

Report on an unannounced inspection of

HMP Wayland

by HM Chief Inspector of Prisons

22 July - 2 August 2013

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Printed and published by:
Her Majesty's Inspectorate of Prisons
Victory House
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30-34 Kingsway
London WC2B 6EX
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Introduction

HMP Wayland is a category C training prison in Norfolk holding around 1,000 men. Overall, the prison had improved since our last inspection in 2011 but that improvement was undermined by some significant weaknesses in a number of important areas.

The prison was reasonably safe. The number of violent incidents, some serious, was slightly higher than in similar prisons and prisoners were a little more concerned for their safety than elsewhere. Nevertheless, violent incidents were generally well managed. Prisoners at risk of suicide or self-harm were well cared for and levels of self-harm were low. Security was proportionate and the recent introduction of 'free flow', which allowed prisoners to move unescorted around the prison, was welcome. Use of force was well managed and only used as a last resort. The management of substance misuse had much improved since the last inspection, when it had been a major concern. Our prisoner survey and testing results indicated that illicit drug use was low but testing processes need to improve.

We had two significant concerns about safety. The first of these was that first night and induction processes were poor. We were concerned that the risk assessment of newly arrived prisoners was inadequate, cells for new arrivals were dirty and badly prepared and they received little individual support. Nearly a third of prisoners told us they did not feel safe on their first night. Induction arrangements were perfunctory and prisoners spent much too long locked in their cells during a prolonged but unproductive induction period. Our second concern was that although there had been some improvements to the segregation unit since our last inspection, the same limited regime was offered to all prisoners held there – whether they were there as punishment, for good order and discipline, or their own protection. Not enough was done to reintegrate prisoners from segregation back onto the main units.

The general environment was decent and clean but some of the older units were showing their age. Health care had improved significantly since the last inspection. The chaplaincy provided a good service and very good arrangements had been made for Ramadan which was taking place during the inspection. However, staff-prisoner relationships were the weakest area of the prison. We saw some interactions that were very positive but too many that were dismissive and disinterested. We did not see sufficient engagement by staff with prisoners when they were unlocked, such as during periods of association. Too few prisoners said they had a member of staff they could turn to if they had a problem and we found that many prisoners were using the complaints system to deal with matters that should have been sorted out informally or with an application.

Prisoners from black and minority ethnic backgrounds and Muslim prisoners reported particularly poorly about being treated with respect by staff and being victimised. Prisoners from black and minority ethnic backgrounds were less likely to be on the enhanced level of the incentives and earned privileges scheme than others. Prisoners had little confidence in the discrimination incident complaints process and we identified examples of serious discrimination complaints that had been poorly dealt with. Foreign national prisoners were neglected and we found prisoners with disabilities whose needs had not been considered and met. These failings reflected a lack of resources applied to diversity and equality issues. One manager was responsible for equality, safer custody, segregation and use of force; he had little training or support for his equalities role.

Prisoners had good amounts of time out of their cells and the range and quality of activities was also good. Most activities prepared prisoners well for work – there were good links with local and national employers and many prisoners experienced a reasonably realistic working day. PE provision was adequate although staff shortages meant it was cancelled too often. However, the overall management of learning, skills and work required improvement. Not enough progress had been made on the recommendations we made at the last inspection, the allocation to and use of activity places was ineffective and best use was not being made of the resources available. In the months

before the inspection the leadership and support for activities had been strengthened but it was too early to assess the impact of this.

The strategic management of resettlement was better than we often see. The establishment of 'The Hub' to integrate offender management and practical resettlement services was a good initiative and, although still in its early days, prepared the ground well for the prison's future role as a designated resettlement prison. The prison's offender management services were disrupted because 60% of prisoners were transferred to the prison without an up to date OASys (risk assessment). This made sentence planning very difficult and put pressure on already stretched resources. Offender management work with medium-risk prisoners, some of whom had committed serious offences, was therefore too limited. The prison was making good use of release on temporary licence to help prisoners prepare for release and had plans to extend this further. Work to ensure prisoners had somewhere to live on release was satisfactory and there was a very good focus on ensuring the employment-related skills that prisoners gained in activities were supported by efforts to help them find a job or further training on release. Health and substance misuse resettlement support was effective. Visit arrangements were satisfactory but not enough was done to help prisoners maintain or develop constructive family relationships.

HMP Wayland was very stretched at the time of this inspection. Budget reductions and management changes were having an impact and many staff were still in the process of adapting to new roles. A number of promising new initiatives were in the early stages and the full benefits had yet to be realised. Maintaining and, in some cases, improving, outcomes for prisoners in these circumstances was a real achievement. Action was already being taken to address some of the weaknesses we have identified in this report. However, not enough attention was being paid to weak first night and induction processes, prisoners' relationships with staff and the poor experience of some prisoners from minority groups. These remain significant concerns and need to be dealt with as priorities.

Nick Hardwick
HM Chief Inspector of Prisons

January 2014

Fact page

Task of the establishment

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

998

Certified normal accommodation

958

Operational capacity

1,017

Date of last full inspection

6-10 June 2011

Brief history

HMP Wayland opened in 1985, with the site buildings being added to on four occasions. It now comprises 13 residential units and a segregation unit over a large site. Wayland has been designated a resettlement prison and will open a new Category C personality disorder unit in the spring of 2014.

Short description of residential units

A Inductions and 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 ROTL unit- single cells
 G RAPt SDTP - single cells
 H Enhanced progression unit - single cells
 J Normal location - double cells
 K Normal location - double cells
 L Normal location - double cells
 M Enhanced unit - double cells
 N Drug Free Wing - double cells
 Seg- Segregation unit

Name of governor/director

Steve Rodford OBE

Escort contractor

Serco

Health service provider

Serco Health

Learning and skills providers

A4e

Independent Monitoring Board chair

Pat Daly

About this inspection and report

- A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.
- A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.
- A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

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

- A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.
- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
 - **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
 - **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
 - **outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection.

This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ 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.

Summary

Safety

S1 *Prisoners were critical of their experience of transfers and reception. We observed swift reception procedures carried out by friendly staff and with an appropriate regard for confidentiality. The first night arrangements required improvement. Prisoners were generally positive about induction and the information they received, although we observed a lack of individual support. Violent incidents and self-harm were well managed and support for prisoners in crisis was generally good. Adult safeguarding was neglected. Security and disciplinary procedures were broadly proportionate. The segregation unit offered the same basic regime for a wide range of prisoners. Substance misuse services were good. **Outcomes for prisoners were reasonable good against this healthy prison test.***

S2 *At the last inspection in June 2011 we found that outcomes for prisoners at Wayland were reasonably good against this healthy prison test. We made 41 recommendations in the area of safety. At this follow-up inspection we found that 24 of the recommendations had been achieved, six had been partially achieved and 11 had not been achieved.*

S3 Most prisoners experienced long journeys to the prison in dirty escort vans with no comfort breaks. On arrival, prisoners left the vehicle promptly and reception was a clean and welcoming environment. Staff were courteous and helpful to prisoners and reception for most prisoners was swift. Prisoners were not handcuffed from escort vehicles or routinely strip-searched in reception, which was appropriate.

S4 New arrivals on the A Wing induction unit were not given a comprehensive first night risk interview and initial arrangements for settling in lacked individual support. Many prisoners told us they felt anxious and more prisoners than at comparator prisons did not feel safe on their first night. We observed limited positive interaction by induction staff and there was very little to occupy prisoners. Prisoners spent too much time with little to do on the induction spur after completing induction.

S5 The violence reduction policy was relevant and based on a proper analysis of the pattern of violence in the prison. The monthly safer custody meeting was well attended and included prisoner representatives. It covered violence reduction and suicide and self-harm, and we were confident that actions were followed up. There had been proportionately more prisoner assaults on other prisoners than we have found at comparator prisons, including some that had resulted in serious injuries. Disciplinary action was appropriately taken against identified bullies but there were no interventions to address antisocial behaviour.

S6 The analysis of data to determine patterns and trends of self-harming behaviour was well managed. Levels of self-harm were comparatively low and ACCT (assessment, care in custody and teamwork) procedures were generally good with positive care mapping and timely case reviews. Some daily entries in ACCT documents were solely observational, others showed that staff knew and cared about the personal circumstances of individual prisoners. Prisoners had good access to Listeners, who felt supported by the prison. There was no safeguarding policy and the prison had no links with the local safeguarding adults board.

S7 Security measures had been appropriately relaxed in a number of areas since our last inspection and were generally proportionate. Free-flow movement for prisoners was

introduced during our inspection. Intelligence was processed efficiently and the security committee set appropriate objectives to maintain a safe environment.

- S8 Levels of use of force were similar to comparator prisons and incidents were well documented. Incident reports indicated that prisoners were only restrained as a last resort and de-escalation techniques were embedded. Governance was very good.
- S9 The number of adjudications was lower than the comparator and most records of hearings were of a good standard. The segregation unit only offered a limited regime and reintegration opportunities contrary to its stated policy. The unit provided a decent environment but it lacked purpose and direction and the regime was underdeveloped. Prisoners were held on the unit for a variety of reasons but the same services were provided to all. Reviews were attended by appropriate departments but they lacked effective planning for reintegration and longer-term care.
- S10 There was evidence that the incentives and earned privileges scheme was used strategically to encourage responsible behaviour and that it operated consistently across the prison. The opportunities to progress for prisoners on the enhanced regime were good.
- S11 Substance misuse services had improved significantly since our last inspection and were good. Prisoners were very critical of the integrated drug treatment system, but clinical records indicated that prescribing was flexible, individualised and reflected current prescribing guidance. Clinical and psychosocial services were well integrated. The CARATs (counselling, assessment, referral, advice and through care) team offered good support. The strategic management of substance misuse was poor and the needs assessment was not comprehensive. Fewer prisoners than the comparator said that it was easy to get illicit drugs. The random positive mandatory drug testing rate for the six months to June 2013 was low. There was no risk testing; suspicion testing request and monitoring systems were poor.

Respect

- S12 *There was a variety of residential accommodation, some old and shabby, some new and of different designs; the accommodation in most areas was clean. Interactions between staff and prisoners ranged from very positive to disinterested. Formal arrangements for equality and diversity were underdeveloped and in our survey most minority groups were more negative than the population as a whole across the range of indicators. Responses to general complaints were mixed and prisoners had little confidence in the discrimination incident report form (DIRF) complaints procedure. Legal services were inadequate. Faith provision was good. Overall health care services were good and had improved significantly since our last inspection. Prisoners expressed dissatisfaction with the food but were satisfied with the range of goods provided by the shop. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S13 *At the last inspection in June 2011, we found that outcomes for prisoners at Wayland were not sufficiently good against this healthy prison test. We made 58 recommendations in the area of respect.² At this follow-up inspection we found that 24 of the recommendations had been achieved, 12 had been partially achieved, 21 had not been achieved and one was no longer relevant.*

² This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

- S14 There was wide variation in the design and age of residential accommodation which ranged from old prefabricated buildings to more modern brick-built buildings. Communal areas on wings were clean and bright, but the fabric of the older wings was shabby. The external environment was very good. The quality of the accommodation varied, but most cells were well maintained, we found very little graffiti and the offensive display policy was generally adhered to. There was good access to a daily shower but some showers were grubby. The arrangements for laundering clothes and bedding were good. Applications were dealt with fairly, although staff could have dealt with many issues informally.
- S15 More prisoners than in comparable prisons said they were victimised by staff. Too many prisoners said they did not have a member of staff they could turn to with a problem and we observed interactions which ranged from very good to unacceptably disinterested and we found little evidence of preferred names being used. Case history notes were generally good and consultation arrangements were sound.
- S16 The strategic management of equality and diversity was underdeveloped and under-resourced and had deteriorated since our last inspection. Diversity was not embedded and the negative perceptions of prisoners were not being addressed. Access to forums was very limited and many prisoners felt they had no voice. Some of the gaps that we identified in support for prisoners were not resource driven. The number of reported discrimination incidents had continued to drop since our last inspection and prisoners in our groups said they had little faith in the DIRF process. Many DIRF investigations were perfunctory and we were not confident that all relevant evidence was considered or that quality assurance was robust.
- S17 In our survey, black and minority ethnic prisoners reported more negatively than white prisoners in relation to respect from staff, safety and victimisation by staff. Black and minority ethnic prisoners were consistently underrepresented on the enhanced level of the incentives and earned privileges scheme. Muslim prisoners spoke positively about arrangements for Ramadan but in our survey reported more negatively than non-Muslims on relationships with staff.
- S18 Some good work had recently started with the large number of Gypsies and Travellers. There was little support for the 30 foreign national prisoners and one immigration detainee. In our survey, prisoners with a disability reported more negatively than those without a disability across a range of indicators. There were no care plans and some personal emergency evacuation plans were missing. Support arrangements were inadequate. The support offered to older prisoners was insufficient. The older prisoner gym session and Wellman clinics were welcome initiatives. The prison had identified three gay or bisexual prisoners, less than the 20 that our survey indicated. Other than the promotion of lesbian, gay, bisexual, transgender month, no support was offered to gay or bisexual prisoners.
- S19 The chaplaincy was well integrated into the regime and all major faiths were provided for, with a good range of services and classes. Prisoners we spoke to were very positive about the support that was available.
- S20 Complaint forms were not freely available on all wings. The number of complaints had risen since our last inspection and some could have been treated as applications. The quality of replies varied: some were polite and timely, others were not constructive. Legal rights provision was underdeveloped: there was no legal rights officer and prisoners did not know whom to approach with legal problems.
- S21 Health care had improved greatly since the last inspection and we observed good care and treatment. Clinical governance was generally good and there was a good range of clinical audit policies and procedures. There was good access to a full range of clinics and the nurse

practitioner service was impressive. Waiting lists for nurse-led clinics were acceptable. There was a good triage system for dental services but the waiting list for the dentist remained too high. Pharmacy services and the administration of medicines had improved since the last inspection, but better governance was needed of the management of safe medicines. Primary care and secondary care mental health services were well integrated. A new therapeutic service for prisoners with mild to moderate mental health needs had just started. Access to counselling services was good.

