

Report on an unannounced full follow-up  
inspection of

# **HMP Doncaster**

11–15 February 2008

by HM Chief Inspector of Prisons

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# Introduction

HMP Doncaster is a busy, privately managed local prison for adult and young offenders run by Serco. On our last inspection in 2005, we commended the quality of staff-prisoner relations, the amount of time prisoners spent out of their cells and resettlement work, but criticised aspects of safety, the squalid and poorly equipped accommodation and a lack of purposeful activity. On our return for this unannounced full follow-up inspection, we found improvements in a number of areas, but also a worrying deterioration in healthcare and little progress in expanding purposeful activity.

Early days in custody were now better managed and our recommendation for a first night centre had been implemented. However, incidents of violence and self-harm had increased, and we found frailties in both anti-bullying and suicide prevention arrangements. We were concerned to find a number of those at risk of self-harm inappropriately held in a healthcare dormitory. Detoxification arrangements were also in need of further improvement. The management of use of force and the special cells was satisfactory, but the regime in the segregation unit was limited.

The environment had generally improved since our previous inspection, although we were disappointed to find that two-person cells had been turned into three-person cells by placing a bed in the shared toilet. This was unacceptable. Staff-prisoner relations remained generally sound, and managers had embarked on a culture change programme among staff to reinforce expectations. It was of concern that the perceptions of black and minority, foreign national and Muslim prisoners were generally worse than those of other prisoners. Basic services, including catering, shop, legal advice and the chaplaincy, were all good. However, we had significant concerns about healthcare: there was no needs analysis, governance was weak, access to a GP and the dentist was poor, and medicines management and inpatient services were inadequate.

It was disappointing to find little progress had been made towards increasing the quantity and quality of purposeful activity, and we now doubted the accuracy of Doncaster's time out of cell figures. There was a general lack of appropriate work and training spaces, with too little accreditation. We were concerned that young adults appeared particularly disadvantaged. There had also been no progress on our previous recommendation that unemployment pay be introduced. Library facilities were limited, but there was good access to physical education.

Resettlement provision at Doncaster had continued to improve and, in the context of a busy local prison with a transient population, was among the best we have seen. Some processes required further development - for example, there was no needs analysis and no formal custody planning - but reintegration staff, supported by trained prisoner orderlies, made up for some of these deficits with good practice. They were able to direct prisoners to excellent interventions and reintegration services, and we were particularly impressed by the resettlement outreach work that supported prisoners on their return to the community. As at other local prisons, we found a number of indeterminate sentenced prisoners who had not been moved on quickly enough to appropriate training prisons where they could address their risks. This is a national problem that requires national solutions to expedite the progression of this challenging and frustrated population.

Doncaster has addressed a number of the criticisms that we made on our last visit, and continued to make good progress in areas such as resettlement. However, there is much still to do, not least to ensure that safety is maintained and the serious deficits in healthcare urgently addressed. There has also been a disappointing lack of progress in responding to our

previous concerns about the inadequate quantity and quality of purposeful activity. Nevertheless, there is much that is positive at Doncaster. The director and his staff need to build on these attributes, while addressing the outstanding concerns set out in this report.

Anne Owers  
HM Chief Inspector of Prisons

May 2008

# Fact page

## **Task of the establishment**

HMP Doncaster is a category B local prison accommodating both young and adult prisoners.

## **Area organisation**

HMP Doncaster is a contracted-out prison. The contract is currently managed by the Regional Offender Manager, Yorkshire and Humberside.

## **Number held**

987

## **Certified normal accommodation**

771

## **Operational capacity**

1145

## **Last inspection**

November 2005

## **Brief history**

The prison was built by the Prison Service on the site of a former power station in the city centre, on an island between a river and a canal. It opened in June 1994 and is managed by Serco Home Affairs.

## **Description of residential units**

Prisoners are accommodated in three identical house blocks, each comprising four separate living areas (wings), which are triangular in shape. Each wing can house up to 95 prisoners in cells on two levels, surrounding a carpeted association area. Residential wings are equipped with showers, telephones, meal serving facilities and associated game equipment. The healthcare centre has 29 beds for inpatients on one floor. There are a further 36 beds on the lower floor for enhanced level workers. The segregation unit has 20 normal beds and an additional six beds for specific needs.



# Healthy prison summary

## Introduction

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HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:

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

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

**...performing well against this healthy prison test.**

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

**...performing reasonably well against this healthy prison test.**

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.

**...not performing sufficiently well against this healthy prison test.**

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.

**...performing poorly against this healthy prison test.**

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.

HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

## Safety

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- HP4 The arrangements to receive, settle and induct newly arriving prisoners operated well. There were rising numbers both of incidents of violence and of prisoners subject to self-harm monitoring. Many assessment, care in custody and teamwork (ACCT) documents were opened apparently as a defensive measure and, inappropriately, some of those at risk of self-harm were held in a healthcare dormitory. The first stage of the anti-bullying scheme was ineffectual, but the second stage worked well. Adjudications were conducted well but arrangements for referring charges to the independent adjudicator were not consistent with practice elsewhere. The management of the use of force and the special cell was reasonably good, but the regime in the segregation unit was limited. The mandatory drug testing positive rate was low, but there were high numbers of refusals and high recorded misuse of buprenorphine (subutex). Maintenance of methadone programmes was now available but the first night symptomatic relief was inadequate. Overall, the prison was performing reasonably well against this healthy prison test.
- HP5 The escort contractor was Global Solutions Limited (GSL). The relationship between escort and prison staff was described as good but we had to draw to management attention the highly inappropriate attitudes of one member of GSL staff. There was an average of around 600 new receptions each month and video links were used extensively to try to reduce the number of movements. Many prisoners had been held in police cells under Operation Safeguard for lengthy periods.
- HP6 Free telephone calls and meals were routinely offered to new receptions, and a prisoner peer support worker (known as a Buddy) worked in reception. Reception facilities were clean and staff behaved in a courteous and professional manner towards prisoners.
- HP7 Vulnerable prisoners were co-located on the first night centre with standard location prisoners. First night staff established that prisoners had no immediate concerns that had not been addressed, and there were detailed handovers between day and night staff.
- HP8 A thorough induction procedure began on the day following reception; specialist departments were involved and there was good use of different media to deliver the programme, although there was little material provided in languages other than English.
- HP9 The violence reduction policy document was under review but there had been no recent prisoner survey, as recommended after the previous inspection. There was a well-attended weekly violence reduction meeting that reviewed the increasing number of incidents of violence that were taking place. There was a two-stage anti-bullying process, but the first stage was ineffectual; many staff were unaware of how it was intended to operate and what their part in its delivery might be. The second stage was a positive programme that involved relocation to the prisoner reintegration unit and incorporated interventions from psychology staff and close monitoring. There were no formal arrangements to support victims of bullying.

- HP10 The suicide and self-harm policy was also due to be reviewed in the near future. The number of ACCT documents opened over the previous six months had also increased. There was evidence that some ACCT documents were being opened for defensive reasons. Many prisoners on open ACCT documents were located in the healthcare centre, even though in many cases there were no clinical requirements that this should be so. Three of the 10 prisoners in the healthcare dormitory were on open ACCT documents, which was contrary to the prison's own policy. There was a mixed quality of entries in the ACCT documentation we examined. The Buddy scheme operated well and the Buddies we spoke to confirmed that they felt supported by staff.
- HP11 Security intelligence was well managed. Prisoners were advised of the key rules during their induction period. Security categorisation operated well. There was a transparent process that was open to challenge. Recategorisation reviews were timely and there were good arrangements to keep prisoners informed of impending transfers.
- HP12 The number of adjudications was not rising, and the majority were related to drugs misuse. Adjudications were still conducted by the Home Office controller. Serious charges were referred to the independent adjudicator, but the policy not to refer first charges for class A drugs misuse was inconsistent with practice at many other establishments.
- HP13 Force had been used on 131 occasions in the previous six months. Some staff who had been involved in the use of force were not in date with their control and restraint certification. The retention and indexing of use of force videos was inadequate. Special cell usage was low, but prisoners located in the special cell tended to be held there for long periods.
- HP14 There were 19 prisoners in the segregation unit during the inspection. There was a very restricted regime for segregated prisoners. Segregation unit history files had very limited entries made about prisoners. A prisoner deemed to require constant watching was observed not to be receiving such supervision, putting him at risk.
- HP15 The random mandatory drug testing positive rate was 7.3% but there were high numbers of prisoners who had refused to be tested, and high numbers also tested positive for Subutex. The clinical management of opiate users had improved and most prisoners were now able to continue their methadone programmes. There were poor arrangements for first night symptomatic relief, and the detoxification regimen was still inappropriate. One wing housed a dedicated environment for up to 95 prisoners for stabilisation during detoxification, but there was no additional structured support or 24-hour nursing cover.

## Respect

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- HP16 The general environment had improved, but crowding meant that a third prisoner had to sleep in the toilet recess of the two-man cells. General staff-prisoner relationships were good and respectful, and managers had embarked on a culture change programme to reinforce this. However, the perceptions of black and minority ethnic prisoners were poorer than those of their white counterparts. A new application system was designed to meet prisoners' needs better. Legal services staff provided a

good service in the area of legal advice and bail information. Health services were poorly managed, with many core procedures either absent or incomplete. Overall, the prison was not performing sufficiently well against this healthy prison test.

- HP17 All prisoners were assessed by a health services professional on reception to see if there were special needs that required to be addressed. Fourteen prisoners were recorded as having a disability, but there was no specially adapted accommodation for those with significant mobility difficulties. Conditions on most living units and in most cells were adequate, and cell facilities had improved since the previous inspection. The recent additional crowding meant that the third man in a cell designed for two had to sleep in the toilet recess. Young offenders were chiefly accommodated on three wings, but there was no clear overall strategy for their management.
- HP18 Some posters were observed that breached the policy on offensive displays. All prisoners in multi-occupancy cells were required to pay the same amount towards their television rental. There were no notice boards or lockable cabinets provided in cells. Mirrors had to be bought and there was confusion about the provision of sink plugs. There was a continuing problem with litter being thrown into exercise yards, although there were arrangements to clear this up daily.
- HP19 At the time of the inspection, 3% of prisoners were on the basic level of the incentives and earned privileges (IEP) scheme and 25% were on the enhanced level. Two wings operated an enhanced regime, which included additional evening association, but some prisoners achieving enhanced status chose not to re-locate to those wings.
- HP20 The personal officer scheme had effectively been terminated. All residential staff were now expected to operate as key workers. Staff-prisoner relationships appeared to be good, and nothing untoward was observed. In our survey, 72% of prisoners felt that staff treated them with respect. This was significantly better than comparators but weaker than at the time of the previous inspection.
- HP21 All meals were eaten in association. There was a good range of dishes available and meals sampled were adequate. Most prisoner workers who handled food had not completed the basic food hygiene certificate, and no formal training leading to vocational qualifications was offered to kitchen workers.
- HP22 There were two opportunities each week for prisoners to spend their money in the prison shop, and goods were normally delivered within 48 hours of the order being placed. No charges were made for the administration of catalogue orders. In our survey, the responses of young prisoners and adults concerning the range of goods sold in the prison shop were significantly more positive than the comparators.
- HP23 Twenty-two per cent of the prison population was recorded as being from black and minority ethnic backgrounds. In our survey, 35% of black and minority ethnic prisoners reported that they had been victimised on grounds of race or ethnicity. Race equality impact assessments had not been completed. Racist incident report forms were investigated by the race equality officer.
- HP24 The establishment held 130 foreign national prisoners, but there was little information available in languages other than English. Twenty-eight prisoners were held solely on immigration detention warrants after the expiry of sentence. In one case, a man had been held for two years after sentence expiry. Staff from the Border and Immigration Agency (now the UK Border Agency) attended monthly.

- HP25 A new applications system was being introduced that brought staff from key departments and services onto the wings to deal with prisoners face to face. Complaints were managed effectively, although wing staff opened the complaints boxes, which was inappropriate. There were good legal advice and bail information services available to prisoners.
- HP26 The chaplaincy team provided a reasonable service to prisoners of all faiths. The multi-faith room was no longer large enough to accommodate all the Muslim prisoners who might wish to attend prayers, and these were now held by agreement in the chapel.
- HP27 Responsibility for the provision of health services had recently been transferred to Serco Health. Many of the recommendations in the area of healthcare had not been achieved, and there had been no progress since the previous inspection. Nursing staff were seen by prisoners and observed by inspectors to be helpful, and there were many good entries in clinical records. However, there was no senior clinical lead, an absence of clinical governance arrangements and there had been no recent comprehensive health needs assessment. Not all the arrangements for medical cover ensured access to a registered general practitioner. There were insufficient dental sessions and waiting lists were long. Medication management was inadequate, and arrangements for access to mental health services were disjointed. Inpatient care arrangements were also poor; the regime was not therapeutic and too many prisoners had been admitted to the healthcare centre for non-clinical reasons. There was no routine arrangement to conduct ward rounds.

## Purposeful activity

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- HP28 There were insufficient work or education spaces available to prisoners and it was not known how many young prisoners were engaged in many activities. The statistics recording time out of cell were not reliable. Library facilities were limited. Scheduled exercise and association periods were rarely cancelled. There were good levels of participation in physical education (PE) but few accredited qualifications. Overall, the prison was not performing sufficiently well against this healthy prison test.
- HP29 There was a maximum of 429 prison workplaces and more places were now available in education. However, even including part-time work, there were only places for two-thirds of prisoners to spend any part of the week in activity, and too many workplaces involved unaccredited domestic work. At one point during the inspection, only 88 prisoners were involved in education or in work off wing.
- HP30 There were now more potential opportunities for young prisoners to work, but there were inadequate records to show how many of them were actually engaged in activities and there was no priority allocation for them.
- HP31 There was still no unemployment pay for prisoners, as had been recommended at the previous inspection.
- HP32 There were a few training opportunities in painting and decorating. A bricklaying instructor had been recruited but the course had not yet started. Opportunities to achieve qualifications were limited in art and information and communications

technology, and the English for speakers of other languages courses were still not accredited.

- HP33 Daily routines for each wing were published and these indicated that most prisoners could expect to spend between nine and 10 hours a day out of cell. In reality, the truer picture was of prisoners spending five to six hours a day out of cell. Association periods and exercise opportunities were rarely cancelled. Significantly higher proportions, both of young and of adult prisoners, said that they went on association more than five times a week than in comparator establishments.
- HP34 Only around 25% of the population used the library. Library provision was limited and some stock was not suitable for adult use. There was no access at evenings and weekends.
- HP35 The PE department offered a small number of accredited courses but most of these were no longer recognised as industry standard. There was no differentiation between adults and younger prisoners within the gymnasium. There was widespread participation in the gymnasium and outdoor activities, and all prisoners had the opportunity to attend.

## Resettlement

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- HP36 There were effective links with regional resettlement initiatives and particularly good reintegration services available, including impressive outreach work. There had been no recent needs assessment undertaken but it was clear that most adult prisoners understood how to access key services. Offender management arrangements had been effectively launched and most offender assessment system (OASys) assessments were up to date. Indeterminate prisoners were well managed, although they faced delays in moving on to other prisons. Provision along all resettlement pathways was effective, and particularly good use was made of trained prisoner Buddies. Visiting arrangements were well managed. Overall, in the context of a local prison, the establishment was performing well against this healthy prison test.
- HP37 The establishment was actively involved with regional leads in the strategic management and planning of resettlement issues. There were good liaison arrangements with the different community agencies that worked in partnership with the prison. However, there had been no comprehensive needs assessment to ensure that the needs of all the very different groups of prisoners represented in the establishment were being met.
- HP38 The OASys assessment process and offender management arrangements had been introduced since the previous inspection. There were 207 prisoners subject to offender management and they all had named offender supervisors. There was a small OASys backlog, but attention had recently been devoted to bringing the prisoners sentenced to indeterminate sentences for public protection (IPP) into the arrangements.
- HP39 For the majority of prisoners, there were no sentence-planning boards and no identified member of staff responsible for ensuring that targets were prioritised and met. Until the implementation of phase three of the offender management model a few weeks before the inspection, IPP prisoners were managed alongside life-

sentenced prisoners. There were regular consultation meetings and lifer and family day events. There were still delays in moving indeterminate-sentenced prisoners to stage 1 centres.

- HP40 Over the previous 10 months, 58 prisoners had completed the Think First programme. There were also opportunities to participate in the anger management course and a course, known as Iceberg, designed to support poorer copers.
- HP41 Resettlement pathway work was of a very high standard and Buddies were used to provide peer advice and support. In our survey, the number of adult prisoners who knew whom to contact for help with resettlement issues was significantly higher than at comparator prisons.
- HP42 Prisoners, and very often their families, were offered access to a wide range of specialist accommodation services and advice from induction onwards. There was good work undertaken in partnership with local authorities and community agencies to retain tenancies and prevent homelessness. Local authority staff held surgeries at the establishment, and in 2007 100% of prisoners wishing to retain tenancies had been helped to do so. Eighty per cent of prisoners released at the end of their sentence had an address to go to.
- HP43 There was a good range of information and guidance services for prisoners as they approached discharge. Support was available for prisoners being discharged who were unfit for work, with Jobcentre Plus staff available.
- HP44 Resettlement arrangements for prisoners known to the mental health in-reach team were comprehensive. However, for the vast majority of prisoners there was no information or assistance given to access health or social care services on release.
- HP45 Advice was available to prisoners about debt, finance and benefit issues, and services were being further developed based on the results of a recent prisoner survey. In the previous year, 60 prisoners had been enabled to open bank accounts before release.
- HP46 The drug strategy committee had not met for nearly a year, and the strategy lacked leadership. Despite this, there was a well-resourced counselling, assessment, referral, advice and throughcare (CARAT) team. There were good joint working arrangements with resettlement teams and there were links with black and minority ethnic drug groups. The short duration drugs programme was well established and this was appropriate to the needs of the population. There was no programme to address the needs of alcohol misusers, particularly among the younger population.
- HP47 A family support worker provided a range of support to prisoners and their families. Both the Storybook Dad and Story Sack initiatives ran. Services were well advertised in the visitors' centre and there was a visiting play bus. Outreach work was offered to prisoners and families post-discharge. Visits arrangements were well organised, with around 9,000 visits per month. There were good relationships between staff, prisoners and visitors. The visits centre was well equipped and the visits hall had a welcoming environment, with crèche facilities and refreshments.

## Main recommendations

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- HP48 The National Offender Management Service should draw up and implement a comprehensive policy for the management and location of indeterminate-sentenced prisoners.
- HP49 Safe, up to date and comprehensive clinical management of substance users should be introduced.
- HP50 More purposeful activity, and the opportunity to acquire skills, should be available for the prison population.
- HP51 Sufficient work and education should be provided to occupy young adults, as an immediate priority.
- HP52 Prisoners who are unemployed should receive unemployment pay.
- HP53 Comprehensive clinical governance arrangements should be developed for health care services.
- HP54 There should be a health needs assessment to identify the health needs of all prisoners and the appropriate services required.
- HP55 The inpatient unit should not be used to accommodate prisoners unable to cope with life in the main prison.

# Progress on main recommendations since the previous report

(The paragraph numbers at the end of each main recommendation refer to its location in the previous inspection report)

- MR1 **There should be a national policy for the management of those prisoners sentenced to indefinite or extended terms of imprisonment on public protection grounds (IPP and EPP sentences). (HP49)**

**Partially achieved.** Under phase III of the National Offender Management model, which came into effect in January 2008, prisoners serving indeterminate sentences for public protection (IPP) were to be case managed in the same manner as high-risk determinate-sentenced prisoners. There was still no overarching national policy relating to how these prisoners should be located or managed by establishments. However, the removal of the requirement for them to be treated as life-sentenced prisoners meant that they did not have to be transferred to the limited number of stage 1 lifer prison places. In addition, prisons had been instructed to look actively at whether IPP prisoners could be recategorised; those assessed as suitable for category C conditions could be considered for transfer to a wider range of training establishments where they would be able to undertake relevant offending behaviour work. See main recommendation HP48.

- MR2 **Safe, up to date and comprehensive clinical management of substance users should be introduced. (HP42)**

**Partially achieved.** Methadone prescribing was now available for prisoners meeting particular criteria, but many opiate users still had to undergo detoxification, and most did not receive first night treatment. See main recommendation HP49 and recommendation 4.52.

- MR3 **More purposeful activity, and the opportunity to acquire skills, should be available for the prison population (HP43)**

**Partially achieved.** More work places were available and the total number of education places had increased to 441. However, due to staffing shortages, at the time of the inspection the number of education places had been reduced by 132. We were told that 59% of adults and 53% of young prisoners participated in education and training, which was an improvement on the 2005 figures. However, the establishment did not record participation and could not report actual figures accurately. See main recommendation HP50 and recommendation 5.4.

- MR4 **Sufficient work and education should be provided to occupy young adults, as an immediate priority (HP44)**

**Partially achieved.** Workplaces for young adult prisoners had been extended since the previous inspection, and they now had access to the same work and education opportunities as adult prisoners. However, the establishment did not keep data to record and evaluate participation rates by age. Our survey showed that the number of young adult prisoners who felt that their job would help them on release had more than doubled since 2005. However, overall, the numbers who thought that their job, skills training or education would help them on

release were significantly lower than at comparator prisons.  
See main recommendation HP51.

**MR5 A fully functioning first night centre should be set up as a matter of urgency. (HP45)**

**Achieved.** Most newly arrived prisoners not requiring detoxification were transferred to the dedicated first night centre.

**MR6 An audit of cell facilities should be undertaken urgently. All cells should be properly equipped and maintained. (HP46)**

**Partially achieved.** There was evidence that managers had responded promptly to the criticism of the conditions in some cells raised following our previous inspection. Conditions had improved, although there were a few cells that still failed to meet the generally acceptable standard of cleanliness and presentation found across the establishment. House block managers checked cells at least monthly, and the results of these checks were well documented. Prison custody officers understood that it was their responsibility to monitor the condition of cells on a more regular basis, and they reported any need for remedial work.

**MR7 Prisoners who are unemployed should receive unemployment pay. (HP47)**

**Not achieved.** The establishment had introduced unemployment pay to prisoners who were willing to participate in employment training or education classes but unable to do so through no fault of their own. This did not include those prisoners who were on waiting lists for consideration for employment or awaiting a start date to commence employment. There were three prisoners receiving hospital sick pay and three who were receiving pension pay. With education and employment opportunities available for only 65% of the population, over one-third of the population at any one time would not have been in receipt of pay.

See main recommendation HP52.

**MR8 Custody planning should be introduced for short-term and remand prisoners. (HP48)**

**Partially achieved.** All prisoners were seen by staff from the community reintegration team, both during their first few days at the establishment and up to six weeks before their release date. Short-term and remand prisoners had access to reintegration and other services, and the departments or agencies concerned kept records of any contact with prisoners or work completed on their behalf. However, remand prisoners or those serving sentences of less than 12 months had no written plan outlining how their specific needs would be met during and post-custody, and they did not have an identified member of staff who was responsible for ensuring that any identified targets were prioritised, implemented and achieved.

**MR9 There should be a health needs assessment to identify the health needs of all prisoners and the appropriate services required. (HP50)**

**Not achieved.** The most recent health needs assessment had been undertaken in 2005 and was not comprehensive. The establishment's action plan in response to our previous inspection had not recognised the need to identify the health needs of the population at Doncaster and was inappropriate.

See main recommendation HP54 and additional information under Health services.

**MR10 The inpatient unit should not be used to accommodate prisoners unable to cope with life in the main prison. (HP51)**

**Not achieved.** The 29 inpatient beds were included in the certified normal accommodation, and were used to accommodate those having difficulty coping with life within the establishment. During the inspection, there were 35 inpatients, six of whom were lodging on the lower floor of the healthcare centre, used to house the kitchen workers. The admission criteria were not robust and the local rule of admitting all those on assessment, care in custody and teamwork (ACCT) documents, who required 15-minute observations, compounded the problem. The establishment's response to this recommendation following the previous inspection was to state that that all patients were medically assessed and that admission was based on individual need; this was clearly not the case.

**See main recommendation HP55.**



# Progress on recommendations since the last report

## Section 1: Arrival in custody

### Courts, escorts and transfers

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#### Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement prisoners' individual needs are recognised and given proper attention.

- 1.1 Escort vehicles should be in a good state of repair, and cubicles should be checked regularly and any graffiti removed. (1.7)

**Partially achieved.** We observed escort vehicles to be in a good state of repair and clean but, again, saw several cubicles which contained graffiti.

#### Further recommendation

- 1.2 Prisoner escort vehicles should be checked on a daily basis and any graffiti removed.

#### Additional information

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- 1.3 The main prison escort provider was Global Solutions Limited (GSL). We were told by prisoners and escort staff that there were delays in getting in and out of the establishment because of the high volume of escort and contractor vehicles. However, reception stayed open during lunchtimes and beyond the official 6pm closing time, and this helped to reduce such delays.
- 1.4 Prisoners were given sufficient notice of transfers, and meals and drinks were routinely provided by escort staff, and in reception. A stock of non-prison clothing was available if required, and all stored property accompanied prisoners being transferred. However, some remand prisoners being held at the establishment because of crowding in other local prisons complained of delays in property being transferred from other establishments.
- 1.5 Methods of restraint used were based upon risk assessments, and oral and written briefings were undertaken by escort and prison reception staff. Escort staff told us that they provided toilet stops at least every two and a half hours. While most escort staff were observed to treat prisoners with respect, we observed one example of a member of the escort staff making derogatory comments about the prisoners in his charge, in full hearing of prison reception staff and prisoners. We later referred the incident to managers at GSL who investigated the matter and took action against a member of staff.
- 1.6 During the inspection, we saw a number of prisoners being received into the establishment after spending time in police cells under the Operation Safeguard arrangements. In some cases, they had spent up to four nights in what many described as very poor conditions. This

apparently included only five minutes of exercise a day, little access to showers and telephones, mattresses on the floor and no facility to smoke for the whole period held.

- 1.7 The establishment actively promoted and used video links for suitable court hearings.

#### Further recommendations

- 1.8 All property should accompany unsentenced prisoners to court.
- 1.9 GSL escort staff should undergo regular training in managing prisoners and issues related to treating them respectfully.

## First days in custody

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### Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

- 1.10 There should be a vulnerable prisoner strategy, and reception and induction staff should be trained in its application. (1.24)

**Not achieved.** The prison did not have a clear strategy for dealing with vulnerable prisoners, and the management of newly arrived prisoners in this category was left to the discretion of reception and induction staff. Any prisoner identified as 'vulnerable' was separated from other prisoners in reception until a decision had been made about whether he could be moved to the first night centre. Although young and vulnerable prisoners on the first night centre told us that they felt safe, no clear criteria were applied to the location of such prisoners. Nevertheless, the cell sharing risk assessment was completed by reception and health services staff in reception, and passed to first night staff with a briefing about any concerns raised.

**We repeat the recommendation.**

- 1.11 Newly arrived prisoners should be offered a shower on reception. (1.25)

**Not achieved.** Despite having facilities in the reception area, these were not offered for use by newly arrived prisoners. Instead, the policy was to offer a shower when prisoners arrived on the first night centre. However, prisoners frequently did not arrive on the unit until after 7pm, when evening association had ended, and some reported to us that this resulted in no opportunity to have a shower on their day of arrival. Our survey showed that the number of prisoners who were offered a shower on their first day had increased significantly since 2005 but was still significantly lower than the comparators.

#### Further recommendation

- 1.12 Prisoners should be offered a shower on their day of arrival.

