

Report on an announced inspection of

# **HMP Wayland**

6–10 June 2011

by HM Chief Inspector of Prisons

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# Introduction

HMP Wayland is a category C training prison that holds just over 1,000 adult male prisoners. The prison has expanded rapidly in recent years and there have been some significant changes to its population; Wayland no longer holds sex offenders or many foreign national prisoners. Overall, our inspection found a prison settling down after a period of considerable change and, in most areas, producing some good outcomes for prisoners. There were, however, some major exceptions to this generally positive picture and these need to be addressed as a matter of urgency.

Wayland was generally a safe prison. Arrangements for a prisoner's first few days were adequate but prisoners had long waits with little to do in reception before being moved to first night cells that had broken furniture and graffiti. The induction programme covered the necessary information but prisoners spent too long locked in their cells between sessions. Alleged bullies who needed to be relocated were sometime placed on the induction wing with new arrivals. More prisoners than at comparator prisons said they had felt unsafe at some point during their time at Wayland and this was particularly true for prisoners from black and minority ethnic groups. However, at the time of inspection levels of bullying, though a concern, were not high and investigations into alleged bullying were thorough and resulted in action. There were imaginative efforts to involve families in anti-bullying work. Use of force was low. Care for prisoners at risk of suicide and self-harm was good.

The segregation unit was clean with decent staff-prisoner relationships, but there was little opportunity for prisoners to take part in education, association or exercise. Reintegration planning was poor and half of the prisoners who had been held in the segregation unit in the last year had been transferred to other prisons.

For prisoners on the integrated drug treatment system (IDTS), a comprehensive opiate dose reduction regime had been recently introduced in line with National Treatment Agency guidance. However, the sudden way that the new regime had been introduced was a cause of considerable concern. There had been little consultation or communication with prisoners and relevant professional staff and, in some cases, previously agreed care plans and case review conclusions appeared to have been disregarded. Many prisoners told us that their requests for symptomatic relief medication had been disregarded. Prisoners were frustrated and anxious. Four assessment, care in custody and teamwork (ACCT) documents had been opened as a result, the needs of prisoners with a dual diagnosis had not been adequately met and there was an increased risk that prisoners would harm themselves by topping up their supply with illicit drugs. Prisoners appeared to have lost confidence in the IDTS and were abusive and threatening at the medication hatch. Vacant IDTS posts needed to be filled as a matter of urgency and an individualised opiate dose reduction regime introduced to replace the current inflexible regime.

There were wider problems with the provision of health services in the prison. Strategic management of health care was poor and partnership arrangements were weak. Staff shortages had a detrimental effect on the care of prisoners and chaotic arrangements for the administration of medication had a negative impact on the regime of the prison as a whole. I spoke to prisoners at the end of long, angry morning dispensing queue who had already missed the opportunity to go to morning activities and still had a long wait to get their medication.

In other respects, the quality of accommodation, services and cleanliness were mixed. We saw graffiti and litter strewn outside areas on the older wings. Staff-prisoner relationships were poorer on the older wings too – although generally good elsewhere. Most prisoners said they had a member of staff they could turn to if they needed help. Prisoners from a black and minority ethnic background reported less positively than the population as a whole in most areas and work on the other diversity strands was underdeveloped.

The main strength of the prison was the good provision of purposeful activity. Most prisoners could get out of their cells for 8.5 hours a day and those on the enhanced wings had considerably more time than this. Despite this, opportunities for association were too limited. The range and quality of work and education was good but insufficient take-up of available education places meant some prisoners were not fully occupied throughout the week and too many were underemployed as orderlies on the wings. Literacy and numeracy work needed further development and the problems with the administration of medication disrupted education and training as prisoners missed sessions or arrived late.

Resettlement activities presented a divided picture. On one hand, offender management arrangements were weak and inconsistent. The use of home detention curfew and release on temporary licence was limited and category D prisoners waited an unacceptably long period of time before transferring to open conditions. On the other hand, there was a good range of resettlement interventions. Despite some staffing reductions, performance was at or above target in most areas and prisoners received effective help with housing and employment needs. Provision to encourage contact with children and families was well developed.

Most prisoners at Wayland were safe and lived in decent conditions. They could take part in a range of good quality work, education and training activities and, for the most part, they received effective help with their practical resettlement needs. These good arrangements were put at risk by poor health care, the very poorly implemented introduction of an opiate dose reduction regime and weak planning of prisoners' sentences to reduce the risk that they would reoffend on release. These weaknesses need to be quickly addressed if the prison is to continue its progress and avoid slipping back.

**Nick Hardwick**  
**HM Chief Inspector of Prisons**

**August 2011**

# Fact page

## Task of the establishment

HMP Wayland is a category C male training prison.

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

Public

## Region/Department

East of England

## Number held

1,017

## Certified normal accommodation

955

## Operational capacity

1,017

## Date of last full inspection

6–8 April 2009 (Unannounced)

## Brief history

HMP Wayland opened in 1985, with the site buildings being added to on four occasions. It now comprises 13 residential units.

In November 2009, HMP The Bure opened and all vulnerable prisoners were transferred; E and F wings were re-roled to cater for indeterminate-sentenced prisoners.

## Short description of residential units

A	Inductions/high-risk CSRA	-	mostly single cells
B	Normal location high-risk CSRA	-	mostly single cells
C	Normal location/high-risk CSRA	-	mostly single cells
D	IDTS	-	mostly single cells
E	Enhanced unit	-	single cells
F	Enhanced unit	-	single cells
G	RAPt	-	single cells
H	Enhanced unit	-	single cells
J	Normal location	-	double cells
K	Normal location	-	double cells
L	Enhanced unit	-	double cells
M	Normal location	-	double cells

N	Normal location	-	double cells
Seg	Segregation unit		

**Escort contractor**

Currently G4S, due to change to Serco

**Health service commissioner and providers**

Lead provider Serco Health

**Learning and skills providers**

The learning and skills offender learning and skills service (OLASS) provider is A4e. They deliver the traditional 'education' provision and run the vocational training and construction industry training workshops.

# Healthy prison summary

## Introduction

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HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

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

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

**- outcomes for prisoners are good against this healthy prison test.**

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

**- outcomes for prisoners are reasonably good against this healthy prison test.**

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

**- outcomes for prisoners are not sufficiently good against this healthy prison test.**

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

**- outcomes for prisoners are poor against this healthy prison test.**

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

## Safety

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HP3 Staff in reception were considerate and reception procedures were satisfactory, although long. First night accommodation was in a poor condition and prisoners did not report favourably on their early days' experience. Violence reduction was reasonably good. Self-harm and suicide procedures were good. Security arrangements were generally proportionate. Use of force was relatively low but governance underdeveloped. The use of segregation was proportionate, although the regime was over-restrictive. Illicit drug use was over target and abuse of prescribed medication was a considerable challenge. Integrated drug treatment system (IDTS) arrangements were poor, clinically unsafe and required urgent attention. Overall, outcomes for prisoners were reasonably good against this healthy prison test.

HP4 The reception environment was satisfactory, although there was some graffiti in holding rooms and there was little to occupy prisoners. Prisoners spent too long in reception and had to wait for all prisoners to be processed before staff escorted them to the induction wing. A Listener was available in reception and met all new arrivals. Staff were polite and respectful in their dealings with prisoners. Interviews were not undertaken in private and we observed some sensitive issues being dealt with in an open area, although we were assured that safer custody staff met individually with any prisoner on an open assessment care in custody and teamwork (ACCT) document. Searching arrangements for prisoners on transfer were excessive.

HP5 There was no formal first night policy. The first night accommodation was poor, with considerable amounts of graffiti and broken furniture in cells. There was little contact between induction staff and prisoners on their first night and no private interviews were undertaken. Not all prisoners had the opportunity to take a shower or make a telephone call on their first night. Prisoner induction orderlies gave an appropriate first night presentation and offered support to all new prisoners. In our survey, fewer prisoners than in comparator prisons said that they felt safe on their first night and this was especially so for black and minority ethnic prisoners.<sup>1</sup>

HP6 The rolling induction programme covered all the necessary information for prisoners but they spent too much time locked up between sessions. There were good recording systems to ensure that all new arrivals completed their induction. Some

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<sup>1</sup> **Inspection methodology:** There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

(Adapted from Towel et al (eds), *Dictionary of Forensic Psychology*.)

difficult prisoners, identified as bullies, were inappropriately relocated on the induction spur.

- HP7 The violence reduction strategy was out of date and not informed by a prisoner survey. In our survey, more prisoners than at comparator prisons said that they had felt unsafe at some time at Wayland, and this was worse for black and minority ethnic prisoners. At the time of the inspection, there were reasonably low levels of bullying. Investigations into incidents of violence and bullying were thorough and when perpetrators were identified, action was taken quickly. Victims were often moved to another unit in the prison but there were no formal interventions for perpetrators or victims. Anti-bullying prisoner representatives had recently been appointed. Safer custody staff checked all observation books weekly and there was a good relationship with security staff. There was evidence of good family liaison for all aspects of safer custody.
- HP8 There was a detailed suicide prevention policy, supported by a well-attended safer custody meeting, good analysis of safer custody issues and effective governance of ACCT documentation. There had been no recent self-inflicted deaths and levels of self-harm were low. The quality of entries in ACCT documents was mainly good, with evidence that care plans were completed and follow-up support offered. Listeners were well supported by safer custody staff and the Samaritans. The gated cell, which was poorly situated, and the buddy cell were poor environments for someone in crisis.
- HP9 The high volume of security information and intelligence was well managed and communicated. Tackling the problems of the diversion and abuse of prescription medication was a major priority. Security systems were mostly proportionate and commensurate with a category C establishment. There were few visits restrictions and those in place were proportionate. The rule resulting in the automatic removal of prisoners from their enhanced accommodation following the laying of a disciplinary charge was unreasonable.
- HP10 The segregation unit was mainly clean and in good order, with the exception of toilets, which were dirty and stained. Staff on the unit were familiar with the prisoners in their care, were well trained and appropriately selected. The use of segregation was proportionate but the regime was poor; there was no opportunity for any activity in association, facilities were limited and the exercise yard was bleak. Prisoners could shower only on alternate days. Meals were served at the cell doors. Reintegration planning was inadequate and too many segregated prisoners were transferred to other establishments. A large number of adjudications were discontinued or charges dismissed without any interrogation or lessons learnt.
- HP11 Recorded use of force was relatively low and the use of force documentation was completed well, with good quality control measures in place. However, overall governance was underdeveloped and there was no use of force committee. Planned interventions were not video-recorded.
- HP12 Prisoners subject to the integrated drug treatment system (IDTS) were located on D wing. There were serious concerns about the management of the recently imposed inflexible and non-individualised opiate dose-reduction regime, which caused frustration and anxiety to prisoners. Four prisoners had been placed on ACCT documents as a result of the reduced regime and there was a risk of overdose with illicitly procured drugs. There were insufficient specialist IDTS nurses in place and this

impacted on joint working with counselling, assessment, referral, advice and throughcare (CARAT) workers.

- HP13 The positive mandatory drug testing rate in the previous six months was above the key performance target but fewer prisoners in our survey than at comparator prisons reported easy availability of illegal drugs. Drugs finds and test results indicated that prescription drugs were most commonly abused.

## Respect

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HP14 The quality of accommodation, access to services and standards of cleanliness varied greatly across the prison. In most cases, staff–prisoner relationships were reasonably good. Staff generally engaged appropriately with prisoners, although there was generally little engagement on the older wings. Incentives and earned privileges arrangements were good. Some diversity work was underdeveloped and not sufficiently well promoted. There no structured support for foreign national prisoners. With the exception of those relating to health care, applications and complaints were managed efficiently. Most health care services were poor. Overall, outcomes for prisoners were not sufficiently good against this healthy prison test.

HP15 The environment for prisoners on the older wings was considerably worse than for those located on other wings. The former contained graffiti and outside areas were litter strewn. Single cells on the older wings continued to be shared, with inadequate space or furniture for two. Good accommodation was provided on some of the newer wings. Good on-wing laundry facilities were available but only for enhanced prisoners. Only enhanced prisoners were permitted to wear their own clothes and prisoners were not permitted to have any new clothes sent in. Communal showers were not screened and prisoners reported that showers were often cold. Additional telephones had been installed but there were still insufficient telephones on E wing. Prisoner meetings provided a useful forum for prisoners to raise concerns and there was evidence that matters arising were addressed.

HP16 The incentives and earned privileges (IEP) policy was comprehensive and recently updated. It was well communicated and understood by staff and prisoners alike. Prisoners said that the differentials in privilege provided a good incentive to achieving enhanced status. Reviews were timely and there was prisoner involvement. Basic prisoners were reviewed weekly.

HP17 Interactions between staff and prisoners were mostly good but there was too little proactive engagement on the older wings. Most prisoners said that staff generally treated them with respect, and that they had a member of staff they could turn to for help, although the latter was not borne out by our survey results. Some gave us examples of when staff had been antagonistic and unhelpful.

HP18 Prisoners generally knew who their personal officer was but reported a lack of helpfulness, contact or involvement in sentence planning. Personal officer work was underdeveloped and, although regular entries were made on P-Nomis, most were historical and reflected only behavioural issues.

HP19 Prisoners were negative about the food, complaining of small portions, poor quality and lack of variety, although we found the menu varied, with reasonable quality and

portion size. Prisoners mostly had to eat in cells. Breakfast packs were issued with the evening meal. Consultation arrangements were adequate and comments books reviewed regularly. Wing serveries were clean and staff supervision at mealtimes was satisfactory. Most prisoners were dissatisfied with the range of goods available in the DHL-run shop but they were consulted quarterly to amend the local list and inform them of price increases.

- HP20 The diversity policy covered all of the strands but failed to demonstrate how the specific needs of a diverse population would be met. There was no structured monitoring of access for minority groups. The diversity and race equality action team (DREAT) meeting was well attended and there was a regularly updated action plan relating to staff and prisoners.
- HP21 Prisoners with disabilities reported negatively in our survey in several important respects. Those who declared a disability were interviewed in reception and reasonable adjustments were identified and actioned. There was coordination between diversity and health services and education staff to ensure that such prisoners' needs were fully assessed. Personal evacuation plans were not always in place, although each wing had a list of prisoners requiring assistance. Older prisoner and transgender prisoner work was underdeveloped and there was no work to support gay or bisexual prisoners.
- HP22 In our survey, black and minority ethnic and Muslim prisoners reported disproportionately negatively about feelings of safety and victimisation by staff. Consultation mechanisms were reasonable and ethnic monitoring of outcomes for black and minority ethnic prisoners was completed monthly, and those out of range were addressed. The racist incident report forms we examined had been investigated appropriately and independently quality-checked but responses to prisoners were not sufficiently informative. There were no displays celebrating racial and ethnic diversity around the prison but there had been some limited celebration of Black History Month and Traveller Month. Some prisoners identifying as being from a Gypsy/Traveller background complained of inappropriate name calling by staff and prisoners which was not challenged. While some support to Gypsy/Travellers was provided, this was limited.
- HP23 The number of foreign national prisoners had reduced, and Wayland was not a dedicated 'hub' or 'spoke' prison. However, foreign national prisoners were received regularly, although there were no designated services available to those who were resident at the time of the inspection. Telephone interpreting services were available but rarely used. The UK Border Agency often informed prisoners of their intention to deport very late in their sentence.
- HP24 There was no trained legal services officer; untrained residential staff handled any legal matters. The new applications system was well received by staff and prisoners. Complaint forms were freely available and appropriately logged. Most complaints involved issues associated with health care, property and categorisation. Responses were of good quality and, with the exception of health care, timely. There was appropriate analysis of all but confidential access complaints.
- HP25 The chapel and multi-faith room were well equipped and spacious. In our survey, black and minority ethnic and Muslim prisoners reported favourably on the respect shown towards their religious beliefs. There was a rota for all new prisoners to be seen by a member of the chaplaincy team within 24 hours of arrival and prisoner faith

representatives provided information to prisoners. There was a wide range of faith development sessions for Christian and Muslim prisoners. There was a designated resettlement chaplain, who linked prisoners due for release with faith communities in their area and community chaplaincy groups.

HP26 The strategic management of health care was weak and ineffective partnership arrangements meant that poor outcomes for prisoners were not robustly addressed. Prisoners reported considerable dissatisfaction with health services and other inspection evidence bore out their concerns. Primary care services were affected by staff shortages and contractual changes, although there was a new and effective nurse practitioner service. Access to the range of services was inadequate for the needs of the population. GP services were reliant on locum staff. The application process for health care services was poorly managed and there were long waiting lists for many of them. Medicines management was poor, contributing towards concerns about drug diversion. The long queues for medication were frustrating for all and impacted negatively on many aspects of the regime. There was a large number of complaints, which, until recently, had not always been dealt with confidentially or in a timely manner. Dental services provided a good level of care, although waiting lists were long. Primary mental health services were not sufficiently robust and during the inspection there was insufficient cover for staff absences. Secondary mental health services were good.

## Purposeful activity

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HP27 Time out of cell was satisfactory for most and very good for some. Prisoners had too little time in the open air and relatively short association times during the week. Although there were sufficient good-quality activity places for prisoners to be fully occupied, activity was disrupted by absences and lateness caused by problems with the administration of medication and education places were not fully utilised. The quality and range of learning and skills and employment activities were good. Outcomes for learners were good, particularly in the achievement of vocational qualifications. Literacy and numeracy support required improvement. PE provision was good. The library was a good resource but underused. Overall, outcomes for prisoners were reasonably good against this healthy prison test.

HP28 The available time out of cell averaged 8.5 hours on weekdays for most prisoners but for those on some of the enhanced wings this was considerably higher. Few prisoners were locked up during the day but we found between 17% and 22% of prisoners unlocked on wings without any activity. We also observed many insufficiently occupied wing based orderlies and cleaners. Exercise time was restricted to 30 minutes a day, with evening exercise having been lost during recent re-profiling. Some prisoners returning late from work experienced difficulty in getting even this limited amount. Association periods were limited, with evening association ending at 6.30pm, which restricted prisoners' access to activities and made contact difficult with family and friends who worked during the day.

HP29 There was good overall management of vocational training and education provision, with effective collaboration between the prison and the main education provider to plan and resource the provision. However, there was no clear strategic plan identifying planned improvements and provision. Initiatives to extend the range of employment and training opportunities had been successful. The number of activity

places was sufficient to occupy prisoners fully. Identification of prisoners' needs was good and arrangements for the allocation of prisoners to activities were satisfactory, although procedures for moving prisoners to identified courses after initial allocation were not sufficiently flexible and waiting lists for some courses were long. Punctuality had improved but activities started late and attendance by those requiring medication was severely disrupted.

- HP30 The education places were not fully utilised. Both the induction and initial assessment process and the careers information and advice service were good. The range of programmes in education was satisfactory and there was a wide choice of personal development courses. Achievements were generally high, except in literacy and numeracy. Prisoners were enthusiastic and cooperative, and behaviour was generally good.
- HP31 There was a wide range of employment-related vocational training, with excellent resources. Achievement of qualifications and the standard of work were high, and there was good progression. There was insufficient literacy and numeracy support in vocational work areas.
- HP32 There was a wide range of purposeful work, with a focus on developing employability skills. The facilities were impressive, with high standards of work and good accreditation opportunities in most areas.
- HP33 The library provided a good resource but was underused.
- HP34 PE and healthy eating were well promoted through a network of peer health trainers. There was a well-managed PE programme and all prisoners could access recreational PE three times a week.

## Resettlement

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HP35 The reducing reoffending strategy covered all the pathways but insufficient work had been done to map and monitor progress. Offender management was fractured and the service for prisoners varied greatly but was inadequate for phase two prisoners. The use of release on temporary licence and home detention curfew was low and prisoners recategorised to D waited too long for transfer to open conditions. A wide range of interventions to help prisoners to resettle successfully were available, and although staff shortages had hindered the delivery of offending behaviour programmes, in all other areas key targets were met or exceeded. There was good drug and alcohol programme provision. The children and families pathway was well developed. Overall, outcomes for prisoners were reasonably good against this healthy prison test.

HP36 A resettlement needs analysis undertaken in 2010 had not been sufficiently robust and the specific needs of the indeterminate-sentenced population had not been analysed. The resettlement strategy covered the seven reducing reoffending pathways and an action plan was in place but it was unclear how specific progress against milestones was monitored and tracked. The separate offender management unit (OMU) policy was weak and limited to a description of functions and tasks. It did not provide a detailed strategy and the OMU did not have a sufficiently high profile across the prison, with some staff not fully understanding its purpose and role. The

structure and management of the OMU was disjointed, with two teams (managing prisoners in scope of phase two and phase three of the offender management model, respectively) delivering a very different quality of service. Public protection was managed separately, by a senior probation officer.

- HP37 Most of the population was subject to offender management or the offender assessment system (OASys). The completion of OASys assessments was up to date but quality was sometimes poor. All determinate-sentenced prisoners, even those serving less than 12 months, had an offender supervisor allocated. Phase two prisoners received an inadequate service, which was reactive rather than proactive. Offender supervisors did not have time to provide contact with either in- or out-of-scope prisoners beyond the assessment and planning stage. Uniformed offender supervisors had received little training, particularly in the assessment and management of risk of harm. There were no formal sentence planning boards for in-scope phase two prisoners and many prisoners complained that it was difficult to contact their offender supervisor. Until recently, record keeping of the contact between offender supervisors and prisoners had been poor. Communication between other units in the prison and the OMU was limited, with too few replies by the OMU to requests for information. Contact with community-based offender managers was generally positive.
- HP38 Probation offender supervisors managed the lifers and prisoners serving indeterminate sentences for public protection (IPP). These indeterminate-sentenced prisoners received a more proactive service, with formal sentence planning boards and regular structured one-to-one sessions with their offender supervisors. Preparation of parole dossiers was up to date. There were no formal lifer days, although consultation with lifers was good. With the exception of issues surrounding transfer to category D establishments, lifers and IPP prisoners reported favourably on their case management.
- HP39 The use of home detention curfew (HDC) was low and until recently the majority of HDC boards had been late. Recategorisation processes were sound and at the time of the inspection 30 determinate-sentenced and 15 indeterminate-sentenced prisoners had been awarded category D status. However, opportunities for release on temporary licence (ROTL) were limited and all category D prisoners waited an unacceptably long time to be transferred to open conditions.
- HP40 The public protection policy was thorough, with prisoners being screened on arrival, and there were monthly risk management meetings. However, attendance at the risk management meetings was variable and the identification of multi-agency public protection arrangements (MAPPAs) levels before release was not sufficiently systematic.
- HP41 The assessment of resettlement needs was disjointed and had the potential for duplication of signposting. However, support before release was adequate, with a pre-discharge check.
- HP42 Two part-time Nacro workers provided accommodation and housing advice. The target of ensuring that 75% of prisoners were released into settled accommodation was being met. There were adequate links to providers, including St Giles Trust in London and others based more locally.

- HP43 Finance, benefit and debt provision was adequate but debt advice suffered from the ending of the debt advice service earlier in 2011. Housing and benefits-related issues were addressed through Jobcentre Plus. A project had recently been introduced to help prisoners to open a bank account before release. Citizens Advice provision was limited to once a month. The education department provided a budgeting and money management course.
- HP44 The prison had exceeded its targets for the proportion of prisoners gaining employment on release and those entering education and training in the community. There were good arrangements for individual support and advice in place of a pre-release course. There were limited job search facilities for vacancies beyond Norfolk and Suffolk, although there was a good response by Jobcentre Plus, Nacro Education, Learning and Skills, and Move on East to help prisoners individually to find jobs in other regions. There were insufficient links with employers and limited use of ROTL for resettlement.
- HP45 There was adequate discharge planning for most prisoners with physical health issues and arrangements were particularly good for those with mental health needs. The care programme approach was used for those with enduring mental health programmes.
- HP46 There was an up-to-date drug and alcohol strategy, which was accessible to staff in the form of a website on the local computer network. The strategy was informed by a recent needs analysis, with ongoing input and funding from the local Drug and Alcohol Action Team. Prisoners had good access to CARAT services and the team provided a high level of support. The CARAT-based primary alcohol work and an alcohol-related violence programme had recently been added to the range of treatment programmes available. There were links with the Norfolk drug intervention programme, although this was less effective for the many London-based prisoners than for those from the local area.
- HP47 Provision to encourage contact with children and families was well developed. The Storybook Dads programme was provided and a parenting skills programme was available. Weekly family visits and monthly children's visits were available to all prisoners on the standard and enhanced regime. The requirement for prisoners to have a minimum of three adult visitors on family days and to wear prison clothing on domestic visits was unnecessary. The visitors centre was welcoming. The visits hall was large, bright and well decorated. The seats were placed close together and some visitors felt that this hindered privacy. Searching processes for visitors were efficient and feedback from visitors was positive. Prisoners were able to book their own visits.
- HP48 A wide range of offending behaviour programmes was available, with the exception of an intervention to address domestic violence. The completion targets had not been met for the previous year. The Cognitive Skills Booster Programme was not being delivered because of staff shortages. Prisoners reported long waiting times for some programmes. Psychological service provision had increased, resulting in earlier assessment for interventions, the completion of IQ tests and other consultation services.

## Main concerns and recommendations

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- HP49 Concern: First night arrangements were poor and lacked a formal written policy. Prisoners on their first night were located in inadequately maintained and unwelcoming accommodation and had limited contact with staff. They reported poor feelings of safety.
- Recommendation: First night arrangements should be reviewed and take account prisoners' poor feelings of safety on their first night and the amount of contact with staff. There should be a clear policy on the management of prisoners on their first night.**
- HP50 Concern: Large numbers of prisoners were transferred out of the segregation unit to other prisons without any identification of their problems and support to help them cope.
- Recommendation: Senior managers should develop a comprehensive policy for the management and transfer of prisoners in the segregation unit. The policy should include how problem behaviour and underlying causes will be investigated, how individual needs will be met and options for reintegration or transfer.**
- HP51 Concern: The recently introduced compulsory opiate dose-reduction programme had not been implemented in accordance with best clinical practice, created unacceptable risks and caused high levels of frustration and anxiety amongst prisoners.
- Recommendation: A flexible and individualised opiate dose-reduction regime for prisoners on the integrated drug treatment system programme should be urgently introduced to replace the current inflexible regime.**
- HP52 Concern: Prisoners' access to and the quality of the majority of health care services were poor.
- Recommendation: The Prison Health Partnership Board should have robust assurances in place to monitor the implementation, quality and management of health care provision.**
- HP53 Concern: Offender management arrangements for determinate-sentenced prisoners were poor and provided inadequate sentence planning and risk assessment processes and insufficient contact with suitably trained offender supervisors.
- Recommendation: Offender management arrangements for determinate-sentenced prisoners should be improved, so that all prisoners have sentence planning boards and a proactive service from their offender supervisor.**
- HP54 Concern: The substantial number of category D prisoners waited too long for transfer to the open estate.
- Recommendation: Prisoners who have been recategorised to D should progress to open conditions as soon as possible.**

# Section 1: Arrival in custody

## Courts, escorts and transfers

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### Expected outcomes:

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

- 1.1 Escort vans were clean and suitably stocked with supplies of sandwiches and water. Most prisoners told us that they had been treated well by escort staff but some had not been offered toilet breaks.
- 1.2 The escort vans we inspected were clean and equipped with water, sandwiches and gel bags. In our survey, 64% of respondents said that they had been treated well or very well by escort staff, which was similar to the comparator, and most had experienced journeys of less than four hours.
- 1.3 Some prisoners told us that they had been offered the use of gel bags instead of comfort breaks during their journey. Escort staff we spoke to confirmed that if prisoners requested the use of a toilet, they would be offered a gel bag rather than delay the journey by making a stop. Those who had stopped at other establishments during their journey had been offered the chance to use a toilet.
- 1.4 Most prisoners had known where they were going when they had been transferred from their previous prison, and responded positively in our survey about this. None of the prisoners we spoke to had received any written information about the establishment before their arrival.
- 1.5 The prison had no video-link facilities for use for court hearings. Prisoners going to court or being transferred were accompanied by all their property and cash. Those being discharged to court were required to wear prison clothing.

### Recommendations

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- 1.6 Prisoners should be offered comfort breaks at least every two and a half hours.
- 1.7 Prisoners should not be required to attend court in prison clothing.

## First days in custody

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### Expected outcomes:

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

1.8 The reception area was clean and bright, although there was some graffiti in holding rooms. Staff were polite and respectful. There was little to occupy prisoners, and they spent too long in reception. There was no private interview with staff in reception or on the first night. Searching arrangements for new arrivals were excessive. There was no formal first night policy. First night cells were in poor condition. Prisoners had little contact with induction staff on their first night but were positive about the involvement of prisoner orderlies in the first night and induction process. Not all prisoners had the chance to make telephone calls or take a shower on their first night. Fewer prisoners than in comparator prisons said that they felt safe on their first night.

## Reception

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- 1.9 The reception area was clean and bright and had been decorated although there was some graffiti in holding rooms. Reception was open between 8am and 7pm and was not closed over the lunch period.
- 1.10 On entering reception all prisoners were strip-searched in private and had to change into prison clothes according to their regime level. They were also searched with a metal detector, required to sit on a body orifice security scanner (BOSS) chair and then checked by drugs dogs, which was excessive for those transferring from other establishments. Prisoners returning from release on temporary licence were delayed by up to one and a half hours in returning to their wings because of long waits for the drug dogs. In our survey, 74% of prisoners said that they had been searched in reception in a respectful way, against the 78% comparator.
- 1.11 Prisoners were locked in the holding rooms and had to request access to the toilet facilities. New receptions were routinely offered refreshments and food. We observed good interactions between staff and prisoners in reception, and staff were polite and respectful, but in our survey only 50%, against the 71% comparator, said that they had been treated well or very well in reception. A reception orderly was employed to clean the area. He was trained as a Listener and engaged well with new arrivals.
- 1.12 In accordance with recent guidance from the Prison Service, reception staff said that they only reviewed the cell sharing risk assessment (CSRA) if the assessment which arrived with the prisoner was over 12 months old or the prisoner had previously been assessed as medium or high risk. When a new CSRA was required, the prisoner was interviewed in the open reception area by a reception officer, who completed the document and passed it to the reception nurse, to complete the health care section. All prisoners were seen by health services staff privately in reception but did not have the opportunity for a private interview with reception or induction staff on their first night, although we were assured that safer custody staff met individually with any prisoner on an open assessment care in detention and teamwork (ACCT) document.
- 1.13 Prisoners spent too long in reception. During the inspection, a group of six who arrived at 12.30pm were not moved to the induction wing until 5pm. Staff in reception waited until all prisoners had been processed before taking them to the wing. There was little to occupy prisoners, with some written information in the initial holding room and only a television playing pre-recorded films in the second holding room.
- 1.14 Prisoners were offered either smoker's or non-smoker's packs in reception but could wait up to two weeks for their first full prison shop order. Additional packs could be purchased if funds were available.