- S22 Prisoners were negative about the food throughout the inspection. We found menus to be varied and balanced but breakfast was still issued the day before it was to be eaten, which was inappropriate. Prisoners were satisfied with the shop and more than at comparator prisons said that the shop sold goods which met their needs.

Purposeful activity

S23 *Time out of cell had improved and was good for most prisoners. The management of the OLASS (Offenders' Learning and Skills Services) provision was good but the learning and skills leadership had not improved since the last inspection and key areas had not been rectified. There were sufficient activity places but labour allocation was uninformed and disjointed. The overall quality and range of activities were good. Educational and vocational achievements were good. The library service was adequate but access required improvement for some prisoners. PE provision was adequate. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S24 *At the last inspection in June 2011, we found that outcomes for prisoners at Wayland were reasonably good against this healthy prison test. We made 15 recommendations in the area of purposeful activity. At this follow-up inspection we found that four of the recommendations had been achieved, three had been partially achieved and eight had not been achieved.*

S25 Time out of cell for most prisoners was good: an unemployed prisoner had 6.5 hours out of cell a day and a fully occupied prisoner nine hours. Prisoners on the enhanced wing who were fully engaged during the working day had over 15 hours out of cell. During our random roll check we found only 25 prisoners (2.5%) locked in cell and over 75% engaged in purposeful activity, which was good.

S26 There was inadequate strategic direction and leadership of learning, skills and work. The operational management of the OLASS provision was good and it was enhanced by effective partnerships.

S27 The range of learning and skills provision was good overall, and, in particular, the vocational training available to prisoners was well aligned to realistic employment opportunities on release; work was mostly purposeful. There were sufficient activity spaces for the population, but they were not fully used. The allocation of prisoners to activities was ineffective and activities were not promoted appropriately during induction.

S28 Teaching was good overall. Learners received good support from the mentors in education and the delivery of functional skills was well integrated in vocational training. Individual learning plans were not used in education to accelerate progress. In vocational training, the assessment of theoretical understanding was of variable quality and target setting was not challenging enough.

- S29 Outcomes for education were still good but they had declined since the last inspection. Low attendance and punctuality had affected the degree of learning that took place. Achievement of qualifications in vocational training and skills development were good.
- S30 The library provided a good environment and was well managed. There was limited access to the library for some prisoners. The activities supporting literacy were underdeveloped apart from Toe by Toe (peer mentoring scheme to help prisoners learn to read) and Storybook Dads (prisoners record stories for their children).
- S31 In PE, success rates were high for the few learners undertaking an accredited qualification, but none had been delivered in the last six months. Good use was made of prisoners qualified as gym instructors and healthy living was well promoted. In our survey, prisoners were satisfied with access to the gym although those attending work had experienced worse access.

Resettlement

S32 *The strategic management of resettlement was appropriate but offender management did not meet the needs of all prisoners. Public protection arrangements were good. Release on temporary licence arrangements (ROTL) had improved since our last inspection. Reintegration planning was broadly appropriate but finance and debt support, family work and visits were underdeveloped. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S33 *At the last inspection in June 2011, we found that outcomes for prisoners at Wayland were reasonably good against this healthy prison test. We made 29 recommendations in the area of resettlement. At this follow-up inspection we found that 16 of the recommendations had been achieved, 10 had been partially achieved, two had not been achieved and one was no longer relevant.*

- S34 A reducing reoffending and offender management policy with clear objectives had been incorporated into the establishment strategic plan. The bimonthly reducing reoffending meeting included offender management and was well attended. Attempts to develop a more integrated model of offender management and resettlement, including the hub, a central point of contact for prisoners for both offender management and pathway providers were appropriate but more remained to be done.
- S35 Ninety-seven per cent of prisoners were serving sentences of over 12 months. All prisoners were allocated an offender supervisor but there was minimal engagement for many prisoners. Sentence planning was generally appropriate but around 60% of prisoners transferred to the prison did not have an up-to-date OASys (prison/probation service offender assessment system) or sentence plan which had a significant impact on limited staff resources. The introduction of provisional sentence plans was a positive attempt to mitigate this.
- S36 Thirty-six per cent of offender management cases had been identified as tier 4, and most of these higher risk and complex cases were appropriately managed by probation offender supervisors, with evidence of some very good work. However, a number of remaining tier 4 cases had been allocated to officer grades, and the level of contact and work to address risk factors were more limited. Little or no work was undertaken to address the offending behaviour of medium-risk prisoners who had committed serious violent offences, which was concerning. The introduction of offender management unit surgeries was a positive initiative with appropriate plans for development.

- S37 Services for indeterminate-sentenced prisoners were generally appropriate and the recent re-introduction of an indeterminate prisoner forum had been appreciated. Over 550 prisoners were subject to multi-agency public protection arrangements and appropriate screening and assessment procedures were in place. Offender supervisors played an active part in the management of public protection.
- S38 Contact with offender managers prior to release was consistent, although there were no formal pre-release boards and the sharing of information by resettlement pathway providers with offender supervisors was inconsistent.
- S39 ROTL arrangements had improved substantially since our last inspection and further enhancement was planned.
- S40 Accommodation services were delivered by NACRO with referrals from across the establishment. Approximately half the population had been identified as having an accommodation problem. About 90% of prisoners were released to settled accommodation, 3.5% to temporary support and 7% no fixed accommodation. Finance, benefit and debt provision was underdeveloped, although prisoners were able to open bank accounts prior to release and undertake a budgeting course. Education, training and employment played a prominent role in resettlement.
- S41 Substance misuse pre-discharge planning was organised and effective, supported by good links with community drug services. Health care discharge arrangements were good for prisoners with physical and mental health conditions.
- S42 The visits room was clean and bright and visitors appreciated the range of refreshments available. Visits did not always start on time. The Ormiston Children's and Families Trust, a charity, provided good support to prisoners' families, including a crèche in the visits area, a parenting course and family and children's visits. However, only 12% of prisoners in our survey said it was easy for their families to visit them against a comparator of 28%. Work to help prisoners maintain family links needed to be strengthened, there had been a gap in the provision of a parenting course and the criteria for family visits was potentially excluding some prisoners who could benefit from them.
- S43 Although over 60% of the population had been assessed as presenting sufficient risk to meet the criteria for accredited offending behaviour, only 127 places had been provided for the year. The range of programmes was broadly appropriate.

Main concerns and recommendations

- S44 **Concern:** New arrivals did not receive a comprehensive first night risk interview and initial arrangements for settling in lacked individual support. There was limited positive interaction by induction staff and very little to occupy prisoners. Nearly a third of prisoners did not feel safe on their first night.

Recommendation: First night arrangements should be reviewed and take account of prisoners' anxieties about safety on their first night and the lack of quality interaction with staff. There should be a clear policy on the management of prisoners on their first night. All prisoners should be able to make a telephone call and take a shower on their first night (Repeated recommendation HP49)

S45 **Concern:** Too many prisoners told us they did not have a member of staff they could turn to with a problem and felt victimised by staff. Many prisoners we spoke to had negative views of staff. We observed some interactions which were unacceptably disinterested and, when prisoners were unlocked on residential units, staff did not routinely interact with them. Preferred names were not always used when staff did speak to prisoners.

Recommendation: Managers should investigate and address the reasons for prisoners' negative perceptions of staff. The standard of engagement expected of staff should be clear, and monitored.

S46 **Concern:** Strategic management of equality and diversity was underdeveloped and under-resourced. Diversity was not embedded and the negative perceptions of prisoners were not being addressed. Prisoners from minority groups reported more negatively across a range of indicators. Prisoners from black and minority ethnic backgrounds were less positive about the incentives and earned privileges scheme than other prisoners; and monitoring showed that prisoners from black and minority ethnic backgrounds were consistently underrepresented on the enhanced level of the scheme.

Recommendation: Governance and management oversight of diversity should be prioritised to ensure that the needs of all prisoners with protected characteristics are identified, assessed and met, and any negative perceptions of particular groups are understood. Inequality should be investigated promptly and appropriate remedial action taken.

S47 **Concern:** The allocation of prisoners to activities was ineffective and did not ensure that prisoners were allocated fairly and promptly. Capacity was not fully used in some areas.

Recommendation: The procedure for allocation to activities should be improved to ensure fair and prompt allocation and full use of activity spaces.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

1.1 *Journey times were long and many prisoners felt unsafe in transit. Vans were dirty. Escort staff were polite. Disembarkation was swift.*

1.2 Most prisoners had journeys of over two hours to the prison and many were not afforded a comfort break. In our survey, 58% of prisoners said that vans were clean against the comparator of 67%. We found that cleanliness varied in the vans we inspected and some had graffiti etched on the windows. In our survey, 75% of prisoners said they felt safe during their journey against the comparator of 81%.

1.3 Escort staff whom we observed were polite and helpful to prisoners and disembarkation into reception was swift. Restraints were not used between the vans and reception, which was proportionate to the risk. Property and relevant documentation arrived with prisoners, many of whom had only been told on the morning of departure that they were going to Wayland.

Recommendation

1.4 **Prisoners should be offered comfort breaks at least every two and a half hours.**
(Repeated recommendation 1.6)

Housekeeping point

1.5 Escort vans should be clean and free from graffiti.

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

1.6 *The reception provided a welcoming environment, staff were courteous and the process was swift. First night arrangements were underdeveloped and most prisoners did not feel safe. No first night risk interview took place. Induction was rushed and offered limited information.*

- I.7** The reception area was small, but clean, welcoming and fit for purpose. The holding rooms contained sufficient information. Reception procedures were carried out swiftly, but, in our survey, fewer prisoners than the comparator said that reception staff treated them well. We observed staff, who were friendly and polite, explain each part of the reception process.
- I.8** The reception interview and health care assessment took place in a separate office which afforded a good level of confidentiality. Strip-searching was only undertaken following a risk assessment, which was appropriate. A prisoner Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was in attendance when prisoners arrived.
- I.9** In our survey, 69% of respondents against the comparator of 83% said that they felt safe on their first night. Newly arrived prisoners were located on the induction landing of A wing. Several A wing prisoners were standing by the entrance gate of the wing when new prisoners arrived which some told us they found intimidating.
- I.10** Many first night cells were grimy with dirty toilets. They were well equipped with suitable bedding and furniture. Staff interviewed prisoners in a private room to tell them how to contact night staff in an emergency, but immediate concerns were not addressed.
- I.11** Showers were available but staff did not tell new prisoners how to use them and most did not have a shower on their first night. All prisoners were given £2 telephone credit which was repayable. Most prisoners we spoke to said they could only use the telephone the day after they arrived. Ample canteen packs were offered to prisoners.
- I.12** Induction started the day after arrival and we were assured that all prisoners who required an induction programme received it. One-to-one interviews took place with a member of the chaplaincy and the resettlement team. A very limited induction talk with no supporting media was given by a prisoner induction orderly with no support from staff. This lasted for less than 20 minutes. A prisoner Listener saw new arrivals to introduce himself but he did not explain how to use the service (see main recommendation S44).
- I.13** Induction took a morning and we found many prisoners on the induction landing awaiting relocation up to four weeks after completing their induction. They were given ample time out of cell.

Recommendations

- I.14 All prisoners should be able to make a telephone call and take a shower on their first night.** (Repeated recommendation I.26)
- I.15 The induction programme should be reviewed to ensure that all relevant information is imparted and that staff are involved.**

Housekeeping point

- I.16** First night cells should be cleaned before occupancy.