## Additional information

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- 1.13 Reception was well organised and clean, with an adequate number of holding rooms, some of which contained toilet facilities. The area was extremely busy, dealing with large numbers of prisoners; there was an average of 600 new receptions per month, and there had been over 25,000 movements through reception in the previous year. We observed active steps being taken by staff to minimise the time spent in the area, prisoners being treated considerately by reception staff, and searching procedures to be appropriate and respectful. Basic information was provided about life at the establishment and was supplemented on arrival at the first night unit.
- 1.14 When large numbers of receptions were received at the same time, prisoners sometimes experienced long waits before they were moved on to another unit. We were told, both by prisoners and by staff, that this was partly due to unnecessary delays in accessing nurses.
- 1.15 We observed that a free five-minute telephone call was routinely offered to prisoners, which was reflected in our survey by positive responses from prisoners about telephone access on their day of arrival. A prisoner Buddy was available to help staff to greet and acclimatise prisoners to life at the establishment. Smokers' and non-smokers' packs were available for purchase, and a money credit offered for this purpose if needed.
- 1.16 **The first night officer should be part of the reception staff complement and not redeployed to other duties. (1.26)**

**Achieved.** With the creation of the dedicated first night centre, staff liaised closely between reception and the first night centre to ensure that newly arrived prisoners were dealt with appropriately. We were told that redeployment from either unit was rare.

- 1.17 **The area designated as a first night centre should provide a relaxed, welcoming and secure environment for newly received prisoners, and its staff should be specifically recruited and trained for this role. Prisoners should be offered sufficient opportunity to discuss and rectify any immediate problems. (1.27)**

**Achieved.** Most newly arrived prisoners not requiring detoxification were moved from reception to the dedicated first night centre, located on house block 3D, where they were routinely interviewed by first night staff to establish any areas of immediate concern. Nevertheless, a small number of prisoners were spending their first night on other units.

### Further recommendation

- 1.18 All newly arrived prisoners assessed as needing to should be located on the first night centre.
- 1.19 **Night staff should be made aware of all prisoners spending their first night at Doncaster, and support arrangement should be put in place to ensure that prisoners' concerns and needs can be addressed over the night period. (1.28)**

**Achieved:** Staff on house block 3D were volunteers who were selected by managers for their ability to work with newly arrived and vulnerable prisoners, and there was a clear selection process. There was little staff cross-deployment to other units at the establishment, and we observed staff to be proactive; prisoners told us that they felt safe and that they could ask for assistance if needed. Our survey indicated that adult prisoners at the establishment were

significantly more positive than those at comparator prisons about a range of help and support offered during their first 24 hours, including contacting family and when feeling depressed or suicidal. We observed newly arrived prisoners being dealt with in a professional and caring way, and we also saw full handovers between day and night staff to ensure that they were aware of any relevant information and that prisoners' needs could be met overnight.

**1.20 There should be separate locations for vulnerable prisoners and young prisoners during their reception and induction. (1.29)**

**Partially achieved.** Vulnerable and young prisoners were dealt with separately from adult prisoners and from each other in reception. However, those not requiring detoxification were moved to the first night centre without a formal risk assessment being undertaken (see paragraph 1.10).

**1.21 Supervision on the induction unit should be improved to reduce targeting of prisoners in their first days in custody and challenge potential bullies. (1.30)**

**Achieved.** Most new arrivals not requiring detoxification were now held in the dedicated first night centre.

**1.22 First night cells should be clean and have clean and serviceable bedding and televisions, and these items should be checked regularly. (1.31)**

**Partially achieved.** Cells on the first night unit contained televisions and were cleaned before being occupied by new arrivals, but they were shabby and some had broken toilet seats and heavily stained pans. Sufficient bedding was provided on arrival on the first night unit.

**Further recommendation**

**1.23 First night cells should be regularly refurbished to provide a welcoming environment, and toilets should be clean and functional.**

**1.24 Induction staff should be trained in presentation skills. (1.32)**

**No longer relevant.** The core induction programme was now delivered through a PowerPoint presentation with a recorded voice-over commentary; induction staff were only in attendance to answer questions and manage the time. This ensured a standardised presentation of induction materials.

**1.25 The induction programme should be extended to include afternoon sessions to allow prisoners to take in all the information provided. (1.33)**

**Not achieved.** Induction still mainly took place in the mornings, without the opportunity for repetition during the afternoons. Nevertheless, our survey indicated that prisoners of all ages had similar views to those at comparator prisons when asked whether the programme covered everything they needed to know about life at the establishment. The programme was a rolling one, delivered over the first three days following prisoners' arrival at the establishment, and we received no complaints about it being dragged out or difficult to understand.

# Section 2: Environment and relationships

## Residential units

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### Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

### Accommodation and facilities

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- 2.1 All cells should contain working televisions, adequate space for personal possessions to be locked safely, curtains and notice boards. (2.18)

**Partially achieved.** Cells still did not contain notice boards or lockable cabinets to hold personal possessions securely. The storage cupboards did not provide hanging space and we saw examples of prisoners using bedsteads and ad hoc wall fixings to hang shirts and jackets; this was contrary to the prison's rules. We also saw posters and cards displayed outside of the designated area on the cell wall. Prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme could purchase curtains, and curtains had been issued to all prisoners on the ground floor whose cells overlooked the exercise area, to preserve their privacy. Televisions were replaced as necessary.

#### Further recommendation

- 2.2 All cells should contain lockable cabinets with adequate storage space for personal possessions, and notice boards.

- 2.3 The main corridors throughout the prison should be heated and decorated adequately. (2.20)

**Not achieved.** This recommendation was declined in the establishment's action plan. The main corridors remained cold, but we accepted managers' argument that it would be financially and environmentally costly to keep them heated to an adequate level. Prisoners who could not, or chose not, to provide their own clothing were not issued with suitable warm garments (see recommendation 5.37). No explanation was given as to why the corridors remained undecorated.

#### Further recommendation

- 2.4 The main corridors throughout the prison should be redecorated.

## Hygiene

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- 2.5 All cells should have clean bedding, mattress and pillows, and there should be an effective system for monitoring the cleanliness and conditions of all cells and their furnishings. (2.16)

**Achieved.** Each house block had its own store, and those that we visited – with managers or prisoner store orderlies – were well stocked with bedding, clothing and other items. In our survey, 65% of adults (against an 84% comparator) and 61% of young prisoners (against an 83% comparator) said that they received clean sheets every week; both figures were lower than those found in 2005. However, we could find no evidence to support these results, and we received no complaints from prisoners during the inspection. Painting the metal bed frames with a specialist product had reduced the wear on mattresses (through rust and tears). Mattresses were replaced on a regular cycle or as necessary, and wing laundries were able to wash duvets and pillows, as well as bedding (see paragraph MR6).

**2.6 Privacy screens should be installed in all shared accommodation, and all missing toilet seats should be replaced. (2.17)**

**Not achieved.** Although prison managers had accepted this recommendation, no action had been taken to improve the privacy screens, and the screening of in-cell toilets remained inadequate. The two-man cells with en-suite toilet were now used to house three prisoners; the third prisoner was, in effect, living and sleeping in the toilet recess. No additional screening had been installed to separate this living area from the shared toilet. Broken toilet seats were replaced, but due to a design fault some in-cell toilets could not be fitted with a cover.

**We repeat the recommendation.**

**Further recommendation**

**2.7** Two-man cells should only be used to house two prisoners.

**2.8 Laundry facilities should be made available to new receptions on 3D. (2.19)**

**Achieved.** The first night centre and detoxification unit both had access to on-wing laundry facilities.

**2.9 The showers on the residential wings should be refurbished. (2.21)**

**Partially achieved.** As part of a major shower refurbishment programme, the showers on one house block had been completed and work was taking place on another.

**Additional information**

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**2.10** Prisoner wing painters were used effectively to maintain good standards of decoration, and we found only a few examples of graffiti, none of which was offensive. There was a clear offensive display policy but we saw a few posters that breached this. Generally, prisoners were aware of the requirements to keep cells and communal areas clean and it appeared that the majority of prisoners took a pride in their surroundings. We saw examples of prison custody officers appropriately enforcing expected standards. The prisoner accommodation on the lower floor of the healthcare centre was poorly designed (10-man dormitory) and was used to house kitchen workers and inpatients (see section on health services).

**2.11** Cells were not equipped with mirrors, and prisoners had to purchase these from the prison shop. We found a level of misunderstanding among prisoners about the issuing of sink plugs; up to six months earlier these had also been available for purchase from the shop but were now issued on request. Unfortunately, few of the prisoners we spoke to knew this and

therefore did not have a sink plug. Prisoners in multi-occupancy cells had to pay the same weekly television rental fee as those in single cells.

#### Further recommendations

- 2.12 Mirrors and sink plugs should be routinely provided as part of the cell inventory.
- 2.13 The weekly television rental fee should be split evenly between prisoners in multi-occupancy cells.

## Young prisoners

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- 2.14 There should be a senior manager with overall management of the young prisoner population. A strategy for their management should be developed and should incorporate all aspects of the regime. (2.30)

**Partially achieved.** One of the assistant directors had overall responsibility for young prisoners, but there was no overall management strategy for this population. There were now more work opportunities available to young prisoners than at the time of the previous inspection (see section on purposeful activity).

#### Further recommendation

- 2.15 A strategy should be developed for the management of young prisoners, and this should incorporate all aspects of the regime.

#### Additional information

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- 2.16 Young prisoners were mostly now held on wings 1A, 2A and 3A; on 3A, those aged 18–21 years were co-located with young adults aged 21–25 years. These arrangements appeared to be working well, and staff reported a generally positive atmosphere on these wings. Young prisoners were also accommodated in the segregation unit, the detoxification unit, the vulnerable prisoners unit and in the healthcare centre. There was no defined regime for young prisoners, and no prioritised access to those work or education opportunities that did exist.

## Mail

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*No recommendations were made under this heading at the previous inspection.*

#### Additional information

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- 2.17 Prisoners were able to send two free letters each week and could purchase additional stamps from the prison shop. There were no restrictions on the number of letters that prisoners could send or receive. Staff in the mail room worked well to ensure that mail received was distributed to prisoners on the same day. Items that were special delivery or registered were tracked; the mail room obtained signatures from wing staff and the prisoner to ensure that the goods reached the recipient, and there was a paper trail. In our survey, 48% of adult respondents said that they had problems sending or receiving mail, which was significantly worse than the

44% comparator. The figure for young prisoners was 42%, which was similar to the comparator. Managers and staff could not account for these negative perceptions.

- 2.18 Legal correspondence was not read by staff. Target searching had to be requested and agreed by a manager, with good information provided to support the monitoring of a prisoner's mail. Wing staff randomly monitored up to 5% of the mail and recorded the information in a log book kept in the wing office. All monitored mail was marked, so that prisoners were aware that it had been read by staff.

## Telephones

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- 2.19 Prisoners should not be charged for changes made to their approved PIN telephone list. (3.81)

**Achieved.** Prisoners were no longer required to pay for any changes to their approved PIN telephone list.

### Additional information

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- 2.20 Wing telephones were appropriately located and had privacy hoods; prisoners were able to use them daily during association periods. Each residential wing had three telephones, with an average of 89 prisoners on each wing; this was below the expectation of one telephone per 20 prisoners. However, during an evening visit we only observed one queue and we received no complaints from prisoners about access to telephones. At 31%, the number of young prisoners surveyed who said that they had problems accessing the telephones was the same as the comparator; of the adults surveyed, 24% said that they had problems accessing the telephones, which was significantly better than the 32% comparator.

- 2.21 New receptions were given a £2.00 PIN telephone credit on arrival and were able to nominate three telephone numbers that they would be able to access once the PIN was activated. Prisoners from the European Union (EU) were given £5, and those from outside the EU £10, PIN telephone credit each month in lieu of a visit by a friend or family member.

### Further recommendation

- 2.22 There should be at least one telephone per 20 prisoners on each wing.

## Personal officers

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### Expected outcome:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

- 2.23 A workable personal officer or key worker scheme should be developed and implemented. (2.38)

**Partially achieved.** A recently introduced key worker policy was linked to a new applications system (see section on applications and complaints) and effectively replaced the traditional personal officer scheme. Under the key worker scheme, each member of staff allocated to

work on a particular wing was responsible for addressing the needs of prisoners on that wing and for dealing with the applications submitted. While the applications system was innovative, and particularly effective for the high number of very short-term prisoners at the establishment, the absence of a personal officer risked the needs of individual prisoners becoming overlooked, particularly those who were likely to remain at the establishment for longer periods. Only 4% of adult prisoners surveyed recalled having met a personal officer in their first week, against the 16% comparator, and only 8% (against the 24% comparator) felt that their personal officer had been helpful or very helpful.

#### Further recommendation

2.24 Some form of personal officer scheme should be introduced for prisoners who are likely to stay at the establishment for long periods.

2.25 **The work of personal officers or key workers should include supporting individual prisoners in meeting their sentence plan targets and supplementing and enhancing other resettlement work, including that of the community re-entry team. (2.39)**

**Not achieved.** As mentioned above, the personal officer scheme had effectively been wound up. As a result, there was very little evidence of any wing officers acting to support individual prisoners towards achieving sentence-planning targets.

**We repeat the recommendation.**



# Section 3: Duty of care

## Bullying and violence reduction

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### Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 There should be a prisoner survey, incorporating all indicators of potential bullying, on which to base an effective strategy to address violence reduction. (3.11)

**Not achieved.** No recent anti-bullying survey had been carried out to inform the prison strategy to reduce violent or bullying behaviour.  
We repeat the recommendation.

- 3.2 All staff should be trained in the violence reduction strategy, and there should be a monitoring system to measure its effectiveness. (3.12)

**Not achieved.** We were told that there was a programme to train staff in violence reduction and anti-bullying arrangements, but most staff we spoke to were not familiar with these. The well-attended violence reduction committee met monthly to discuss individual cases of interest, but we could find little evidence that trends (including the recent increases in violent incidents and assaults) were being monitored.  
We repeat the recommendation.

- 3.3 Only trained managers should investigate bullying and take the immediate response to any allegations of bullying. Any incidents of self-harm due to bullying should be fully investigated. (3.13)

**Partly achieved.** The violence reduction coordinator investigated most incidents in which bullying was suspected, but she had not attended investigation training. The violence reduction and suicide self-harm coordinators were co-located in the same office, and worked closely together to ensure that incidents of self-harm that involved bullying were investigated.

### Further recommendation

- 3.4 The violence reduction coordinator and any unit managers required to investigate incidents of violence or bullying should first attend relevant training.

- 3.5 Prisoners moved to the prisoner development unit should not be demoted automatically on the incentives and earned privileges scheme. Their current status should be maintained, and there should be strategies to encourage appropriate behaviour. (3.14)

**Not achieved.** Prisoners on the enhanced or standard levels of the incentives and earned privileges (IEP) scheme who moved to the prisoner reintegration unit (re-named the prisoner development unit) were automatically moved to basic. However, prisoners on the unit who cooperated and complied with the regime could earn back certain privileges, such as a

television and out-of-cell association.  
We repeat the recommendation.

- 3.6 There should be further information during the induction programme explaining the consequences of bullying and the support available to victims. (3.15)

**Achieved.** The prison anti-bullying policy and arrangements, and the consequences of poor behaviour, were fully outlined during the induction programme.

- 3.7 The violence reduction coordinator should have enough regular facility time to effectively manage and monitor all aspects of anti-bullying. All information should be evaluated and available data monitored to identify common emerging themes. (3.16)

**Not achieved.** The violence reduction coordinator was regularly cross-deployed to other duties, which she felt adversely impacted upon her ability to be proactive in pursuing the safety agenda. While a range of management information about anti-bullying and violence reduction issues was being collated, we could find little evidence of a systematic approach (see recommendation 3.2).

We repeat the recommendation.

- 3.8 A senior manager should check bullying/victim documentation daily. (3.17)

**Not achieved.** We could find no evidence that bullying/victim documentation was being checked regularly; in fact, staff on units were sometimes not aware of when prisoners in their care were subject to the anti-bullying arrangements.

We repeat the recommendation.

- 3.9 The senior management team should discuss matters arising from the violence reduction meeting. (3.18)

**Not achieved.** Although we saw reference in the senior management meeting notes to violence reduction issues, these did not indicate that in-depth discussions were taking place or that obvious trends were being monitored.

We repeat the recommendation.

- 3.10 There should be an immediate formal review of the courses delivered on the prisoner development unit. (3.19)

**Not achieved.** Some changes had occurred since our previous inspection, and some interventions on the now re-named prisoner reintegration unit were one to one rather than group based. Nevertheless, the effectiveness of these courses had not been evaluated, and they had not been assessed using the non-accredited regime interventions Prison Service Order. The establishment was therefore unable to provide evidence for either the effectiveness or appropriateness of the work being done on this unit.

We repeat the recommendation.

### **Additional information**

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- 3.11 The establishment was in the process of updating the violence reduction policy document, but no prisoner survey had been conducted to inform this work.

- 3.12 A two-stage anti-bullying process was in operation, but we saw little being done with those prisoners at stage 1, beyond the issuance of a verbal warning. We saw no active monitoring of

these prisoners and no formal feedback being given to them about progress in addressing the behavioural problems identified.

- 3.13 Some positive intervention work was being done with prisoners on stage 2 of the anti-bullying arrangements, which involved a period of relocation to the prisoner reintegration unit, challenging poor behaviour through monitoring, one-to-one interventions and input from a psychologist. However, nothing had been done to evaluate the appropriateness of this work (see recommendation 3.10).
- 3.14 The alleged victims of bullying were interviewed by the violence reduction coordinator and followed up two weeks later, but little else was being done to support them.
- 3.15 In our survey, 40% of adult prisoners said that they had felt unsafe at some time while at the establishment and 13% said that they felt unsafe at the moment, the latter being significantly better than at other local prisons. The figures for young prisoners were similar to those for comparator establishments, with 36% saying that they had felt unsafe at some time and 17% feeling unsafe at present.

#### Further recommendations

- 3.16 The anti-bullying process adopted should be meaningful, and involve monitoring of behaviour and regular feedback for a given, published timescale.
- 3.17 The alleged victims of bullying should be monitored on a daily basis until this is no longer deemed to be necessary. A written record of this should be retained.

## Self-harm and suicide

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### Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.18 All key information discussed in the high-risk assessment team meetings should be recorded in the prisoner's F2052SH (self-harm monitoring form) and be available to residential staff. An initial support plan should be devised at this point and discussed and agreed with the prisoner concerned. (3.33)

**Partially achieved.** The assessment, care in custody and teamwork (ACCT) system had been introduced into the establishment in November 2005. This required a support plan to be developed, followed by regular case reviews, which were recorded in ACCT documents. We reviewed a number of closed and open ACCT documents, and found the quality of entries to be variable. There were excellent examples of multidisciplinary reviews taking place with the prisoner present, but we also saw examples of care plans that were superficial, and where some elements had not been completed. Management checks of open documents were taking place, but the credibility of these was undermined by the absence of any written records in the

ACCT document (or elsewhere) to confirm that the prisoner had been observed at the recommended intervals.

#### Further recommendations

- 3.19 ACCT documents should be fully completed in all cases, and a detailed and specific care plan developed.
- 3.20 Regular management checks should ensure the quality of the ACCT process, and feedback provided to case managers to drive up standards.
- 3.21 A written record of the observations made at the frequency outlined in the ACCT should be made in the document.

#### 3.22 There should be a Buddies care suite for use with prisoners in crisis. (3.34)

**Not achieved.** Buddies saw prisoners in-cell, and no specific care suites for this purpose were available.

**We repeat the recommendation.**

#### 3.23 The decision to relocate a prisoner from the safer cells to normal accommodation should be recorded. (3.35)

**Achieved.** The ACCT documents of prisoners moved to or from the four reduced risk or four special observation cells were noted, with the reasons for such a move.

#### 3.24 Formal qualifications should be sought and secured for the role of the prisoner Buddies, and there should be a system for their effective support and debriefing. (3.36)

**Partially achieved.** Sixteen prisoners had been trained as Buddies, and there were plans to train additional people to ensure coverage on all units at the establishment. Two days of training were provided by resettlement staff that coordinated the work of the Buddies, and who themselves were trained trainers, and mentors. The coordinators and Buddies met every two weeks to discuss issues of interest and concern, and more individual support was available if required. A range of useful information was being logged, including the numbers of prisoners seen, time spent and location of contact. However, despite evidence of the good work being carried out by the Buddies team, it was not externally accredited.

#### Further recommendation

- 3.25 Formal external accreditation of the Buddy role should be introduced.

#### Additional information

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- 3.26 There was a local suicide and self-harm policy, which managers intended to revise in line with a new Prison Service Order. A multidisciplinary and well-attended meeting was held each month to discuss relevant issues. However, similarly to violence reduction work, we could find little evidence that the trends in the management information available were being discussed at this meeting; one example of this was a 15% rise in the number of ACCT documents opened during the six months before our inspection compared with the previous six months.

Managers speculated that this rise may have been accounted for by a few prisoners who were multiple self-harmers, but this had not been evidenced.

- 3.27 A full-time safer custody coordinator took the lead in the day-to-day management of this work. The prison had opened 943 ACCT documents during the 12 months before our inspection, and when we examined a sample of these we found some for which it was not clear why the document had been opened. In one such example, the only apparent reason for the ACCT to have been opened was an incident of self-harm 16 years previously.
- 3.28 There were a large number of prisoners on open ACCT documents who were being housed in the dormitory on the lower floor of the healthcare centre, even though there appeared to be no clinical need to do so (see main recommendation HP55). As a consequence of this policy, prisoners were disrupted at a time when they were at their most vulnerable, by having to move cell and location and possibly being separated from established unit-based support networks. In addition, the multiple prisoners on open ACCT documents in the healthcare centre contravened the establishment's own policy not to co-locate those who were currently on, or had previously been on, an open ACCT document.
- 3.29 A staff training programme included periodic refresher training, and was delivered both to day and to night staff. A number of staff had been trained as ACCT assessors, and there was a rota to ensure that assessments could be completed within 24 hours of an ACCT being opened.
- 3.30 We saw examples of action plans resulting from Prisons and Probation Ombudsman reports into deaths in custody, containing actions that were not being carried out (see section on health services). In addition, after a death in custody in June 2006, nothing had been done to review the policies and practices in operation.

#### Further recommendations

- 3.31 The suicide and self-harm committee should scrutinise management information being collected, particularly any emerging trends, to ensure that the policies and practices utilised are appropriate and effective.
- 3.32 ACCT documents should only be opened when there is evidence that the prisoner concerned is at risk of self-harm or suicide.
- 3.33 Prisoners on an open ACCT document should only be moved to the healthcare centre if there is a clear clinical need to do so.
- 3.34 The policy not to allow cell sharing of prisoners who are, or have been, on an ACCT document should be enforced in all areas of the establishment.
- 3.35 All action recommended by the Prisons and Probation Ombudsman after a death in custody should be completed within the timescales specified, and immediate local reviews of suicide and self-harm policies and practices conducted, with appropriate action taken when necessary.

# Diversity

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## Expected outcomes:

All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.

*No recommendations were made under this heading at the previous inspection.*

## **Additional information**

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- 3.36 The diversity manager was proactive in attempting to meet the needs of minority groups. However, there was no diversity strategy to ensure that the establishment was meeting the requirements of anti-discrimination legislation or outlining the needs of minority groups.
- 3.37 All prisoners were assessed by a health services professional in reception, and they authorised any information relating to diverse needs to be passed on to the diversity manager, who interviewed the prisoner. A disability liaison officer had recently been appointed. The establishment lacked a recent needs analysis and a dedicated diversity meeting. There was a diversity representative, and staff and prisoner groups received the same diversity training package.
- 3.38 Fourteen prisoners were registered as disabled, and some equipment, including vibrating clocks, watches, induction loops and mobility aids, had been purchased to meet their needs while at the establishment. The only adaptation that had been made to meet the needs of prisoners with mobility problems was a hand rail in one cell on each wing; we were informed that showers were currently being developed to allow wheelchair access.
- 3.39 Attempts had been made to promote diversity through diversity weeks, but one had not been held in the previous year, even though the prisoners we spoke to were positive about this initiative. The establishment had held a diversity quiz between staff and prisoners. No policy had yet been developed for staff to demonstrate an informed awareness in dealing with gay and transgender prisoners.

## **Further recommendations**

- 3.40 The establishment should carry out a needs assessment and then introduce a diversity strategy to ensure that the needs of minority groups are met.
- 3.41 The necessary alterations should be implemented to ease the conditions for prisoners with diverse needs.
- 3.42 Staff training packages should include a module on awareness in dealing with gay and transgender prisoners.

## Race equality

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### Expected outcomes:

All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.

- 3.43 The race relations management team and diversity officer should work to a formal action plan based on an annual race relations needs analysis. (3.45)

**Not achieved.** There had been no annual race relations needs analysis carried out. The establishment lacked a defined race equality strategy, which would assist staff to respond appropriately to race and cultural issues as well as act positively to promote race equality. We repeat the recommendation.

- 3.44 There should be impact assessments of all locally implemented policies and functions to assess their relevance to race equality. (3.46)

**Not achieved.** The establishment had not completed impact assessments. The prison's action plan in response to our previous inspection had declined this recommendation, stating that this issue was 'part of ongoing discussions regarding resourcing and contract requirements'. We repeat the recommendation.

- 3.45 Staff investigating racist incidents should complete the appropriate training. (3.47)

**Achieved.** The race equality officer (REO) had been trained to carry out investigations.

- 3.46 The race relations management team should provide appropriate services to meet the identified needs of prisoners from travelling communities. (3.48)

**Achieved.** Prisoners from the travelling community were identified on reception, and the diversity officer interviewed them to identify and meet their needs.

- 3.47 The poor experiences or perceptions of black and minority ethnic young adult prisoners reflected in our prisoner survey should be investigated and action taken in response. (3.49)

**Not achieved.** The establishment had carried out a questionnaire to try to establish why the perceptions of black and minority ethnic young adult prisoners were poor. However, little had been done with the resulting information. We repeat the recommendation.

### **Additional information**

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- 3.48 At the time of the inspection, 261 (22%) prisoners were from black and minority ethnic backgrounds. The Director promoted race equality by chairing the monthly race equality action team (REAT) meeting and ensured that any inappropriate behaviour, either by staff or by prisoners, was robustly challenged. No external community representatives attended the REAT meetings. In our survey, only 43% of black and minority ethnic prisoners, compared with 85% of white prisoners, stated that they felt safe on their first night at the establishment; overall, the responses of black and minority ethnic prisoners were more negative than those of white prisoners for the majority of safety questions in our survey.

- 3.49 The REO, although enthusiastic, struggled in her post, as she also had to manage foreign national prisoners and act as the part-time diversity manager. There was no formal forum where black and minority ethnic prisoners could share their concerns with the REO.
- 3.50 There had been 12 racist incident report forms submitted in 2008 to date, and the REO had appropriately investigated all incidents that she had been made aware of. However, we found some racist allegations in wing history sheets that she had not been informed about. Prisoners with previous racist offences were identified on reception and relevant information was sent to all departments.
- 3.51 The REO carried out a monthly monitoring exercise to identify any trends occurring in the representation of black and minority ethnic prisoners; however, it was not clear what action would be taken if a trend was observed. There were displays throughout the establishment reflecting the racial diversity of the population and local community. The establishment had recently had a race equality audit and received a marginal score; we were informed that this was because of confusion over which standards they were being audited against.
- 3.52 Prisoner race equality representatives had recently been appointed for each house block. This was in addition to the staff race representatives that were spread throughout the establishment.

#### Further recommendations

- 3.53 The establishment should explore why, in our survey, black and minority ethnic prisoners have such negative perceptions about safety issues compared with white prisoners.
- 3.54 There should be an independent external representative at the race equality action team meetings.
- 3.55 A needs assessment should be carried out for the population, following which a comprehensive race equality strategy should be developed.
- 3.56 The race equality officer (REO) should be given a defined job specification, which sets out her role and explains her priorities. She should also be given the necessary assistance to fulfil her tasks.
- 3.57 There should be a forum in which black and minority ethnic prisoners have the opportunity to raise any concerns they may have with the REO.
- 3.58 The REO should be made aware of all alleged racist incidents, and these should be investigated.

