1 (1%)
	1 or 2.....	12 (8%)
	3 to 5.....	42 (28%)
	More than 5.....	90 (60%)
	Don't know.....	4 (3%)
9.7	Typically, how often do you go to the gym?	
	Twice a week or more.....	79 (53%)
	About once a week.....	9 (6%)
	Less than once a week.....	7 (5%)
	Never.....	55 (37%)
9.8	Typically, how often do you go to the library?	
	Twice a week or more.....	4 (3%)
	About once a week.....	36 (24%)
	Less than once a week.....	24 (16%)
	Never.....	85 (57%)
9.9	Does the library have a wide enough range of materials to meet your needs?	
	Yes.....	31 (22%)
	No.....	23 (17%)
	Don't use the library.....	85 (61%)

Applications, complaints and legal rights

10.1	Is it easy for you to make an application?	
	Yes.....	103 (69%)
	No.....	40 (27%)
	Don't know.....	7 (5%)
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?	57 (40%) 73 (51%) 12 (8%)
	Are applications usually dealt with within 7 days?	47 (32%) 86 (59%) 12 (8%)
10.3	Is it easy for you to make a complaint?	
	Yes.....	91 (59%)
	No.....	39 (25%)
	Don't know.....	23 (15%)
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?	21 (14%) 83 (56%) 45 (30%)
	Are complaints usually dealt with within 7 days?	14 (9%) 90 (60%) 45 (30%)

10.5	Have you ever been prevented from making a complaint here when you wanted to?				
	Yes				33 (22%)
	No				87 (58%)
	Not wanted to make a complaint				30 (20%)
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?	57 (38%)	60 (40%)	17 (11%)	15 (10%)
	Attend legal visits?	71 (50%)	34 (24%)	22 (16%)	14 (10%)
	Get bail information?	18 (13%)	51 (36%)	43 (30%)	29 (21%)
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?				
	Yes				70 (47%)
	No				61 (41%)
	Not had any legal letters				19 (13%)

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	15 (10%)	47 (31%)	36 (24%)	41 (27%)	11 (7%)
	Nurse	27 (18%)	68 (45%)	27 (18%)	18 (12%)	10 (7%)
	Dentist	4 (3%)	17 (11%)	28 (19%)	82 (54%)	20 (13%)
	Mental health workers	7 (5%)	22 (15%)	27 (18%)	48 (32%)	44 (30%)
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	20 (13%)	37 (25%)	44 (30%)	25 (17%)	23 (15%)
	Nurse	23 (15%)	52 (34%)	41 (27%)	17 (11%)	18 (12%)
	Dentist	9 (6%)	33 (22%)	17 (12%)	23 (16%)	65 (44%)
	Mental health workers	9 (6%)	19 (13%)	22 (15%)	32 (22%)	64 (44%)
11.3	Do you have any mental health problems?					
	Yes					70 (46%)
	No					81 (54%)
11.4	Have you been helped with your mental health problems in this prison?					
	Yes					21 (14%)
	No					50 (33%)
	Don't have any mental health problems					81 (53%)
11.5	What do you think of the overall quality of the health services here?					
	Very good					11 (7%)
	Quite good					38 (26%)
	Quite bad					50 (34%)
	Very bad					37 (25%)
	Don't know					13 (9%)

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.....	55 (36%)
	No.....	97 (64%)
12.2	If you have a disability, are you getting the support you need?	
	Yes	10 (7%)
	No	40 (27%)
	Don't have a disability	97 (66%)
12.3	Have you been on an ACCT in this prison?	
	Yes.....	41 (28%)
	No.....	106 (72%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?	
	Yes	20 (14%)
	No	19 (13%)
	Have not been on an ACCT in this prison	106 (73%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy	42 (29%)
	Quite easy	50 (34%)
	Quite difficult.....	16 (11%)
	Very difficult.....	6 (4%)
	Don't know	32 (22%)
	No Listeners at this prison.....	1 (1%)

Alcohol and drugs

13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	31 (21%)
	No.....	119 (79%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	21 (14%)
	No	11 (7%)
	Did not / do not have an alcohol problem.....	119 (79%)
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	46 (31%)
	No.....	104 (69%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	21 (14%)
	No	129 (86%)
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes.....	12 (8%)
	No	138 (92%)

13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	24 (17%)
	No	28 (19%)
	Did not / do not have a drug problem.....	93 (64%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy.....	51 (34%)
	Quite easy.....	30 (20%)
	Quite difficult.....	5 (3%)
	Very difficult.....	6 (4%)
	Don't know	57 (38%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	22 (15%)
	Quite easy	21 (14%)
	Quite difficult.....	14 (9%)
	Very difficult.....	20 (13%)
	Don't know	73 (49%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes.....	82 (55%)
	No	68 (45%)
14.2	Do you feel unsafe now?	
	Yes.....	46 (31%)
	No.....	101 (69%)
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	55 (38%)
	Threats or intimidation.....	54 (38%)
	Physical assault	23 (16%)
	Sexual assault.....	5 (3%)
	Theft of canteen or property	44 (31%)
	Other bullying / victimisation	30 (21%)
	Not experienced any of these from prisoners here.....	69 (48%)
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	52 (36%)
	No.....	92 (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.....	52 (36%)
	Threats or intimidation.....	44 (31%)
	Physical assault	22 (15%)
	Sexual assault.....	1 (1%)
	Theft of canteen or property	17 (12%)
	Other bullying / victimisation.....	29 (20%)
	Not experienced any of these from staff here.....	72 (50%)

14.6 If you were being bullied / victimised by staff here, would you report it?

Yes.....	68 (47%)
No	76 (53%)

Behaviour management**15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?**

Yes.....	38 (26%)
No	76 (52%)
Don't know what the incentives / rewards are.....	32 (22%)

15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?