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- I.17** *There was good oversight of violence reduction by the safer custody committee and effective links with the security department. Incidents were investigated and monitoring measures and possible disciplinary procedures put in place but no other interventions were used. Most prisoners said they felt safe, but in our survey nearly a third reported that they had been victimised by staff.*
- I.18** A safer custody committee met monthly to monitor progress of the violence reduction and suicide prevention strategies. Meetings were well attended, including by a prisoner representative, a Listener and a Samaritans representative. There was good analysis of information to identify trends, patterns and problem areas. Strong links between the safer custody and security teams were enhanced by a weekly meeting to review information about prisoners of potential interest to either team.
- I.19** Revised formal arrangements to deal with bullying and other forms of violence had been introduced a few months before the inspection. Early signs indicated that staff were using the system effectively to identify and address such behaviour. All reported incidents were investigated by the prisoner's unit and forwarded to the safer custody manager with information about actions that had been taken. Many of the records that we looked at indicated discussion with the prisoners involved to establish the cause of a problem, and, in the case of victims, to determine how to keep them safe.
- I.20** Prisoners identified as victim or alleged perpetrators were placed on monitoring. Alerts and case notes were kept on the electronic case management system to keep all staff informed. Most of the entries that we looked at were by residential staff and input from other disciplines was needed. Too few entries recorded interaction with the prisoner. Alleged bullies or perpetrators of other violence were placed on one of three monitoring stages and could be subject to disciplinary measures. There was no use of mediation, restorative justice or other interventions. Records showed that moves between units were used appropriately and segregation was only used when there was still a safety issue.
- I.21** The number of violent incidents had reduced compared with the previous year but some had resulted in serious injuries. The incidence of fights between prisoners and assaults on staff were comparable with similar establishments but prisoner assaults on prisoners were higher at 3.2 per hundred compared with 1.95.
- I.22** In our survey, 15% of prisoners reported that they felt unsafe currently, but 35%, against the comparator of 31%, said that they had felt unsafe at some stage; 30%, against 27%, said they had been victimised by staff but fewer than the comparator said they had been intimidated or threatened by staff (9% against 12%) (see main recommendation S45). Prisoners from minority groups reported more negatively on feeling unsafe currently and victimisation by staff (see section on diversity and equality).

Housekeeping point

- I.23** Staff from all disciplines should contribute to monitoring records.

Self-harm and suicide

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

I.24 *Good progress had been made on recommendations of the Prisons and Probation Ombudsman following investigations into two self-inflicted deaths. Recorded levels of self-harm were low and the number of assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm documents opened was slightly lower than at similar prisons. There was good support from the mental health in-reach team but other areas of the prison needed to be more involved with the process. There was good access to a large team of Listeners.*

I.25 There had been two self-inflicted deaths in 2012. There was evidence of positive progress against the recommendations from the Prisons and Probation Ombudsman following investigation of these two deaths. The safer custody committee provided oversight of a continuous action plan and suicide and self-harm prevention procedures. Analysis of data was effective. Training for staff on safer custody was ongoing but 40% had not received training for three years or more.

I.26 The number of incidents of self-harm was low. In the six months prior to the inspection, 37 acts of self-harm had been recorded, equivalent to 3.7 per 100 prisoners, which was lower than the average for other Category C training prisons we have inspected (7 per 100). There was one constant supervision cell which had recently been relocated to a quieter unit. Constant supervision had been used five times in the preceding six months.

I.27 A total of 87 ACCT documents had been opened in the six months before the inspection. This was slightly lower than the number at comparable establishments. Three prisoners were on open ACCTs during the inspection. Reviews took place on time and there were good links with and support from the mental health in-reach team. Other areas of the prison had little input into ACCT reviews. The quality of entries in documents ranged from good, demonstrating interaction with and knowledge of the prisoner, to some that were observational with limited evidence of support being provided. Most care maps were kept up to date and post-closure reviews had been completed in all but one of the small sample we looked at.

I.28 The Listener scheme was well organised, with 32 trained Listeners. Prisoners had 24-hour access to Listeners, including in a buddy cell equipped with suitable furniture. Records indicated that prisoners had access to Listeners, including when accommodated in the segregation unit. Listeners said the establishment was supportive of their work although they occasionally encountered a member of staff who appeared not to know about their role. Each unit had a telephone which prisoners could have in their cells if they wanted to speak to the Samaritans rather than a Listener.

Recommendations

I.29 **Staff from all disciplines involved with prisoners on ACCTs should contribute to their ongoing record and reviews.**

I.30 **All staff should have up-to-date training on safer custody and ACCT procedures.**

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.³

I.31 *There was no formal strategy for safeguarding adults.*

I.32 There was no adult safeguarding policy for prisoners in need of community care services for reasons of mental or other disability, age or illness, and no training for unit staff in identifying and reporting safeguarding concerns. There were no protocols on action to be taken if information indicated that an adult at risk may have been abused or injured while in prison custody, or formal links between the prison and the local authority safeguarding board to develop policy and identify the threshold at which formal adult protection protocols would be introduced.

I.33 Not all health care staff were up to date with their safeguarding training, although there was a good level of understanding about their responsibilities for safeguarding vulnerable adults.

Recommendation

I.34 **The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.**

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

I.35 *Security measures had been relaxed in a number of areas since our last inspection and were generally proportionate to the risks posed. Free-flow movement took place daily. A substantial quantity of security information was analysed, key areas requiring attention were identified and relevant objectives set. Information sharing with other departments was well developed.*

I.36 Security arrangements had been appropriately relaxed in a number of areas since our last inspection: prisoners were able to wear their own clothes, and several wings were able to exercise outside together and undertake free-flow movement. Prisoners were given freedom of movement to attend appointments at other times. These changes had made security

³ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

arrangements proportionate to the risks posed by the population but needed to be kept under regular review.

- I.37** Security was focused on the main concerns identified through intelligence such as violence and assaults, drugs, particularly Spice (synthetic cannabis), and mobile telephones. There were appropriate procedures to deal with misconduct or illegal conduct by staff.
- I.38** Staff-prisoner relationships were mixed but supported dynamic security adequately. A range of security information reports (SIRs) were received and efforts had been made to encourage the submission of reports from all areas. SIRs were analysed promptly. All searches were intelligence led. Referrals were made to the safer custody team on issues of bullying and prisoner safety. Strip-searching was undertaken following risk assessment and the number of strip-searches had reduced since our last inspection.
- I.39** The monthly security committee was attended by staff from different departments, with effective information sharing and well developed relationships between security and other departments. Local security objectives reflected current priorities and effective support was given by police intelligence officers.
- I.40** There was a drug supply reduction strategy but no action plan. In our survey, 22% of prisoners said it was easy to get illegal drugs against the comparator of 31%. The positive random mandatory drug testing (MDT) rate for the six months to June 2013 was low at 3.97% against the target of 8%, with cannabis and opiates the most frequent results. However, there was no risk testing, suspicion testing request and monitoring systems were poor, and many suspicion tests requested were not completed. Finds suggested alcohol and medication were the main substances used. Prisoners testing positive were not consistently referred to substance misuse services. The MDT facilities were reasonable.
- I.41** Seven prisoners were subject to closed visits at the time of our inspection, all of whom had been received from other establishments with appropriate restrictions in place. Reviews were carried out monthly and the restrictions removed at the earliest opportunity.

Recommendation

- I.42** **There should be robust systems for requesting suspicion tests; the mandatory drug testing programme should be sufficiently resourced to undertake suspicion testing within the required time and any slippage should be monitored and addressed.**

Housekeeping point

- I.43** All prisoners testing positive under the mandatory drug testing programme should be referred to the substance misuse service.

Incentives and earned privileges⁴

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and

⁴ In the previous report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

I.44 *The incentives and earned privileges (IEP) scheme operated consistently across the establishment. More prisoners than in comparator prisons said that the scheme encouraged them to change their behaviour, but black and minority ethnic and Muslim prisoners were less positive about being treated fairly under the scheme. Reviews were carried out fairly and consultation arrangements with prisoners were good. The opportunities for those on the enhanced regime to progress were good. Prisoners complained about the length of time it took to achieve enhanced level.*

I.45 The incentives and earned privileges scheme was well publicised and understood by staff and prisoners whom we spoke to. Prisoners could apply for enhanced level or be recommended by staff after three months at the establishment. Prisoners who transferred in from other establishments retained their status.

I.46 In our survey, more than half the prisoners said that they had been treated fairly under the scheme and 58% against a comparator of 47% said that the scheme had encouraged them to change their behaviour. Black and minority ethnic and Muslim prisoners were less positive about being treated fairly under the scheme and SMART (systematic monitoring and analysing of race equality treatment) showed that black and minority ethnic prisoners were consistently under represented on the enhanced level of the scheme (see section on equality and diversity, and main recommendation S46).

I.47 The differentials between standard and enhanced levels were sufficient to encourage improved behaviour. Enhanced level prisoners were able to progress towards location on a unit where they could be considered for release on temporary licence (ROTL) and working in the community. We found that prisoners who chose not to progress through the system could still be sanctioned for refusing to move to those wings where they gained more privileges (F and H wings), which was inappropriate.

I.48 Prisoners complained individually and in our groups about how long it took to achieve enhanced level. We found that applications for promotion to enhanced level were often not considered for up to four months after submission which was too long.

I.49 We looked at a sample of IEP reviews which were proportionate and well documented and considered information from a variety of sources. Prisoners on basic regime were monitored each day, but the daily entries on electronic case management notes were mainly observational with perfunctory targets. We found no evidence of management checks. Consultation arrangements with prisoners were good: quarterly meetings took place to discuss the scheme and there was evidence of action points being followed up.

Recommendations

I.50 **Prisoners should not be sanctioned for not wishing to move to F and H wings.**
(Repeated recommendation 7.66)

I.51 **Applications for promotion to the enhanced level of the IEP scheme should be considered within a reasonable time frame.**

Discipline

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.

I.52 *The number of adjudications was less than comparator establishments and the number of adjudications dismissed had reduced considerably. Levels of use of force were similar to comparator prisons and incidents were well documented. Reports indicated that prisoners were only restrained as a last resort and staff used de-escalation widely. Use of special accommodation was very low but not well documented. The segregation unit policy had not been fully implemented and the unit lacked purpose and direction. Few prisoners remained in the unit for long periods, and most occupants were transferred out of the prison. The physical environment was clean. Reviews were attended by appropriate departments but lacked purposeful planning towards reintegration or longer-term care. The regime was underdeveloped and prisoners we spoke to complained of boredom. Documentation gave little information about prisoners in the unit. Staff-prisoner relationships appeared distant and the poor behaviour of some prisoners was not challenged. Monitoring and analysis of all aspects of discipline and segregation were very good.*

Disciplinary procedures

- I.53** There had been 735 adjudications in the previous six months (74 per hundred prisoners) which was less than comparator prisons. Management oversight and monitoring had improved and the number of adjudications that were dismissed for administrative reasons had reduced considerably since our last inspection. We again found evidence of collective punishment when all prisoners on one spur of A wing had been given an IEP warning after some prisoners had played music too loudly.
- I.54** Adjudications were held in a suitable room in the segregation unit, although holding rooms for those awaiting adjudication were too small. Prisoners were given sufficient time and information to prepare for their hearings and could seek legal advice if requested. Records were completed adequately. Punishments were fair and reflected the published tariff. The quarterly adjudications meetings included good quality assurance and an analysis of statistics.

Recommendation

- I.55** **There should be no collective punishments.** (Repeated recommendation 7.16)

Housekeeping point

- I.56** A suitable waiting area should be provided for prisoners waiting for adjudication. (Repeated recommendation 7.48)

The use of force

- I.57** Use of force was similar to comparator prisons. There had been 82 incidents in the previous six months, 54 of which had involved full restraint of prisoners. Planned incidents had not all been video recorded. More recent recordings had been reviewed. The recordings of incidents that we viewed showed appropriate use of force. Governance and quality

assurance were well developed. Data analysis and the standard of written reports were good. Reports showed that staff regularly used de-escalation techniques with high levels of success. The routine use of handcuffs to take prisoners to the segregation unit had ceased. Many prisoners were returned to their own cells or other cells on the residential units.

- I.58** Special accommodation had been used once in the previous six months which was less than in comparator prisons. Supporting documentation for use of the cell had not been completed.

Housekeeping points

- I.59** All planned incidents of use of force should be video recorded.
- I.60** Use of special accommodation should be recorded on the appropriate documentation.