## Recommendations

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- 1.15 Searching arrangements in reception should reflect an appropriate risk assessment of individual prisoners.
- 1.16 Prisoners should have a structured reception or first night interview in private.
- 1.17 Prisoners should be provided with reading materials while they are waiting in reception and should be moved to residential accommodation as quickly as possible.

## First night

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- 1.18 There was no formal first night policy. On arrival on the D spur of A wing, the first night and induction wing, new receptions had a group meeting with the induction orderlies. They were given a talk about the prison and an information pack. During this meeting, the orderlies explained the role of Listeners and told prisoners about access to the Samaritans. The induction orderlies started an induction passport for each prisoner, confirming the information covered in the first night talk. The passports were kept by the orderlies until prisoners had completed their induction. Those we examined showed that few had been completed but staff kept a separate record of when the various elements of induction were completed, and this showed that most new prisoners completed their induction.
- 1.19 There was no formal first night interview with staff. Staff saw all prisoners in pairs, to give them PIN telephone credit and assign them to their cells, but otherwise had little contact with prisoners on their first night. We observed one prisoner orderly being shown confidential information from a prisoner's record on P-Nomis and being involved in discussions with staff as to where new arrivals were to be located and which wings they were to be moved to on completion of their induction. The designated first night cells were in poor condition, with broken furniture and graffiti on the walls. Two prisoners who were subject to anti-bullying procedures had been inappropriately relocated on the induction spur.
- 1.20 Prisoners who arrived on Friday afternoons had a poorer first night experience, with little time for them to meet induction orderlies, shower or use the telephone because of the early lock-up time.
- 1.21 Night staff were able to identify new arrivals by checking their arrival date on the roll board but this took some time.
- 1.22 In our survey, only 75% of respondents, against the 83% comparator, said that they had felt safe on their first night at the establishment; for black and minority ethnic prisoners, this figure was also worse than the comparator (67% versus 78%). In our groups, some prisoners reported that they had felt unsafe and vulnerable during their early days at Wayland (see main recommendation HP49).

## Recommendations

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- 1.23 Prisoner orderlies should not have access to confidential information about other prisoners.
- 1.24 The standard of accommodation on the induction wing should be improved, graffiti removed and broken furniture replaced.

- 1.25 Induction accommodation should not be used to accommodate prisoners who have been removed from other residential locations.
- 1.26 All prisoners should be able to make a telephone call and take a shower on their first night.

## Housekeeping point

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- 1.27 Night staff should be able to identify new arrivals quickly.

## Induction

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- 1.28 The induction course was a four-day rolling programme, which started on the first weekday after arrival, except Fridays. In our survey, 97% of prisoners said that they had been on an induction course, which was better than the 92% comparator, and 64%, similar to the comparator, said that it had covered everything they needed to know about the prison. Prisoners we spoke to were positive about the induction sessions they had attended, and particularly about the involvement of the induction orderlies. When prisoners were not involved in scheduled activities, they were locked in their cells.
- 1.29 Prisoners were provided with an induction booklet, which contained only text and would not have been easy for those with limited literacy abilities to read and understand. They saw staff from different departments during induction, including a prisoner resettlement orderly, who interviewed each new arrival in private. He passed on referrals to appropriate departments, such as Nacro, where necessary, to address all resettlement needs. All prisoners were seen by the chaplaincy team on their first day and undertook an education basic skills assessment. This all took place in the induction classroom, which was an adequately sized, bright room on the induction unit. Prisoners went to the gym and library for those specific elements of their induction.

## Recommendation

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- 1.30 Prisoners should not spend long periods locked in their cell during induction.

# Section 2: Environment and relationships

## Residential units

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### Expected outcomes:

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

2.1 The newer wings were mainly clean but the older wings were less well maintained and contained some graffiti. External areas outside these wings were littered. Communal showers were not screened and were often cold. Cells in the old accommodation were too small to be shared. On-wing laundry facilities were available only for enhanced prisoners. Prisoner meetings provided a useful forum for prisoners to raise concerns. Mail and telephone provision was adequate but there were not enough telephones on E wing.

### Accommodation and facilities

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- 2.2 The newer wings were generally well decorated and clean but the older wings (A to D) were less well maintained. We found graffiti in cells on A wing and in communal areas on all the older wings. Outside areas around these wings were, at times, litter strewn. Single cells on the older wings continued to be shared and there was not enough room for furniture for two. Shared cells on the newer wings were larger and had adequate furniture. Prisoners on the newer units had privacy keys to their cells.
- 2.3 There was no provision to dine in association, so prisoners ate in their cells. In our survey, fewer prisoners than at comparator prisons said that cell call bells were answered within five minutes. There was no local system to assess the speed of staff response to alarm bells.
- 2.4 An offensive display policy had been issued. Staff and prisoners we spoke to were aware of what was considered acceptable and the policy was monitored effectively.
- 2.5 Although some residential units were noisy during association, they were mostly peaceful during our night visit. In our survey, more prisoners than at comparator establishments said that it was normally quiet enough for them to relax or sleep in their cells at night.
- 2.6 Some prisoners in our groups complained about access to telephones, as evening association ended at 6.30pm and their family members and friends did not get home from work until after that time. Telephone calls cut off after 10 minutes; prisoners then had to wait 10 minutes before being able to make another call. Additional telephones had been situated on the newer wings but there remained insufficient telephones on E wing.
- 2.7 There were no restrictions on the amount of mail that prisoners could send or receive. Incoming mail was collected daily from Monday to Saturday by operational support grades and was sorted on the same day. Up to 5% of mail was checked, including mail for prisoners subject to public protection measures. Incoming mail was distributed to the wings on the same day. A register was kept of any Rule 39 privileged mail (legal and confidential access correspondence) that had been opened in error. Few such incidents had been recorded in the

six months before the inspection, most of which had arisen because envelopes had not been marked as Rule 39 mail and a few because of human error.

- 2.8 Prisoner meetings provided a useful forum for prisoners to raise concerns and there was evidence that matters arising were addressed. The meetings were held monthly and attended by prisoner representatives from each wing.

## Recommendations

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- 2.9 Two prisoners should not share cells meant for one.
- 2.10 There should be a minimum of one telephone per 20 prisoners.
- 2.11 Prisoners should have access to telephones after 6.30pm.

## Housekeeping point

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- 2.12 External areas should be free from litter.

## Clothing and possessions

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- 2.13 Prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme could wear their own clothes and those on standard could wear their own T-shirts, socks and underwear.
- 2.14 Prisoners reported, and we observed, that supplies of laundered kit regularly ran out during kit exchange and some prisoners in our groups said that they either had to wash clothes in their cell or wait two weeks to get clean clothing. However, laundry facilities for enhanced prisoners on the newer wings were good. In our survey, 53% of respondents, worse than the 59% comparator, said that they were offered clean, suitable clothes for the week, and 70%, worse than the 80% comparator, that they could get clean sheets every week.

## Recommendations

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- 2.15 Prisoners should be permitted to wear their own clothes and have adequate access to laundry facilities.
- 2.16 Prisoners should be provided with sufficient clean prison-issue kit every week.

## Hygiene

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- 2.17 More prisoners in our survey (83%) than at comparator prisons (74%) said that they normally received cell cleaning materials each week.
- 2.18 Basic hygiene items were available in residential areas. More prisoners than at comparator prisons (97% versus 92%) said that they were able to have a shower every day. The cleanliness of showers varied, and those on E wing often ran cold. None of the communal showers was screened.

## Recommendation

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- 2.19 Communal showers should be adequately screened and water temperatures made more reliable.

## Staff–prisoner relationships

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### Expected outcomes:

Prisoners are treated respectfully by staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

- 2.20 Staff–prisoner relationships were reasonable. Staff knew the prisoners in their care and prisoners mostly spoke positively about staff and felt respected.
- 2.21 In our survey, 76% of prisoners said that staff treated them with respect; this was similar to the comparator but worse than at the time of the previous inspection (89%). Most prisoners told us that there was usually someone on their wing who would help them if asked, although only 65% of respondents to our survey said that there was a member of staff that they could turn to if they had a problem, which was worse than the 74% comparator and than at the time of the previous inspection (73%).
- 2.22 Staff knew the prisoners in their care, and most prisoners we spoke to were reasonably positive about staff and felt respected. Some suggested that there were individuals who were less helpful than others, and criticism often referred to being sanctioned under the IEP scheme. We mostly observed staff to be courteous and helpful to prisoners. The differing environments that the wide range of accommodation provided had a large impact on staff–prisoner interactions, with more engagement on the newer and the enhanced wings than on the old wings, the design of which made it difficult to observe and interact with prisoners with any continuity.

## Personal officers

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### Expected outcomes:

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

- 2.23 The personal officer scheme was in place across the prison. Staff and prisoners engaged well with it and it was clearly understood and becoming established. Prisoners knew who their personal officer was and there were regular records of contact with prisoners. Most records related to behaviour, with little wider information recorded.

- 2.24 The personal officer scheme was in place across the prison but was underdeveloped and a predominantly administrative process. Only a small number of staff had undergone training for the role. Prisoners we spoke to were aware of who their personal officer was but reported a lack of helpfulness, contact or involvement in sentence planning. The process was location based, which was reasonable for such a large prison. There were regular entries on the computerised recording system (P-Nomis), although these were usually made every two weeks and reflected behaviour, with few entries referring to sentence planning or resettlement. Despite the policy stating that personal officers would attend sentence planning events and be involved in offending behaviour course reviews, we found no evidence of this, and staff told us that they were not invited or able to leave the residential wings during the core day to attend such meetings.

## Recommendations

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- 2.25 Personal officers should attend sentence planning and resettlement reviews.
- 2.26 The training of personal officers should be expedited.

## Housekeeping point

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- 2.27 Entries on P-Nomis should reflect developmental needs and achievements, as well as behavioural reports.

# Section 3: Duty of care

## Bullying and violence reduction

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### Expected outcomes:

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

- 3.1 The comprehensive violence reduction strategy was out of date in parts. It was managed by a multidisciplinary committee and a safer custody team. A bullying and violence survey had not been completed recently. There was good communication and cooperation between departments to identify and challenge bullying. Levels of violence were low and incidents of bullying well managed, with thorough investigations undertaken. More black and minority ethnic than white prisoners said that they currently felt unsafe. Family liaison for all aspects of safer custody was good.
- 3.2 The comprehensive violence reduction strategy was out of date in parts and in the process of being updated. There had been no recent anti-bullying survey to inform the strategy. Exit surveys were undertaken but information from these had not been analysed. The multidisciplinary safer custody committee met monthly and monitored and discussed all incidents of violence and bullying, the use of the violence reduction procedures, and a range of information and statistics to identify any patterns or trends. The safer custody team covered both bullying and violence reduction, and self-harm and suicide prevention. Violence reduction and bullying issues were also discussed at the weekly security briefing. The safer custody coordinator met all newly arrived prisoners who were the subject of an open assessment, care in custody and teamwork (ACCT) document.
- 3.3 The Listener coordinator attended the first part of the safer custody committee. Anti-bullying prisoner representatives had recently been appointed. They had been given a clear brief on their role in supporting prisoners and were due to undertake formal training to assist them in this. No meetings had yet taken place with these representatives and there had been a gap of 12 months since representatives had last been appointed. Violence reduction and anti-bullying were promoted across the prison, with information given during induction by Listeners.
- 3.4 The violence reduction procedures included four stages of monitoring and intervention for perpetrators and a support plan for victims. The procedures were well understood and used by staff. Good communication between safer custody and other departments, particularly security, ensured that all information about potential violence and bullying issues was referred to the safer custody team and investigated. The quality of the investigations was good and staff used the violence reduction procedures appropriately. The incentives and earned privileges (IEP) scheme and, ultimately, segregation were used in the most serious cases but there were no formal interventions for either bullies or victims.
- 3.5 Although victims were given support plans, a number of them were moved to another unit. This was appropriate in incidents involving more than one perpetrator but not when there was only one identified perpetrator.

- 3.6 In our survey, 37% of prisoners said that they had felt unsafe at the prison at some time, which was worse than the 31% comparator, but only 16% currently felt unsafe, in line with the comparator. The responses of black and minority ethnic prisoners were more negative, with 43%, against the 35% comparator, saying that they had ever felt unsafe and 24%, against the 12% comparator, currently feeling unsafe. The survey showed that prisoners' responses to questions about victimisation by staff were poor against a number of the questions (see section on diversity).
- 3.7 There had been 59 incidents of bullying between January 2011 and the time of the inspection. Most incidents involved assaults and threats to prisoners. Investigations were thorough and inventive, and swift action was taken when bullies were identified. The safer custody coordinator checked observation books and bullying documentation weekly, and reports of injuries to prisoners were checked for any unexplained injuries, which would then be investigated. When prisoners who had been accused of, or found to be, bullying were transferred, the safer custody department of the receiving prison was contacted and informed of the details.
- 3.8 Families and friends of prisoners were encouraged to contact the prison about any safer custody matters, and some imaginative and supportive work had been done with families to ensure that prisoners were kept safe.

## Recommendations

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- 3.9 An anti-bullying survey should be undertaken and used to inform current practice.
- 3.10 The prison should develop and promote a range of support services for victims of bullying and interventions for perpetrators.
- 3.11 The negative perceptions of black and minority ethnic prisoners around safety, and of all prisoners around staff victimisation, should be investigated and action taken where necessary.

## Good practice

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- 3.12 *Family liaison and support was good and provided prisoners' relatives and friends with increased confidence around safety issues.*

## Self-harm and suicide

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### Expected outcomes:

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

3.13 The self-harm and suicide prevention policy was well managed and monitored by a multidisciplinary committee. Levels of self-harm were low. Prisoners on assessment care in detention and teamwork (ACCT) documents reported a good level of support from staff and the documentation was well completed. The team of Listeners was well supported by the local Samaritans and had free movement around the prison. The gated cell was poorly situated and this and the buddy cell provided poor environments for those in crisis.

3.14 There was an up-to-date and comprehensive self-harm and suicide prevention policy, implemented, managed and monitored by a monthly safer custody committee. The committee was multidisciplinary and meetings were attended by representatives from a range of departments, including the Listener coordinator. The committee considered a wide range of information and statistics, and monitored any patterns or trends. The continuous improvement plan lacked strategic direction and had few actions detailed.

3.15 Prisoners at risk of self-harm or suicide were managed and supported using ACCT procedures. We spoke to a number of prisoners who had been, or were currently being, supported on ACCT documents and they all described good support from staff. A review of closed and current ACCT documents showed them to be well completed. Reviews were multidisciplinary and interactions happened in line with the recommended frequency. Written entries showed evidence of meaningful interaction with prisoners. Prisoners were given written information explaining the ACCT procedures. The safer custody team contacted receiving prisons when prisoners were transferred on open ACCT documents and sent notifications to relevant people for those released when ACCT documents were open.

3.16 Care plans were generally of adequate quality, with most demonstrating the use of thoughtful interventions. There was evidence of actions being followed up and completed, including prisoners accessing activities. Follow-up reviews were carried out seven days after the ACCT document was closed. The safer custody team conducted regular quality checks of ACCT documents, and deficiencies were addressed through the safer custody meeting. Activity boxes were available on all wings, with additional distraction puzzles supplied by the safer custody team for those requiring extra support.

3.17 There was a large group of Listeners, some newly trained, who were well supported by the local Samaritans, with twice-monthly meetings. Listeners had free movement around the establishment and a rota system was in operation. Newly qualified Listeners were paired up with experienced Listeners in their early days, to provide additional support. The constant observation gated cell on B wing was inappropriately located at the end of a noisy and busy spur. This, and the buddy cell on A wing, were bare, inadequately furnished and provided a poor environment for a prisoner in crisis. The buddy cell contained only three chairs, so could not be used comfortably overnight. The gated cell had been used only once in 2011 to date and 13 times between June and December 2010. The buddy cell had been used seven times so far in 2011. A Listener suite on E wing had been taken out of use.

3.18 There had been only 44 incidents of self-harm in 2011 to date and no recent self-inflicted deaths.

## Recommendations

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3.19 The continuous improvement plan should reflect strategic plans for the care of those at risk of self-harm and suicide.

- 3.20 The gated cell on B wing should be relocated to a more suitable, quieter location.
- 3.21 The gated cell and buddy cell should be made more comfortable and welcoming, to provide a better environment for those in crisis.

## Applications and complaints

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### Expected outcomes:

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

- 3.22 Application forms were freely available. Applications were logged on an electronic system. The complaints system was well managed and responses from most areas of the prison were prompt. The quality of responses was monitored.
- 3.23 Application forms were available to prisoners outside wing offices on residential units and there were application post boxes, which were emptied daily. Times for the submission of applications were posted but staff and prisoners told us that they could be submitted at any time during the unlock period.
- 3.24 There was a new applications system. Applications were logged on an electronic system which was available to managers, enabling them to monitor the timeliness of replies. Senior officers on the wings were tasked with ensuring that any late responses were followed up. Prisoners told us that this system was much better than the previous paper-based one and that responses were normally received within seven days. Responses to questions in our survey about the fairness and timeliness of applications were broadly in line with the comparators but more negative than at the time of the previous inspection.
- 3.25 Complaint forms were freely available on residential wings, with a supply of envelopes for confidential access. Complaints were collected by the night orderly officer and delivered to the complaints clerk, who logged and tracked each one, chased replies and contacted other establishments about complaints concerning a prisoner's time there.
- 3.26 In the six months before the inspection, over 2,000 complaints had been recorded, and the full-year total was on course to be similar to the 2010 total of just over 5,000. Prisoners in our groups were negative about the complaints system. In our survey, only 25% of respondents, against the 34% comparator, said that complaints were dealt with fairly. The number of prisoners reporting that complaints were dealt with promptly was similar to the comparator but the number who had been made, or encouraged, to withdraw a complaint was high, at 33% (against the 24% comparator and 19% at the time of the previous inspection). A large number of confidential access complaints was made (250 in 2011 to date) but there was no evidence of any analysis of data.
- 3.27 Monthly monitoring included the subject of the complaints, and the ethnicity and location of complainants. Findings were discussed at the senior management meeting, and managers were tasked with addressing repeat issues. Health care, property and recategorisation regularly made up the greatest proportion of complaints. Until recently, health care had been the single notable area for late replies; we observed one reply that had been answered 123 days after submission, and also that interim replies had been given in many cases.

- 3.28 A check of 10% of responses was made each month by a manager. In the sample of complaints we examined, we found that replies generally dealt with the issue fairly and that responses were reasonable.

## Legal rights

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### Expected outcomes:

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

- 3.29 There was no legal services officer. There were sufficient legal visits sessions, and private booths were available. The library held a full supply of legal texts and Prison Service Orders.
- 3.30 Since the previous inspection, the prison had lost the post of dedicated legal services officer. Prisoners who required legal help were assisted by residential staff, who were not trained in, or profiled to deliver, legal services.
- 3.31 Most recalled prisoners had received documentation at previous establishments; when they had been moved before it had been received, clerks in the discipline office were proactive in obtaining it. There was no mechanism for ensuring if the recall packs were delivered to prisoners on time and reliably, or that they understood the reasons for recall and how to challenge the decision.
- 3.32 In our survey, fewer respondents than at comparator establishments said that it was easy to communicate with their legal representative (44% versus 49%) or attend legal visits (46% versus 54%). From our discussions with prisoners, these negative responses related to their distance from home areas and being fully occupied during the day, when they needed to make telephone calls.
- 3.33 The arrangements for legal visits were adequate and offered sufficient privacy, with eight private booths and seven visits sessions a week. There was a video-link facility for contact with probation officers but none for other legal visitors.
- 3.34 The library held the full complement of mandatory publications and a list of Prison Service Orders, and instructions were on display. Prisoners were provided with copies of the sections they required and could consult legal texts.

## Recommendation

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- 3.35 There should be a dedicated legal services officer, with a job description which meets the needs of the prison population.

## Faith and religious activity

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### Expected outcomes:

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

- 3.36 Faith leaders were provided for all of the faiths represented in the prison and there were no barriers to prisoners' access to worship. The chaplaincy was well integrated into the prison and was supported by prisoner faith representatives. Facilities for worship were good. A range of courses, individual sessions and classes providing both faith development and pastoral care was provided. The Prison Fellowship delivered a victim awareness programme, and volunteers ran a resettlement course for indeterminate-sentenced prisoners. There was a designated resettlement chaplain, who linked prisoners due for release with faith communities in their home areas.
- 3.37 The chaplaincy team comprised 16 chaplains, of different faiths and denominations, coordinated by a full-time chaplain from a Christian Baptist background. All the faiths represented in the prison were provided with a faith leader, either from among the chaplaincy team or from those who attended on a sessional basis. Prisoners did not have to apply to attend services, prayers or meetings, and there were prisoner faith representatives to advise about access. These representatives were recommended by the chaplain from their faith and met the chaplain every two months for a briefing and consultation.
- 3.38 Religious festivals were celebrated and publicised through the faith representatives.
- 3.39 Prisoners who wished to have religious artefacts in their possession were allowed to do so. They could be purchased from catalogues and this entitlement was not affected by IEP restrictions. From autumn 2011, these artefacts would be available from the prison shop.
- 3.40 Although chaplains were designated to see all prisoners within 24 hours of arrival at the prison, in our survey only 37% of respondents, against the 46% comparator, said that they had seen a chaplain during this time. The coordinating chaplain was confident that all prisoners were visited and that the survey response may have reflected the fact that chaplains from any faith might visit new arrivals, rather than a chaplain from the prisoner's own faith.
- 3.41 The chaplaincy team was well integrated into the prison. Chaplains drew keys and were core members of all appropriate committees concerned with the care of prisoners. A duty chaplain visited the segregation unit, health care unit and all prisoners subject to ACCT procedures daily.
- 3.42 Facilities for conducting religious services and meetings were well equipped and spacious. A large chapel was used for all Christian denominations and some Muslim meetings. In the chaplaincy area, there were large meeting rooms which were suitable for gatherings of other faiths, such as Buddhist and Sikh. In the newly built area, there was a large multi-faith room which was used for Muslim prayers, which had good washing and footwear storage facilities.
- 3.43 The chaplaincy provided a range of classes and pastoral services. Faith development courses were available during association periods for Christian and Muslim prisoners.
- 3.44 The chaplaincy had a volunteer group, members of which visited prisoners weekly for individual sessions of personal discussion, although they were not trained counsellors. They visited 15 prisoners a week and spent an hour discussing emotional and family issues with them. A structured programme was also provided four times a year, to help prisoners deal with loss in their lives. The Sycamore Tree victim awareness programme was run eight times a year by the Prison Fellowship, and each course took 20 prisoners. Chaplaincy volunteers provided a special group, known as Outside In, for indeterminate-sentenced prisoners, with the aim of preparing them for life outside prison.

- 3.45 One of the chaplaincy team was designated as a resettlement chaplain. She offered prisoners due for release a link with faith groups in their areas. She did not directly provide other resettlement services but referred prisoners to those available, as required. There were links with external Christian faith communities, who visited the prison to provide services. These included a black Pentecostal group and the Light of Life church, for Gypsy/Travellers. Contact had been made with a Muslim group but they had not yet started visiting the prison.

## Good practice

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- 3.46 *The group for indeterminate-sentenced prisoners was an imaginative initiative to prepare them for release.*
- 3.47 *The designation of a resettlement chaplain helped prisoners to make community links.*

## Substance use

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### Expected outcomes:

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

- 3.48 A new inflexible opiate dose reduction regime had been introduced without adequate consultation or communication. Mandatory drug testing results were above the key performance target. Suspicion testing rates were not sufficiently high and the number of dropped tests was not monitored.

## Clinical management

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- 3.49 A comprehensive opiate dose-reduction regime had been introduced recently, in line with National Treatment Agency (NTA) guidance (*Updated Guidance for Prison-Based Opioid Maintenance Prescribing*, NTA March 2010). While we did not question this in principle, we had concerns about the way in which it had been rolled out and delivered. The change had been introduced suddenly with little consultation or communication with prisoners and relevant professional staff. In some cases, previously agreed care plans and case review conclusions appeared to have been disregarded. Many prisoners told us that their requests for symptomatic relief medication had been disregarded. We had concerns about the psychological, sociological and ethical risks of this practice. Clinical staff made repeated references to the treatment contract and budget, citing the need to save money as being the principal driving force behind the blanket approach to the methadone dose reduction, rather than concern for prisoners' clinical recovery needs.
- 3.50 Since the introduction of the compulsory dose-reduction regime, prisoners had lost confidence in the integrated drug treatment system (IDTS), which was located on D wing. Prisoners on this wing expressed feelings of being let down, ignored and disempowered. There was evidence of prisoners topping up their reduced methadone doses with illicit drugs.
- 3.51 Only two, out of four, specialist IDTS nursing posts were filled at the time of the inspection. This was inadequate to deal with a caseload of 110 prisoners. 13-week reviews were

frequently cancelled and there was no co-facilitation of group work with counselling, assessment, referral, advice and throughcare (CARAT) workers. Individual prisoners received inadequate support..

- 3.52 The above issues had the combined effect of rendering the IDTS programme unsafe and increasing the level of risk in regard to self-harm, suicide and overdose from topping up with illicit drugs. Four ACCT documents had been opened because of this situation, and several prisoners said that their dual diagnosis issues had not been adequately taken into account when the dose of their opiate substitutes had been reduced.
- 3.53 We also considered staff to be at increased risk; we witnessed verbal abuse and threats of assault at the medication hatch, with general health services nurses having to tell prisoners that there was nothing they could do. CARAT workers told us that their concerns over the reduction regime had been ignored by the clinical staff.

## Recommendations

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- 3.54 The number of properly qualified IDTS nurses should be increased to full complement, to facilitate reviews and daily specialist care.
- 3.55 GPs should prescribe on the basis of patient's clinical needs and best practice.
- 3.56 Symptomatic relief should be given to those prisoners who are experiencing discomfort as a result of the dose-reduction regime.
- 3.57 Additional psycho-social support should be offered to all prisoners affected by the introduction of the opiate dose-reduction regime.
- 3.58 Any future changes to the IDTS regime should be based on accepted best clinical and ethical practice and fully involve service users.

## Drug testing

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- 3.59 The random mandatory drug testing (MDT) positive rate was 7.51% for the six months from November 2010 to April 2011, against a key performance target of 6.5%. The suspicion test positive rate for the same period was 34.6%, which was relatively low, suggesting a need for better quality intelligence. A few suspicion tests fell out of time because of the unavailability of testing staff, although actual numbers were not monitored routinely.
- 3.60 The MDT suite, located in the segregation unit, was clean and appropriately equipped.
- 3.61 In our survey, 19% of prisoners said that it was easy or very easy to get illegal drugs in the prison, against a comparator of 32%. Test results and drug finds suggested that Subutex (buprenorphine) and gabapentin and pregabalin were the most commonly abused drugs, suggesting that at least some of these drugs were being diverted at the medicines hatch, in spite of the reasonably good levels of supervision we observed during the inspection.

## Recommendations

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- 3.62 A mechanism to manage target testing more effectively should be developed, to ensure that they are undertaken within the required timeframe.
- 3.63 The prison should ensure that effective security measures are in place, to reduce the quantity of diverted prescribed medication.



## Section 4: Diversity

### Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

- 4.1 There was a comprehensive diversity policy but it lacked detail. The equalities team was adequately staffed and governance of equality was through an inclusive team, monitoring an action plan. One impact assessment had been completed and there was a programme for further assessments to be undertaken. The completed assessment had not included prisoner consultation.
- 4.2 The diversity team comprised a senior officer and two full-time prison officers. The team had responsibility for equalities generally, rather than specific diversity strands. They had completed some training but were recently appointed and were waiting for full race and equality training.
- 4.3 There was a diversity policy, which addressed all diversity strands and included staff diversity. The policy did not adequately describe how the aims of the policy would be achieved.
- 4.4 The governance of diversity was through the diversity and race equality action team (DREAT). It was chaired by the governor and attended by the heads of regimes and residence. Attendees also included representatives from the Independent Monitoring Board (IMB) and the Norwich and Norfolk Race Equality Council. It met monthly and discussed mainly staff issues in one month and then prisoner issues in the following month, when prisoner representatives attended. Systematic Monitoring and Analysing of Race Equality Template (SMART) monitoring of race equality was considered at this meeting but outcomes for other minority groups were not monitored.
- 4.5 There was a DREAT action plan, which contained objectives for all diversity strands and incorporated objectives for staff and prisoners. Progress was monitored and the plan was updated accordingly.
- 4.6 At the time of the inspection, one equality impact assessment had been drafted, relating to the PE department. It identified some key issues regarding all strands of diversity but did not appear to have been based on consultation with prisoners from relevant minority groups. A programme of equality impact assessments, due for completion in October 2011, had been published and the priority areas had been identified by the examination of SMART data.

### Recommendations

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- 4.7 **Members of the equalities team and other staff should be fully trained in prisoner diversity.**
- 4.8 **The prison diversity policy should be reviewed and rewritten to include detail of how the aims of the policy will be achieved.**

- 4.9 The diversity and race equality action team should consider monitoring for all minority groups and take action to address inequalities.
- 4.10 Impact assessments covering all diversity strands should be completed for all aspects of the regime and should include prisoner consultation.

## Race equality

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4.11 The prison held a large number of prisoners from a black and minority ethnic background. In our survey, prisoners from minority groups reported less positively on matters of safety and victimisation. Staff equality training was limited. Race monitoring was effective. Prisoners with a history of racist behaviour were identified effectively. The number of racist incident report forms submitted was falling year on year, and prisoners expressed a lack of confidence in the system. Investigations were thorough and the quality was monitored but replies to prisoners were not sufficiently informative. Prisoner race and Gypsy/Traveller representatives were supported by a prisoner race orderly and met the equality officer monthly. There were no displays celebrating diversity in the prison.