Yes	44 (30%)
No.....	72 (49%)
Don't know.....	11 (7%)
Don't know what this is	20 (14%)

15.3 Have you been physically restrained by staff in this prison in the last 6 months?

Yes.....	24 (16%)
No	124 (84%)

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.....	12 (8%)
No	14 (9%)
Don't remember	1 (1%)
Not been restrained here in last 6 months.....	124 (82%)

15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?

Yes	17 (11%)
No.....	134 (89%)

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?	9 (64%)	5 (36%)
Could you shower every day?	4 (31%)	9 (69%)
Could you go outside for exercise every day?	10 (71%)	4 (29%)
Could you use the phone every day (if you had credit)?	7 (54%)	6 (46%)

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	50 (34%)	61 (41%)	34 (23%)	2 (1%)
Vocational or skills training	28 (20%)	66 (46%)	45 (32%)	3 (2%)
Prison job	38 (26%)	86 (59%)	21 (14%)	1 (1%)
Voluntary work outside of the prison	4 (3%)	45 (31%)	52 (36%)	44 (30%)
Paid work outside of the prison	5 (3%)	41 (28%)	52 (36%)	48 (33%)

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	52 (37%)	40 (28%)	50 (35%)
Vocational or skills training	46 (34%)	30 (22%)	61 (45%)
Prison job	31 (22%)	67 (49%)	40 (29%)
Voluntary work outside of the prison	27 (20%)	23 (17%)	84 (63%)
Paid work outside of the prison	30 (23%)	21 (16%)	82 (62%)

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

Yes.....	44 (30%)
No	92 (62%)
Not applicable (e.g. if you are retired, sick or on remand)	12 (8%)

Planning and progression

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

Yes.....	46 (31%)
No.....	103 (69%)

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

Yes.....	33 (72%)
No	7 (15%)
Don't know what my objectives or targets are	6 (13%)

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

Yes.....	18 (39%)
No	22 (48%)
Don't know what my objectives or targets are	6 (13%)

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	18 (41%)	5 (11%)	21 (48%)
Other programmes	10 (24%)	6 (14%)	26 (62%)
One to one work	14 (33%)	6 (14%)	23 (53%)
Being on a specialist unit	3 (8%)	4 (11%)	31 (82%)
ROTL - day or overnight release	3 (8%)	2 (6%)	31 (86%)

Preparation for release

18.1 Do you expect to be released in the next 3 months?

Yes.....	46 (31%)
No	79 (53%)
Don't know	23 (16%)

18.2	How close is this prison to your home area or intended release address?			
	Very near			9 (20%)
	Quite near			18 (39%)
	Quite far			13 (28%)
	Very far			6 (13%)
18.3	Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?			
	Yes			23 (50%)
	No			23 (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	4 (9%)	26 (58%)	15 (33%)
	Getting employment	5 (11%)	21 (47%)	19 (42%)
	Setting up education or training	3 (7%)	21 (47%)	21 (47%)
	Arranging benefits	8 (18%)	17 (39%)	19 (43%)
	Sorting out finances	6 (14%)	17 (40%)	19 (45%)
	Support for drug or alcohol problems	10 (23%)	11 (25%)	23 (52%)
	Health / mental health support	9 (20%)	17 (38%)	19 (42%)
	Social care support	3 (8%)	11 (28%)	26 (65%)
	Getting back in touch with family or friends	3 (7%)	14 (32%)	27 (61%)

More about you

19.1	Do you have children under the age of 18?			
	Yes			79 (53%)
	No			71 (47%)
19.2	Are you a UK / British citizen?			
	Yes			131 (89%)
	No			17 (11%)
19.3	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?			
	Yes			7 (5%)
	No			140 (95%)
19.4	Have you ever been in the armed services (e.g. army, navy, air force)?			
	Yes			10 (7%)
	No			140 (93%)
19.5	What is your gender?			
	Male			146 (98%)
	Female			1 (1%)
	Non-binary			0 (0%)
	Other			2 (1%)
19.6	How would you describe your sexual orientation?			
	Straight / heterosexual			139 (95%)
	Gay / lesbian / homosexual			4 (3%)
	Bisexual			1 (1%)
	Other			3 (2%)

19.7 Do you identify as transgender or transsexual?

Yes.....	4 (3%)
No.....	143 (97%)

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.....	18 (12%)
Less likely to offend.....	60 (41%)
Made no difference.....	69 (47%)

HMP Woodhill 2018

Survey responses compared with those from other HMIP surveys of local prisons and with those from the previous survey

In this table summary statistics from HMP Woodhill 2018 are compared with the following HMIP survey data:

- **Summary statistics from most recent surveys of all other local prisons (33 prisons).** Please note that we do not have comparable data for the new questions introduced in September 2017.
- **Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (6 prisons).** Please note that this does not include all local prisons.
- **Summary statistics from HMP Woodhill in 2018 are compared with those from HMP Woodhill in 2015.** Please note that we do not have comparable data for the new questions introduced in September 2017.