## Foreign national prisoners

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### Expected outcomes:

**Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.**

- 3.59 **Good working relationships should be developed with the Immigration Service to reduce the number of immigration detainees held in prison custody beyond the end of their sentence. (3.58)**

**Partially achieved.** Good relationships had been built with the Immigration Service; however, the number of immigration detainees had increased.  
**We repeat the recommendation.**

- 3.60 **Immigration detainees held solely under administrative powers and who have not been charged or convicted of criminal offences should not be held at Doncaster. (3.59)**

**Not achieved.** The establishment still housed 28 prisoners under Immigration Department Order no. 91, one of whom had exceeded a two-year period.  
**We repeat the recommendation.**

- 3.61 **There should be a distinct foreign nationals' policy. (3.60)**

**Achieved.** A foreign nationals' policy had been developed.

- 3.62 **Prisoners should have access to accredited immigration and advice support agencies, as well as to the Immigration Service. (3.61)**

**Partially achieved.** Staff from the Border and Immigration Agency (now the UK Border Agency) attended monthly, and prisoners could arrange appointments through the diversity officer. Staff from the criminal casework facilitated return scheme had visited the establishment and spoken to all foreign national prisoners who were eligible to return to their country of origin. Links with independent advice and support agencies had not yet been developed.  
**We repeat the recommendation.**

### **Additional information**

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- 3.63 The establishment held 130 foreign national prisoners. The diversity manager tried to meet the needs of this population, but lacked support in her role. Monthly meetings were well attended and ensured that the needs of foreign national prisoners were addressed and that the policy was implemented. A foreign nationals' action plan had been produced to enhance the service, but this lacked a recent needs assessment.
- 3.64 The establishment had used a range of translation services, including soliciting the help of staff and prisoners, and had the ability to produce documents in a range of languages, although this facility had not been used to its full potential. We saw little translated material on display throughout the establishment, particularly on the residential units, although the induction programme was available in a range of languages.
- 3.65 In our survey, foreign national prisoners perceived that they had been victimised more than British national prisoners in relation to the majority of our questions in this area. Foreign national representatives had been appointed, and a foreign nationals information booklet was available. A full-time foreign nationals officer had recently been appointed.
- 3.66 Administration staff told us that delays could take place in documentation owing to the lack of urgency of outside agencies. In addition, the administration staff dealing with foreign national matters had not been given any specific training in this area.

### Further recommendations

- 3.67 The establishment should ensure that policies, strategies and information notices are displayed in a range of languages.
- 3.68 A needs assessment of the foreign national population should be carried out.
- 3.69 The establishment should explore why the perceptions of foreign national prisoners are more negative than those of British national prisoners in relation to victimisation and safety.
- 3.70 Administration staff dealing with foreign national matters should be trained in this area.
- 3.71 Delays occurring with outside agencies in relation to foreign national documentation should be addressed, and improved links with these agencies should be pursued to eliminate this delay.

## Applications and complaints

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### Expected outcomes:

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

- 3.72 The outcome of any application should be recorded on the prisoner's wing history sheet. (3.91)

**Not achieved.** A new applications system had been introduced some weeks before the inspection. It used an electronic process to record the application, but the individual prisoner record was still a paper-based system. There was no record of the applications submitted and their response, although it was possible to print off a summary of the applications made and the timeliness of responses.

### Further recommendation

- 3.73 A summary of applications made should be printed off and placed with each individual prisoner's history sheet monthly.

### Additional information

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- 3.74 A detailed analysis of the applications pattern by topic and by wing location had been undertaken and a series of wing 'surgeries' by different departments had been instituted. Depending upon the analysed level of demand, some departments were scheduled to visit various wings daily, while in other cases a weekly response was deemed to suffice. This system aimed to prevent the need for repeated applications to be submitted by the same prisoner on the same topic, and sought to ensure that wing staff were not constantly chasing up previously submitted applications.
- 3.75 Applications were electronically submitted to a central e-file; all departments could access the central database and it could be used by managers to see how long it was taking to answer and respond to applications. A series of wing 'surgeries' by different departments had been

instituted. This gave prisoners an opportunity to speak directly to the people who were able to respond to their application. While it was too soon to assess the success of the new system, it appeared to be an imaginative and innovative way of meeting the needs of prisoners and ensuring the efficient deployment of resources in the area of responding to requests.

- 3.76 All complaints forms should be logged with the complaints clerk to monitor progress and record outcomes of complaints. (3.92)**
- 3.77 Achieved.** Complaints boxes were opened daily and the complaints were logged on the house block before being passed to the complaints clerk, who recorded them all centrally. It was not clear what advantage there was in logging the complaints twice. The complaints clerk allocated an individual number to each complaint and then passed it on to the most appropriate member of staff to respond.

### **Additional information**

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- 3.78** There was a complaints box on each residential unit and an ample supply of complaints forms openly available for use. The house block manager's clerk was the only member of staff authorised to unlock the complaints boxes, but this did not provide sufficient assurance of confidentiality to prisoners. In the previous year, 1,733 complaints had been submitted. The ones we examined appeared to have been answered respectfully, and over 97% were answered within the target time. However, we placed a complaint in the box in the healthcare centre that did not emerge for three days, indicating that the box was not being opened and sorted daily.
- 3.79** In our survey, 11% of adult prisoners felt that their complaints were sorted out fairly and 12% that they were dealt with promptly. Both of these responses were weaker than the comparators. Although the results for young prisoners were similar to the comparators, less than a fifth of those surveyed were satisfied with the way that complaints were dealt with.

### **Further recommendations**

- 3.80** A system should be set up that reassures prisoners that the confidentiality of submitted complaints will be ensured (for example, by boxes being emptied by the night orderly officer).
- 3.81** The complaints box in the healthcare centre should be opened and sorted daily.
- 3.82 There should be written guidance to all staff who respond to prisoner complaints to improve the consistency and quality of responses. (3.93)**
- Achieved.** Simple guidance notes had been issued and these appeared to be followed in most cases.
- 3.83 When a prisoner has been sent an interim reply to a complaint, the eventual outcome of the investigation should be recorded and passed on to the prisoner. (3.94)**
- Achieved.** There was evidence that final answers were recorded and passed on to the prisoner.
- 3.84 Prisoner managers should analyse complaints to identify possible trends or problem areas and make appropriate changes. (3.95)**

**Achieved.** Complaints were analysed by topic and by source wing. The results were passed to the senior management team for analysis at its monthly meeting.

## Legal rights

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**Expected outcomes:**

**Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.**

- 3.85 The work of the bail information service and the legal services officer should be advertised more widely. (3.105)

**Achieved.** The trained legal services clerk was seeing, on average, 20 prisoners per month, providing a range of information about legal matters, child care issues and relevant application forms. The help available was well advertised to prisoners. Buddies were also encouraged to provide assistance if needed, including help to complete application forms. The full-time bail information clerk interviewed all new remand prisoners unless this had already been done at court. He had developed good links with courts, solicitors and relevant housing agencies.

### **Additional information**

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- 3.86 Recalled prisoners were identified and all appropriate documentation passed to them, and licence conditions were explained and signed for in reception before release.
- 3.87 Access to legal visits was good, and 70% of adults and 72% of young prisoners surveyed said that it was easy or very easy to attend legal visits.

## Substance use

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**Expected outcomes:**

**Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.**

- 3.88 There should be a prisoner needs analysis to inform the drug and alcohol strategy. (8.50)

**Not achieved.** There had been no needs analysis.  
**We repeat the recommendation.**

- 3.89 The drug and alcohol strategy should include a detailed annual action plan with performance measures. (8.51)

**Not achieved.** The strategy document was due for review and did not contain an action plan, targets or performance measures. The drug strategy committee lacked leadership and senior management input. The integrated drug treatment system (IDTS) clinical lead acted as the drug strategy coordinator but had little time for this role. The committee had not met since April

2007, having been replaced by IDTS implementation meetings.  
We repeat the recommendation.

### **Additional information**

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- 3.90 The implementation of the IDTS had been delayed, but the establishment was now resourced to roll out this initiative as of April 2008. The stabilisation unit was undergoing refurbishment to allow for methadone dispensing, consultation rooms and better observation of prisoners, with new cell doors being fitted.

#### **Further recommendation**

- 3.91 Meetings of the drug strategy committee should take place on a regular basis and be chaired by a senior manager with sufficient time to fulfil the role of drug strategy coordinator.

- 3.92 **Prescribing regimes should be flexible, based on individual need and documented in care plans. (8.53)**

**Not achieved.** Substance misuse nurses did not complete individual care plans, and treatment reviews only took place for prisoners on the methadone programme. A named nurse system and shared care planning with the counselling, assessment, referral, advice and throughcare (CARAT) team were due to be introduced under the IDTS. A referral pathway had been devised for prisoners with mental health and substance-related problems, but the mental health in-reach team's skills mix did not include dual diagnosis expertise, and a mental health needs analysis was pending.

We repeat the recommendation.

#### **Further recommendation**

- 3.93 The mental health in-reach team's skills mix should include dual diagnosis expertise.

- 3.94 **Clinical management protocols should be reviewed in consultation with external substance misuse specialists. (8.54)**

**Partially achieved.** Clinical management protocols had been reviewed in consultation with local substance misuse specialists, and liaison with community prescribers was ongoing. One of the national clinical leads advised on finalising treatment policies for the full implementation of the IDTS.

#### **Further recommendation**

- 3.95 Clinical management protocols should be finalised in consultation with external substance misuse specialists.

- 3.96 **A specialist substance misuse lead should be appointed to implement the new clinical management standard. (8.55)**

**Achieved.** Three doctors had completed Royal College of General Practitioners (specialist substance misuse) level 2 training; cover included weekends. The establishment's IDTS

clinical lead nurse had recruited 10 substance misuse nurses and five healthcare assistants in addition to the two existing post holders; new staff either awaited security clearance or were undergoing induction. Prescribing protocols were being finalised. The establishment had not appointed a dedicated IDTS project manager, and the clinical lead's remit also included the management of inpatients.

**3.97 A supportive regime and structured activities should be developed on the detoxification unit. (8.56)**

**Partially achieved.** The stabilisation unit provided space for 95 prisoners in double or triple cells. Prisoners stayed here for an average of 10 days; during the initial five days, they were located on the ground floor and were observed by officers every 30 minutes. Health services staff provided night cover, and 24-hour substance misuse nurse cover was to commence shortly. At the time of our inspection, there were 10 young adults on the unit but they did not share cells with adult prisoners. We observed good staff-prisoner relationships and a relaxed atmosphere on the unit, but structured activity was lacking. The CARAT service was due to introduce four IDTS group work modules at the end of February 2008, which would be delivered jointly with the substance misuse nurses. Narcotics Anonymous self-help groups were also being arranged.

**Further recommendations**

**3.98** The stabilisation unit should have 24-hour substance misuse nurse cover.

**3.99** Prisoners on the stabilisation unit should be provided with structured psychosocial support.

**Additional information**

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**3.100** Prisoners received a healthcare screen on arrival, and treatment of alcohol- or benzodiazepine-dependent prisoners started immediately. Those presenting with complex physical or mental health needs were admitted to the healthcare centre as inpatients; others were located on the stabilisation unit. Prisoners saw a doctor and a substance misuse nurse on the following day. Following confirmation, those receiving supervised methadone prescriptions in the community could continue this treatment (96 prisoners in January 2008). Prisoners whose consumption was not supervised, and those prescribed buprenorphine (Subutex), had to undergo detoxification. The standard detoxification regime still consisted of lofexidine over either seven or 12 days.

**3.101** Methadone was administered from a dispensary on a secure corridor at one end of the healthcare centre, and prisoners were accompanied there by a CARAT officer. Work was progressing to equip three sites for the administration of controlled drugs, including one on the stabilisation unit (3B), and automated methadone dispensers had been ordered.

**3.102** Prisoners could access secondary detoxification if they relapsed while in custody. Some prisoners who were stable on methadone had been transferred to HMP Moorland or HMP Lindholme to continue their sentence there, and three prisoners had been re-toxified before release in liaison with community prescribing agencies. The opiate blocker naltrexone was also available pre-release.

- 3.103 Good links between the substance misuse, CARAT and drug intervention programme (DIP) teams facilitated effective throughcare arrangements and ensured rapid access to community-based treatment (see section on resettlement pathways).
- 3.104 The year-to-date random mandatory drug testing (MDT) positive rate stood at 7.3%, against a target of 9%. However, this did not reflect the level of drug use within the establishment. Since April 2007, 55 prisoners had refused tests and 95 returned positive results for Subutex. Prisoners confirmed that Subutex was the main drug of choice, and there was consistent testing for this substance.
- 3.105 Suspicion, risk and frequent testing programmes were in operation, and MDT was well managed and monitored by two dedicated officers and additional cover. Testing took place every weekday, and an average of 14% of tests were conducted at the weekend. The team tested 10% of the population on a random basis. Suspicion tests were conducted promptly and resulted in an average positive rate of 50%. The dedicated testing suite included two holding rooms, and facilities were satisfactory.
- 3.106 Statistics showed that drug use was most prevalent on house blocks 2 and 3, and least on house block 1 (which included the voluntary testing unit and vulnerable prisoners unit). In our survey, 34% of adult prisoners thought that it was easy to get hold of illegal drugs within the establishment, compared with 19% in 2005.
- 3.107 There were comprehensive security measures to try to prevent drugs from entering the establishment, with incoming mail and the perimeter wall identified as the main supply routes. The majority of security information reports and finds were drug related. The drug strategy coordinator attended security meetings, and all prisoners testing positive were referred to the CARAT service. Closed visits were imposed automatically following an MDT positive result (42 in February 2008), and without corroborating intelligence. Two handlers with four dogs were present during visits and undertook searches. Other security measures included PIN telephone monitoring and good police liaison.

#### Further recommendation

- 3.108 Closed visits should not be imposed automatically following an MDT positive result without corroborating intelligence.



## Section 4: Health services

### Expected outcomes:

Prisoners should be cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive in the community.

- 4.1 The leadership and management responsibilities for the inpatient unit should be established. (4.42)

**Not achieved.** At the time of the inspection, management responsibility for the inpatient unit lay with the integrated drug treatment system manager, who had previously been the healthcare manager. This was further complicated by the fact that the prison custody officers (PCOs) on the unit, all of whom had elected to work on the unit and had, or were undertaking, a National Vocational Qualification in custodial healthcare at level 3, were managed by the assistant director for house block 3. There was one nurse on duty on the unit during the day but none at night, and nursing staff were managed by the healthcare manager, who was non-clinical.

**We repeat the recommendation.**

- 4.2 The inpatient beds should not form part of the prison's certified normal accommodation. (4.43)

**Not achieved.** Despite the fact that the action plan following the previous inspection stated that the certified normal accommodation (CNA) would be reviewed with the regional offender manager with a view to removing the inpatient beds from the CNA, they remained part of the overall CNA of the establishment.

**We repeat the recommendation.**

- 4.3 All health services staff should have annual appraisals and personal development plans. (4.44)

**Not achieved.** Staff and clinical lead nurses we spoke to were unable to provide evidence that all staff had annual appraisals and personal development plans.

**We repeat the recommendation.**

### **Additional information**

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- 4.4 The healthcare manager had no system for ensuring that the registrations of all staff required to register with a professional body were in date. It took considerable effort by one of the clinical nurse leads to obtain registration information.

### **Further recommendation**

- 4.5 There should be a system to ensure that all staff are able to maintain their professional registration, and that there are adequate audit trails to ensure this.

- 4.6 **All health services staff, including allied health professionals, should have annual resuscitation training, including the use of an automated resuscitation defibrillator. (4.45)**

**Not achieved.** Most of the nurses had not received an annual resuscitation update since January 2007, and for some it had been even longer. The lead general practitioner (GP) told us that he had undertaken a resuscitation update in the previous week, but did not provide any documentary evidence to support this. There were no records of training for other allied health professionals.

**We repeat the recommendation.**

#### **Additional information**

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- 4.7 The resuscitation equipment was not checked daily. For example, documentary evidence showed that in January 2008 the kit had been checked 16 times out of a possible 31 times. There was only one automated external defibrillator for the whole prison, and this was kept in the healthcare centre.

#### **Further recommendation**

- 4.8 The healthcare managers should commission a review of resuscitation equipment, and implement the recommendations made.

- 4.9 **Staff who give immunisations and vaccinations should receive annual anaphylaxis training. (4.46)**

**Not achieved.** Twelve of the registered nurses had undergone anaphylaxis training 13 months before the inspection, but some staff had not received any training. As the vaccination clinic was not organised by the same nurse every week, it was possible that prisoners received vaccinations from nurses without the relevant training.

**We repeat the recommendation.**

#### **Additional information**

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- 4.10 Not all relevant vaccinations and immunisations were provided (e.g. meningitis C vaccinations were not routinely offered to 18–24 year olds), and some conflicting information was provided in the health services induction booklet given to all prisoners on arrival.
- 4.11 There had been no training needs analysis, which should have been a natural progression following a comprehensive health needs assessment. While the local primary care trust (PCT) offered short courses in a variety of subjects, such as aural care and sexual dysfunction, staff were not directed as to what courses were required, but merely chose what they wanted to do.

#### **Further recommendations**

- 4.12 All prisoners should have access to disease prevention programmes and screening programmes that mirror national and local campaigns.

4.13 A training needs analysis should be undertaken and training provided in light of the findings, to ensure that prisoners are cared for by staff with the relevant continual professional development, skills and competencies.

4.14 **Nurses should use formal documented triage algorithms to ensure consistency and continuity of care and advice to prisoners, and all health assessments should take place in a confidential setting. (4.47)**

**Not achieved.** If a prisoner wanted to see a member of the health services team, they completed an application form, which they handed in to a PCO on their house block, so their application was not confidential. Alternatively, prisoners could request to speak to one of the nurses during the morning treatment round. Nursing staff then compiled a list of names of prisoners requiring assessment and obtained their clinical records. An assessment was then made by the nursing staff using the information provided by the prisoner and their clinical records, without the prisoner being present. We were told that on some occasions the nurses would call the prisoner to the healthcare department for further assessment. While there were triage algorithms available, we did not see them in use, and some staff we spoke to were unaware of their existence.

**We repeat the recommendation.**

#### Further recommendations

4.15 Prisoners' applications for health services should be subject to 'medicine in confidence'.

4.16 Patients should be involved and consulted when their care and treatment is being planned.

4.17 **Locum staff should be used to ensure adequate cover for annual leave and other staff absences. (4.48)**

**Not achieved.** There was no cover for absences for any of the allied health professionals who provided services at the establishment. In the recently implemented Service Level Agreement (SLA) between Serco Home Affairs and Serco Health, there was no mention of any locum staff for any of the clinics. The SLA also indicated that waiting lists of six to eight weeks for the dentist, optician and chiropodist were acceptable.

**We repeat the recommendation.**

4.18 **There should be a new autoclave with integral printer. (4.49)**

**Achieved.** A printer had been fitted to the autoclave since the previous inspection, but printouts were filed in bulk, rather than in a logbook format.

4.19 **All entries in clinical records should be written contemporaneously, timed, dated and signed. (4.50)**

**Partially achieved.** We found some good clinical entries by nursing staff. Entries by the mental health in-reach team were also comprehensive. However, we also found examples in the inpatient records of a complete absence of clinical entries by the GP responsible for the patient's care, in one case for over 14 months. In other examples, inpatients' clinical records had not been updated for at least three weeks. Dental record keeping was good, but NHS record card FP25 was used; as the contract was not with the NHS, this was misleading. A summary of dental treatment was also recorded in the clinical records. Medical history forms

were completed at each visit by the patient, aided by the dentist, if required. No dental consent forms or treatment plans were used.

**We repeat the recommendation.**

**4.20 An electronic patient record system should be installed. (4.51)**

**Not achieved.** All clinical records were paper based. While we were told that there were plans for an electronic clinical information system to be installed in May 2008, it was not mentioned in the minutes of the previous two partnership board meetings.

**We repeat the recommendation.**

**4.21 All waiting lists should be validated regularly. (4.52)**

**Not achieved.** There was no system to validate any of the waiting lists or other patient information, such as lifelong condition registers or the list of prisoners on a medical hold (although the administrative clerk had reviewed the latter in the week before our inspection). We were therefore unable to obtain a list of prisoners who were known to be diabetic, as the most recent list was out of date. There was no system to ensure that those with lifelong conditions received assessment and care in line with best practice guidance.

**We repeat the recommendation.**

**Further recommendation**

**4.22 Treatment plans for patients should reflect clinical guidance and be subject to clinical audit.**

**4.23 The clinical records and care plans of inpatients should be available and used by all staff who care for this group. (4.53)**

**Not achieved.** The clinical records for inpatients were held in a filing cabinet on the primary care floor, rather than on the upper floor where the inpatients were located. We were told that all the clinical records of inpatients were kept in one place, but did not find this to be the case. Care plans for inpatients were kept in a room within the inpatient unit, but were not maintained. Wing files were kept in the patient office. The PCOs only had access to the wing files and assessment, care in custody and teamwork (ACCT) documents; the nurses had access to clinical records, care plans and wing files, if they chose to retrieve all three documents; and the GP was only ever given the clinical records when he or she saw the patient.

**We repeat the recommendation.**

**4.24 The medicines and therapeutics committee should involve representatives of all the health services team. It should continue to develop, formally adopt and implement policies, in particular those relating to in-possession, special sick and patient group directions, and establish an evidence-based drug formulary. (4.54)**

**Partially achieved.** The medicines and therapeutics committee was made up of the prison doctor, the pharmacist, healthcare manager and a senior member of the nursing staff. The meetings were held regularly and minutes were taken. The most recent meeting had taken place in mid-January 2008, but the minutes were not available at the time of the inspection, so we were unable to confirm whether our recommendations had been considered by the committee. There was no provision to link the committee at the establishment with the local PCT or those of other prisons in the locality. We were told that prescribers in the establishment continually monitored prescribing. There was no evidence that prescribing data or the use of

special sick medications were systematically and formally audited, and no evidence of the use of patient group directions (PGDs).

#### Further recommendations

- 4.25 Patient group directions (PGDs) should be introduced to enable supply of more potent medication by the pharmacist and/or nurse, to avoid unnecessary consultations with the doctor.
- 4.26 A copy of the original signed PGDs should be present in the pharmacy and be read and signed by all relevant staff.
- 4.27 The pharmacy staff should implement procedures to monitor the use of 'special sick' medication.
- 4.28 All procedures and policies should be formally reviewed and adopted via the medicines and therapeutics committee. All staff should read and sign the agreed adopted procedures.
- 4.29 The medicines and therapeutics committee should ensure that prescribing is evidence based.

- 4.30 **There should be a review of the prescribing policy of codeine-based analgesics and expensive antibiotics. (4.55)**

**Not achieved.** We saw no evidence to prove that such a review had been carried out. A large number of analgesics were prescribed. The prescribing of combination products containing a simple analgesic and codeine was noted.

**We repeat the recommendation.**

- 4.31 **Prescriptions should not be transcribed onto summary sheets by nursing staff. All original prescription charts should be faxed through to the pharmacy. The pharmacist should regularly compare a random sample of dispensed faxes against the original prescriptions. (4.56)**

**Partially achieved.** The pharmacist visited the establishment every Monday. She divided her time between stock management and clinical review of prescriptions written. There were a number of prescription forms in use at the time of the inspection, all of which had been produced by Serco Health. The form used to prescribe in-possession medication had an A4 format, enabling it to be faxed to the pharmacy to be dispensed. The form used to prescribe medication that was not in-possession resembled the standard HR013 form used in many prisons. There was the facility to record 'special sick' on this form and a medication administration chart was incorporated. Of the prescriptions we examined, a number did not have the treatment period specified. There were also examples where the prescription appeared to have been signed after administration of the medicine had begun. In addition, we saw evidence of medicines being administered for a number of days in excess of the treatment period stated.

#### Further recommendations

- 4.32 The administration or supply of a prescription-only medication without a valid prescription should cease.

4.33 Prisoners should be able to see a pharmacist.

4.34 The Service Level Agreement between the provider and the prison should be reviewed to ensure that there is sufficient pharmacist time available to meet the needs of the population.

**4.35 There should be a formal system of documented risk assessment for all patients to ensure consistency in determining suitability for in-possession medication. (4.57)**

**Achieved.** The in-possession policy consisted of a risk assessment of both the medicine prescribed and the patient. There was clear guidance on how the risk assessment was to be carried out and evaluated. Provision was made for seven-day and 28-day in-possession issue, as well as daily supervised administration. However, we saw a number of examples where the overall risk assessment not interpreted in accordance with the policy. This resulted in a patient who had been risk assessed for a 28-day in-possession supply of a medication only receiving a seven-day supply. In our survey, only 18% of adults and 10% of young adults were able to keep their medication in-possession, compared with 29% and 13%, respectively, in comparator establishments.

**4.36 Medicines required as not in-possession treatment should be supplied as patient-named medication rather than from stock. (4.58)**

**Not achieved.** This recommendation was declined in the establishment's action plan, as it was deemed to be impractical. The majority of medicines within the establishment were administered to patients from stock boxes kept in the medicines trolleys. Very little patient-named medication was observed in the trolleys. We found numerous examples where medications that appeared to have been issued in-possession had been returned to stock. We also found a number of medicines in the dispensary stock that had originally been supplied to patients from other establishments or pharmacies before they arrived at Doncaster. A large number of loose medicine foils were observed in one of the pharmacy cupboards.  
**We repeat the recommendation.**

#### Further recommendation

4.37 The return of medicines to stock once they have been issued to a patient should cease.

#### Housekeeping point

4.38 Loose tablets and tablet foils should not be present in stock.

**4.39 Pharmacy or prescription-only medicines should not be included on the special sick list. All medication supplied under this procedure should be recorded on the patient's individual prescription chart and not in separate books. (4.59)**

**Partially achieved.** A nurses' formulary consisted of over-the-counter medicines for simple medical problems. The most commonly supplied items were ibuprofen and paracetamol for analgesia. Although we observed a number of single doses of paracetamol being issued on the administration rounds, there was no evidence that these were being accurately recorded in patients' clinical records.

**We repeat the recommendation.**

- 4.40 The special sick list should include the provision of paracetamol and antacids out of hours, and the possibility of prisoners buying appropriate medicines for self-care. (4.60)

**Partially achieved.** While the nurses' formulary consisted of over-the-counter medicines (see above), prisoners were not able to purchase the full Prison Service instruction list of medicines for self-care from the prison shop.

#### Further recommendation

- 4.41 The full list of simple remedies, as listed in Prison Service instruction 2005/45, and self-care products should be available for prisoners to purchase.

- 4.42 **Dual labelling of pre-packs should be introduced. One label should be kept on the medicine with the patient's details, and the second detached and fixed to the prescription chart. The chart should be faxed to the pharmacist for a professional check on the prescription, to check that the correct item has been supplied, to maintain the patient record and replenish stock. (4.61)**

**Not achieved.** There was provision to supply acute courses of certain antibiotics, topical preparations and analgesics in-possession from the stock medicines. There was no dual labelling system and consequently no meaningful way of auditing or verifying the appropriate use of pre-packed medications.

**We repeat the recommendation.**

- 4.43 **There should be a formal procedure to improve the security of the medications held in the healthcare centre, with a controlled system when access is needed out of hours. (4.62)**

**Not achieved.** The dispensary was located on the middle floor of the healthcare suite. Access to the room was through a lockable, gated door. The door was fitted with a healthcare lock and a digi-lock. There was a walk-in cupboard within the room. The door to this was secured by a digi-lock. Although the gate to the dispensary was always secured, the door was often left unlocked, even when there was no member of health services staff in the room. As the gate was capable of being opened by all staff members, there was no effective control of access to the dispensary. On one occasion, we found the door open but the gate locked, and on entering we found a drug trolley unlocked, another not secured to the fabric of the building, medications left out on a counter and the door of the cupboard containing dispensed medications for 'in-possession' open. When we brought this to the attention of management, they issued a memorandum to all staff, reminding them that they had a responsibility to ensure that security procedures regarding pharmacy and stock cupboards were adhered to at all times.