Segregation

- I.61** The segregation unit policy to develop a full regime and maximise reintegration opportunities had only been partially implemented and the unit lacked purpose. Prisoners on the unit manifested wide-ranging behaviour but the same minimal regime was used for them all and there was no recognition of their individual needs. Communal areas, cells and showers were clean, but toilets and sinks were soiled. Limited exercise equipment had been installed on the exercise yards and one yard had a bench. Prisoners were allowed to exercise together when appropriate.
- I.62** At the time of our inspection, there were eight prisoners in the segregation unit, three for reasons of good order or discipline, four for their own protection and one serving a period of cellular confinement. In the previous six months, 157 prisoners had been segregated, 43 of whom had spent more than 30 days in the unit. The average length of stay was 13 days. Managers made commendable efforts to locate prisoners on different units within the prison before resorting to segregation but reintegration was then limited. The policy for reintegration and care planning for prisoners who stayed for prolonged periods was not being used effectively and most prisoners were transferred to other establishments.
- I.63** We observed distant staff-prisoner relationships and not all staff were knowledgeable about the prisoners in their care. We saw many instances when staff did not challenge inappropriate behaviour such as shouting out of windows. Daily history sheets contained observational records with little evidence of interaction with prisoners. In our survey, only 31% of prisoners who had been held on the unit said they had been treated well or very well by staff against the comparator of 41%.
- I.64** Timely reviews were carried out with good attendance from the Independent Monitoring Board and relevant departments. The reviews lacked purposeful planning for the reintegration or longer-term care of prisoners who remained in the unit for longer periods.
- I.65** The regime in the unit was underdeveloped; library provision was reasonable and some prisoners received very limited in-cell education. All prisoners we spoke to complained of prolonged periods locked in their cells and boredom.
- I.66** Governance of segregation was weak and had not picked up the concerns we identified. Segregation monitoring meetings took place quarterly and good monitoring and analysis was undertaken of prisoners on the unit.

Recommendations

- I.67** The policy for the management of prisoners in the segregation unit should be fully implemented and the regime improved. Inappropriate behaviour by prisoners should be challenged by staff, the underlying causes of poor behaviour should be investigated and the needs of individual prisoners should be addressed.
- I.68** Prisoners' perceptions of their treatment by staff on the segregation unit should be investigated and addressed.

Housekeeping point

- I.69** Records should accurately reflect the levels of interaction between prisoners and staff on the segregation unit. (Repeated recommendation 7.52)

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

I.70 *Clinical substance misuse services had improved significantly since our last inspection and were good although prisoners were very critical of the service. Psychosocial support was good. Strategic management was weak.*

- I.71** Serco Health provided clinical and RAPt (the Rehabilitation of Addicted Prisoners Trust) provided psychosocial substance misuse services. In our survey, 55% of prisoners said they had received support with their drug problem against the comparator of 65%; 84% of prisoners who had received support said that it had been helpful. Clinical substance misuse services had significantly improved since our last inspection and were good.
- I.72** All opiate substitution clients and services were located on D Wing. Medication administration was safe, private and well supervised. The trading of prescribed medication was addressed comprehensively, including prescribing reviews and regular spot checks. However, we were concerned that opportunities for diversion of medication were created by the buprenorphine administration process and the provision of some opiate medications in possession.
- I.73** Clinical records indicated that prescribing was evidence based and flexible, although prisoners we spoke to said that reduction was forced and encouraged relapse. Fifty-four of the 59 prisoners on opiate substitution were on individualised, slow reduction regimes. Quarterly reviews were completed by a GP, nurse, RAPt worker and the prisoner. Monthly nurse-led reviews and a post-detoxification review offered valuable additional support. Prisoners had good access to a GP.
- I.74** The clinical team had one nurse vacancy and two other nurses were due to start. Shortfalls were managed by regular appropriately qualified agency nurses. Prisoners with mental health problems received prompt support from the primary or secondary mental health team depending on their complexity.

- I.75** The experienced RAPt team of five workers supported over 300 prisoners and case management records were good. The clinical and psychosocial teams were well integrated. There was good consultation with service users and good communication with other key departments.
- I.76** The range of support included an alcohol-related violence programme and a 12-step drug programme with excellent peer supporters. The drug-free wing had clear admission and discharge criteria including regular compact-based drug testing using oral swabs. External speakers led a weekly Alcoholics Anonymous meeting. Peer supporters ran weekly Narcotics Anonymous groups, but the lack of speakers who had been security cleared restricted their effectiveness. Smoking cessation support was available.
- I.77** The drug and alcohol strategy was disjointed and lacked a clear action plan. Strategic management was weak and the needs assessment was limited. The quarterly drug strategy meetings were not consistently attended by all key stakeholders. These strategic weaknesses could cause substance misuse services to deteriorate if not addressed.

Recommendations

- I.78** **Peer support should be developed throughout the prison and regular external speakers should contribute to self-help groups.**
- I.79** **The drug and alcohol strategy should be informed by a comprehensive needs analysis and should contain detailed development targets and performance measures.**

Housekeeping point

- I.80** The drug strategy meetings should be attended by all relevant departments and service providers.

Section 2. Respect

Residential units

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. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1** *Communal areas and cells were clean and free of graffiti, although the fabric in parts of the older wings was in need of repair. Access to showers was good. Most prisoners could wear their own clothes and laundry facilities were satisfactory. Applications were dealt with fairly but in some areas responses were slow. Access to telephones had improved.*
- 2.2** The communal areas in all the wings were clean and bright and association equipment was in a good state of repair. On the older wings there was some damage to the flooring and they were shabby.
- 2.3** In our survey, 94% of prisoners against the comparator of 71% said that access to cell cleaning materials was good. Prisoners could clean their cells each day and cells that we looked at were clean. In-cell toilets on the older wings were inadequately screened and many toilets required de-scaling. Most cells were free of graffiti and the offensive display policy was adhered to by all prisoners. On the older wings (A, B, C, D), some cells designed to hold one prisoner were holding two. In our survey, fewer prisoners than the comparator said it was quiet enough at night to relax and sleep. During our night visit we heard music being played loudly, particularly on the older wings.
- 2.4** In our survey, 97% of respondents said they could have a daily shower. Seven of the wings had in-cell shower facilities which were appreciated by prisoners. Communal showers on the other wings were available for prisoners to use when unlocked. All communal showers were adequately screened but those on the older wings were grubby and some showers on H wing were not working.
- 2.5** All prisoners, with the exception of those on basic level, could wear their own clothes and there were adequate laundry facilities on each wing. In our survey, more prisoners than the comparator said they received clean and suitable clothes and bedding weekly.
- 2.6** In our survey, 65% of respondents against the comparator of 61% said that applications were dealt with fairly, but fewer than at our last inspection said that they were dealt with quickly. We were told that some departments replied more slowly than others and many prisoners told us that some staff would not deal with issues informally.
- 2.7** The number of telephones had increased since our last inspection and fewer prisoners than at comparator prisons said they had problems using the telephone. Most prisoners were locked up at 6.30pm in line with regional policies; however prisoners on F and H wing who had their own cell keys were able to use the telephone up to 11.30pm.

- 2.8** Rules and routines were given to prisoners on induction via a compact and in general staff enforced the rules and managed the routine fairly. In our survey and in discussion with some prisoners, access to stored property was perceived as a problem. Historically there had been some problems, but the prison had worked to rectify these and the procedure appeared to be working well.

Recommendations

- 2.9** **Damaged fabric and showers on the older wings should be repaired and made fit for purpose.**
- 2.10** **Two prisoners should not share cells meant for one.** (Repeated recommendation 2.9)

Housekeeping point

- 2.11** Staff should ensure that noise levels are reduced at night to allow prisoners to relax and sleep.

Staff-prisoner relationships

Expected outcomes:

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

2.12 *Relationships varied and many prisoners had a negative perception of staff-prisoner relationships. In most areas staff did not engage with prisoners. Case history notes were good, but the use of preferred names was not fully embedded. Consultation arrangements were sound.*

- 2.13** In our survey, 30% of respondents against the comparator of 27% said that they had been victimised by staff and fewer prisoners than the comparator said that there was a member of staff they could turn to if they had a problem. Many prisoners we spoke to had a negative perception of most staff.
- 2.14** We observed mixed relationships. We saw positive interactions taking place, but too often staff were sitting in offices and, when prisoners required help, the staff appeared disinterested. During periods when prisoners were unlocked on residential wings, staff did not routinely walk among them or engage with them. In other areas, such as work parties and reception, we observed staff engaging well with prisoners, displaying a courteous and helpful relationship (see main recommendation S45).
- 2.15** Most prisoners knew who their personal officer was and the quality of case histories was good, reflecting positive and negative behaviour by prisoners. Quality assurance was sporadic and there was little evidence of personal officers attending sentence planning or resettlement reviews. Although preferred names were used in documentation, they were used intermittently when staff were speaking to prisoners.

- 2.16** Consultation took place with the prisoner representatives. Monthly meetings were meaningful and minutes of these meetings were displayed on wing notice boards.

Recommendation

- 2.17** **Personal officers should attend sentence planning and resettlement reviews.**
(Repeated recommendation 2.25)

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.18** *The strategic management of equality was poor and under-resourced. The work of the equality action team was underpinned by an up-to-date policy and action plan. Impact assessments were reasonably good. Monitoring by race was carried out, but not by other protected characteristics. The number of reported discrimination incidents continued to fall and investigations were poor. Minority groups reported negatively in our survey and were not routinely consulted. Black and minority ethnic prisoners were less favourably treated than white prisoners in relation to the incentives and earned privileges scheme. Some good work had begun with Gypsies and Travellers. Foreign nationals received little support. A programme of faith awareness training was being implemented. Despite good identification of prisoners with a disability, not enough attention was paid to their needs. Gay prisoners told us they were treated well. Older prisoners could attend dedicated gym sessions and health care clinics.*

Strategic management

- 2.19** The strategic management of equality was under-resourced and underdeveloped. One manager was responsible for equality, safer custody, segregation and use of force. He had not received equality training and was supported by one administrator (see main recommendation S46).
- 2.20** The equality action team met quarterly and was led by the governor. Attendance at the meetings was reasonably good and included prisoners. Some actions on the comprehensive equality action plan had been outstanding for more than a year. An up-to-date equality policy covered all protected characteristics and set out how the aims of the policy were to be achieved. Prisoner representatives covered equality, safer custody, canteen and shop. They were positive about their role but had not received equality training. Their role was not well promoted around the establishment.

⁵ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.21** The impact assessment sub-committee met quarterly and was chaired by the deputy governor. Discrimination incidents and SMART data (systematic monitoring and analysing of race equality template) were scrutinised to inform a programme of assessments. Completed assessments were of reasonable quality.
- 2.22** Prisoners' treatment and conditions were monitored by race but not other protected characteristics. We were told that national plans to monitor across all protected characteristics would be introduced at the end of 2013. Not all prisoners' protected characteristics were recorded on arrival. There was no support for minority groups from community organisations.
- 2.23** The number of reported discrimination incidents had continued to fall since our last inspection. In 2009, 192 incidents had been reported, 147 in 2010, 107 in 2011 and only 32 in the six months before our inspection. In our groups, black and minority ethnic prisoners said they had little faith in the discrimination reporting process. The quality of investigations was poor. Replies were perfunctory and did not demonstrate that incidents had been adequately investigated or all witnesses spoken to. Replies did not fully inform prisoners of the reasons for the findings or the actions taken. In one case a prisoner complained that an officer had racially abused him. The complaint was dismissed. One reason given was that the officer had completed training on discrimination and was therefore '*aware of the conduct required*'. Quality assurance of investigations was poor. Some investigation reports were quality assured by the manager who had conducted the investigation.

Recommendations

- 2.24** **Members of the equality team and prisoner representatives should receive training to undertake their role.**
- 2.25** **The prison should seek to involve outside organisations in supporting minority groups.**
- 2.26** **The continuing fall in the number of reported discrimination incidents should be investigated and action taken.**
- 2.27** **Prisoners who have reported a discrimination incident should be fully informed of the reasons for the finding and the action being taken. Investigations should be thorough and quality assurance robust.**

Housekeeping points

- 2.28** Prisoners should understand the role of and be able to identify prisoner representatives.
- 2.29** Prisoners' protected characteristics should be recorded on, or shortly after, arrival.