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

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

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

Number of completed questionnaires returned

HMP Woodhill 2018	All other local prisons	HMP Woodhill 2018	All other local prisons surveyed since September 2017	HMP Woodhill 2018	HMP Woodhill 2015
159	5,985	159	1,079	159	193

n=number of valid responses to question (HMP Woodhill 2018)

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION								
1.2	Are you under 21 years of age?	<i>n=157</i>	9%	5%	9%	4%	9%	4%
	Are you 25 years of age or younger?	<i>n=157</i>	26%		26%	22%	26%	
	Are you 50 years of age or older?	<i>n=157</i>	6%	13%	6%	13%	6%	8%
	Are you 70 years of age or older?	<i>n=157</i>	1%	2%	1%	1%	1%	1%
1.3	Are you from a minority ethnic group?	<i>n=154</i>	34%	24%	34%	24%	34%	28%
1.4	Have you been in this prison for less than 6 months?	<i>n=153</i>	56%		56%	62%	56%	
1.5	Are you currently serving a sentence?	<i>n=153</i>	75%	71%	75%	71%	75%	61%
	Are you on recall?	<i>n=153</i>	17%	10%	17%	13%	17%	10%
1.6	Is your sentence less than 12 months?	<i>n=154</i>	18%	21%	18%	21%	18%	18%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n=154</i>	4%	3%	4%	3%	4%	2%
7.1	Are you Muslim?	<i>n=155</i>	16%	12%	16%	12%	16%	17%
11.3	Do you have any mental health problems?	<i>n=151</i>	46%		46%	51%	46%	
12.1	Do you consider yourself to have a disability?	<i>n=152</i>	36%	32%	36%	40%	36%	23%
19.1	Do you have any children under the age of 18?	<i>n=150</i>	53%	52%	53%	56%	53%	59%
19.2	Are you a foreign national?	<i>n=148</i>	12%	11%	12%	8%	12%	11%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n=147</i>	5%	5%	5%	5%	5%	5%
19.4	Have you ever been in the armed services?	<i>n=150</i>	7%	6%	7%	6%	7%	4%
19.5	Is your gender female or non-binary?	<i>n=149</i>	2%		2%	1%	2%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n=147</i>	5%	3%	5%	4%	5%	1%
19.7	Do you identify as transgender or transsexual?	<i>n=147</i>	3%		3%	2%	3%	
ARRIVAL AND RECEPTION								
2.1	Were you given up-to-date information about this prison before you came here?	<i>n=157</i>	20%		20%	16%	20%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n=154</i>	41%	40%	41%	40%	41%	53%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n=153</i>	83%	77%	83%	75%	83%	87%
2.4	Overall, were you treated very / quite well in reception?	<i>n=155</i>	81%		81%	73%	81%	

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Number of completed questionnaires returned

n=number of valid responses to question (HMP Woodhill 2018)

n = number of valid responses to question (n/m = % column 2018)									
2.5	When you first arrived, did you have any problems?	n=156	89%	81%	89%	89%	89%	78%	
2.5	Did you have problems with:								
	- Getting phone numbers?	n=156	48%	35%	48%	45%	48%	36%	
	- Contacting family?	n=156	55%	38%	55%	46%	55%	42%	
	- Arranging care for children or other dependents?	n=156	2%		2%	5%	2%		
	- Contacting employers?	n=156	8%	6%	8%	7%	8%	6%	
	- Money worries?	n=156	27%	25%	27%	28%	27%	24%	
	- Housing worries?	n=156	20%	24%	20%	26%	20%	24%	
	- Feeling depressed?	n=156	44%		44%	48%	44%		
	- Feeling suicidal?	n=156	17%		17%	18%	17%		
	- Other mental health problems?	n=156	27%		27%	28%	27%		
	- Physical health problems	n=156	15%	20%	15%	20%	15%	15%	
	- Drugs or alcohol (e.g. withdrawal)?	n=156	20%		20%	25%	20%		
	- Getting medication?	n=156	26%		26%	31%	26%		
	- Needing protection from other prisoners?	n=156	14%	10%	14%	11%	14%	11%	
	- Lost or delayed property?	n=156	22%	18%	22%	19%	22%	15%	
For those who had any problems when they first arrived:									
2.6	Did staff help you to deal with these problems?	n=136	32%	32%	32%	31%	32%	30%	
FIRST NIGHT AND INDUCTION									
3.1	Before you were locked up on your first night, were you offered:								
	- Tobacco or nicotine replacement?	n=154	57%	71%	57%	76%	57%	77%	
	- Toiletries / other basic items?	n=154	62%	58%	62%	55%	62%	61%	
	- A shower?	n=154	33%	29%	33%	41%	33%	26%	
	- A free phone call?	n=154	49%	51%	49%	59%	49%	58%	
	- Something to eat?	n=154	84%	72%	84%	78%	84%	71%	
	- The chance to see someone from health care?	n=154	71%	65%	71%	65%	71%	70%	
	- The chance to talk to a Listener or Samaritans?	n=154	59%	30%	59%	25%	59%	40%	
	- Support from another prisoner (e.g. Insider or buddy)?	n=154	44%		44%	21%	44%		
	- None of these?	n=154	4%		4%	4%	4%		
3.2	On your first night in this prison, was your cell very / quite clean?	n=157	27%		27%	27%	27%		
3.3	Did you feel safe on your first night here?	n=154	66%	65%	66%	61%	66%	70%	
3.4	In your first few days here, did you get?								
	- Access to the prison shop / canteen?	n=152	25%	24%	25%	36%	25%	23%	
	- Free PIN phone credit?	n=152	37%		37%	54%	37%		
	- Numbers put on your PIN phone?	n=150	23%		23%	36%	23%		
3.5	Have you had an induction at this prison?	n=155	88%	77%	88%	84%	88%	82%	
For those who have had an induction:									
3.5	Did your induction cover everything you needed to know about this prison?	n=137	49%		49%	48%	49%		