**We repeat the recommendation.**

#### Additional information

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- 4.44 Further security issues were highlighted when we witnessed an unescorted member of nursing staff with a medicine trolley walking down a corridor at the same time as a large number of prisoners returning from an activity. During the lunchtime and evening medication rounds, nursing staff took the medicine trolleys around the house blocks to each cell door, escorted by a discipline officer. This afforded little confidentiality, as there were some double occupancy cells and the discipline officer remained close by. Also, during the medication round we observed there were a number of prisoners unlocked from their cells.

- 4.45 There were two refrigerators in the dispensary for the storage of heat-sensitive products. These were not locked. Maximum and minimum temperatures were recorded each day for both of these refrigerators. The records indicated that one fridge regularly exceeded the permitted maximum temperature of 8°C.

#### Further recommendations

- 4.46 The dispensary should be secured and kept locked when not in use.
- 4.47 Maximum and minimum temperatures should be recorded daily for the drug refrigerators within treatment rooms and the pharmacy to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff.
- 4.48 Medications should be kept secure at all times, including when being transported around the site.

- 4.49 **All prisoners should have a secondary health screen within 24 hours of their arrival. (4.63)**

**Not achieved.** While the establishment's response to this recommendation stated that all prisoners had a secondary health screen, in reality, this was undertaken as part of the first night health care screening.

**We repeat the recommendation.**

#### Additional information

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- 4.50 We examined a sample of clinical records of prisoners who arrived during the week of our inspection. These records showed that, in addition to the secondary health screen being carried out at an inappropriate time, prisoners identified as requiring a clinical detoxification were not referred to the detoxification team or counselling, assessment, referral, advice and throughcare (CARAT) services. However, there was documentary evidence to suggest that these prisoners were declared fit for normal location, the gymnasium, full labour and to work in the kitchen.

#### Further recommendation

- 4.51 Prisoners should have a further health assessment carried out and recorded by trained staff no later than 72 hours after their arrival in custody.

- 4.52 **Prisoners with substance use problems should receive at least first night symptomatic relief. (4.64)**

**Not achieved.** First night symptom relief was only rarely provided to opiate users, and none of the prisoners we spoke to had been given medication until the following day.

**We repeat the recommendation.**

- 4.53 **All health-related consultations should take place in a confidential setting. (4.65)**

**Not achieved.** There were no suitable rooms on the house blocks from which health services could be delivered. For example, on house block 2 the room used by nursing staff had a stable

door to provide some barrier when medications were being administered from the trolley; this room contained no desk, no alarm bell and no clinical equipment. It was also entered using a normal suite key. On house block 1, the morning medication round was conducted from the television room, which had a stable door.

**We repeat the recommendation.**

- 4.54 Dental treatment decisions, within NHS regulations, should be made by the dentist, and not be subject to financial agreement by the director. (4.66)**

**Achieved.** All decisions about dental care were made solely by the dentist. Dentistry was provided under private contract, and the PCT, although apparently available for advice if required, took no part in commissioning the dental care. The Dental Reference Service was therefore unable to carry out routine general dental practice monitoring, and the dentist did not recall having had a surgery inspection by the local dental practice adviser.

- 4.55 There should be a mental health day care facility for those less able to cope with life on the wings. (4.68)**

**Not achieved.** There were no day care facilities for those less able to cope with life in the main prison. The inpatient unit was used by default to accommodate such prisoners, and the regime on the unit was poor, with no input from the education department or from any therapists, and inpatients were not able to attend the gymnasium.

**We repeat the recommendation.**

### **Additional information**

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- 4.56** Health services had not made significant progress since our previous inspection. There was no senior clinical lead, no clinical governance strategy and no recent comprehensive health needs assessment. Not all the doctors who provided GP services to the establishment were GPs; one was an orthopaedic surgeon, who also provided general surgery clinics. This meant that not all prisoners were able to see a GP.

- 4.57** As the establishment was managed by Serco Health, rather than being in the public sector, the local PCT did not commission primary care services, and it was apparent that this had had a detrimental effect on the delivery of health services at the prison. The PCT had two other prisons within its catchment area and had a joint prison partnership board. Health services at the establishment were represented at these meetings, but due to recent changes in the management structure of the health services, the representative at the next meeting would be a non-clinical member of staff. The director was not a member of the partnership board.

- 4.58** Nursing staff, while well meaning, did not have the relevant skills and competencies for the needs of the population. There was no lead for the overall care of older prisoners (1.26% of whom were over 60 years of age at the time of our inspection). There was a lead nurse for disability issues, but this fact was not known by the prison's disability liaison officer. There were no formal arrangements with the local health and social care agencies for the loan of occupational therapy equipment and no specialist nursing advice to ensure that patients and prisoners were able to obtain mobility and health aids.

- 4.59** Nursing staff spent large amounts of time undertaking clerical tasks, such as finding and filing clinical records, writing out lists and organising clinics. We found that clinical records were not always held securely; we found them in unlocked offices and other areas accessible by non-health services staff.

- 4.60 While there were a variety of policies and protocols, not all staff were aware of them. In addition, there was no policy for pandemic flu, and no information-sharing policy. This meant that staff misinterpreted the need for medical confidentiality and did not share relevant information with discipline staff. For example, use-of-force documentation was incomplete because the F213 form (used to report injuries to prisoners) did not contain full details. Similarly, PCOs working with inpatients did not have the full details about the patients in their care.
- 4.61 There was a lack of health promotion materials on display. The waiting rooms in the primary care centre were physically cold and inhospitable. Smoking cessation sessions were provided, but the one for young adults took place in one of the waiting rooms, which provided an unsuitable environment. Prisoners were unable to obtain barrier protection.
- 4.62 At the previous inspection, the waiting list for the dentist had contained 100 names, and the longest waiting time was four weeks, with emergencies being seen at the next session. The length of the waiting list was now 12 weeks, and it contained 160 names. This included an estimated 30 patients who had commenced a course of treatment, but had been put back to the bottom of the list to await further appointments. This caused courses of treatment to be very drawn out, and most were not finished before prisoners left the establishment. All dental applications were triaged by the dental nurse within one week, and then placed on the waiting list for treatment. There was a common waiting list for both emergency and routine treatment, from which appointment lists were drawn up by health services staff, rather than dental staff. There was no indication as to how much treatment was needed by the patients on the waiting list.
- 4.63 At the previous inspection, we discussed the possibility of additional sessions being funded for both the dentist and the dental nurse, or two sessions for a dental therapist. This had not been carried out, and the prisoner population had since increased by 50%, with a higher proportion of longer sentences, including life- and indeterminate-sentenced prisoners. Drug-related dental disease was an increasing problem. A notice displayed in the surgery, apparently recently produced by the Director, indicated that only emergency treatment for pain and infection was available to all prisoners. This would include extractions and fillings, but all other treatment would need to be paid for, although the dentist had not been consulted about this.
- 4.64 Most of the necessary documentation relevant to a dental practice was not available. Essential missing documentation included schemes of maintenance and pressure vessel certification for the autoclave and compressor, Control of Substances Hazardous to Health assessments, risk assessments, health and safety and cross-infection control policies, and personal documentation for dental staff, among others.
- 4.65 There were three medication administration times during the day at 8am, noon and 5pm. Any medicines requiring night-time administration were taken to the patient by the night nursing staff. The records showed that a significant proportion of medicine prescribed at night was administered during the 5pm medication round, and we found examples of medications being prepared in advance by nursing staff.
- 4.66 There were a number of methadone clients at the establishment. All of the methadone prescriptions we examined failed to include the total quantity in both words and figures, and consequently did not comply with the prescription requirements. In addition, prescriptions were seen written as '70 ml daily initially; reduce 5 ml weekly to 40 ml'. Although the nurses involved in the administration of methadone were specialist substance misuse nurses, there was a significant risk of misinterpretation and confusion.

- 4.67 While the administrative staff had a system for tracking outside hospital appointment arrangements, staff were unaware of how many appointments had been cancelled owing to security or staffing issues. We found several examples of prisoners waiting beyond the NHS target times for appointments and treatment.
- 4.68 The GP, who had clinical responsibility for inpatients, did not undertake ward rounds. If staff considered that an inpatient needed to see a doctor, the prisoner had to be taken down to see the GP in his clinic. Nursing staff were not allocated specifically to the inpatient unit, so there was little continuity of clinical care. For example, on one day during the inspection, the nurse allocated to the unit had not worked there in the previous 17 days. Care planning was sporadic.
- 4.69 A mental health in-reach team (MHIRT), made up of two nurses, employed by Rotherham, Doncaster and South Humber Mental Health Foundation Trust, provided secondary mental health care, but did not have a clinical psychiatrist attached to the team. A forensic psychiatrist had a Service Level Agreement with Serco Health to provide one session per week, and he was accompanied by specialist registrars. There were three registered mental health nurses employed by Serco Health, one of whom took the lead in providing a primary mental health care service to prisoners on the house blocks. There was no single point referral meeting or clear documented referral criteria. We found an example of a prisoner being referred to the MHIRT on arrival at the establishment but being seen by the primary mental health care nurse on five occasions and by the forensic psychiatrist on two occasions, but not being seen by the MHIRT. Mental health staff were able to refer patients to a counsellor who specialised in domestic and sexual abuse counselling. The in-reach team attended ACCT reviews of their clients, and also multi-agency public protection arrangements meetings. We were unable to establish how many patients had been transferred to secure NHS mental health beds in the previous six months, or how many were awaiting transfer at the time of our inspection.

#### Further recommendations

- 4.70 There should be formal arrangements with the local health and social care agencies for the loan of occupational therapy equipment and specialist nursing advice to ensure that patients and prisoners are able to obtain mobility and health aids.
- 4.71 A skill mix review should be undertaken to ensure that there are sufficient health services staff with the appropriate skills and qualifications to reflect prisoners' needs.
- 4.72 All clinical records should be kept securely in accordance with the Data Protection Act and the Caldicott Principles.
- 4.73 There should be an information-sharing policy to ensure efficient sharing of relevant health and social care information.
- 4.74 Barrier protection should be freely available to all prisoners.
- 4.75 The full range of dental treatments appropriate to NHS care should be available to all sentenced prisoners with at least six months to serve. Emergency care should be available at the next session, and the waiting list for routine treatment should be reduced.
- 4.76 Copies of all documentation relevant to a general dental practice should be available. The existence of up to date pressure vessel certification for the autoclave and compressor should be verified urgently, and notified to the dentist.

- 4.77 All prescriptions should be legally written and must include the quantity prescribed, the date prescribed and be signed by the prescriber. In particular, all prescriptions for controlled drugs should specify the total quantity of medication prescribed in words and figures.
- 4.78 Methadone prescriptions should be written clearly and unambiguously. A new prescription should be written each time the dose changes, to avoid confusion.
- 4.79 Secondary dispensing should not take place.
- 4.80 The timing of medication rounds should ensure that patients get the best treatment possible.
- 4.81 Prisoners should have access to primary, secondary and tertiary mental health services, according to their needs.

#### **Housekeeping points**

- 4.82 Mental health services should be audited.
- 4.83 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request.

# Section 5: Activities

## Learning and skills and work activities

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### Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

- 5.1 The curriculum should be developed to offer prisoners the opportunity to progress to qualifications above level one. (5.27)

**Partially achieved.** Progression opportunities were available in skills for life, motor cycle and catering courses. The establishment also offered new, shorter qualifications to allow better unit accreditation and progression in textile and printing courses. These qualifications would replace longer National Vocational Qualification programmes, which were less practical because many prisoners did not have time to complete them while at the establishment. In other areas, such as art and information and communications technology, progression opportunities were poor. English for speakers of other languages (ESOL) courses were not accredited.

**We repeat the recommendation.**

- 5.2 Staff should be speedily recruited to maximise the education spaces available for prisoners. (5.28)

**Not achieved.** The vacancies identified at the previous inspection had been filled, but at the time of the present inspection new vacancies had arisen. There were insufficient staff to provide cover for absences. Managers reported difficulties in recruiting suitable staff and were exploring using external contractors to provide some education and training within the establishment.

**We repeat the recommendation.**

- 5.3 Waiting lists for courses should be reviewed regularly to ensure that provision meets demand. (5.29)

**Achieved.** Waiting lists were reviewed daily, and few prisoners had to wait longer than two weeks to begin education courses. However, some vocational courses were extremely popular, and due to the limited number of places available, not all prisoners were able to get a place on their course of first choice.

- 5.4 All prisoners should have access to work or education on a daily basis and more accredited training opportunities should be provided. (5.30)

**Partially achieved.** A maximum of 429 workplaces was available, but many of these were for unaccredited domestic work. When we conducted a standstill roll check on one afternoon during the inspection, only 88 prisoners were involved in education or work off the wing. A range of courses was available in education. However, for some courses the accommodation was cramped; in painting and decorating, there were only two working bays for practical

activities, which limited the number of prisoners on each course to six. The bricklaying course had not run for some time, despite a tutor being in post for several months, because the establishment had been slow to refurbish new accommodation for this course. There were limited personal and social development courses on offer and only one art class. Managers recognised this as an area for development and were planning to increase provision; for example, a motivational three-day activity course that was successfully run for long-term prisoners was planned to be repeated for young prisoners. Accreditation of skills developed through work was poor. In our survey, 22% of young adults felt that their current job would help them on release, compared with the 37% comparator. The adults' response to this survey question was comparable with that in other local prisons.

**We repeat the recommendation.**

#### 5.5 Accurate records of starters, retention and achievement should be maintained. (5.31)

**Partially achieved.** Record keeping had improved. Data on success rates were collected monthly by unit achievement and whole qualification. Records showed that unit accreditation had increased in 2007/08 when compared with 2006/07 data. However, managers recognised that they needed to develop this area further to provide detailed information on the success rates and retention of different groups of learners.

**We repeat the recommendation.**

#### **Additional information**

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5.6 The assistant director of resettlement had overall responsibility for education and training, with an education manager and deputy responsible for the day-to-day management of the department. An appropriate focus had been placed on improving the quality of provision. A quality improvement strategy was well conceived, but was at an early stage of implementation and evaluation, in terms of the impact on the prisoners' experience. For example, managers observed key learning processes such as teaching, learning and induction. However, there was too much emphasis on the content of the lessons and insufficient evaluation of the quality of learning that had taken place. Where sessions had been graded as outstanding, little information was included to identify what the outstanding aspects were. This made the identification and sharing of best practice difficult. Communication was good; all staff had monthly individual meetings with the education manager to discuss issues and progress against targets. Staff were well qualified; focused staff training had improved the skills of tutors and trainers, particularly in achieving recognised teacher training qualifications.

5.7 Information, advice and guidance (IAG) was appropriate and allocation of courses equitable. Induction arrangements were thorough, with prisoners being inducted into the education department on the second day of their general induction programme (see section on first days in custody). All prisoners were screened to identify any additional learning requirements. Where records were available of recent initial assessment results, prisoners were not required to retake the assessments and could progress quickly to education courses. Prisoners could opt to study skills for life learning packages in their cell while waiting for a place to become available. However, only a minority of prisoners used this option.

5.8 Facilities and resources were appropriate for most courses. In carpentry and joinery, catering and motor cycle courses, facilities and equipment met the needs of the courses and prisoners well. Prisoners enjoyed these courses and were motivated. The education department issued a number of surveys to prisoners, but there had been no formal evaluation of the results, to respond to prisoners' views.

**5.9 Young prisoners should be able to participate fully in all activities available in the prison. (5.36)**

**Achieved.** Work activities had been extended for young prisoners, who could now access most activities available to adult prisoners (see paragraphs MR3, MR4 and 5.4).

**5.10 There should be a wider range of employment opportunities to enable all prisoners to access vocational training and work opportunities throughout the core day. (5.42)**

**Partially achieved.** The opportunity for prisoners to achieve vocational qualifications in the majority of work areas was poor. Although the deputy education manager's role had recently been changed to focus on and improve accreditation of vocational skills within work, this had not yet been implemented. Accredited courses developed in the internal services department and textiles workshops had received approval from the awarding body to start running, and key skills would be delivered alongside these courses.

**We repeat the recommendation.**

**5.11 There should be a system to ensure that young prisoners are occupied purposefully and appropriately throughout the core day. (5.43)**

**Not achieved.** There was no overall manager for young prisoners to address their needs, and no system to ensure that they were engaged in purposeful activity throughout the core day. In a number of activities, education and the gymnasium, the establishment did not differentiate between adult prisoners and young prisoners; therefore, the prison was not able to account for the amount of time that young prisoners specifically were engaged in purposeful activity (see main recommendation HP50 and paragraph 5.9).

**We repeat the recommendation.**

**5.12 All employment spaces should be filled to capacity. (5.44)**

**Partially achieved.** Only 70% of the work positions were filled. Significant vacancies were identified in outside work party, textiles and the internal stores. Since the previous inspection, the number of employment opportunities had increased, and labour boards were being convened weekly in order to provide employment to prisoners who had made applications. At the labour board we attended, there were 54 prisoners waiting to be approved for employment. However, little was being done to fill long-standing, or plan for imminent, vacancies and target suitable prisoners for the positions (see paragraph 5.4).

**We repeat the recommendation.**

**5.13 An unemployment wage should be introduced immediately. (5.45)**

**Not achieved.** Hospital sick pay had been introduced, and also pay for those prisoners who were eligible for a pension. However, unemployment pay for those who were fit to work but unemployed was not available (see main recommendation HP52).

**We repeat the recommendation.**

**Additional information**

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**5.14 All employment positions were subject to security checks, and any prisoners who had recent intelligence regarding drugs were prohibited from working in certain positions, such as the outside work party. Prisoners who had been sacked from their jobs had to wait 12 weeks before they could apply for further employment.**

- 5.15 Prisoners applying for jobs in the training kitchen and in textiles workshops had to have an interview, and in the latter case also had to take a simple test. If they were not suitable for the work, prisoners would be referred back to the labour board. There were a small number of prisoners waiting for a start date for jobs. However, there did not appear to be any urgency in getting prisoners in employment once approved by the labour board.

## Library

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- 5.16 **There should be effective links between the library and the education department to develop the library as a learning resource centre. (5.32)**

**Achieved.** The education department managed library provision, and links were satisfactory.

- 5.17 **There should be a review of procedures and timetabling of activities to eradicate regime clashes and ensure that all prisoners who wish to use the library can do so. (5.33)**

**Not achieved.** The establishment had been slow to review procedures and timetabling to eradicate regime clashes. We were told of plans to carry out a review of timetables to improve access for all prisoners.

**We repeat the recommendation.**

- 5.18 **All prisoners should have at least weekly access to the library. (5.34)**

**Not achieved.** Access was poor, and at the time of the inspection only a quarter of the population used the library. Opening times were limited to four days each week, with no access during the evening or at weekends. The library closed on Wednesdays and no alternative arrangements were made for public holidays when prisoners were unable to attend the library. A trolley service supplied a small number of books to the house blocks. Against the comparator of 38%, 18% of adult prisoners surveyed said that they went to the library at least once a week, which was the same as in 2005. Only 7% of young adults said that they went to the library at least once a week, which was significantly worse than the situation in 2005 (13%), and also than the comparator (29%).

**We repeat the recommendation.**

- 5.19 **Data should be collected on the use of the library, and should be analysed and used to inform management decisions. (5.35)**

**Partially achieved.** Data had been collected, mainly about the number of visits made to the library; there was insufficient information about which sections of the prisoner population used the facility, and the available data had not yet been fully analysed.

**We repeat the recommendation.**

## Additional information

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- 5.20 Library provision was limited. Some of the stock, particularly the easy-reading books, was not appropriate for adults. Many prisoners left the establishment without returning borrowed books, which continually reduced the book stock. Two computers provided legal information but were not used for any other purpose. The establishment had been allocated funds to improve the accommodation to include more room space, staff and an internet café, and to increase book stock.

#### Further recommendation

5.21 Library facilities, including the range of books and access to computers, should be improved.

## Physical education and health promotion

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#### Expected outcomes:

Physical education (PE) and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

5.22 An appropriate and pre-planned programme of accredited sport and recreational qualifications should be introduced. (5.52)

**Partially achieved.** The PE department offered a small range of accredited qualifications, most of which were out of date and not valued by the industry. Funding had been allocated to improve staff skills and qualifications to broaden the choice of courses available to prisoners and offer them industry-recognised qualifications to increase employment opportunities on release.

#### Further recommendation

5.23 The range of accredited courses provided by the PE department should be extended and include those that meet current industry requirements to increase potential employment opportunities for prisoners.

5.24 There should be a full review of the activities and initiatives available in the gym to widen participation. (5.53)

**Achieved.** All prisoners had the opportunity to attend the gymnasium, which was open seven days a week, from early morning through to the evening. Gymnasium facilities had improved, and a large astro-turf pitch was well used for outside activities. The PE timetable provided activities for different levels of ability, fitness and age. A regular newsletter provided information on gymnasium opening times, courses and group activities. In our survey, 45% of adults and 71% of young adults said that they went to the gymnasium at least twice a week, which was significantly better than the comparators of 39% and 48%, respectively.

5.25 The changing and shower facilities should be improved to provide a decent level of privacy. (5.54)

**Partially achieved.** Two screens divided the shower block from view, but there were no individual screens in the showers.  
**We repeat the recommendation.**

5.26 Young prisoners and adults should shower and change separately in the gymnasium. (5.55)

**Not achieved.** In the action plan developed in response to our previous inspection, prison

managers declined this recommendation, stating that appropriate supervision was given in this area to ensure the safety of all prisoners. The showers were supervised. However, the PE department did not differentiate between adults' and young prisoners' participation in the gymnasium and could not supply data on how many adults and young prisoners attended the gymnasium at any one time. Under the current arrangements, insufficient account was taken of safeguarding the safety of young vulnerable adults.  
**We repeat the recommendation.**

## Faith and religious activity

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### Expected outcomes:

**All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in the life of the establishment and contributes to the overall care, support and resettlement of prisoners.**

*No recommendations were made under this heading at the previous inspection.*

### **Additional information**

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- 5.27 Prisoners could participate in corporate worship every week and were able to see chaplains of their faith in private via an application. The chaplaincy team consisted of a full-time chaplain coordinator, assisted by sessional chaplains and some volunteers. The team worked together to ensure that all prisoners were provided with a sacred space in which to worship. This team also had good resettlement links, both within the establishment and with some external agencies.
- 5.28 There was no multi-faith room in which the 120 Muslim prisoners held could worship. However, the establishment's Muslim population had not raised any major concerns about the temporary arrangements in the chapel, and we were informed that a bid had been submitted to build a world faith room which would eliminate this problem.
- 5.29 The current arrangements for delivering the Catholic service on a Friday clashed with the regime, and this was affecting attendance.
- 5.30 There was evidence that prisoners' individual needs were being met by the visiting chaplains, and the team within the establishment were also proactive in offering a family service once per month. Chaplains were involved immediately when prisoners needed support in relation to bereavement. The team had dealt with 15 notifications of death or serious illness during December 2007.

### **Further recommendations**

- 5.31 The establishment should develop a world faith room in which Muslim prisoners can worship.
- 5.32 The timing of the Catholic service should be moved to ensure that it does not clash with other regime activities.

# Time out of cell

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## Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the establishment offers a timetable of regular and varied extra-mural activities.

- 5.33 An accurate daily routine should be published outlining the realistic time out of cell for all prisoners. (5.73)

**Partially achieved.** A daily routine was displayed on each wing, indicating the start and finish times of all regime activities. Some of the routines were more detailed than others and some had only recently been updated. The average recorded time out of cell was between nine and 10 hours for prisoners on the standard level of the incentives and earned privileges (IEP) scheme, rising to 12.5 hours for enhanced level prisoners. However, this was calculated on the basis of all prisoners participating in all activities each day, and it was clear that this did not reflect the reality for many prisoners. Based on our calculations and observations, we concluded that all prisoners were guaranteed a minimum of five to six hours out of cell each weekday. Prisoners on the detoxification unit and in the healthcare centre had the shortest amount of time out of cell.

## Further recommendation

- 5.34 All prisoners should spend at least 10 hours out of their cells on weekdays.

- 5.35 Time out of cell should be standardised for all prisoners on the same incentives and earned privileges status across all wings. (5.74)

**Not achieved.** The additional association time for enhanced level prisoners was available only to those located on the designated enhanced wings. On achieving enhanced status, prisoners had the opportunity to move to one of these wings, and there were sufficient places available. However, prisoners who chose not to move forfeited the right to extra association.

- 5.36 Time out of cell should be maximised for the young prisoner population and suitable activity provided to occupy them. (5.75)

**Partially achieved.** The amount of time out of cell for young prisoners was roughly the same as for adults, and was also determined by IEP status. Young prisoners who did not take part in regime activities during the day continued to be locked in their cells, although the number of education and work places available to this population had increased (see section on learning and skills and work). In our survey, 6% of young prisoners said that they spent an average of 10 hours out of cell per day, which was an improvement on the response given in 2005 (4%) but lower than the comparator (10%).

**We repeat the recommendation.**

- 5.37 Outdoor seating and outdoor clothing should be provided. (5.76)

**Not achieved.** None of the exercise yards contained seating. As prisoners were allowed to wear their own clothing, warm or waterproof outdoor garments were not issued. This failed to address the needs of those prisoners who did not have, or chose not to wear, their own

clothing.

We repeat the recommendation.

### **Additional information**

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- 5.38 Due mainly to the lack of activity places, many prisoners spent long periods locked in their cell each day. Exercise was offered daily, but records showed that less than a quarter of prisoners on each wing usually took the opportunity to go outside. Those who chose to go on exercise had to remain outside for the whole allocated hour. Our survey showed that young prisoners were more likely to go on exercise at least three times a week (54%) compared with adult prisoners (34%). Despite regular cleaning, the exercise yards on house block 2 were usually covered in debris discarded from cell windows.
- 5.39 Association periods lasted for between 1.5 and 2.0 hours each day and were rarely cancelled. This was reflected in our survey, with 66% of adults and 70% of young prisoners saying that they went on association more than five times each week; both of these results were significantly better than the comparators. Staff were present and visible on the wings during association, and the general atmosphere was relaxed and well ordered. Against a comparator of 16%, 24% of adult prisoners said that staff normally spoke to them during association; the responses of young prisoners were less positive.

# Section 6: Good order

## Security and rules

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### Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

#### 6.1 Young prisoners held at Doncaster should have their status reviewed regularly. (6.8)

**Achieved.** All young prisoners had their status reviewed regularly by the sentence-planning unit.

### **Additional information**

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- 6.2 Monthly security meetings and the weekly incident management meetings ensured that the establishment was monitoring security breaches. From the analysis supplied and interviews with security staff, we found no obvious weaknesses. However, the establishment was only monitoring information available in relation to gang and drug activity and current drug use trends. There was no effective informant system.
- 6.3 There had been 1,769 security information reports (SIRs) submitted in the previous six months, the majority relating to substance misuse. The security department managed this information well, and gave appropriate responses to the SIRs. The coordinator of the SIRs ensured that there were no delays in taking the appropriate actions in responding to SIRs. The prison housed one escape list prisoner, and was currently cautious about the number of work contractors in the establishment.
- 6.4 At the time of our inspection, the establishment was meeting its searching targets. Prisoners were made aware of the rules of the establishment during the induction period, and this was reinforced through the information channel in cells.
- 6.5 There was a VICOM system installed throughout the establishment; this is a sophisticated closed-circuit television system which records and stores activity, and enables staff to review events that have occurred previously. This greatly assisted the establishment in monitoring for possible security breaches.

### **Further recommendation**

- 6.6 The establishment should ensure that there are elements of dynamic security in place to enhance their informants scheme.

## Categorisation

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*No recommendations were made under this heading at the previous inspection.*

### **Additional information**

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- 6.7 Prisoners were interviewed within 48 hours of arrival at the establishment by the observation, classification and allocation staff and were informed of an initial allocation. Categorisation was carried out openly and fairly, and decisions could be challenged through the complaints procedures. We examined some complaints forms and solicitors' letters about appeals, and these had been dealt with appropriately. The management of recategorisation reviews was effective and the practice of informing prisoners where and when they were to be transferred was respectful.