- 4.12 At the time of the inspection, there were 347 (32%) prisoners from black and minority ethnic backgrounds, which was considerably higher than the average of 26% in comparator establishments.
- 4.13 In our survey, the responses of prisoners from a black and minority ethnic background were less positive than those of white prisoners in important areas of support, safety and victimisation. This had also been the case at the time of the previous inspection, and this issue had been included in the prison's DREAT action plan to be taken forward through equality impact assessments.
- 4.14 In our survey, 5% of respondents said that they were from a Gypsy/Traveller background, which was equivalent to approximately 50 prisoners. Gypsy/Traveller prisoners we spoke to described regular discriminatory language being used about them which was not challenged, negative views of them from staff and little appreciation of their culture or opportunities to celebrate their background.
- 4.15 Nine race equality and five Gypsy/Traveller prisoner representatives had been appointed, and met the equalities officer every month. There was also a race equality orderly prisoner, who organised meetings and coordinated the prisoner representatives. He staffed a drop-in centre on A wing and contributed to a prisoner magazine, which carried articles about equalities issues. The representatives told us that they were sometimes frustrated about the lack of progress with the issues that they raised.
- 4.16 Race equality training was limited to Challenge It, Change It training, which mainly addressed staff equality issues.
- 4.17 Race equality outcomes in important areas were monitored by SMART monitoring and reported to the DREAT for action when consistently out of range. Managers in relevant areas were notified and provided their interpretations of the data and appropriate action that could be taken.
- 4.18 Some events had been held in the prison to celebrate Black History Month and Traveller Month, including displays in the library, inclusion of food from the relevant background on the

prison menu and visits from black and Traveller churches. There were no regular displays or events in residential areas acknowledging and celebrating racial and ethnic diversity.

## **Managing racist incidents**

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- 4.19 The prison identified prisoners with a history of racially motivated offending when they arrived and we saw evidence in the racist incident report forms (RIRFs) of staff identifying any expressions of racism.
- 4.20 The number of RIRFs submitted had dropped steadily over the previous two years. A total of 192 had been submitted in 2009 and 147 in 2010. Forty-four had been submitted in the first five months of 2011, which extrapolated to less than 106 by the end of the year. The prisoner representatives told us that there was a problem with prisoner confidence in the general complaints system and that some prisoners feared the consequences for themselves if they submitted a RIRF. This issue was included for investigation in the DREAT action plan and had resulted in a consultation meeting between the governor and prisoner representatives a year before the inspection.
- 4.21 The RIRFs we examined had been investigated appropriately and the findings were reasonable. Prisoners had been interviewed and complaints dealt with in the appropriate time scale. Although complainants were informed of the outcome of investigations, they were not provided with sufficient detail of the reasons for the decision as to whether to uphold the complaint or what would be done as a result.
- 4.22 The Norwich and Norfolk Race Equality Council examined a sample of investigations and provided feedback to the equalities team. The feedback we saw was informative and constructively critical.

## **Recommendations**

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- 4.23 The reasons for the negative responses of prisoners from black and minority ethnic backgrounds in our survey should be investigated and action taken.
- 4.24 The prison should develop and implement a strategy for effectively combating discriminatory language and attitudes about prisoners from a Gypsy or Traveller background.
- 4.25 The continuing drop in the number of incident report forms (RIRFs) being submitted should be investigated and action taken.
- 4.26 Prisoners who have submitted RIRFs should be fully informed of the reasons for the finding and the action being taken.

## **Religion**

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- 4.27 Muslim prisoners in our survey reported less favourably than other prisoners on victimisation and felt that they were not understood. Staff training in faith awareness had been designed but was not delivered regularly.

- 4.28 Most prisoners (523) identified themselves as Christian. Eighteen per cent (185) of the population were Muslim, which was higher than in comparator prisons (11%).
- 4.29 Survey responses were positive from black and minority ethnic and Muslim prisoners regarding access to faith leaders (71% of black and minority ethnic and 84% of Muslim prisoners said that they could speak to a faith leader in private compared with 53% and 54% of white and non-Muslim prisoners, respectively) and respect for their religious beliefs (65% of black and minority ethnic and 78% of Muslim prisoners compared with the 52% comparator for both groups felt that their religious beliefs were respected). However, 6% of all prisoners (worse than the 3% comparator) said that they had been victimised by staff because of their religious beliefs, and this figure rose to 9% among Muslims (versus 5% in non-Muslims) and 14% among black and minority ethnic prisoners (versus 2% of white prisoners).
- 4.30 Muslim prisoners we spoke to felt that staff treated them with suspicion, especially when they gathered in groups. They felt that this could be explained by staff having little experience or knowledge of faiths other than their own.
- 4.31 The chaplain had provided a faith awareness day for staff but it had not been well attended. He had submitted a proposal to the training department for regular faith awareness training and at the time of the inspection was waiting for confirmation of dates.

## Recommendation

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- 4.32 Faith awareness training should be delivered to all staff.

## Foreign nationals

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- 4.33 There was a small number of foreign national prisoners and a foreign nationals policy but the needs of this group were poorly assessed and provided for. Prisoners due for deportation were regularly informed too late in their sentence.
- 4.34 The prison no longer formally accepted foreign national prisoners and did not have designated staff to meet their needs. However, a number were retained and some were sent from other establishments, so the prison held a population of 32 foreign nationals at the time of the inspection.
- 4.35 There was a foreign nationals policy, which described services for them and where these could be obtained, although no member of staff was designated to ensuring that the needs of this group were met and there had been no systematic assessment of their individual needs or consultation with them. The prison had arranged for the UK Border Agency (UKBA) to visit monthly, to keep foreign national prisoners advised of the progress of their cases and to interview those who had been newly identified. There were no regular contacts with an independent organisation but the policy advised prisoners how to contact the Immigration Advisory Service.
- 4.36 During the inspection, one foreign national prisoner reached the end of his sentence and was being detained. He had not been informed of the decision by UKBA until two days previously, which gave him no time to consider his options regarding facilitated return or to make any arrangements for resettlement before the end of his sentence. We were told that the late

notification of an intention to deport was not uncommon and had been as late as the due day of release for one prisoner.

- 4.37 The prison had a contract for a telephone interpreting service and had purchased a dual handset. The service had been used only once in the three months before the inspection.

## Recommendations

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- 4.38 The needs of all foreign national prisoners should be assessed on arrival and regularly monitored.
- 4.39 Foreign national prisoners should be informed of the intention to deport them at least six months before the due date of their release.

## Disability and older prisoners

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4.40 Prisoners with a disability were identified and assessed by an equalities officer on arrival. Residential staff knew which prisoners would require assistance in the event of an evacuation and adjustments had been made to meet their needs. Prisoners with a disability reported more negatively than other prisoners in our survey. There were limited services for older prisoners and no consultation with them about their needs.

- 4.41 The prison recorded 178 prisoners (16%) with a disability at the time of the inspection, which corresponded with the number self-reporting in our survey. An officer from the equalities team interviewed every prisoner who declared a disability on reception. Information was passed to health services and education staff, so that they were prepared to meet his needs or make reasonable adjustments. While there were not formal care plans in wing files, we saw evidence of arrangements being made to meet prisoners' needs as a result of the assessment.
- 4.42 In our survey, prisoners with a disability reported more negatively than those without in several important respects: 31% (compared with 14% of those without a disability) said that they currently felt unsafe in the prison, and 35% (versus 13%) that they had felt threatened or intimidated by another prisoner. They also said that they were less likely to go to the gym twice a week (36% compared with 71%) or take outdoor exercise three or more times a week (50% compared with 71%). They also reported less participation in vocational skills training (14% compared with 29%) and in education (18% compared with 26%). Prisoners with a disability were not consulted, as a group or individually, to understand these findings and how they might be addressed. The wing office of each residential unit contained a list of prisoners with disabilities, so that arrangements could be made if evacuation was required, but formal written evacuation plans were not consistently available.
- 4.43 We found no evidence of any prisoners whose needs arising from a disability were not being met. There was no designated accommodation for prisoners with a disability but adjustments had been made for prisoners previously held, including a ramp to an exercise area, and grab rails in a ground-level cell.
- 4.44 The prison held 74 prisoners over the age of 50 at the time of the inspection, the oldest being 78 years of age. There was little consideration of their needs, apart from dedicated sessions in the gym for older prisoners. There was no specific policy addressing the needs of this group and no mechanism for regular consultation.

## Recommendations

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- 4.45 The reasons for the negative responses of prisoners with a disability in our survey should be investigated and action taken.
- 4.46 There should be regular consultation of prisoners with a disability.
- 4.47 The prison should develop consultation and specific services for older prisoners.

## Gender and sexual orientation

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- 4.48 There was a policy on sexual orientation but there were few services for these prisoners. The prison did not hold any transgender prisoners but had developed a comprehensive policy to meet their needs.
- 4.49 In our survey, 2% of respondents identified themselves as gay or bisexual, equivalent to around 20 prisoners. There was a comprehensive policy covering sexual orientation but there was little practical support. A project known as Real Voices had run while the vulnerable prisoner unit had been operating but it had not been established in the rest of the prison and was no longer available.
- 4.50 Publications for gay prisoners were available in the library and could be ordered by prisoners.
- 4.51 At the time of the inspection, the prison did not hold any transgender prisoners but had done so in the past. There was a comprehensive policy on transgender prisoners which gave clear direction on assessing and meeting the needs of such prisoners. It contained a template for a compact to be used and sources of advice on management.

## Recommendation

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- 4.52 Gay and bisexual prisoners should be regularly consulted about their needs and experience in the prison and appropriate action taken as a result.

## Section 5: Health services

### Expected outcomes:

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

5.1 Primary care services were detrimentally affected by staff shortages and contractual changes. GP services were reliant on locum staff. There was an effective nurse practitioner service. Pharmacy services had some governance issues, and medicines management was problematic. The long queues for collecting medication were a frustration to all and impacted on many aspects of the prison regime. There were long waiting lists for many health care services and there was a poorly managed application process, resulting in a large number of complaints. Dental services provided a good level of care but there were long waits. Secondary mental health services were good. Prisoners were dissatisfied about the access to, and quality of, health care services. Leadership and management of health services were poor. Partnership working was variable.

### General

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- 5.2 Health care services were commissioned by NHS Norfolk, and Serco Health held the contract. Primary health care nursing services and dental services were subcontracted to Norfolk Community Health and Care NHS Trust (NCH&C) and mental health services were subcontracted to Partnerships in Care. Medical services were provided by Serco Health and out-of-hours services were provided by East of England Ambulance Service NHS Trust. A nurse practitioner service was provided by Horizon Health, a social enterprise, and was directly commissioned by NHS Norfolk.
- 5.3 The health needs assessment had recently been reviewed and a prison health improvement action plan completed. Strategic partnership arrangements were in place and monitored through the Prison Health Partnership Board, which met quarterly to discuss issues at HMP Bure, HMP Norwich and HMP Wayland, chaired by the Director of Corporate Services, NHS Norfolk. Attendance was good and comprised representation from relevant organisations. Health care services were managed by the health care contracts manager, who was a member of the prison senior management team and had regular meetings with a health care governor and liaised with the acting modern matron. The prison health management group met every month and relevant senior staff attended from the appropriate organisations.
- 5.4 A range of documents demonstrated the intention to develop services conducive to effective patient care but this was not evident in practice. Partnership working was variable and not fully integrated. Leadership and management of services were poor. There was a lack of awareness by relevant senior prison and health staff about the extent of the problems (see main recommendation HP52). We observed satisfactory working relationships between clinical and prison staff, and prisoners being treated respectfully by clinical staff.
- 5.5 There were two health care centres, one in the old building, known as 'health care 1', and one in the new building, known as 'health care 2'. The nursing team contributed to the delivery of the integrated drug treatment system service provided on D wing (see section on substance

use). A treatment room for the administration of medicines and some clinical assessment was available on E wing. This room was well furnished but untidy and bins had not been emptied for approximately two weeks.

- 5.6 Health care 2 was situated above the segregation unit. It was modern and held a range of equipment. There was office space, rooms for clinics and an area where medication could be administered. Health care 2 was no longer used for clinics. The health care room in reception contained old and damaged furniture and the room was untidy. There were no hand-washing facilities and there was limited medical equipment. There was access to the electronic record keeping system, SystemOne. Condoms were available, along with some sexual health information.
- 5.7 Health care 1 consisted of office space for nursing, administrative and pharmacy staff, the mental health in-reach team, the health care contract manager and the acting matron. There were two waiting rooms, one of which contained a television, and work was being completed to provide holders for health promotion information. There was a dental room, a pharmacy and three treatment rooms.
- 5.8 Prisoners arrived at the health care department during free-flow times. There were no discipline staff to manage attendances, and the health care assistant who undertook this role was on leave during the inspection. The department became noisy during these times and we observed prisoners being admitted to the centre by a member of the nursing or administrative team, which was disruptive to their work. We were told that alternative arrangements were being discussed with the prison.
- 5.9 There was no nurse lead for older prisoners or those with disabilities. We met an older prisoner who was struggling with his health care needs.
- 5.10 A well-documented prisoner health forum was held every two weeks, attended by wing representatives, the health care contract manager and a member of the administrative team. Wing health representatives told us that prisoners had not been consulted sufficiently about recent service developments, and that when they had made comments about service delivery issues they had not been followed up. We noted that there was limited patient experience feedback to the clinical governance meetings.

## Recommendations

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- 5.11 All health care rooms should be clean and tidy and contain suitable equipment to undertake clinical examinations.
- 5.12 There should be a lead nurse for older people.
- 5.13 Attendance at the health care forum should be reviewed and action should be taken to follow up concerns raised by prisoners and health care representatives.

## Clinical governance

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- 5.14 Clinical governance meetings were held monthly and chaired by the clinical governance lead for Serco Health. While there were several policies and procedures in place, we observed practice that often did not reflect their content, particularly in relation to medicines

management. There was no system to record that staff had read and understood policies and procedures. We did not see an information-sharing policy.

- 5.15 There was an identified infection control link nurse, and regular infection control audits were undertaken by NCH&C as a result of a number of concerns that had been raised. There was a cleaning and infection control action plan, and infection control policies and procedures. It was not always possible to clean clinical areas daily because of the constant use of treatment areas. We were told that the cleaning contract was being renegotiated; in the meantime, the prison industrial cleaning team attended the department daily.
- 5.16 The nursing establishment consisted of an acting modern matron, who had recently been appointed to the role in a full-time capacity, supported by a team of registered nurses, health care assistants and an administrator. At the time of the inspection, resignations, annual leave and sickness were affecting staffing levels. The combination of these factors over a number of months impeded the provision of a more developed service.
- 5.17 Not all nursing or prison staff were up to date with resuscitation training. Automated external defibrillators were available around the prison, and the prison staff we asked were able to identify their nearest one. First-aid kits were up to date and checked regularly, and this was recorded. There was no oxygen around the site; this meant that the resuscitation bags were heavy, and the one on E wing was not easily accessible, as the treatment room was no longer in use.
- 5.18 Clinical supervision was reported to be available but most nursing staff had not received it or no longer had a clinical supervisor. Access to training was limited and at times cancelled owing to inadequate staffing levels.
- 5.19 SystemOne was used reasonably well for the management of clinical records, although it was not used to its full potential. Appointments and waiting lists for most, but not all, services were managed on SystemOne. Paper clinical records received from other prisons were stored in locked cupboards, complying with the Data Protection Act and Caldicott guidelines. However, many paper records were stored on the floor in the administrative office, waiting to be archived.
- 5.20 Complaints were managed through the prison complaints system. While we noted some reporting of complaints at the clinical governance meeting, this was limited and minutes stated that 'the complaints report showed an assortment of dental and medicines issues but none that were serious'. There had been over 200 health care-related complaints in the six months before the inspection. Those that we scrutinised had not always been dealt with adequately, confidentially or in a timely manner. During the inspection, we received a large number of verbal complaints concerning poor medicines management, long waits to see a clinician, poor access to external appointments and poor responses to complaints (see also section on pharmacy). The NHS patient advice and liaison service was not used. A total of 48 clinical incidents had been reported in a four-month period but there was no reporting of potential incidents that had been avoided. There was a process for the submission of F213 forms (the form used to report injuries to prisoners). We were not confident that there was a sufficiently robust mechanism to report, respond to or monitor complaints and incidents.

## Recommendations

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- 5.21 There should be a full range of policies and procedures in place, including for medicines management. Staff should sign that they have read and understood their content.
- 5.22 Emergency equipment, including oxygen, should be easily accessible throughout the prison. There should be sufficient staff trained to use emergency equipment.
- 5.23 All staff should have access to, and make use of, clinical supervision.
- 5.24 Training should be available so that clinical staff can work competently within their lead roles.
- 5.25 Prisoners should be able to complain using the NHS complaints system. Prisoners' verbal and written complaints should be responded to fully and action taken within an identified period to resolve their concerns.
- 5.26 All incidents and near-miss incidents should be reported and monitored, and lessons learnt from them. There should be robust reporting to the clinical governance meetings.

## Housekeeping points

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- 5.27 Appointments and waiting lists for all services should be managed through SystemOne.
- 5.28 All paper records should be stored in compliance with local policies and procedures.

## Primary care

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- 5.29 Prisoners were dissatisfied about the access to, and quality of, health care services. In our survey, only 35% scored the services as being good, compared with the 46% comparator and 48% at the time of the previous inspection.
- 5.30 The initial screening of all new prisoners was carried out in reception using a standard screening tool on SystemOne. We were told that prisoners could wait for a long time to see a nurse in reception if they arrived in the morning or at lunchtime.
- 5.31 There was a range of health promotion information but it was not easily accessible across the prison. Information about the full range of health services was limited and not well advertised. The gym had run a health awareness day and there were plans to deliver more.
- 5.32 The range of primary care nursing services was inadequate. All nurses held lead roles (for example, in asthma, diabetes, epilepsy, infection control, and hepatitis A, B and C). There were insufficient clinics and consequently long waiting lists. We were told that many clinics had not run since the beginning of the year. There were no nurse triage algorithms, although nurses used a flag system to triage prisoners. Reviews of prisoners in the segregation unit occurred, although staff frequently had to be reminded to perform these.
- 5.33 Smoking cessation services were well run. There were links with the gym and the health trainers' role appeared to be effective. Health trainers offered smoking cessation advice, gym instruction, weight loss advice and body fat monitoring.

- 5.34 The nurse practitioner service was available from Monday to Friday. Four nurse prescribers managed this well-run service. A team of regular and locum GPs provided seven sessions per week. An optician and physiotherapist attended regularly. There was access to occupational therapy at local hospitals, and some specialist nurse advice (for example, for diabetes) was available. We were told that equipment and mobility aids were available when required. Sexual health advice could be accessed via a genito-urinary medicine clinic but the waiting list was long. Hepatitis A and B immunisation clinics were provided each week.
- 5.35 Prisoners had to submit an application form for appointments. Attempts were made to collect applications daily but this was not always possible. We tested the application system and found that it could take two days for an application form to reach the health care department. There was then a further delay while the application was processed. During the inspection, there was a backlog of 50 applications waiting to be processed, and some forms had been completed approximately two weeks previously. The health care application box on N wing was broken, which meant that confidential information could be accessed by anyone. Repeat prescriptions were included among the applications which had not been processed. We saw prisoners waiting in the department for over an hour, as their appointment slips stated the same appointment time.

## Recommendations

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- 5.36 Prisoners should have access to a full range of nurse-led clinics.
- 5.37 Action should be taken to address the long waiting lists for health services.

## Housekeeping point

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- 5.38 Health promotion information should be available across the prison.

## Pharmacy

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- 5.39 There was a part-time pharmacist and a full-time technician post based at the prison. The pharmacy room in health care 1 was too small and not suitable for its use. The treatment room in health care 2 provided a better environment. The treatment room on E wing was no longer used. There were no pharmacist-led clinics.
- 5.40 There was a monthly medicines management group and an up-to-date action plan. Work streams had been identified by the chief pharmacist. There was a written policy for over-the-counter supplies of paracetamol and ibuprofen but not for special sick medication; there was a policy for out-of-hours provision but this was not being followed (see section on clinical governance). A new in-possession policy was awaiting ratification. In-possession risk assessments were recorded on SystmOne and reviews undertaken when circumstances changed. There was no procedure for regular risk assessment reviews.
- 5.41 Overall, medicines management was poor. We observed patients not receiving medication for a number of days and reporting feeling unwell; long processes for repeat prescriptions; long medicine queues; angry prisoners who were being abusive towards staff; and the prison regime being disrupted. In-possession processes were unclear and resulted in a large number of verbal complaints from prisoners.

- 5.42 It could not be proved that heat-sensitive products had been stored in appropriate conditions. Refrigerator temperature records showed maximum temperatures that were too high. There were records to show the Methasoft equipment was calibrated regularly; it was cleaned regularly but this was not recorded.
- 5.43 Prescriptions were checked by the pharmacy technician and then faxed to a local pharmacy supplier, who also supplied stock medicines. Prescriptions were scanned and stored electronically, although at the time of the inspection there were many waiting to be scanned.
- 5.44 Nursing staff undertook the supply and administration of medicines. The pharmacist was available to give advice if required. Administration of medication occurred twice a day, in the morning and the afternoon, which was insufficient. We observed a number of prisoners queuing for a long time, and then being told that their medicine was not available. Dispensed prescription forms were signed by the nurse but no signatures were obtained from patients to confirm receipt. Records of administration were mainly appropriate, although we noted a number of gaps. We saw a prescription for diazepam for which appropriate checks of the validity of the prescription on administration did not seem to have been made. We observed secondary dispensing of medications to patients in the segregation unit. We also saw unregistered nurses administering medicines.
- 5.45 Most medicines were supplied from the pharmacy on a named-patient basis, and there was little general stock. The stock levels, where they existed, were out of date and there was no audit of use. There was an out-of-hours cupboard, which could be accessed by nursing staff. Nurses supplied unlabelled medication in possession. There were no records of stock use and no audits were undertaken. In health care 2, we saw blister strips of paracetamol and ibuprofen tablets which had not been replaced in their packs or stored in a locked cupboard.
- 5.46 In-possession medication was supplied daily, weekly or monthly; the latest time that night-time medication could be administered was during the afternoon and was consequently given in possession. The current practice enabled medication liable to abuse to be supplied daily in possession. In the treatment room in health care 2, there were a number of in-possession medicines which had not been collected within an appropriate time. There was no procedure for following up patients who had not collected their medication.
- 5.47 Daily in-possession medication was supplied in Henley bags, which created an unnecessarily large workload with regard to both the dispensing and the administration processes. We were told that a number of medicines could be provided by patient group directions (PGDs) but there were no records of the PGDs and some nurses said that they had not received training to administer from a PGD. Some nursing staff were also unsure of the medication available to supply on special sick, which, in general, was limited to a single dose of paracetamol or ibuprofen. These supplies were not recorded. The new prescriptions in use (see below) did not have space for recording special sick medication and it was not always recorded on SystemOne.
- 5.48 There was a system on the wings for patients to request repeat medication but it took a long time for them to receive it.
- 5.49 There were high levels of opiate prescribing. There was evidence of medicines such as tramadol, gabapentin, codeine and mirtazapine regularly being prescribed in possession. There was a prescribing formulary in place but it was out of date and was not followed, although we were told that it was under review. Not all medical literature was up to date. At the time of the inspection, a review of prescribing was being undertaken. SystemOne showed that

17 patients were waiting for a medication review. We were not confident that all prisoners had medicine reviews before their medicine(s) or in-possession status was changed.

- 5.50 SystmOne generated printed prescriptions for all medication. The style of prescriptions had recently changed to an FP10 style for all medicines except diazepam. There were also some standard prescription and administration charts. Consequently, there were three prescription forms in circulation. The prescriber indicated on the prescription whether the medicine should be supplied as daily, weekly or monthly quantities in possession or for administration.
- 5.51 Controlled drugs (CD) were obtained via a signed order using a duplicate book. Records were maintained using a combination of paper and electronic CD registers but it was not possible to display the electronic register in such a way as to be able to examine the necessary paper records. In health care 1, the CD keys were stored in a locked key safe; keys to the safe were held by health services staff but no record was made of who held the keys.
- 5.52 There was appropriate provision of medication for patients being discharged or transferred. The local pharmacy provider provided a comprehensive monthly record of medicines supplied.

## Recommendations

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- 5.53 The use of all treatment rooms should be reviewed. Rooms should be suitable for use.
- 5.54 The pharmacist and pharmacy technician should provide counselling sessions, pharmacist-led clinics, clinical audit and medication review.
- 5.55 The in-possession process should be reviewed urgently and regular risk assessments documented.
- 5.56 The current practice surrounding the supply of products should be reviewed, to allow patients to receive timely access to medication. Medications should be administered at times that ensure maximum clinical effectiveness.
- 5.57 There should be regular audit of all medicines management systems, including administration, record keeping, general and out-of-hours stock use and use of special sick medication. These should be recorded and any discrepancies should be investigated thoroughly.
- 5.58 Registered nurses should comply with the Nursing and Midwifery Council standards for medicines management at all times. Primary and secondary dispensing by nursing staff should stop.
- 5.59 Records should be made of all occasions where the patient has refused medication, failed to attend or has not received medication. Issues relating to drug compliance should be followed up where appropriate.
- 5.60 Patient group directions should be used to enable the supply of more potent medicines by nursing staff where appropriate.
- 5.61 A step-wise approach to pain management, such as the World Health Organization analgesic ladder, should be used, and modified for the prison environment to reduce opiate usage.

- 5.62 An up-to-date prescribing formulary should be introduced and prescribing data should be used to demonstrate value for money and promote effective medicines management. The Medicines and Therapeutics Committee should ensure that prescribing is evidence based.
- 5.63 There should be regular medicine reviews and all prisoners should be involved in discussions about changes to their medicine(s) or in-possession status.

## Housekeeping points

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- 5.64 Maximum and minimum drug refrigerators temperatures should be recorded daily to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary.
- 5.65 Pharmacy staff should visit the treatment areas frequently to check the cupboards. Loose tablets and tablet foils should be removed.
- 5.66 Full and complete records should be made of administration of medicines.
- 5.67 There should be a robust process for ordering repeat prescriptions.
- 5.68 Medical literature should be up to date in all treatment and clinic rooms.
- 5.69 Completed prescription charts should be promptly scanned and shredded.
- 5.70 The security of the controlled drugs cabinet key should be reviewed.

## Dentistry

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- 5.71 Dental services were provided by a dentist and two practice nurses, one of whom took on a coordinator role. The dental surgery was in health care 1 and clinics ran all day Monday, Tuesday and Friday. There was an out-of-hours plan for when the dentist was not in attendance. Paper records were completed and stored in a lockable filing cabinet. Some information was added to SystmOne and the team was exploring the use of dental software. Radiograph quality was regularly audited. Dental checks and treatment to at least the range available in the NHS were provided, and the dentist gave one-to-one oral health information. There was no health promotion event planned.
- 5.72 Equipment was well maintained and in good working order. Most cross-infection control procedures were satisfactory, although the room was non-compliant for decontamination purposes. Funding had been received for refurbishment, which was being procured through the Prison Service. Emergency equipment was available and all emergency medicines were in date.
- 5.73 Appointments were managed on SystmOne. There were three waiting lists, which were regularly reviewed but long. At the time of the inspection, there were 144 prisoners waiting to see a dentist, of whom 49 had been triaged, as a paper exercise, by dental staff as being of medium or high priority. These prisoners waited four weeks to see a dentist. There were two further waiting lists, which were 14 weeks and 13 weeks long, respectively. Ten to 13 patients were booked in for each session and emergency appointments were available on the same day if needed. A business case had been completed to request further sessions.

## Recommendation

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- 5.74 Sufficient dental sessions should be provided to meet the needs of prisoners.

## Secondary care

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- 5.75 One of the administration staff managed prisoners' hospital outpatient appointments. There were two slots available in the morning and two in the afternoon. Clinical staff assessed the priority of appointments when they needed to be cancelled. There was evidence that undue delays and cancellations occurred because of a shortage of escort staff. There was limited evidence that cancellations and delays were being monitored, and SystemOne was not used in this regard. At the time of the inspection, one prisoner was waiting for a hospital appointment in London which was being delayed because of a dispute with another prison about escort arrangements.
- 5.76 There had been 14 unplanned bed watches in the six months before the inspection. Of the 29 planned bed watches, there had been no cancellations resulting from insufficient escorts.

## Recommendation

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- 5.77 Access to external appointments should be improved and not subject to delay as a result of insufficient escorts.

## Housekeeping point

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- 5.78 Secondary care data should be recorded electronically, to enable more detailed and effective scrutiny.

## Mental health

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- 5.79 Secondary mental health services had been provided by Partnerships in Care (PiC) since August 2010. There was a caseload of 41 prisoners, held between two nurses and one support worker. Two sessions were available to access a psychiatrist, and two for a clinical psychologist. The clinical psychologist provided a good service for men with personality disorders.
- 5.80 Cluster multidisciplinary team meetings took place. A mental health group had been established in April 2011 and clear work streams had been developed. A comprehensive single referral pathway had been devised and there were plans for this to be implemented by November 2011. There was a range of mental health policies and procedures and we were advised that a referral policy was being developed.
- 5.81 There were links with HMP Norwich, which had an inpatient unit, and the local secure setting. There were no unnecessary delays in transferring prisoners to secure mental health services within the locality. There had been three transfers in the previous year. We were told that NHS commissioners would intervene to ensure that timely transfers occurred in London, which could be problematic.

- 5.82 Mental health awareness training took place. The newly introduced programme, provided by PiC, covered an interesting range of topics and had been evaluated positively by prison staff.
- 5.83 During the inspection, the primary care mental health nurse was on leave and there was not always an allocated mental health nurse available to support prisoners. There was no caseload monitoring for primary care mental health services, and this cohort of patients could not be identified easily. There were no day care services for prisoners who were unable to cope with life on the wings. Primary mental health nursing services were not sufficiently robust, although there was evidence of some good support documented on SystemOne. Some mental health support was offered through the chaplaincy but we were told that this did not include qualified counsellors. No other counselling services were available.

## Recommendations

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- 5.84 Prisoners should have access to primary mental health nursing services whenever the health care centre is open. Caseload monitoring arrangements should be in place.
- 5.85 Day care services should be available to patients with mental health problems having difficulty in coping on the wings.
- 5.86 Prisoners should be able to access a range of counselling services from professionally qualified staff.