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n=number of valid responses to question (HMP Woodhill 2018)

ON THE WING					
4.1	Are you in a cell on your own?	n=156	37%		
4.2	Is your cell call bell normally answered within 5 minutes?	n=154	13%	21%	
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	n=155	56%	47%	
	- Can you shower every day?	n=153	77%	73%	
	- Do you have clean sheets every week?	n=150	73%	59%	
	- Do you get cell cleaning materials every week?	n=145	57%	47%	
	- Is it normally quiet enough for you to relax or sleep at night?	n=148	60%	53%	
	- Can you get your stored property if you need it?	n=145	21%	18%	
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=152	51%		
FOOD AND CANTEEN					
5.1	Is the quality of the food in this prison very / quite good?	n=155	23%		
5.2	Do you get enough to eat at meal-times always / most of the time?	n=156	22%		
5.3	Does the shop / canteen sell the things that you need?	n=152	52%	50%	
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	n=153	63%	71%	
6.2	Are there any staff here you could turn to if you had a problem?	n=154	68%	68%	
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=155	26%	28%	
6.4	Do you have a personal officer?	n=153	38%		
For those who have a personal officer:					
6.4	Is your personal or named officer very / quite helpful?	n=58	36%		
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=156	4%		
6.6	Do you feel that you are treated as an individual in this prison?	n=151	31%		
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=155	36%		
	If so, do things sometimes change?	n=55	16%		
FAITH					
7.1	Do you have a religion?	n=155	70%	69%	
For those who have a religion:					
7.2	Are your religious beliefs respected here?	n=106	63%		
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=107	63%		
7.4	Are you able to attend religious services, if you want to?	n=108	84%		

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Number of completed questionnaires returned

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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=155	19%		
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=154	67%	49%	
8.3	Are you able to use a phone every day (if you have credit)?	n=154	80%		
8.4	Is it very / quite easy for your family and friends to get here?	n=155	46%		
8.5	Do you get visits from family/friends once a week or more?	n=150	25%		
For those who get visits:					
8.6	Do visits usually start and finish on time?	n=103	63%		
8.7	Are your visitors usually treated respectfully by staff?	n=102	76%		
TIME OUT OF CELL					
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=152	86%		
For those who know what the unlock and lock-up times are supposed to be:					
9.1	Are these times usually kept to?	n=131	44%		
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=151	27%	31%	
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=151	2%	8%	
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=152	50%		
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=152	0%		
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=152	35%		
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=152	32%		
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=149	60%		
9.7	Do you typically go to the gym twice a week or more?	n=150	53%		
9.8	Do you typically go to the library twice a week or more?	n=149	3%	7%	
For those who use the library:					
9.9	Does the library have a wide enough range of materials to meet your needs?	n=54	57%	53%	
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	n=150	69%	70%	
For those who have made an application:					
10.2	Are applications usually dealt with fairly?	n=130	44%	46%	
	Are applications usually dealt with within 7 days?	n=133	35%	30%	
10.3	Is it easy for you to make a complaint?	n=153	60%	48%	
For those who have made a complaint:					
10.4	Are complaints usually dealt with fairly?	n=104	20%	26%	
	Are complaints usually dealt with within 7 days?	n=104	14%	21%	
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=120	28%		

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For those who need it, is it easy to:				
10.6	Communicate with your solicitor or legal representative?	n=134	43%	
	Attend legal visits?	n=127	56%	
	Get bail information?	n=112	16%	
For those who have had legal letters:				
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=131	53%	49%
HEALTH CARE				
11.1	Is it very / quite easy to see:			
	- Doctor?	n=150	41%	
	- Nurse?	n=150	63%	
	- Dentist?	n=151	14%	
	- Mental health workers?	n=148	20%	
11.2	Do you think the quality of the health service is very / quite good from:			
	- Doctor?	n=149	38%	
	- Nurse?	n=151	50%	
	- Dentist?	n=147	29%	
	- Mental health workers?	n=146	19%	
11.3	Do you have any mental health problems?	n=151	46%	
For those who have mental health problems:				
11.4	Have you been helped with your mental health problems in this prison?	n=71	30%	
11.5	Do you think the overall quality of the health services here is very / quite good?	n=149	33%	
OTHER SUPPORT NEEDS				
12.1	Do you consider yourself to have a disability?	n=152	36%	32%
For those who have a disability:				
12.2	Are you getting the support you need?	n=50	20%	
12.3	Have you been on an ACCT in this prison?	n=147	28%	
For those who have been on an ACCT:				
12.4	Did you feel cared for by staff?	n=39	51%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=147	63%	
ALCOHOL AND DRUGS				
13.1	Did you have an alcohol problem when you came into this prison?	n=150	21%	22%
For those who had / have an alcohol problem:				
13.2	Have you been helped with your alcohol problem in this prison?	n=32	66%	54%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=150	31%	35%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=150	14%	13%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=150	8%	
For those who had / have a drug problem:				
13.6	Have you been helped with your drug problem in this prison?	n=52	46%	55%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=149	54%	