## Discipline

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**Expected outcomes:**

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

### **Adjudications**

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- 6.8 **Adjudicators should always record that they have seen the health check algorithm, and these should be kept with the record of the adjudication. (6.16)**

**Achieved.** Adjudicators ensured that they had seen the health check algorithm, and this was kept with the unit history sheet while the prisoner remained in the segregation unit, or in the main record.

- 6.9 **Use of force records should be certified by a manager who was not involved in the incident and who did not authorise the use of force. (6.17)**

**Not achieved.** Use of force paperwork was still being certified by staff who were involved in the incident.

**We repeat the recommendation.**

### **Additional information**

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- 6.10 There had been 986 adjudications over the previous six months. These charges mainly related to substance misuse. The adjudications we observed were generally conducted well, but we were made aware of the inconsistency between the Home Office controllers conducting these processes. We observed an adjudication being adjourned to allow the adjudicator to seek advice, as a different adjudicator had dismissed a charge when an assault had clearly taken place, and another prisoner involved in the same incident was now presenting for adjudication.
- 6.11 Prisoners facing serious charges were referred to the independent adjudicator. However, this was not the case for prisoners on a first charge of using class A drugs. Referral to the independent adjudicator for such cases would only take place for a second offence. The

independent adjudicator dealt with 15 charges per month, and the Home Office controller with approximately 160 per month. The adjudicators ensured that prisoners understood the charges and were allowed to participate in the process. Prisoners were given a copy of the result of the adjudication and were made aware of the appeals procedure.

- 6.12 The Home Office controller informed us that he had adjudicated on some petty issues that should have been dealt with by the incentives and earned privileges (IEP) scheme. Prisoners were not asked prior to the adjudication whether they could read and write, and were not given any stationery to assist them to make notes during the process. The establishment had trained a number of the senior management team in preparation for them taking over adjudications in April 2008.

## Use of force

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*No recommendations were made under this heading at the previous inspection.*

### Additional information

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- 6.13 There had been 131 instances when force had been used over the previous six months. Examination of the documentation showed that, in most cases, force had been used justifiably, although in some cases we found that staff were either not in date with their control and restraint (C&R) training or not properly equipped to use C&R in planned removals. Only 60% of those eligible to use force were in date.
- 6.14 It proved difficult for the establishment to locate the video-tapes of planned removals of prisoners, and once they were located it was unclear which tapes related to which paperwork. From the tapes we watched, staff were not always properly equipped to be involved in planned removals. There was little use of de-escalation techniques when prisoners offered no resistance, and staff used physical contact even when prisoners were compliant and willing to walk unassisted to the segregation unit. Not all staff involved were introduced on camera during the initial briefing stage, and in some cases members of the Independent Monitoring Board (IMB) who were present were not introduced. IMB members told us that they were informed of all planned removals by telephone.
- 6.15 There were no C&R committee meetings to review the use of force within the establishment, and it was unclear who was actually responsible for the coordination of C&R. In fact, during our inspection, our liaison officer informed us that he had been appointed C&R coordinator that day.

## Segregation unit

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*No recommendations were made under this heading at the previous inspection.*

### Additional information

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- 6.16 At the time of the inspection, the segregation unit housed 19 prisoners: 15 adult and four young prisoners. The majority (10) of prisoners were being held under punishment for substance misuse issues. Prisoners were placed in the segregation unit with proper authorisation. Reviews took place on time but the targets set for prisoners were not sufficiently challenging. Transfers to other prisons were arranged for those prisoners who were segregated as a result of being unsuitable for normal location at Doncaster.

- 6.17 On average, prisoners spent an hour and a half out of cell per day. They were not allowed to make telephone calls in the evening or to participate in general activities such as education or courses. A small library was available in the unit. Prisoners we spoke to said that they had nothing to do during the day, and that the counselling, assessment, referral, advice and throughcare (CARAT) team had not offered any assistance in relation to their substance misuse needs.
- 6.18 Unit files did not contain relevant entries about prisoners' behaviour while in the segregation unit, and there was no personal officer scheme. Prisoners were held in the segregation unit for long periods, with little intervention from the psychology department to determine whether there had been any psychological deterioration.
- 6.19 We observed one prisoner who had been located in the observation cell under constant watch owing to his self-harm issues. Records on the VICOM system (see paragraph 6.5) supported the prisoner's allegations that he was not under constant supervision. Even when a nurse was stationed by the cell door, there was no interaction with the prisoner.
- 6.20 Prisoners located to the segregation unit were automatically strip searched. The special cell had been used seven times in the previous six months; the average time spent in the special cell was just under eight hours. The paperwork relating to these incidents lacked some vital information; for example, it was unclear when prisoners were placed into, and removed from, the special cell. The frequency of checks on prisoners in the special cell was not recorded correctly and there was no quality checking of completed documentation.

#### Further recommendations

- 6.21 Charges against prisoners involving misuse of class A substances should be referred to the independent adjudicator in accordance with national guidelines.
- 6.22 There should be regular standardisation meetings involving all senior managers who conduct adjudications.
- 6.23 Prisoners should be asked if they can read and write before the adjudication, and this should be noted on the paperwork. Stationery should be issued after a risk assessment to assist the prisoner to make notes during the process.
- 6.24 Less serious issues should be dealt with through the incentives and earned privileges scheme.
- 6.25 All staff that could be required to use force should be appropriately trained.
- 6.26 Staff who are involved in planned removals, including anyone who enters the cell during the incident, should be properly equipped.
- 6.27 The briefing before a planned removal should introduce all those present.
- 6.28 The newly appointed control and restraint (C&R) coordinator should be given dedicated time to monitor the use of C&R in the establishment.
- 6.29 There should be a forum introduced to ensure that supervisors deal with C&R incidents consistently and correctly.

- 6.30 Prisoners should not be routinely strip-searched on entry to the segregation unit without an individual risk assessment.
  - 6.31 Prisoners located in the segregation unit for substance misuse should automatically be referred to the counselling, assessment, referral, advice and throughcare (CARAT) team. The CARAT team should visit the segregation unit to offer assistance to prisoners with substance misuse issues.
  - 6.32 The psychology department should monitor prisoners located in the segregation unit for any psychological deterioration.
  - 6.33 The segregation unit regime should allow prisoners access to some form of purposeful activity during the day, including attendance at courses (subject to suitable risk assessment).
  - 6.34 Evening telephone calls should be available to prisoners in the segregation unit.
  - 6.35 A personal officer scheme should be in operation in the segregation unit. Records should have daily entries which reflect interactions between staff and prisoners located in the unit.
  - 6.36 Prisoners placed in the special cell should be properly monitored throughout their stay.
  - 6.37 Documentation should be checked initially by the person authorising the use of the special cell, and quality check of documentation should be completed by a senior manager.
  - 6.38 Prisoners subject to constant watch should be supervised appropriately, including some interaction between the prisoner and the person appointed to supervise him.
- Housekeeping point**
- 6.39 A system should be introduced that ensures the safekeeping and retention of planned removal tapes.

## Incentives and earned privileges scheme

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### Expected outcomes:

Incentives and earned privileges schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

- 6.40 The incentives and earned privileges (IEP) scheme should be reviewed to assess its relevance and effectiveness in the management of young prisoners. (6.28)

**Not achieved.** The establishment had not accepted this recommendation following the previous inspection, and the IEP scheme was identical in all its provisions both for young prisoners and for adults.

**We repeat the recommendation.**

- 6.41 Prisoners located in the prisoner development unit should not *automatically* be placed on the basic level on the IEP scheme. (6.29)

**Achieved.** Prisoners located in the prisoner development unit (now referred to as the prisoner reintegration unit) were allowed to move through different levels of the scheme. Although the records listed them as still as being on the basic regime, in reality they were treated as being at various other levels of the scheme.

- 6.42 **The system for notifying prisoners of IEP review decisions should include some opportunity for constructive feedback on their progress or lack of it. (6.30)**

**Achieved.** Forms used to pass back decisions of IEP reviews to prisoners set out what was required of them and what impression had been made by their effort so far.

- 6.43 **Prisoners should be demoted to basic level on the basis of their behaviour over time rather than as a consequence of individual acts. (6.31)**

**Achieved.** There was a clear policy only to demote after three warnings. There was no evidence that a single act would result in demotion.

- 6.44 **The regime for prisoners on the basic level should provide sufficient opportunity for them to demonstrate improvement in their behaviour, and offer specialist interventions when necessary. (6.32)**

**Partially achieved.** The basic regime chiefly involved being locked up, with very limited opportunities for work or education. There was a weekly routine review, and managers were required to visit prisoners on the basic level at least weekly. There was a referral system to the specialist psychology staff if required.

**We repeat the recommendation.**

#### **Additional information**

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- 6.45 At the time of the inspection, 37 prisoners were on the basic level and 281 on the enhanced level of the IEP scheme. With the exception of the two enhanced regime wings, basic regime prisoners could be accommodated anywhere in the establishment. The main incentives for good behaviour were additional visits, access to extra private cash and the possibility of transferring to a wing with longer evening association (see time out of cell). In practice, many prisoners opted to remain on their wings in order not to lose a single cell, if they had achieved one, and because they had established friendships that they did not wish to lose.

# Section 7: Services

## Catering

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### Expected outcomes:

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

- 7.1 Food should not be put on heated trolleys before they are ready to leave the kitchen for the serveries. (7.7)

**Partially achieved.** Kitchen staff did not store food on heated trolleys until shortly before it was moved to the house blocks. Nevertheless, the reality of catering for such a large number of prisoners located on numerous separate units meant that food had often been on heated trolleys for some time before being served, which inevitably had an impact on its quality.

- 7.2 There should be a greater variety of dishes for black and minority ethnic prisoners. (7.8)

**Achieved.** A prisoner food consultation group met monthly and feedback about the menu was being taken on board; for example, a curry was offered each evening as a dinner option. In addition, a recommendation from the race equality action team had resulted in a more diverse menu, including weekly Jamaican, Asian and Chinese theme nights. Our survey indicated that most prisoner groups surveyed, including black and minority ethnic prisoners, gave similar responses to those in comparator prisons when asked whether the food was good; however, the Muslim prisoners were less positive about the food.

### Additional information

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- 7.3 A four-week menu cycle was offered, which included daily halal, healthy and vegetarian options, and usually both hot and cold meals for lunch and dinner. However, prisoners collected a breakfast pack containing cereals and long-life milk during the serving of the evening meal for consumption the following morning.
- 7.4 We observed that although separate halal serving implements were available, they were not used on all serveries, and some workers wore their own clothes. Staff supervised the serving of food.
- 7.5 Meal times were in line with our expectations, with lunch being served between noon and 1pm, and dinner at 6pm, and prisoners were usually able to dine in association.

### Further recommendations

- 7.6 The breakfast meal should be served on the morning that it is to be eaten.
- 7.7 Separate and clearly marked serving implements should be used when serving halal food.
- 7.8 Servery workers should wear the clothing provided.

- 7.9 All prisoner workers who handle food should complete the basic food hygiene certificate. (7.9)

**Not achieved.** Basic job induction and computer food hygiene programmes were delivered to servery and kitchen staff on a rolling basis, but in most cases workers did not complete these until after they had started work.  
**We repeat the recommendation.**

#### **Additional information**

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- 7.10 The kitchen and serveries were clean, and food was stored according to relevant hygiene regulations.
- 7.11 **Formal qualifications should be available to prisoners working in the main kitchen.** (7.10)

**Not achieved.** Other than the teaching of basic food hygiene, no formal training leading to vocational qualifications was offered to kitchen workers.  
**We repeat the recommendation.**

## **Prison shop**

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### **Expected outcomes:**

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

*No recommendations were made under this heading at the previous inspection.*

#### **Additional information**

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- 7.12 The prison shop was run by Serco staff and was based in a modular building in the centre of the prison. Six prisoners worked there, making up shop orders and placing them into sealed bags under staff supervision. It appeared to be an organised, relaxed and respectful working environment.
- 7.13 Prisoners could submit two shop orders each week, and these were delivered on a wing rota basis – normally within 48 hours of the order being placed. The longest wait for an order would be from Friday to Monday. Newly admitted prisoners could make an order on the first working day after their arrival.
- 7.14 The shop list was updated annually and took account of the popularity of items and feedback from prisoners via the prisoner consultative meetings. A focus group of black and minority ethnic prisoners had been held as part of the latest review for the list published in January 2008. In our survey, 64% of young prisoners and 66% of adults felt that the shop sold a wide enough range of goods to meet their needs; this was significantly better than the comparators of 47% and 44%, respectively. While the responses of black and minority ethnic prisoners were generally less positive, more than half of those surveyed said that they were satisfied with the shop.

- 7.15 Shop prices were set at the recommended retail price, and all profits went into an amenities fund used to pay for extra facilities for prisoners. No administrative charge was made for goods ordered through catalogues. Items not on the list could be ordered through a special application and this sometimes involved a personal shopping service, with shop staff buying required items from local shops.



# Section 8: Resettlement

## Strategic management of resettlement

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### Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

- 8.1 There should be a needs analysis of the prisoner population and the results used by the resettlement policy committee (RPC) to inform service developments. (8.8)

**Partially achieved.** Some work had been carried out on aspects of prisoners' resettlement needs – such as alcohol misuse and finance and debt issues – but there had still been no comprehensive needs assessment and there was no strategy to ensure that the needs of all prisoners were catered for fully and appropriately.

**We repeat the recommendation.**

- 8.2 Membership of the RPC should be extended to include community-based representatives. (8.9)

**Not achieved.** Representatives from agencies working in partnership with the establishment sometimes attended the resettlement policy committee meetings. However, resettlement staff and managers regularly attended strategic meetings at area level, and the establishment was represented on a range of working groups relating to the various resettlement pathways. There continued to be innovative and positive engagement with the community and voluntary sector. In these ways, the views and perspectives of other agencies and stakeholders were being taken into account.

- 8.3 The RPC should oversee all strategic resettlement work. (8.10)

**Partially achieved.** All work undertaken by resettlement staff was approved and overseen by the RPC, although there was no strategic resettlement plan that set out targets or required actions. This less structured approach was seen by some as contributing to the establishment's success in creating and developing new projects.

- 8.4 Management information monitoring should be a set agenda item at the RPC. (8.11)

**Partially achieved.** Data relating to the achievement of the small number of key performance targets was routinely reported to the RPC. However, the notes of the meeting did not reflect any detailed discussion, and we found some poor entries that simply reported a department as being 'ahead of target' or 'having a backlog'. There was a significant amount of information collected by resettlement staff and partner agencies that was not routinely discussed at the RPC.

**We repeat the recommendation.**

### **Additional information**

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- 8.5 Some aspects of strategic management were weaker than at the time of our previous inspection, but there was little evidence that the lack of a resettlement policy, full needs analysis or clear strategic plan was directly resulting in negative outcomes for prisoners. The

new assistant director for resettlement had been at the establishment for approximately eight months. She was aware of some of the shortfalls we identified and already had plans to address them; however, she also had responsibility for learning and skills and aspects of purposeful activity, and had given priority to making the necessary improvements in these areas.

- 8.6 The establishment had a history of positive and innovative engagement with community organisations, and this had been maintained and developed. Recognising the limitations of what could be achieved by or for prisoners while in custody, resettlement work focused heavily on managing the transition 'through the prison gate' and ensuring the continuity of service provision following release. Several of the partnership agencies worked with prisoners and their families both during the period of imprisonment and following release. Prison resettlement staff were involved in outreach work, which allowed prisoners to have contact with a known person after their release. Other projects, such as the Archer project being set up with local churches, aimed to support and help vulnerable groups, including ex-prisoners, by reducing the personal and social problems that can contribute to an increased risk of imprisonment.
- 8.7 We met with a group of six representatives from partner agencies working with the establishment. They were very positive about their experiences of working with managers and staff in the planning and delivery of various services. Those working within the establishment had been made welcome and felt respected and valued by prison staff. They said that they were able to resolve readily any concerns or issues without the need to take them to the regular contract review meetings. The relationship between the establishment and its community-based partners was described as one of 'seeking mutual benefit' rather than a more traditional purchaser/provider contract. The group praised the willingness and ability of prison managers and staff to 'think outside the box' and to consider all opportunities, and they appreciated the professional freedom and trust placed in them.
- 8.8 Our survey yielded some interesting results in the area of reintegration planning that warranted further investigation. We asked prisoners if they knew whom to contact in the prison for help with various aspects of resettlement; the responses from adult prisoners were significantly more positive than the local prisons comparators, while those from young prisoners were significantly worse. Both sets of responses were poorer than the 2005 survey responses.

#### Further recommendation

- 8.9 The establishment should further investigate the reasons why young adult prisoners appeared less informed about the availability of resettlement services than their adult counterparts.

#### Good practice

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- 8.10 *The outreach work that resettlement staff were involved in allowed prisoners to have contact with a known person after their release, which provided excellent continuity.*

# Offender management and planning

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## Expected outcomes:

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

### 8.11 Family members should be invited to sentence-planning reviews. (8.19)

**Not achieved.** The reason given as to why this recommendation had not been accepted by managers was because 'the time and issues which would have to be allocated to undertake this task ... would make the process unworkable'.

**We repeat the recommendation.**

### 8.12 Community-based probation officers should be actively encouraged to attend sentence-planning reviews. (8.20)

**Achieved.** Since the previous inspection, the establishment had implemented the joint probation-prison offender assessment system (OASys) and the National Offender Management model. At the time of the inspection, 207 prisoners had named probation officers in the community who acted as offender managers; most of these had established contact with prison resettlement staff and were actively involved in the sentence management process. Probation officers unable to visit the prison could participate by telephone, and a video link was about to be introduced.

### 8.13 There should be provision to ensure that enhanced thinking skills assessments can be carried out quickly within the establishment. (8.21)

**Not achieved.** This recommendation had been declined in the action plan. Despite an improved psychology resource (see section on attitudes, thinking and behaviour), there was no provision for prisoners to be assessed for the enhanced thinking skills programme. This meant that they still had to be transferred to other prisons to have their suitability assessed.

**We repeat the recommendation.**

### 8.14 The offender assessment system (OASys) and its accompanying IT systems should be available to Doncaster as a matter of urgency. (8.22)

**Achieved.** OASys had been implemented in November 2006.

### 8.15 Life-sentenced and indeterminate-sentenced prisoners should move to main centres within a month of sentence. (8.29)

**Not achieved.** The establishment had received a large number of prisoners sentenced to indeterminate sentences for public protection (IPP) and had experienced significant problems in moving these prisoners onto stage 1 lifer prisons (see main recommendation HP48 and paragraph MR1). Recent directives and policy changes brought the transfer of indeterminate sentenced prisoners more under the control of local prisons.

**We repeat the recommendation.**

**8.16 The role of public protection coordinator should be a discrete post. (8.78)**

**Achieved.** The public protection unit was located close to the security department and was managed by a full-time coordinator.

**8.17 Police liaison officers should attend the establishment's public protection and risk management meetings. (8.79)**

**Partially achieved.** The two full-time police liaison officers attended some, but not all, of the weekly and monthly meetings. However, intelligence and information was shared between the police and the public protection unit, and none of the staff we spoke to identified any concerns about the level of police representation.

**8.18 Staff should be trained in public protection matters, and trained staff should act as offender supervisors to prisoners subject to multi-agency public protection arrangements. (8.80)**

**Partially achieved.** Trained staff in the offender management unit acted as offender supervisors to prisoners assessed as presenting a high risk of harm to others. However, there had been no training for other staff.

**We repeat the recommendation.**

**8.19 Staff on the residential units should be made aware of prisoners who pose an ongoing risk to others. (8.81)**

**Achieved.** The public protection unit circulated a weekly list identifying the cell location of all prisoners subject to child or public protection procedures. A proforma was stapled to the inside of individual prisoners' wing files to alert staff to public protection concerns.

**8.20 The release on temporary licence (ROTL) assessment process should be shortened to allow decisions to be taken more quickly. (8.70)**

**Achieved.** The ROTL process had been reduced from 12 to around four weeks.

**8.21 There should be greater use of ROTL and this should be linked directly to the resettlement strategy. (8.71)**

**Not achieved.** The use of ROTL had declined significantly from an average of four a month in 2005 to a total of four in the whole of 2007. National statistics showed that the establishment had released the highest number of prisoners under the early release scheme (565), and managers argued that this was the population that might have been considered suitable for ROTL. Nevertheless, ROTL was not routinely considered as part of reintegration planning.

**We repeat the recommendation.**

**Additional information**

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- 8.22** Prison, probation and administrative staff were co-located and worked together in the offender management unit. Suitably trained prison and probation staff were responsible for completing OASys assessments on all eligible prisoners and acted as offender supervisors for the 127 determinate-sentenced prisoners who met the criteria for stage II of the offender management roll-out. In recent months, priority had been given to completing OASys assessments on the 78 IPP prisoners who became subject to offender management from January 2008; this had

resulted in a small backlog of 31 cases, but only half of these were past the target date for completion.

- 8.23 At the time of the inspection, over half of the population were serving determinate sentences of over 12 months and were therefore subject to formal OASys assessment and sentence-planning processes. Although almost all had a completed OASys assessment, prisoner awareness of sentence planning was poor; in our survey, only 14% of adult prisoners (against the 24% comparator) said that they had a sentence plan, with 9% (against the 14% comparator) feeling that they were involved in its development. The young prisoner results of 13% and 10% were significantly worse than the comparators of 44% and 31%, respectively. No formal sentence-planning boards were held, and the majority of prisoners did not have an identified member of staff responsible for ensuring that targets were prioritised, implemented and achieved. This, combined with the lack of custody plans for remand and short-term prisoners, may have contributed to the low level of awareness.
- 8.24 In 2005, the indeterminate-sentenced population had been made up of six life-sentenced and 20 IPP prisoners; in 2008, the profile was 14 life-sentenced and 64 IPP prisoners. These prisoners continued to be managed by two experienced probation staff, who had both attended the Prison Service lifer training course. The administration of cases was conducted in an efficient and timely manner; initial multi-agency risk assessment panels were held within the target time post-sentence and prison staff completed all the required paperwork for subsequent reviews. However, 14 of the IPP prisoners were past their tariff date. Elected prisoner representatives from each wing were paid to attend a monthly meeting chaired by the head of resettlement and to feed back on issues of interest or concern to other indeterminate-sentenced prisoners. Lifer and family days had also been held. IPP prisoners had been prioritised for the Think First programme (see section on attitudes, thinking and behaviour), and following a presentation by staff and prisoners from HMP Hull, 13 IPP prisoners had agreed to transfer to Hull to complete sex offender treatment programmes.

#### Further recommendation

- 8.25 The assessment carried out by the community reintegration team should be used as the basis for creating formal custodial plans and targets for all short term prisoners, which should be reviewed at an appropriate time before release.
- 8.26 Prisoners should be enabled to participate actively in the sentence-/custody-planning process.
- 8.27 An identified member of staff should be responsible for ensuring that sentence/custody plan targets for every prisoner are prioritised, implemented and achieved.

## Resettlement pathways

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### Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

## Reintegration planning

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### Accommodation

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- 8.28 Practical support in relation to employment and accommodation should be made available to all prisoners during their period in custody. (8.69)

**Achieved.** All prisoners, including remand and short-term sentenced prisoners, had an initial housing needs assessment on induction. In 2007, 1,249 young prisoners and 4,019 adults had been interviewed. The community reintegration team (CRT) took forward any issues raised, and, where necessary, made referrals to other departments or agencies. CRT staff also saw all prisoners at least six weeks before their release. Prisoner Buddies were trained in resettlement matters and were available to help others. Prisoners could access the CRT at any time by submitting an application.

### Additional information

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- 8.29 Prisoners, and often their families, were offered access to a wide range of specialist accommodation services and advice from an early stage in their time at the establishment. Good work was done in partnership with local authorities and community agencies to retain tenancies and prevent homelessness; three of the four local authorities held weekly surgeries at the establishment. In 2007, all prisoners wishing to retain their tenancy had been assisted to do so, and, of the 2,296 prisoners discharged, just over 80% had an address to go to, despite only 55% being released to the South Yorkshire area.

### Education, training and employment

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*No recommendations were made under this heading at the previous inspection. For further details, see learning and skills and work activities in Section 5.*

### Additional information

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- 8.30 A basic survey had been administered in 2007, with a view to identifying the employment history of the prisoners and matching them with appropriate education, training and employment providers. However, there had been no analysis of the information returned.
- 8.31 The community reintegration team had created the position of an employment development manager, to work with the education department to improve the accreditation of vocational skills work. Information from pre-discharge interviews had started to be used to link prisoners into employment and to map future links with local industries and education providers. The current lack of vocational training available to prisoners during their sentence restricted their employment opportunities, and the work of the employment development worker was in its infancy. In our survey, 63% of adult prisoners and 52% of young prisoners thought that they would have a problem finding a job on release.
- 8.32 There was a good range of information and guidance services for prisoners approaching discharge. In particular, prisoners were well directed to a range of voluntary and community organisations. Jobcentre Plus had a base at the establishment, and their staff were available three to four times a week to offer advice and support. In addition, staff from the Pathways to

Lifelong Learning visited the establishment and provided support for prisoners who were being released on incapacity benefit or disability living allowance.

- 8.33 There were a number of courses and projects aimed at helping to improve prisoners' employability and/or prepare them for release, but there were no structured pre-release programmes. Toe by Toe reading was available to improve prisoners' literacy skills, and trained prisoners worked with prisoners who wanted to improve their literacy.
- 8.34 The Prince's Trust and Connexions, for those up to the age of 19, worked specifically with young prisoners. Most of the resettlement staff we spoke to described a lack of motivation among young prisoners and described them as a difficult group to engage with, and the CRT were planning to run a course to increase the motivation of the young prisoners who had no education, training or employment aspirations.

#### Further recommendation

- 8.35 A structured pre-release programme should be introduced, which all prisoners should complete before release.

#### Mental and physical health

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- 8.36 Prisoners due for release should be assisted to find and register with a GP if necessary. (4.67)

**Not achieved.** No information or assistance was given to prisoners to access health and social care services on release.

**We repeat the recommendation.**

#### Additional information

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- 8.37 Prisoners were identified at least a week before their release date and were called to the healthcare centre to be seen by one of the nurses. They were weighed, and arrangements made for them to have any required medications on release. If prisoners were known to the mental health in-reach team, then comprehensive arrangements were made to ensure that they were linked into community services before release.

#### Finance, benefit and debt

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*No recommendations were made under this heading at the previous inspection.*

#### Additional information

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- 8.38 Finance and debt issues were addressed well, and agencies such as the Citizens Advice Bureau helped prisoners and their families to access advice and support with financial management. In the previous year, 60 prisoners had been able to open a bank account before release. A survey had been conducted in September 2007 to identify the extent and nature of prisoner debt.

## Drugs and alcohol

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*No recommendations were made under this heading at the previous inspection.*

### Additional information

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- 8.39 Counselling, assessment, referral, advice and throughcare (CARAT) services were provided by an inhouse team consisting of a manager, two senior practitioners and 15 key workers, eight of whom had recently been appointed under the integrated drug treatment system (IDTS) initiative. Appropriate supervision and training opportunities were available to the team. The manager was accountable to the head of programmes and represented the establishment at regional drug strategy, national treatment agency and local drug intervention programme (DIP) meetings.
- 8.40 CARAT workers provided daily input to prisoners' induction on the stabilisation unit and the first night centre, and saw all new receptions on an individual basis. They were on course to meet the triage assessment target of 2,150 prisoners per year, and carried an active caseload of 265 clients at the time of the inspection. The CARAT team had offices on each of the house blocks, as well as in the central area, and services were well advertised.
- 8.41 The team's remit included work with primary alcohol users. A non-accredited alcohol awareness course had run until recently and was due to be replaced by a short IDTS module. However, the establishment did not run a longer alcohol programme, which would have been particularly helpful for young adults, who made up 15% of the CARAT team's caseload.
- 8.42 Four short IDTS modules were to be introduced (see paragraph 3.97), and prisoners would also be able to undertake a five-day relapse prevention course. A new, purpose-built unit would provide group work and interview rooms and a video link.
- 8.43 The CARAT service was well integrated into the establishment and was represented at relevant multidisciplinary meetings. Workers contributed to sentence, transfer and release planning, and conducted weekly reviews of prisoners prescribed methadone with the substance misuse service. Clients with complex needs could be referred to a specialist counselling service (see section on health services).
- 8.44 There were close working relationships between the CARAT and CRT, and one member of CARAT staff was based in the CRT. The Sheffield Black Drugs Service held twice-weekly clinics for black and minority ethnic prisoners, and local DIP staff held regular surgeries. A DIP administrator, funded by Doncaster and Sheffield, was located with the CARAT team and coordinated the throughcare service, which included accompanying prisoners to clinic appointments on release. However, in our survey, only 28% of young adults knew whom to contact for help regarding external drug or alcohol courses; this was lower than the comparator for other young adult prisons (46%), and lower than the result found in our 2005 survey, indicating a need for improved advertising of service provision within this population.
- 8.45 Prisoners on remand or serving short sentences could enrol on the establishment's well-established short duration programme (SDP). Two groups were running at any one time, with the annual target set at 240 starts and 156 completions; the completion target was due to be exceeded.

