

Report on an unannounced short follow-up inspection of

HMP Erlestoke

23–25 August 2011

by HM Chief Inspector of Prisons

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Introduction

Erlestoke is a Category C Training Prison for adult males. It is the only prison in Wiltshire and, at the time of this short follow-up inspection, it held 354 men. In our previous inspection in 2008 the prevalence of illicit drugs was a significant problem and we were concerned to find deteriorating levels of safety and, associated with this, high levels of bullying. Some of the residential accommodation was poor and prisoners' basic needs, such as the provision of clean laundry, were not always met. However, we commended the quality of the purposeful activity provided and highlighted the sound overall approach towards resettlement.

On this short follow-up inspection we found that serious attempts were being made to carry out improvements in all of the key areas in which we had identified shortcomings.

Significant improvements in the standard of first night accommodation now helped staff to admit new prisoners more safely. There were continued procedural weaknesses around the searching of prisoners and the sharing of information about newly admitted prisoners. Efforts had been made to address the problem of illicit drugs but they were still available in the prison. Bullying also remained a major concern. This insidious problem was taken seriously and was being approached in a balanced and intelligent way. There had been improvements in the way vulnerable prisoners were looked after, as well as how aspects of the disciplinary process were carried out.

Perhaps the most significant advance since our previous inspection had been the closure of the entirely unsuitable Wren unit, which meant that all prisoners were now able to live in decent accommodation. With a further new unit opening shortly, more prisoners would be able to benefit from good standards of accommodation. Relationships between staff and prisoners continued to be healthy and, in contrast to 2008, we found no evidence that prisoners' basic needs were not being met. The quality of health care provision had improved considerably and some progress had been made in relation to diversity, but race relations needed to be promoted more positively.

Most prisoners at Erlestoke continued to benefit from good quality education and training. The range and quality of work placements was now better, unemployment was low and nearly all men were gainfully occupied. Apart from the small number of men who were unemployed or in the segregation unit, all prisoners received adequate time unlocked each day.

Relationships between prison-based staff and community-based offender managers had been strengthened and prisoners generally received sufficient support to help prepare them for release. Working practices in relation to indeterminate prisoners were now more effective. There continued to be a lack of specialist input for prisoners who had difficulties obtaining suitable accommodation. The new visitors centre provided welcome additional support for prisoners' families and friends.

Erlestoke continues to effectively fulfil its specific function as a training prison. The work carried out to improve the residential accommodation has helped to make it a better place for prisoners to live and staff to work. Importantly, relationships between staff and prisoners remain largely consensual. We share the governor's serious concern about the continuing presence of illicit drugs and the high level of bullying. However, we found the prison to be a more stable environment than during our last inspection. Managers and staff are clear about

the issues and their roles and we support their efforts to build on existing strengths and address the outstanding problems in a coherent way.

Nick Hardwick
HM Chief Inspector of Prisons

October 2011

Fact page

Task of the establishment

HMP Erlestoke is a category C training prison for adult male sentenced prisoners.

Prison status

Public

Region

South West

Number held

354

Certified normal accommodation

370

Operational capacity

370

Date of last full inspection

28 April – 2 May 2008

Brief history

HMP Erlestoke is the only prison in Wiltshire. Built on the former grounds of Erlestoke Manor House, the site was taken over by the then Prison Commissioners in 1960 for use as a detention centre. In 1977 it became a young prisoners centre, and was converted to its current role of category C adult male training prison in 1988. Life-sentenced prisoners were first received in the 1990s. Marlborough unit opened in February 2008, originally as a foreign national prisoner unit but subsequently re-roled to the induction unit, offering support for the first days in Erlestoke in double accommodation. Cheverell unit changed its function from a resettlement unit to a segregation unit in March 2008. In August 2011, the establishment's new unit, Silbury, opened to 124 prisoners. Silbury is an Interventions unit, delivering reducing reoffending courses, including an expanded 12-step programme to take in alcohol addiction, the healthy relationships programme, the alcohol-related violence programme and the self-change programme.

Short description of residential units

- Marlborough unit – 60-bed induction unit. All accommodation is in double cells.
- Avebury unit – Life-sentenced and long-term sentenced prisoners unit, housing 40 prisoners on the enhanced regime.
- Alfred unit – 66-bed unit with standard and basic status prisoners and enhanced prisoners before successful progression to enhanced units.
- Wessex unit – 68-bed unit with standard and basic status prisoners and enhanced prisoners before successful progression to enhanced units.
- CSU – Care and separation unit.
- Sarum unit – 56-bed enhanced unit, which is the first progression unit for enhanced prisoners. All cells have courtesy locks and prisoners are locked behind end-of-landing doors, with a curfew compact.
- Kennet unit – 40-bed enhanced unit, with similar arrangements to Sarum unit but with improved facilities, including integral sanitation and more association area and equipment.

- Imber unit – Currently the home of the 12-step programme but, on the opening of Silbury unit, will revert to an enhanced regime. It contains accommodation for 40 prisoners.
- Silbury unit – 124-bed newly built interventions unit due to open in August 2011.

Escort contractor

G4S

Health service commissioner and provider

Commissioner: Wiltshire Primary Care Trust

Provider: Wiltshire Primary Care Trust

Learning and skills providers

Strode

A4E

Section 1: Summary

Introduction

- 1.1 The purpose of this inspection was to follow up the recommendations made in our last full inspection of 2008 and assess the progress achieved. All full inspection reports include a summary of outcomes for prisoners against the model of a healthy prison. The four criteria of a healthy prison are:

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

- 1.2 Follow-up inspections are proportionate to risk. Short follow-up inspections are conducted where the previous full inspection and our intelligence systems suggest that there are comparatively fewer concerns. Sufficient inspector time is allocated to enable inspection of progress. Inspectors draw up a brief healthy prison summary setting out the progress of the establishment in the areas inspected and giving an overall assessment against the following definitions:

Making insufficient progress

Overall progress against our recommendations has been slow or negligible and/or there is little evidence of improvements in outcomes for prisoners.

Making sufficient progress

Overall there is evidence that efforts have been made to respond to our recommendations in a way that is having a discernible positive impact on outcomes for prisoners.

Safety

- 1.3 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were not sufficiently good. We made 49 recommendations in this area, of which 25 had been achieved, eight partially achieved and 14 had not been achieved. Two recommendations were no longer applicable. We have made a further two recommendations.
- 1.4 The reception area remained poorly located and could be cramped during busy periods. The standard of first night accommodation had improved considerably with the move to Marlborough unit.
- 1.5 The problems associated with mixing newly admitted and disruptive prisoners had largely been resolved and this had helped to create a safer environment for new arrivals. We were not assured that all prisoners were searched properly on arrival. Night staff were not always fully informed about the circumstances of new arrivals.

- 1.6 A wider range of staff now attended assessment, care in custody and teamwork (ACCT) reviews, and the role of Listeners (prisoner peer supporters) had been clarified.
- 1.7 Bullying remained a pervasive problem. The initiative to deal with anti-social behaviour was thoughtful and considered. It involved identifying problems at an earlier stage than had been the case previously. It also allowed staff to take positive action to address perpetrators' behaviour, as well as providing support for victims. It was too early to assess the effectiveness of this new approach.
- 1.8 Improvements had been made in the way that security information was dealt with and we found evidence of intelligence being used effectively, leading to a large number of 'finds'.
- 1.9 Suitable quality assurance measures had been introduced to ensure that adjudications were conducted properly but there was no governance around the use of force. There was still no up-to-date policy about the role and function of the care and separation unit.
- 1.10 MDT rates indicated that the amount of illicit drugs available within the prison had reduced, however their prevalence still remained a concern. Since the previous inspection a more robust approach towards supply reduction had been introduced. This had been combined with much improved clinical support for prisoners who were prepared to accept help with their drug problems. Effective support was also now available for prisoners who had alcohol problems.
- 1.11 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

Respect

- 1.12 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were not sufficiently good. We made 82 recommendations in this area, of which 46 had been achieved, 10 partially achieved and 21 had not been achieved. Five recommendations were no longer applicable. We have made one further recommendation.
- 1.13 The withdrawal from use and subsequent demolition of the poorest accommodation was a welcome development and ensured that the living conditions were all of at least adequate standard.
- 1.14 The problems we had previously identified with the shortage and poor quality of bedding and clothing had been resolved.
- 1.15 Relationships between staff and prisoners remained good. The staff we observed adopted a friendly but firm approach and most prisoners seemed to respond positively to this.
- 1.16 Some progress had been made in improving the personal officer scheme and prisoners we spoke to said that they had good relationships with their personal officers.
- 1.17 Some constructive work had been carried out to help aid support to prisoners to participate in a wider range of diversity work. The diversity strands, however, were generally underdeveloped, and they were not given sufficient consideration at the equality management team meeting. The role of diversity liaison officers was unclear and there was limited time allocated to the task.

- 1.18 Training on race and cultural awareness for staff was no longer provided and positive race relations were not promoted strongly enough throughout the prison. The number of foreign national prisoners had reduced considerably but provision for the small number remaining was inadequate.
- 1.19 There was still no system for tracking applications but there had been an improvement in the monitoring and analysis of complaints.
- 1.20 The provision of legal services was adequate but interview facilities for solicitors and other legal visitors lacked privacy.
- 1.21 Faith provision remained good and the appointment of additional staff had further improved the integration of the team into the day-to-day running of the prison.
- 1.22 Most of the health care recommendations had been met and the quality of provision had been transformed for the better.
- 1.23 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

Purposeful activity

- 1.24 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were good. We made 10 recommendations in this area, of which five had been achieved, three partially achieved and two had not been achieved. We have not made any further recommendations.
- 1.25 Apart from the small number of men who were unemployed or on the basic level of the IEP scheme, prisoners received sufficient time out of their cell. Prisoners located on the standard units did not receive daily association, and a simple roll check showed that the worst case scenario was less than four hours unlocked for unemployed individuals on the days that they did not have association.
- 1.26 The strategic and operational management of learning and skills was excellent and the quality improvement arrangements now covered all areas.
- 1.27 The proportion of unemployed prisoners had fallen sharply and represented around 7% of the overall population. A wider range of work opportunities was available and improvements had been made to the quality of work placements.
- 1.28 Prisoners had better access to the library and more of them were using it. Equipment in the PE department had been updated and the facilities had been refurbished
- 1.29 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

Resettlement

- 1.30 At our inspection in 2008 we found that outcomes for prisoners against this healthy prison test were reasonably good. We made 42 recommendations in this area, of which 25 had been achieved, eight partially achieved and nine had not been achieved. We have made a further five recommendations.

- 1.31 The offender management unit was more efficient and better integrated than we had found previously. Reasonable measures had been taken to engage community-based offender managers in their work with prisoners. As a result, all prisoners received more effective support from prison-based offender supervisors.
- 1.32 The steps necessary to improve public protection had been taken and relevant work was being carried out to address the needs of the rising number of long-term prisoners. The management of indeterminate-sentenced prisoners had improved.
- 1.33 Although there was no formal pre-release course, adequate procedures had been introduced to ensure that prisoners were offered sufficient support before they were released.
- 1.34 There were weaknesses in some of the resettlement pathways; in particular, there was a lack of specialist input regarding accommodation. Although resettlement services were not located with offender management functions, communication and joint working were effective.
- 1.35 The new visitors centre was a good facility and the provision of free food and drinks to visitors was a progressive feature.
- 1.36 Visits still did not start promptly and recommendations made in a visitor survey had not resulted in the necessary improvements. The requirement for prisoners who used toilet facilities during a visit to terminate their session was unnecessary.
- 1.37 Prisoners who had attended a parenting course were able to invite their visitors to attend family days and this helped to strengthen relationships.
- 1.38 On the basis of this short follow-up inspection, we considered that the establishment was making sufficient progress against our recommendations.