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13.8	Is it very / quite easy to get alcohol in this prison?	n=150	29%		29%	26%	29%	
SAFETY								
14.1	Have you ever felt unsafe here?	n=150	55%	54%	55%	62%	55%	48%
14.2	Do you feel unsafe now?	n=147	31%	26%	31%	30%	31%	18%
14.3	Have you experienced any of the following from other prisoners here:							
	- Verbal abuse?	n=143	39%		39%	40%	39%	
	- Threats or intimidation?	n=143	38%		38%	37%	38%	
	- Physical assault?	n=143	16%		16%	20%	16%	
	- Sexual assault?	n=143	4%		4%	2%	4%	
	- Theft of canteen or property?	n=143	31%		31%	29%	31%	
	- Other bullying / victimisation?	n=143	21%		21%	20%	21%	
	- Not experienced any of these from prisoners here	n=143	48%	65%	48%	47%	48%	68%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=144	36%		36%	33%	36%	
14.5	Have you experienced any of the following from staff here:							
	- Verbal abuse?	n=144	36%		36%	36%	36%	
	- Threats or intimidation?	n=144	31%		31%	27%	31%	
	- Physical assault?	n=144	15%		15%	15%	15%	
	- Sexual assault?	n=144	1%		1%	2%	1%	
	- Theft of canteen or property?	n=144	12%		12%	11%	12%	
	- Other bullying / victimisation?	n=144	20%		20%	19%	20%	
	- Not experienced any of these from staff here	n=144	50%	66%	50%	53%	50%	64%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=144	47%		47%	44%	47%	
BEHAVIOUR MANAGEMENT								
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=146	26%		26%	39%	26%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=147	30%		30%	35%	30%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=148	16%	13%	16%	15%	16%	10%
For those who have been restrained in the last 6 months:								
15.4	Did anyone come and talk to you about it afterwards?	n=27	44%		44%	14%	44%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=151	11%	19%	11%	9%	11%	18%
For those who have spent one or more nights in the segregation unit in the last 6 months:								
15.6	Were you treated well by segregation staff?	n=14	64%		64%	50%	64%	
	Could you shower every day?	n=13	31%		31%	50%	31%	
	Could you go outside for exercise every day?	n=14	71%		71%	54%	71%	
	Could you use the phone every day (if you had credit)?	n=13	54%		54%	45%	54%	

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EDUCATION, SKILLS AND WORK						
16.1	In this prison, is it easy to get into the following activities:					
	- Education?	n=147	34%		34%	56%
	- Vocational or skills training?	n=142	20%		20%	25%
	- Prison job?	n=146	26%		26%	34%
	- Voluntary work outside of the prison?	n=145	3%		3%	3%
- Paid work outside of the prison?	n=146	3%		3%	4%	
16.2	In this prison, have you done the following activities:					
	- Education?	n=142	65%	68%	65%	74%
	- Vocational or skills training?	n=137	56%	55%	56%	53%
	- Prison job?	n=138	71%	71%	71%	73%
	- Voluntary work outside of the prison?	n=134	37%		37%	31%
- Paid work outside of the prison?	n=133	38%		38%	32%	
For those who have done the following activities, do you think they will help you on release:						
	- Education?	n=92	57%	48%	57%	55%
	- Vocational or skills training?	n=76	61%	43%	61%	54%
	- Prison job?	n=98	32%	39%	32%	40%
	- Voluntary work outside of the prison?	n=50	54%		54%	44%
	- Paid work outside of the prison?	n=51	59%		59%	51%
16.3	Do staff encourage you to attend education, training or work?		n=136	32%		32%
PLANNING AND PROGRESSION						
17.1	Do you have a custody plan?		n=149	31%		31%
For those who have a custody plan:						
17.2	Do you understand what you need to do to achieve your objectives or targets?		n=46	72%		72%
17.3	Are staff helping you to achieve your objectives or targets?		n=46	39%		39%
17.4	In this prison, have you done:					
	- Offending behaviour programmes?	n=44	52%		52%	42%
	- Other programmes?	n=42	38%		38%	44%
	- One to one work?	n=43	47%		47%	37%
	- Been on a specialist unit?	n=38	18%		18%	22%
- ROTL - day or overnight release?	n=36	14%		14%	19%	
For those who have done the following, did they help you to achieve your objectives or targets:						
	- Offending behaviour programmes?	n=23	78%		78%	62%
	- Other programmes?	n=16	63%		63%	66%
	- One to one work?	n=20	70%		70%	58%
	- Being on a specialist unit?	n=7	43%		43%	44%
	- ROTL - day or overnight release?	n=5	60%		60%	43%

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PREPARATION FOR RELEASE							
18.1	Do you expect to be released in the next 3 months?	n=148	31%		31%	32%	31%
For those who expect to be released in the next 3 months:							
18.2	Is this prison very / quite near to your home area or intended release address?	n=46	59%		59%	64%	59%
18.3	Is anybody helping you to prepare for your release?	n=46	50%		50%	41%	50%
18.4	Do you need help to sort out the following for when you are released:						
	- Finding accommodation?	n=45	67%		67%	65%	67%
	- Getting employment?	n=45	58%		58%	62%	58%
	- Setting up education or training?	n=45	53%		53%	46%	53%
	- Arranging benefits?	n=44	57%		57%	69%	57%
	- Sorting out finances?	n=42	55%		55%	56%	55%
	- Support for drug or alcohol problems?	n=44	48%		48%	51%	48%
	- Health / mental Health support?	n=45	58%		58%	61%	58%
	- Social care support?	n=40	35%		35%	43%	35%
	- Getting back in touch with family or friends?	n=44	39%		39%	42%	39%
18.4	Are you getting help to sort out the following for when you are released, if you need it:						
	- Finding accommodation?	n=30	13%		13%	32%	13%
	- Getting employment?	n=26	19%		19%	19%	19%
	- Setting up education or training?	n=24	13%		13%	16%	13%
	- Arranging benefits?	n=25	32%		32%	23%	32%
	- Sorting out finances?	n=23	26%		26%	18%	26%
	- Support for drug or alcohol problems?	n=21	48%		48%	45%	48%
	- Health / mental Health support?	n=26	35%		35%	20%	35%
	- Social care support?	n=14	21%		21%	18%	21%
	- Getting back in touch with family or friends?	n=17	18%		18%	24%	18%
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=147	41%		41%	47%	41%