# Section 6: Activities

## Time out of cell

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### Expected outcomes:

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

- 6.1 Most prisoners were unlocked for an average of 8.5 hours on weekdays, and only those dismissed from activities were locked in their cells during the day. Association finished too early. Outdoor exercise was too short, at 30 minutes a day, and evening exercise was no longer provided.
- 6.2 The core day had been revised since the previous inspection. Most prisoners were unlocked for an average of 8.5 hours every weekday. At the time of the inspection, the only prisoners locked up during the day, apart from at lunchtime, were the 36 who had been dismissed from an activity. They were not allocated to another activity for 28 days and were unlocked for approximately two hours a day. Those who were waiting for allocation to an activity, were engaged in a part-time activity or were not required that day were left unlocked.
- 6.3 In our two spot checks, we found that, on average, 60% of prisoners were off the wing at activities. The rest were either part time or not able to attend their activity that session, yet to be allocated work, sick, sacked or working as orderlies or cleaners on the wing.
- 6.4 Approximately 170 prisoners on the enhanced level of the incentives and earned privileges scheme and those on the wings for indeterminate-sentenced prisoners were unlocked for longer than other prisoners but were locked into either spurs or their residential blocks. Prisoners on E wing complained that, although they were unlocked on their spurs during lunchtime, they could not access telephones.
- 6.5 The core day ended with lock-up at 6.30pm for most prisoners, when the evening meal was served, and even earlier at weekends. This restricted many prisoners' opportunity to speak to family members who worked during the day (see recommendation 2.11) and did not provide sufficient evening association time. The association sessions we observed were appropriately supervised but we saw limited interaction between prisoners and staff.
- 6.6 In our survey, more prisoners than at comparator establishments said that they went outside for exercise three or more times a week (68% versus 50%). For J, K, L, M and N wings, there was a large yard with grass in the centre, while prisoners in A, B, C, D, E and G wings exercised in the large area around the residential blocks. Those on F and H wings were allowed access to outside areas around their residential unit. Daily exercise started at 11.20am, when prisoners were returning from work; this was a suitable time for most prisoners, but it was only of 30 minutes' duration and prisoners involved in activities distant from their exercise areas did not get the full half hour.

## Recommendations

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- 6.7 Prisoners should be able to use telephones when unlocked over lunchtime.

- 6.8 Association should be provided after the evening meal during the week.
- 6.9 All prisoners should have access to at least one hour of outside exercise every day.

## Learning and skills and work activities

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### Expected outcomes:

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

- 6.10 There were sufficient high-quality activity places for prisoners to be fully occupied, although the education places were not fully utilised. The overall quality and range of learning and skills, and employment activities were good. Outcomes for learners were particularly good in the achievement of a range of employment-related vocational qualifications. However, not enough prisoners made sufficient progress in improving their literacy and numeracy skills. The two libraries provided a good resource but the service was underused.

## Leadership and management

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- 6.11 Learning and skills was treated as a key priority throughout the prison. Initiatives to extend the range of work and vocational training opportunities since the previous inspection had been successful. Investment in additional staff, facilities and training equipment had increased the number of places available to 967. With a further 33 planned, the prison had sufficient places fully to occupy prisoners. However, about a third of prisoners attending education classes were not fully occupied throughout the week and a disproportionate number of orderlies were employed on the four main wings (A to D).
- 6.12 Operational management of vocational training and education was good. In particular, the prison and A4e, the offender learning and skills service (OLASS) education and vocational training provider, collaborated effectively to plan and resource the provision, including sharing resources and maintenance and running costs. However, the education places were not fully utilised. The part-time education places were designed so that prisoners in work or vocational training could attend two sessions a week in education. However, take-up of this opportunity was low during the inspection and the prison did not monitor the take-up of the provision against the development needs identified for each prisoner, including those in literacy and numeracy.
- 6.13 Self-assessment reports developed by the prison, A4e and Tribal (the OLASS careers information and advice service) provided a self-critical evaluation of learning and skills, and the objectives in the related action plans were appropriate. However, the prison did not have a clear strategic action plan to underpin its objectives to achieve full employment and improve the quality of purposeful activities.
- 6.14 Arrangements to improve the quality of teaching and learning were satisfactory. The prison and A4e had adequate arrangements to ensure that new staff gained appropriate qualifications

in teaching. The observation of teaching and learning was planned and structured well against clear guidelines but there was a general lack of consistency in the rigour and depth of the feedback that teaching staff received.

- 6.15 Attendance and punctuality had improved but the former was still erratic for some prisoners, especially those requiring medication. During the inspection, work in many areas did not start until up to 30 minutes after prisoners had been released from the wings, and on some education courses only half of those expected attended.
- 6.16 Rates of pay for prisoners varied for different jobs, depending on the type of work and the hours worked. However, this did not appear to act as a disincentive to opting for education or training activities. Prisoners who were unable to engage in activities received an appropriate rate of pay.

## Recommendations

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- 6.17 The prison should develop a clear strategic plan to evaluate purposeful activities across the prison and to identify progress against strategic objectives.
- 6.18 The observation of teaching should be consistent in following the procedures rigorously and in providing staff with detailed feedback on their strengths and action needed to improve.
- 6.19 Education places should be fully utilised.

## Induction

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- 6.20 Tribal provided good information on learning and skills at induction, and procedures to identify individual development needs were effective. Where prisoners' literacy and numeracy skills were not recorded, these initial assessments were effective.
- 6.21 Arrangements for the allocation to activities were fair and equitable. Identification of prisoners' needs was good and the allocation officers worked effectively with Tribal's advisers and A4e's student support services staff. However, prisoners were frequently unable to access the activities of their choice as a result of long waiting lists on some of the popular employment-related courses, and because course start and finish dates were fixed, arrangements to move prisoners to identified courses after initial allocation were not sufficiently flexible.

## Recommendation

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- 6.22 The prison should improve the scheduling of vocational courses, to recruit new starts on a more flexible basis and therefore increase the number of prisoners in training at any one time.

## Work

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- 6.23 There was a wide range of purposeful work, including in the kitchens, waste management, cleaning, and food packing and recycling workshops. The facilities were impressive, standards of work high and the prisoners developed good employability skills. There were good opportunities for prisoners in work to gain nationally recognised qualifications, and

achievement rates were high. For example, the contracts workshops accredited some prisoners with employability skills, and health and safety and food hygiene awards. In addition, a national vocational qualification (NVQ) at level 2 was offered in warehousing and storage in a food packing contract workshop operated by DHL. However, no specialist qualifications were available in waste management and horticulture.

- 6.24 Prisoners working in dirty or dusty conditions were given the necessary personal protective health and safety equipment; however, some men failed to wear their overalls or did not wear them correctly, exposing their clothing and skin to potential hazards.

## Recommendation

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- 6.25 The prison should provide specialist qualifications in waste management and horticulture.

## Housekeeping point

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- 6.26 The prison should promote the correct wearing of overalls and other personal protective equipment, to ensure better health, hygiene and safety for prisoners.

## Vocational training

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- 6.27 The training workshops were of an excellent standard, with a wide range of courses providing good-quality employment-related training. Accredited vocational training delivered by prison staff was available in industrial cleaning, PE, food hygiene, health and safety, employability skills and in the use of garden machinery. A4e provided the OLASS-funded vocational training and education at the prison. This included motor mechanics vehicle body repair and refinishing, welding, electrical installation, carpentry and joinery, plumbing, street works, bricks, plastering, painting and decorating and catering.
- 6.28 Learners took pride in their work and developed good vocational skills while also improving their confidence and employability skills. Most vocational courses had good opportunities to progress to higher levels and onto other relevant or related courses, and progression rates were good. For example, learners on plumbing courses often completed a basic level 1 course as part of a multi-skills taster course and then moved on to the technical certificate elements of the NVQ at levels 2 and 3.
- 6.29 All vocational courses had high achievement rates and vocational training workshops were well resourced, with industry-standard equipment. Training staff had good specialist expertise in their vocational areas and were up to date with relevant industrial developments. Peer mentors supplemented the training effectively by providing individual support. Individual learning plans were used well in the workshops and provided learners with a clear plan of the course aims and requirements and useful, up-to-date information on progress.
- 6.30 There was little specialised provision for supporting men in the workshops with literacy or numeracy needs. Such support was available in the education department but some learners were not confident about attending education classes. They did not receive sufficient opportunities for specialist literacy and numeracy support in a practical environment and related to the practical work they were carrying out.

## Recommendation

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- 6.31 The prison should provide specialist support for literacy and numeracy in the practical workshop areas which is relevant to vocational training or practical work.

## Education

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- 6.32 A4e provided the OLASS education programmes. Accredited courses were offered mainly from entry level to level 1 but some were available at higher levels. Literacy and numeracy comprised the majority of places available. Other courses included information and communications technology (ICT) from entry level to level 3 (including some advanced digital media options), a popular business enterprise course for learners interested in self-employment, and a range of accredited personal and social development courses. These were supplemented well by additional programmes run by external agencies, such as the parenting skills programme run by the Ormiston Trust. Classroom accommodation and resources were good in the new building and generally fit for purpose on the main site.
- 6.33 Participation in education was satisfactory. However, only 77% of the available places were filled. Some effective education outreach was being delivered in the accommodation wings.
- 6.34 The achievement of qualifications in education classes was satisfactory overall. Achievement rates were highest on entry level courses (at just under 87%, reducing to 74% for level 2 courses), and were also high in business enterprise, ICT, digital media and personal and social development courses. However, achievement and retention rates were low on literacy and numeracy courses, while dismissal rates were high. There were indications of some improvement in success rates and a reduction in dismissals in the current year.
- 6.35 Prisoners were generally cooperative, enthusiastic and enjoyed their classes, and we observed good behaviour. The standard of work was high in fine art, pottery and digital media. Some prisoners taking art or craft had been successful in the Koestler awards scheme.
- 6.36 The quality of teaching and learning was satisfactory. Teaching resources were generally good. Rooms used for computing courses had sufficient space and were suitably equipped. Interactive learning technologies were used well in ICT classes but less effectively or routinely in other classes. Most lessons were planned well and classroom activities were generally focused and purposeful. In the better lessons we observed, prisoners were highly involved in learning, keen to produce good work, worked productively individually or in small groups and responded well to questioning and challenge. In the less successful lessons, prisoners were not always actively or consistently engaged in the lesson and in some cases insufficient learning was taking place.
- 6.37 Individual learning plans were not used effectively across the education provision to plan learning, set incremental targets, and monitor and review each prisoner's progress. Instead, they were used primarily as a basic record of each prisoner's achievements or a list of activities that they had completed.
- 6.38 There were good arrangements to identify and support prisoners with additional or specific learning needs, such as dyslexia, dyscalculia and attention deficit hyperactivity disorder. Some prisoners had trained as peer mentors and provided in-class support. However, there were too few trained staff available to provide consistent specialist support to meet their needs.

- 6.39 The number of prisoners undertaking higher level and specialist courses had increased steadily over the previous year; 14 were on Open University courses and 29 were on a range of specialist accredited distance-learning courses. A further 34 prisoners were applying for these courses. One member of the education staff had designated responsibility for the management of the programme and had developed appropriate administration systems and provided individual support. However, this was insufficient to meet the growing demand for formal tutorials and study support from prisoners undertaking these courses.

## Recommendations

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- 6.40 The prison should ensure that teaching and learning in literacy and numeracy is set in more meaningful and practical contexts.
- 6.41 The prison should improve the use of individual learning plans in education, to ensure that they provide a useful system for planning learners' development and reviewing their progress.
- 6.42 The prison should ensure that there are sufficient specialist staff to support all learners on distance-learning programmes and those with additional learning needs.

## Library

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- 6.43 Two well-stocked libraries, one each in the new- and old-established buildings, were run by the Norfolk County Council Public Library Authority. Between them, they had around 10,000 titles, mostly new and in good condition. The book loss rate was low. Titles included age- and reading skills-appropriate fiction, legal titles and daily newspapers. Each library had enough functioning computers, which prisoners used to view CD-ROM-based titles and undertake the driving theory test. Library orderlies played a useful role in library inductions and were able to gain an NVQ at level 1 in customer service.
- 6.44 Both libraries were open for timetabled sessions each morning and afternoon, for an hour on Monday to Wednesday evenings and on Saturday mornings. However, the service was not promoted well and it was underused. On average, the libraries were used by approximately 500 prisoners a week, representing just under half of the prisoner population. This was a similar proportion to that found at the previous inspection but usage was reducing, especially since the introduction of the revised core day. Difficulties in providing library officer cover led to some cancelled evening and weekend sessions and the closure of the main library on Friday afternoons. During the day, wing-based prisoners could not always be allocated an escort to the larger library.
- 6.45 Neither library was used sufficiently well for teaching or study, although some diversity-based events and promotional displays had been popular. The Storybook Dads programme had been successful at the main site; the Six Book Challenge initiative had been introduced but take-up was very slow.

## Recommendation

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- 6.46 The prison should improve prisoners' access to the library and ensure that it is well promoted.

# Physical education and health promotion

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## Expected outcomes:

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

- 6.47 Recreational PE was available to prisoners in the daytime, evening and at weekends. PE equipment and accommodation were of a satisfactory quality and the facilities were adequate to meet the needs of the prison population. A sports field was available for outdoor games. A range of well-planned and managed vocational qualifications was available and achievement rates were high.
- 6.48 All prisoners received a good general introduction to the gym during their initial induction to the prison, including information on the range of courses and programmes available and when they could attend. On each wing, a prisoner trained and qualified as a health trainer promoted the PE facilities and healthy eating to other prisoners. All health trainers had received specific training in diet and nutrition and had achieved an award at levels 2 or 3 to recognise their competences.
- 6.49 PE staff assessed prisoners for their suitability for PE during the gym induction. Prisoners were required to complete a health questionnaire to ensure that exercise was safe and appropriate for them. Any prisoners identified with health issues were referred to the health care department for a medical assessment before taking part in gym activities. Inductions to the gym took place every Thursday morning.
- 6.50 PE facilities were adequate for the needs of the prison population, and all prisoners could access recreational PE three times a week. PE equipment levels and supervision were good. PE facilities were open from 8.45am until 6.30pm from Monday to Thursday, and 8.45am until 4.30pm on Fridays and at weekends. A sports field was available for football, circuit training and softball/rounders. Indoor PE activities included weight-lifting, cardiovascular exercise and games such as football, volleyball, basketball, badminton, indoor tennis and cricket. However, the showering area had insufficient ventilation and there were no privacy screens.
- 6.51 Recreational PE and personal fitness were clear objectives for prisoners, especially when the need was identified as part of sentence planning. Prisoners on all wings had the opportunity to attend recreational PE three times a week and attendance records were analysed for equality monitoring purposes. However, no targets were set to address any discrepancies found through the monitoring process. Rehabilitative PE and medical referral PE operated on weekdays and effectively promoted the importance of diet, nutrition and exercise for healthy living and weight loss purposes. A range of well-planned and managed vocational qualifications was available. PE courses were of high quality and there were links with the prison education provider to carry out lesson observations for development and quality improvement purposes. Achievement rates for these courses were high but there were relatively few courses for gym instructors at level 2.
- 6.52 Appropriate records were kept of accidents in the gym. Links with local community groups included weekly visits by people with learning difficulties or disabilities to the gym.

## Recommendations

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- 6.53 Ventilation in the shower area should be improved and privacy screens provided.
- 6.54 The number of courses for gym instructors should be increased.

# Section 7: Good order

## Security and rules

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### Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

7.1 The levels of security and systems used were mostly commensurate with those of a category C prison. The small security team managed a large number of security intelligence reports and responded accordingly. Their main focus was on the diversion and abuse of prescription drugs.

### Security

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- 7.2 Security procedures across the prison were in line with other category C prisons. There was a network of zonal fencing across the site, which restricted movement outside of free-flow times.
- 7.3 The security team was made up of two operational managers, four senior officers, three dog handlers and three administrators. There were no searching hours included in the current cycle, and target searches, although well responded to, were conducted by residential staff at the expense of other profiled work. The three dog handlers operated six dogs in total. All of the dogs were trained in the detection of drugs, with two being further trained to detect mobile telephones and alcohol.
- 7.4 There were regular findings of hooch (illicitly brewed alcohol). As a response, the security department had removed fruit from the prison shop purchase list.
- 7.5 Key risks to the establishment had been identified as the diversion and abuse of prescribed medication, and the impact of the consequences of this, and susceptibility to 'throw-overs' of packages from outside of the prison. Prisoners in our groups and those replying to our survey said that it was difficult to get drugs into the prison but that there was enough prescribed medication available to negate having to risk having drugs sent/brought in, and the prison considered traditional routes for smuggling drugs into the prison as low risk for this reason. However, we came across the over-restrictive practice of terminating visits early when prisoners used the toilet (see section on visits), despite there being little intelligence to support this practice.
- 7.6 Key information was disseminated at a weekly meeting of senior managers and also daily to residential senior officers.
- 7.7 The number of security information reports (SIRs) was high, averaging around 520 per month. They were appropriately managed, analysed and acted on. Trends were monitored and reported on by the well-attended monthly security meeting.
- 7.8 Dynamic security was mostly reasonable, with differing levels of interaction observed, mainly dependent on the layout of accommodation (see section on staff-prisoner relationships).

- 7.9 Visits restrictions were minimal, with only three prisoners being subject to closed visits at the time of the inspection. All were time bound and reviewed regularly. We saw evidence of restrictions being lifted as the level of risk was perceived to have lowered. In addition, when prisoners were received on transfer under closed visits conditions, these were reviewed and removed if the prison did not consider that the decision was in line with local policy.
- 7.10 All prisoners were assessed for suitability for activities and were graded from 1–4 (4 being the highest risk). When prisoners arrived with no security intelligence from their sending prison, they were graded as 4 until either their monthly review or the intelligence arrived. Assessments were conducted soon after arrival and we found no significant delays in getting prisoners into employment for security reasons.

## Rules

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- 7.11 The establishment's rules were made clear during the induction process, and prisoners signed a compact to state that they understood what was required of them. The incentives and earned privileges (IEP) system was effective and meant that prisoners were not routinely placed on a governor's report for minor breaches of discipline.
- 7.12 We found some evidence of collective punishments; a notice on one of the B wing gates stated that any pushing or queue jumping would result in the whole gym session being cancelled.
- 7.13 We were also told by staff and prisoners that any prisoner on F or H wing who was subject to a disciplinary charge would be moved off the unit before the adjudication. While they did not lose their enhanced status, they would, if found not guilty, have to go onto the waiting list for a move back to the enhanced wings.

## Recommendations

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- 7.14 Fruit should not be excluded from the shop list on security grounds.
- 7.15 Prisoners subject to a disciplinary charge should not be moved off F or H wing prior to a finding of guilt in an adjudication.
- 7.16 There should be no collective punishments.

## Discipline

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### Expected outcomes:

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

- 7.17 The number of adjudications was low for the size of the prison. The main charges were unauthorised possession, using threatening and abusive language and disobeying a lawful order. There were few incidents of use of force. Governance was underdeveloped, although the paperwork was generally good. The special cell had not been used in 2011 and checks of previous use showed good authorisation and monitoring records. The segregation unit conditions were reasonable. Prisoners did not stay in segregation for long periods but just

under half were transferred out of the prison. The regime on the unit was limited. Staff knew the prisoners well and recording was good.

## Disciplinary procedures

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- 7.18 There had been 709 adjudications in the six months before the inspection, at an average of around five per day. There had been several occasions when the number of adjudications had been unusually high, following lock-down search operations and the recovery of unauthorised articles. The most frequently used charges were unauthorised possession, using threatening and abusive language and disobeying a lawful order.
- 7.19 The adjudication procedures we observed were conducted in a dedicated adjudication room, with the traditional layout of the adjudicating governor and the prisoner being seated at opposite ends of a long table. The environment, while stark, was unthreatening and prisoners were not flanked by escorting officers.
- 7.20 Procedures were conducted at a pace which ensured that the prisoner understood each stage of the process. We observed an adjudication that was poorly worded which should have been either re-written or dismissed; this was remanded for legal advice. Another concerned a prisoner who admitted that he had self-medicated with his cell-mate's co-codamol after health services staff had refused him paracetamol and told him to 'buy it from the canteen'. Others that we observed were well conducted and prisoners took a full and active part and were provided with writing materials so that they could make notes.
- 7.21 The independent adjudicator attended the prison twice monthly and heard an average of 15 cases each time. Charges were referred to him for issues such as possession of mobile telephones, drugs and the brewing of hooch. More serious charges were appropriately referred to the police.
- 7.22 A large proportion of adjudications (around 27%) were dismissed by either the adjudicating governor or the independent adjudicator but, beyond the clerk keeping a record, there was no evidence of any investigation or analysis of why so many charges were not completed. Many comments on the record sheets consisted of 'Unable to read Judge's writing'.
- 7.23 There was a clear tariff for adjudicators to use as a guide, which was discussed and amended at the quarterly segregation and adjudication meeting.
- 7.24 Data analysis was limited to the number for each charge and the statutory Systematic Monitoring and Analysing of Race Equality Template (SMART) monitoring. There was no recording of punishments made, to assist in standardisation, or of any analysis to identify trends and hotspots in the prison.

## Recommendations

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- 7.25 **The large number of dismissed and not proceeded with adjudications should be monitored regularly and action taken to reduce it.**
- 7.26 **Adjudication data should be analysed to identify trends.**

## The use of force

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- 7.27 Use of force was low, at nine uses per 100 prisoners over the previous six months, and only 4% of prisoners reported being subject to control and restraint (C&R) procedures in the previous six months. Levels of use of force had increased slightly against 2010 but this could be explained by the increase in the size of the population.
- 7.28 Use of force data were collated quarterly and fed back to the security committee (although there was no specific use of force committee), segregation meeting and the senior management team meeting, albeit briefly. There was good recording of other data, such as use of handcuffs, injuries to prisoners and staff, use of personal protection equipment, ethnic monitoring and locations of incidents, but these data were not used strategically or reviewed to identify any trends or repeat areas/incidents.
- 7.29 The prison had recently taken delivery of a video camera for use in planned and (where practicable) spontaneous incidents but at the time of the inspection no use of force incidents had been recorded.
- 7.30 We were told that, due to the necessity to travel across open ground, all prisoners taken to the segregation unit following C&R incidents were routinely handcuffed. Available data supported that this was the case in most incidents.
- 7.31 The quality of use of force paperwork was generally good, with officers providing comprehensive accounts of their actions. Attempts at de-escalation were not always recorded in the examples we sampled, although all documentation had been certified by a manager. Injury report forms were always included for incidents of use of force and most were appropriately completed. A checklist formed the front sheet of dossiers, enabling the manager responsible to ensure that all forms were present.
- 7.32 There had been no use of the special cell in 2011 and it had been used seven times in 2010. The monitoring also included the imposition of strip conditions on other cells following a violent incident involving a number of prisoners, leading to a total of 12 uses in 2010. Authorisation forms were completed well, as were continuation authorisation and prisoner monitoring sheets.

## Recommendations

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- 7.33 There should be a use of force committee which meets frequently enough to review and influence the use of force.
- 7.34 The use of the video recorder should be introduced, to provide an accurate and comprehensive record of incidents.
- 7.35 Prisoners should not be routinely handcuffed when being taken to the segregation unit following the use of force.

## Segregation unit

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- 7.36 The segregation unit was mostly clean, with the exception of the toilets in both the communal areas and in cells, which were dirty and stained. Most of the cells were in good order, with one waiting for repairs from the estates department following damage to the floor. The unit contained 15 cells, including one special cell.

- 7.37 There were many transfers out from the segregation unit, and prisoners saw a move to the unit as a way of gaining a transfer. We examined the segregation records and, of 110 prisoners located on the unit in 2011, 55 (50%) had been transferred to other prisons. Of these, 21 had been held there for their own protection and the remainder under good order or discipline (GOOD) (see main recommendation HP50).
- 7.38 There were two holding rooms on the unit for prisoners waiting for adjudication. These were small and cramped, with offensive graffiti on the back of the doors. Prisoners were sometimes held in these rooms for long periods with nothing to do.
- 7.39 Segregation unit staff demonstrated a good knowledge of the prisoners in their care. During the inspection, there were between five and seven prisoners on the unit (the year-to-date average was around nine). Staff–prisoner interaction was good and the prisoners we spoke to were positive about the staff. When located on the unit, prisoners were given a written set of rules that included who their personal officer would be while on the unit.
- 7.40 There was a policy of strip-searching prisoners on the unit only following risk assessment but the files we reviewed indicated that prisoners were routinely strip-searched, and although we were told that there were exceptions, we were unable to find any. Permission was required from the duty governor following a risk assessment which explained why a strip-search was deemed necessary. No log of strip-searches was maintained on the unit. Safety algorithms had been completed in all of the records we observed.
- 7.41 The regime provided daily access to exercise and telephone calls. We were told that the water system could not accommodate all prisoners showering daily but showers were offered every other day, regardless of the number of prisoners on the unit. With the exception of breakfast packs, all meals were served at cell doors, limiting the opportunity for staff–prisoner interaction and assessment of prisoners' behaviour and general well-being.
- 7.42 Prisoners were allowed to use a small unit library once a week and there was some reported in-cell education. There was no association facility on the unit and no evidence of prisoners attending work or offending behaviour programmes. There was an exercise bicycle in one of the empty cells which could be used twice weekly, depending on the conditions of segregation.
- 7.43 The two exercise yards for the segregation unit were clean but extremely bare and bleak, with no seating or activity equipment. Prisoners always exercised in isolation. There was a basic cardiovascular workout printed and secured high on the fence but there was no equipment, such as mats, available for prisoners to use.
- 7.44 Both electronic and paper-based recording of initial and ongoing authorisation to locate prisoners on the segregation unit gave clear reasons. Multidisciplinary reviews were held at least once every two weeks for all prisoners located under GOOD. These always included attendance by representatives of the Independent Monitoring Board (IMB), although health services staff were often absent. When we observed the boards, there was an agency nurse in attendance, who clearly did not understand her role there, and she was unable to contribute, as she had no prior knowledge of any of the prisoners under review.
- 7.45 A 'care plan' document was used for prisoners held under GOOD but this was not initiated until they had been on the unit for 30 days, by which time all contact with the residential wings had ceased and prisoners had become accustomed to and comfortable with the regime. The care plan was a standardised form with simplistic targets and was not tailored to individuals. None of the prisoners on the unit had exceeded 30 days' stay, so we were unable to see any completed forms.

- 7.46 Prisoners were visited daily by a governor and a member of the chaplaincy team, and often by representatives of other departments such as the IMB or health care, but these visits were not always recorded in prisoners' unit records.
- 7.47 There was a published staff selection policy and the governor approved any extensions. A good level of training had been provided to the unit staff.

## Recommendations

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- 7.48 A suitable waiting area should be provided for prisoners waiting for adjudication.
- 7.49 Prisoners being located on the unit should not be routinely strip-searched.
- 7.50 Prisoners should be able to shower daily.
- 7.51 The regime on the segregation unit should be developed.
- 7.52 Records should accurately reflect the levels of interaction between prisoners and staff on the segregation unit.

## Incentives and earned privileges

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### Expected outcomes:

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

7.53 The incentives and earned privileges (IEP) policy had been reviewed recently, and staff and prisoners alike demonstrated a clear understanding of it. The scheme was used well as a behavioural management tool. Some of the accommodation that was available to enhanced prisoners provided a good incentive to achieve this status. Some prisoners expressed a perception of inconsistent application of the scheme by a few staff but around half felt that the scheme encouraged changes in behaviour. Prisoners were not automatically downgraded following serious incidents without due consideration at a board.

7.54 The IEP policy had been reviewed and updated recently, and provided clear guidance for staff in applying the scheme. Staff and prisoners alike demonstrated an understanding of the scheme. In our groups, some prisoners expressed a perception of inconsistent application of the scheme by a few staff. Around half of respondents to our survey felt that the scheme encouraged changes in behaviour, and prisoners also told us that the differentials in privilege, especially the amount they could spend in the prison shop and the better accommodation (see below), was a good incentive to achieving enhanced status. Previous poor perceptions of the scheme by black and minority ethnic prisoners had been investigated by the prison, by employing an external agency to carry out interviews and surveys among prisoners. Our survey returned similar results for black and minority ethnic and white prisoners.

7.55 Effective monitoring was carried out, which included ethnicity, status and location, with regular monthly reviews of the SMART data (see section on diversity), to ensure equitable application of the scheme.

- 7.56 At the time of the inspection, there were 474 prisoners on enhanced, 488 on standard and 25 on the basic level of the scheme. Prisoners on the basic level were given weekly targets and encouraged to improve their behaviour to progress on the scheme.
- 7.57 Prisoners transferring in to Wayland retained their status from their previous prison and we saw staff actively ensuring that this was the case. Prisoners transferring in on the basic level were put onto standard during the reception process, in an attempt to give them a clean start.
- 7.58 The designation of accommodation and routes for progression were key elements of the IEP strategy and were utilised effectively as a motivational tool. Enhanced determinate prisoners were held on L wing. Enhanced indeterminate prisoners were held on E wing, with further enhanced places on F wing (for prisoners progressing from E wing and L wing), and on H wing (for determinate prisoners progressing only from L wing). Prisoners progressing in this way would have this reflected in their wing behaviour records, which was considered for home detention curfew, release on temporary licence and category D applications. Enhanced prisoners were encouraged to utilise the accommodation journey through to L wing and then to F and H wings. Those who refused to progress through this journey were firstly given a warning and an opportunity to rethink their decision. A second refusal led to their status being reviewed, and the outcome could result in prisoners being demoted to the standard level.
- 7.59 We spoke to a number of prisoners who were in-cell on basic, and most told us that they rarely were out of cell for more than one hour 45 minutes, except at weekends. They all knew what they needed to do to achieve promotion on the scheme and all but a few (who were due for release) were motivated to regain standard privileges. Basic prisoners were reviewed weekly.
- 7.60 General reviews were scheduled to be completed on all standard level prisoners quarterly; prisoners could apply for a board outside of this timescale if there was an important achievement to report, and personal officers could also make a recommendation for a review board. All prisoners underwent a review in January each year, and this included prisoner input. Appeals were made in the first instance to the wing senior officers and then to the head of residence.
- 7.61 Enhanced prisoners were re-assessed for their suitability to remain on the top tier of the scheme whenever they were found guilty of a disciplinary offence, and/or had been placed on a period of closed visits. Prisoners were also moved off F and H wings when a charge was laid (see section on rules).
- 7.62 There were no pay differentials between the levels of the scheme but access to some of the higher paid jobs were appropriately restricted to enhanced prisoners only.
- 7.63 Only enhanced prisoners could wear their own clothes, although they had to wear prison clothing for visits.
- 7.64 There were no automatic downgrade sanctions and the policy stated that any prisoner found guilty of a single 'serious offence' would be subject to a review board, to consider the offence against their current general behaviour and recent history.

## Recommendations

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- 7.65 Prisoners on the standard level of the incentives and earned privileges scheme should be able to wear their own clothes.