Protected characteristics

- 2.30** Thirty-four per cent of the population were from a black or minority ethnic group. In our survey, black and minority ethnic prisoners reported more negatively than white prisoners on a wide range of areas: 73% said that most staff treated them with respect against 83%; 19% said they currently felt unsafe against 13%; and 36% that they had been victimised by a member of staff against 27%. Staff and prisoners told us that many staff did not understand the culture of black and minority ethnic groups. Black and minority ethnic prisoners' treatment and conditions were monitored through SMART and these prisoners were generally within range but consistently underrepresented on the enhanced level of the IEP scheme. This was reflected in our survey where fewer black and minority ethnic prisoners (40%) than white prisoners (60%) felt they had been treated fairly in relation to the scheme. An impact assessment was being conducted to address this.
- 2.31** Our survey suggested that 80 Gypsies and Travellers were held in the establishment. Some good work had recently started with this group. A consultation meeting shortly before our inspection had discussed prison life for Gypsies and Travellers. We spoke to a group of Gypsies and Travellers who confirmed that they had not suffered direct discrimination. Those who were illiterate said staff helped them with paperwork and they were positive about the prison literacy classes. Representatives from North Norfolk County Council had trained prisoner representatives and managers on Gypsy and Traveller issues. Both sessions had been well received.
- 2.32** The 30 foreign national prisoners and one immigration detainee received little support. The foreign national policy was not up to date and contained incorrect information. The equality manager did not work with foreign nationals and was unaware of the immigration detainee. The conditions in which the immigration detainee was held had not changed since his sentence finished and there was no risk assessment explaining why he could not be held in an immigration removal centre. The detainee was only informed days before his sentence finished that he would be detained. Wing staff could not identify foreign nationals in their care. There was no regular independent immigration advice for foreign nationals.
- 2.33** In our survey, Muslims reported more negatively than non-Muslims across a wide range of areas: 33% of Muslims said they been treated fairly in relation to the IEP scheme against 58%; 71% said that most staff treated them with respect against 82%; and 47% of Muslims said that they had been victimised by a member of staff against 27% of non-Muslims. The reasons for these perceptions were unclear but managers blamed a lack of cultural understanding among wing staff. To tackle this problem, the chaplaincy delivered faith awareness training to all staff. A fifth of all staff had received the training.
- 2.34** Identification of prisoners with a disability was good, with around 200 known to the equality manager. There were no care plans and some personal emergency evacuation plans were missing. Health care did not have a lead nurse for disability (see section on health services). In our survey, disabled prisoners reported less favourably than prisoners without a disability in relation to safety and victimisation by other prisoners. The needs of prisoners with disabilities were not always met. A partially paralysed prisoner was located on the first floor of his unit. At his previous prison the health care team had directed that he be located on the ground floor. He did not have a personal emergency evacuation plan and the equality manager was unaware of him.
- 2.35** The prison had identified three gay or bisexual prisoners, less than the 20 our survey suggested. Despite a lack of support services for gay or bisexual prisoners, two gay prisoners spoke positively of their treatment. Lesbian Gay Bisexual Transgender month was celebrated.

- 2.36** Thirteen prisoners over the age of 60 and 63 between the ages of 50 and 59 were held at the time of our inspection. Services for older prisoners were insufficient. There was no regular consultation, but there were four gym sessions specifically for older prisoners and health care ran a Wellman clinic. Some older prisoners complained about the noise on their wings and sharing cells with younger adults.

Recommendations

- 2.37** Immigration detainees should not be held in prison other than in exceptional circumstances following individualised risk assessment, and should be informed of the intention to deport them at least six months before their prison sentence ends.
- 2.38** Foreign nationals should have access to independent immigration advice.
- 2.39** There should be regular consultation with older prisoners and their concerns acted on

Housekeeping point

- 2.40** Wing staff should be able to identify foreign nationals in their care.

Faith and religious activity

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.

2.41 *The chaplaincy provided a wide range of services and classes. All major religions were provided for. The team were well integrated into prison life. Arrangements for Ramadan were good. Facilities were fit for purpose. Prisoners were positive about religious activities but less so about access to chaplaincy information on arrival.*

- 2.42** Fifty-six per cent of the population were Christian; 22% had no religion and 16% were Muslim. The chaplaincy comprised a full-time managing chaplain, four part-time chaplains, sessional chaplains, volunteers and two prisoner orderlies. The team provided a range of services, classes and pastoral services. All major faiths were provided for. The team were well integrated into the life of the prison and attended a wide range of meetings. A duty chaplain attended ACCT reviews, and the health care and segregation units. The team ran the Sycamore Tree victim awareness programme (see section on resettlement). Qualified counsellors used the chaplaincy facilities to counsel prisoners referred from the health care department.
- 2.43** Facilities were fit for purpose. A large chapel was used for Christian services. The large multi-faith room used for Muslim prayers was equipped with washing facilities. A smaller meeting room in the chaplaincy area could be used for other faiths.

- 2.44** Ramadan took place during our inspection. Both prisoners and the Muslim chaplain confirmed that arrangements were good. Four additional Muslims had been recruited to work in the kitchens.
- 2.45** More prisoners than the comparator said it was easy to speak to a religious leader in private (67% versus 58%) and that it was easy to attend religious services (54% versus 50%). However, fewer prisoners than at similar prisons said that they had had access to a religious leader (48% v 52%) or were given information on the chaplaincy (44% v 49%) when they first arrived.

Housekeeping point

- 2.46** Newly arrived prisoners should be able to see a religious leader and be given information on the chaplaincy.

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which 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.

2.47 *The number of complaints had increased since our last inspection. Many complaints were in effect applications. Complaint forms were not freely available on all wings. Replies were generally polite but did not always resolve the issue. Some investigations were poor. Quality assurance arrangements were inadequate.*

- 2.48** In the six months before our inspection, prisoners submitted 2,463 complaints, more than at our last inspection. Many complaints could have been dealt with as applications. Others related to unanswered applications. In 2013, the most complained about issues were money/wages, health care and property. In our survey, only 37% of prisoners who had made a complaint thought it had been dealt with fairly, similar to the comparator (34%) but better than at the last inspection (25%). Complaint forms were not freely available on all wings and some prisoners had to ask staff for one. Replies were generally polite and legible but sometimes late and did not always fully resolve the issue. Some investigations were inadequate. For example, one prisoner complained that he was being bullied and requested a transfer. The reply merely suggested that he speak to wing staff or submit a transfer application. Ten per cent of replies were quality checked but these arrangements were weak. Prisoners were given a feedback form with their reply. A monthly report for managers recorded location, ethnicity, type of complaint, but not the outcome of the complaint.

Recommendation

- 2.49** **All complaints should be dealt with fairly and responded to promptly with a resolution or comprehensive explanation of future action.**

Housekeeping point

2.50 Prisoners should be able to obtain complaint forms easily.

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

2.51 *Legal rights services were poor. There was no legal services officer. There were not enough legal text books. Prisoners complained of poor access to legal visits.*

2.52 Legal rights provision was poor. There was no legal services officer, and prisoners did not know whom to approach with legal problems. The stock of legal text books in the library was poor. In our survey, fewer prisoners (37%) than the comparator (43%) said that they could get legal books. Only one 'access to justice' laptop was available despite a waiting list. Solicitors could visit prisoners Monday to Friday in austere but adequate interview booths. Only 37% of prisoners in our survey, against a comparator of 52%, said it was easy to attend legal visits.

Recommendations

2.53 Prisoners should have access to trained legal services advisers.

2.54 There should be sufficient 'access to justice' laptops to meet the needs of the population.

Housekeeping point

2.55 The library should stock a sufficient range and quantity of legal text books.

Health services

Expected outcomes:

Prisoners are 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 elsewhere in the community.

2.56 *Health care had greatly improved since the last inspection. Clinical governance was good and there was a good range of clinical audit policies and procedures. There was good access to a range of clinics and the nurse practitioner service was impressive. There were long waits for the physiotherapist, smoking cessation clinics and the doctor. Prisoners were seen quickly by a nurse, nurse practitioner or a doctor for an urgent appointment. Prisoners were able to attend external hospital appointments without undue delays. There was a good triage system for dental services but the waiting list for the dentist remained too high. Pharmacy services and the administration of medicines had improved since the last inspection; however, there were governance issues that required attention to ensure safe medicines management. Mental health services were good.*

Governance arrangements

- 2.57** Integrated Clinical Services provided primary care services to prisoners. Serco Health commissioned Partnerships in Care to provide secondary mental health services. The nurse practitioner service was provided by Horizon Health. The services worked seamlessly to provide care and treatment for prisoners.
- 2.58** Effective strategic partnerships were in place and monitored through the Partnership Board which met quarterly to discuss issues at Wayland, Bure, Blundeston and Norwich prisons. The health care services were well managed by the health care contracts manager and there was good partnership working with the prison. The health needs assessment was out of date. We observed satisfactory working relationships between clinical and prison staff. Prisoners were treated courteously by clinical staff. Access to clinical supervision was being developed and a wide range of training opportunities reflected an improvement since the last inspection.
- 2.59** Most health care services were provided from the main health care building. A treatment room on E wing was used to administer medicines and action was being taken to ensure clinical assessments could be undertaken there. The health care department in the new build (health care 2) was used to administer medication and for dental triage sessions. There was access to SystmOne (electronic case records) in all clinical areas.
- 2.60** The health care rooms were generally clean and tidy with reasonably good compliance with infection control standards. An infection control audit was undertaken annually and there were regular hand hygiene audits.
- 2.61** Confidentiality was generally well maintained. However, there was no area on E wing for confidential conversations. Clinical staff sometimes interrupted consultations to collect equipment from treatment rooms in the main department.
- 2.62** All nursing staff were up to date with resuscitation training, and a range of officers were up to date with their training. Automated external defibrillators (AEDs) were available around the prison. While there was evidence that regular checks were being undertaken and

recorded, not all equipment in first aid kits or resuscitation bags was in date. This was addressed during the week of the inspection.

- 2.63** Complaints were managed through the prison system, which was not acceptable. Responses to prisoner complaints were good and there was good evidence of strategic monitoring of complaints. The head of health care contracts liaised well with the offender representatives, a new role which was being developed to support the monitoring and development of health care services.
- 2.64** One of the health care administrators managed hospital appointments. Two slots were available in the morning and two in the afternoon, which was sufficient. Clinical staff assessed the priority of each appointment when a cancellation was necessary. No undue delays and cancellations occurred as a result of lack of escort staff. Cancellations and delays were monitored and reported to the head of contracts management.

Recommendations

- 2.65** **There should be an up-to-date health needs assessment which includes all areas of prisoner health, including dental health needs.**
- 2.66** **Confidentiality should be maintained in all health care areas and complaints should be managed confidentially.**

Housekeeping point

- 2.67** First aid kits and emergency bags should contain up-to-date medicines and dressings at all times.

Delivery of care (physical health)

- 2.68** In our survey, 46% of prisoners were satisfied with the quality of health care services compared with 35% at the last inspection.
- 2.69** The range of primary care nursing services was reasonably good and there were plans for further development. All nurses held lead roles and we observed well run clinics. There was access to immunisation clinic, blood borne viruses clinic and an older person's clinic. Identified prisoners were case managed, but not all disabled prisoners had sufficient health care support. In our survey, 54% of prisoners said the quality of nursing services was good or very good against the comparator of 60%.
- 2.70** In our survey, 43% of prisoners said it was easy or very easy to see the nurse against the comparator of 55%. The application process had improved since the last inspection; prisoners submitted an application that was screened by staff and forwarded to the most appropriate team. Many prisoners complained that they had not received their appointment slips. In our survey, 35% of Muslim prisoners found it easy or very easy to see the nurse against 44% for non-Muslim prisoners.
- 2.71** A good range of health promotion information was easily accessible across the site. There were good links with the gym and the health trainers' role was effective. Health trainers offered smoking cessation advice, gym instruction, weight loss advice and body fat monitoring. Appropriate health awareness days had been organised. Condoms were offered to prisoners on request to healthcare staff.

- 2.72** Prisoners had very good access to nurse practitioner services and most prisoners submitting applications appropriate to nurse practitioner services were seen within 48 hours. Nurse practitioners carried out routine annual health checks on all prisoners between the age of 44 and 75 years and saw prisoners who required review of their conditions and medicines. At the time of our inspection, a weekly walk-in clinic was being planned to replicate arrangements at HMP Norwich.
- 2.73** There was a regular team of GPs. Only 26% of prisoners in our survey said it was easy or very easy to see a doctor against the comparator of 32%. Prisoners told us that they could wait up to 10 days to see a doctor; the waiting list was five days at the time of the inspection.
- 2.74** Prisoners had access to an optician, physiotherapist, occupational therapist and specialist nurse advice. We were told that equipment and mobility aids were available when required. A genito-urinary medicine clinic delivered sexual health advice. Hepatitis A and B immunisation clinics were run weekly. There was access to condoms and sexual health promotion information.

Recommendation

- 2.75** **Waiting lists for health care services should be reduced to enable timely access for prisoners.**

Pharmacy

- 2.76** Medicines were supplied daily by a local pharmacy. The pharmacist visited each month and more frequently if requested. Patients were advised that they could see the pharmacist on request but there were no pharmacist-led clinics. Medicines were supplied by two registered pharmacy technicians who administered all weekly and monthly in-possession medicines on wing rounds once a week and were available to give advice if needed. Medicines not allowed in possession were given by nurses. All nurse practitioners were prescribers and offered six-monthly medicine reviews for prisoners on prescribed medicines, or those whose needs had changed.
- 2.77** A medicines and therapeutics committee met regularly. There was a local formulary in place (agreed list of medications used to inform prescribing). Medicines were supplied in a timely manner to patients leaving the prison and a variety of patient group directions allowed the supply of more potent medicines without the need to see a doctor or non-medical prescriber. Governance had improved since the last inspection but a number of issues still required attention.
- 2.78** Medicine queues were well managed. We observed medicines for prisoners in the segregation unit being dispensed into labelled Henley bags (small plastic bag used for medication). This routine practice also occurred twice a month during lock down, to facilitate an afternoon medication round, but this practice should not occur. We also observed charts being signed to indicate medicines had been administered before prisoners received them. This was not compliant with national or local policy. The in-possession policy was not being followed and we observed that carbamazepine (an abusable medicine) had been given in possession when it should not have been. Large quantities of dihydrocodeine, gabapentin and pregabalin (abusable medicines used for pain management) were in stock and prescribed.