HMP Woodhill 2018

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
- Muslim prisoners' responses are compared with those of non-Muslim 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
52	102

Muslim	Non-Muslim
25	130

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION		
1.2	Are you under 21 years of age?	12% 8%
	Are you 50 years of age or older?	6% 6%
1.3	Are you from a minority ethnic group?	
7.1	Are you Muslim?	43% 3%
11.3	Do you have any mental health problems?	30% 55%
12.1	Do you consider yourself to have a disability?	22% 42%
19.2	Are you a foreign national?	16% 9%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0% 7%
ARRIVAL AND RECEPTION		
2.3	When you were searched in reception, was this done in a respectful way?	82% 85%
2.4	Overall, were you treated very / quite well in reception?	80% 82%
2.5	When you first arrived, did you have any problems?	89% 89%
<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	34% 31%
FIRST NIGHT AND INDUCTION		
3.3	Did you feel safe on your first night here?	64% 65%
3.5	Have you had an induction at this prison?	92% 87%
<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	52% 47%
ON THE WING		
4.2	Is your cell call bell normally answered within 5 minutes?	10% 15%
4.3	On the wing or houseblock you currently live on:	
	- Do you normally have enough clean, suitable clothes for the week?	57% 56%
	- Can you shower every day?	86% 75%
	- Do you have clean sheets every week?	74% 72%
	- Do you get cell cleaning materials every week?	59% 57%
	- Is it normally quiet enough for you to relax or sleep at night?	61% 59%
	- Can you get your stored property if you need it?	13% 26%

12%	9%
0%	8%
88%	23%
36%	49%
16%	41%
12%	12%
0%	6%
79%	85%
79%	82%
84%	91%
26%	33%
64%	65%
100%	87%
56%	47%
12%	13%
56%	56%
84%	75%
72%	74%
58%	56%
72%	56%
13%	23%

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Black and minority ethnic	White
52	102

Muslim	Non-Muslim
25	130

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	20%	22%
5.3	Does the shop / canteen sell the things that you need?	44%	55%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	54%	69%
6.2	Are there any staff here you could turn to if you had a problem?	52%	76%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	22%	27%
6.6	Do you feel that you are treated as an individual in this prison?	29%	30%
FAITH			
For those who have a religion:			
7.2	Are your religious beliefs respected here?	61%	68%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	56%	66%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	12%	21%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	71%	64%
8.3	Are you able to use a phone every day (if you have credit)?	86%	77%
For those who get visits:			
8.7	Are your visitors usually treated respectfully by staff?	65%	81%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	28%	26%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	2%	2%
For those who use the library:			
9.9	Does the library have a wide enough range of materials to meet your needs?	57%	60%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	63%	70%
For those who have made an application:			
10.2	Are applications usually dealt with fairly?	33%	48%
10.3	Is it easy for you to make a complaint?	56%	60%
For those who have made a complaint:			
10.4	Are complaints usually dealt with fairly?	16%	22%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	37%	23%

20%	23%
44%	53%
50%	65%
46%	72%
20%	26%
22%	32%
52%	66%
60%	63%
13%	20%
65%	68%
88%	78%
71%	77%
28%	26%
0%	2%
100%	57%
60%	70%
29%	46%
56%	60%
18%	20%
35%	27%

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Black and minority ethnic	White
52	102

Muslim	Non-Muslim
25	130

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	38%	42%
	- Nurse?	62%	63%
	- Dentist?	10%	16%
	- Mental health workers?	16%	22%
For those who have mental health problems:			
11.4	Have you been helped with your mental health problems in this prison?	33%	28%
11.5	Do you think the overall quality of the health services here is very / quite good?	30%	32%
OTHER SUPPORT NEEDS			
For those who have a disability:			
12.2	Are you getting the support you need?	30%	16%
SAFETY			
14.1	Have you ever felt unsafe here?	51%	58%
14.2	Do you feel unsafe now?	25%	35%
14.3	Not experienced bullying / victimisation by other prisoners	60%	42%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	21%	44%
14.5	Not experienced bullying / victimisation by members of staff	38%	58%
14.6	If you were being bullied / victimised by staff here, would you report it?	43%	50%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	29%	25%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	17%	37%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	17%	16%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	14%	8%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	22%	39%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	30%	31%
For those who have a custody plan:			
17.3	Are staff helping you to achieve your objectives or targets?	20%	48%
PREPARATION FOR RELEASE			
For those who expect to be released in the next 3 months:			
18.3	Is anybody helping you to prepare for your release?	50%	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?	36%	43%

40%	42%
48%	67%
12%	14%
20%	20%
11%	32%
24%	34%
0%	22%
40%	59%
29%	32%
59%	46%
14%	41%
38%	53%
39%	50%
24%	27%
17%	33%
4%	19%
8%	12%
14%	35%
42%	29%
20%	43%
50%	53%
38%	41%

HMP Woodhill 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- 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.