- 8.46 The SDP team consisted of a treatment manager and five facilitators; a further two facilitators were in training, and the deputy post was vacant. All programme staff were directly employed by the establishment. They worked closely with the CARAT team, and would soon be co-located in the new unit. The team currently used the multi-faith room to hold groups. Programme participants could attend weekly dedicated gymnasium sessions, and a support group for completers was to be re-introduced.
- 8.47 In our survey, 28% of adults thought that the drug or alcohol programme would help them on release, compared with 22% in 2005 and against the 26% comparator, but only 15% of young adults expressed this view (compared with 25% in 2005, and 37% at comparator prisons). The number of young adults starting and completing the SDP was not monitored.
- 8.48 Prisoners could participate in the voluntary drug testing (VDT) scheme independently of location, but house block 1 was the dedicated VDT unit; this included 44 spaces for young adults. The establishment met its target of 400 compacts, and the required level of testing took place. There was no compliance testing scheme. Two dedicated officers managed and coordinated VDT well, and referred prisoners testing positive to the CARAT service.

#### Further recommendations

- 8.49 The establishment should offer an alcohol programme and ensure that this intervention is available to young adults.
- 8.50 The CARAT team should ensure that service provision is meeting the needs of young adults.
- 8.51 Staff running the short duration programme should monitor the number of young adults starting and completing the course.

### **Children and families of offenders**

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*No recommendations were made under this heading at the previous inspection.*

#### **Additional information**

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- 8.52 At the previous inspection, the family support worker had been located in the visitors' centre but had since relocated to an office where the CRT was based. Family support work was well publicised in the visitors' centre and on some of the wings. Links had been formed with Sure Start. Twice a week, families had access to a play bus, stationed outside the visitors' centre. In addition, families were able to see the family support worker before their visits.
- 8.53 Storybook Dad and Story Sack had been delivered in 2007, and although the numbers of prisoners participating were small (eight had attended the Story Sack course), feedback from some of these prisoners was positive. The aim of the course was to improve the relationship between fathers and their children by providing activities that they could do together, which included recording a story for their children and then later producing a sack containing all the activities that had been completed. The Story Sack course was dependent upon funding, and this was being sought for the course to be delivered in 2008.
- 8.54 The support worker informally met with new receptions to explain her role, and prisoners could access her by attending the CRT or during her visits to the wings. In consultation with the public protection team and the security department, the family support worker contacted

families to reassure them and to encourage them to maintain links with prisoners. Accumulated visits were used for prisoners whose friends or families lived a long distance away, and the family support worker organised prison assisted visits for low income families.

- 8.55 The family support worker worked directly with 18 prisoners, providing them with advice and guidance, and made use of community organisations that could assist them at the point of discharge. Outreach work was provided to families of prisoners, as well as to prisoners who moved into accommodation provided by action housing, who otherwise would have left the establishment with no fixed abode. Assistance with benefits and employment was offered by the support worker as part of her outreach work.
- 8.56 Visits arrangements were well organised, with approximately 9,000 visits per month. The visitors' centre was equipped with toilets, refreshments and lockers. Information about visits entitlement to different prisoners was well displayed, alongside information about how to get to the establishment. Prison assisted visits forms could be obtained upon request from staff, and a suggestion box and complaints forms were available for the use of visitors. Staff in the visitors' centre operated in a busy environment and were respectful and professional in their conduct.
- 8.57 Domestic visits continued to offer a no booking system from 1–6pm, although the domestic visits time had been reduced by an hour since the previous inspection. In our survey, young prisoners and adults both responded significantly better than the comparators regarding access to visits and the quantity they received.
- 8.58 The visits hall was a large airy room, which could accommodate up to 60 visits each session. Visitors could purchase refreshments from a shop, and there was a crèche staffed by trained workers. Visits were supervised well by staff located on a raised platform and also patrolling the visits area. The interaction between staff, prisoners and visitors was positive and the environment was relaxed and informal.
- 8.59 There were six closed visit rooms, which were of a good size but in need of redecoration, as they had graffiti etched on the walls and tables and the carpet was in poor condition. During the inspection, we were informed that there were 42 prisoners subject to closed visits, in 29 cases owing to drug incidents (see section on substance use).
- 8.60 Vulnerable prisoners generally took their visits in the visits hall. However, they could also request a 'special visit', which allowed them to use a private room along the corridor where the legal visits took place. Ten per cent of all prisoners were strip searched when they returned from their visit, and we were informed by the visits manager that they were required to squat as a matter of routine.

#### Further recommendation

- 8.61 Squatting as part of the routine searching after visits should not take place and should only be used following specific security information.

#### Attitudes, thinking and behaviour

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- 8.62 Offending behaviour programmes should be offered, particularly for prisoners serving indeterminate sentences. (8.37)

**Achieved.** The Think First programme had been delivered at the establishment since April 2007 in conjunction with the local probation service. To date, 58 prisoners had completed the programme, 35 of whom were indeterminate-sentenced prisoners who had been targeted for this programme. At the time of the inspection, 72 prisoners were on the waiting list.

**8.63 The anger management programme should be validated to ensure it is achieving positive outcomes. (8.38)**

**Not achieved.** The anger management programme had not been validated, and since the previous inspection a different programme had been piloted; this had been delivered in an establishment in Scotland and accredited with the Scottish National Accreditation Panel. The psychology department planned to pilot the programme at Doncaster and amend the programme, if necessary, with a view subsequently to seek accreditation.

**We repeat the recommendation.**

**Additional information**

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**8.64** The psychology department, which was made up of one senior psychologist and three trainee psychologists, delivered a 12-session anger management course. Eleven prisoners, including four IPP prisoners, had completed the first programme in October 2007.

**8.65** Iceberg (improving, confidence, esteem and behaviour group) was a five-session accredited programme targeted at poor copers, aiming to improve prisoners' confidence. Four courses had been run: three on normal location and one on the vulnerable prisoners unit. To date, 20 prisoners had completed the course, five of whom were IPP prisoners. The psychology department had limited resources to deliver the anger management course and Iceberg programmes regularly.

**8.66** One-to-one victim awareness sessions, tailored according to prisoners' individual needs, were delivered by the psychology department. Four prisoners had completed this, with a further 18 undergoing the sessions at the time of the inspection and 30 prisoners awaiting assessment.



# Section 9: Summary of recommendations, housekeeping points and good practice

The following is a listing of recommendations, housekeeping points 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.

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<b>Main recommendation</b>	<b>To the National Offender Management Service (NOMS)</b>
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- 9.1 The National Offender Management Service should draw up and implement a comprehensive policy for the management and location of indeterminate-sentenced prisoners. (HP48)

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<b>Main recommendations</b>	<b>To the Director</b>
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- 9.2 Safe, up to date and comprehensive clinical management of substance users should be introduced. (HP49)
- 9.3 More purposeful activity, and the opportunity to acquire skills, should be available for the prison population. (HP50)
- 9.4 Sufficient work and education should be provided to occupy young adults, as an immediate priority. (HP51)
- 9.5 Prisoners who are unemployed should receive unemployment pay. (HP52)
- 9.6 Comprehensive clinical governance arrangements should be developed for healthcare services. (HP53)
- 9.7 There should be a health needs assessment to identify the health needs of all prisoners and the appropriate services required. (HP54)
- 9.8 The inpatient unit should not be used to accommodate prisoners unable to cope with life in the main prison. (HP55)

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<b>Recommendation</b>	<b>To the National Offender Management Service (NOMS)</b>
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- 9.9 All property should accompany unsentenced prisoners to court. (1.9)

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<b>Recommendation</b>	<b>To Global Solutions Limited (GSL)</b>
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- 9.10 GSL escort staff should undergo regular training in managing prisoners and issues related to treating them respectfully. (1.10)

### **Courts, escorts and transfers**

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- 9.11 Prisoner escort vehicles should be checked on a daily basis and any graffiti removed. (1.3)

### **First days in custody**

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- 9.12 There should be a vulnerable prisoner strategy, and reception and induction staff should be trained in its application. (1.11)
- 9.13 Prisoners should be offered a shower on their day of arrival. (1.13)
- 9.14 All newly arrived prisoners assessed as needing to should be located on the first night centre. (1.19)
- 9.15 First night cells should be regularly refurbished to provide a welcoming environment, and toilets should be clean and functional. (1.24)

### **Residential units**

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- 9.16 All cells should contain lockable cabinets with adequate storage space for personal possessions, and notice boards. (2.2)
- 9.17 The main corridors throughout the prison should be redecorated. (2.4)
- 9.18 Privacy screens should be installed in all shared accommodation, and all missing toilet seats should be replaced. (2.6)
- 9.19 Two-man cells should be used to house two prisoners. (2.7)
- 9.20 Mirrors and sink plugs should be routinely provided as part of the cell inventory. (2.12)
- 9.21 The weekly television rental fee should be split evenly between prisoners in multi-occupancy cells. (2.13)
- 9.22 A strategy should be developed for the management of young prisoners, and this should incorporate all aspects of the regime. (2.15)
- 9.23 There should be at least one telephone per 20 prisoners on each wing. (2.22)

### **Personal officers**

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- 9.24 Some form of personal officer scheme should be introduced for prisoners who are likely to stay at the establishment for long periods. (2.24)
- 9.25 The work of personal officers or key workers should include supporting individual prisoners in meeting their sentence plan targets and supplementing and enhancing other resettlement work, including that of the community re-entry team. (2.25)

## **Bullying and violence reduction**

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- 9.26 There should be a prisoner survey, incorporating all indicators of potential bullying, on which to base an effective strategy to address violence reduction. (3.1)
- 9.27 All staff should be trained in the violence reduction strategy, and there should be a monitoring system to measure its effectiveness. (3.2)
- 9.28 The violence reduction coordinator and any unit managers required to investigate incidents of violence or bullying should first attend relevant training. (3.4)
- 9.29 Prisoners moved to the prisoner development unit should not be demoted automatically on the incentives and earned privileges scheme. Their current status should be maintained, and there should be strategies to encourage appropriate behaviour. (3.5)
- 9.30 The violence reduction coordinator should have enough regular facility time to effectively manage and monitor all aspects of anti-bullying. All information should be evaluated and available data monitored to identify common emerging themes. (3.7)
- 9.31 A senior manager should check bullying/victim documentation daily. (3.8)
- 9.32 The senior management team should discuss matters arising from the violence reduction meeting. (3.9)
- 9.33 There should be an immediate formal review of the courses delivered on the prisoner development unit. (3.10)
- 9.34 The anti-bullying process adopted should be meaningful, and involve monitoring of behaviour and regular feedback for a given, published timescale. (3.16)
- 9.35 The alleged victims of bullying should be monitored on a daily basis until this is no longer deemed to be necessary. A written record of this should be retained. (3.17)

## **Self-harm and suicide**

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- 9.36 ACCT documents should be fully completed in all cases, and a detailed and specific care plan developed. (3.19)
- 9.37 Regular management checks should ensure the quality of the ACCT process, and feedback provided to case managers to drive up standards. (3.20)
- 9.38 A written record of the observations made at the frequency outlined in the ACCT should be made in the document. (3.21)
- 9.39 There should be a Buddies care suite for use with prisoners in crisis. (3.22)
- 9.40 Formal external accreditation of the Buddy role should be introduced. (3.25)
- 9.41 The suicide and self harm committee should scrutinise management information being collected, particularly any emerging trends, to ensure that the policies and practices utilised are appropriate and effective. (3.31)

- 9.42 ACCT documents should only be opened when there is evidence that the prisoner concerned is at risk of self-harm or suicide. (3.32)
- 9.43 Prisoners on an open ACCT document should only be moved to the healthcare centre if there is a clear clinical need to do so. (3.33)
- 9.44 The policy not to allow cell sharing of prisoners who are, or have been, on an ACCT document should be enforced in all areas of the establishment. (3.34)
- 9.45 All action recommended by the Prisons and Probation Ombudsman after a death in custody should be completed within the timescales specified, and immediate local reviews of suicide and self-harm policies and practices conducted, with appropriate action taken when necessary. (3.35)

### **Diversity**

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- 9.46 The establishment should carry out a needs assessment and then introduce a diversity strategy to ensure that the needs of minority groups are met. (3.40)
- 9.47 The necessary alterations should be implemented to ease the conditions for prisoners with diverse needs. (3.41)
- 9.48 Staff training packages should include a module on awareness in dealing with gay and transgender prisoners. (3.42)

### **Race equality**

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- 9.49 The race relations management team and diversity officer should work to a formal action plan based on an annual race relations needs analysis. (3.43)
- 9.50 There should be impact assessments of all locally implemented policies and functions to assess their relevance to race equality. (3.44)
- 9.51 The poor experiences or perceptions of black and minority ethnic young adult prisoners reflected in our prisoner survey should be investigated and action taken in response. (3.47)
- 9.52 The establishment should explore why, in our survey, black and minority ethnic prisoners have such negative perceptions about safety issues compared with white prisoners. (3.53)
- 9.53 There should be an independent external representative at the race equality action team meetings. (3.54)
- 9.54 A needs assessment should be carried out for the population, following which a comprehensive race equality strategy should be developed. (3.55)
- 9.55 The race equality officer (REO) should be given a defined job specification, which sets out her role and explains her priorities. She should also be given the necessary assistance to fulfil her tasks. (3.56)
- 9.56 There should be a forum in which black and minority ethnic prisoners have the opportunity to raise any concerns they may have with the REO. (3.57)

- 9.57 The REO should be made aware of all alleged racist incidents, and these should be investigated. (3.58)

### **Foreign national prisoners**

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- 9.58 Good working relationships should be developed with the Immigration Service to reduce the number of immigration detainees held in prison custody beyond the end of their sentence. (3.59)
- 9.59 Immigration detainees held solely under administrative powers and who have not been charged or convicted of criminal offences should not be held at Doncaster. (3.60)
- 9.60 Prisoners should have access to accredited immigration and advice support agencies, as well as to the Immigration Service. (3.62)
- 9.61 The establishment should ensure that policies, strategies and information notices are displayed in a range of languages. (3.67)
- 9.62 A needs assessment of the foreign national population should be carried out. (3.68)
- 9.63 The establishment should explore why the perceptions of foreign national prisoners are more negative than those of British national prisoners in relation to victimisation and safety. (3.69)
- 9.64 Administration staff dealing with foreign national matters should be trained in this area. (3.70)
- 9.65 Delays occurring with outside agencies in relation to foreign national documentation should be addressed, and improved links with these agencies should be pursued to eliminate this delay. (3.71)

### **Applications and complaints**

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- 9.66 A summary of applications made should be printed off and placed with each individual prisoner's history sheet monthly. (3.73)
- 9.67 A system should be set up that reassures prisoners that the confidentiality of submitted complaints will be ensured (for example, by boxes being emptied by the night orderly officer). (3.80)
- 9.68 The complaints box in the healthcare centre should be opened and sorted daily. (3.81)

### **Substance use**

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- 9.69 There should be a prisoner needs analysis to inform the drug and alcohol strategy. (3.88)
- 9.70 The drug and alcohol strategy should include a detailed annual action plan with performance measures. (3.89)
- 9.71 Meetings of the drug strategy committee should take place on a regular basis and be chaired by a senior manager with sufficient time to fulfil the role of drug strategy coordinator. (3.91)
- 9.72 Prescribing regimes should be flexible, based on individual need and documented in care plans. (3.92)

- 9.73 The mental health in-reach team's skills mix should include dual diagnosis expertise. (3.93)
- 9.74 Clinical management protocols should be finalised in consultation with external substance misuse specialists. (3.95)
- 9.75 The stabilisation unit should have 24-hour substance misuse nurse cover. (3.98)
- 9.76 Prisoners on the stabilisation unit should be provided with structured psychosocial support. (3.99)
- 9.77 Closed visits should not be imposed automatically following an MDT positive result without corroborating intelligence. (3.108)

### **Health services**

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- 9.78 The leadership and management responsibilities for the inpatient unit should be established. (4.1)
- 9.79 The inpatient beds should not form part of the prison's certified normal accommodation. (4.2)
- 9.80 All health services staff should have annual appraisals and personal development plans. (4.3)
- 9.81 There should be a system to ensure that all staff are able to maintain their professional registration, and that there are adequate audit trails to ensure this. (4.5)
- 9.82 All health services staff, including allied health professionals, should have annual resuscitation training, including the use of an automated resuscitation defibrillator. (4.6)
- 9.83 The healthcare managers should commission a review of resuscitation equipment, and implement the recommendations made. (4.8)
- 9.84 Staff who give immunisations and vaccinations should receive annual anaphylaxis training. (4.9)
- 9.85 All prisoners should have access to disease prevention programmes and screening programmes that mirror national and local campaigns. (4.12)
- 9.86 A training needs analysis should be undertaken and training provided in light of the findings, to ensure that prisoners are cared for by staff with the relevant continual professional development, skills and competencies. (4.13)
- 9.87 Nurses should use formal documented triage algorithms to ensure consistency and continuity of care and advice to prisoners, and all health assessments should take place in a confidential setting. (4.14)
- 9.88 Prisoners' applications for health services should be subject to 'medicine in confidence'. (4.15)
- 9.89 Patients should be involved and consulted when their care and treatment is being planned. (4.16)
- 9.90 Locum staff should be used to ensure adequate cover for annual leave and other staff absences. (4.17)

- 9.91 All entries in clinical records should be written contemporaneously, timed, dated and signed. (4.19)
- 9.92 An electronic patient record system should be installed. (4.20)
- 9.93 All waiting lists should be validated regularly. (4.21)
- 9.94 Treatment plans for patients should reflect clinical guidance and be subject to clinical audit. (4.22)
- 9.95 The clinical records and care plans of inpatients should be available and used by all staff who care for this group. (4.23)
- 9.96 Patient group directions (PGDs) should be introduced to enable supply of more potent medication by the pharmacist and/or nurse, to avoid unnecessary consultations with the doctor. (4.25)
- 9.97 A copy of the original signed PGDs should be present in the pharmacy and be read and signed by all relevant staff. (4.26)
- 9.98 The pharmacy staff should implement procedures to monitor the use of 'special sick' medication. (4.27)
- 9.99 All procedures and policies should be formally reviewed and adopted via the Medicines and Therapeutics Committee. All staff should read and sign the agreed adopted procedures. (4.28)
- 9.100 The Medicines and Therapeutics Committee should ensure that prescribing is evidence based. (4.29)
- 9.101 There should be a review of the prescribing policy of codeine-based analgesics and expensive antibiotics. (4.30)
- 9.102 The administration or supply of a prescription-only medication without a valid prescription should cease. (4.32)
- 9.103 Prisoners should be able to see a pharmacist. (4.33)
- 9.104 The Service Level Agreement between the provider and the prison should be reviewed to ensure that there is sufficient pharmacist time available to meet the needs of the population. (4.34)
- 9.105 Medicines required as not in-possession treatment should be supplied as patient-named medication rather than from stock. (4.36)
- 9.106 The return of medicines to stock once they have been issued to a patient should cease. (4.37)
- 9.107 Pharmacy or prescription-only medicines should not be included on the special sick list. All medication supplied under this procedure should be recorded on the patient's individual prescription chart and not in separate books. (4.39)
- 9.108 The full list of simple remedies, as listed in Prison Service instruction 2005/45, and self-care products should be available for prisoners to purchase. (4.41)

- 9.109 Dual labelling of pre-packs should be introduced. One label should be kept on the medicine with the patient's details, and the second detached and fixed to the prescription chart. The chart should be faxed to the pharmacist for a professional check on the prescription, to check that the correct item has been supplied, to maintain the patient record and replenish stock. (4.42)
- 9.110 There should be a formal procedure to improve the security of the medications held in the healthcare centre, with a controlled system when access is needed out of hours. (4.43)
- 9.111 The dispensary should be secured and kept locked when not in use. (4.46)
- 9.112 Maximum and minimum temperatures should be recorded daily for the drug refrigerators within treatment rooms and the pharmacy to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (4.47)
- 9.113 Medications should be kept secure at all times, including when being transported around the site. (4.48)
- 9.114 All prisoners should have a secondary health screen within 24 hours of their arrival. (4.49)
- 9.115 Prisoners should have a further health assessment carried out and recorded by trained staff no later than 72 hours after their arrival in custody. (4.51)
- 9.116 Prisoners with substance use problems should receive at least first night symptomatic relief. (4.52)
- 9.117 All health-related consultations should take place in a confidential setting. (4.53)
- 9.118 There should be a mental health day care facility for those less able to cope with life on the wings. (4.55)
- 9.119 There should be formal arrangements with the local health and social care agencies for the loan of occupational therapy equipment and specialist nursing advice to ensure that patients and prisoners are able to obtain mobility and health aids. (4.70)
- 9.120 A skill mix review should be undertaken to ensure that there are sufficient health services staff with the appropriate skills and qualifications to reflect prisoners' needs. (4.71)
- 9.121 All clinical records should be kept securely in accordance with the Data Protection Act and the Caldicott Principles. (4.72)
- 9.122 There should be an information-sharing policy to ensure efficient sharing of relevant health and social care information. (4.73)
- 9.123 Barrier protection should be freely available to all prisoners. (4.74)
- 9.124 The full range of dental treatments appropriate to NHS care should be available to all sentenced prisoners with at least six months to serve. Emergency care should be available at the next session, and the waiting list for routine treatment should be reduced. (4.75)

- 9.125 Copies of all documentation relevant to a general dental practice should be available. The existence of up to date pressure vessel certification for the autoclave and compressor should be verified urgently, and notified to the dentist. (4.76)
- 9.126 All prescriptions should be legally written and must include the quantity prescribed, the date prescribed and be signed by the prescriber. In particular, all prescriptions for controlled drugs should specify the total quantity of medication prescribed in words and figures. (4.77)
- 9.127 Methadone prescriptions should be written clearly and unambiguously. A new prescription should be written each time the dose changes, to avoid confusion. (4.78)
- 9.128 Secondary dispensing should not take place. (4.79)
- 9.129 The timing of medication rounds should ensure that patients get the best treatment possible. (4.80)
- 9.130 Prisoners should have access to primary, secondary and tertiary mental health services, according to their needs. (4.81)

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

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- 9.131 The curriculum should be developed to offer prisoners the opportunity to progress to qualifications above level one. (5.1)
- 9.132 Staff should be speedily recruited to maximise the education spaces available for prisoners. (5.2)
- 9.133 All prisoners should have access to work or education on a daily basis and more accredited training opportunities should be provided. (5.4)
- 9.134 Accurate records of starters, retention and achievement should be maintained. (5.5)
- 9.135 There should be a wider range of employment opportunities to enable all prisoners to access vocational training and work opportunities throughout the core day. (5.10)
- 9.136 There should be a system to ensure that young prisoners are occupied purposefully and appropriately throughout the core day. (5.11)
- 9.137 All employment spaces should be filled to capacity. (5.12)
- 9.138 An unemployment wage should be introduced immediately. (5.13)
- 9.139 There should be a review of procedures and timetabling of activities to eradicate regime clashes and ensure that all prisoners who wish to use the library can do so. (5.17)
- 9.140 All prisoners should have at least weekly access to the library. (5.18)
- 9.141 Data should be collected on the use of the library, and should be analysed and used to inform management decisions. (5.19)
- 9.142 Library facilities, including the range of books and access to computers, should be improved. (5.21)

### **Physical education and health promotion**

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- 9.143 The range of accredited courses provided by the PE department should be extended and include those that meet current industry requirements to increase potential employment opportunities for prisoners. (5.23)
- 9.144 The changing and shower facilities should be improved to provide a decent level of privacy. (5.25)
- 9.145 Young prisoners and adults should shower and change separately in the gymnasium. (5.26)

### **Faith and religious activity**

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- 9.146 The establishment should develop a world faith room in which Muslim prisoners can worship. (5.31)
- 9.147 The timing of the Catholic service should be moved to ensure that it does not clash with other regime activities. (5.32)

### **Time out of cell**

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- 9.148 All prisoners should spend at least 10 hours out of their cells on weekdays. (5.34)
- 9.149 Time out of cell should be maximised for the young prisoner population and suitable activity provided to occupy them. (5.36)
- 9.150 Outdoor seating and outdoor clothing should be provided. (5.37)

### **Security and rules**

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- 9.151 The establishment should ensure that there are elements of dynamic security in place to enhance their informants scheme. (6.6)

### **Discipline**

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- 9.152 Use of force records should be certified by a manager who was not involved in the incident and who did not authorise the use of force. (6.9)
- 9.153 Charges against prisoners involving misuse of class A substances should be referred to the independent adjudicator in accordance with national guidelines. (6.21)
- 9.154 There should be regular standardisation meetings involving all senior managers who conduct adjudications. (6.22)
- 9.155 Prisoners should be asked if they can read and write before the adjudication, and this should be noted on the paperwork. Stationery should be issued after a risk assessment to assist the prisoner to make notes during the process. (6.23)
- 9.156 Less serious issues should be dealt with through the incentives and earned privileges scheme. (6.24)

- 9.157 All staff that could be required to use force should be appropriately trained. (6.25)
- 9.158 Staff who are involved in planned removals, including anyone who enters the cell during the incident, should be properly equipped. (6.26)
- 9.159 The briefing before a planned removal should introduce all those present. (6.27)
- 9.160 The newly appointed control and restraint (C&R) coordinator should be given dedicated time to monitor the use of C&R in the establishment. (6.28)
- 9.161 There should be a forum introduced to ensure that supervisors deal with C&R incidents consistently and correctly. (6.29)
- 9.162 Prisoners should not be routinely strip-searched on entry to the segregation unit without an individual risk assessment. (6.30)
- 9.163 Prisoners located in the segregation unit for substance misuse should automatically be referred to the counselling, assessment, referral, advice and throughcare (CARAT) team. The CARAT team should visit the segregation unit to offer assistance to prisoners with substance misuse issues. (6.31)
- 9.164 The psychology department should monitor prisoners located in the segregation unit for any psychological deterioration. (6.32)
- 9.165 The segregation unit regime should allow prisoners access to some form of purposeful activity during the day, including attendance at courses (subject to suitable risk assessment). (6.33)
- 9.166 Evening telephone calls should be available to prisoners in the segregation unit. (6.34)
- 9.167 A personal officer scheme should be in operation in the segregation unit. Records should have daily entries which reflect interactions between staff and prisoners located in the unit. (6.35)
- 9.168 Prisoners placed in the special cell should be properly monitored throughout their stay. (6.36)
- 9.169 Documentation should be checked initially by the person authorising the use of the special cell, and quality check of documentation should be completed by a senior manager. (6.37)
- 9.170 Prisoners subject to constant watch should be supervised appropriately, including some interaction between the prisoner and the person appointed to supervise him. (6.38)

### **Incentives and earned privileges scheme**

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- 9.171 The incentives and earned privileges (IEP) scheme should be reviewed to assess its relevance and effectiveness in the management of young prisoners. (6.40)
- 9.172 The regime for prisoners on the basic level should provide sufficient opportunity for them to demonstrate improvement in their behaviour, and offer specialist interventions when necessary. (6.44)