Section 2: Progress since the last report

The paragraph reference number at the end of each recommendation below refers to its location in the previous inspection report.

Main recommendations (from the previous report)

- 2.1 **The establishment should review its overall approach to behaviour management – and how the incentives and earned privileges scheme sits alongside a wing-based progression and regression system. In particular, the practice of ‘regressing’ prisoners to Wren unit as a punishment for a variety of behavioural and control reasons should be discontinued. (HP42)**

Achieved. The incentives and earned privileges (IEP) policy had been reviewed and was now in line with a conventional progression model. Wren unit no longer existed and there was no punishment unit (see recommendation 2.5). Wessex and Alfred units accommodated prisoners on each level of the IEP scheme. Some of the other units were dedicated to enhanced prisoners. If a prisoner lost his enhanced status through an IEP review, he was required to move off the enhanced wing and return to either Wessex or Alfred unit.

- 2.2 **Proper emphasis should be given to delivering the violence reduction strategy in a coherent, integrated and consistent manner. Staff training should be prioritised. (HP43)**

Achieved. The violence reduction strategy had been reviewed and improved. It provided a systematic approach towards dealing with all aspects of anti-social behaviour. This area of work had previously been carried out part time but was now being undertaken on a full-time basis by a member of staff whose time for these duties was ring fenced. Staff had been well briefed about the substance of the new violence reduction strategy, and a programme of training had started.

- 2.3 **The foreign nationals’ strategy should be reviewed again, in consultation with prisoners. In particular, the role of Marlborough unit within Erlestoke and as a regional resource should be clarified, agreed and (if it is to continue in its current role) promoted. (HP44)**

No longer relevant. Marlborough unit was no longer used as a foreign national wing. Most foreign nationals had been transferred to other prisons and at the time of the inspection only eight foreign national prisoners were being held at the establishment. The most recent policy was no longer relevant and was based on the original, much larger foreign national population. There were no services for the remaining foreign national prisoners, although they were afforded a free five-minute international telephone call, provided that they applied for it and that they had not received any domestic visits in the previous 28 days.

Further recommendation

- 2.4 The needs of prisoners from a foreign national background should be fully met.

- 2.5 **Wren unit should be closed down and fully refurbished before it takes new prisoners. (HP45)**

No longer relevant. Wren unit closed in March 2010 and was subsequently demolished.

- 2.6 **A proper strategy should be developed for the role of the new segregation unit, clearly demonstrating how it is intended to fulfil its role as a care and separation unit. (HP46)**

Not achieved. There was a policy setting out the role of the segregation unit, dated 2007/2008. This document had simply been renamed as the care and separation unit (CSU) strategy, and was dated 2008/2009, but with no change in content. There was no up-to-date statement about the role of the current CSU.

We repeat the recommendation.

- 2.7 **A personal officer strategy should be developed, clearly identifying how personal officers fit alongside offender supervisors and link into the establishment's reducing reoffending strategy. (HP47)**

Partially achieved. A draft personal officer policy had been produced. It was comprehensive and explained how the role fitted into the reducing reoffending strategy. It also gave clear instructions about the links with offender supervisors.

- 2.8 **The establishment should seek a greater commitment from external offender managers to ensure improved delivery of the National Offender Management Service model to in-scope prisoners. (HP48)**

Partially achieved. The prison had taken measures to encourage the involvement of offender managers but many did not lead and direct offender management adequately. Often, the prison-based offender supervisors had difficulty in contacting offender managers and getting them to complete offender assessment system (OASys) assessments. For some prisoners, the offender supervisor directed offender management, preparing OASys assessments and setting targets, which should have been the responsibility of the community-based offender manager. We saw evidence that the involvement of offender managers was encouraged by regular contact and escalation of difficulties to local managers.

We repeat the recommendation.

- 2.9 **Prisoners should be issued with clean bedding every week. (HP49)**

Achieved. When we asked staff and prisoners about access to clean bedding every week, they said that there were no difficulties with this.

Recommendations

Courts, escorts and transfers

- 2.10 **Arrangements should be made to ensure that prisoner transport vehicles are not kept waiting unnecessarily, outside the establishment, if they arrive at lunchtime. (1.7)**

Achieved. The gate remained open over the lunch period, allowing access to a vehicle if it arrived between 12.30pm and 1.30pm

- 2.11 **Sufficient escort staff should be available to accompany vans to reception. (1.8)**

Achieved. We were told that the provision of dedicated escort staff was not always possible.

In the absence of escort staff at the gate, reception staff aimed to bridge the gap and escort the van.

2.12 Prisoners should not be kept waiting unnecessarily on vehicles outside reception. (1.9)

Achieved. With the temporary reduction in the overall population, fewer receptions arrived each day. During the inspection, we saw no evidence of prisoners being kept waiting unnecessarily for long periods on the van outside reception. We saw two prisoners arriving, and the second had disembarked from the van within 10 minutes of arriving.

First days in custody

2.13 Reception should be located on the ground floor, to allow easy access for prisoners and staff. (1.24)

Not achieved. The reception area was still based inconveniently above the offender management unit (OMU). While there was scope for changing these two units around, this would have needed considerable funding. We saw examples of reception staff making appropriate adaptations for those with disabilities; for example, two such prisoners had been visited on the wing to undertake the full reception process.

Further recommendation

2.14 When prisoners have difficulty getting access to the reception area, suitable arrangements should be made for the process to be conducted elsewhere.

2.15 The reception area should be large enough to manage the number or movements being dealt with, thus aiding staff in minimising delays before prisoners are moved to the first night unit. (1.25)

Partially achieved. The reception area had not been altered. However, the number of new receptions was low at the time of the inspection and we did not see evidence of the reception area being overcrowded. Some delays in the reception process were caused by the lack of private interview space.

2.16 Working practices in reception should aim to minimise delays, including having canteen packs and emergency pin telephone credits readily available, and the facility to move prisoners to the first night centre as soon as reception processing has been completed. (1.26)

Partially achieved. Canteen packs were available in reception but emergency PIN telephone credits were not. However, credit was normally transferred electronically from the sending establishment using P-Nomis. The facility to move prisoners to the first night centre as soon as the reception process had been completed was not always achieved, so some prisoners waited to be moved in a group at the end of the morning or afternoon.

We repeat the following part of the recommendation: Prisoners should be moved to the first night centre as soon as reception processing has been completed.

2.17 All prisoners should be properly searched on arrival, in accordance with the local searching strategy. (1.27)

Not achieved. The absence of a log made it difficult to see how many prisoners were strip-searched in reception on arrival or leaving. There was no management oversight of the procedures for new receptions, so we were not assured that strip-searching was being carried out correctly on all relevant prisoners.

Further recommendation

2.18 There should be clarity and effective governance, based on measured risk assessment, concerning the levels of searching required in reception. Requirements should be carried out correctly, consistently and respectfully.

2.19 All newly arrived prisoners should be provided with the opportunity to shower and make a telephone call on their first night. (1.28)

Achieved. The cells on the new first night wing had integral sanitation, including showers. Prisoners could make a telephone call on the first night using the PIN telephones. If this was not possible, staff arranged for them to use the office telephone.

2.20 If not immediately closed, the first night centre should provide adequate accommodation for newly arrived prisoners, including clean and well maintained allocated cells. Otherwise, an alternative location should be found for the first night centre. (1.29)

Achieved. Wren unit had closed (see recommendation 2.5) because of the inadequacy of the accommodation. The new first night centre was now on Marlborough unit. The cells were clean and adequately maintained. However, the flooring on the wing was in a poor state of repair and this was scheduled to be replaced in the near future.

2.21 The practice of mixing first night inductees and regressed prisoners on the same unit should cease. (1.30)

Achieved. It was no longer normal procedure to place regressed prisoners on Marlborough unit and this only happened in exceptional circumstances, when no other alternative was possible.

2.22 All newly arrived prisoners should be seen by a first night officer on their day of arrival to discuss their needs. (1.31)

Achieved. The first night officer interviewed all new prisoners in reception and completed a basic check of issues and needs.

2.23 Night staff should receive a full handover of information about any newly arrived prisoners before they go on duty. (1.32)

Not achieved. A written handover log was completed and night staff received a verbal update on issues, including any problems during the day. However, these did not necessarily focus on new prisoners. During the inspection, night staff on one wing did not know that a newly arrived prisoner had been placed there.

We repeat the recommendation.

2.24 Induction should start on the first full working day after prisoners arrive at the establishment. (1.33)

Not achieved. The induction process started on a Monday, so a prisoner arriving after that day had to wait until the following Monday to start the programme.
We repeat the recommendation.

2.25 The induction materials should be regularly updated. (1.34)

Achieved. The materials had been updated recently and reissued before the opening of the new Silbury unit, the new interventions unit.

2.26 The induction materials should be made available in a range of languages other than English (dictated by prisoners' language needs). (1.35)

Not achieved. The number of foreign national prisoners had reduced considerably; however, there had not been a recent analysis of the current population in relation to language needs. Materials were not generally available in languages other than English but translation services were available when required.
We repeat the recommendation.

Accommodation and facilities

2.27 All out-of-order showers should be repaired. (2.28)

Achieved. All showers were in working order during the inspection. However, some of the shower trays on Avebury unit needed repairing.

2.28 All cell call bells should be answered within five minutes. (2.29)

Achieved. When we asked prisoners about the timeliness of responses to cell call bells, we did not receive any complaints.

2.29 The communal areas on Alfred and Wessex units should be redecorated. (2.30)

Partially achieved. Some repainting on Alfred unit had improved the environment but the communal areas on Wessex unit remained in a poor state of decoration.
We repeat the following part of the recommendation: The communal area on Wessex unit should be redecorated.

2.30 The offensive display policy should be consistently applied and enforced by staff across all the residential units. (2.31)

Achieved. We saw no evidence of offensive materials being displayed in cells.

2.31 Prisoners should be consulted on a monthly basis about routines and facilities on their units, and minutes of these meetings should be published for prisoners. (2.32)

Partially achieved. Wing-based consultation meetings were not always held and those that were tended to be sporadic. A regular prison decency meeting took place and the minutes showed that a range of important issues was discussed – for example, visits and food.

2.32 The telephones on Sarum unit should be relocated to areas which afford privacy. (2.34)

Not achieved. The two telephones on Sarum unit were still positioned in the kitchen areas.

This did not provide adequate privacy.
We repeat the recommendation.

2.33 Additional telephones should be introduced to meet our expected ratio of one to 20 prisoners. (2.35)

Not achieved. Three wings continued to fall below our expected ratio of one telephone for every 20 prisoners.
We repeat the recommendation.