7.66 Prisoners should not be sanctioned for not wishing to move to F and H wings.

# Section 8: Services

## Catering

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### Expected outcomes:

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

- 8.1 Both kitchens were adequate but the older one lacked appropriate storage space for bread. Adequate equipment was available. Kitchens and serveries were clean. The menu was varied and portion sizes had increased. Too many prisoners complained about food quality and portion size. Breakfast packs were issued on the night before consumption. Food temperature was not always logged before being served. Most prisoners could not dine in association.
- 8.2 Two main kitchens provided meals, and prisoners on some of the newer wings had access to some basic self-catering equipment. Both kitchens were of an adequate size but the floor in the new kitchen was undergoing repair because of cracking. The older kitchen lacked storage space for bread and many prisoners we spoke to complained about mouldy bread. Other food was stored appropriately, including separate refrigerators for halal meat. Equipment was adequate and some had been replaced or updated. Serveries were clean, appropriately equipped and adequately supervised by staff. Staff and prisoners working there wore the correct clothing and prisoners had received basic food and hygiene training. They could also undertake vocational qualifications, including a level 2 National Vocational Qualification in food production and cooking. Four prisoners had successfully completed this at the time of the inspection.
- 8.3 The menu was adequately diverse, providing vegetarian and vegan options. It also used a pictorial approach to identify the different types of meals, to support those with reading difficulties. Lunch ran on a four-week cycle and dinner on an eight-week cycle. Portion sizes had been increased by 10% following feedback from prisoners. However, those we spoke to during the inspection complained that portions were still too small. In our survey, far fewer prisoners than at comparator prisons and than at the time of the previous inspection said that the food was good or very good (19% versus 28% and 57%, respectively). The food we tasted was hot and of adequate quality. A new menu introduced at the beginning of April 2011 provided more healthy options and an increase in the number of vegan meals. However, the results of a recent survey undertaken by the catering manager showed that almost 50% of prisoners were unhappy with the number of healthy options and over 50% were dissatisfied with the range and variety of food.
- 8.4 Prisoners had a choice of hot or cold food at lunch and dinner. Breakfast packs were issued on the night before consumption, and some prisoners said that they ate it that night, rather than saving it for the morning. Some products used in the kitchens were grown on the prison's farm.
- 8.5 Prisoners were consulted about the food every two months and some changes had been introduced as a result. There were comments books on each servery and they were reviewed by wing officers, the catering manager and a governor.
- 8.6 Lunch was served early, at 11.45am, and dinner was served at 5.45pm. The temperature of the food was not always logged after it had left the main kitchens. Most prisoners could not

dine in association, although some tables and chairs had been ordered so that this option could be introduced on some wings. Prisoners dining in their cell had a table and chair but some were in a poor condition and the toilets were unscreened.

## Recommendations

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- 8.7 Bread should be stored appropriately in the older kitchen, to prevent it from going mouldy.
- 8.8 Prisoners' perceptions about the food should be investigated and remedial action taken.
- 8.9 Breakfast packs should be issued on the morning they are to be eaten.
- 8.10 Food temperatures should be logged by all wings and reviewed by the catering manager, and appropriate action should be taken.
- 8.11 Prisoners should have the option of dining in association.

## Prison shop

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### Expected outcomes:

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

- 8.12 DHL ran a shop service to seven prisons in the region. Few prisoners said that they had had access to the shop within 24 hours of arrival at the prison, and some had to wait almost two weeks to receive their first order. Prisoners' money was handled effectively. A range of catalogues was available, alongside access to newspapers and magazines. Fewer prisoners than at comparator establishments said that the shop sold a wide enough range of products to meet their needs.
- 8.13 DHL ran a large distribution centre based at Wayland, providing goods for seven prisons in the region. Order forms were issued to prisoners on Mondays, returned the next morning and orders were delivered the following Friday. In our survey, far fewer prisoners than at comparator establishments and than at the time of the previous inspection said that they had had access to the prison shop within 24 hours of arrival (6% versus 20% and 31%, respectively). It could take almost two weeks for a prisoner to receive their first shop order, depending on when they arrived at the prison.
- 8.14 The transfer of prisoners' money from the sending establishment was efficient, avoiding any unnecessary delays. Prisoners could check their accounts by asking for a printout or asking staff on the wings to check the computer system. Private money and wages were held separately and a limited amount of money, depending on the prisoner's level on the incentives and earned privileges scheme, could be transferred from a private account to the wages account each week. For example, those on the enhanced level could transfer up to £60 a week.

- 8.15 Six catalogues were in operation, including one (Azhar Academy) providing Muslim goods. Supply arrangements were often slow and inefficient and costs were sometimes high.
- 8.16 Newspapers and magazines were available through a local supplier and distributed by the library.
- 8.17 In our survey, fewer prisoners than at comparator prisons and than at the time of the previous inspection said that the prison shop sold a wide enough range of goods to meet their needs (37% versus 46% and 48%, respectively). Only a quarter of Muslim prisoners said that the shop sold a wide enough range of products. The Azhar Academy contract was due to end in August 2011, after which Muslim prayer goods (for example, oil and mats) would be available through the DHL ordering system. Fresh fruit had been removed from the shop list by the security department (see recommendation 7.14) but tinned fruit remained. Some prisoners felt that prices were too expensive, relative to their wages. Consultation with prisoners was undertaken quarterly, including notification of price increases and the identification of proposed amendments to the national and local product lists.
- 8.18 The DHL system was well organised and operated effectively, including secure storage and the handling of expensive items. The processing of orders was efficient and refunds were handled appropriately. Prisoners working in the DHL store could gain vocational qualifications and apply to DHL for work on release.

## Recommendation

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- 8.19 Prisoners should have access to the full shop ordering system within 24 hours of arrival at the establishment.



# Section 9: Resettlement

## Strategic management of resettlement

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### Expected outcomes:

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

- 9.1 A needs analysis had been completed but it was not sufficiently robust and did not explore the needs of indeterminate-sentenced or older prisoners. The resettlement strategy covered the reducing reoffending pathways and included an action plan. However, progress against the plan was not clearly reviewed or updated. The offender management unit (OMU) policy was limited in scope and the profile of the work was not sufficiently high across the prison. Communication between other departments and the OMU was limited and personal officers were not always involved in the planning and review processes. Some duplication of work by resettlement services and the OMU occurred. There was a range of offending behaviour programmes but staff shortages were hindering the delivery of some. Offender supervisors had little time to deliver meaningful work and fewer prisoners than previously said that they had completed work that would make them less likely to offend. Too many prisoners said that they were unsure of whom to contact for help with resettlement.
- 9.2 A resettlement needs analysis had been completed in the previous year and was due for review in autumn 2011. The methodology used to complete the previous analysis was insufficiently robust. It was small in scale, including an analysis of only a quarter of the available offender assessment system (OASys) data and responses to 53 questionnaires, equivalent to just over 5% of the population. The needs of indeterminate-sentenced prisoners and older prisoners had not been analysed. The OASys data analysis showed that, compared with the rest of the region, prisoners at Wayland had a greater level of need across most of the offending-related areas and considerably higher levels of drug misuse. It also showed that the most common types of offence involved violence against the person. Plans to repeat the analysis included the development of a more robust methodology, led by the area psychologists.
- 9.3 The resettlement strategy covered the seven reducing reoffending pathways, and an action plan had been developed. A reducing reoffending committee met bimonthly and membership was appropriate. The minutes of the meeting did not include a review of the action plan and milestones, making it difficult to see how individuals were held to account. Pathway lead meetings had been introduced earlier in 2011 and were scheduled to meet quarterly, chaired by the head of reducing reoffending. The development of an internet-based information centre for the reducing reoffending pathways aimed to improve communication across the prison.
- 9.4 The offender management unit (OMU) policy was limited to a description of the roles and functions of offender supervisors and offender managers. It did not provide a detailed strategy, action plan or priorities. The profile of the OMU was not sufficiently high across the prison, and some wing staff were unclear about its role and its work. Requests for information by the OMU were not always replied to and communication between other units in the prison and the OMU was limited. OMU staff felt that the unit was not seen as central to the work of the prison or to reducing reoffending by other departments.

- 9.5 The role of resettlement and the OMU was not effectively integrated. OMU staff felt that they provided assessment and referral services in parallel with others, with some duplication of activity. Personal officers were not involved in any sentence management processes (see recommendation 2.25).
- 9.6 The range of offending behaviour programmes was adequate but offender supervisors had insufficient time to work with prisoners individually, to address issues of motivation and specific offending-related needs (for example, domestic violence). Prisoner access to programmes was adequately managed but staff shortages had seriously affected the delivery schedule. In our survey, more prisoners than at comparator prisons (77% versus 70%) said that they could achieve some or all of their sentence plan targets at the establishment.
- 9.7 Prisoners' perceptions of resettlement and OMU functions were not routinely gathered or used to inform the development of services. Our survey showed that far fewer prisoners (23%) than at similar prisons (33%) said that they had been helped to address their offending behaviour during their stay at the establishment. Fewer prisoners than at comparator prisons and than at the time of the previous inspection said that they knew whom to contact in the prison to get help with finding a job, finance, money and benefits, and accessing health services on release. Fewer prisoners than at the time of the previous inspection said that they had completed work at the prison to make it less likely they would reoffend in the future (56% versus 71%).

## Recommendations

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- 9.8 A more robust needs analysis should be completed, including an analysis of the specific needs of indeterminate-sentenced prisoners and older prisoners, and used to inform service provision.
- 9.9 The offender management unit (OMU) policy should be improved, to ensure that it details the range of services, providing a better integration with resettlement and reducing reoffending.
- 9.10 The profile of the OMU within the prison, and communication between departments, should be improved.

## Housekeeping points

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- 9.11 The OMU action plans should be reviewed and updated regularly, to reflect progress made and improve governance.
- 9.12 The prison should ensure that prisoners know whom to contact for resettlement services.

## Offender management and planning

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### Expected outcomes:

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

**9.13** Prisoners in scope of phases two and three of the offender management model received a very different service by the two offender management unit (OMU) teams, with phase two prisoners getting a poor service. There were no sentence planning boards for in-scope phase two prisoners, and offender supervisors had no time for face-to-face contact. Phase three and life-sentenced prisoners received a better service. The offender assessment system (OASys) assessments were up to date, in spite of staff shortages. Case recording was weak and there had been few contributions to sentence planning boards from relevant staff. There was insufficient integration between OMU and the resettlement functions. Until recently, most home detention curfews had been processed late. Release on temporary licence was rarely used for home leave and no category C prisoners had been successful in their application. Recategorisation processes were sound but there were long delays in transferring prisoners to open conditions. Public protection work was effective on the whole but some of the processes involved were not sufficiently thorough. There was no strategy for the management of the large indeterminate-sentenced population.

## Sentence planning and offender management

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- 9.14** All but 22 of the 996 prisoners held at the time of the inspection were serving a custodial sentence of longer than 12 months, bringing them under the offender management model. All prisoners, even those serving under 12 months, were allocated an offender supervisor but many had little or no contact with their offender supervisor on arrival at the prison or within the first few days. The OMU team was made up of uniformed offender supervisors and probation staff.
- 9.15** Of the 974 prisoners serving more than 12 months, 331 were in scope of phase two of the offender management model and 77 in scope of phase three, which meant that the OASys assessment and plan were the responsibility of the community-based offender manager, with support by the prison-based offender supervisor. In addition, there were a large number of life-sentenced prisoners managed under phase three. This left 566 prisoners out of scope of offender management, requiring assessments, plans and reviews to be completed by prison-based offender supervisors. Of these, a third had arrived at the prison without an initial OASys assessment, increasing the workloads of the offender supervisors considerably.
- 9.16** The OMU was divided into two teams, one managing phase two and the other phase three prisoners. The phase two team comprised prison officer offender supervisors, in addition to probation services officers managing prolific or priority offenders (PPOs). The phase three team managed all prisoners serving an indeterminate sentence for public protection (IPP) and life-sentenced prisoners (see section on indeterminate-sentenced prisoners). The teams were responsible for liaising with offender managers for in-scope prisoners and preparing OASys assessments and plans for those out of scope. Each team had a different manager. The teams did not meet formally to share good practice or resolve issues.
- 9.17** We read case files relating to 20 prisoners, all of whom were in scope. The completion of OASys assessments was up to date and the backlog seen at the time of the previous inspection had been removed, in spite of the serious staff shortages over the previous year. Communication with offender managers in the community was generally adequate.
- 9.18** P-Nomis was used for in-scope cases, to log headline pieces of information, such as multi-agency public protection arrangements (MAPPA) status, but did not contain detailed information about assessments from other departments. The electronic contact log function was not used to record all activities relating to cases, and there was no contact log in hard

copy. In many cases, copies of education learning plans or other assessments were not copied to the OMU files. A learning and skills assessment and learning plan had been completed in less than half of the 20 cases. In 15 of the cases, the OMU records did not provide a clear record of the work carried out.

- 9.19 The community-based offender manager had completed the initial OASys assessment and sentence plan in all of the 20 cases. The assessment of the likelihood of reoffending was of a sufficiently high quality in only seven of the cases. The assessments that were inadequate lacked an analysis of the information presented and how various factors associated with the offender related to the likelihood of reoffending.
- 9.20 The OMU teams were delivering services of a very different quality. For phase two prisoners, ongoing contact by the offender supervisor beyond the assessment phase was reactive and below the minimum expected. The offender supervisor's role in actively monitoring and promoting the delivery of the sentence plan targets was seriously underdeveloped. Many prisoners complained to us about the difficulty of having contact with their offender supervisor, and others said that they did not always get a reply to an application to see him or her. In more than half of the cases we inspected, there was insufficient communication between those involved, including the prisoner (see main recommendation HP53).
- 9.21 There were no sentence-planning boards for in-scope phase two prisoners. The offender manager designed the plan and sent it to the offender supervisor to tell the prisoner what it contained. Boards were held for out-of-scope prisoners but offender supervisors did not attend. Boards for PPOs took place. More prisoners than at comparator prisons and than at the time of the previous inspection said that they had a sentence plan (77% versus 68% and 70%, respectively). However, far fewer prisoners than at the time of the previous inspection said that they had been involved in the development of the plan (57% versus 75%). Contributions to sentence planning boards from wing staff, personal officers, counselling, assessment, referral, advice and throughcare (CARAT) staff or other service providers had been made in only one of the 20 cases we inspected. Less than half of the plans contained outcome-focused and specific objectives or a logical sequencing of objectives, or indicated that the planned levels of contact and specific contributions had been made by the various parties involved.
- 9.22 IPP prisoners were managed by probation staff and received a more proactive and structured service. Sentence planning boards were in place and contact with the prisoner throughout the sentence was maintained. We were told that probation staff delivered meaningful one-to-one sessions with these prisoners. However, minutes of a recent team meeting noted that future one-to-one work would be reduced because of staff shortages. Preparation of parole dossiers was up to date.
- 9.23 In only half of the cases we inspected had interventions been delivered in line with the sentence plan, or timed and sequenced according to the likelihood of reoffending and preparation for release.
- 9.24 Resettlement assessments and sentence plans were not well enough integrated. A representative from each resettlement service interviewed prisoners on arrival and directed them to relevant services. The offender supervisor was not always at the heart of the resettlement assessment process. A resettlement board was held 12 weeks before release and a discharge board three weeks before release. It was difficult to see how these linked with the work of the OMU. The OASys sentence plan was not used to prioritise the work of staff other than the offender supervisor or direct new work. The plan was inactive, rarely being used to motivate the prisoner or reinforce progress.

- 9.25 Offender supervisors were appropriately selected for the role but some had not received training in the management of risk of harm to others. This was a concern, as uniformed offender supervisors were managing high risk of harm prisoners with little training or support. Prison officer offender supervisors had experienced extensive cross-deployment to operational duties during the previous year. However, this was not a major problem at the time of the inspection.
- 9.26 Offender supervisors also managed the risk assessments for home detention curfew (HDC), release on temporary licence (ROTL) and categorisation reviews. Late processing of HDC application had been a major problem. Since December 2010, 173 applications had been made, of which 143 had been completed late. This was because of workloads, delays in receiving the offender manager's report and difficulties in getting the board to manage the amount of work. A board met every Wednesday and additional resources had been identified to improve timeliness. The use of HDC was low; of the 173 applications, 118 had been rejected.
- 9.27 Use of ROTL was also low. Since December 2010, there had been 116 applications for ROTL, and only 15 granted. No category C prisoners had had their application approved. Only two of the 15 awarded were for overnight release to promote family ties.

## Recommendations

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- 9.28 **There should be better integration of the resettlement assessments and the work of the OMU, to avoid duplication of effort and clarify the links with the pre-discharge boards.**
- 9.29 **Initial and review sentence planning boards should be convened for phase two in-scope prisoners, and all those involved with the prisoner should contribute formally.**
- 9.30 **Offender supervisors should be trained adequately in the assessment and management of risk of harm.**
- 9.31 **Home detention curfew boards should be held on time and the number of prisoners released on temporary licence to promote resettlement should be increased.**

## Housekeeping points

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- 9.32 All documentation relevant to sentence planning and risk assessments should be copied to the OMU file.
- 9.33 All contacts and activities relating to a prisoner should be recorded in a central contact log.

## Categorisation

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- 9.34 Recategorisation processes were sound. Prisoners received a form one month before the review, to provide updated information, but no face-to-face interview was held at this point. The OMU managed approximately 100 reviews a month. Relevant paperwork was completed and included comments from the security department. The offender supervisor completed the full risk assessment, which was reviewed by a board. The prisoner was informed directly and there was an appeal process. We saw some examples of category D status awarded on appeal.

- 9.35 There were 30 category D prisoners logged on P-Nomis but we came across an additional 15 indeterminate-sentenced prisoners who had been awarded category D status but remained logged as category C. This brought the total number of category D prisoners awaiting transfer at the time of the inspection to 45.
- 9.36 Waiting times for a move to an open prison were over-long because of the pressure on places nationally, particularly for indeterminate-sentenced prisoners. The local policy of making a prisoner work out of Wayland for two months after being awarded category D status and before a transfer was an additional barrier to timely progression to the open estate (see main recommendation HP54).

## Recommendation

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- 9.37 **Category D prisoners should not have to work outside of Wayland for two months before transfer.**

## Housekeeping point

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- 9.38 Indeterminate-sentenced prisoners awarded category D status should be recorded as such on P-Nomis.

## Public protection

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- 9.39 A senior probation officer oversaw public protection work. The policy was thorough and detailed. The case administrators screened each case on reception, to identify those presenting child safeguarding or harassment concerns. An inter-departmental risk management team (IRMT) met monthly to review cases but the meeting was not attended by a governor grade or representatives from the security or health care departments, and offender supervisors did not always attend. The security department decided on which prisoners should be subject to mail and telephone monitoring, and did this in isolation from the IRMT. Processes for identifying new public protection concerns during the course of a prisoner's sentence were less well developed. The use of the Violent and Sex Offender Register (ViSOR) had improved but there was still no absence cover for the administrator.
- 9.40 An adequate initial risk of serious harm (RoSH) screening had been completed on time in 16 out of the 20 cases we inspected. In two cases it had not been completed within six months of sentence, while in another two the screening contained insufficient or inaccurate information.
- 9.41 All 20 cases we inspected required a full RoSH analysis by the offender manager, but this had been completed adequately in only 10. Eight assessments contained insufficient information or analysis of previous or current offending behaviour. The categories of risk (to children, adults and so on) were incorrect in a number of cases, including eight cases in relation to the risk posed to other prisoners. Only three cases contained an adequate risk management plan. Many did not describe how the objectives in the sentence plan would address risk of harm issues and did not pay sufficient attention to the risks that the offender posed while in custody. In several cases, there were current child protection concerns that had not been addressed in the risk management plan. The offender supervisor was unaware of whether the offender manager knew about them or if any action had been taken to address them.

- 9.42 Adequate resources to address risk of harm to others had been allocated in 11 cases, but interventions had not been timed or sequenced according to risk of harm in 13. The risk of harm assessment had been reviewed thoroughly when required in only one out of eight relevant cases. All reasonable action to keep to a minimum the prisoner's risk of harm to others had not been taken in 13 cases. Appropriate priority had not been accorded to victim safety in 11 out of 18 relevant cases.
- 9.43 In May 2011, there were 157 MAPPA level 1 prisoners, 62 level 2 and six level 3. The identification of MAPPA level 2 and 3 cases six months before release was not sufficiently systematic.

## Recommendations

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- 9.44 Attendance at the inter-departmental risk management team meeting should be improved.
- 9.45 Processes for identifying new public protection concerns during the sentence, and multi-agency public protection arrangements (MAPPA) level 2 and 3 cases six months before release, should be introduced and monitored.
- 9.46 All reasonable action should be taken to minimise the risk of harm to others, including checking child protection concerns with the offender manager.

## Indeterminate-sentenced prisoners

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- 9.47 At the time of the inspection, there were 77 IPP and 93 life-sentenced prisoners, and over half were post-tariff, reflecting the difficulties in transferring them to other prisons, particularly open prisons. Fifteen were waiting for transfer to an open prison, and some had waited several months (see main recommendation HP54). Because of the delay, some of the prisoners were re-entering their parole window when they should have already started testing and ROTLs in an open prison. Once in the parole window, they were placed on hold, and open prisons were able to decline to accept them until the parole dossier had been completed, causing further delays.
- 9.48 At the time of the inspection, there was no formal written strategy for the management of indeterminate-sentenced prisoners. However, the senior management team planned to develop services for this group, including increasing capacity to 90 life-sentenced prisoners. The idea of a 'centre of excellence' had developed, with the aim of implementing a regime on E and F wings that was similar to a therapeutic community. The amount of psychological resources available to indeterminate-sentenced prisoners had been limited but additional regional resources were now in place. This enabled more assessments to be carried out for high-intensity interventions delivered at other establishments, to facilitate transfer and the completion of risk of harm and diversity assessments (for example, personality disorder and IQ).
- 9.49 Six probation officers and two Probation Service officers made up the phase three team. While the probation officers had been trained in the management of life-sentenced prisoners, the Probation Service officers had not. There was a training plan for staff managing indeterminate-sentenced prisoners, and many staff based on E and F wings had undertaken some specific courses. However, the motivational interviewing course had not yet been delivered. An experienced manager for all indeterminate-sentenced prisoners was in place, supported by a

full-time manager and two residential senior officers. The indeterminate-sentenced prisoner team met quarterly and a strategy group met bimonthly to progress developments. Recent minutes of the meeting showed that staff shortages were affecting the amount of one-to-one work delivered by offender supervisors.

- 9.50 Life-sentenced prisoners did not have access to specific family days but could apply to attend family days held on a Monday afternoon. Contact between offender supervisors and indeterminate-sentenced prisoners was good. However, there was insufficient input from other departments into the management of such prisoners.
- 9.51 A lifer/IPP consultation forum was held to increase feedback, and clinics were held on the wings every six weeks to promote communication. The indeterminate-sentenced prisoner manager ran in a drop-in session to support communication further and identify areas for improvement. The indeterminate-sentenced prisoners we spoke to were positive about the quality of their case management but some criticised the attitude and behaviour of a few of the wing staff.

## Recommendation

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- 9.52 A strategy should be developed for indeterminate-sentenced prisoners.

## Resettlement pathways

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### Expected outcomes:

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

## Reintegration planning

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- 9.53 Prisoners in our survey reported being asked about accommodation needs on arrival but few said that they knew whom to contact to get help with these or financial matters. Nacro workers provided part-time housing support, and the prison had exceeded its key performance target for releasing prisoners into settled accommodation in the previous year. There were good arrangements for individual support and education, training and employment advice in place of a pre-release course. There were insufficient links with employers and little use of release on temporary licence for resettlement. The debt advice contract had ended a couple of months before the inspection. Prisoners could open bank accounts before release.

## Accommodation

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- 9.54 In our survey, more prisoners (24%) than in our comparator group (19%) said that they had been asked about housing problems within the first 24 hours of arrival at the prison. Just under a quarter reported having had housing problems when they first arrived, compared with 17% of prisoners in other, similar prisons. Far fewer prisoners (38%) than at the time of the previous inspection (70%) said that they knew whom to contact in the prison to get help with finding accommodation on release.

- 9.55 Two part-time Nacro Housing Information and Advice Service (HIAS) workers provided cover three days a week. They undertook a full assessment, if an initial screening, completed in the drop-in centre on B wing, indicated the need. Advice about retaining or ending tenancies was available, as was signposting to other agencies.
- 9.56 Nacro HIAS monitored the number of prisoners they worked with and the number being released to suitable accommodation. In the month before the inspection, they had helped 32 prisoners retain or secure settled accommodation. The key performance target of 75% of prisoners being released into settled accommodation had been exceeded for the previous year. As of the end of April 2011, there were 187 prisoners requiring help to find accommodation. There were adequate links to providers, including St Giles Trust in London and others based more locally. The British Legion was about to start supporting veterans in finding accommodation.

## Recommendation

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- 9.57 Prisoners should know whom to contact to get help with accommodation problems.

## Education, training and employment

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*For further details, see Learning and skills and work activities in Section 6*

- 9.58 The careers information and advice service (CIAS), which supported prisoners due to be released, focused well on identifying potential employment and training opportunities. There were good arrangements for individual support and advice in place of a pre-release course. The prison's resettlement staff and Tribal were quick to refer individuals to Jobcentre Plus, Nacro Education, Learning and Skills, and Move on East, the three main external support agencies, for further information advice. In particular, prisoners received good individual advice on disclosing a criminal offence to potential employers. In 2010/11, the prison had exceeded its targets for the proportion of prisoners gaining employment on release (35% against a target of 28% and those entering education and training in the community (42% against a target of 25%).
- 9.59 There was no job club (although the prison had plans to open a virtual campus, including a job club, in summer 2011), so prisoners did not have easy access to information on job vacancies, especially those beyond Norfolk and Suffolk. However, the three support agencies worked well to help prisoners individually to find jobs in other regions.
- 9.60 There were insufficient links with employers to enhance the education and training programmes and to arrange placements for prisoners on ROTL. There was limited use of ROTL for resettlement; at the time of inspection, only four prisoners were on ROTL to work on the prison premises beyond the main gate.

## Recommendations

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- 9.61 The prison should provide increased job search facilities, especially for prisoners to be released to areas beyond Norfolk and Suffolk.

- 9.62 The prison should develop better links with employers, to support prisoners' employment plans post-release and to help them gain employment or work experience on release on temporary licence.

### **Mental and physical health**

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- 9.63 Health care discharge planning was adequate. There was a discharge clinic and the discharge tool was used on SystmOne. Prisoners were given a discharge letter for their GP, although those without a GP were not advised of the nearest practice in the area to which they were being released. Condoms were available on release in reception and some sexual health information was available. We saw no other discharge or health promotion information in reception. Where required, seven days' supply of medication was issued. The care programme approach was used for patients with enduring mental health problems, and mental health workers had links with the resettlement team. Palliative care, although rarely required, was supported with the cooperation of local services.

### **Recommendation**

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- 9.64 All prisoners should receive advice and support to find a GP in the area to which they are being released.

### **Housekeeping point**

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- 9.65 A full range of health promotion information should be made available to prisoners on release.

### **Finance, benefit and debt**

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- 9.66 In our survey, fewer prisoners (20%) than at other, similar prisons (28%) and than at the time of the previous inspection (53%) said that they knew whom to contact in the prison to get help with money or finances. There was a similar picture in relation to claiming benefits on release, with only 32% saying that they knew whom to contact, against the 40% comparator and 66% at the time of the previous inspection.
- 9.67 The debt advice contract had ended a couple of months before the inspection. A large proportion of prisoners were in need of this support but a replacement service had not yet been commissioned.
- 9.68 Move On East provided some basic help and Jobcentre Plus provided advice about ending and re-starting benefits and accessing community care grants. The recently introduced UNLOCK project provided access to bank accounts before release, and almost 100 prisoners had been helped to open an account since December 2010. The project provided a session to improve financial literacy, ensuring that prisoners understood the different types of accounts and how to use them. Advice and support offered by Citizens Advice was limited to one day a month, and prisoners we spoke to said that this was not enough. The education department provided a budgeting and money management course, which was delivered once a week for six weeks.

## Recommendations

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- 9.69 Prisoners should know whom to contact to get help with finance, benefits and debt.
- 9.70 One-to-one debt advice should be reinstated.

## Drugs and alcohol

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- 9.71 The drug and alcohol strategy was up to date and posted on the prison's computer network. The counselling, assessment, referral, advice and throughcare (CARAT) team was beginning to work with primary alcohol users and the alcohol related violence (ARV) programme had recently been made available. The prison addressing substance related offending (P-ASRO) and the Rehabilitation of Addicted Prisoners trust (RAPt) programmes were in place. Alcoholics Anonymous and Narcotics Anonymous were also offered, although prisoners' access was not always consistent. Compact-based drug testing facilities were not adequate.
- 9.72 There was an up-to-date drug and alcohol strategy, which was available to all Wayland staff in the form of a website on the local computer network. The strategy had been informed by a recent needs analysis, which was in the process of further development, with input and funding from the local Drug and Alcohol Action Team (DAAT).
- 9.73 The CARAT team, staffed by Phoenix Futures, comprised a manager, a senior practitioner, eight drugs workers and an alcohol worker. CARAT-based primary alcohol work had been launched on 6 June 2011 under the title 'Referral and Education for Alcohol-using Clients in Treatment' (REACT) for those serving sentences for offences committed while under the influence of alcohol. The aim of the service was to deal with alcohol-related needs on an individual basis. The new alcohol-related violence (ARV) programme had delivered one course so far, with six completions from 10 starts. These two interventions had recently been added to the range of treatment programmes available.
- 9.74 The prison addressing substance related offending (P-ASRO) programme was in place, with a key performance target of 96 starts and 64 completions. The Rehabilitation of Addicted Prisoners trust (RAPt) 12-step rehabilitation programme was located on G wing, with 36 places available; at the time of the inspection, 21 prisoners were on the programme. Five graduates had been trained as peer supporters to work as co-facilitators and one-to-one supporters. We were told that there were good levels of cooperation between RAPt staff and discipline staff on G wing.
- 9.75 Alcoholics Anonymous and Narcotics Anonymous were in operation, with meetings held on G wing. Some prisoners and staff told us that access to these meetings was not always sufficiently easy for prisoners from other wings.
- 9.76 Joint working between the gym and CARAT team was good, with special sessions available for prisoners who were on drug/alcohol treatment programmes.
- 9.77 Compact-based drug testing (CBDT) was in place, with a total of 373 open compacts in May 2011. Testing suites were located on A to H wings. The urinal bowls, hand-washing basins and floors in these suites were dirty. For compact holders on J to N wings, mobile in-cell testing kits were used.