### **Catering**

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- 9.173 The breakfast meal should be served on the morning that it is to be eaten. (7.6)

- 9.174 Separate and clearly marked serving implements should be used when serving halal food. (7.7)
- 9.175 Servery workers should wear the clothing provided. (7.8)
- 9.176 All prisoner workers who handle food should complete the basic food hygiene certificate. (7.9)
- 9.177 Formal qualifications should be available to prisoners working in the main kitchen. (7.11)

### **Strategic management of resettlement**

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- 9.178 There should be a needs analysis of the prisoner population and the results used by the resettlement policy committee (RPC) to inform service developments. (8.1)
- 9.179 Management information monitoring should be a set agenda item at the RPC. (8.4)
- 9.180 The establishment should further investigate the reasons why young adult prisoners appeared less informed about the availability of resettlement services than their adult counterparts. (8.9)

### **Offender management and planning**

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- 9.181 Family members should be invited to sentence-planning reviews. (8.11)
- 9.182 There should be provision to ensure that enhanced thinking skills assessments can be carried out quickly within the establishment. (8.13)
- 9.183 Life-sentenced and indeterminate-sentenced prisoners should move to main centres within a month of sentence. (8.15)
- 9.184 Staff should be trained in public protection matters, and trained staff should act as offender supervisors to prisoners subject to multi-agency public protection arrangements. (8.18)
- 9.185 There should be greater use of ROTL and this should be linked directly to the resettlement strategy. (8.21)
- 9.186 The assessment carried out by the community reintegration team should be used as the basis for creating formal custodial plans and targets for all short term prisoners, which should be reviewed at an appropriate time before release. (8.25)
- 9.187 Prisoners should be enabled to participate actively in the sentence-/custody-planning process. (8.26)
- 9.188 An identified member of staff should be responsible for ensuring that sentence/custody plan targets for every prisoner are prioritised, implemented and achieved. (8.27)

### **Resettlement pathways**

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- 9.189 A structured pre-release programme should be introduced, which all prisoners should complete before release. (8.35)
- 9.190 Prisoners due for release should be assisted to find and register with a GP if necessary. (8.36)

- 9.191 The establishment should offer an alcohol programme and ensure that this intervention is available to young adults. (8.49)
- 9.192 The CARAT team should ensure that service provision is meeting the needs of young adults. (8.50)
- 9.193 Staff running the short duration programme should monitor the number of young adults starting and completing the course. (8.51)
- 9.194 Squatting as part of the routine searching after visits should not take place and should only be used following specific security information. (8.61)
- 9.195 The anger management programme should be validated to ensure it is achieving positive outcomes. (8.63)

## Housekeeping points

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### Health services

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- 9.196 Loose tablets and tablet foils should not be present in stock. (4.38)
- 9.197 Mental health services should be audited. (4.82)
- 9.198 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request. (4.83)

### Discipline

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- 9.199 A system should be introduced that ensures the safekeeping and retention of planned removal tapes. (6.39)

## Good practice

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- 9.200 The outreach work that resettlement staff were involved in allowed prisoners to have contact with a know person after their release, which provided excellent continuity. (8.10)



## Appendix I: Inspection team

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Nigel Newcomen	Deputy Chief Inspector
Francis Masserick	Team leader
Gail Hunt	Inspector
Vinnett Percy	Inspector
John Simpson	Inspector
Sean Sullivan	Inspector
Elizabeth Tysoe	Healthcare inspector
Sigrid Engelen	Substance use inspector
William Riall	Pharmacy inspector
Stephanie Twidale	Dental services inspector
Sheila Willis	Ofsted inspector
Helen Meckiffe	Researcher
Sherrelle Park	Researcher
<b>Guest inspectors</b>	
Henry Garrido	Chief Inspector of Prisons, Dominican Republic
Guy Grant	Primary Care Lead, North West Offender Health Team

## Appendix II: Prison population profile (adults)

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(i) Status	Number	%
Sentenced	456	61
Convicted but unsentenced	94	13
Remand	178	24
Detainees (single power status)	13	2
<b>Total</b>	<b>741</b>	<b>100</b>

(ii) Sentence	Number of sentenced prisoners	%
Unknown	2	
Less than 6 months	91	20
6 months to less than 12 months	49	11
12 months to less than 2 years	68	15
2 years to less than 4 years	127	28
4 years to less than 10 years	38	8
10 years and over (not life)	12	3
Life	69	15
<b>Total</b>	<b>456</b>	<b>100</b>

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	%	Number	%
Less than 1 month	62	14	45	16

1 month to 3 months	42	9	53	18
3 months to 6 months	54	12	41	14
6 months to 1 year	85	19	51	18
1 year to 2 years	51	11	16	6
2 years to 4 years	37	8	14	5
4 years or more	125	27	65	23
<b>Total</b>	<b>456</b>	<b>100</b>	<b>285</b>	<b>100</b>

(iv) Main offence	Number	%
Violence against the person	142	19
Sexual offences	60	8
Burglary	100	13
Robbery	50	7
Theft and handling	67	9
Fraud and forgery	13	2
Drugs offences	71	10
Other offences	238	32
Offence not recorded/holding warrant	0	0
<b>Total</b>	<b>741</b>	<b>100</b>

(v) Age	Number	%
21 years to 29 years	374	50
30 years to 39 years	227	31
40 years to 49 years	94	13

50 years to 59 years	33	4
60 years to 69 years	9	1.5
70 plus years: <i>maximum age - 76</i>	4	0.5
<b>Total</b>	<b>741</b>	<b>100</b>

(vi) Home address	Number	%
Information not provided		

(vii) Nationality	Number	%
British	637	86
Foreign nationals	104	14
<b>Total</b>	<b>741</b>	<b>100</b>

(viii) Ethnicity	Number	%
<i>White</i>	595	80
British	570	77
Irish	7	1
Other White	18	2
<i>Mixed</i>	6	0.8
White and Black Caribbean	3	0.4
White and Black African	0	0
White and Asian	1	0.1
Other Mixed	2	0.3
<i>Asian or Asian British</i>	57	8

Indian	17	2.5
Pakistani	15	2
Bangladeshi	1	0
Other Asian	24	3.5
<b><i>Black or Black British</i></b>	<b>72</b>	<b>9.7</b>
Caribbean	25	3.4
African	32	4.3
Other Black	15	2
<b><i>Chinese or other ethnic group</i></b>	<b>11</b>	<b>1.5</b>
Chinese	3	0.5
Other ethnic group	8	1
<b>Total</b>	<b>741</b>	<b>100</b>

<b>(ix) Religion</b>	<b>Number</b>	<b>%</b>
Church of England	127	17
Roman Catholic	85	12
Other Christian denominations	136	18
Muslim	74	10
Sikh	4	0.5
Buddhist	5	0.5
Other	10	1
No religion	300	41
<b>Total</b>	<b>741</b>	<b>100</b>

## Appendix III: Prison population profile (young adults)

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(i) Status	Number	%
Sentenced	142	58
Convicted but unsentenced	46	19
Remand	57	23
Detainees (single power status)	1	0
<b>Total</b>	<b>246</b>	<b>100</b>

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	33	23
6 months to less than 12 months	17	12
12 months to less than 2 years	31	22
2 years to less than 4 years	37	26
4 years to less than 10 years	15	11
Life	9	6
<b>Total</b>	<b>142</b>	<b>100</b>

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	%	Number	%
Less than 1 month	32	23	25	24
1 month to 3 months	17	12	21	20

3 months to 6 months	19	13	28	27
6 months to 1 year	38	27	20	19
1 year to 2 years	30	21	9	9
2 years to 4 years	6	4	1	1
<b>Total</b>	<b>142</b>	<b>100</b>	<b>104</b>	<b>100</b>

(iv) Main offence	Number	%
Violence against the person	48	20
Sexual offences	9	4
Burglary	40	16
Robbery	45	18
Theft and handling	11	4
Fraud and forgery	1	0
Drugs offences	24	10
Other offences	68	28
Offence not recorded/holding warrant	0	0
<b>Total</b>	<b>246</b>	<b>100</b>

(v) Age	Number	%
18 years to 20 years	246	100
<b>Total</b>	<b>246</b>	<b>100</b>

(vi) Home address	Number	%
Information not provided		

(vii) Nationality	Number	%
British	228	93
Foreign nationals	18	7
<b>Total</b>	<b>246</b>	<b>100</b>

(viii) Ethnicity	Number	%
<b><i>White</i></b>	<b>177</b>	<b>72</b>
British	173	71
Irish	1	0
Other White	3	1
<b><i>Mixed</i></b>	<b>8</b>	<b>3</b>
White and Black Caribbean	4	2
White and Black African	1	0
White and Asian	1	0
Other Mixed	2	1
<b><i>Asian or Asian British</i></b>	<b>28</b>	<b>11</b>
Indian	21	9
Pakistani	4	1
Bangladeshi	1	0
Other Asian	2	1
<b><i>Black or Black British</i></b>	<b>27</b>	<b>11</b>
Caribbean	22	9
African	4	2
Other Black	1	0

<i>Chinese or other ethnic group</i>	6	2
Chinese	0	0
Other ethnic group	6	2
<b>Total</b>	<b>246</b>	<b>100</b>

<b>(ix) Religion</b>	<b>Number</b>	<b>%</b>
Church of England	15	7
Roman Catholic	22	9
Other Christian denominations	42	17
Muslim	27	11
Sikh	1	0
Hindu	1	0
Buddhist	2	1
Other	3	1
No religion	133	54
<b>Total</b>	<b>246</b>	<b>100</b>

## Appendix IV: ACCT analysis

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### Overall

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Twenty closed assessment, care in custody and teamwork (ACCT) documents opened between 17 August 2007 and 8 February 2008 were reviewed. The length of time that these ACCT documents were open for ranged from 1 to 164 days, producing an average of 18 days.

### Observations

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Detailed observations were clearly stated on the front of all forms and updated where necessary.

### Triggers

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Triggers were reported on only two (10%) of the forms analysed, both of which were considered uninformative. An example of a trigger reported is as follows:

*'House'*

### Agreements

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Seventeen out of the 20 (85%) forms were signed by prisoners, and all 20 forms were signed by staff to confirm the information sharing agreement.

### Concern and keep safe documents

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Although the name of the staff member who opened the ACCT document was clearly presented on every form, their operational grade was never stated. Five of the ACCT documents included a carbon copy of a suicide and self-harm warning form.

Reasons for opening ACCT forms were clearly stated on all 20 forms. However, on three of these forms the views of the prisoners concerned were not mentioned, and it is felt that in some cases the proactive approach to opening ACCT documents may not be necessary and in itself damaging. For example:

Prisoner X was placed on ACCT because of reports that he had previously self-harmed. It is then noted that prisoner X is reluctant to talk about self-harm and became very agitated. Further on in the document, prisoner X explains that he is fine and in fact has not self-harmed in 16 years. As a result, the ACCT document is closed during the Action following assessment interview. It is felt that in some cases, such as in the example given, the practice of opening an ACCT document may be **overcautious**.

### Immediate action plan

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Eighteen (90%) out of the 20 prisoners on ACCT were assessed for cell sharing risk, from which only three were deemed to be of risk. There was evidence in 19 (95%) cases that discussion over the safest place to house the prisoner had taken place. In only **two cases**

were arrangements made for the prisoner on ACCT when their pad mate was not there. In 18 (90%) of the cases, there was evidence to suggest that individuals involved in the immediate action plan were multidisciplinary.

In all 20 (100%) cases, prisoners were offered a telephone call, one of whom refused and another could not make the call because he could not remember the phone number. In eight (40%) cases, the telephone calls were registered.

Nineteen (95%) prisoners were offered access to a Listener/Buddy, one of whom refused.

### **Assessment interview**

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Assessment interviews were completed in 19 (95%) cases. One interview was not completed because the prisoner refused to cooperate. All completed interviews appeared thorough and gave the prisoner the opportunity to disclose his thoughts and feelings.

### **Action assessment**

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The action following assessment form had been completed in all 20 cases. In addition to this, there was evidence that multidisciplinary staff had attended, and in 19 (95%) cases it was clear what action needed to be undertaken. Examples of which include:

*'He will not hurt himself. ACCT kept open all read his assessment. Needs to speak to his solicitor.'*

*'Seeking wing employment. Feels a bit better than yesterday and then said he feels a lot better. States he will talk to staff if he gets low.'*

*'Mr X is unhappy about being on the ACCT and feels he doesn't need it. ACCT closed.'*

**Eight (40%) of the ACCT forms reviewed were closed at these action following assessment interviews**, which re-iterates the earlier point made about overcautious measures being adopted here.

### **Care map**

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Care maps were only relevant in the 12 (60% of original sample) ACCT documents that remained open, 11 (92%) of which were completed. From these 11, only one was updated following a review, seven (64%) detailed action by the prisoner, nine (82%) detailed action by staff and three gave reference to family contact.

### **Case review**

---

All 12 ACCT forms that remained open had case reviews filed. The number of case reviews ranged from one to 14, producing an average of four. In all instances, the team present at the review was multidisciplinary and the prisoner was always present. The team present only appeared inconsistent between reviews in two of the cases. In nine instances, the problems and observations were reviewed. There was only one case that lacked clarity in what action was to be taken following the review. All reviews were prisoner focused and six also had staff-directed action. Eleven of the ACCT documents were closed during a case review.

## **Review prior to discharge from healthcare**

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Only two (17%) 'review prior to discharge from healthcare' forms were filled out. In both cases, the team present was multidisciplinary, and clear evidence was provided as to why the prisoner was being discharged. However, neither stated whether a follow-up appointment with healthcare had been arranged. Both documents did detail the date of the next case review.

## **On-going record**

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Observational checks and conversations between staff and the prisoners were detailed **but were not consistent with observational timings listed on the front cover**. The number of entries ranged from seven for a prisoner who was on an open ACCT document for one day to 993 entries for a prisoner who was on an open ACCT for 48 days. All observational timings were clearly written on the front of each ACCT document. Every entry was signed by the officer who made it and regular management checks were evident on all documents.

## **Follow-up interviews**

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In 17 cases, there was evidence that a follow-up interview was planned. However, there was no documentation to show that such interviews or any means of follow-up contact took place.

## **Other**

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No language difficulties were identified.

Nationality and ethnicity are not listed on any of the ACCT forms reviewed but could be established in cases where a photograph was attached.

## Appendix V: Summary of adult prisoner questionnaires

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### Prisoner survey methodology

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

#### *Choosing the sample size*

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 5 February 2008, the local prisoner population at HMP Doncaster was 840. The sample size was 140. Overall, this represented 17% of the prisoner population.

#### *Selecting the sample*

Respondents were randomly selected from a local inmate database system (LIDS) prisoner population printout using a stratified systematic sampling method. This basically means that every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. One respondent refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

#### *Methodology*

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

#### *Response rates*

In total, 118 respondents completed and returned their questionnaires. This represented 14% of the prison population. The response rate was 84%. In addition to the one respondent who

refused to complete a questionnaire, 20 questionnaires were not returned and two were returned blank.

### *Comparisons*

The following document details the results from the survey. All missing responses were excluded from the analysis. All data from each establishment were weighted, in order to mimic a consistent percentage sampled in each establishment.

Presented alongside the results from this survey are the comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 37 local prisons since May 2003. This document also shows statistically significant differences between the responses of prisoners in 2005 and those from prisoners in 2008, held in the local prison.

In addition, further comparative documents are attached. Statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group are shown, alongside statistically significant differences between those who are British nationals and those who are foreign nationals, and statistically significant differences between Muslim and non-Muslim prisoners.

In the above documents, statistical significance merely indicates whether there is a real difference between the figures – that is, the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and those of the previous survey, both sets of data have been coded in the same way. This may result in percentages from previous surveys looking higher or lower. However, both percentages are true of the populations they were taken from, and the statistical significance is correct.

# Appendix VI: Survey of young adult prisoner questionnaires

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## Prisoner survey methodology

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A voluntary, confidential and anonymous survey of a representative proportion of the young adult population held in the three dedicated young adult units (aged 18–25 years) was carried out for this inspection. Young adults held on mixed units with older adults were included in the 'local prison' sample. The results of this survey formed part of the evidence base for the inspection.

### *Choosing the sample size*

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 5 February 2008, the young adult population held on the three dedicated units at HMYOI Doncaster was 259. The sample size was 114. Overall, this represented 44% of this young adult population.

### *Selecting the sample*

Respondents were randomly selected from a local inmate database system (LIDS) young adult population printout using a stratified systematic sampling method. This basically means that every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. No respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, two respondents were interviewed.

### *Methodology*

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

### *Response rates*

In total, 92 respondents completed and returned their questionnaires. This represented 36% of the young adult population on the dedicated wings. The response rate was 81%. Ten questionnaires were not returned and 12 were returned blank.

### *Comparisons*

The following document details the results from the survey. All missing responses were excluded from the analysis. All data from each establishment were weighted, in order to mimic a consistent percentage sampled in each establishment.

Presented alongside the results from this survey are the comparator figures for all young adults surveyed in young offender institutions. This comparator is based on all responses from young adult surveys carried out in 22 young offender institutions since April 2003. This document also shows statistically significant differences between the responses of young adults held in dedicated young adult units in 2005 and in 2008.

In addition, further comparative documents are attached. Statistically significant differences between the responses of white young adults and those from a black and minority ethnic group are shown, alongside statistically significant differences between Muslim and non-Muslim young adults.

In the above documents, statistically significant differences are highlighted. Statistical significance merely indicates whether there is a real difference between the figures – that is, the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and those of the previous survey, both sets of data have been coded in the same way. This may result in percentages from previous surveys looking higher or lower. However, both percentages are true of the populations they were taken from, and the statistical significance is correct.



## Prisoner Survey Responses HMP Doncaster (Adults) 2008

**Prisoner Survey Responses** (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

### Key to tables

		HMP Doncaster 2008	Local prisons comparator	HMP Doncaster 2008	HMP Doncaster 2005
Any percent highlighted in green is significantly better than the local prisons comparator/ 2005 survey responses					
Any percent highlighted in blue is significantly worse than the local prisons comparator/ 2005 survey responses					
Percentages which are not highlighted show there is no significant difference between the 2008 survey and the local prisons comparator, or the 2005 survey					
<b>SECTION 1: General Information (not tested for significance)</b>					
1	Number of completed questionnaires returned	118	3855	118	78
2	Are you under 21 years of age?	10%	4%	10%	1%
3	Are you transgender or transsexual?	0%	0%	0%	0%
4	Are you sentenced?	72%	65%	72%	57%
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	15%	7%		
6	If you are sentenced, are you on recall?	14%	15%		
7	Is your sentence less than 12 months?	32%	18%	32%	24%
8	Do you have less than six months to serve?	42%	31%	42%	32%
9	Have you been in this prison less than a month?	31%	21%	31%	28%
10	Are you a foreign national?	16%	13%	16%	13%
11	Is English your first language?	90%	91%	90%	92%
12	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	20%	25%	20%	11%
13	Are you Muslim?	11%	10%		
14	Are you gay or bisexual?	3%	3%		
15	Do you consider yourself to have a disability?	20%	15%		
16	Is this your first time in prison?	28%	26%	28%	22%
17	Do you have any children?	63%	57%	63%	68%
<b>SECTION 2: Transfers and Escorts</b>					
18a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	49%	49%	49%	57%
18b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	58%	59%	58%	63%
18c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	11%	11%	11%	9%
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	26%	28%	26%	26%
18e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	15%	12%	15%	6%
19	Did you spend more than four hours in the van?	3%	5%	3%	0%
20	Were you treated well/very well by the escort staff?	64%	68%	64%	77%
21a	Did you know where you were going when you left court or when transferred from another establishment?	76%	73%	76%	88%
21b	Before you arrived here did you receive any written information about what would happen to you?	14%	14%	14%	14%
22c	When you first arrived here did your property arrive at the same time as you?	77%	83%	77%	91%

**Key to tables**

		HMP Doncaster 2008	Local prisons comparator	HMP Doncaster 2008	HMP Doncaster 2005
	Any percent highlighted in green is significantly better than the local prisons comparator/ 2005 survey responses				
	Any percent highlighted in blue is significantly worse than the local prisons comparator/ 2005 survey responses				
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the local prisons comparator, or the 2005 survey				
<b>SECTION 3: Reception, first night and induction</b>					
<b>23a</b>	Did you have any problems when you first arrived?	81%	77%	81%	69%
<b>23b</b>	Did you have any problems with loss of transferred property when you first arrived?	10%	10%	10%	4%
<b>23c</b>	Did you have any housing problems when you first arrived?	22%	22%	22%	23%
<b>23d</b>	Did you have any problems contacting employers when you first arrived?	10%	6%	10%	1%
<b>23e</b>	Did you have any problems contacting family when you first arrived?	38%	31%	38%	32%
<b>23f</b>	Did you have any problems ensuring dependents were being looked after when you first arrived?	7%	8%	7%	7%
<b>23g</b>	Did you have any money worries when you first arrived?	35%	25%	35%	32%
<b>23h</b>	Did you have any problems with feeling depressed or suicidal when you first arrived?	27%	23%	27%	19%
<b>23i</b>	Did you have any drug problems when you first arrived?	31%	21%	31%	5%
<b>23j</b>	Did you have any alcohol problems when you first arrived?	19%	21%	19%	24%
<b>23k</b>	Did you have any health problems when you first arrived?	27%	24%	27%	19%
<b>23l</b>	Did you have any problems with needing protection from other prisoners when you first arrived?	7%	8%	7%	13%
<b>24a</b>	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	25%	16%		
<b>24b</b>	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	35%	27%		
<b>24c</b>	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	26%	17%		
<b>24d</b>	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	59%	58%		
<b>24e</b>	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	23%	22%		
<b>24f</b>	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	29%	21%		
<b>24g</b>	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	54%	45%		
<b>24h</b>	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	59%	53%		
<b>24i</b>	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	56%	44%		
<b>24j</b>	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	61%	53%		
<b>24k</b>	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	26%	28%		
<b>25a</b>	Please answer the following question about reception: were you seen by a member of healthcare staff?	95%	85%	95%	91%
<b>25b</b>	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	65%	67%	65%	68%
<b>26</b>	Were you treated well/very well in reception?	59%	58%	59%	64%
<b>27a</b>	Did you receive a reception pack on your day of arrival?	81%	73%	81%	87%
<b>27b</b>	Did you receive information about what was going to happen here on your day of arrival?	38%	42%	38%	45%
<b>27c</b>	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	46%	42%	46%	35%
<b>27d</b>	Did you have the opportunity to have a shower on your day of arrival?	26%	34%	26%	9%

## Key to tables

		HMP Doncaster 2008	Local prisons comparator	HMP Doncaster 2008	HMP Doncaster 2005
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	Any percent highlighted in blue is significantly worse than the local prisons comparator/ 2005 survey responses				
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the local prisons comparator, or the 2005 survey				
<b>SECTION 3: Reception, first night and induction continued</b>					
27e	Did you get the opportunity to have a free telephone call on your day of arrival?	84%	53%	84%	76%
27f	Did you get information about routine requests on your day of arrival?	30%	31%	30%	27%
27g	Did you get something to eat on your day of arrival?	74%	83%	74%	71%
27h	Did you get information about visits on your day of arrival?	42%	41%	42%	39%
28a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	31%	49%	31%	34%
28b	Did you have access to someone from healthcare within the first 24 hours?	72%	67%	72%	65%
28c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	25%	33%	25%	20%
28d	Did you have access to the prison shop/canteen within the first 24 hours?	39%	21%	39%	30%
29	Did you feel safe on your first night here?	77%	74%	77%	75%
30	Did you go on an induction course within the first week?	52%	58%	52%	68%
31	Did the induction course cover everything you needed to know about the prison?	44%	42%	44%	51%
32	Did you receive a 'basic skills' assessment within the first week?	33%	36%		
<b>SECTION 4: Legal Rights and Respectful Custody</b>					
34a	Is it very easy/easy to communicate with your solicitor or legal representative?	47%	43%		
34b	Is it very easy/easy for you to attend legal visits?	70%	64%		
34c	Is it very easy/easy for you to obtain bail information?	33%	25%		
35	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	32%	44%	32%	37%
36a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	34%	53%	34%	38%
36b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	86%	77%	86%	95%
36c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	65%	84%	65%	76%
36d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	61%	65%	61%	69%
36e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	29%	37%	29%	37%
36f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	64%	64%	64%	70%
36g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	20%	29%	20%	25%
37	Is the food in this prison good/very good?	21%	24%	21%	44%
38	Does the shop/canteen sell a wide enough range of goods to meet your needs?	66%	44%	66%	62%
39a	Is it easy/very easy to get a complaints form?	80%	79%	80%	85%
39b	Is it easy/very easy to get an application form?	85%	85%	85%	92%
40a	Do you feel applications are sorted out fairly?	33%	44%	33%	45%
40b	Do you feel your applications are sorted out promptly?	28%	41%	28%	43%
40c	Do you feel complaints are sorted out fairly?	11%	17%	11%	13%
40d	Do you feel complaints are sorted out promptly?	12%	18%	12%	15%
40e	Are you given information about how to make an appeal?	24%	30%	24%	23%
41	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	16%	13%	16%	8%
42	Do you know how to apply to the Prisons and Probation Ombudsman?	38%	39%	38%	40%

## Key to tables

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Percentages which are not highlighted show there is no significant difference between the 2008 survey and the local prisons comparator, or the 2005 survey					
<b>SECTION 4: Legal Rights and Respectful Custody continued</b>					
43	Is it easy/very easy to contact the Independent Monitoring Board?	31%	32%	31%	37%
44	Are you on the enhanced (top) level of the IEP scheme?	26%	24%	26%	28%
45	Do you feel you have been treated fairly in your experience of the IEP scheme?	44%	46%	44%	63%
46a	In the last six months have any members of staff physically restrained you (C & R)?	10%	8%	10%	0%
46b	In the last six months have you spent a night in the segregation/care and separation unit?	13%	12%	13%	7%
47a	Do you feel your religious beliefs are respected?	45%	55%	45%	50%
47b	Are you able to speak to a religious leader of your faith in private if you want to?	51%	58%	51%	58%
48	Are you able to speak to a Listener at any time, if you want to?	52%	64%	52%	61%
49a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	65%	64%	65%	68%
49b	Do <b>most</b> staff, in this prison, treat you with respect?	72%	68%	72%	78%
<b>SECTION 5: Safety</b>					
51	Have you ever felt unsafe in this prison?	40%	39%	40%	32%
52	Do you feel unsafe in this establishment at the moment?	13%	20%		
54	Have you been victimised (insulted or assaulted) by another prisoner?	35%	23%	35%	30%
55a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	14%	12%	14%	12%
55b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	16%	8%	16%	9%
55c	Have you been sexually abused since you have been here? (By prisoners)	2%	1%	2%	1%
55d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	4%	5%	4%
55e	Have you been victimised because of drugs since you have been here? (By prisoners)	6%	3%	6%	4%
55f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	6%	4%	6%	3%
55g	Have you ever been victimised because you were new here? (By prisoners)	10%	5%	10%	5%
55h	Have you ever been victimised because of your sexuality? (By prisoners)	1%	1%		
55i	Have you ever been victimised because you have a disability? (By prisoners)	4%	2%		
55j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	3%	3%		
55k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	12%	4%	12%	7%
56	Have you been victimised (insulted or assaulted) by a member of staff?	36%	26%	36%	19%
57a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	15%	14%	15%	12%
57b	Have you been hit, kicked or assaulted since you have been here? (By staff)	9%	5%	9%	3%
57c	Have you been sexually abused since you have been here? (By staff)	0%	1%	0%	0%
57d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	5%	7%	2%
57e	Have you been victimised because of drugs since you have been here? (By staff)	10%	4%	10%	0%
57f	Have you ever been victimised because you were new here? (By staff)	6%	6%	6%	3%
57g	Have you ever been victimised because of your sexuality? (By staff)	0%	1%		
57h	Have you ever been victimised because you have a disability? (By staff)	0%	3%		
57i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	7%	4%		