2.34 Prisoners should be able to access stored property within a week of application. (2.33)

Achieved. Prisoners had to apply to access their property but it took no more than a week to obtain it.

2.35 All shower areas should have partitions between showers. (2.36)

Not achieved. Communal showers on Alfred and Wessex units remained unscreened.
We repeat the recommendation.

2.36 The regime on Wren unit should be adjusted to allow sufficient time for prisoners to use the showers. (2.37)

No longer relevant. See recommendation 2.5.

2.37 Prisoners should be able to obtain clean clothing weekly. (2.38)

Achieved. Prisoners on the standard and enhanced levels of the IEP scheme could wear their own clothing, and there were laundry facilities on all the units. Others wore prison clothing and we received no reports of problems with the issuing and returning of these clothes.

2.38 Prisoners should have a suitable mattress and be able to obtain replacement mattresses when required. (2.39)

Partially achieved. The prison had introduced a rota system for the replacement of mattresses. Some prisoners complained about the poor quality of their mattresses. Each wing was given two mattresses per month to issue. The replacement of all inadequate mattresses was likely to take considerable time.

Staff–prisoner relationships

2.39 Staff should be encouraged to make greater use of prisoners' first or preferred names when addressing them. (2.45)

Achieved. In all of the interactions we observed, staff used either first or preferred names when addressing prisoners.

Personal officers

2.40 The personal officer scheme should be clearly displayed on all units. (2.50)

Not achieved. Information about the personal officer scheme was not displayed on the

residential units.

We repeat the recommendation.

- 2.41 **Personal officers should be aware of the particular needs and risks associated with their prisoners and this should be reflected in records of their contact with them. (2.51)**

Achieved. Prisoners we spoke to said that they had good relationships with their personal officers. The records we examined indicated that personal officers had a fairly good knowledge about the prisoners for whom they were responsible.

- 2.42 **Staff should receive adequate training to ensure that they are able to contribute to prisoners' sentence planning and associated assessments and interventions. (2.52)**

Partially achieved. Other than learning 'on the job,' staff did not receive specific training about sentence planning.

We repeat the recommendation.

- 2.43 **Managers should take action when the frequency and standard for wing history file entries are not maintained. (2.53)**

Achieved. An effective system of management checks had been introduced which ensured that wing entries were consistently good.

Bullying and violence reduction

- 2.44 **A prisoner survey should be carried out and the results used to inform the prison violence reduction strategy and also work being done to minimise poor behaviour. (3.11)**

Achieved. An internal survey on bullying had been conducted earlier in 2011. The results were concerning, with 60% of prisoners who responded saying that they had experienced some form of bullying and 40% that they had taken part in some form of bullying. This information was being used to help to inform the application of the new strategy.

- 2.45 **A range of violence reduction and anti-bullying management information should be collected and discussed at the monthly violence reduction meeting. Appropriate action should be taken to address problem trends, and such action should be transparent, including to prisoners. (3.12)**

Achieved. Data concerning all relevant aspects of anti-social behaviour was collected. This was considered at the violence reduction committee, where staff examined it to establish if there were any notable patterns or trends. One of the changes introduced in the new strategy was to inform all prisoners when they were placed on 'first-level monitoring'.

- 2.46 **The anti-bullying management process should include the setting of appropriate behavioural goals and specific written comments from staff relating to these. (3.13)**

Achieved. The documentation associated with the new anti-social behaviour strategy required staff to produce relevant targets, as well as supporting text. Records indicated that staff completed the relevant forms as intended.

- 2.47 **Meaningful support should be offered to the victims of bullying, and they should only be moved if all other avenues have been exhausted, including consideration of moving**

the bully. (3.14)

Achieved. A comprehensive support pack had been designed specifically to help prisoners who had been subject to bullying. Where serious bullying was established, this still sometimes resulted in the victim being moved. However, we were informed of one recent case in which the perpetrator had been moved instead.

2.48 Separate and clearly identifiable monitoring anti-bullying books should be used for the alleged perpetrators of bullying and their victims. (3.15)

Achieved. The anti-social behaviour strategy provided separate documentation to be used for perpetrators and victims.

2.49 Accurate records of the number of open anti-bullying and victim books should be maintained. (3.16)

Achieved. A daily log was maintained which contained details about all prisoners subject to the new anti-social behaviour strategy.

2.50 Interventions should be available to tackle the problem behaviours presented by bullies. (3.17)

Achieved. A range of programmes had been produced specifically to deal with prisoners who presented bullying behaviour.

Self-harm and suicide

2.51 A range of staff working with prisoners should attend assessment, care in custody and teamwork (ACCT) case review meetings. (3.27)

Achieved. ACCT reviews were routinely attended by chaplains, personal officers or wing representatives, and case managers.

2.52 The suicide prevention strategy should specify how the care suite is intended for use. A written log should be kept of when, with whom and for how long the care suite has been used, and Listeners and prisoners on ACCT documents should be made aware that it can be used as an alternative to normal cells. (3.28)

Achieved. A new ACCT policy had been published in June 2011 and this document specified how the care suite should be used. Use of the care suite was discussed at ACCT reviews and Listeners were informed about its function when they were recruited. It was used around two or three times a month and this was recorded formally.

2.53 Subject to individual risk assessment, Listeners should be given full access to prisoners, including in the segregation unit. (3.29)

Achieved. Listeners now had full access to prisoners, subject to a risk assessment, and this had been made explicit in the revised ACCT policy.

2.54 All staff in prisoner contact roles should be provided with ACCT refresher training, which should clearly outline first-on-the-scene arrangements. Accurate records of such training should be maintained. (3.30)

Partially achieved. Approximately 60% of staff in direct contact roles had completed ACCT refresher training. First-on-scene arrangements were not included in the training.
We repeat the recommendation.

- 2.55 **Specific training should be offered to ACCT case managers to ensure that consistently high standards are maintained. (3.31)**

Achieved. Fifteen of the 16 case managers had received training, and there were arrangements to provide training for the case manager who had not yet undertaken it.

- 2.56 **Post-closure reviews should always take place. (3.32)**

Achieved. A quality assurance check had been introduced, to ensure that post-closure reviews were being carried out. Records indicated that the reviews were being carried out as required.

- 2.57 **Safer custody sealed pouches should be checked monthly and stocks replenished. (3.33)**

Achieved. The seals on the first-aid boxes held on the units were checked each month, to ensure that the contents were up to date.

- 2.58 **Details of all prisoners placed on ACCT documents should be provided to the resettlement department to ensure that appropriate reintegration support is offered. (3.34)**

Not achieved. Information about prisoners who were placed on ACCT documents was not transferred directly to the resettlement department.
We repeat the recommendation.

- 2.59 **Any vulnerable prisoners housed in the segregation unit and working as orderlies should have a progression plan and clear exit strategy. (3.35)**

Not achieved. There were no formal exit plans for vulnerable prisoners who were located in the segregation unit.
We repeat the recommendation.

Applications and complaints

- 2.60 **Prisoners' applications should be subject to a tracking system by staff to ensure that prisoners receive a timely and adequate response. (3.82)**

Not achieved. Applications were not tracked once they had been logged in the wing record book. Prisoners we spoke to had little confidence in the process, citing many occasions when they had not received replies.
We repeat the recommendation.

- 2.61 **The quality of responses to complaints should be monitored to ensure that they address the issues and are respectful. (3.83)**

Achieved. There was a 10% management check of all replies and we saw evidence of remedial action being taken to address any issues with respondents. The random sample that we looked at supported the findings of the 10% check, with most responses being appropriate.

- 2.62 **Complaints forms should not unnecessarily be returned to prisoners before processing if there is enough information to deal with the complaint. (3.84)**

Partially achieved. Although some complaints that had been submitted on the incorrect form were processed, it was still the case that any unsigned or undated forms were returned to the submitting prisoner to complete, thus unnecessarily delaying the process.

We repeat the recommendation.

- 2.63 **Complaints data should be analysed to identify trends and respond to them appropriately. (3.85)**

Achieved. There was clear and effective monitoring of complaints data, to inform senior management of emerging trends and issues. The data were discussed at the senior management performance meeting and appropriate action was taken to address repeat issues.

- 2.64 **Interim replies should be tracked to ensure that the complaint is dealt with. Interim replies should not be recorded as completed on the tracking database. (3.86)**

Achieved. A central database tracked complaints and clearly showed which had been dealt with and which were pending completion, following the issue of an interim reply. Following completion, those that had been identified as having generated an interim response were changed to 'completed', and the date was then entered onto the database. Prisoners were informed in writing of when they would receive a definitive response to their complaint.

- 2.65 **Healthcare complaints should be tackled and monitored through the prison's complaints system. (3.87)**

Not achieved. There was no process for monitoring health care complaints. All complaint forms relating to health issues were forwarded to the health care manager, who either responded to them or referred them to the Patient Advisory Liaison Service NHS complaint system. There was no information sharing between the health care department and the prison to inform the senior management team in relation to the impact of the complaint process on prisoners.

We repeat the recommendation.

Legal rights

- 2.66 **A nominated and trained legal services officer should be appointed and given sufficient facility time to carry out the duties involved; and the services available should then be published to prisoners. (3.91)**

Achieved. The role of the legal services officer had become an integral part of the offender management unit's duties and prisoners knew how to access this service. There were clear records kept of requests, referrals and outcomes. The lead offender supervisor for legal services had undergone appropriate training for the role and was well supported by colleagues and also the resettlement prisoner orderly.

- 2.67 **Sufficient private legal visits should be offered to ensure that delays are kept to a minimum. (3.92)**

Partially achieved. Legal visits were held in the domestic visits room, enabling adequate

provision. However, they were not sufficiently private, and it was possible to overhear conversations.

2.68 Private legal visits rooms should be located out of sight of general visitors. (3.93)

No longer relevant. Legal visits took place on two mornings a week in the domestic visits area at times when there were no domestic visits taking place. There was also the facility, in exceptional circumstances, for legal visits to take place in the interview rooms in the OMU. This usually happened only when legal advisers had to travel long distances and could not attend during the morning period or when prisoners were on courses in the morning.

Faith and religious activity

2.69 The staffing resources allocated to the chaplaincy should be sufficient to allow prisoners of all faiths to have regular access to worship/faith meetings and to a chaplain of their own faith in private. (5.33)

Achieved. The number of salaried chaplaincy staff had increased and there was regular attendance by a wide range of sessional staff to meet the needs of other faiths.

2.70 Managers should explore the potential for using the experience and expertise within the chaplaincy team to provide additional services and interventions for prisoners. (5.34)

Not achieved. The prison was not making greater use of the experience or expertise within the chaplaincy team. The coordinating chaplain continued to offer counselling services to a small number of prisoners and to maintain a waiting list of prisoners who would be called forward in turn as a vacancy/opportunity to access counselling became available.
We repeat the recommendation.

Substance use

2.71 The prison should ensure that the PCT provides further training and clinical supervision to GPs and nurses responsible for the clinical management of substance-dependent prisoners. (3.106)

Achieved. All GPs had completed part 1 of the Royal College of GP (RCGP) training and one had completed part 2. A substance misuse nurse was now in post, and she was in the process of completing RCGP part 2; another substance misuse nurse had recently been appointed. A local substance misuse consultant provided clinical supervision and specialist advice to GPs and met the substance misuse lead nurse monthly.