- 9.78 CBDT compliance tests were required for all enhanced prisoners and those on treatment programmes. A purely voluntary scheme was additionally offered to those on the integrated drug treatment system.
- 9.79 There were links with the Norfolk drug intervention programme (DIP), although large numbers of Wayland prisoners were from London, which made face-to-face pre-release contact with DIP teams less possible.

## Recommendations

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- 9.80 Prisoners from all wing locations should have equal access to Alcoholics Anonymous and Narcotics Anonymous meetings.
- 9.81 Dedicated facilities for compact-based drug testing (CBDT) should be made available on J to N wings.

## Housekeeping point

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- 9.82 CBDT suites should be kept clean and tidy to provide a forensic and respectful testing environment.

## Children and families of offenders

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- 9.83 The children and families pathway was well developed. Few prisoners said that they had had a visit within a week of arrival or been given information about their visits entitlement on the day they arrived. Visits could be booked by telephone, email or at the time of a visit. The visitors centre was adequate and the visits hall bright and well decorated. Seating during domestic visits was too close, hindering privacy. An adequate number of visit slots were provided, with regular family and children's days. There was a requirement to have a minimum of three visitors on a family day. Prisoners had to wear prison clothing during domestic visits and the visit was stopped if the prisoner wanted to use the toilet. Travel to the prison was expensive and the prison did not provide any transport from the train station.
- 9.84 The children and families pathway was well developed. Ormiston Trust provided a range of services, including supervision of the crèche in the visits hall, family visits and the 'You and Your Child' course. This aimed to support prisoners who were parents or carers of children below the age of 12, helping them to understand their children's needs, be a more confident parent and keep in touch with their children. Each course could take eight prisoners, and six courses were planned for the current year. In addition, the Storybook Dads programme was provided through the library. Monthly children's visits were available and a drop-in session was held on each wing every two weeks by the Ormiston Trust. This allowed prisoners to raise concerns and queries about their children or families. General relationship counselling was not provided (see recommendation 5.86).
- 9.85 In our survey, more prisoners (31%) than in the comparison group (22%) and than at the time of the previous inspection (19%) said that they had had problems contacting family when they first arrived at the prison. Fewer (35%) than in the comparator group (47%) and than at the time of the previous inspection (47%) said that they had been given information about their entitlement to visits on the day they arrived. Only 14% of prisoners said that they had received

a visit within a week of arriving at Wayland, similar to the figure at the time of the previous inspection but lower than the comparator (23%). A survey of visitors had been completed shortly before the inspection and the data had yet to be analysed. We were not provided with the findings of the previous year's survey. The visitors we spoke to were positive about their experience and the helpfulness of staff.

- 9.86 Visits could be booked by the prisoner or the visitor. Prisoners could specify three preferred dates on their application. Visitors could book by telephone, email or at the time of a visit, if they had the visiting order. Visitors we spoke to said that it was difficult to get through by telephone but that the email system was efficient. Only one telephone line was used for booking; when we tested it, although our call was answered straight away, staff acknowledged that it could be engaged or unanswered at peak times.
- 9.87 The visitors centre opened well in advance of visits starting. It was well equipped but lacked activities for older children. There were also few information leaflets around the centre. Centre staff were helpful and polite. The searching procedures were handled well and efficient, although some visitors said that it could take too long to get through the procedures. Although there was access to the visitors centre for those with disabilities, a step had to be negotiated to enter the prison main gate, and the visits hall was upstairs, with steep steps, making it awkward for visitors with children in pushchairs. The stair lift for visitors with disabilities did not always work, although it was working during the inspection.
- 9.88 Visits took place from 2pm to 4pm during the week and in both the morning and afternoon at the weekend. Some visitors complained that the sessions did not last the full two hours; this was because of the length of time it took to go through the security procedures but the information given to visitors did not make this clear. Prisoners had to wear prison clothing on these visits but not on children's visits. They also had to remain seated at all times during domestic visits. The visit would be stopped if the prisoner wanted to go to the toilet.
- 9.89 Pastoral and ecclesiastical visits were available, as were prison visitors, and inter-prison and accumulated visits. Family visits took place each Monday afternoon and were open to standard and enhanced prisoners. This provided an extended visit for prisoners and up to six immediate family members. There was a requirement for each prisoner to have a minimum of three family members, and we heard of one prisoner being refused a visit because he had only two immediate family members. Prisoners were free to move around the visits hall during the family visit and they could have a family photograph taken. Prisoners not receiving visits for over three months could apply to have their photograph taken and sent to their family. Children's visits were provided once a month and provided extended contact time for standard and enhanced prisoners. During both family and children's visits, normal seating was replaced by tables and chairs and the room was laid out so as to promote easy contact with family members or their children. Prisoners located in the segregation unit or with proven adjudications in the previous three months were not eligible for either family or children's visits. Those not receiving visits could not exchange visiting orders for telephone credit but could send additional letters.
- 9.90 The visits hall was large, bright and well decorated. Refreshments could be bought and the counter was well stocked, providing hot and cold snacks. The hall was well supervised and closer supervision was given to those for whom intelligence suggested a possible breach of security. Closed-circuit television was in operation throughout.
- 9.91 During domestic visits, seats were arranged close together and some visitors said that this hindered privacy, as you could overhear others' conversations. Visits staff were aware of any prisoners presenting a risk to children and monitored who was visiting. They also considered

the seating arrangements to ensure that such prisoners were placed away from families with children.

- 9.92 Closed visits were appropriately used and we saw the instigation of a closed visit following an indication by the drug dog. This was a one-off ban and would not lead to long-term closed visits unless other intelligence was gathered. Closed visits booths were adequately secure, private and well supervised.
- 9.93 Visitors said that it was expensive to travel to the prison by public transport. The distance from any major town meant that most visitors drove there. The local council had previously provided a free bus service from the train station but this had ended. A London coach company provided a service direct to the prison. The assisted visits scheme was not well advertised in the visits centre but was detailed in the information pack sent to visitors.
- 9.94 Legal visits were available each morning during the week and there were sufficient private booths. Legal visitors we spoke to were positive about the arrangements and said that it was easy to book a visit.

## Recommendations

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- 9.95 Prisoners should not have to wear prison clothing during visits.
- 9.96 A visit should not be ended if the prisoner needs to use the toilet.
- 9.97 No minimum number of visitors should be set for family days.
- 9.98 The feasibility of providing free transport from the train station should be explored.

## Housekeeping point

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- 9.99 Information for visitors should make it clear that they may not get a full two-hour visit, depending on the time it takes to go through the security procedures..

## Attitudes, thinking and behaviour

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9.100 Although a wide range of programmes was planned for, staff shortages considerably hindered delivery. As a result, waiting times were growing. There was no intervention to tackle domestic violence. Attention to diversity in the delivery of programmes was good but work to support learning after completion was not well enough developed. There were plans to introduce the Controlling Anger and Learning to Manage it (CALM) programme but it had been delayed because of staff shortages.

- 9.101 A wide range of programmes was available (see also section on drugs and alcohol). The Thinking Skills Programme (TSP) and anger replacement training (ART) were planned, alongside the drug and alcohol programmes. However, staff shortages were causing considerable problems. For example, the Cognitive Skills Booster Programme (CSBP) was not being delivered, and the 2010/11 completion target for the TSP had not been achieved, with only 94 out of 175 completions. The shortages were set to impact negatively on the ability to achieve the present year's target of 177. There had been 79 completions of P-ASRO in

2010/11, against a target of 96 starters with a minimum of 64 completions. The Alcohol Related Violence (ARV) programme had not been delivered in the previous year, despite being planned, and at the time of inspection had delivered one course.

- 9.102 Some prisoners told us that they had been waiting a long time to start a programme. Waiting lists for programmes were growing because of an inadequate number of groups being delivered, with 88 waiting to start the TSP and 25 waiting for the CSBP. The latter group mainly contained indeterminate-sentenced prisoners.
- 9.103 The chaplaincy provided the Sycamore Tree programme, aimed at improving victim awareness. The ART programme was delivered by the local probation trust in the prison. The planned introduction of the Controlling Anger and Learning to Manage it (CALM) programme was due to replace ART and provide a better course for prisoners but staff shortages had delayed its start. In the longer term, this would be replaced with the Moderate Violence Programme, currently being piloted in other prisons.
- 9.104 An updated needs analysis was due to take place in autumn 2011, and would include the needs of lifers and IPP prisoners. This was to be developed and undertaken by the East of England psychological services. The psychology provision had increased over the previous year and further additions of qualified staff would enable the establishment to receive more support and interventions. This would include IQ testing, assessments for programmes delivered elsewhere and training for staff in working with diversity.
- 9.105 There was no intervention to tackle domestic violence at Wayland, and places on the Healthy Relationship Programme, delivered in a few prisons, were scarce. It was difficult to see how the attitudes, thinking and behavioural needs of men with these issues were being met.
- 9.106 Prisoners were assessed and interviewed before starting the TSP, to improve motivation and understanding, but there was little opportunity to provide one-to-one work for prisoners for whom group work was unsuitable. There were some good examples of diversity issues, such as literacy problems, being well managed in the groups. However, there was no hearing loop in any of the group rooms. Personal officers rarely attended post-programme reviews and too little was done to support learning during the programme sessions.

## Recommendations

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- 9.107 An adequate number of staff should be in post to enable the delivery of programmes as planned and reduce the waiting times.
- 9.108 Domestic violence needs should be addressed through appropriate interventions.
- 9.109 Personal officers should attend post-programme reviews and support learning after the programmes.

## Housekeeping point

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- 9.110 Group rooms should have hearing loops fitted.



# Section 10: Recommendations, housekeeping points and good practice

The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

## Main recommendation

To NOMS

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- 10.1 Prisoners who have been recategorised to D should progress to open conditions as soon as possible. (HP54)

## Main recommendations

To the governor

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- 10.2 First night arrangements should be reviewed and take account prisoners' poor feelings of safety on their first night and the amount of contact with staff. There should be a clear policy on the management of prisoners on their first night. (HP49)
- 10.3 Senior managers should develop a comprehensive policy for the management and transfer of prisoners in the segregation unit. The policy should include how problem behaviour and underlying causes will be investigated, how individual needs will be met and options for reintegration or transfer. (HP50)
- 10.4 A flexible and individualised opiate dose-reduction regime for prisoners on the integrated drug treatment system programme should be urgently introduced to replace the current inflexible regime. (HP51)
- 10.5 The Prison Health Partnership Board should have robust assurances in place to monitor the implementation, quality and management of health care provision. (HP52)
- 10.6 Offender management arrangements for determinate-sentenced prisoners should be improved, so that all prisoners have sentence planning boards and a proactive service from their offender supervisor. (HP53)

## Recommendation

To UKBA

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- 10.7 Foreign national prisoners should be informed of the intention to deport them at least six months before the due date of their release. (4.39)

## Recommendations

To the governor

### Courts, escorts and transfers

- 
- 10.8 Prisoners should be offered comfort breaks at least every two and a half hours. (1.6)
- 10.9 Prisoners should not be required to attend court in prison clothing. (1.7)

### **First days in custody: reception**

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- 10.10 Searching arrangements in reception should reflect an appropriate risk assessment of individual prisoners. (1.15)
- 10.11 Prisoners should have a structured reception or first night interview in private. (1.16)
- 10.12 Prisoners should be provided with reading materials while they are waiting in reception and should be moved to residential accommodation as quickly as possible. (1.17)

### **First days in custody: first night**

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- 10.13 Prisoner orderlies should not have access to confidential information about other prisoners. (1.23)
- 10.14 The standard of accommodation on the induction wing should be improved, graffiti removed and broken furniture replaced. (1.24)
- 10.15 Induction accommodation should not be used to accommodate prisoners who have been removed from other residential locations. (1.25)
- 10.16 All prisoners should be able to make a telephone call and take a shower on their first night. (1.26)

### **First days in custody: induction**

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- 10.17 Prisoners should not spend long periods locked in their cell during induction. (1.30)

### **Residential units: accommodation and facilities**

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- 10.18 Two prisoners should not share cells meant for one. (2.9)
- 10.19 There should be a minimum of one telephone per 20 prisoners. (2.10)
- 10.20 Prisoners should have access to telephones after 6.30pm. (2.11)

### **Residential units: clothing and possessions**

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- 10.21 Prisoners should be permitted to wear their own clothes and have adequate access to laundry facilities. (2.15)
- 10.22 Prisoners should be provided with sufficient clean prison-issue kit every week. (2.16)

### **Residential units: hygiene**

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- 10.23 Communal showers should be adequately screened and water temperatures made more reliable. (2.19)

### **Personal officers**

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- 10.24 Personal officers should attend sentence planning and resettlement reviews. (2.25)
- 10.25 The training of personal officers should be expedited. (2.26)

### **Bullying and violence reduction**

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- 10.26 An anti-bullying survey should be undertaken and used to inform current practice. (3.9)
- 10.27 The prison should develop and promote a range of support services for victims of bullying and interventions for perpetrators. (3.10)
- 10.28 The negative perceptions of black and minority ethnic prisoners around safety, and of all prisoners around staff victimisation, should be investigated and action taken where necessary. (3.11)

### **Self-harm and suicide**

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- 10.29 The continuous improvement plan should reflect strategic plans for the care of those at risk of self-harm and suicide. (3.19)
- 10.30 The gated cell on B wing should be relocated to a more suitable, quieter location. (3.20)
- 10.31 The gated cell and buddy cell should be made more comfortable and welcoming, to provide a better environment for those in crisis. (3.21)

### **Legal rights**

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- 10.32 There should be a dedicated legal services officer, with a job description which meets the needs of the prison population. (3.35)

### **Substance use: clinical management**

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- 10.33 The number of properly qualified IDTS nurses should be increased to full complement, to facilitate reviews and daily specialist care. (3.54)
- 10.34 GPs should prescribe on the basis of patient's clinical needs and best practice. (3.55)
- 10.35 Symptomatic relief should be given to those prisoners who are experiencing discomfort as a result of the dose-reduction regime. (3.56)
- 10.36 Additional psycho-social support should be offered to all prisoners affected by the introduction of the opiate dose-reduction regime. (3.57)
- 10.37 Any future changes to the IDTS regime should be based on accepted best clinical and ethical practice and fully involve service users. (3.58)

### **Substance use: drug testing**

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- 10.38 A mechanism to manage target testing more effectively should be developed, to ensure that they are undertaken within the required timeframe. (3.62)
- 10.39 The prison should ensure that effective security measures are in place, to reduce the quantity of diverted prescribed medication. (3.63)

### **Diversity**

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- 10.40 Members of the equalities team and other staff should be fully trained in prisoner diversity. (4.7)
- 10.41 The prison diversity policy should be reviewed and rewritten to include detail of how the aims of the policy will be achieved. (4.8)
- 10.42 The diversity and race equality action team should consider monitoring for all minority groups and take action to address inequalities. (4.9)
- 10.43 Impact assessments covering all diversity strands should be completed for all aspects of the regime and should include prisoner consultation. (4.10)

### **Diversity: race equality**

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- 10.44 The reasons for the negative responses of prisoners from black and minority ethnic backgrounds in our survey should be investigated and action taken. (4.23)
- 10.45 The prison should develop and implement a strategy for effectively combating discriminatory language and attitudes about prisoners from a Gypsy or Traveller background. (4.24)
- 10.46 The continuing drop in the number of incident report forms (RIRFs) being submitted should be investigated and action taken. (4.25)
- 10.47 Prisoners who have submitted RIRFs should be fully informed of the reasons for the finding and the action being taken. (4.26)

### **Diversity: religion**

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- 10.48 Faith awareness training should be delivered to all staff. (4.32)

### **Diversity: foreign nationals**

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- 10.49 The needs of all foreign national prisoners should be assessed on arrival and regularly monitored. (4.38)

### **Diversity: disability and older prisoners**

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- 10.50 The reasons for the negative responses of prisoners with a disability in our survey should be investigated and action taken. (4.45)

- 10.51 There should be regular consultation of prisoners with a disability. (4.46)
- 10.52 The prison should develop consultation and specific services for older prisoners. (4.47)

### **Diversity: gender and sexual orientation**

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- 10.53 Gay and bisexual prisoners should be regularly consulted about their needs and experience in the prison and appropriate action taken as a result. (4.52)

### **Health services: general**

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- 10.54 All health care rooms should be clean and tidy and contain suitable equipment to undertake clinical examinations. (5.11)
- 10.55 There should be a lead nurse for older people. (5.12)
- 10.56 Attendance at the health care forum should be reviewed and action should be taken to follow up concerns raised by prisoners and health care representatives. (5.13)

### **Health services: clinical governance**

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- 10.57 There should be a full range of policies and procedures in place, including for medicines management. Staff should sign that they have read and understood their content. (5.21)
- 10.58 Emergency equipment, including oxygen, should be easily accessible throughout the prison. There should be sufficient staff trained to use emergency equipment. (5.22)
- 10.59 All staff should have access to, and make use of, clinical supervision. (5.23)
- 10.60 Training should be available so that clinical staff can work competently within their lead roles. (5.24)
- 10.61 Prisoners should be able to complain using the NHS complaints system. Prisoners' verbal and written complaints should be responded to fully and action taken within an identified period to resolve their concerns. (5.25)
- 10.62 All incidents and near-miss incidents should be reported and monitored, and lessons learnt from them. There should be robust reporting to the clinical governance meetings. (5.26)

### **Health services: primary care**

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- 10.63 Prisoners should have access to a full range of nurse-led clinics. (5.36)
- 10.64 Action should be taken to address the long waiting lists for health services. (5.37)

### **Health services: pharmacy**

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- 10.65 The use of all treatment rooms should be reviewed. Rooms should be suitable for use. (5.53)

- 10.66 The pharmacist and pharmacy technician should provide counselling sessions, pharmacist-led clinics, clinical audit and medication review. (5.54)
- 10.67 The in-possession process should be reviewed urgently and regular risk assessments documented. (5.55)
- 10.68 The current practice surrounding the supply of products should be reviewed, to allow patients to receive timely access to medication. Medications should be administered at times that ensure maximum clinical effectiveness. (5.56)
- 10.69 There should be regular audit of all medicines management systems, including administration, record keeping, general and out-of-hours stock use and use of special sick medication. These should be recorded and any discrepancies should be investigated thoroughly. (5.57)
- 10.70 Registered nurses should comply with the Nursing and Midwifery Council standards for medicines management at all times. Primary and secondary dispensing by nursing staff should stop. (5.58)
- 10.71 Records should be made of all occasions where the patient has refused medication, failed to attend or has not received medication. Issues relating to drug compliance should be followed up where appropriate. (5.59)
- 10.72 Patient group directions should be used to enable the supply of more potent medicines by nursing staff where appropriate. (5.60)
- 10.73 A step-wise approach to pain management, such as the World Health Organization analgesic ladder, should be used, and modified for the prison environment to reduce opiate usage. (5.61)
- 10.74 An up-to-date prescribing formulary should be introduced and prescribing data should be used to demonstrate value for money and promote effective medicines management. The Medicines and Therapeutics Committee should ensure that prescribing is evidence based. (5.62)
- 10.75 There should be regular medicine reviews and all prisoners should be involved in discussions about changes to their medicine(s) or in-possession status. (5.63)

#### **Health services: dentistry**

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- 10.76 Sufficient dental sessions should be provided to meet the needs of prisoners. (5.74)

#### **Health services: secondary care**

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- 10.77 Access to external appointments should be improved and not subject to delay as a result of insufficient escorts. (5.77)

#### **Health services: mental health**

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- 10.78 Prisoners should have access to primary mental health nursing services whenever the health care centre is open. Caseload monitoring arrangements should be in place. (5.84)
- 10.79 Day care services should be available to patients with mental health problems having difficulty in coping on the wings. (5.85)

- 10.80 Prisoners should be able to access a range of counselling services from professionally qualified staff. (5.86)

### **Time out of cell**

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- 10.81 Prisoners should be able to use telephones when unlocked over lunchtime. (6.7)
- 10.82 Association should be provided after the evening meal during the week. (6.8)
- 10.83 All prisoners should have access to at least one hour of outside exercise every day. (6.9)

### **Learning and skills and work activities: leadership and management**

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- 10.84 The prison should develop a clear strategic plan to evaluate purposeful activities across the prison and to identify progress against strategic objectives. (6.17)
- 10.85 The observation of teaching should be consistent in following the procedures rigorously and in providing staff with detailed feedback on their strengths and action needed to improve. (6.18)
- 10.86 Education places should be fully utilised. (6.19)

### **Learning and skills and work activities: induction**

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- 10.87 The prison should improve the scheduling of vocational courses, to recruit new starts on a more flexible basis and therefore increase the number of prisoners in training at any one time. (6.22)

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

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- 10.88 The prison should provide specialist qualifications in waste management and horticulture. (6.25)

### **Learning and skills and work activities: vocational training**

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- 10.89 The prison should provide specialist support for literacy and numeracy in the practical workshop areas which is relevant to vocational training or practical work. (6.31)

### **Learning and skills and work activities: education**

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- 10.90 The prison should ensure that teaching and learning in literacy and numeracy is set in more meaningful and practical contexts. (6.40)
- 10.91 The prison should improve the use of individual learning plans in education, to ensure that they provide a useful system for planning learners' development and reviewing their progress. (6.41)
- 10.92 The prison should ensure that there are sufficient specialist staff to support all learners on distance-learning programmes and those with additional learning needs. (6.42)

### **Learning and skills and work activities: library**

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- 10.93 The prison should improve prisoners' access to the library and ensure that it is well promoted. (6.46)

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

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- 10.94 Ventilation in the shower area should be improved and privacy screens provided. (6.53)
- 10.95 The number of courses for gym instructors should be increased. (6.54)

### **Security and rules**

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- 10.96 Fruit should not be excluded from the shop list on security grounds. (7.14)
- 10.97 Prisoners subject to a disciplinary charge should not be moved off F or H wing prior to a finding of guilt in an adjudication. (7.15)
- 10.98 There should be no collective punishments. (7.16)

### **Discipline: disciplinary procedures**

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- 10.99 The large number of dismissed and not proceeded with adjudications should be monitored regularly and action taken to reduce it. (7.25)
- 10.100 Adjudication data should be analysed to identify trends. (7.26)

### **Discipline: the use of force**

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- 10.101 There should be a use of force committee which meets frequently enough to review and influence the use of force. (7.33)
- 10.102 The use of the video recorder should be introduced, to provide an accurate and comprehensive record of incidents. (7.34)
- 10.103 Prisoners should not be routinely handcuffed when being taken to the segregation unit following the use of force. (7.35)

### **Discipline: segregation unit**

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- 10.104 A suitable waiting area should be provided for prisoners waiting for adjudication. (7.48)
- 10.105 Prisoners being located on the unit should not be routinely strip-searched. (7.49)
- 10.106 Prisoners should be able to shower daily. (7.50)
- 10.107 The regime on the segregation unit should be developed. (7.51)

10.108 Records should accurately reflect the levels of interaction between prisoners and staff on the segregation unit. (7.52)

### **Incentives and earned privileges**

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10.109 Prisoners on the standard level of the incentives and earned privileges scheme should be able to wear their own clothes. (7.65)

10.110 Prisoners should not be sanctioned for not wishing to move to F and H wings. (7.66)

### **Catering**

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10.111 Bread should be stored appropriately in the older kitchen, to prevent it from going mouldy. (8.7)

10.112 Prisoners' perceptions about the food should be investigated and remedial action taken. (8.8)

10.113 Breakfast packs should be issued on the morning they are to be eaten. (8.9)

10.114 Food temperatures should be logged by all wings and reviewed by the catering manager, and appropriate action should be taken. (8.10)

10.115 Prisoners should have the option of dining in association. (8.11)

### **Prison shop**

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10.116 Prisoners should have access to the full shop ordering system within 24 hours of arrival at the establishment. (8.19)

### **Strategic management of resettlement**

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10.117 A more robust needs analysis should be completed, including an analysis of the specific needs of indeterminate-sentenced prisoners and older prisoners, and used to inform service provision. (9.8)

10.118 The offender management unit (OMU) policy should be improved, to ensure that it details the range of services, providing a better integration with resettlement and reducing reoffending. (9.9)

10.119 The profile of the OMU within the prison, and communication between departments, should be improved. (9.10)

### **Offender management and planning: sentence planning and offender**

#### **management**

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10.120 There should be better integration of the resettlement assessments and the work of the OMU, to avoid duplication of effort and clarify the links with the pre-discharge boards. (9.28)

10.121 Initial and review sentence planning boards should be convened for phase two in-scope prisoners, and all those involved with the prisoner should contribute formally. (9.29)

10.122 Offender supervisors should be trained adequately in the assessment and management of risk of harm. (9.30)

10.123 Home detention curfew boards should be held on time and the number of prisoners released on temporary licence to promote resettlement should be increased. (9.31)

### **Offender management and planning: categorisation**

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10.124 Category D prisoners should not have to work outside of Wayland for two months before transfer. (9.37)

### **Offender management and planning: public protection**

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10.125 Attendance at the inter-departmental risk management team meeting should be improved. (9.44)

10.126 Processes for identifying new public protection concerns during the sentence, and multi-agency public protection arrangements (MAPPA) level 2 and 3 cases six months before release, should be introduced and monitored. (9.45)

10.127 All reasonable action should be taken to minimise the risk of harm to others, including checking child protection concerns with the offender manager. (9.46)

### **Offender management and planning: indeterminate-sentenced prisoners**

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10.128 A strategy should be developed for indeterminate-sentenced prisoners. (9.52)

### **Resettlement pathways: accommodation**

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10.129 Prisoners should know whom to contact to get help with accommodation problems. (9.57)

### **Resettlement pathways: education, training and employment**

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10.130 The prison should provide increased job search facilities, especially for prisoners to be released to areas beyond Norfolk and Suffolk. (9.61)

10.131 The prison should develop better links with employers, to support prisoners' employment plans post-release and to help them gain employment or work experience on release on temporary licence. (9.62)

### **Resettlement pathways: mental and physical health**

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10.132 All prisoners should receive advice and support to find a GP in the area to which they are being released. (9.64)

### **Resettlement pathways: finance, benefit and debt**

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10.133 Prisoners should know whom to contact to get help with finance, benefits and debt. (9.69)

10.134 One-to-one debt advice should be reinstated. (9.70)

### **Resettlement pathways: drugs and alcohol**

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10.135 Prisoners from all wing locations should have equal access to Alcoholics Anonymous and Narcotics Anonymous meetings. (9.80)

10.136 Dedicated facilities for compact-based drug testing (CBDT) should be made available on J to N wings. (9.81)

### **Resettlement pathways: children and families of offenders**

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10.137 Prisoners should not have to wear prison clothing during visits. (9.95)

10.138 A visit should not be ended if the prisoner needs to use the toilet. (9.96)

10.139 No minimum number of visitors should be set for family days. (9.97)

10.140 The feasibility of providing free transport from the train station should be explored. (9.98)

### **Resettlement pathways: attitudes, thinking and behaviour**

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10.141 An adequate number of staff should be in post to enable the delivery of programmes as planned and reduce the waiting times. (9.107)

10.142 Domestic violence needs should be addressed through appropriate interventions. (9.108)

10.143 Personal officers should attend post-programme reviews and support learning after the programmes. (9.109)

## **Housekeeping points**

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### **First days in custody: first night**

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10.144 Night staff should be able to identify new arrivals quickly. (1.27)

### **Residential units: accommodation and facilities**

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10.145 External areas should be free from litter. (2.12)

### **Personal officers**

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10.146 Entries on P-Nomis should reflect developmental needs and achievements, as well as behavioural reports. (2.27)

### **Health services: clinical governance**

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- 10.147 Appointments and waiting lists for all services should be managed through SystemOne. (5.27)
- 10.148 All paper records should be stored in compliance with local policies and procedures. (5.28)

### **Health services: primary care**

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- 10.149 Health promotion information should be available across the prison. (5.38)

### **Health services: pharmacy**

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- 10.150 Maximum and minimum drug refrigerators temperatures should be recorded daily to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary. (5.64)
- 10.151 Pharmacy staff should visit the treatment areas frequently to check the cupboards. Loose tablets and tablet foils should be removed. (5.65)
- 10.152 Full and complete records should be made of administration of medicines. (5.66)
- 10.153 There should be a robust process for ordering repeat prescriptions. (5.67)
- 10.154 Medical literature should be up to date in all treatment and clinic rooms. (5.68)
- 10.155 Completed prescription charts should be promptly scanned and shredded. (5.69)
- 10.156 The security of the controlled drugs cabinet key should be reviewed. (5.70)

### **Health services: secondary care**

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- 10.157 Secondary care data should be recorded electronically, to enable more detailed and effective scrutiny. (5.78)

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

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- 10.158 The prison should promote the correct wearing of overalls and other personal protective equipment, to ensure better health, hygiene and safety for prisoners. (6.26)

### **Strategic management of resettlement**

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- 10.159 The OMU action plans should be reviewed and updated regularly, to reflect progress made and improve governance. (9.11)
- 10.160 The prison should ensure that prisoners know whom to contact for resettlement services. (9.12)

## **Offender management and planning: sentence planning and offender management**

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- 10.161 All documentation relevant to sentence planning and risk assessments should be copied to the OMU file. (9.32)
- 10.162 All contacts and activities relating to a prisoner should be recorded in a central contact log. (9.33)

## **Offender management and planning: categorisation**

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- 10.163 Indeterminate-sentenced prisoners awarded category D status should be recorded as such on P-Nomis. (9.38)

## **Resettlement pathways: mental and physical health**

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- 10.164 A full range of health promotion information should be made available to prisoners on release. (9.65)

## **Resettlement pathways: drugs and alcohol**

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- 10.165 CBDT suites should be kept clean and tidy to provide a forensic and respectful testing environment. (9.82)

## **Resettlement pathways: children and families of offenders**

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- 10.166 Information for visitors should make it clear that they may not get a full two-hour visit, depending on the time it takes to go through the security procedures. (9.99)

## **Resettlement pathways: attitudes, thinking and behaviour**

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- 10.167 Group rooms should have hearing loops fitted. (9.110)

# Examples of good practice

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## **Bullying and violence reduction**

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- 10.168 Family liaison and support was good and provided prisoners' relatives and friends with increased confidence around safety issues. (3.12)

## **Faith and religious activity**

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- 10.169 The group for indeterminate-sentenced prisoners was an imaginative initiative to prepare them for release. (3.46)

10.170 The designation of a resettlement chaplain helped prisoners to make community links. (3.47)

## Appendix I: Inspection team

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Nick Hardwick	Chief Inspector
Alison Perry	Team leader
Sandra Fieldhouse	Inspector
Paul Rowlands	Inspector
Andrew Rooke	Inspector
Karen Dillon	Inspector
Samantha Booth	Researcher
Joseph Simmonds	Senior researcher

### **Specialist inspectors**

Paul Roberts	Drugs inspector
Helen Carter	Health services inspector
Richard Chapman	Pharmacist
Karen Adriaanse	Ofsted inspector
John Grimmer	Ofsted inspector
Nick Crombie	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	1	910	91.4
Recall	0	83	8.3
Convicted unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Detainees	0	1	0.1
Other	0	2	0.2
<b>Total</b>	<b>1</b>	<b>996</b>	<b>100</b>

Sentence	18–20-year-olds	21 and over	%
Unsentenced	0	1	0.1
Less than 6 months	0	7	0.7
6 months to less than 12 months	0	19	1.9
12 months to less than 2 years	0	97	9.7
2 years to less than 4 years	0	268	26.8
4 years to less than 10 years	1	408	41
10 years and over (not life)	0	34	3.4
ISPP/Life	0	162	16.2
<b>Total</b>	<b>1</b>	<b>996</b>	<b>100</b>

Age	Number of prisoners	%
Minimum age: 20		
Under 21 years	1	0.1
21 years to 29 years	436	43.7
30 years to 39 years	305	30.6
40 years to 49 years	181	18.2
50 years to 59 years	54	5.4
60 years to 69 years	19	1.9
70 plus years	1	0.1
Maximum age: 78	-	-
<b>Total</b>	<b>997</b>	<b>100</b>

Nationality	18–20-year-olds	21 and over	%
British	1	963	96.7
Foreign nationals	0	32	3.2
Not stated	0	1	0.1
<b>Total</b>	<b>1</b>	<b>996</b>	<b>100</b>

Security category	18-20-year-olds	21 and over	%
Uncategorised unsentenced	0	1	0.1
Uncategorised sentenced	0	5	0.5
Category A	0	0	0
Category B	0	0	0
Category C	1	954	95.8
Category D	0	36	3.6
Other	0	0	0
<b>Total</b>	<b>1</b>	<b>996</b>	<b>100</b>

Ethnicity	18-20-year-olds	21 and over	%
White			
British	0	611	61.3
Irish	0	15	1.5
Other white	0	23	2.3
Mixed			
White and black Caribbean	0	27	2.7
White and black African	0	1	0.1
White and Asian	0	0	0
Other mixed	0	19	1.9
Asian or Asian British			
Indian	0	18	1.8
Pakistani	0	14	1.4
Bangladeshi	0	10	1
Other Asian	0	22	2.2
Black or black British			
Caribbean	1	127	12.8
African	0	24	2.4
Other black	0	51	5.1
Chinese or other ethnic group			
Chinese	0	1	0.1
Other ethnic group	0	2	0.2
Not stated	0	31	3.1
<b>Total</b>	<b>1</b>	<b>996</b>	<b>100</b>

Religion	18-20-year-olds	21 and over	%
Baptist	0	1	0.1
Church of England	0	227	22.8
Roman Catholic	0	192	19.3
Other Christian denominations	0	104	
Muslim	0	185	18.6

Sikh	0	8	0.8
Hindu	0	4	0.4
Buddhist	0	26	2.6
Jewish	0	8	0.8
Other	0	13	1.3
No religion	1	220	22.2
Not Stated	0	8	0.8
<b>Total</b>	<b>1</b>	<b>996</b>	<b>100</b>

#### Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	0.1	108	10.8
1 month to 3 months	0	0	179	18
3 months to 6 months	0	0	186	18.7
6 months to 1 year	0	0	259	26
1 year to 2 years	0	0	204	20.5
2 years to 4 years	0	0	57	5.7
4 years or more	0	0	2	0.2
<b>Total</b>	<b>1</b>	<b>0.1</b>	<b>995</b>	<b>99.8</b>

#### Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	0	0
1 month to 3 months	0	0	0	0
3 months to 6 months	0	0	0	0
6 months to 1 year	0	0	0	0
1 year to 2 years	0	0	0	0
2 years to 4 years	0	0	1	100
4 years or more	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>100</b>

# Appendix III: Summary of prisoner questionnaires and interviews

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## Prisoner survey methodology

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

### Choosing the sample size

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

At the time of the survey on 4 May 2011, the prisoner population at HMP Wayland was 1,001. The sample size was 216. Overall, this represented 22% of the prisoner population.