- 2.79** Medicine was only administered twice a day which meant that it was not always given in accordance with patient need. For example, gabapentin prescribed by the neurologist three times a day was given twice a day; three doses of dexamphetamine were given at four-hourly intervals during the working day, leaving a 16-hour gap overnight.
- 2.80** Out-of-date medicines and dressings were found in the emergency bag. In one bag the glucagon had been marked with the date it had been removed from the fridge, which was good practice, but in the other it had not been. Medicines were stored at suitable temperatures which were monitored by the pharmacy for prisoners who were prescribed medicines, or whose needs had changed.

Recommendations

- 2.81** **The medicines and therapeutics committee should ensure that all medication policies and procedures, including the in-possession policy, are reviewed and followed.**
- 2.82** **The current practice for 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.** (Repeated recommendation 5.56)

Housekeeping point

- 2.83** Registered nurses should comply with the Nursing and Midwifery Council standards for medicines management at all times. Medicines should not be added to Henley bags. (Repeated recommendation 5.58)

Dentistry

- 2.84** There were six dental sessions a week. Paper records were completed and stored in a lockable filing cabinet. Information was also added to SystmOne. Radiograph quality was regularly audited. There had been no dental health needs assessment since the last inspection (see recommendation 2.65).
- 2.85** The dentist's room and equipment were modern and well maintained. There was a separate area for decontamination, and infection control standards were well maintained.
- 2.86** An effective triage system assisted the reduction of the waiting list, but the waiting list to see the dentist was still too long. Emergency appointments were available on the day if needed. There were no regular health promotion events, although they were planned.

Housekeeping points

- 2.87** The waiting list for routine and follow-up appointments should be reduced.
- 2.88** Oral health promotion should be available at the planned health promotion events.

Delivery of care (mental health)

- 2.89** Primary and secondary mental health services were well integrated. Registered mental health nurses and health care assistants were available each day. A learning disabilities nurse supported vulnerable adults and prisoners with a learning disability. A clinical psychologist and consultant psychiatrist were available each week.
- 2.90** Improved Access to Psychological Therapies (a range of talking therapies) was being implemented and the team had begun to see patients. There were good links with HMP Norwich, which had an inpatient unit, and local secure services. There were no undue delays in transferring prisoners to secure mental health services in the locality. One transfer had taken place within the last year to a secure mental health setting and two patients had been transferred for inpatient care to HMP Norwich.
- 2.91** Mental health awareness training was delivered to officers. A responsive counselling service was available through the chaplaincy.

Catering

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.

2.92 *Prisoners were negative about the quality and quantity of food and the Sunday tea meal was particularly unpopular. Many prisoners chose to supplement their diet with food bought from the prison shop. Few prisoners had the opportunity to eat communally and consultation arrangements were not getting to the heart of discontent with the food.*

- 2.93** In our survey, only 16% of prisoners said the food was good against the comparator of 26%. In our groups, prisoners complained about the quality and quantity of food. The Sunday tea meal was particularly unpopular. If prisoners took all the food provided, portions were adequate, but some chose to decline some of the food available at the servery and supplemented their diet with food from the prison shop. The food we tasted was hot and properly cooked, but food temperatures were not fully recorded on all wings. The breakfast meal was handed out at tea time and many prisoners said they ate it while locked up in the evenings. Only one unit offered the opportunity for prisoners to dine in association.
- 2.94** The menu cycle was reasonably varied and broadly met the needs of the population. Medical diets were catered for following referrals from health care. Good use was made of produce grown at the establishment.
- 2.95** Unit serveries were clean and tidy. The two on-site kitchens, which operated independently, were well organised and employed several prisoners. The kitchens were clean during our day inspections, but during our night visit we found an open top bin containing waste food, and vegetable waste on the floor in one of the kitchens. Halal food was cooked separately from non-halal food, with separate storage and preparation areas in both kitchens. Additional prisoners were working in the prison to prepare food during Ramadan. Prisoners working in the kitchens could gain a national vocational qualification level 1.
- 2.96** Consultation arrangements were in place but were not getting to the root of prisoners' dislike of the food. There was a regular food forum and a food survey every six months but

the return rate on the most recent survey was low and did not identify the reasons for discontent with the food. There were food comments books in the unit serveries, but in those that we looked at comments had not received substantive replies, some were annotated as noted, and others had no response.

Recommendations

2.97 More effective consultation should take place to understand and address prisoners concerns about the food.

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

Housekeeping point

2.99 Food temperatures should be logged by all units.

Purchases

Expected outcomes:

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

2.100 *Prisoners were reasonably satisfied with the range of items available from the shop but spoke of high prices. Some new arrivals had to wait several days to receive their first order. Regular consultation took place and prisoners were able to order from six catalogues.*

2.101 In our survey, 50% of prisoners were satisfied with the range of items in the prison shop against the comparator of 44%, but in focus groups prisoners talked about high prices and the importance of having family or friends to send money in. Some branded items were priced higher than at national supermarkets. Packs for smokers and non-smokers were available on reception. Prisoners could wait up to 12 days to receive their first orders from the shop, depending on their day of arrival, which could lead to debt and bullying. The shop offered a reasonable range of products, including some economy items as well as branded goods. Quarterly consultation took place to discuss changes to the choice of products. Prisoners were able to order from six catalogues with no administration charges.

Recommendation

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

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁶

3.1 *Time out of cell was impressive for all prisoners. Very few were locked in their cells during the core day. Lock up in the evening was too early.*

3.2 Most fully occupied prisoners had nine hours out of their cell, and this increased to about 15 hours for prisoners engaged in the working day on F and H wings. Prisoners who worked part time had 7.5 hours out of cell and the few unemployed prisoners about six hours.

3.3 At roll checks during the core day we found only 2.5% of prisoners locked in their cells who were sick, unemployed or on the basic regime. About 20% of prisoners were unlocked on the wings but not engaged in any purposeful activity, although some were part-time workers for whom it was not their scheduled work time. We found more than three-quarters of prisoners in some purposeful activity during our checks.

3.4 Thirty minutes' exercise was offered daily and rarely cancelled. In line with regional policy, most prisoners were locked up at 6.30pm after receiving their evening meal, which was too early. Those on F and H wings had their own keys and were allowed out of cell until 11.30pm.

Recommendation

3.5 Association should be provided after the evening meal during the week. (Repeated recommendation 6.8)

⁶ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

3.6 *There were sufficient activity spaces to occupy the population fully. However, induction was weak and allocation to activities ineffective and not all activity spaces were fully used, in particular in education. Outcomes for prisoners undertaking education or an accredited vocational qualification were high and they were well supported by skilled tutors and mentors. Since the last inspection, leadership and strategic direction of activities had lapsed and several areas for improvement had not yet been fully addressed. The library service was adequate but access required improvement for some prisoners. PE provision was adequate.*

3.7 *Ofsted⁷ made the following assessments about the learning and skills and work provision:*

Achievements of prisoners engaged in learning and skills and work: good

Quality of learning and skills and work provision: good

Leadership and management of learning and skills and work: requires improvement

Management of learning and skills and work

3.8 The management of learning and skills and work required improvement. The operational management of the OLASS (Offenders' Learning and Skills Services) provision by A4e was good. The provider's quality improvement procedures were well established and courses were well organised.

3.9 Effective links had been established with local and national employers to support the vocational training and work offered and to increase opportunities for work placements on ROTL (release on temporary licence). Resources had been coordinated particularly well in the regional cluster to support the staff development of the learning and skills contractors.

3.10 Data on the labour market were used well to inform the activities offered to prisoners. This information was reviewed frequently to ensure that courses and qualifications contributed to improving the employability skills of prisoners.

3.11 Since the last inspection, leadership and strategic direction of activities had lapsed and slow progress had been made in rectifying many areas for improvement. In the previous eight months, leadership capacity and support for activities had been enhanced, but it was too early to assess the effect.

3.12 Elements of quality improvement needed to be more focused on developing the provision. The quality improvement group met regularly with a mainly operational focus; however

⁷ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

outcomes for prisoners undertaking activities and the quality of provision were not monitored well enough to generate further improvement. Teaching and learning observations of the non-OLASS courses had only been implemented recently and did not fully measure the learning taking place in the lessons.

- 3.13** The evaluation of learning and skills activities and improvement planning procedures was not well enough developed. Data were not used effectively to describe the quality of outcomes for learners and to set ambitious targets for improvement across all areas of purposeful activity. Inspectors did not agree with the grades in the prison's self-assessment report.

Recommendations

- 3.14** The leadership of activities should be strengthened to address the outstanding areas for improvement identified at the last inspection.
- 3.15** The quality improvement focus of the quality improvement group and the teaching and learning observations in the non-OLASS areas should be developed further.
- 3.16** The self-assessment and improvement planning procedures should be developed to ensure that all areas of activities provision is appropriately evaluated and improved.

Provision of activities

- 3.17** There were sufficient spaces to occupy the population purposefully, but capacity was not fully used in some areas, such as education, where the number of spaces taken up by prisoners had continued to decline since the last inspection.
- 3.18** The allocation process was ineffective. There was not enough information or co-ordination to ensure that prisoners were allocated fairly and promptly. A new allocation system had been developed, but it required further improvement.
- 3.19** Tribal was the National Career Service provider which delivered an adequate career advice service to prisoners at different stages of their sentence. However, their intervention at induction stage was often hampered by the limited information available on prisoners' literacy and numeracy levels. Although prisoners attending work were likely to be paid considerably more through performance bonuses, there was no evidence that pay was acting as a disincentive to attend education.
- 3.20** The range of education activities met the needs of prisoners. Morning and afternoon sessions were available in most subjects. The employment pod facility provided prisoners with excellent links to employers.
- 3.21** The range and variety of vocational training was good and aligned to realistic employment opportunities on release. The prison had been slow to implement a substantive qualification in waste management and there were no qualifications available in the assembly and packing workshops to support employability.
- 3.22** Work was purposeful and many prisoners took the opportunity not to return to their wings during the lunch break. However, work was sporadic in the sustainability workshop. Many prisoners worked on the wings as cleaners and it was difficult to determine whether they had achieved a cleaning qualification.

Recommendations

- 3.23** The quality of induction should be improved by promoting the benefits of literacy and numeracy to undertaking activities in the prison.
- 3.24** Substantive qualifications recognised by industry should be introduced in waste management and in the assembly and packing workshops.

Quality of provision

- 3.25** Teaching and learning were good across all areas of education and vocational training. Enthusiastic trainers and teachers ensured that most prisoners were purposefully engaged in a range of interesting activities. The accommodation, equipment and learning resources were of good quality throughout.
- 3.26** Most learners participated well in challenging debates and put forward complex ideas and arguments. Prisoners were well supported in lessons by learning assistants or well-trained peer mentors. Learning support for prisoners on distance learning and Open University courses had declined following a reduction in staffing.
- 3.27** Functional skills were well embedded into vocational areas and met the needs of prisoners who were not in education. Revised individual learning plans had recently been introduced, but were not yet used well by all staff to accelerate the progress of learners.
- 3.28** The development of literacy and numeracy skills in vocational areas was adequate. Most prisoners coped well with the demands of their mathematical courses. However, a few trainers did not correct the occasional spelling and grammatical error in prisoners' work which undermined prisoners' appreciation of the importance of good communication in employment.
- 3.29** The assessment of prisoners' practical skills was robust, but the assessment of theoretical understanding varied considerably. Tutors provided good verbal feedback on prisoners' work but did not provide sufficient written feedback on assignments and written work. Trainers tracked prisoners' progress appropriately. Individual learning plans provided a clear picture of what each prisoner had to do, and what he had achieved. Progress reviews were frequent and resulted in a clear statement of progress, but the targets set for the next step were too vague and lacked challenge.

Recommendations

- 3.30** The teaching and assessment of theoretical knowledge should be improved to ensure that prisoners retain knowledge over time.
- 3.31** The effectiveness of individual learning plans in education and target setting should be improved in all areas to ensure that learners are sufficiently challenged to progress well.

Education and vocational achievements

- 3.32** Outcomes for prisoners attending education and vocational training were good overall. In a number of classes prisoners were challenged to achieve at a higher level than that required for the qualification.

- 3.33** Achievement of qualifications by prisoners in education, while good, had declined significantly since the last inspection, particularly literacy and numeracy qualifications, functional skills and information and communications technology (ICT) qualifications. Prisoners worked diligently in classes to achieve their objectives and many demonstrated high level skills.
- 3.34** Prisoners' punctuality and attendance in many classes were poor. Considerable delays were common and in some lessons teachers were unable to consolidate learning at the end of lessons because prisoners were recalled early. Low attendance in some classes limited discussion and prisoner interaction, affecting the development of communication skills.
- 3.35** The achievement of accredited vocational qualifications was high and prisoners developed very good practical skills. The standard of prisoners' written work was good and there was a good level of respect between tutors and learners.
- 3.36** Prisoners made good progress in their vocational courses and enjoyed their learning. In the previous year, only a quarter of level 1 learners progressed to level 2 but this had improved in the current year. Attendance at workshops was adequate. Prisoners were often late for sessions but, once they had arrived, work started immediately.