2.72 The prison, in partnership with the PCT, should develop appropriate secondary detoxification provision. (3.107)

Achieved. In August 2011, 32 prisoners received opiate substitute treatment. Five were maintained on methadone and all others were undertaking reduction regimes; this included prisoners who had been referred for secondary detoxification. Following a joint assessment by a counselling, assessment, referral, advice and throughcare (CARAT) worker and the substance misuse nurse, treatment started, based on individual need. Joint reviews took place every six weeks and prisoners received a good level of support from clinical and CARAT staff, who worked closely together.

- 2.73 **Health services staff and the drug strategy committee should ensure that prisoners have access to disinfecting tablets and safe disposal facilities for injecting equipment, and that information about the dangers of steroid use is widely available. (3.108)**

Not achieved. Disinfecting tablets were not available and, while prisoners could approach health services staff for the safe disposal of used injecting equipment, this service was not advertised. Although steroid awareness was being planned, prisoners could currently access only a basic information leaflet. In light of recent finds of steroids and injecting equipment, this issue still needed to be addressed

We repeat the recommendation.

- 2.74 **The establishment should resource the MDT programme adequately so that the required level of testing takes place, and targets are met. (3.109)**

Partially achieved. Following re-profiling, the mandatory drug testing (MDT) programme was now staffed every weekday, and the weekend testing targets had been met consistently. Refusals were rare, and the previous year's MDT positive rate had been 8.7%, against a target of 14.6%. In April, May and June 2011, 12.2% of prisoners had tested positive, against a target of 13.6%. The establishment had conducted 30 suspicion tests in the previous six months but no information was available as to how many requests for target tests had not been met. Heroin and Subutex were the main drugs of use, and in July 2011 a large number of prisoners had tested positive for cannabis. While the prison still had a drug problem, a detailed supply reduction action plan was in place and a more proactive approach was being taken to address the problem.

Housekeeping point

- 2.75 The prison should develop a system of monitoring the completion of target testing and ensure that the required time frame is met.

- 2.76 **The establishment should review its voluntary/compliance testing programme procedures and sanctions, including the practice of 'regressing' prisoners to Wren unit as an administrative punishment. (3.110)**

Achieved. The establishment now operated a compact-based drug testing (CBDT) programme, covering both voluntary and incentive-based testing, which was less punitive, and the practice of 'regressing' prisoners had ceased. Positive tests resulted in a review and referral to the CARAT service. A total of 200 prisoners had signed CBDT compacts but the testing frequency was not risk assessed and they were all tested 1.5 times a month, from prisoners who had never used drugs to those undertaking the 12-step programme.

Housekeeping point

- 2.77 The frequency of compact-based drug testing should be determined by individual risk assessments.

- 2.78 **Prison staff should undertake substance use awareness training. (3.111)**

Achieved. The drug strategy coordinator had developed a substance use awareness training package, with input from the CARAT service, which was delivered to prison staff monthly.

Diversity

- 2.79 A diversity policy should be developed that meets the requirements of anti-discrimination legislation and outlines how the needs of minority groups will be met. (3.42)

Partially achieved. The diversity policy had been updated in August 2010 and now included reference to all of the relevant legislation. There was no evidence of a strategic approach being adopted towards meeting the needs of minority groups.

We repeat the following part of the recommendation: The diversity policy should outline how the needs of minority groups will be met.

- 2.80 Designated diversity liaison officers should be provided with sufficient time and resources to fulfil their role, including formal and regular liaison with designated members of the prisoner diversity consultative group. (3.43)

Not achieved. Despite each wing having a designated diversity liaison officer, there was no time allocated to the task, and minutes of the equality management team meeting did not show any contribution from, or attendance by, any of the liaison officers.

We repeat the recommendation.

- 2.81 The equal opportunities committee or equivalent should monitor the number of prisoners with diverse needs to ensure that their needs are being appropriately addressed and that minority groups are not being victimised or excluded from any activity. (3.44)

Partially achieved. Records showed that consideration was being given to the needs of some minority groups but this did not extend to cover all of the diversity strands.

We repeat the recommendation.

- 2.82 The prisoner diversity consultative group should be provided with the necessary support and resources to allow it to contribute effectively to the implementation of the diversity policy. (3.45)

Achieved. The prisoner diversity consultative group met monthly and was attended by the race and equality officer (REO) and the over-50s prison lead. The meeting was well run and chaired by a prisoner representative. Other managers were invited on an ad-hoc basis, which prisoner reps told us was useful and generally informative.

Race equality

- 2.83 All staff should receive suitable training to enable them to understand and respond appropriately to race and cultural issues and to promote race equality positively. (3.59)

Not achieved. There was no specific race or cultural awareness training for staff, beyond that covered by discipline staff during initial training.

We repeat the recommendation.

- 2.84 The race equality officer (REO) should be trained in basic inquiry and investigation procedures. (3.60)

Not achieved. The REO was a basic grade officer and, as such, had not met the Prison Service's criteria to attend the investigations course and therefore was not suitably trained.
We repeat the recommendation.

- 2.85 **The procedures for dealing with general complaints forms that highlight a racial element should be reviewed, so that they can be passed back to the appropriate department to answer, once the racial aspect of the complaint has been dealt with, to avoid unnecessary investigations being conducted by the REO. (3.61)**

Not achieved. Racist incident report forms were automatically raised and investigated for all general complaints forms highlighting a racial element, regardless of the validity of the racial element claim. This led to delays in complaints being dealt with and continued to result in the REO carrying out unnecessary investigations. Prisoners we spoke to acknowledged that they would often tick the 'racial aspects' box in order to raise the priority of their complaint, knowing that the REO would investigate their complaint and that they would get a more expedient reply.
We repeat the recommendation.

- 2.86 **Interventions should be developed for challenging proven racist behaviour and attitudes by prisoners. (3.62)**

Achieved. The prison's 'core anti-social behaviour programme' included an additional element that was designed and used to challenge racist behaviour and attitudes by prisoners.

- 2.87 **Displays in all areas of the establishment should portray images that reflect the racial diversity of the population. (3.63)**

Not achieved. Some cultural posters relating to the celebration of Ramadan were displayed in the library and the visits hall but there were no displays on any of the residential units or other prisoner areas.
We repeat the recommendation.

Foreign nationals

- 2.88 **The negative perceptions and experiences of foreign national prisoners highlighted in our survey should be explored with a view to addressing areas of concern. (3.71)**

No longer relevant. The foreign national population had reduced considerably and no longer constituted a large percentage of the population. There was, however, no ongoing assessment of the needs of the prisoners remaining (see further recommendation 2.4).

- 2.89 **Foreign national prisoners should be able to use the telephone at times convenient to the recipient of the call. (3.72)**

Not achieved. There was no facility for foreign national prisoners to access PIN telephones outside of normal association times.
We repeat the recommendation.

- 2.90 **Information for prisoners should be available in a range of languages suitable for the population. (3.73)**

Not achieved. There was no evidence of any local information being available to prisoners in languages other than English. Of the eight foreign national prisoners at the prison during the inspection, there was only one who had very limited use of English. No information had been

translated for this man and only removal information had been provided in his own language.
We repeat the recommendation.

- 2.91 **Prisoners should have access to accredited translation and interpretation services wherever matters of accuracy and/or confidentiality are a factor. (3.74)**

Achieved. A professional telephone interpreting/translation service was available for staff to use. No record of its use was available and we were told by the deputy REO that there had been no requirement to use it for some time.

- 2.92 **Access to accredited independent immigration advice and support agencies and information about specialist legal advisers should be improved. (3.75)**

Not achieved. There was no access to accredited independent immigration advice and support agencies to assist prisoners with immigration issues. This had been discontinued when the prison had ceased holding large numbers of foreign national prisoners. The UK Border Agency visited regularly and we were told that they were helpful.
We repeat the recommendation.

- 2.93 **Peer support for foreign national prisoners should be actively promoted and appropriately rewarded. (3.76)**

Not achieved. Following the change in population, there was no longer any peer support for the few foreign national prisoners that remained, despite their needs remaining the same.
We repeat the recommendation.

Prisoners with disabilities and older prisoners

- 2.94 **Volunteer prisoners should be identified, trained and vetted to help less able prisoners. (3.46)**

Not achieved. There were no prisoner carers/supporters for less able prisoners. Prisoners using a wheelchair told us that other prisoners always assisted them when they need help and that the prison had been helpful in meeting their needs.
We repeat the recommendation.

Health services

- 2.95 **The prison should ensure that the primary care trust maintains active engagement with the establishment at both a strategic and operational level to ensure that clinical services are developed expeditiously in line with the recent health needs assessment. (4.48)**

Achieved. Links had been established with NHS Wiltshire Primary Care Trust (PCT), with the partnership board meeting quarterly. Clinical services had developed considerably following evidence and recommendations from the annual health needs assessment.

- 2.96 **The head of health services should be a member of the prison partnership board. (4.49)**

Achieved. The head of health care was a member of the partnership board, along with the deputy governor.

2.97 A staff and training needs analysis should be undertaken to ensure that there are sufficient staff with the relevant skills to reflect prisoners' needs. (4.50)

Achieved. A workforce development plan and training needs analysis had been completed, resulting in an increase in the number of nursing staff available. The staff skill mix was good, continued to be developed and reflected the needs of the prison population.

2.98 All nursing staff should undertake a prison awareness course. (4.51)

Achieved. All nursing staff had attended a two-day prison awareness course and new staff were allocated a place on the course as part of their induction programme.

2.99 Resuscitation equipment should be easily accessible and available for use at all times; there should be documented evidence that it is checked. (4.52)

Achieved. The main resuscitation equipment for use by health services staff was available in the health care centre. Automated external defibrillators (AEDs) had been made available across the prison at three central locations and an additional AED was about to be deployed at the time of the inspection.

2.100 Staff trained in cardiopulmonary resuscitation and the use of an automated external defibrillator should be on duty within the establishment at all times. (4.53)

Achieved. A programme of cardiopulmonary resuscitation (CPR) training, including the use of AEDs, had been established, and senior officers and night duty staff received this training. We were told that CPR-trained staff were on duty at all times.

2.101 All clinical records should be contemporaneous and conform to professional guidance from the regulatory bodies. (4.55)

Achieved. The SystmOne electronic recording system was well established and used appropriately to complete clinical records. A sample of the records indicated that they were well written, contemporaneous and complied with the guidance made available by professional bodies.

2.102 Prison-based records that require documentation by health services staff should be completed in a timely manner; in particular, the segregation safety algorithm should be completed by a health services professional within an acceptable timeframe to ensure patient safety. (4.56)

Achieved. Prison-based records, including accident forms and use of force forms, were completed in a timely manner. The segregation safety algorithm was completed by health services staff during the core day. Staff on call from the local out-of-hours service attended the segregation unit and completed the safety algorithm when required.

2.103 All clinical policies should be updated and be readily available to health services staff. (4.57)

Achieved. All clinical policies were available on the PCT intranet and were updated regularly. All health services staff had access to the policies, including at locations where treatment was carried out.