### Selecting the sample

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Respondents were randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. This basically means that every second person is selected from a P-Nomis list, which is printed in location order, if 50% of the population is to be sampled.

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

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

## Methodology

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

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

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

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

## **Response rates**

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In total, 187 respondents completed and returned their questionnaires. This represented 35% of the prison population. The response rate was 87%. In addition to the nine respondents who refused to complete a questionnaire, 15 questionnaires were not returned and five were returned blank.

## **Comparisons**

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The following details the results from the survey. Data from each establishment were weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2011 against comparator figures for all prisoners surveyed in category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 37 category C training prisons since May 2006.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Wayland in 2006.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures – that is, the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

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

## Summary

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In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question, as well as examples of comments made by prisoners. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary, so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary – for example, 'Not sentenced' options across questions – may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2 % from those shown in the comparison data, as the comparator data have been weighted for comparison purposes.

# Summary of prisoner survey results

## Section 1: About you

<b>Q1.2</b>	<b>How old are you?</b>	
	<i>Under 21</i> .....	2 (1%)
	<i>21 - 29</i> .....	85 (46%)
	<i>30 - 39</i> .....	56 (30%)
	<i>40 - 49</i> .....	35 (19%)
	<i>50 - 59</i> .....	5 (3%)
	<i>60 - 69</i> .....	3 (2%)
	<i>70 and over</i> .....	0 (0%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	<i>Yes</i> .....	171 (91%)
	<i>Yes - on recall</i> .....	16 (9%)
	<i>No - awaiting trial</i> .....	0 (0%)
	<i>No - awaiting sentence</i> .....	0 (0%)
	<i>No - awaiting deportation</i> .....	0 (0%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<b>Not sentenced</b> .....	0 (0%)
	<i>Less than 6 months</i> .....	2 (1%)
	<i>6 months to less than 1 year</i> .....	7 (4%)
	<i>1 year to less than 2 years</i> .....	16 (9%)
	<i>2 years to less than 4 years</i> .....	49 (27%)
	<i>4 years to less than 10 years</i> .....	78 (42%)
	<i>10 years or more</i> .....	5 (3%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i> .....	16 (9%)
	<i>Life</i> .....	11 (6%)
<b>Q1.5</b>	<b>Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?</b>	
	<b>Not sentenced</b> .....	0 (0%)
	<i>6 months or less</i> .....	62 (37%)
	<i>More than 6 months</i> .....	104 (63%)
<b>Q1.6</b>	<b>How long have you been in this prison?</b>	
	<i>Less than 1 month</i> .....	7 (4%)
	<i>1 to less than 3 months</i> .....	29 (16%)
	<i>3 to less than 6 months</i> .....	21 (11%)
	<i>6 to less than 12 months</i> .....	50 (27%)
	<i>12 months to less than 2 years</i> .....	38 (21%)
	<i>2 to less than 4 years</i> .....	27 (15%)
	<i>4 years or more</i> .....	13 (7%)
<b>Q1.7</b>	<b>Are you a foreign national? (i.e. do not hold UK citizenship)</b>	
	<i>Yes</i> .....	6 (3%)

No..... 177 (97%)

**Q1.8 Is English your first language?**

Yes..... 177 (97%)  
No..... 5 (3%)

**Q1.9 What is your ethnic origin?**

White - British.....	115 (62%)	Asian or Asian British - Bangladeshi.....	5 (3%)
White - Irish.....	8 (4%)	Asian or Asian British - Other.....	2 (1%)
White - Other.....	3 (2%)	Mixed race - White and black Caribbean.....	10 (5%)
Black or black British - Caribbean.....	26 (14%)	Mixed race - White and black African.....	1 (1%)
Black or black British - African.....	7 (4%)	Mixed race - White and Asian.....	0 (0%)
Black or black British - Other... ..	0 (0%)	Mixed race - Other.....	0 (0%)
Asian or Asian British - Indian.....	5 (3%)	Chinese.....	0 (0%)
Asian or Asian British - Pakistani.....	1 (1%)	Other ethnic group.....	2 (1%)

**Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?**

Yes..... 8 (4%)  
No..... 170 (96%)

**Q1.11 What is your religion?**

None.....	45 (24%)	Hindu.....	1 (1%)
Church of England.....	54 (29%)	Jewish.....	0 (0%)
Catholic.....	37 (20%)	Muslim.....	33 (18%)
Protestant.....	1 (1%)	Sikh.....	3 (2%)
Other Christian denomination.....	5 (3%)	Other.....	5 (3%)
Buddhist.....	3 (2%)		

**Q1.12 How would you describe your sexual orientation?**

Heterosexual/straight..... 184 (98%)  
Homosexual/gay..... 1 (1%)  
Bisexual..... 1 (1%)  
Other..... 1 (1%)

**Q1.13 Do you consider yourself to have a disability?**

Yes..... 30 (16%)  
No..... 156 (84%)

**Q1.14 How many times have you been in prison before?**

0	1	2 to 5	More than 5
55 (30%)	22 (12%)	72 (39%)	35 (19%)

**Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?**

<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
9 (5%)	153 (83%)	23 (12%)

**Q1.16 Do you have any children under the age of 18?**

Yes .....	100 (53%)
No .....	87 (47%)

## Section 2: Courts, transfers and escorts

**Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons. How was:**

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van?	12 (6%)	87 (47%)	32 (17%)	31 (17%)	17 (9%)	5 (3%)	1 (1%)
Your personal safety during the journey?	18 (10%)	85 (49%)	29 (17%)	24 (14%)	14 (8%)	3 (2%)	1 (1%)
The comfort of the van?	1 (1%)	24 (13%)	20 (11%)	63 (34%)	73 (40%)	2 (1%)	0 (0%)
The attention paid to your health needs?	3 (2%)	49 (27%)	60 (33%)	31 (17%)	28 (15%)	6 (3%)	5 (3%)
The frequency of toilet breaks?	2 (1%)	18 (10%)	15 (8%)	42 (23%)	76 (41%)	5 (3%)	27 (15%)

**Q2.2 How long did you spend in the van?**

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
9 (5%)	59 (32%)	104 (56%)	13 (7%)	2 (1%)

**Q2.3 How did you feel you were treated by the escort staff?**

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
20 (11%)	98 (53%)	41 (22%)	20 (11%)	2 (1%)	4 (2%)

**Q2.4 Please answer the following questions about when you first arrived here:**

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	161 (87%)	24 (13%)	1 (1%)
Before you arrived here did you receive any written information about what would happen to you?	33 (18%)	148 (80%)	3 (2%)
When you first arrived here did your property arrive at the same time as you?	161 (88%)	19 (10%)	2 (1%)

### Section 3: Reception, first night and induction

- Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)**
- |  |          |  |          |
|--|----------|--|----------|
| <i>Didn't ask about any of these</i> .....               | 50 (28%) | <i>Money worries</i> .....                           | 30 (17%) |
| <i>Loss of property</i> .....                            | 24 (14%) | <i>Feeling depressed or suicidal</i> .....           | 72 (41%) |
| <i>Housing problems</i> .....                            | 43 (24%) | <i>Health problems</i> .....                         | 96 (55%) |
| <i>Contacting employers</i> .....                        | 18 (10%) | <i>Needing protection from other prisoners</i> ..... | 28 (16%) |
| <i>Contacting family</i> .....                           | 54 (31%) | <i>Accessing phone numbers</i> .....                 | 47 (27%) |
| <i>Ensuring dependants were being looked after</i> ..... | 17 (10%) | <i>Other</i> .....                                   | 10 (6%)  |
- Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply)**
- |  |          |  |          |
|--|----------|--|----------|
| <i>Didn't have any problems</i> .....              | 53 (33%) | <i>Money worries</i> .....                           | 24 (15%) |
| <i>Loss of property</i> .....                      | 31 (19%) | <i>Feeling depressed or suicidal</i> .....           | 26 (16%) |
| <i>Housing problems</i> .....                      | 35 (22%) | <i>Health problems</i> .....                         | 39 (24%) |
| <i>Contacting employers</i> .....                  | 11 (7%)  | <i>Needing protection from other prisoners</i> ..... | 10 (6%)  |
| <i>Contacting family</i> .....                     | 49 (31%) | <i>Accessing phone numbers</i> .....                 | 36 (23%) |
| <i>Ensuring dependants were looked after</i> ..... | 5 (3%)   | <i>Other</i> .....                                   | 6 (4%)   |
- Q3.3 Please answer the following questions about reception:**
- |   | Yes       | No       | Don't remember |
|---|-----------|----------|----------------|
| Were you seen by a member of health services?                     | 175 (94%) | 9 (5%)   | 3 (2%)         |
| When you were searched, was this carried out in a respectful way? | 132 (74%) | 44 (25%) | 3 (2%)         |
- Q3.4 Overall, how well did you feel you were treated in reception?**
- | Very well | Well     | Neither  | Badly    | Very badly | Don't remember |
|-----------|----------|----------|----------|------------|----------------|
| 16 (9%)   | 77 (41%) | 43 (23%) | 36 (19%) | 14 (8%)    | 0 (0%)         |
- Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)**
- |  |          |
|--|----------|
| <i>Information about what was going to happen to you</i> .....                                     | 78 (44%) |
| <i>Information about what support was available for people feeling depressed or suicidal</i> ..... | 60 (34%) |
| <i>Information about how to make routine requests</i> .....  | 51 (29%) |
| <i>Information about your entitlement to visits</i> .....  | 61 (35%) |
| <i>Information about health services</i> .....   | 78 (44%) |
| <i>Information about the chaplaincy</i> .....  | 65 (37%) |
| <b><i>Not offered anything</i></b> .....   | 60 (34%) |

- Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)**
- A smokers/non-smokers pack*..... 161 (88%)
  - The opportunity to have a shower*..... 50 (27%)
  - The opportunity to make a free telephone call*..... 66 (36%)
  - Something to eat*..... 134 (73%)
  - Did not receive anything**..... 11 (6%)
- Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)**
- Chaplain or religious leader* ..... 63 (37%)
  - Someone from health services* ..... 126 (73%)
  - A listener/Samaritans* ..... 31 (18%)
  - Did not meet any of these people**..... 30 (17%)
- Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?**
- Yes* ..... 11 (6%)
  - No*..... 171 (94%)
- Q3.9 Did you feel safe on your first night here?**
- Yes* ..... 137 (75%)
  - No*..... 40 (22%)
  - Don't remember*..... 6 (3%)
- Q3.10 How soon after your arrival did you go on an induction course?**
- Have not been on an induction course**..... 6 (3%)
  - Within the first week* ..... 155 (84%)
  - More than a week* ..... 20 (11%)
  - Don't remember*..... 3 (2%)
- Q3.11 Did the induction course cover everything you needed to know about the prison?**
- Have not been on an induction course**..... 6 (3%)
  - Yes*..... 112 (62%)
  - No*..... 54 (30%)
  - Don't remember*..... 8 (4%)

## Section 4: Legal rights and respectful custody

<b>Q4.1 How easy is to?</b>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
Communicate with your solicitor or legal representative?	18 (10%)	63 (34%)	36 (20%)	42 (23%)	14 (8%)	10 (5%)
Attend legal visits?	14 (8%)	65 (38%)	32 (19%)	23 (13%)	6 (4%)	31 (18%)
Obtain bail information?	4 (3%)	17 (11%)	37 (24%)	17 (11%)	14 (9%)	67 (43%)

**Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?**

*Not had any letters* ..... 30 (17%)  
 Yes ..... 79 (44%)  
 No ..... 71 (39%)

**Q4.3 Please answer the following questions about the wing/unit you are currently living on:**

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	98 (53%)	78 (42%)	1 (1%)	7 (4%)
Are you normally able to have a shower every day?	178 (97%)	6 (3%)	0 (0%)	0 (0%)
Do you normally receive clean sheets every week?	126 (70%)	44 (24%)	2 (1%)	9 (5%)
Do you normally get cell cleaning materials every week?	147 (83%)	29 (16%)	2 (1%)	0 (0%)
Is your cell call bell normally answered within five minutes?	53 (29%)	74 (41%)	28 (15%)	27 (15%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	133 (75%)	43 (24%)	2 (1%)	0 (0%)
Can you normally get your stored property, if you need to?	36 (20%)	100 (55%)	34 (19%)	13 (7%)

**Q4.4 What is the food like here?**

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
2 (1%)	33 (18%)	41 (22%)	57 (31%)	51 (28%)

**Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?**

*Have not bought anything yet* ..... 3 (2%)  
 Yes ..... 66 (36%)  
 No ..... 112 (62%)

**Q4.6 Is it easy or difficult to get:**

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form?	77 (43%)	75 (41%)	8 (4%)	10 (6%)	7 (4%)	4 (2%)
An application form?	77 (44%)	83 (47%)	6 (3%)	6 (3%)	3 (2%)	1 (1%)

**Q4.7 Have you made an application?**

Yes ..... 172 (93%)  
 No ..... 12 (7%)

<b>Q4.8</b>	<b>Please answer the following questions concerning applications:</b> (If you have not made an application please tick the 'not made one' option.)				
		<b>Not made one</b>	Yes	No	
	Do you feel <i>applications</i> are dealt with fairly?	12 (7%)	100 (56%)	66 (37%)	
	Do you feel <i>applications</i> are dealt with promptly? (Within seven days)	12 (7%)	95 (53%)	71 (40%)	
<b>Q4.9</b>	<b>Have you made a complaint?</b>				
	Yes .....			104 (57%)	
	No .....			80 (43%)	
<b>Q4.10</b>	<b>Please answer the following questions concerning complaints:</b> (If you have not made a complaint please tick the 'not made one' option.)				
		<b>Not made one</b>	Yes	No	
	Do you feel <i>complaints</i> are dealt with fairly?	80 (44%)	25 (14%)	76 (42%)	
	Do you feel <i>complaints</i> are dealt with promptly? (Within seven days)	80 (44%)	42 (23%)	60 (33%)	
	Were you given information about how to make an appeal?	54 (31%)	56 (33%)	62 (36%)	
<b>Q4.11</b>	<b>Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?</b>				
	<b>Not made a complaint</b> .....			80 (44%)	
	Yes .....			34 (19%)	
	No .....			69 (38%)	
<b>Q4.12</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>				
	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>
	36 (20%)	10 (6%)	37 (21%)	52 (29%)	28 (16%)
					17 (9%)
<b>Q4.13</b>	<b>What level of the IEP scheme are you on now?</b>				
	<b>Don't know what the IEP scheme is</b> .....			2 (1%)	
	<b>Enhanced</b> .....			93 (51%)	
	<b>Standard</b> .....			82 (45%)	
	<b>Basic</b> .....			3 (2%)	
	<b>Don't know</b> .....			2 (1%)	
<b>Q4.14</b>	<b>Do you feel you have been treated fairly in your experience of the IEP scheme?</b>				
	<b>Don't know what the IEP scheme is</b> .....			2 (1%)	
	Yes .....			93 (53%)	
	No .....			67 (38%)	
	<b>Don't know</b> .....			15 (8%)	

**Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?**  
*Don't know what the IEP scheme is* ..... 2 (1%)  
 Yes ..... 87 (49%)  
 No ..... 70 (40%)  
 Don't know..... 17 (10%)

**Q4.16 Please answer the following questions about this prison?**

	Yes	No
In the last six months have any members of staff physically restrained you (C&R)?	7 (4%)	178 (96%)
In the last six months have you spent a night in the segregation/care and separation unit?	8 (4%)	170 (96%)

**Q4.17 Please answer the following questions about your religious beliefs?**

	Yes	No	<i>Don't know/ N/A</i>
Do you feel your religious beliefs are respected?	102 (57%)	30 (17%)	48 (27%)
Are you able to speak to a religious leader of your faith in private if you want to?	104 (59%)	18 (10%)	54 (31%)

**Q4.18 Can you speak to a Listener at any time if you want to?**

	Yes	No	<i>Don't know</i>
	74 (41%)	11 (6%)	97 (53%)

**Q4.19 Please answer the following questions about staff in this prison?**

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	118 (64%)	65 (36%)
Do <b>most</b> staff treat you with respect?	134 (76%)	42 (24%)

## Section 5: Safety

**Q5.1 Have you ever felt unsafe in this prison?**  
 Yes ..... 68 (37%)  
 No ..... 116 (63%)

**Q5.2 Do you feel unsafe in this prison at the moment?**  
 Yes ..... 29 (16%)  
 No ..... 153 (84%)

**Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)**

<i>Never felt unsafe</i> .....	116 (67%)	<i>At mealtimes</i> .....	7 (4%)
<i>Everywhere</i> .....	15 (9%)	<i>At health services</i> .....	9 (5%)
<i>Segregation unit</i> .....	6 (3%)	<i>Visit's area</i> .....	3 (2%)
<i>Association areas</i> .....	17 (10%)	<i>In wing showers</i> .....	16 (9%)
<i>Reception area</i> .....	6 (3%)	<i>In gym showers</i> .....	8 (5%)
<i>At the gym</i> .....	10 (6%)	<i>In corridors/stairwells</i> .....	20 (12%)

<i>In an exercise yard</i> .....	25 (14%)	<i>On your landing/wing</i> .....	22 (13%)
<i>At work</i> .....	15 (9%)	<i>In your cell</i> .....	13 (8%)
<i>During movement</i> .....	17 (10%)	<i>At religious services</i> .....	3 (2%)
<i>At education</i> .....	5 (3%)		

**Q5.4 Have you been victimised by another prisoner or group of prisoners here?**

Yes .....	26 (14%)	<b>If No, go to question 5.6</b>
No .....	155 (86%)	

**Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)**

<i>Insulting remarks (about you or your family or friends)</i> .....	13 (7%)	<i>Because of your sexuality</i> .....	0 (0%)
<i>Physical abuse (being hit, kicked or assaulted)</i> .....	7 (4%)	<i>Because you have a disability</i> ...	3 (2%)
<i>Sexual abuse</i> .....	2 (1%)	<i>Because of your religion/religious beliefs</i> .....	2 (1%)
<i>Because of your race or ethnic origin</i> .....	5 (3%)	<i>Because of your age</i> .....	3 (2%)
<i>Because of drugs</i> .....	2 (1%)	<i>Being from a different part of the country than others</i> .....	4 (2%)
<i>Having your canteen/property taken</i> .....	6 (3%)	<i>Because of your offence/crime</i> ..	3 (2%)
<i>Because you were new here</i> ....	6 (3%)	<i>Because of gang related issues</i>	7 (4%)

**Q5.6 Have you been victimised by a member of staff or group of staff here?**

Yes .....	49 (27%)	<b>If No, go to question 5.8</b>
No .....	133 (73%)	

**Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)**

<i>Insulting remarks (about you or your family or friends)</i> .....	19 (10%)	<i>Because you have a disability</i>	3 (2%)
<i>Physical abuse (being hit, kicked or assaulted)</i> .....	5 (3%)	<i>Because of your religion/religious beliefs</i> .....	10 (5%)
<i>Sexual abuse</i> .....	5 (3%)	<i>Because if your age</i> .....	4 (2%)
<i>Because of your race or ethnic origin</i> .....	14 (8%)	<i>Being from a different part of the country than others</i> .....	7 (4%)
<i>Because of drugs</i> .....	7 (4%)	<i>Because of your offence/crime</i> .....	3 (2%)
<i>Because you were new here</i> ...	13 (7%)	<i>Because of gang related issues</i> .....	7 (4%)
<i>Because of your sexuality</i> .....	1 (1%)		

**Q5.8 If you have been victimised by prisoners or staff, did you report it?**

<b>Not been victimised</b> .....	118 (68%)
Yes .....	16 (9%)
No .....	40 (23%)

- Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**  
 Yes ..... 29 (16%)  
 No ..... 151 (84%)
- Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**  
 Yes ..... 44 (24%)  
 No ..... 136 (76%)
- Q5.11 Is it easy or difficult to get illegal drugs in this prison?**
- | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> | <i>Don't know</i> |
|------------------|-------------|----------------|------------------|-----------------------|-------------------|
| 23 (13%)         | 11 (6%)     | 12 (7%)        | 14 (8%)          | 17 (9%)               | 102 (57%)         |

## Section 6: Health services

- Q6.1 How easy or difficult is it to see the following people?**
- |              | <i>Don't know</i> | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
|--------------|-------------------|------------------|-------------|----------------|------------------|-----------------------|
| The doctor   | 23 (13%)          | 6 (3%)           | 42 (23%)    | 23 (13%)       | 59 (32%)         | 29 (16%)              |
| The nurse    | 20 (11%)          | 7 (4%)           | 68 (38%)    | 24 (14%)       | 38 (21%)         | 20 (11%)              |
| The dentist  | 29 (16%)          | 4 (2%)           | 18 (10%)    | 14 (8%)        | 57 (32%)         | 56 (31%)              |
| The optician | 52 (31%)          | 3 (2%)           | 22 (13%)    | 24 (14%)       | 33 (20%)         | 33 (20%)              |
- Q6.2 Are you able to see a pharmacist?**  
 Yes ..... 76 (48%)  
 No ..... 84 (53%)
- Q6.3 What do you think of the quality of the health service from the following people:**
- |              | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
|--------------|-----------------|------------------|-------------|----------------|------------|-----------------|
| The doctor   | 31 (17%)        | 14 (8%)          | 47 (26%)    | 26 (14%)       | 40 (22%)   | 23 (13%)        |
| The nurse    | 25 (14%)        | 24 (13%)         | 59 (33%)    | 28 (16%)       | 23 (13%)   | 20 (11%)        |
| The dentist  | 54 (31%)        | 18 (10%)         | 34 (19%)    | 28 (16%)       | 23 (13%)   | 20 (11%)        |
| The optician | 84 (49%)        | 11 (6%)          | 24 (14%)    | 26 (15%)       | 13 (8%)    | 14 (8%)         |
- Q6.4 What do you think of the overall quality of the health services here?**
- |  | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
|--|-----------------|------------------|-------------|----------------|------------|-----------------|
|  | 19 (11%)        | 10 (6%)          | 46 (26%)    | 28 (16%)       | 47 (26%)   | 29 (16%)        |
- Q6.5 Are you currently taking medication?**  
 Yes ..... 77 (42%)  
 No ..... 107 (58%)
- Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?**
- |                                    |           |
|------------------------------------|-----------|
| <i>Not taking medication</i> ..... | 107 (59%) |
| Yes .....                          | 63 (35%)  |
| No .....                           | 12 (7%)   |

<b>Q6.7</b>	<b>Do you feel you have any emotional well-being/mental health issues?</b>			
	Yes .....	36	(20%)	
	No.....	148	(80%)	
<b>Q6.8</b>	<b>Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)</b>			
	<i>Do not have any issues/not receiving any help</i> .....	160	(88%)	
	<i>Doctor</i> .....	8	(4%)	
	<i>Nurse</i> .....	7	(4%)	
	<i>Psychiatrist</i> .....	4	(2%)	
	<i>Mental health in-reach team</i> .....	14	(8%)	
	<i>Counsellor</i> .....	4	(2%)	
	<i>Other</i> .....	1	(1%)	
<b>Q6.9</b>	<b>Did you have a problem with either of the following when you came into this prison?</b>			
		<b>Yes</b>	<b>No</b>	
	Drugs	50 (28%)	126 (72%)	
	Alcohol	26 (16%)	138 (84%)	
<b>Q6.10</b>	<b>Have you developed a problem with drugs since you have been in this prison?</b>			
	Yes .....	14	(8%)	
	No.....	169	(92%)	
<b>Q6.11</b>	<b>Do you know who to contact in this prison to get help with your drug or alcohol problem?</b>			
	Yes .....	66	(36%)	
	No.....	3	(2%)	
	<i>Did not/do not have a drug or alcohol problem</i> .....	114	(62%)	
<b>Q6.12</b>	<b>Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?</b>			
	Yes .....	60	(33%)	
	No.....	9	(5%)	
	<i>Did not/do not have a drug or alcohol problem</i> .....	114	(62%)	
<b>Q6.13</b>	<b>Was the intervention or help you received while in this prison helpful?</b>			
	Yes .....	47	(26%)	
	No.....	10	(6%)	
	<i>Did not have a problem/have not received help</i> .....	123	(68%)	
<b>Q6.14</b>	<b>Do you think you will have a problem with either of the following when you leave this prison?</b>			
		<b>Yes</b>	<b>No</b>	<b>Don't know</b>
	Drugs	14 (8%)	150 (83%)	17 (9%)
	Alcohol	6 (4%)	148 (87%)	16 (9%)

**Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?**

Yes .....	32 (18%)
No .....	5 (3%)
N/A.....	141 (79%)

## Section 7: Purposeful activity

**Q7.1 Are you currently involved in any of the following activities? (Please tick all that apply to you.)**

Prison job .....	99 (54%)
Vocational or skills training.....	49 (27%)
Education (including basic skills).....	45 (25%)
Offending behaviour programmes.....	31 (17%)
<b>Not involved in any of these</b> .....	21 (12%)

**Q7.2 If you have been involved in any of the following while in this prison, do you think it will help you on release?**

	<b>Not been involved</b>	Yes	No	Don't know
Prison job	23 (16%)	59 (40%)	55 (37%)	10 (7%)
Vocational or skills training	22 (17%)	82 (64%)	19 (15%)	6 (5%)
Education (including basic skills)	20 (15%)	82 (62%)	25 (19%)	6 (5%)
Offending behaviour programmes	26 (21%)	64 (51%)	26 (21%)	9 (7%)

**Q7.3 How often do you go to the library?**

<b>Don't want to go</b> .....	13 (7%)
Never.....	24 (13%)
Less than once a week .....	60 (33%)
About once a week.....	46 (25%)
More than once a week.....	28 (15%)
Don't know.....	11 (6%)

**Q7.4 On average how many times do you go to the gym each week?**

<b>Don't want to go</b>	0	1	2	3 to 5	More than 5	Don't know
24 (13%)	23 (13%)	9 (5%)	49 (27%)	66 (36%)	4 (2%)	7 (4%)

**Q7.5 On average how many times do you go outside for exercise each week?**

<b>Don't want to go</b>	0	1 to 2	3 to 5	More than 5	Don't know
5 (3%)	7 (4%)	43 (24%)	54 (30%)	69 (38%)	4 (2%)

**Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)**

Less than 2 hours .....	16 (9%)
2 to less than 4 hours.....	20 (11%)
4 to less than 6 hours.....	27 (15%)
6 to less than 8 hours.....	48 (26%)
8 to less than 10 hours.....	25 (14%)

10 hours or more..... 33 (18%)  
 Don't know..... 13 (7%)

**Q7.7 On average, how many times do you have association each week?**  
*Don't want to go*      0      1 to 2      3 to 5      More than 5      Don't know  
 2 (1%)      2 (1%)      10 (5%)      18 (10%)      145 (80%)      5 (3%)

**Q7.8 How often do staff normally speak to you during association time?**  
**Do not go on association** ..... 4 (2%)  
*Never*..... 39 (22%)  
*Rarely*..... 54 (30%)  
*Some of the time*..... 60 (33%)  
*Most of the time*..... 17 (9%)  
*All of the time*..... 7 (4%)

## Section 8: Resettlement

**Q8.1 When did you first meet your personal officer?**  
**Still have not met him/her**..... 46 (25%)  
*In the first week*..... 56 (31%)  
*More than a week*..... 49 (27%)  
*Don't remember*..... 32 (17%)

**Q8.2 How helpful do you think your personal officer is?**  
*Do not have a personal officer/ still have not met him/her*      *Very helpful*      *Helpful*      *Neither*      *Not very helpful*      *Not at all helpful*  
 46 (25%)      28 (15%)      50 (27%)      19 (10%)      24 (13%)      16 (9%)

**Q8.3 Do you have a sentence plan/OASys?**  
**Not sentenced**..... 0 (0%)  
*Yes*..... 140 (77%)  
*No*..... 43 (23%)

**Q8.4 How involved were you in the development of your sentence plan?**  
**Do not have a sentence plan/OASys**..... 43 (24%)  
*Very involved*..... 38 (21%)  
*Involved*..... 41 (23%)  
*Neither*..... 10 (5%)  
*Not very involved*..... 23 (13%)  
*Not at all involved*..... 27 (15%)

**Q8.5 Can you achieve all or some of your sentence plan targets in this prison?**  
**Do not have a sentence plan/OASys**..... 43 (25%)  
*Yes*..... 101 (58%)  
*No*..... 30 (17%)

**Q8.6 Are there plans for you to achieve all/some of your sentence plan targets in another prison?**  
**Do not have a sentence plan/OASys**..... 43 (25%)

Yes ..... 49 (28%)  
 No ..... 82 (47%)

**Q8.7 Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?**

**Not sentenced** ..... 0 (0%)  
 Yes ..... 40 (22%)  
 No ..... 138 (78%)

**Q8.8 Do you feel that any member of staff has helped you to prepare for your release?**

Yes ..... 30 (17%)  
 No ..... 151 (83%)

**Q8.9 Have you had any problems with sending or receiving mail?**

Yes ..... 65 (36%)  
 No ..... 103 (57%)  
 Don't know ..... 14 (8%)

**Q8.10 Have you had any problems getting access to the telephones?**

Yes ..... 28 (15%)  
 No ..... 151 (83%)  
 Don't know ..... 2 (1%)

**Q8.11 Did you have a visit in the first week that you were here?**

**Not been here a week yet** ..... 1 (1%)  
 Yes ..... 26 (14%)  
 No ..... 144 (79%)  
 Don't remember ..... 12 (7%)

**Q8.12 How many visits did you receive in the last week?**

<b>Not been in a week</b>	<b>0</b>	<b>1 to 2</b>	<b>3 to 4</b>	<b>5 or more</b>
1 (1%)	123 (72%)	45 (26%)	2 (1%)	0 (0%)

**Q8.13 How are you and your family/friends usually treated by visits staff?**

**Not had any visits** ..... 41 (23%)  
 Very well ..... 16 (9%)  
 Well ..... 60 (33%)  
 Neither ..... 28 (16%)  
 Badly ..... 11 (6%)  
 Very badly ..... 7 (4%)  
 Don't know ..... 17 (9%)

**Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?**

Yes ..... 55 (31%)  
 No ..... 125 (69%)

**Q8.15 Do you know who to contact to get help with the following within this prison?  
(Please tick all that apply to you.)**

<i>Don't know who to contact ..</i>	68 (41%)	<i>Help with your finances in preparation for release .....</i>	33 (20%)
<i>Maintaining good relationships.....</i>	24 (15%)	<i>Claiming benefits on release..</i>	53 (32%)
<i>Avoiding bad relationships .....</i>	17 (10%)	<i>Arranging a place at college/continuing education on release.....</i>	28 (17%)
<i>Finding a job on release .....</i>	47 (29%)	<i>Continuity of health services on release.....</i>	24 (15%)
<i>Finding accommodation on release.....</i>	63 (38%)	<i>Opening a bank account .....</i>	49 (30%)

**Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)**

<i>No problems.....</i>	62 (36%)	<i>Help with your finances in preparation for release .....</i>	36 (21%)
<i>Maintaining good relationships.....</i>	17 (10%)	<i>Claiming benefits on release..</i>	35 (21%)
<i>Avoiding bad relationships .....</i>	20 (12%)	<i>Arranging a place at college/continuing education on release.....</i>	33 (19%)
<i>Finding a job on release .....</i>	78 (46%)	<i>Continuity of health services on release.....</i>	20 (12%)
<i>Finding accommodation on release.....</i>	68 (40%)	<i>Opening a bank account .....</i>	33 (19%)

**Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?**

<i>Not sentenced.....</i>	0 (0%)
<i>Yes .....</i>	96 (55%)
<i>No.....</i>	77 (45%)

**Thank you for completing this survey**

Main comparator and comparator to last time



Prisoner survey responses HMP Wayland 2011

Prisoner survey responses (missing data have been excluded for each question) Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		187	4595	187	104
<b>SECTION 1: General information</b>					
2	Are you under 21 years of age?	1%	2%	1%	0%
3a	Are you sentenced?	100%	100%	100%	98%
3b	Are you on recall?	9%	10%	9%	
4a	Is your sentence less than 12 months?	5%	5%	5%	2%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	9%	7%	9%	
5	Do you have six months or less to serve?	37%	38%	37%	25%
6	Have you been in this prison less than a month?	4%	7%	4%	5%
7	Are you a foreign national?	3%	13%	3%	19%
8	Is English your first language?	97%	90%	97%	82%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	32%	26%	32%	34%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	4%	5%	
11	Are you Muslim?	18%	11%	18%	
12	Are you homosexual/gay or bisexual?	2%	4%	2%	
13	Do you consider yourself to have a disability?	16%	14%	16%	
14	Is this your first time in prison?	30%	34%	30%	42%
15	Have you been in more than five prisons this time?	12%	14%	12%	
16	Do you have any children under the age of 18?	54%	52%	54%	57%
<b>SECTION 2: Transfers and escorts</b>					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	54%	53%	54%	60%
1b	Was your personal safety during the journey good/very good?	59%	62%	59%	72%
1c	Was the comfort of the van good/very good?	14%	18%	14%	18%
1d	Was the attention paid to your health needs good/very good?	29%	31%	29%	39%
1e	Was the frequency of toilet breaks good/very good?	11%	12%	11%	19%
2	Did you spend more than four hours in the van?	7%	8%	7%	6%
3	Were you treated well/very well by the escort staff?	64%	66%	64%	75%
4a	Did you know where you were going when you left court or when transferred from another prison?	87%	82%	87%	87%
4b	Before you arrived here did you receive any written information about what would happen to you?	18%	17%	18%	17%
4c	When you first arrived here did your property arrive at the same time as you?	89%	88%	89%	92%

## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 3: Reception, first night and induction</b>				
<b>1</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:			
<b>1b</b>	14%	14%	14%	
<b>1c</b>	24%	19%	24%	
<b>1d</b>	10%	10%	10%	
<b>1e</b>	31%	44%	31%	
<b>1f</b>	10%	11%	10%	
<b>1g</b>	17%	15%	17%	
<b>1h</b>	41%	47%	41%	
<b>1i</b>	55%	59%	55%	
<b>1j</b>	16%	17%	16%	
<b>1k</b>	27%	36%	27%	
<b>2</b>	When you first arrived:			
<b>2a</b>	67%	61%	67%	54%
<b>2b</b>	19%	15%	19%	14%
<b>2c</b>	22%	17%	22%	8%
<b>2d</b>	7%	4%	7%	4%
<b>2e</b>	31%	22%	31%	19%
<b>2f</b>	3%	5%	3%	4%
<b>2g</b>	15%	15%	15%	13%
<b>2h</b>	16%	14%	16%	10%
<b>2i</b>	24%	21%	24%	12%
<b>2j</b>	6%	5%	6%	2%
<b>2k</b>	23%	22%	23%	
<b>3a</b>	94%	90%	94%	94%
<b>3b</b>	74%	78%	74%	72%
<b>4</b>	50%	71%	50%	71%
<b>5</b>	On your day of arrival, were you offered information about any of the following:			
<b>5a</b>	44%	53%	44%	55%
<b>5b</b>	34%	47%	34%	41%
<b>5c</b>	29%	42%	29%	38%
<b>5d</b>	35%	47%	35%	47%
<b>5e</b>	44%	61%	44%	
<b>5f</b>	37%	53%	37%	

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<b>SECTION 3: Reception, first night and induction continued</b>					
<b>6</b>	On your day of arrival, were you offered any of the following:				
<b>6a</b>	A smokers/non-smokers pack?	88%	83%	88%	77%
<b>6b</b>	The opportunity to have a shower?	27%	40%	27%	42%
<b>6c</b>	The opportunity to make a free telephone call?	36%	49%	36%	33%
<b>6d</b>	Something to eat?	73%	77%	73%	83%
<b>7</b>	Within the first 24 hours did you meet any of the following people:				
<b>7a</b>	The chaplain or a religious leader?	37%	46%	37%	53%
<b>7b</b>	Someone from health services?	73%	77%	73%	69%
<b>7c</b>	A Listener/Samaritans?	18%	29%	18%	37%
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	6%	20%	6%	31%
<b>9</b>	Did you feel safe on your first night here?	75%	83%	75%	86%
<b>10</b>	Have you been on an induction course?	97%	92%	97%	96%
For those who have been on an induction course:					
<b>11</b>	Did the course cover everything you needed to know about the prison?	64%	65%	64%	71%
<b>SECTION 4: Legal rights and respectful custody</b>					
<b>1</b>	In terms of your legal rights, is it easy/very easy to:				
<b>1a</b>	Communicate with your solicitor or legal representative?	44%	49%	44%	
<b>1b</b>	Attend legal visits?	46%	54%	46%	
<b>1c</b>	Obtain bail information?	13%	18%	13%	
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	44%	41%	44%	35%
<b>3</b>	For the wing/unit you are currently on:				
<b>3a</b>	Are you normally offered enough clean, suitable clothes for the week?	53%	59%	53%	65%
<b>3b</b>	Are you normally able to have a shower every day?	97%	92%	97%	97%
<b>3c</b>	Do you normally receive clean sheets every week?	70%	80%	70%	89%
<b>3d</b>	Do you normally get cell cleaning materials every week?	83%	74%	83%	96%
<b>3e</b>	Is your cell call bell normally answered within five minutes?	29%	40%	29%	51%
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	70%	75%	66%
<b>3g</b>	Can you normally get your stored property if you need to?	20%	29%	20%	36%
<b>4</b>	Is the food in this prison good/very good?	19%	28%	19%	57%
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	37%	46%	37%	48%
<b>6a</b>	Is it easy/very easy to get a complaints form?	84%	86%	84%	84%
<b>6b</b>	Is it easy/very easy to get an application form?	91%	90%	91%	95%
<b>7</b>	Have you made an application?	94%	89%	94%	85%

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<b>SECTION 4: Legal rights and respectful custody continued</b>					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	60%	61%	60%	66%
8b	Do you feel applications are dealt with promptly (within seven days)?	57%	52%	57%	69%
9	Have you made a complaint?	57%	55%	57%	58%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	25%	34%	25%	35%
10b	Do you feel complaints are dealt with promptly (within seven days)?	41%	39%	41%	47%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	33%	24%	33%	19%
10c	Were you given information about how to make an appeal?	33%	30%	33%	44%
12	Is it easy/very easy to see the Independent Monitoring Board?	26%	35%	26%	55%
13	Are you on the enhanced (top) level of the IEP scheme?	51%	57%	51%	47%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	53%	55%	53%	54%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	49%	48%	49%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	4%	5%	4%	4%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	5%	11%	5%	12%
13a	Do you feel your religious beliefs are respected?	57%	54%	57%	61%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	59%	58%	59%	66%
14	Are you able to speak to a Listener at any time if you want to?	41%	62%	41%	66%
15a	Is there a member of staff in this prison that you can turn to for help if you have a problem?	65%	74%	65%	73%
15b	Do most staff, in this prison, treat you with respect?	76%	74%	76%	89%
<b>SECTION 5: Safety</b>					
1	Have you ever felt unsafe in this prison?	37%	31%	37%	22%
2	Do you feel unsafe in this prison at the moment?	16%	14%	16%	
4	Have you been victimised by another prisoner?	14%	19%	14%	19%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	7%	9%	7%	10%
5b	Hit, kicked or assaulted you?	4%	5%	4%	4%
5c	Sexually abused you?	1%	1%	1%	1%
5d	Victimised you because of your race or ethnic origin?	3%	4%	3%	3%
5e	Victimised you because of drugs?	1%	2%	1%	0%
5f	Taken your canteen/property?	3%	4%	3%	4%
5g	Victimised you because you were new here?	3%	4%	3%	4%
5h	Victimised you because of your sexuality?	0%	1%	0%	
5i	Victimised you because you have a disability?	2%	2%	2%	
5j	Victimised you because of your religion/religious beliefs?	1%	3%	1%	
5k	Victimised you because of your age?	2%	2%	2%	
5l	Victimised you because you were from a different part of the country?	2%	5%	2%	3%
5m	Victimised you because of your offence/crime?	2%	3%	2%	
5n	Victimised you because of gang related issues?	4%	3%	4%	

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<b>SECTION 5: Safety continued</b>					
<b>6</b>	Have you been victimised by a member of staff?	27%	22%	27%	18%
<b>7</b>	Since you have been here, has a member of staff:				
<b>7a</b>	Made insulting remarks about you, your family or friends?	11%	10%	11%	7%
<b>7b</b>	Hit, kicked or assaulted you?	3%	3%	3%	3%
<b>7c</b>	Sexually abused you?	3%	1%	3%	0%
<b>7d</b>	Victimised you because of your race or ethnic origin?	8%	5%	8%	4%
<b>7e</b>	Victimised you because of drugs?	4%	3%	4%	3%
<b>7f</b>	Victimised you because you were new here?	7%	4%	7%	5%
<b>7g</b>	Victimised you because of your sexuality?	1%	1%	1%	
<b>7h</b>	Victimised you because you have a disability?	2%	2%	2%	
<b>7i</b>	Victimised you because of your religion/religious beliefs?	6%	3%	6%	
<b>7j</b>	Victimised you because of your age?	2%	2%	2%	
<b>7k</b>	Victimised you because you were from a different part of the country?	4%	4%	4%	3%
<b>7l</b>	Victimised you because of your offence/crime?	2%	4%	2%	
<b>7m</b>	Victimised you because of gang related issues?	4%	2%	4%	
For those who have been victimised by staff or other prisoners:					
<b>8</b>	Did you report any victimisation that you have experienced?	29%	39%	29%	47%
<b>9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	16%	21%	16%	16%
<b>10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	24%	19%	24%	15%
<b>11</b>	Is it easy/very easy to get illegal drugs in this prison?	19%	32%	19%	9%
<b>SECTION 6: Health services</b>					
<b>1a</b>	Is it easy/very easy to see the doctor?	26%	39%	26%	
<b>1b</b>	Is it easy/very easy to see the nurse?	42%	62%	42%	
<b>1c</b>	Is it easy/very easy to see the dentist?	12%	14%	12%	
<b>1d</b>	Is it easy/very easy to see the optician?	15%	18%	15%	
<b>2</b>	Are you able to see a pharmacist?	48%	54%	48%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
<b>3a</b>	The doctor?	41%	53%	41%	56%
<b>3b</b>	The nurse?	54%	65%	54%	73%
<b>3c</b>	The dentist?	42%	44%	42%	47%
<b>3d</b>	The optician?	40%	47%	40%	50%
<b>4</b>	The overall quality of health services?	35%	46%	35%	48%

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<b>Health services continued</b>					
<b>5</b>	Are you currently taking medication?	42%	43%	42%	
For those currently taking medication:					
<b>6</b>	Are you allowed to keep possession of your medication in your own cell?	84%	87%	84%	
<b>7</b>	Do you feel you have any emotional well-being/mental health issues?	20%	25%	20%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
<b>8a</b>	Not receiving any help?	36%	35%	36%	
<b>8b</b>	A doctor?	24%	32%	24%	
<b>8c</b>	A nurse?	21%	16%	21%	
<b>8d</b>	A psychiatrist?	12%	17%	12%	
<b>8e</b>	The mental health in-reach team?	42%	32%	42%	
<b>8f</b>	A counsellor?	12%	10%	12%	
<b>9a</b>	Did you have a drug problem when you came into this prison?	29%	20%	29%	9%
<b>9b</b>	Did you have an alcohol problem when you came into this prison?	16%	13%	16%	8%
<b>10a</b>	Have you developed a drug problem since you have been in this prison?	8%	9%	8%	
For those with drug or alcohol problems:					
<b>11</b>	Do you know who to contact in this prison for help?	96%	89%	96%	
<b>12</b>	Have you received any help or intervention while in this prison?	87%	78%	87%	
For those who have received help or intervention with their drug or alcohol problem:					
<b>13</b>	Was this intervention or help useful?	82%	77%	82%	
<b>14a</b>	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	17%	21%	17%	14%
<b>14b</b>	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	13%	16%	13%	15%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
<b>15</b>	Can help you contact external drug or alcohol agencies on release?	86%	59%	86%	63%

## Main comparator and comparator to last time

### Key to tables

Any percentage highlighted in green is significantly better	HMP Wayland 2011	Category C training prisons comparator	HMP Wayland 2011	HMP Wayland 2006
Any percentage highlighted in blue is significantly worse				
Any percentage highlighted in orange shows a significant difference in prisoners' background details				
Percentages which are not highlighted show there is no significant difference				
<b>SECTION 7: Purposeful activity</b>				
<b>1</b> Are you currently involved in any of the following activities:				
<b>1a</b> A prison job?	54%	63%	54%	
<b>1b</b> Vocational or skills training?	27%	19%	27%	
<b>1c</b> Education (including basic skills)?	25%	31%	25%	
<b>1d</b> Offending behaviour programmes?	17%	17%	17%	
<b>2ai</b> Have you had a job while in this prison?	84%	86%	84%	
For those who have had a prison job while in this prison:				
<b>2aii</b> Do you feel the job will help you on release?	48%	47%	48%	
<b>2bi</b> Have you been involved in vocational or skills training while in this prison?	83%	76%	83%	
For those who have had vocational or skills training while in this prison:				
<b>2bii</b> Do you feel the vocational or skills training will help you on release?	77%	65%	77%	
<b>2ci</b> Have you been involved in education while in this prison?	85%	82%	85%	
For those who have been involved in education while in this prison:				
<b>2cii</b> Do you feel the education will help you on release?	73%	67%	73%	
<b>2di</b> Have you been involved in offending behaviour programmes while in this prison?	79%	76%	79%	
For those who have been involved in offending behaviour programmes while in this prison:				
<b>2dii</b> Do you feel the offending behaviour programme(s) will help you on release?	65%	60%	65%	
<b>3</b> Do you go to the library at least once a week?	41%	47%	41%	45%
<b>4</b> On average, do you go to the gym at least twice a week?	65%	54%	65%	60%
<b>5</b> On average, do you go outside for exercise three or more times a week?	68%	50%	68%	59%
<b>6</b> On average, do you spend ten or more hours out of your cell on a weekday?	18%	14%	18%	17%
<b>7</b> On average, do you go on association more than five times each week?	80%	76%	80%	72%
<b>8</b> Do staff normally speak to you most of the time/all of the time during association?	13%	19%	13%	14%
<b>SECTION 8: Resettlement</b>				
<b>1</b> Do you have a personal officer?	75%	76%	75%	80%
For those with a personal officer:				
<b>2</b> Do you think your personal officer is helpful/very helpful?	57%	62%	57%	68%
For those who are sentenced:				
<b>3</b> Do you have a sentence plan?	77%	68%	77%	70%
For those with a sentence plan?				
<b>4</b> Were you involved/very involved in the development of your plan?	57%	57%	57%	75%
<b>5</b> Can you achieve some/all of your sentence plan targets in this prison?	77%	70%	77%	
<b>6</b> Are there plans for you to achieve some/all your targets in another prison?	37%	37%	37%	
For those who are sentenced:				
<b>7</b> Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	23%	33%	23%	
<b>8</b> Do you feel that any member of staff has helped you to prepare for release?	17%	18%	17%	
<b>9</b> Have you had any problems with sending or receiving mail?	36%	39%	36%	28%
<b>10</b> Have you had any problems getting access to the telephones?	16%	23%	16%	16%
<b>11</b> Did you have a visit in the first week that you were here?	14%	23%	14%	15%
<b>12</b> Did you receive one or more visits in the last week?	28%	30%	28%	

## Main comparator and comparator to last time

### Key to tables

		HMP Wayland 2011	Category C training prisons comparator	HMP Wayland 2011	HMP Wayland 2006
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Resettlement continued</b>					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	55%	51%	55%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	31%	38%	31%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	15%	17%	15%	
15c	Avoiding bad relationships?	10%	13%	10%	
15d	Finding a job on release?	29%	38%	29%	73%
15e	Finding accommodation on release?	38%	40%	38%	70%
15f	With money/finances on release?	20%	28%	20%	53%
15g	Claiming benefits on release?	32%	40%	32%	66%
15h	Arranging a place at college/continuing education on release?	17%	26%	17%	57%
15i	Accessing health services on release?	15%	29%	15%	48%
15j	Opening a bank account on release?	30%	27%	30%	
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	10%	11%	10%	
16c	Avoiding bad relationships?	12%	12%	12%	
16d	Finding a job?	46%	44%	46%	
16e	Finding accommodation?	40%	38%	40%	
16f	Money/finances?	21%	32%	21%	
16g	Claiming benefits?	21%	27%	21%	
16h	Arranging a place at college/continuing education?	20%	21%	20%	
16i	Accessing health services?	12%	17%	12%	
16j	Opening a bank account?	20%	31%	20%	
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	56%	55%	56%	71%

## Diversity Analysis



### Key question responses (ethnicity and religion) HMP Wayland 2011

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

#### Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>59</b>	<b>126</b>	<b>33</b>	<b>154</b>
1.3	Are you sentenced?	100%	100%	100%	100%
1.7	Are you a foreign national?	4%	3%	0%	4%
1.8	Is English your first language?	95%	98%	91%	99%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			90%	20%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	5%	0%	6%
1.11	Are you Muslim?	48%	2%		
1.12	Do you consider yourself to have a disability?	15%	17%	12%	17%
1.13	Is this your first time in prison?	35%	27%	31%	30%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	27%	28%	27%	29%
2.3	Were you treated well/very well by the escort staff?	64%	63%	70%	63%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	90%	85%	82%	88%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	35%	27%	42%	28%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	32%	44%	45%	40%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	47%	57%	52%	55%
3.2a	Did you have any problems when you first arrived?	74%	64%	69%	66%
3.3a	Were you seen by a member of health care staff in reception?	97%	92%	97%	93%
3.3b	When you were searched in reception, was this carried out in a respectful way?	71%	75%	82%	72%
3.4	Were you treated well/very well in reception?	49%	50%	64%	47%
3.7b	Did you have access to someone from health care within the first 24 hours?	80%	71%	84%	71%
3.9	Did you feel safe on your first night here?	67%	78%	73%	75%
3.10	Have you been on an induction course?	97%	97%	94%	97%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	38%	47%	51%	43%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.3a	Are you normally offered enough clean, suitable clothes for the week?	59%	51%	55%	53%
4.3b	Are you normally able to have a shower every day?	98%	96%	97%	97%
4.3e	Is your cell call bell normally answered within five minutes?	38%	25%	31%	29%
4.4	Is the food in this prison good/very good?	16%	19%	21%	19%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	30%	39%	25%	39%
4.6a	Is it easy/very easy to get a complaints form?	83%	84%	82%	85%
4.6b	Is it easy/very easy to get an application form?	88%	92%	88%	92%
4.9	Have you made a complaint?	62%	54%	61%	56%
4.13	Are you on the enhanced (top) level of the IEP scheme?	53%	51%	56%	50%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	50%	54%	59%	51%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	50%	57%	48%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	3%	6%	3%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	4%	5%	7%	4%
4.17a	Do you feel your religious beliefs are respected?	65%	52%	78%	52%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	71%	53%	84%	54%
4.18	Are you able to speak to a Listener at any time if you want to?	33%	44%	37%	41%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	67%	63%	73%	63%
4.19b	Do <b>most</b> staff in this prison treat you with respect?	75%	77%	84%	75%
5.1	Have you ever felt unsafe in this prison?	43%	35%	35%	38%
5.2	Do you feel unsafe in this prison at the moment?	24%	12%	15%	16%
5.4	Have you been victimised by another prisoner?	19%	12%	9%	15%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	2%	3%	3%
5.5i	Have you been victimised because you have a disability? (By prisoners)	2%	2%	0%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	0%	0%	1%
5.6	Have you been victimised by a member of staff?	36%	23%	35%	25%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	19%	3%	12%	7%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
5.7h	Have you been victimised because you have a disability? (By staff)	4%	1%	3%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	14%	2%	9%	5%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	21%	14%	10%	17%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	33%	21%	29%	24%
5.11	Is it easy/very easy to get illegal drugs in this prison?	11%	22%	10%	21%
6.1a	Is it easy/very easy to see the doctor?	29%	25%	40%	24%
6.1b	Is it easy/ very easy to see the nurse?	47%	40%	56%	39%
6.2	Are you able to see a pharmacist?	45%	49%	47%	48%
6.5	Are you currently taking medication?	37%	44%	42%	42%
6.7	Do you feel you have any emotional well-being/mental health issues?	17%	20%	24%	19%
7.1a	Are you currently working in the prison?	50%	57%	58%	54%
7.1b	Are you currently undertaking vocational or skills training?	29%	26%	24%	28%
7.1c	Are you currently in education (including basic skills)?	36%	20%	36%	22%
7.1d	Are you currently taking part in an offending behaviour programme?	16%	18%	24%	15%
7.3	Do you go to the library at least once a week?	52%	35%	51%	38%
7.4	On average, do you go to the gym at least twice a week?	69%	64%	58%	67%
7.5	On average, do you go outside for exercise three or more times a week?	67%	68%	79%	65%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	12%	21%	12%	19%
7.7	On average, do you go on association more than five times each week?	76%	82%	73%	81%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	11%	14%	15%	13%
8.1	Do you have a personal officer?	76%	75%	79%	74%
8.9	Have you had any problems sending or receiving mail?	35%	36%	28%	37%
8.10	Have you had any problems getting access to the telephones?	7%	19%	15%	16%

Diversity Analysis - Disability



**Key questions (disability analysis) HMP Wayland 2011**

**Prisoner survey responses** (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

**Key to tables**

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		30	156
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	0%	4%
1.8	Is English your first language?	97%	97%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	30%	33%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	5%
1.11	Are you Muslim?	13%	19%
1.14	Is this your first time in prison?	17%	33%
2.1d	Was the attention paid to your health needs good/very good?	13%	32%
2.3	Were you treated well/very well by the escort staff?	60%	65%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	87%	87%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	34%	30%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	53%	39%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	60%	54%
3.2a	Did you have any problems when you first arrived?	72%	66%
3.3a	Were you seen by a member of health care staff in reception?	90%	94%
3.3b	When you were searched in reception, was this carried out in a respectful way?	65%	75%
3.4	Were you treated well/very well in reception?	40%	52%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	73%	74%
3.9	Did you feel safe on your first night here?	61%	78%
3.10	Have you been on an induction course?	100%	96%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	43%	45%

## Diversity Analysis - Disability

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	53%	54%
4.3b	Are you normally able to have a shower every day?	97%	97%
4.3e	Is your cell call bell normally answered within five minutes?	15%	32%
4.4	Is the food in this prison good/very good?	18%	19%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	30%	38%
4.6a	Is it easy/very easy to get a complaints form?	81%	84%
4.6b	Is it easy/very easy to get an application form?	85%	92%
4.9	Have you made a complaint?	68%	54%
4.13	Are you on the enhanced (top) level of the IEP scheme?	48%	52%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	54%	53%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	50%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	3%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	11%	3%
4.17a	Do you feel your religious beliefs are respected?	55%	57%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	53%	60%
4.18	Are you able to speak to a Listener at any time if you want to?	39%	41%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	64%	65%
4.19b	Do <b>most</b> staff in this prison treat you with respect?	64%	78%
5.1	Have you ever felt unsafe in this prison?	64%	32%
5.2	Do you feel unsafe in this prison at the moment?	31%	14%
5.4	Have you been victimised by another prisoner?	21%	13%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	2%
5.5i	Victimised you because you have a disability?	7%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%
5.6	Have you been victimised by a member of staff?	32%	26%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	11%	7%
5.7h	Victimised you because you have a disability?	7%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	6%

## Diversity Analysis - Disability

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	35%	13%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	30%	24%
5.11	Is it easy/very easy to get illegal drugs in this prison?	41%	15%
6.1a	Is it easy/very easy to see the doctor?	32%	26%
6.1b	Is it easy/ very easy to see the nurse?	50%	41%
6.2	Are you able to see a pharmacist?	36%	50%
6.5	Are you currently taking medication?	83%	34%
6.7	Do you feel you have any emotional well-being/mental health issues?	62%	11%
7.1a	Are you currently working in the prison?	57%	54%
7.1b	Are you currently undertaking vocational or skills training?	14%	29%
7.1c	Are you currently in education (including basic skills)?	18%	26%
7.1d	Are you currently taking part in an offending behaviour programme?	25%	16%
7.3	Do you go to the library at least once a week?	47%	39%
7.4	On average, do you go to the gym at least twice a week?	36%	71%
7.5	On average, do you go outside for exercise three or more times a week?	50%	71%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	14%	19%
7.7	On average, do you go on association more than five times each week?	71%	81%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	19%	13%
8.1	Do you have a personal officer?	68%	76%
8.9	Have you had any problems sending or receiving mail?	41%	35%
8.10	Have you had any problems getting access to the telephones?	23%	14%