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

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

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

		Foreign national	British national
Number of completed questionnaires returned		17	131
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	19%	7%
	Are you 50 years of age or older?	13%	5%
1.3	Are you from a minority ethnic group?	50%	33%
7.1	Are you Muslim?	18%	17%
11.3	Do you have any mental health problems?	25%	48%
12.1	Do you consider yourself to have a disability?	29%	36%
19.2	Are you a foreign national?		
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	6%	4%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	69%	86%
2.4	Overall, were you treated very / quite well in reception?	81%	81%
2.5	When you first arrived, did you have any problems?	94%	90%
For those who had any problems when they first arrived:			
2.6	Did staff help you to deal with these problems?	25%	33%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	63%	65%
3.5	Have you had an induction at this prison?	88%	88%
For those who have had an induction:			
3.5	Did your induction cover everything you needed to know about this prison?	36%	50%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	19%	13%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	53%	55%
	- Can you shower every day?	88%	76%
	- Do you have clean sheets every week?	81%	73%
	- Do you get cell cleaning materials every week?	69%	56%
	- Is it normally quiet enough for you to relax or sleep at night?	65%	57%
	- Can you get your stored property if you need it?	27%	20%

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

		Foreign national	British national
Number of completed questionnaires returned		17	131
FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	47%	18%
5.3	Does the shop / canteen sell the things that you need?	71%	49%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	56%	66%
6.2	Are there any staff here you could turn to if you had a problem?	63%	69%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	19%	28%
6.6	Do you feel that you are treated as an individual in this prison?	12%	30%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	71%	61%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	46%	64%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	18%	17%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	59%	67%
8.3	Are you able to use a phone every day (if you have credit)?	100%	78%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	91%	73%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	29%	25%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	6%	2%
<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%	57%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	69%	69%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	46%	44%
10.3	Is it easy for you to make a complaint?	41%	62%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	18%	21%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	33%	28%

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

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

		Foreign national	British national
Number of completed questionnaires returned		17	131
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	25%	43%
	- Nurse?	53%	65%
	- Dentist?	13%	14%
	- Mental health workers?	14%	20%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	60%	27%
11.5	Do you think the overall quality of the health services here is very / quite good?	35%	32%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	80%	12%
SAFETY			
14.1	Have you ever felt unsafe here?	71%	52%
14.2	Do you feel unsafe now?	35%	31%
14.3	Not experienced bullying / victimisation by other prisoners	65%	46%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	65%	32%
14.5	Not experienced bullying / victimisation by members of staff	71%	47%
14.6	If you were being bullied / victimised by staff here, would you report it?	60%	45%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	41%	24%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	41%	30%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	29%	14%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	18%	10%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	27%	32%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	38%	30%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	67%	32%
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?	60%	49%
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?	56%	41%

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Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners with mental health problems are compared with those of prisoners who do not have mental health problems.

- Disabled prisoners' responses are compared with those of prisoners who do not have a disability.

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

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

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

Number of completed questionnaires returned

Mental health problems	No mental health problems	Have a disability	Do not have a disability
70	81	55	97

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	7%	10%	4%	12%
	Are you 50 years of age or older?	3%	10%	11%	4%
1.3	Are you from a minority ethnic group?	22%	44%	21%	41%
7.1	Are you Muslim?	13%	20%	7%	22%
11.3	Do you have any mental health problems?			80%	28%
12.1	Do you consider yourself to have a disability?	61%	14%		
19.2	Are you a foreign national?	6%	15%	10%	13%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	6%	4%	10%	2%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	83%	84%	82%	84%
2.4	Overall, were you treated very / quite well in reception?	74%	87%	74%	85%
2.5	When you first arrived, did you have any problems?	96%	85%	93%	89%
For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	23%	41%	24%	37%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	53%	73%	50%	72%
3.5	Have you had an induction at this prison?	83%	94%	83%	92%
For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	45%	53%	42%	52%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	13%	13%	13%	13%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	50%	61%	56%	55%
	- Can you shower every day?	73%	81%	67%	82%
	- Do you have clean sheets every week?	73%	74%	70%	76%
	- Do you get cell cleaning materials every week?	53%	64%	51%	63%
	- Is it normally quiet enough for you to relax or sleep at night?	50%	65%	50%	63%
	- Can you get your stored property if you need it?	18%	24%	6%	30%

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	Grey shading indicates that we have no valid data for this question

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

Number of completed questionnaires returned

Mental health problems	No mental health problems
70	81

Have a disability	Do not have a disability
55	97

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	20%	23%
5.3	Does the shop / canteen sell the things that you need?	52%	52%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	62%	66%
6.2	Are there any staff here you could turn to if you had a problem?	75%	63%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	26%	25%
6.6	Do you feel that you are treated as an individual in this prison?	29%	29%
FAITH			
For those who have a religion:			
7.2	Are your religious beliefs respected here?	59%	67%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	65%	61%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	27%	11%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	70%	65%
8.3	Are you able to use a phone every day (if you have credit)?	78%	81%
For those who get visits:			
8.7	Are your visitors usually treated respectfully by staff?	78%	74%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	25%	27%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	2%	3%
For those who use the library:			
9.9	Does the library have a wide enough range of materials to meet your needs?	66%	48%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	71%	66%
For those who have made an application:			
10.2	Are applications usually dealt with fairly?	39%	47%
10.3	Is it easy for you to make a complaint?	61%	57%
For those who have made a complaint:			
10.4	Are complaints usually dealt with fairly?	17%	22%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	38%	16%