2.104 The waiting room should be fit for purpose and there should be relevant health promotion materials available for those waiting. (4.54)

Achieved. The waiting room had been refurbished and a partition wall removed, thus enlarging the area and allowing patients more space, with additional new seating. Health promotion literature was available for those waiting for appointments.

2.105 An effective appointment system should be implemented to ensure that consultations with GPs and others allow enough patient contact time. GP clinics should be arranged by need rather than number of patients. (4.58)

Achieved. The appointment system had been reviewed and a new timetable for clinics implemented. Patients arrived for routine appointments on four separate occasions throughout the day, and exceptionally as required. Patients needing to see a GP were allocated to clinics with timings based on their needs.

2.106 The arrangements for contacting health professionals when health services staff are not on site (out of hours) should be made clear to all relevant staff. (4.59)

Achieved. The out-of-hours procedure had been publicised widely to all prison staff. Patients had access to the same out-of-hours service as the local community, and GPs visited the prison when required.

2.107 All nurses should use triage algorithms to ensure consistency of advice and treatment. (4.60)

Achieved. Triage algorithms were available in the treatment areas and were accessible by all nursing staff, thus ensuring that patients received consistent advice and treatment.

2.108 Healthcare clinics should be organised at times that fit within the prison regime to ensure that prisoners are able to attend. (4.61)

Achieved. Health care clinics had been reorganised to avoid any clashes with the prison regime and to help facilitate the attendance of patients. In addition to the normal movement times, patients were able to attend specialist clinics when required. The number of patients who did not attend for appointments was low.

2.109 The planned life-long condition clinics should be introduced expeditiously, and registers should be accurate. (4.62)

Achieved. Clinics for patients with lifelong conditions, including asthma, hepatitis C and diabetes, had been established and were delivered by staff with appropriate qualifications. The chronic disease register indicated a good level of accurate recording.

2.110 Prisoners should be made aware that barrier protection is freely available. (4.63)

Achieved. Information about barrier protection was provided at the initial screening of prisoners. Notices and posters were also available to inform prisoners of the availability of condoms from the health care centre.

2.111 Prisoners should be able to consult with a pharmacist. (4.64)

Not achieved. The pharmacy contract did not make provision for the delivery of pharmacy-led

clinics. We were told that if a patient made a request to see a pharmacist, efforts were made for them to have a consultation but no pharmacist-led clinics were available routinely.
We repeat the recommendation.

- 2.112 All prisoners prescribed medications should have a documented, in-possession risk assessment completed at the time the medication is prescribed. (4.65)**

Achieved. Patients prescribed medications in possession underwent risk assessments at the time of the initial prescription, and periodically as required.

- 2.113 Medicines obtained from the pharmacy for stock should be supplied in the original manufacturer's pack, and pre-packs should include a batch number and an expiry date. (4.66)**

Achieved. All medicines were provided in the original manufacturer's pack, including medicines from the pharmacy stock. Medicines that we saw supplied from stock included batch numbers and expiry dates.

- 2.114 A dual-labelling system should be introduced to ensure that stock and pre-packs supplied under patient group directions can be audited. (4.67)**

Not achieved. A review of the pharmacy process had been carried out but dual labelling had not been introduced.
We repeat the recommendation.

- 2.115 Electronic prescribing should be introduced to enable prescribing data to be collated; this should be used to demonstrate value for money and to promote the effective use of medicines. (4.68)**

Not achieved. The process of electronic prescribing continued to be considered, in conjunction with future training requirements, but had yet to be introduced.
We repeat the recommendation.

- 2.116 The proposed improvements to equipment, layout and procedures for cross-infection controls, as detailed in the recent dental decontamination report, including the installation of a washer/disinfector, should be carried out without delay. (4.69)**

Achieved. Improvements to the layout, equipment and procedures for the control of cross-infection in the dental suite had been completed and the new washer/disinfector had been installed and commissioned.

- 2.117 Disposable dental instrumentation should be used wherever feasible. The General Dental Council guidelines for cross-infection control and the sterilisation and storage of non-disposables should be strictly adhered to. (4.70)**

Achieved. A new contract for the delivery of dental care had improved the compliance with General Dental Council guidelines, including the use of appropriate instrumentation. Cross-infection controls and sterilisation and storage were managed well, with the advantage of a separate room with access via a hatch to facilitate the cleaning of instruments.

- 2.118 There should be robust systems to ensure that patients referred to secondary care consultants are seen within NHS waiting time targets, and that external hospital appointments are not cancelled, except in exceptional circumstances. (4.71)**

Achieved. There was a robust system for managing patients with outside hospital appointments. The prison provided escorts twice daily, and additionally by exception. The monitoring of appointments was well managed and patients were seen well within acceptable waiting times. There were very few cancellations of appointments.

2.119 Mental health awareness training should be provided to discipline staff, in particular those who work in the segregation unit and in reception. (4.72)

Achieved. A rolling programme of mental health awareness training was provided and priority had been given to discipline staff working in key areas such as the care and separation unit (CSU).

Time out of cell

2.120 All prisoners should have the opportunity to have 10 hours' out-of-cell activities each day. (5.42)

Not achieved. Most prisoners received sufficient time out of their cell. However, those who were unemployed and those on the basic level of the IEP scheme could have less than four hours out of their cell on the days that they did not have association.

We repeat the recommendation.

2.121 All prisoners on standard and enhanced regime levels should have the opportunity for a period of association every day. (5.43)

Not achieved. Prisoners located on the two standard units received association only on alternate days.

We repeat the recommendation.

2.122 Cancellation of association should be recorded and monitored. (5.44)

Achieved. Whenever association was cancelled, this was recorded in the daily manager's report and then discussed at the SMT briefing next day. This information was published on the intranet and was used to ensure that when cancellations took place, no single unit suffered disproportionately.

2.123 Warm weather clothing should be made available to prisoners during inclement weather to facilitate them participating in outdoor exercise. (5.45)

Partially achieved. Outdoor clothing was available only to older prisoners and those who worked outdoors.

We repeat the recommendation.

Learning and skills and work activities

2.124 Quality improvement arrangements should be extended to include training and physical education offered by the establishment. (5.13)

Achieved. Quality improvement processes, including observations of teaching and learning, were now carried out across the learning and skills provision. Self-assessment was undertaken in each area, including education, vocational training and PE. This, along with prisoner

feedback from each area, was incorporated into the overarching self-assessment report. The quality improvement group included staff from all key learning and skills areas and met regularly every eight to 10 weeks. This included discussion on self-assessment and action planning across the provision; there was good sharing of best practices, and strong working relationships had been developed between staff from all providers. There was good joint working on some courses between provider staff, and there were combined provider events to present qualifications to prisoners and celebrate success. Monthly learning and skills meetings gave all staff the opportunity to review the curriculum and introduce new ideas. A weekly informal staff meeting allowed staff to highlight and action issues quickly, as well as sharing information about weekly news and events. The head of learning and skills and the learning and skills coordinator monitored the quality of provision well.

2.125 More work opportunities should be provided to reduce the number of unemployed prisoners. (5.14)

Achieved. The prison had been successful in providing a wider range of high-quality work. A needs analysis had been carried out to determine the most appropriate choices of work to benefit prisoners. Managers were well informed about job vacancies and requirements and made good use of local management information for the south-west of England. Prisoners also had access to this information, to help them to make informed choices about work. More jobs had been provided in the light fitting workshop, and a new electrical testing and repair workshop for an external organisation had been introduced. This had created additional work and vocational training opportunities. More jobs and training had also been created in horticulture. The proportion of prisoners unemployed had been markedly reduced and was low, at around 7%, compared with approximately 20% at the previous inspection.

2.126 A coordinated system should be established to collate and analyse information about individuals' progress during their time in custody, regardless of who provided the service. (5.15)

Partially achieved. Management information relating to learning and skills was used well. A4E had improved its management information system and was able to provide clearer and more accurate data. A range of data was used for discussion at the regular quality improvement group meetings and learning and skills meetings, and staff were well informed about individual learners' progress. Although the prison had attempted to develop a centralised coordinated system for data collection, this had not been fully successful and was incomplete. We repeat the recommendation.

2.127 Better access to the library should be provided in the evenings and at weekends. (5.16)

Achieved. Following discussion and feedback, senior managers had decided against opening the library in the evenings and weekends. However, it had been moved into larger, refurbished accommodation, with improved access for all prisoners. The new library was bright and spacious and provided good access to study areas, computers and legal materials. The introduction of a DVD and CD lending service had greatly increased the proportion of prisoners using the library service at least once a week. DVDs were displayed carefully and sited near easy-read books, to entice more prisoners to access these. Library data indicated that this had been successful, and more books were being issued than at the time of the previous inspection. The introduction of a book reading club one evening each week had proved particularly successful, with around 15 to 20 prisoners regularly involved. Visits from a local author had been introduced, where prisoners were able to discuss creative writing skills.

Physical education and health promotion

- 2.128 New equipment should be provided in the weights room and fitness suite.

Achieved. A wide range of new equipment had been purchased for the weights and fitness suite. This included a variety of cardiovascular equipment, such as rowers, bikes and joggers, as well as a new multi-gym, leg press machine and benches. Prisoners were now able to access gym kit such as shoes, vests and shorts if required. In addition, the weights and fitness suite had been repainted and provided a pleasant environment.

- 2.129 The showering and changing area facilities adjacent to the weights and fitness suite should be refurbished and ventilation improved.

Achieved. The changing facilities adjacent to the weights and fitness suite had been redecorated and the shower areas had been retiled. Ventilation had improved and the facilities were now fit for purpose.

Security and rules

- 2.130 The analysis of security information should be developed and clear strategies put in place to tackle the identified security priorities. (6.10)

Achieved. Good monitoring and analysis of security information had been implemented. An intelligence report was produced each month and issued to a wide range of staff. This identified trends and current priorities and laid down strategies for addressing the issues.

- 2.131 Required outcomes from security intelligence reports such as targeted searches should be completed in a reasonable timescale. (6.11)

Achieved. Targeted searches were now known as 'routine plus' searches. A minimum number were undertaken each week. Previous staff shortages had been addressed and the timeliness of the searches was adequate.

- 2.132 Efforts should be made to reduce the impact on regime activities of the security restrictions on prisoner movement. (6.12)

Not achieved. Restricted movements were still in place and some prisoners told us that it could take a long time to be moved from one department to another outside of the general movement slots each day.

We repeat the recommendation.

- 2.133 The incidence of strip searching should be logged and monitored. (6.13)

Not achieved. There was no log to monitor the number of strip-searches being undertaken in reception.

We repeat the recommendation.

- 2.134 Staff should be proactive in ensuring that all new governor's instructions are brought to the attention of prisoners and confirming that prisoners understand new requirements. (6.14)

Achieved. A weekly information notice was produced which detailed all new instructions, and we saw governor's instructions displayed on the wings. Staff were proactive in ensuring that prisoners understood them.

Discipline

- 2.135 **Managers should monitor the number and type of charges leading to adjudications and quality assure the completed adjudication records. (6.29)**

Achieved. The senior officer in security had developed an effective system to track and monitor adjudications. This monitored which unit the prisoner was from, his race and ethnic origin, the charge and the result. This was reviewed by the governor, middle managers and the REO. Quality assurance was undertaken monthly on a 5% random sampling basis and issues were discussed at the quarterly tariff standardisation meeting.