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<b>SECTION 5: Safety continued</b>					
57j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	5%	4%	5%	0%
58	Did you report any victimisation that you have experienced?	15%	11%	15%	12%
59	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	21%	24%	21%	33%
60	Have you ever felt threatened or intimidated by a member of staff in here?	25%	25%	25%	17%
62	Is it very easy/easy to get illegal drugs in this prison?	34%	33%	34%	19%
<b>SECTION 6: Healthcare</b>					
63	Do you think the overall quality of the healthcare is good/very good?	46%	35%	46%	35%
64a	Is it very easy/easy to see the doctor?	36%	23%		
64b	Is it very easy/easy to see the nurse?	60%	49%		
64c	Is it very easy/easy to see the dentist?	4%	9%		
64d	Is it very easy/easy to see the optician?	5%	9%		
64e	Is it very easy/easy to see the pharmacist?	21%	22%		
65a	Do you think the quality of healthcare from the doctor is good/very good?	45%	35%	45%	49%
65b	Do you think the quality of healthcare from the nurse is good/very good?	59%	48%	59%	57%
65c	Do you think the quality of healthcare from the dentist is good/very good?	10%	20%	10%	23%
65d	Do you think the quality of healthcare from the optician is good/very good?	7%	16%	7%	15%
65e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	21%	31%	21%	43%
66	Are you currently taking medication?	49%	44%		
67	Are you allowed to keep possession of your medication in your own cell?	18%	29%		
<b>SECTION 7: Purposeful Activity</b>					
69a	Do you feel your job will help you on release?	22%	24%	22%	22%
69b	Do you feel your vocational or skills training will help you on release?	23%	25%	23%	22%
69c	Do you feel your education (including basic skills) will help you on release?	32%	36%	32%	34%
69d	Do you feel your offending behaviour programmes will help you on release?	17%	22%	17%	16%
69e	Do you feel your drug or alcohol programmes will help you on release?	28%	26%	28%	22%
70	Do you go to the library at least once a week?	18%	38%	18%	18%
71	Can you get access to a newspaper every day?	33%	38%	33%	17%
72	On average, do you go to the gym at least twice a week?	45%	39%	45%	45%
73	On average, do you go outside for exercise three or more times a week?	34%	40%	34%	46%
74	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	10%	10%	10%	13%
75	On average, do you go on association more than five times each week?	66%	47%	66%	86%
76	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	24%	16%	24%	25%

**Key to tables**

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<b>SECTION 8: Resettlement</b>					
78	Did you first meet your personal officer in the first week?	4%	16%	4%	13%
79	Do you think your personal officer is helpful/very helpful?	8%	24%	8%	16%
80	Do you have a sentence plan?	14%	24%	14%	20%
81	Were you involved/very involved in the development of your sentence plan?	9%	14%	9%	11%
82	Can you achieve all or some of your sentence plan targets in this prison?	7%	12%		
83	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	7%	11%		
84	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	19%	21%		
85	Do you feel that any member of staff has helped you to prepare for release?	16%	14%		
86	Have you had any problems with sending or receiving mail?	48%	44%	48%	34%
87	Have you had any problems getting access to the telephones?	24%	32%	24%	21%
88	Did you have a visit in the first week that you were here?	51%	36%	51%	56%
89	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	75%	65%	75%	85%
90	Did you receive five or more visits in the last week?	4%	0%		
91a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	34%	29%		
91b	Do you think you will have a problem with finding a job following your release from this prison?	63%	56%		
91c	Do you think you will have a problem with finding accommodation following your release from this prison?	47%	50%		
91d	Do you think you will have a problem with money and finances following your release from this prison?	64%	60%		
91e	Do you think you will have a problem with claiming benefits following your release from this prison?	40%	39%		
91f	Do you think you will have a problem with arranging a place at college or continuing education following your release from this prison?	45%	39%		
91g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	21%	19%		
91h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	32%	26%		
91i	Do you think you will have a problem with opening a bank account following your release from this prison?	48%	45%		

**Key to tables**

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	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the local prisons comparator, or the 2005 survey				
<b>SECTION 8: Resettlement continued</b>					
<b>92a</b>	Do you think you will have a problem with drugs when you leave this prison?	15%	18%	15%	9%
<b>92b</b>	Do you think you will have a problem with alcohol when you leave this prison?	11%	14%	11%	7%
<b>93a</b>	Do you know who to contact, within this prison, to get help with finding a job on release?	49%	39%	49%	60%
<b>93b</b>	Do you know who to contact, within this prison, to get help with finding accommodation on release?	54%	43%	54%	62%
<b>93c</b>	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	42%	29%	42%	54%
<b>93d</b>	Do you know who to contact, within this prison, to get help with claiming benefits on release?	53%	45%	53%	60%
<b>93e</b>	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	38%	30%	38%	48%
<b>93f</b>	Do you know who to contact within this prison to get help with external drugs courses etc	58%	45%	58%	59%
<b>93g</b>	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	46%	36%	46%	46%
<b>93h</b>	Do you know who to contact, within this prison, to get help with opening a bank account on release?	37%	31%		
<b>94</b>	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	29%	32%	29%	24%



Key Question Responses (Ethnicity, Nationality and Religion) HMP Doncaster 2008

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

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
<b>Number of completed questionnaires returned</b>		23	95	18	100	13	105
4	Are you sentenced? <b>(Not tested for significance)</b>	65%	73%	45%	78%	61%	73%
10	Are you a foreign national? <b>(Not tested for significance)</b>	65%	5%			75%	9%
11	Is English your first language? <b>(Not tested for significance)</b>	57%	98%	45%	98%	30%	97%
12	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories. <b>(Not tested for significance)</b>			72%	7%	92%	10%
13	Are you Muslim? <b>(Not tested for significance)</b>	55%	1%	50%	3%		
17	Is this your first time in prison? <b>(Not tested for significance)</b>	47%	23%	47%	24%	30%	28%
21	Were you treated well/very well by the escort staff?	61%	65%	61%	65%	46%	66%
22a	Did you know where you were going when you left court or when transferred from another establishment?	50%	82%	45%	82%	50%	78%
24	Did you have any problems when you first arrived?	73%	83%	83%	81%	92%	80%
26a	Please answer the following question about reception: were you seen by a member of healthcare staff?	91%	96%	94%	95%	85%	96%
26b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	57%	67%	59%	67%	58%	65%
27	Were you treated well/very well in reception?	41%	63%	47%	62%	39%	61%
30	Did you feel safe on your first night here?	43%	85%	41%	84%	33%	82%
31	Did you go on an induction course within the first week?	41%	55%	47%	53%	39%	55%
35a	Is it very easy/easy to communicate with your solicitor or legal representative?	50%	47%	53%	47%	39%	48%
37a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	52%	30%	65%	28%	67%	30%
37b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	77%	88%	88%	87%	77%	87%
37e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	36%	28%	41%	27%	30%	29%
38	Is the food in this prison good/very good?	18%	22%	17%	23%	0%	23%
39	Does the shop/canteen sell a wide enough range of goods to meet your needs?	57%	68%	56%	68%	58%	67%
40a	Is it easy/very easy to get a complaints form?	73%	82%	77%	83%	61%	82%

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
40b	Is it easy/very easy to get an application form?	86%	85%	88%	85%	84%	85%
41a	Do you feel applications are sorted out fairly?	41%	31%	30%	34%	30%	34%
41c	Do you feel complaints are sorted out fairly?	10%	11%	6%	12%	17%	10%
45	Are you on the enhanced (top) level of the IEP scheme?	27%	26%	12%	30%	23%	26%
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	29%	47%	23%	49%	15%	47%
47a	In the last six months have any members of staff physically restrained you (C & R)?	18%	8%	10%	9%	25%	9%
47b	In the last six months have you spent a night in the segregation/care and separation unit?	6%	14%	15%	13%	10%	13%
48a	Do you feel your religious beliefs are respected?	52%	43%	56%	42%	54%	44%
48b	Are you able to speak to a religious leader of your faith in private if you want to?	59%	49%	70%	48%	70%	50%
50a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	50%	69%	53%	69%	46%	68%
50b	Do <b>most</b> staff, in this prison, treat you with respect?	65%	73%	56%	74%	64%	72%
52	Have you ever felt unsafe in this prison?	46%	38%	41%	40%	46%	39%
53	Do you feel unsafe in this establishment at the moment?	32%	9%	23%	11%	39%	10%
55	Have you been victimised (insulted or assaulted) by another prisoner?	50%	31%	41%	34%	46%	33%
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	23%	0%	17%	2%	15%	3%
56j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	14%	0%	17%	0%	15%	1%
57	Have you been victimised (insulted or assaulted) by a member of staff?	64%	29%	59%	30%	77%	31%
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	35%	0%	20%	2%	36%	3%
58i	Have you been victimised because of your religion/religious beliefs? (By staff)	20%	3%	20%	5%	27%	4%
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	29%	20%	25%	22%	25%	21%
61	Have you ever felt threatened or intimidated by a member of staff in here?	36%	23%	30%	22%	39%	24%
62	Is it very easy/easy to get illegal drugs in this prison?	24%	36%	26%	36%	25%	34%
64	Do you think the overall quality of the healthcare is good/very good?	38%	48%	36%	49%	33%	47%
65a	Is it very easy/easy to see the doctor?	33%	37%	41%	36%	25%	37%
65b	Is it very easy/easy to see the nurse?	57%	60%	53%	61%	33%	62%

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
70a	Do you feel your job will help you on release?	23%	21%	12%	22%	23%	21%
70b	Do you feel your vocational or skills training will help you on release?	20%	24%	18%	25%	9%	24%
70c	Do you feel your education (including basic skills) will help you on release?	33%	32%	12%	34%	33%	31%
70d	Do you feel your offending behaviour programmes will help you on release?	21%	17%	20%	16%	9%	18%
70e	Do you feel your drug or alcohol programmes will help you on release?	16%	31%	23%	30%	10%	31%
71	Do you go to the library at least once a week?	5%	21%	0%	22%	0%	20%
73	On average, do you go to the gym at least twice a week?	55%	42%	47%	43%	61%	42%
75	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	5%	12%	0%	13%	0%	11%
76	On average, do you go on association more than five times each week?	50%	70%	36%	70%	39%	69%
77	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14%	27%	30%	23%	8%	26%
79	Did you first meet your personal officer in the first week?	5%	3%	6%	3%	0%	4%
81	Do you have a sentence plan?	41%	8%	17%	15%	33%	11%
91	Have you had any problems with sending or receiving mail?	36%	51%	41%	47%	39%	50%
92	Have you had any problems getting access to the telephones?	41%	19%	41%	19%	46%	21%
94	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	64%	78%	65%	78%	61%	77%
99	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	45%	25%	21%	30%	44%	26%



## Young Adult Survey Responses HMYOI Doncaster 2008

**Prisoner Survey Responses** (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

### Key to tables

		HMYOI Doncaster	Young Adult comparator	HMYOI Doncaster 2008	HMYOI Doncaster 2005
	Any percent highlighted in green is significantly better than the young adult prisons comparator/ 2005 survey responses?				
	Any percent highlighted in blue is significantly worse than the young adult prisons comparator/ 2005 survey responses?				
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the young adult prisons comparator, or the 2005 survey?				
<b>SECTION 1: General Information (not tested for significance)</b>					
1	Number of completed questionnaires returned	92	1813	92	78
2	Are you under 21 years of age?	89%	87%	89%	96%
3	Are you transgender or transsexual?	0%	0%	0%	0%
4	Are you sentenced?	57%	83%	57%	70%
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	6%		
6	If you are sentenced, are you on recall?	15%	14%		
8	Is your sentence less than 12 months?	29%	19%	29%	36%
9	Do you have less than six months to serve?	36%	41%	36%	44%
10	Have you been in this prison less than a month?	32%	16%	32%	27%
11	Are you a foreign national?	8%	10%	8%	10%
12	Is English your first language?	95%	93%	95%	93%
13	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	28%	28%	28%	27%
14	Are you Muslim?	16%	19%		
15	Are you gay or bisexual?	0%	2%		
16	Do you consider yourself to have a disability?	9%	10%		
17	Is this your first time in prison?	33%	42%	33%	36%
18	Do you have any children?	21%	24%	21%	18%
<b>SECTION 2: Transfers and Escorts</b>					
19a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	28%	34%	28%	44%
19b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	55%	58%	55%	58%
19c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	3%	11%	3%	3%
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	22%	33%	22%	32%
19e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	11%	12%	11%	12%
20	Did you spend more than four hours in the van?	3%	7%	3%	3%
21	Were you treated well/very well by the escort staff?	52%	66%	52%	68%
22a	Did you know where you were going when you left court or when transferred from another establishment?	72%	81%	72%	81%
22b	Before you arrived here did you receive any written information about what would happen to you?	15%	24%	15%	19%
22c	When you first arrived here did your property arrive at the same time as you?	77%	86%	77%	76%

**Key to tables**

	Any percent highlighted in green is significantly better than the young adult prisons comparator/ 2005 survey responses?	HMYOI Doncaster	Young Adult comparator	HMYOI Doncaster 2008	HMYOI Doncaster 2005
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	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the young adult prisons comparator, or the 2005 survey?				
<b>SECTION 3: Reception, first night and induction</b>					
24a	Did you have any problems when you first arrived?	52%	57%	52%	66%
24b	Did you have any problems with loss of transferred property when you first arrived?	3%	9%	3%	6%
24c	Did you have any housing problems when you first arrived?	8%	15%	8%	22%
24d	Did you have any problems contacting employers when you first arrived?	3%	3%	3%	4%
24e	Did you have any problems contacting family when you first arrived?	18%	21%	18%	22%
24f	Did you have any problems ensuring dependents were being looked after when you first arrived?	3%	3%	3%	4%
24g	Did you have any money worries when you first arrived?	19%	20%	19%	21%
24h	Did you have any problems with feeling depressed or suicidal when you first arrived?	16%	14%	16%	21%
24i	Did you have any drug problems when you first arrived?	8%	14%	8%	11%
24j	Did you have any alcohol problems when you first arrived?	5%	11%	5%	11%
24k	Did you have any health problems when you first arrived?	10%	9%	10%	12%
24l	Did you have any problems with needing protection from other prisoners when you first arrived?	5%	6%	5%	7%
25a	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	14%	14%		
25b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	34%	33%		
25c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	18%	17%		
25d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	63%	63%		
25e	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	25%	28%		
25f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	25%	21%		
25g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	42%	36%		
25h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	53%	41%		
25i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	49%	39%		
25j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	55%	49%		
25k	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	19%	18%		
26a	Please answer the following question about reception: were you seen by a member of healthcare staff?	94%	89%	94%	89%
26b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	68%	69%	68%	75%
27	Were you treated well/very well in reception?	48%	64%	48%	71%
28a	Did you receive a reception pack on your day of arrival?	89%	81%	89%	90%
28b	Did you receive information about what was going to happen here on your day of arrival?	39%	58%	39%	49%
28c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	48%	53%	48%	45%
28d	Did you have the opportunity to have a shower on your day of arrival?	19%	43%	19%	6%



**Key to tables**

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Percentages which are not highlighted show there is no significant difference between the 2008 survey and the young adult prisons comparator, or the 2005 survey?					
<b>SECTION 4: Legal Rights and Respectful Custody continued</b>					
44	Is it easy/very easy to contact the Independent Monitoring Board?	13%	25%	13%	9%
45	Are you on the enhanced (top) level of the IEP scheme?	13%	31%	13%	6%
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	40%	46%	40%	31%
47a	In the last six months have any members of staff physically restrained you (C & R)?	5%	13%	5%	9%
47b	In the last six months have you spent a night in the segregation/care and separation unit?	5%	16%	5%	12%
48a	Do you feel your religious beliefs are respected?	46%	48%	46%	37%
49b	Are you able to speak to a religious leader of your faith in private if you want to?	51%	55%	51%	45%
50	Are you able to speak to a Listener at any time, if you want to?	29%	51%	29%	45%
51a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	47%	70%	47%	54%
51b	Do <b>most</b> staff, in this prison, treat you with respect?	41%	68%	41%	57%
<b>SECTION 5: Safety</b>					
52	Have you ever felt unsafe in this prison?	36%	31%	36%	39%
53	Do you feel unsafe in this establishment at the moment?	17%	20%		
55	Have you been victimised (insulted or assaulted) by another prisoner?	27%	23%	27%	28%
56a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	12%	14%	12%	9%
56b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	14%	10%	14%	13%
56c	Have you been sexually abused since you have been here? (By prisoners)	0%	1%	0%	0%
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	3%	7%	6%
56e	Have you been victimised because of drugs since you have been here? (By prisoners)	3%	2%	3%	3%
56f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	8%	5%	8%	5%
56g	Have you ever been victimised because you were new here? (By prisoners)	3%	6%	3%	13%
56h	Have you ever been victimised because of your sexuality? (By prisoners)	0%	2%		
56i	Have you ever been victimised because you have a disability? (By prisoners)	1%	2%		
56j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	3%	3%		
56k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	8%	6%	8%	12%
57	Have you been victimised (insulted or assaulted) by a member of staff?	28%	22%	28%	29%
58a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	16%	13%	16%	13%
58b	Have you been hit, kicked or assaulted since you have been here? (By staff)	3%	5%	3%	7%
58c	Have you been sexually abused since you have been here? (By staff)	1%	1%	1%	0%
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	1%	4%	1%	9%
58e	Have you been victimised because of drugs since you have been here? (By staff)	1%	1%	1%	2%
58f	Have you ever been victimised because you were new here? (By staff)	7%	5%	7%	9%
58g	Have you ever been victimised because of your sexuality? (By staff)	0%	1%		
58h	Have you ever been victimised because you have a disability? (By staff)	0%	2%		
58i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	3%	4%		

## Key to tables

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<b>SECTION 5: Safety continued</b>					
58j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	3%	5%	3%	3%
59	Did you report any victimisation that you have experienced?	12%	11%	12%	10%
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	29%	27%	29%	32%
61	Have you ever felt threatened or intimidated by a member of staff in here?	26%	18%	26%	18%
62	Is it very easy/easy to get illegal drugs in this prison?	24%	21%	24%	20%
<b>SECTION 6: Healthcare</b>					
64	Do you think the overall quality of the healthcare is good/very good?	34%	47%	34%	35%
65a	Is it very easy/easy to see the doctor?	24%	40%		
65b	Is it very easy/easy to see the nurse?	46%	59%		
65c	Is it very easy/easy to see the dentist?	7%	17%		
65d	Is it very easy/easy to see the optician?	3%	14%		
65e	Is it very easy/easy to see the pharmacist?	11%	25%		
66a	Do you think the quality of healthcare from the doctor is good/very good?	33%	44%	33%	28%
66b	Do you think the quality of healthcare from the nurse is good/very good?	40%	56%	40%	42%
66c	Do you think the quality of healthcare from the dentist is good/very good?	10%	23%	10%	11%
66d	Do you think the quality of healthcare from the optician is good/very good?	5%	15%	5%	5%
66e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	12%	30%	12%	17%
67	Are you currently taking medication?	20%	23%		
68	Are you allowed to keep possession of your medication in your own cell?	10%	13%		
<b>SECTION 7: Purposeful Activity</b>					
70a	Do you feel your job will help you on release?	22%	37%	22%	10%
70b	Do you feel your vocational or skills training will help you on release?	12%	37%	12%	27%
70c	Do you feel your education (including basic skills) will help you on release?	37%	49%	37%	44%
70d	Do you feel your offending behaviour programmes will help you on release?	11%	35%	11%	220%
70e	Do you feel your drug or alcohol programmes will help you on release?	15%	37%	15%	25%
71	Do you go to the library at least once a week?	7%	29%	7%	13%
72	Can you get access to a newspaper every day?	20%	36%	20%	25%
73	On average, do you go to the gym at least twice a week?	71%	48%	71%	68%
74	On average, do you go outside for exercise three or more times a week?	54%	37%	54%	74%
75	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	6%	10%	6%	4%
76	On average, do you go on association more than five times each week?	70%	42%	70%	65%
77	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	16%	22%	16%	16%

**Key to tables**

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<b>SECTION 8: Resettlement</b>					
79	Did you first meet your personal officer in the first week?	6%	32%	6%	15%
80	Do you think your personal officer is helpful/very helpful?	4%	41%	4%	17%
81	Do you have a sentence plan?	13%	44%	13%	38%
82	Were you involved/very involved in the development of your sentence plan?	10%	31%	10%	25%
83	Can you achieve all or some of your sentence plan targets in this prison?	7%	24%		
84	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	10%	14%		
85	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	19%	29%		
86	Do you feel that any member of staff has helped you to prepare for release?	9%	16%		
87	Have you had any problems with sending or receiving mail?	42%	38%	42%	31%
88	Have you had any problems getting access to the telephones?	31%	31%	31%	19%
89	Did you have a visit in the first week that you were here?	61%	37%	61%	51%
90	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	71%	68%	71%	71%
91	Did you receive five or more visits in the last week?	3%	1%		
92a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	17%	23%		
92b	Do you think you will have a problem with finding a job following your release from this prison?	52%	58%		
92c	Do you think you will have a problem with finding accommodation following your release from this prison?	31%	41%		
92d	Do you think you will have a problem with money and finances following your release from this prison?	51%	55%		
92e	Do you think you will have a problem with claiming benefits following your release from this prison?	28%	35%		
92f	Do you think you will have a problem with arranging a place at college or continuing education following your release from this prison?	38%	47%		
92g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	11%	18%		
92h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	16%	19%		
92i	Do you think you will have a problem with opening a bank account following your release from this prison?	35%	30%		

**Key to tables**

	Any percent highlighted in green is significantly better than the young adult prisons comparator/ 2005 survey responses?	HMYOI Doncaster	Young Adult comparator	HMYOI Doncaster 2008	HMYOI Doncaster 2005
	Any percent highlighted in blue is significantly worse than the young adult prisons comparator/ 2005 survey responses?				
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the young adult prisons comparator, or the 2005 survey?				
<b>SECTION 8: Resettlement continued</b>					
<b>93a</b>	Do you think you will have a problem with drugs when you leave this prison?	6%	14%	6%	7%
<b>93b</b>	Do you think you will have a problem with alcohol when you leave this prison?	10%	15%	10%	17%
<b>94a</b>	Do you know who to contact, within this prison, to get help with finding a job on release?	30%	47%	30%	59%
<b>94b</b>	Do you know who to contact, within this prison, to get help with finding accommodation on release?	34%	49%	34%	63%
<b>94c</b>	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	24%	40%	24%	49%
<b>94d</b>	Do you know who to contact, within this prison, to get help with claiming benefits on release?	39%	45%	39%	55%
<b>94e</b>	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	28%	41%	28%	45%
<b>94f</b>	Do you know who to contact within this prison to get help with external drugs courses etc	28%	46%	28%	52%
<b>94g</b>	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	32%	42%	32%	39%
<b>94h</b>	Do you know who to contact, within this prison, to get help with opening a bank account on release?	28%	40%		
<b>95</b>	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	32%	50%	32%	37%



Key Question Responses (Ethnicity and Religion) HMPYOI Doncaster 2008

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

Key to tables

		BME prisoners	White prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>26</b>	<b>66</b>	<b>15</b>	<b>77</b>
4	Are you sentenced? <b>(Not tested for significance)</b>	62%	55%	60%	56%
10	Are you a foreign national? <b>(Not tested for significance)</b>	15%	5%	26%	4%
11	Is English your first language? <b>(Not tested for significance)</b>	81%	100%	67%	100%
12	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories. <b>(Not tested for significance)</b>			100%	14%
13	Are you Muslim? <b>(Not tested for significance)</b>	58%	0%		
17	Is this your first time in prison? <b>(Not tested for significance)</b>	57%	24%	69%	26%
21	Were you treated well/very well by the escort staff?	34%	59%	26%	57%
22a	Did you know where you were going when you left court or when transferred from another establishment?	69%	72%	54%	75%
24	Did you have any problems when you first arrived?	58%	49%	64%	49%
26a	Please answer the following question about reception: were you seen by a member of healthcare staff?	85%	98%	81%	97%
26b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	66%	69%	60%	70%
27	Were you treated well/very well in reception?	43%	50%	41%	50%
30	Did you feel safe on your first night here?	69%	84%	67%	82%
31	Did you go on an induction course within the first week?	89%	86%	86%	87%
35a	Is it very easy/easy to communicate with your solicitor or legal representative?	58%	42%	74%	41%
37a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	29%	23%	38%	23%
37b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	85%	87%	74%	89%
37e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	16%	19%	28%	16%
38	Is the food in this prison good/very good?	15%	24%	7%	25%
39	Does the shop/canteen sell a wide enough range of goods to meet your needs?	54%	68%	64%	64%
40a	Is it easy/very easy to get a complaints form?	85%	83%	81%	84%

## Key to tables

		BME prisoners	White prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Percentages which are not highlighted show there is no significant difference				
40b	Is it easy/very easy to get an application form?	85%	86%	86%	86%
41a	Do you feel applications are sorted out fairly?	58%	34%	47%	40%
41c	Do you feel complaints are sorted out fairly?	20%	12%	14%	14%
45	Are you on the enhanced (top) level of the IEP scheme?	19%	10%	19%	11%
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	34%	43%	26%	43%
47a	In the last six months have any members of staff physically restrained you (C & R)?	8%	4%	14%	3%
47b	In the last six months have you spent a night in the segregation/care and separation unit?	16%	0%	14%	3%
48a	Do you feel your religious beliefs are respected?	53%	42%	54%	44%
48b	Are you able to speak to a religious leader of your faith in private if you want to?	77%	40%	81%	44%
50a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	53%	43%	54%	45%
50b	Do <b>most</b> staff, in this prison, treat you with respect?	42%	40%	21%	45%
52	Have you ever felt unsafe in this prison?	40%	34%	47%	34%
53	Do you feel unsafe in this establishment at the moment?	16%	18%	19%	17%
55	Have you been victimised (insulted or assaulted) by another prisoner?	37%	23%	43%	24%
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	16%	4%	21%	4%
56j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	2%	15%	2%
57	Have you been victimised (insulted or assaulted) by a member of staff?	37%	24%	28%	28%
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	0%	0%	2%
58i	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	2%	8%	2%
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	32%	28%	46%	26%
61	Have you ever felt threatened or intimidated by a member of staff in here?	26%	25%	28%	25%
62	Is it very easy/easy to get illegal drugs in this prison?	35%	21%	28%	24%
64	Do you think the overall quality of the healthcare is good/very good?	35%	34%	26%	35%
65a	Is it very easy/easy to see the doctor?	22%	24%	21%	24%
65b	Is it very easy/easy to see the nurse?	48%	45%	50%	45%

**Key to tables**

		BME prisoners	White prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Percentages which are not highlighted show there is no significant difference				
<b>70a</b>	Do you feel your job will help you on release?	13%	24%	16%	23%
<b>70b</b>	Do you feel your vocational or skills training will help you on release?	13%	12%	22%	11%
<b>70c</b>	Do you feel your education (including basic skills) will help you on release?	55%	30%	62%	32%
<b>70d</b>	Do you feel your offending behaviour programmes will help you on release?	14%	11%	9%	12%
<b>70e</b>	Do you feel your drug or alcohol programmes will help you on release?	19%	14%	24%	13%
<b>71</b>	Do you go to the library at least once a week?	0%	10%	0%	9%
<b>73</b>	On average, do you go to the gym at least twice a week?	91%	63%	93%	67%
<b>75</b>	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	9%	5%	15%	4%
<b>76</b>	On average, do you go on association more than five times each week?	74%	68%	72%	70%
<b>77</b>	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	9%	18%	15%	16%
<b>79</b>	Did you first meet your personal officer in the first week?	5%	7%	8%	6%
<b>81</b>	Do you have a sentence plan?	22%	10%	21%	11%
<b>91</b>	Have you had any problems with sending or receiving mail?	35%	44%	36%	43%
<b>92</b>	Have you had any problems getting access to the telephones?	35%	30%	28%	32%
<b>94</b>	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	74%	70%	80%	70%
<b>99</b>	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	38%	29%	31%	32%