26%	20%
54%	51%
55%	69%
78%	63%
26%	26%
31%	28%
62%	64%
55%	67%
20%	18%
74%	64%
72%	84%
74%	77%
27%	25%
2%	2%
57%	58%
72%	66%
37%	47%
60%	59%
14%	25%
46%	16%

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

Number of completed questionnaires returned

Mental health problems	No mental health problems
70	81

Have a disability	Do not have a disability
55	97

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	41%	42%
	- Nurse?	59%	68%
	- Dentist?	13%	15%
	- Mental health workers?	19%	21%
For those who have mental health problems:			
11.4	Have you been helped with your mental health problems in this prison?	29%	
11.5	Do you think the overall quality of the health services here is very / quite good?	25%	39%
OTHER SUPPORT NEEDS			
For those who have a disability:			
12.2	Are you getting the support you need?	16%	27%
SAFETY			
14.1	Have you ever felt unsafe here?	74%	37%
14.2	Do you feel unsafe now?	42%	22%
14.3	Not experienced bullying / victimisation by other prisoners	32%	63%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	34%	37%
14.5	Not experienced bullying / victimisation by members of staff	42%	58%
14.6	If you were being bullied / victimised by staff here, would you report it?	45%	50%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	21%	30%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	28%	31%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	24%	9%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	11%	10%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	34%	31%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	17%	42%
For those who have a custody plan:			
17.3	Are staff helping you to achieve your objectives or targets?	33%	39%
PREPARATION FOR RELEASE			
For those who expect to be released in the next 3 months:			
18.3	Is anybody helping you to prepare for your release?	46%	55%
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?	34%	47%

34%	45%
59%	66%
13%	15%
17%	21%
32%	26%
32%	34%
20%	
76%	43%
43%	25%
29%	59%
35%	37%
42%	55%
44%	50%
24%	27%
28%	31%
25%	12%
15%	9%
28%	35%
26%	34%
36%	41%
59%	44%
33%	46%

HMP Woodhill 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners aged 25 and under are compared with those of prisoners over 25

Please note that these analyses are 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
	Blue shading shows results that are significantly more negative than the comparator
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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	25 and under	Over 25
	41	116

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.3	Are you from a minority ethnic group?	44%	30%
7.1	Are you Muslim?	23%	14%
11.3	Do you have any mental health problems?	41%	49%
12.1	Do you consider yourself to have a disability?	23%	41%
19.2	Are you a foreign national?	14%	10%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	5%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	83%	83%
2.4	Overall, were you treated very / quite well in reception?	83%	81%
2.5	When you first arrived, did you have any problems?	85%	90%
For those who had any problems when they first arrived:			
2.6	Did staff help you to deal with these problems?	21%	36%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	80%	61%
3.5	Have you had an induction at this prison?	93%	87%
For those who have had an induction:			
3.5	Did your induction cover everything you needed to know about this prison?	60%	46%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	13%	13%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	65%	52%
	- Can you shower every day?	90%	72%
	- Do you have clean sheets every week?	88%	69%
	- Do you get cell cleaning materials every week?	56%	58%
	- Is it normally quiet enough for you to relax or sleep at night?	69%	56%
	- Can you get your stored property if you need it?	33%	17%

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

Number of completed questionnaires returned

	25 and under	Over 25
	41	116

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	18%	24%
5.3	Does the shop / canteen sell the things that you need?	56%	51%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	56%	66%
6.2	Are there any staff here you could turn to if you had a problem?	64%	70%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	30%	25%
6.6	Do you feel that you are treated as an individual in this prison?	32%	30%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	71%	60%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	54%	67%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	23%	18%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	69%	67%
8.3	Are you able to use a phone every day (if you have credit)?	93%	75%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	80%	73%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	30%	25%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	3%	2%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	71%	55%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	74%	67%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	50%	41%
10.3	Is it easy for you to make a complaint?	58%	61%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	19%	21%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	21%	30%

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

Number of completed questionnaires returned

25 and under	Over 25
41	116

HEALTH CARE		
11.1	Is it very / quite easy to see:	
	- Doctor?	39% 43%
	- Nurse?	54% 67%
	- Dentist?	13% 14%
	- Mental health workers?	21% 19%
<i>For those who have mental health problems:</i>		
11.4	Have you been helped with your mental health problems in this prison?	31% 29%
11.5	Do you think the overall quality of the health services here is very / quite good?	32% 34%
OTHER SUPPORT NEEDS		
<i>For those who have a disability:</i>		
12.2	Are you getting the support you need?	13% 21%
SAFETY		
14.1	Have you ever felt unsafe here?	36% 62%
14.2	Do you feel unsafe now?	21% 36%
14.3	Not experienced bullying / victimisation by other prisoners	66% 41%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	31% 39%
14.5	Not experienced bullying / victimisation by members of staff	49% 51%
14.6	If you were being bullied / victimised by staff here, would you report it?	46% 49%
BEHAVIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	26% 26%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	26% 32%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	26% 12%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	15% 10%
EDUCATION, SKILLS AND WORK		
16.3	Do staff encourage you to attend education, training or work?	43% 29%
PLANNING AND PROGRESSION		
17.1	Do you have a custody plan?	37% 28%
<i>For those who have a custody plan:</i>		
17.3	Are staff helping you to achieve your objectives or targets?	43% 39%
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?	43% 53%
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?	40% 41%