- 2.136 **Senior managers should monitor the use of force to ensure the appropriateness of individual incidents and enable any emerging trends to be acted upon. (6.30)**

Not achieved: Governance arrangements were inadequate and the use of force group had not met for over a year.

We repeat the recommendation.

- 2.137 **The frequency and level of authorisation for personal protective equipment should be monitored. (6.31)**

Not achieved. The frequency and level of authorisation of the issuing of personal protective equipment was not monitored.

We repeat the recommendation.

- 2.138 **Use of force documentation should be fully and consistently completed and should always demonstrate that health services staff have assessed for any injury to the prisoner as soon as possible after the incident. (6.32)**

Not achieved. Use of force paperwork was normally countersigned by the officer supervising the incident, which was inappropriate. Health assessment paperwork was not routinely attached to the use of force paperwork held in the security office.

We repeat the recommendation.

- 2.139 **The historical use of the special cell should be investigated and a policy developed to govern its future use. (6.33)**

Achieved. A policy governing the use of the special cell was in place at the time of the inspection. The special cell had only been used twice to date in 2011.

- 2.140 **Policy and procedures for the new care and separation unit should be devised, based on established good practice, and implemented as soon as possible. (6.34)**

Not achieved. See recommendation 2.6.

- 2.141 **The regime for prisoners in the segregation unit should be improved. Access to facilities and activities should take account of the reason for the prisoner's segregation and his incentives and earned privileges level. (6.35)**

Partially achieved. Access to activities had improved slightly but most were still in-cell only. There was still no access to shared association, and no television was provided for those on the standard or enhanced levels of the IEP scheme who were placed in the CSU for their own protection. About a fifth of prisoners in the CSU were placed there for their own protection and were able to retain their enhanced status.

We repeat the recommendation.

Incentives and earned privileges

- 2.142 **All enhanced status prisoners should have access to enhanced privileges, regardless of location. (6.45)**

Partially achieved. Enhanced prisoners could access most of the privileges associated with this level of the IEP scheme, regardless of their location. However, they had to wait for a place on one of the enhanced wings. In the interim, they were located on the other wings, which had access to association on only two nights during the week.

- 2.143 **Voluntary drug testing should not be linked to the IEP scheme. (6.46)**

No longer relevant. See section on substance use.

Catering

- 2.144 **Food surveys should be given to prisoners annually; the feedback should be analysed and suggestions implemented where appropriate.**

Partially achieved. A food survey was to be undertaken in September 2011. Previous surveys had been carried out, although we were not able to see the aggregated results.

- 2.145 **Consultation should take place with foreign national and black and minority ethnic prisoners to ensure that their cultural needs are reflected in some of the meal choices.**

Achieved. While direct consultation was not undertaken regularly with black and minority ethnic prisoners, Black History Month and the most recent food survey had been used to collect views. This had resulted in a more diverse menu.

- 2.146 **Food quality and preparation should be checked and monitored to ensure that it is appropriate for prisoners' consumption.**

Achieved. A senior officer checked the temperature and quality of food most days. In addition, a PE instructor helped to develop and promote healthy options. Catering staff provided adequate supervision of food preparation. Comments books were on each servery and checked regularly by catering staff and the duty governor.

Prison shop

- 2.147 **Targeted consultation should take place among foreign national prisoners about the range of items available in the prison shop. (7.18)**

No longer relevant. Targeted consultation was no longer necessary because most foreign national prisoners had been transferred to other prisons and now made up less than 2% of the population.

Strategic management of resettlement

- 2.148 The reducing reoffending function should have all identified key personnel in place to deliver the service effectively and enhance the outcome for prisoners. (8.15)

Achieved. The head of rehabilitation was responsible for offender management and resettlement services. The head of the OMU was a senior probation officer, supported by a second manager. Good monitoring, target setting and performance management had been applied, to maintain the quality of service delivery. There was a pathway lead in place for each resettlement pathway, although the lead for accommodation had only recently taken up his post.

- 2.149 Pathway leads in the resettlement function should be informed of their responsibilities and delivery targets. (8.16)

Partially achieved. Targets for the pathway leads were set in the resettlement action plan and these were reviewed at the quarterly resettlement strategy meeting. The plan required further improvement through assigning responsibilities more clearly to individuals and setting target dates for achievement.

- 2.150 Where logistically possible, the establishment should accommodate the resettlement functions together to improve communication and delivery. (8.17)

Not achieved. Resettlement services were not located in a common physical location. Proposals had been discussed in the resettlement action plan for creating a resettlement 'hub' once a suitable building had been identified. In spite of their physical separateness, the level of communication between resettlement and offender management functions was good and there was an appropriate level of coordination.

- 2.151 A meeting for voluntary agencies should be introduced to enhance current delivery and communications. (8.18)

Partially achieved. There was no specific meeting for voluntary agencies but Barnardo's and A4E representatives attended some resettlement management meetings.

Offender management and planning

- 2.152 Contact between offender supervisors and prisoners should occur on a regular basis. This period should not exceed six weeks. (8.19)

Achieved. A standard of contact at least every six weeks had been set for offender supervisors. Their contacts were logged in case records and monitored closely by the OMU manager. Offender supervisors told us that they complied with the standard by both formal interviews and informal contacts with prisoners during wing visits.

- 2.153 Those prisoners with paper targets should be monitored, in terms of progression, by their personal officers. (8.20)

Achieved. The 'paper targets' referred to at the time of the previous inspection were interim agreed targets which were set at the initial meeting with prisoners arriving without an OASys

assessment in place. Each prisoner was seen regularly by their offender supervisor, in line with the six-week standard for contacts, and progress with achievement was monitored.

- 2.154 All prisoners who fall in scope should be assessed appropriately. The database kept by the offender management unit (OMU) should be kept up to date and checked frequently by the OMU manager. (8.21)**

Achieved. The manager of the OMU checked a sample of OASys assessments every month and fed back her findings to staff. There was a well-developed database, which was updated daily, and offender supervisors were alerted when assessments were overdue.

- 2.155 All prisoners should have their needs assessed, regardless of nationality. (8.22)**

Achieved. Owing to the substantial decrease in the number of foreign national prisoners (see recommendation 2.88), there was no difficulty in ensuring that the remaining foreign national prisoners and British nationals were subject to equivalent processes.

- 2.156 Offender managers should attend sentence planning boards, and the establishment should install video-link systems to assist offender managers when they are unable to attend. (8.23)**

Achieved. The prison did not keep a record of the participation of offender managers in sentence planning boards. A video-link facility had been introduced and this was used with telephone conferencing to complement personal attendance by the offender manager. Offender supervisors told us that sentence planning boards did not go ahead without some contribution from the offender manager, even if this was limited to a written contribution.

- 2.157 A formal pre-release course should be introduced to address any outstanding needs that prisoners have before release. (8.26)**

Achieved. Although there was no formal pre-release course, four months before their release, prisoners were interviewed to assess their resettlement needs. Their responses were recorded on a database, referrals were made to sources of help and progress was reviewed one month before release.

- 2.158 A contingency should be introduced for identifying prisoners subject to public protection measures when administrative staff are on leave. (8.24)**

Achieved. Offender management case administrators identified prisoners subject to public protection measures as soon as cases were allocated to them. Cases were not allocated to staff absent from work and there were sufficient case administrators to ensure that there was adequate coverage.

- 2.159 Staff should be made aware of all prisoners subject to public protection measures, and the wings should develop a way of identifying these prisoners. (8.25)**

Achieved. P-Nomis had been introduced, and this held records of all prisoners and was accessible on the wings. Records of prisoners subject to public protection measures were marked with an alert flag, to signify their status. A Governor's Order (37/11) had been published to inform staff of procedures.

- 2.160 A complete review of how indeterminate-sentenced prisoners are managed at the establishment should take place. Documentation in relation to this population should be**

brought up to date and maintained. (8.27)

Achieved. Each indeterminate-sentenced prisoner had an allocated residential personal officer and an offender supervisor. A senior officer had been appointed to lead work with indeterminate-sentenced prisoners and had introduced a programme of training for these prisoners' personal officers and offender supervisors. The preparation of assessments and reports was monitored closely through an electronic programme and reported to the senior officer and the OMU manager. In the three months before the inspection, monitoring had shown that 100% of reports for the parole board had been completed on time.

2.161 Lifer groups should take place regularly, and lifer days should take place at least twice a year. (8.28)

Partially achieved. Groups for indeterminate-sentenced prisoners had started and were held every three months. There were lifer representatives and they also met staff every three months. There were no specific lifer days but they had access to the general family days.

Further recommendation

2.162 There should be events for indeterminate-sentenced prisoners which inform them and their families about the management of their sentences and how to support their progression.

2.163 Documentation for prisoners' town visits should be completed without delays. (8.29)

Achieved. Reports and assessments for town visits were monitored closely and completed promptly. The number of town visits had reduced because of newly introduced rules about entitlement. The lifer manager aimed to ensure that eligible prisoners had an accompanied visit in time for their next parole review, and one a year otherwise. There were problems with the availability of staff to provide escorts. This had previously meant that assessments lapsed before the visit could take place but the lifer manager had resolved this problem by waiting to hold boards until escort staff were available; however, this meant that some boards were delayed when assessments and reports were ready.

2.164 Lifer staff should be properly trained and issued with clear job descriptions. (8.30)

Achieved. Residential officers and offender supervisors with lifer caseloads were trained in the managing indeterminate sentences and risk (MISAR) course. A continuing programme of training was in place, to increase the number of trained staff.

Resettlement pathways

2.165 All pathway leads should be trained in the areas they are responsible for. (8.44)

Not achieved. The pathway leads for substance misuse, attitudes thinking and behaviour, education, training and employment, and mental and physical health were from the relevant professional backgrounds, so had appropriate training. The lead for finance, benefit and debt was an operational support grade in the education department and had undertaken money management training. The pathway lead for accommodation was the senior officer who was also the lifer manager, and he had not received any specialist training. The pathway lead for children and families of offenders was the officer who managed the visitors centre. He told us that training was available from Barnardo's but he had not undertaken it because of uncertainty

about his tenure in the post in the face of possible cost savings.
We repeat the recommendation.

- 2.166 The accommodation staff should be able to gain the relevant qualifications for this service. (8.45)**

Not achieved. Accommodation services were provided by a sessional chaplain and an operational support grade, with the assistance of a prisoner orderly. The prisoner orderly had received training from the St Giles Trust but the staff providing the service had not received any training which led to a qualification.
We repeat the recommendation.

- 2.167 The time allotted to accommodation staff to fulfil their task should be reviewed. (8.46)**

Not achieved. The chaplain had 7.5 hours a week allocated for accommodation work, which was the same as that available to the probation officer who had been assigned the task at the time of the previous inspection. She told us that the time available was not sufficient to develop the service as she would wish.
We repeat the recommendation.

- 2.168 The recording of figures which identify prisoners finding settled accommodation before release should be reviewed for accuracy and to ensure that details are being recorded correctly. (8.47)**

Achieved. Details of prisoners' addresses were collected at an interview four months before release and then checked again one month before release. The prison had a target of 90% of released prisoners going to a settled address but had not met it in recent months. There was no evidence from the minutes of resettlement meetings that trends in accommodation outcomes for prisoners were analysed or that action was taken to effect the achievement of the targets.