Recommendation

- 3.37 Attendance and punctuality to activities should be improved so that teachers can plan effectively to meet the needs of all prisoners and ensure they receive their full entitlement.**

Library

- 3.38** The library was well managed and resourced by Norfolk County Council, but staffing issues limited access by prisoners and enrichment activities. A good range of fiction and non-fiction books included books in languages other than English, talking books and 'quick reads' for emergent readers. The good range of English newspapers and magazines was supplemented by foreign language publications. The library did not offer music CDs or DVDs and there was limited access to ICT resources and no access to the virtual campus.
- 3.39** The library was open for a reasonable time, including three evenings during the week and one morning at the weekend. Only a basic range of legal reference materials were available. Book issues had increased over the previous year but the library was not marketed well to prisoners and the number of visits had reduced this year. According to our prisoner survey, the library did not meet their needs well and a significantly lower percentage of prisoners visited the library compared to other prisons.

Recommendation

- 3.40 Use of the library by prisoners should be enhanced by organising enrichment activities to promote and develop reading.**

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

3.41 *Physical education (PE) provision was adequate. Access to the gym was reasonable and, although staff shortages had affected the availability of PE sessions for prisoners who attended work, prisoners were satisfied with the provision. Prisoners attended a reasonable range of sport and fitness activities.*

3.42 Success rates in PE were outstanding for the few learners who had taken the level 3 award in understanding health improvement and level 2 qualifications in the last year. At the time of our inspection, 11 learners were following a well-structured, well-taught level 2 gym instructor course. However, accredited courses had not been offered in the previous six months. The strategy and direction for funding accredited provision for PE was unclear. No level 3 courses were available.

3.43 Healthy living was promoted well with some men trained and working as well-being mentors encouraging other prisoners to make informed and healthy choices to improve their lifestyle and loose weight.

3.44 Good use was made of prisoners, who had qualified as gym instructors or well-being mentors, to supervise prisoners following exercise programmes, including drug rehabilitation programmes, and to support other prisoners to improve their lifestyle. This allowed the qualified learners to maintain and further develop their skills. However, there was a lack of clarity about future management and continuity of the project.

3.45 PE staff were redeployed elsewhere in the prison at short notice and PE sessions were often cancelled in the evenings and at weekends, which affected prisoners who worked during the day. Nevertheless, 52% of prisoners used the gym three or more times a week against the comparator of 37% and 40% at the previous inspection. The range of activities was restricted due to staff shortages, but included racket sports, weights, over 50s and exercise referral. Prisoners were able to organise activities themselves, such as circuits. There was an over emphasis on weights because there was not much cardiovascular equipment and some of that was broken.

3.46 Induction to PE lasted only one and a half hours. About 20 prisoners had the opportunity to work with a group of people with special needs who visited the prison from a local day care centre. The work was not accredited but developed prisoners' confidence and inter-personal skills.

Recommendation

3.47 **A strategy should be developed for the delivery of accredited courses in the gym.**

Housekeeping point

3.48 Broken cardiovascular equipment in the gym should be repaired or replaced.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

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

Good planning ensures a seamless transition into the community.

4.1 *The strategy and direction for offender management and reducing reoffending were appropriate and recent developments, including the creation of the resettlement hub, had been positive initiatives. The analysis of the population had been limited by the low response rate by prisoners. There remained some limitations on available provision against the assessed needs of the population.*

4.2 The strategic management of resettlement had recently changed. Resettlement, including the pathways, was managed by the head of reducing reoffending while the deputy governor was responsible for the offender management unit (OMU). Separate policies with key delivery targets had been developed for the reducing reoffending and offender management services, but they were appropriately integrated. The overarching strategic plan for 2013 to 2015 outlined strategic development objectives for both services. The bi-monthly reducing reoffending meeting was well attended by prison staff, the OMU and resettlement pathway representatives.

4.3 A needs analysis undertaken at the end of 2012 had been used to inform the reducing reoffending and offender management policies. The questionnaire had been distributed to about half the population but had only been completed by around 100 prisoners, about 10% of the population. It was not possible to differentiate the needs of specific groups, such as indeterminate sentenced prisoners or those with disabilities. It was encouraging that broad segmentation data gleaned from OASys (offender assessments) was also used to inform the strategic direction of the services.

4.4 The prison's analysis indicated that over half the population had convictions for violence and/or robbery and over 60% had offender group reconviction scale (OGRS) scores over 50, yet the number of offending behaviour programmes and planned interventions was limited and unlikely to meet the needs of the population.

4.5 Considerable efforts had been made to provide a more integrated service to prisoners and to strengthen links between the resettlement and pathway services and offender management, including the creation of the resettlement hub. This had been an important first step, and the start of free flow for prisoners during the week of our inspection had also helped to ensure better access to services for prisoners. Communication between departments had improved but the sharing of information, both at the point of arrival and at the point of release, still required more attention. In our survey, 59% of prisoners said that they had done something at the prison or something had happened to them that would make them less likely to offend in the future, against the comparator of 55%.

Recommendation

- 4.6 A more robust needs analysis should be completed, including an analysis of the specific needs of indeterminate-sentenced prisoners and prisoners with disabilities, and used to inform service provision. (Repeated recommendation 9.8)**

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on 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 in drawing up and reviewing plans.

4.7 *Many prisoners arrived without an up to date OASys. Although positive steps had been taken to mitigate the impact of this, some sentence plans did not take sufficient account of work undertaken by other departments. While some good work was carried out by offender supervisors, sentence planning work was not consistent. Many medium risk prisoners received minimal contact with the OMU despite convictions for serious offences. Professional supervision and case management were not consistent across the team. Public protection arrangements and work with indeterminate-sentenced prisoners were generally good. There continued to be delays in release on home detention curfew.*

- 4.8** All prisoners were allocated an offender supervisor; approximately 97% of the population were serving sentences of over 12 months. About 60% of prisoners were transferred to Wayland without an up-to-date OASys or sentence plan which had a substantial impact on OMU resources. At the time of the inspection, over 100 prisoners had no OASys and a further 40 had one that was more than 12 months out of date. The OMU had introduced interim sentence plans to minimise the impact of this shortfall. This was a positive initiative, but in some cases these plans were collated before prisoners had been assessed by the ETE (education, training and employment) provider or CARAT service (counselling, assessment, referral, advice and through care) and targets set either contradicted subsequent assessments or were too broad to be helpful.
- 4.9** Sentence planning arrangements were variable across the department. Prisoners in scope for offender management usually had fairly formal meetings which included contributions from offender managers. Sentence planning for medium and low risk prisoners usually involved just the prisoner and offender supervisor. Contributions from other departments were relatively rare. In our survey, 71% of prisoners said that they had a sentence plan against 77% at the previous inspection and of these only 51% said they had been involved or very involved in the development of their plan against the previous local comparator of 57% and national comparator of 56%.
- 4.10** At the time of the inspection, 36% of the population were assessed as tier four, with 32% formally in scope for offender management (assessed as high or very high risk of harm). In principle, the higher risk and/or complex cases were allocated to probation officers undertaking the role of offender supervisors, but because of the high number many complex tier four cases were allocated to officer offender supervisors. We saw some examples of good work by probation officers with tier four prisoners, with a clear focus on risk, regular contact with prisoners and, in a number of cases, structured one-to-one sessions focused on reducing re-offending and reinforcing learning from offending behaviour programmes. Tier four prisoners allocated to officers did not receive this level of engagement and in many such

cases contact with prisoners was minimal. Probation officers had caseloads of about 50 and the service level agreement between the Norfolk and Suffolk probation trust and the prison had individual work built in. Officer offender supervisors, in contrast, had caseloads of around 100 and were regularly re-deployed to other duties around the prison. Similar differences occurred in the levels of supervision and casework management.

- 4.11** Offender supervisors working with prisoners identified as low or medium risk, usually tiers two and three, did not have sufficient time available to drive their sentence plans. In most cases, these prisoners were not prioritised for offending behaviour programmes. Many of those assessed as medium risk who had committed serious violent offences were not engaged in work to address these issues, which was concerning. In our survey, 51% of prisoners said that nobody was working with them to achieve sentence plan targets against the comparator of 47%.
- 4.12** Many prisoners whom we spoke to during the inspection, in focus groups and individually, expressed frustration at getting information from the OMU and/or responses to queries. In an attempt to improve this, offender management surgeries had been introduced which were little more than an enhanced application system at the time of the inspection.
- 4.13** Release on home detention curfew (HDC) was managed appropriately with weekly boards which included probation representation. In the first six months of the year, 90 prisoners had been released on HDC, 54% of those who had applied. It was estimated that only about 25% of prisoners released on HDC were released on their eligibility date. The delay appeared to be caused mainly by prisoners being transferred from another prison during the application period or delays in receiving information from community offender managers. To address this issue, the HDC procedure had recently been started 16 rather than 12 weeks before eligibility, but it was too early to assess the impact.
- 4.14** In the previous six months, considerable focus had been placed on managing prisoners on release on temporary licence (ROTL). At the time of the inspection, 22 prisoners were working out of the prison on ROTL, 18 of whom were on the outside garden party. Two community placements were also available. Further placements had been negotiated and it was anticipated that by the end of the year the number on ROTL would increase to between 40 and 50. Once prisoners had been working outside the prison for 10 days, they were able to apply for town visits and/or overnight leave followed by three-night periods of leave

Public protection

- 4.15** Public protection arrangements were generally well managed. At the time of the inspection, 561 prisoners were subject to multi-agency public protection arrangements (MAPPA) with five identified as level three (those presenting the highest risk of serious harm and requiring the highest level of multi-agency management when released) and a further 51 as level two (requiring the active involvement of more than one agency on release). Screening arrangements were good and appropriately undertaken by offender supervisors and subsequently reviewed by the senior probation officer and senior governor to determine which cases required review by the inter-departmental risk management team (IDRMT). In this way, sufficient time was available for the team to focus on the highest risk and complex cases. This was an appropriate model, but in some cases prisoners who had been identified as a serious risk by the IDRMT did not have sentence plan targets which addressed the concerns. All MAPPA cases were reviewed by the IDRMT in the six months prior to release. We examined a sample of IDRMT minutes which indicated that reviews were comprehensive and appropriately focused on the management of risk.

Recommendations

- 4.16** Prisoners should not be transferred without an up-to-date OASys and sentence plan.
- 4.17** Sentence plans should reflect targets and objectives set by all departments, and relevant departments and personal officers should attend sentence planning boards, or at least provide written contributions.
- 4.18** Officer offender supervisors should have sufficient time, training and supervision to deliver their responsibilities effectively.

Housekeeping points

- 4.19** Sentence planning targets for prisoners subject to public protection procedures should reflect the identified areas of concern.
- 4.20** Home detention curfew boards should be held on time.

Categorisation

- 4.21** Re-categorisation reviews were appropriately scheduled, with an average of 97 cases considered each month. About 20% of cases reviewed were successfully re-categorised to D. There were still problems in transferring prisoners to category D establishments because places were limited. The use of ROTL mitigated these delays, as did the relatively open accommodation on F wing.

Indeterminate-sentence prisoners

- 4.22** At the time of the inspection, there were 138 indeterminate-sentenced prisoners, 70 lifers and 68 indeterminate sentence for public protection (IPP). All indeterminate-sentenced prisoners were allocated to one of the probation officer offender supervisors. Cases were generally well managed and contact with prisoners was appropriate. Until recently, most indeterminate prisoners had been based on E wing which had been designated a lifer unit. This model appeared to have worked reasonably well, but it had been decided that such prisoners should be accommodated across the prison. In reality, many had stayed on E wing. Some of the frustration expressed by indeterminate-sentenced prisoners had been mitigated by the reintroduction of a lifer forum which had met in June 2013 and was scheduled to meet quarterly.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

4.23 *Although pre-release arrangements by offender supervisors for offender managers was generally appropriate, there were no pre-release boards and information from some pathway providers was not consistently shared with offender supervisors. Accommodation support was generally appropriate with relatively few prisoners released without housing. Employment, training and education (ETE) support was prominent across the prison and the amount of ROTL had increased significantly. Health care discharge planning was appropriate as was support for prisoners with substance misuse issues. Finance, benefit and debt services were limited, especially for debt management. Children and family support was adequate but for many prisoners their distance from home was a major barrier to maintaining contact. While the range of offending behaviour programmes was appropriate, the number of places available did not match identified need.*

4.24 Pre-release discussions between offender supervisors and community offender managers took place consistently within the last few months of sentence. There was no formal pre-release board and arrangements made by some pathways to meet the needs of prisoners, for example substance misuse and ETE, were not routinely shared with offender supervisors to inform community offender managers.