Further recommendation

- 2.169 Information about accommodation outcomes should be used to improve services.**

- 2.170 Prisoners should be given information, assistance and support for accessing health and social care services on release. (8.48)**

Achieved. All prisoners were seen by health services staff before their release and provided with written information on their care and treatment while in prison. Information was also provided on how to access health and social services in the community.

- 2.171 The drug coordinator should be given sufficient time to carry out his role.**

Achieved. While the drug coordinator, a senior officer, also undertook other duties, the prison had appointed a designated drug strategy governor 10 months before the inspection. She headed the overall substance misuse strategy, chaired monthly supply reduction meetings and linked in with strategic bodies in the community.

- 2.172 A representative from the healthcare department should attend and contribute to drug strategy meetings.**

Achieved. Either the head of health care or the substance misuse nurse attended monthly drug strategy meetings, provided reports and contributed to discussions. There was a good level of communication and coordinated working between the different departments and service providers.

2.173 The drug/alcohol strategy document should be updated, include detailed action plans and performance measures, and be informed by an annual needs analysis.

Achieved. An IDTS needs analysis had been conducted in the previous year, which fed into the local treatment plan. The drug strategy policy contained performance measures, and a detailed supply reduction action plan had been developed. A separate alcohol action plan was also in place.

2.174 The establishment should develop services for prisoners with primary alcohol problems.

Achieved. CARAT workers estimated that a third of clients on their caseload had alcohol problems, and the prison had successfully developed a range of alcohol services. In addition to alcohol awareness sessions and Alcoholics Anonymous self-help meetings, which had been available at the time of the previous inspection, prisoners with alcohol problems could now access ongoing one-to-one work and a seven-session alcohol-specific relapse prevention module through the CARAT service. From April 2011, the 12-step programme had begun to accept primary alcohol users as part of a pilot project, and the prison was also due to start running the alcohol-related violence programme from October 2011.

Good practice

2.175 *The establishment had developed a wide range of services for prisoners with alcohol problems, which included structured one-to-one work, an alcohol-specific relapse prevention module and access to the 12-step treatment programme, and was shortly also to provide the alcohol-related violence course.*

2.176 The prison partnership 12-step programme (PPTSP) should be relocated to a dedicated drug treatment unit, to provide prisoners with a supportive environment.

Achieved. Prisoners undertaking the 12-step programme had relocated to Imber unit two years earlier. This small unit, isolated from the rest of the prison and staffed by designated officers, provided a supportive atmosphere, and in the previous year 39 prisoners had completed the programme successfully, compared with only 22 at the time of the previous inspection. The programme was due to move to the new interventions unit imminently, where 61 cells had been earmarked for prisoners in the preparation phase, participants, graduates and peer supporters for the programme.

2.177 The team delivering the PPTSP should ensure that programme participants receive regular one-to-one sessions with their key worker.

Achieved. Staffing had improved and the programme team had been joined by two additional facilitators. Key work sessions were now timetabled and took place fortnightly.

2.178 A visitors' survey should be completed which should include questions about possible assistance in getting to the prison. Shortcomings identified should be addressed. (8.80)

Partially achieved. A visitor survey had been undertaken in December 2010 by the equality monitoring team. While there was no specific question about assistance in getting to the prison, this was raised as a suggestion for enhancing the visits experience by a number of respondents. We found that access to the prison by public transport was difficult, slow and not aligned to the visiting times. The nearest railway station was seven miles away and the taxi fare was £15 each way. There were no bus services on Sundays and those on other days were not frequent or convenient. There had been no analysis or report arising from the survey. Some issues raised, such as access to toilets and delays in gaining entry to the establishment, had not been addressed but difficulties in booking a visit had been responded to by introducing email booking and extended telephone access.

Further recommendations

- 2.179 The information gained from the visitor survey should be used to improve the service.
- 2.180 Affordable and suitably timed transport to the prison, connecting with the nearest railway station, should be provided.

2.181 The visitors' centre should be opened without further delay. (8.81)

Achieved. The visitors centre had opened, and was located at the entrance to the prison grounds, approximately 300 metres from the gate. It was staffed by a prison operational support grade and Barnardo's volunteers, who welcomed visitors and supervised the children's play area. Free hot drinks and food were provided. There was seating for approximately 20 visitors, supplemented by an outside seating and play area, but we were told that this was sometimes not sufficient on busy days when the weather was poor. There was a wide range of information leaflets and notices for visitors. Barnardo's volunteers provided support and advice to families who required it. The visitors centre was not available reliably, being closed on weekends and during leave periods when the officer responsible was not at work. We were told that another member of staff was being appointed to provide back-up.

Further recommendation

- 2.182 The visitors centre should be open for every visits session.

2.183 Wheelchairs should be available to assist visitors with mobility problems. (8.82)

Not achieved. The road from the visitors centre to the prison gate was on a slope, and a visitor with mobility problems told us about her difficulty in getting to visits. We were told that visitors with mobility problems who had their own transport could park closer to the gate but this did not meet the needs of those using public transport.

We repeat the recommendation.

2.184 A new area for searching visitors should be introduced. This area should be safe and free from health hazards, and staff should be aware of all search protocols and of how visitors with mobility issues should be treated. (8.83)

Partially achieved. The prefabricated building used for searching visitors at the time of the previous inspection was still in use. However, some refurbishment had taken place to improve the environment, including redecoration, repairs to exposed wiring and the introduction of wipe-clean surfaces. There was still a leak in the roof, in spite of attempted repairs. The

searching of visitors, including children, visitors with disabilities and those wearing traditional ethnic clothing, was respectful and polite. Staff were fully conversant with search protocols for different groups of the public. The senior officer explained the searching procedure clearly, and the passive drug dog handler was careful to ensure that visitors who were nervous of dogs were not intimidated, while carrying out his work effectively.

Housekeeping point

2.185 The leak in the roof of the prefabricated building used for searching visitors should be repaired.

2.186 **The senior officer at the gate should make the decision as to whether or not a visitor can have access to the establishment. This decision should take into consideration all relevant factors, using a reasonable approach to ensure that relationships between the prison and visitors are not compromised. (8.84)**

Achieved. There was a senior officer in the searching area, who was clear about decisions concerning entry to the prison. She told us that she rarely required the guidance of the orderly officer. A visitor receiving a positive indication from the drug dog would be offered a closed visit or allowed to leave so that the rest of his or her party could have an open visit. When the dog showed interest short of a positive indication, the open visit was allowed to proceed and visits staff were instructed to monitor the prisoner concerned.

2.187 **The establishment should explore why long delays are occurring when trying to get visitors into the prison, and rectify the problem. (8.85)**

Not achieved. We observed long delays in admitting visitors; visits were due to start at 1.45pm but at 2pm visitors had still not been let through the gate to the searching area. Prisoners had arrived in the visits hall at 1.45pm and some had to wait until 2.40pm before their visitors arrived. There was a system of sending visitors from the visitors centre in batches of five but delays at the gate meant that they were left waiting in the bus shelter, which was not large enough to accommodate them all, leaving some standing in the rain.

We repeat the recommendation.

2.188 **The visits room should be family friendly and safe for children. Seating facilities in the visits room should comprise soft furnishing and should not be laid out in a regimented fashion. (8.86)**

Partially achieved. The control and supervision of visits was appropriate. Prisoners and visitors were allowed physical contact and could eat meals together, and children played both at the tables with their parents and in a supervised play area. Seating, made of metal slats, was fixed to the floor and tables were laid out in regimented rows. Prisoners and staff alike complained of the noise in the visits hall, which echoed and made conversation difficult.

We repeat the following part of the recommendation: Seating facilities in the visits room should comprise soft furnishing and should not be laid out in a regimented fashion.

2.189 **A health and safety assessment should be carried out in this area to determine whether the room is safe for children. (8.87)**

Not achieved. A health and safety assessment completed in December 2010 had identified some hazards in the visits hall but had not addressed risks to children, including from the metal seating and tables at their eye level.

We repeat the recommendation.

2.190 Prisoners should not have to terminate their visit to use the toilet during their allotted time. (8.88)

Not achieved. Prisoners were not allowed to resume a visit after using the toilet. The prison justified this as a reasonable measure to prevent the secretion of contraband but had not considered ways in which the supervision of toilet breaks could achieve the same level of security. One prisoner we spoke to told us that, owing to his age, he had to ensure that he reduced his liquid intake during the day preceding a visit and did not have drinks with his visitors, in order to avoid having to use the toilet during the visit.

We repeat the recommendation.

2.191 The closed visits booths should not be on full view of the main visits room. (8.89)

Not achieved. There were 11 prisoners on closed visits at the time of the inspection. There were three closed visits booths, which opened into the visits hall in full view of visitors and prisoners.

We repeat the recommendation.

2.192 Visitors subject to closed visits should be able to access food and refreshments during the visit. (8.90)

Achieved. Visitors could order food from the refreshment bar; this was brought to them by staff, as they were not allowed to collect it themselves.

2.193 Family days should be introduced to the establishment, and families should be invited to contribute to sentence planning. (8.91)

Achieved. Family days had been introduced. They were facilitated by Barnardo's volunteers. There had been three such days in the current year, each open to 10 prisoners. The events were linked to a short parenting course and were followed by an evaluation meeting.

2.194 Visitors with any particular concerns about a prisoner or any other matter should be able to contact a named member of staff with whom they can discuss their concerns. (8.92)

Achieved. Two types of notices for visitors were displayed in the visitors centre, the entrance to the searching area and in the visits hall; between them, they provided a contact telephone number and identified the security senior officer as a member of staff to whom they could pass on any concerns about a prisoner. Visitors could also discuss information with the officer overseeing the visitors centre, who made the appropriate reports.

2.195 Extended visits should be considered for those prisoners whose families live a considerable distance from the prison. This should include the possibility of evening visits. (8.93)

Partially achieved. Extended visits were not available but there were plans to reschedule visits to full days at the weekends, to allow visitors travelling a long distance to attend two consecutive sessions. The plans did not include the provision of evening visits.

We repeat the following part of the recommendation: The provision of evening visits should be considered.

Section 3: Summary of recommendations

The following is a list of both repeated and further recommendations included in this report. The reference numbers in brackets refer to the paragraph location in the main report.

Recommendation	To NOMS
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- | | |
|-----|---|
| 3.1 | The establishment should seek a greater commitment from external offender managers to ensure improved delivery of the National Offender Management Service model to in-scope prisoners. (2.8) |
|-----|---|

Recommendations	To the governor
------------------------	------------------------

First days in custody

- | | |
|-----|--|
| 3.2 | When prisoners have difficulty getting access to the reception area, suitable arrangements should be made for the process to be conducted elsewhere. (2.14) |
| 3.3 | Prisoners should be moved to the first night centre as soon as reception processing has been completed. (2.16) |
| 3.4 | There should be clarity and effective governance, based on measured risk assessment, concerning the levels of searching required in reception. Requirements should be carried out correctly, consistently and respectfully. (2.18) |
| 3.5 | Night staff should receive a full handover of information about any newly arrived prisoners before they go on duty. (2.23) |
| 3.6 | Induction should start on the first full working day after prisoners arrive at the establishment. (2.24) |
| 3.7 | The induction materials should be made available in a range of languages other than English (dictated by prisoners' language needs). (2.26) |

Residential units

- | | |
|------|--|
| 3.8 | The communal area on Wessex unit should be redecorated. (2.29) |
| 3.9 | The telephones on Sarum unit should be relocated to areas which afford privacy. (2.32) |
| 3.10 | Additional telephones should be introduced to meet our expected ratio of one to 20 prisoners. (2.33) |
| 3.11 | All shower areas should have partitions between showers. (2.35) |

Personal officers

- | | |
|------|--|
| 3.12 | The personal officer scheme should be clearly displayed on all units. (2.40) |
|------|--|

- 3.13 Staff should receive adequate training to ensure that they are able to contribute to prisoners' sentence planning and associated assessments and interventions. (2.42)

Self-harm and suicide

- 3.14 All staff in prisoner contact roles should be provided with ACCT refresher training, which should clearly outline first-on-the-scene arrangements. Accurate records of such training should be maintained. (2.54)
- 3.15 Details of all prisoners placed on ACCT documents should be provided to the resettlement department to ensure that appropriate reintegration support is offered. (2.58)
- 3.16 Any vulnerable prisoners housed in the segregation unit and working as orderlies should have a progression plan and clear exit strategy. (2.59)

Applications and complaints

- 3.17 Prisoners' applications should be subject to a tracking system by staff to ensure that prisoners receive a timely and adequate response. (2.60)
- 3.18 Complaints forms should not unnecessarily be returned to prisoners before processing if there is enough information to deal with the complaint. (2.62)
- 3.19 Healthcare complaints should be tackled and monitored through the prison's complaints system. (2.65)

Faith and religious activity

- 3.20 Managers should explore the potential for using the experience and expertise within the chaplaincy team to provide additional services and interventions for prisoners. (2.70)

Substance use

- 3.21 Health services staff and the drug strategy committee should ensure that prisoners have access to disinfecting tablets and safe disposal facilities for injecting equipment, and that information about the dangers of steroid use is widely available. (2.73)

Diversity

- 3.22 The diversity policy should outline how the needs of minority groups will be met. (2.79)
- 3.23 Designated diversity liaison officers should be provided with sufficient time and resources to fulfil their role, including formal and regular liaison with designated members of the prisoner diversity consultative group. (2.80)
- 3.24 The equal opportunities committee or equivalent should monitor the number of prisoners with diverse needs to ensure that their needs are being appropriately addressed and that minority groups are not being victimised or excluded from any activity. (2.81)

Diversity: race equality

- 3.25 All staff should receive suitable training to enable them to understand and respond appropriately to race and cultural issues and to promote race equality positively. (2.83)
- 3.26 The race equality officer (REO) should be trained in basic inquiry and investigation procedures. (2.84)
- 3.27 The procedures for dealing with general complaints forms that highlight a racial element should be reviewed, so that they can be passed back to the appropriate department to answer, once the racial aspect of the complaint has been dealt with, to avoid unnecessary investigations being conducted by the REO. (2.85)
- 3.28 Displays in all areas of the establishment should portray images that reflect the racial diversity of the population. (2.87)

Diversity: foreign nationals

- 3.29 The needs of prisoners from a foreign national background should be fully met. (2.4)
- 3.30 Foreign national prisoners should be able to use the telephone at times convenient to the recipient of the call. (2.89)
- 3.31 Information for prisoners should be available in a range of languages suitable for the population. (2.90)
- 3.32 Access to accredited independent immigration advice and support agencies and information about specialist legal advisers should be improved. (2.92)
- 3.33 Peer support for foreign national prisoners should be actively promoted and appropriately rewarded. (2.93)

Diversity: disability and older prisoners

- 3.34 Volunteer prisoners should be identified, trained and vetted to help less able prisoners. (2.94)

Health services

- 3.35 Prisoners should be able to consult with a pharmacist. (2.111)
- 3.36 A dual-labelling system should be introduced to ensure that stock and pre-packs supplied under patient group directions can be audited. (2.114)
- 3.37 Electronic prescribing should be introduced to enable prescribing data to be collated; this should be used to demonstrate value for money and to promote the effective use of medicines. (2.115)

Time out of cell

- 3.38 All prisoners should have the opportunity to have 10 hours' out-of-cell activities each day. (2.120)
- 3.39 All prisoners on standard and enhanced regime levels should have the opportunity for a period of association every day. (2.121)
- 3.40 Warm weather clothing should be made available to prisoners during inclement weather to facilitate them participating in outdoor exercise. (2.123)

Learning and skills and work activities

- 3.41 A coordinated system should be established to collate and analyse information about individuals' progress during their time in custody, regardless of who provided the service. (2.126)

Security and rules

- 3.42 Efforts should be made to reduce the impact on regime activities of the security restrictions on prisoner movement. (2.132)
- 3.43 The incidence of strip searching should be logged and monitored. (2.133)

Discipline

- 3.44 A proper strategy should be developed for the role of the new segregation unit, clearly demonstrating how it is intended to fulfil its role as a care and separation unit. (2.6)
- 3.45 Senior managers should monitor the use of force to ensure the appropriateness of individual incidents and enable any emerging trends to be acted upon. (2.136)
- 3.46 The frequency and level of authorisation for personal protective equipment should be monitored. (2.137)
- 3.47 Use of force documentation should be fully and consistently completed and should always demonstrate that health services staff have assessed for any injury to the prisoner as soon as possible after the incident. (2.138)
- 3.48 The regime for prisoners in the segregation unit should be improved. Access to facilities and activities should take account of the reason for the prisoner's segregation and his incentives and earned privileges level. (2.141)

Offender management and planning

- 3.49 There should be events for indeterminate-sentenced prisoners which inform them and their families about the management of their sentences and how to support their progression. (2.162)

Resettlement pathways

- 3.50 All pathway leads should be trained in the areas they are responsible for. (2.165)
- 3.51 The accommodation staff should be able to gain the relevant qualifications for this service. (2.166)
- 3.52 The time allotted to accommodation staff to fulfil their task should be reviewed. (2.167)
- 3.53 Information about accommodation outcomes should be used to improve services. (2.169)
- 3.54 The information gained from the visitor survey should be used to improve the service. (2.179)
- 3.55 Affordable and suitably timed transport to the prison, connecting with the nearest railway station, should be provided. (2.180)
- 3.56 The visitors centre should be open for every visits session. (2.182)
- 3.57 Wheelchairs should be available to assist visitors with mobility problems. (2.183)
- 3.58 The establishment should explore why long delays are occurring when trying to get visitors into the prison, and rectify the problem. (2.187)
- 3.59 Seating facilities in the visits room should comprise soft furnishing and should not be laid out in a regimented fashion. (2.188)
- 3.60 A health and safety assessment should be carried out in this area to determine whether the room is safe for children. (2.189)
- 3.61 Prisoners should not have to terminate their visit to use the toilet during their allotted time. (2.190)
- 3.62 The closed visits booths should not be on full view of the main visits room. (2.191)
- 3.63 The provision of evening visits should be considered. (2.195)

Housekeeping points

Substance use

- 3.64 The prison should develop a system of monitoring the completion of target testing and ensure that the required time frame is met. (2.75)
- 3.65 The frequency of compact-based drug testing should be determined by individual risk assessments. (2.77)

Resettlement pathways

- 3.66 The leak in the roof of the prefabricated building used for searching visitors should be repaired. (2.185)

Example of good practice

Resettlement pathways

- 3.67 The establishment had developed a wide range of services for prisoners with alcohol problems, which included structured one-to-one work, an alcohol-specific relapse prevention module and access to the 12-step treatment programme, and was shortly also to provide the alcohol-related violence course. (2.175)

Appendix I: Inspection team

Ian MacFadyen	Team leader
Paul Rowlands	Inspector
Andrew Rooke	Inspector
Sandra Fieldhouse	Inspector

Specialist inspectors

Sigrid Engelen	Drugs inspector
Michael Bowen	Health services inspector
Neil Edwards	Ofsted inspector

Appendix II: Prison population profile

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

Status	18-20-year-olds	21 and over	%
Sentenced		332	93.8
Recall		22	6.2
Convicted unsentenced		0	0
Remand		0	0
Civil prisoners		0	0
Detainees		0	0
Total		354	100

Sentence	18-20-year-olds	21 and over	%
Unsentenced		0	0
Less than 6 months		0	0
6 months to less than 12 months		2	0.5
12 months to less than 2 years		19	5.4
2 years to less than 4 years		70	19.8
4 years to less than 10 years		112	31.6
10 years and over (not life)		21	5.9
ISPP		65	18.4
Life		65	18.4
Total		354	100

Age	Number of prisoners	%
Please state minimum age 21	-	-
Under 21 years	0	0
21 years to 29 years	102	28.8
30 years to 39 years	114	32.1
40 years to 49 years	94	26.6
50 years to 59 years	33	9.3
60 years to 69 years	7	2
70 plus years	4	1.2
Please state maximum age 75	-	
Total	354	100

Nationality	18-20-year-olds	21 and over	%
British		346	97.7
Foreign nationals		8	2.3
Total		354	100

Security category	18-20-year-olds	21 and over	%
Uncategorised unsentenced		0	0
Uncategorised sentenced		0	0
Category A		0	0
Category B		0	0
Category C		334	94.4
Category D		20	5.6

Other		0	0
Total		354	100

Ethnicity	18-20-year-olds	21 and over	%
White			
British		286	80.8
Irish		1	0.3
Other white		5	1.4
		292	
Mixed			
White and black Caribbean		10	2.8
White and black African		1	0.3
White and Asian		1	0.3
Other mixed		4	1.1
		16	
Asian or Asian British			
Indian		3	0.8
Pakistani		0	0
Bangladeshi		1	0.3
Other Asian		2	0.6
		6	
Black or black British			
Caribbean		25	7
African		4	1.1
Other black		9	2.6
		38	
Chinese or other ethnic group			
Chinese		0	0
Other ethnic group		0	0
Not stated		2	0.6
Total		354	100

Religion	18-20-year-olds	21 and over	%
Baptist		3	0.8
Church of England		84	23.8
Roman Catholic		44	12.4
Other Christian denominations		23	6.5
Muslim		36	10.2
Sikh		0	0
Hindu		0	0
Buddhist		11	3.1
Jewish		0	0
Other		21	5.9
No religion		132	37.3
Total		354	100

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			46	13
1 month to 3 months			66	18.6
3 months to 6 months			67	18.9
6 months to 1 year			87	24.6
1 year to 2 years			64	18.1
2 years to 4 years			22	6.2
4 years or more			2	0.6
Total			354	100

Main offence	18-20-year-olds	21 and over	%
Violence against the person		173	48.9
Sexual offences		7	1.9
Burglary		36	10.2
Robbery		40	11.3
Theft and handling		2	0.6
Fraud and forgery		2	0.6
Drugs offences		75	21.1
Other offences		19	5.4
Civil offences		0	0
Offence not recorded/holding warrant		0	0
Total		354	100