Recommendation

4.25 Objectives and referrals made by all resettlement pathway departments should be shared with offender supervisors and passed to offender managers at the point of release.

Accommodation

4.26 Accommodation services were provided by NACRO. Initial assessments were undertaken during induction and referrals were received from across the prison. It was estimated that approximately half the population required some level of support during their time at the establishment and, in our survey, 19% of prisoners said they had a housing problem when they arrived at the prison against the comparator of 15%.

4.27 Where there was an identified need, prisoners were followed up approximately 12 weeks before release and support provided. In the previous six months, 90% of prisoners had been released to settled accommodation and about 3% to temporary provision. Approximately 7% had been released with no fixed accommodation.

Education, training and employment

4.28 Education, training and employment took a prominent role in the prison and a strong focus was placed on developing the skills and knowledge that prisoners needed to enter work. There was no full-time pre-release course, although A4e offered comprehensive training and support at the employment pod (see section on provision of activities) on topics such as

disclosure or CV writing to help prisoners pursue employment or further education on release. Approximately half the population used this service.

- 4.29** Employers supported the prison well using the employment pod to interview prisoners; 12% of prisoners using the service had secured jobs. One prisoner had secured a place on the prestigious Jamie Oliver apprenticeship scheme.
- 4.30** Jobcentre Plus staff were available on site for three days every week and an average of 31% of prisoners took up a job on release and 40% went into training or education. The number of prisoners who used ROTL had greatly increased from 4 to 22 since the last inspection (see section on offender management and planning).

Health care

- 4.31** Discharge planning was reasonably good. Prisoners were given a discharge letter and a week's supply of medication. Condoms and sexual health information were available on release. The care programme approach (the delivery of community mental health services to individuals diagnosed with a mental illness) was used for prisoners with enduring mental health problems. Mental health workers had good links with the resettlement team. Palliative care, although rarely required, was supported by local services.

Drugs and alcohol

- 4.32** Pre-discharge planning was effective, supported by good links with the prison and community services. All RAPt clients received individual harm reduction advice prior to release. RAPt aftercare provided valuable through the gate support

Finance, benefit and debt

- 4.33** Finance, benefit and debt support was limited. Prisoners were helped to open bank accounts prior to release, with 96 opened so far this year, and a budgeting course had been completed by 62 prisoners, but there was no significant debt management support. Citizens' Advice attended the prison four hours a month but the service was confidential and it was not clear if any prisoners were offered support with debt management. The limitations of the prison's needs analysis (see section on strategic management of resettlement) made it impossible to determine the level of need, although over 50% of prisoners said in the analysis that their financial needs had not even been assessed since coming into custody.

Recommendation

- 4.34** **The finance, benefit and debt needs of prisoners should be assessed and services made available to meet identified need.**

Children, families and contact with the outside world

- 4.35** In our survey, only 12% of prisoners said it was easy or very easy for their families and friends to get to the prison against the comparator of 28%. Nearly half the population were more than 100 miles from home and fewer than 10% were within 50 miles of home. There was no free transport from the nearest train station to the prison. The only family support

was provided by the Ormiston Children's and Families Trust. During 2013 only three prisoners had had accumulated visits and one had had an inter-prison visit.

- 4.36** Visits took place from 2 to 4pm three days a week and on both days at the weekend. Prisoners were entitled to a one-hour visit but in reality some visits lasted up to two hours while the visits hall was open. We saw visitors waiting in the visits hall at the advertised start time for visits, but prisoners did not start to arrive until 15 minutes later.
- 4.37** The visitors' centre offered adequate facilities for visitors, although only hot drinks and cold snacks were available. Information was available on transport, assisted visits and how to raise concerns about a prisoner. Visitors could book another visit while in the centre or book by telephone or email, and prisoners could also book visits.
- 4.38** Prisoners wore their own jeans and a prison-issue shirt for visits and visitors wore a discreet wristband. There was random strip-searching of prisoners at the end of visits, but visits were no longer terminated if prisoners wanted to use the toilet during a visit.
- 4.39** The visits hall was clean and bright and the tea bar, partly staffed by prisoners, offered a range of hot and cold food and drinks. Staff supervision was unobtrusive. An attractive children's play area was staffed by the Ormiston Trust.
- 4.40** Family visits and children's visits were organised by the Ormiston Trust on Monday mornings. Family visits took place three times a month and children's visits once a month. These gave prisoners the opportunity for an extended visit with family or children in a more relaxed environment. Prisoners could wear their own clothes and the visits furniture was replaced with ordinary tables and chairs. Toys and games were available. Prisoners on standard and enhanced levels of the incentives and earned privileges scheme were eligible to apply for family or children's visits, but the policy required a minimum of three visitors for a family visit which potentially put prisoners with a partner and one child at a disadvantage. Ormiston also delivered a 'You and Your Child' course which could take up to 10 prisoners. There had been a gap in provision and the next course was due to start in September 2013. Storybook Dads was available via the library.

Recommendation

- 4.41 A strategy to help prisoners maintain and strengthen family links should be developed and implemented.**

Housekeeping points

- 4.42** Prisoners should be enabled to start their visits as soon as their visitors arrive.
- 4.43** No minimum number of visitors should be set for family days. (Repeated recommendation 9.97)

Attitudes, thinking and behaviour

- 4.44** The prison delivered three accredited programmes: thinking skills, alcohol-related violence and the controlling anger and learning to manage it (CALM) course, which was about to be superseded by the Resolve programme. There were sufficient places for 127 completions of programmes each year. This range of programmes appeared appropriate for the population.

- 4.45 The Sycamore tree victim awareness programme was delivered, which was not accredited.
- 4.46 There were good links between the programmes team and the OMU and evidence of positive outcomes for many prisoners who participated. Personal officers attended or contributed to post-programme reviews. Post-programme support was available but was not routinely provided by personal officers or offender supervisors or monitored beyond the first few months.
- 4.47 There was still no domestic violence programme and some limited one-to-one work was undertaken by probation offender supervisors.

Recommendation

- 4.48 **Reinforcement of learning from offending behaviour programmes should be undertaken by staff while prisoners remain in custody.**

Section 5. Summary of recommendations and housekeeping points

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

Main recommendations

To the governor

- 5.1 First night arrangements should be reviewed and take account of prisoners' anxieties about safety on their first night and the lack of quality interaction with staff. There should be a clear policy on the management of prisoners on their first night. (S44, repeated recommendation HP49)
- 5.2 Managers should investigate and address the reasons for prisoners' negative perceptions of staff. The standard of engagement expected of staff should be clear, and monitored. (S45)
- 5.3 Governance and management oversight of diversity should be prioritised to ensure that the needs of all prisoners with protected characteristics are identified, assessed and met, and any negative perceptions of particular groups are understood. Inequality should be investigated promptly and appropriate remedial action taken. (S46)
- 5.4 The procedure for allocation to activities should be improved to ensure fair and prompt allocation and full use of activity spaces. (S47)

Recommendation

To the DDC

Offender management and planning

- 5.5 Prisoners should not be transferred without an up-to-date OASys and sentence plan. (4.16)

Recommendation

To the Prisoner Escort and Custody Service

Courts, escort and transfers

- 5.6 Prisoners should be offered comfort breaks at least every two and a half hours. (1.4, repeated recommendation 1.6)

Recommendations

To the governor

Early days in custody

- 5.7 All prisoners should be able to make a telephone call and take a shower on their first night. (1.14, repeated recommendation 1.26)

- 5.8** The induction programme should be reviewed to ensure that all relevant information is imparted and that staff are involved. (I.15)

Self-harm and suicide

- 5.9** Staff from all disciplines involved with prisoners on ACCTs should contribute to their ongoing record and reviews. (I.29)
- 5.10** All staff should have up-to-date training on safer custody and ACCT procedures. (I.30)

Safeguarding

- 5.11** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (I.34)

Security

- 5.12** There should be robust systems for requesting suspicion tests; the mandatory drug testing programme should be sufficiently resourced to undertake suspicion testing within the required time and any slippage should be monitored and addressed. (I.42)

Incentives and earned privileges

- 5.13** Prisoners should not be sanctioned for not wishing to move to F and H wings. (I.50, repeated recommendation 7.66)
- 5.14** Applications for promotion to the enhanced level of the IEP scheme should be considered within a reasonable time frame. (I.51)

Discipline

- 5.15** There should be no collective punishments. (I.55, repeated recommendation 7.16)

Segregation

- 5.16** The policy for the management of prisoners in the segregation unit should be fully implemented and the regime improved. Inappropriate behaviour by prisoners should be challenged by staff, the underlying causes of poor behaviour should be investigated and the needs of individual prisoners should be addressed. (I.67)
- 5.17** Prisoners' perceptions of their treatment by staff on the segregation unit should be investigated and addressed. (I.68)

Substance misuse

- 5.18** Peer support should be developed throughout the prison and regular external speakers should contribute to self-help groups. (I.78)
- 5.19** The drug and alcohol strategy should be informed by a comprehensive needs analysis and should contain detailed development targets and performance measures. (I.79)

Residential units

- 5.20** Damaged fabric and showers on the older wings should be repaired and made fit for purpose. (2.9)
- 5.21** Two prisoners should not share cells meant for one. (2.10, repeated recommendation 2.9)

Staff-prisoner relationships

- 5.22** Personal officers should attend sentence planning and resettlement reviews. (2.17, repeated recommendation 2.25)

Equality and diversity

- 5.23** Members of the equality team and prisoner representatives should be fully trained in equality. (2.24)
- 5.24** The prison should seek to involve outside organisations in supporting minority groups. (2.25)
- 5.25** The continuing fall in the number of reported discrimination incidents should be investigated and action taken. (2.26)
- 5.26** Prisoners who have reported a discrimination incident should be fully informed of the reasons for the finding and the action being taken. Investigations should be thorough and quality assurance robust. (2.27)
- 5.27** Immigration detainees should not be held in prison other than in exceptional circumstances following individualised risk assessment, and should be informed of the intention to deport them at least six months before their prison sentence ends. (2.37)
- 5.28** Foreign nationals should have access to independent immigration advice. (2.38)
- 5.29** There should be regular consultation with older prisoners and their concerns acted on (2.39)

Complaints

- 5.30** All complaints should be dealt with fairly and responded to promptly with a resolution or comprehensive explanation of future action. (2.49)

Legal rights

- 5.31** Prisoners should have access to trained legal services advisers. (2.53)
- 5.32** There should be sufficient 'access to justice' laptops to meet the needs of the population. (2.54)

Health services

- 5.33** There should be an up-to-date health needs assessment which includes all areas of prisoner health, including dental health needs. (2.65)

- 5.34** Confidentiality should be maintained in all health care areas and complaints should be managed confidentially. (2.66)
- 5.35** Waiting lists for health care services should be reduced to enable timely access for prisoners. (2.75)
- 5.36** The medicines and therapeutics committee should ensure that all medication policies and procedures, including the in-possession policy, are reviewed and followed. (2.81)
- 5.37** The current practice for 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. (2.82, repeated recommendation 5.56)

Catering

- 5.38** More effective consultation should take place to understand and address prisoners concerns about the food. (2.97)
- 5.39** Breakfast packs should be issued on the morning they are to be eaten. (2.98, repeated recommendation 8.9)

Purchases

- 5.40** Prisoners should have access to the full shop ordering system within 24 hours of arrival at the establishment. (2.102, repeated recommendation 8.19)

Time out of cell

- 5.41** Association should be provided after the evening meal during the week. (3.5, repeated recommendation 6.8)

Learning and skills and work activities

- 5.42** The leadership of activities should be strengthened to address the outstanding areas for improvement identified at the last inspection. (3.14)
- 5.43** The quality improvement focus of the quality improvement group and the teaching and learning observations in the non-OLASS areas should be developed further. (3.15)
- 5.44** The self-assessment and improvement planning procedures should be developed to ensure that all areas of activities provision is appropriately evaluated and improved. (3.16)
- 5.45** The quality of induction should be improved by promoting the benefits of literacy and numeracy to undertaking activities in the prison. (3.23)
- 5.46** Substantive qualifications recognised by industry should be introduced in waste management and in the assembly and packing workshops. (3.24)
- 5.47** The teaching and assessment of theoretical knowledge should be improved to ensure that prisoners retain knowledge over time. (3.30)
- 5.48** The effectiveness of individual learning plans in education and target setting should be improved in all areas to ensure that learners are sufficiently challenged to progress well. (3.31)

5.49 Attendance and punctuality to activities should be improved so that teachers can plan effectively to meet the needs of all prisoners and ensure they receive their full entitlement. (3.37)

5.50 Use of the library by prisoners should be enhanced by organising enrichment activities to promote and develop reading. (3.40)

Physical education and healthy living

5.51 A strategy should be developed for the delivery of accredited courses in the gym. (3.47)

Strategic management of resettlement

5.52 A more robust needs analysis should be completed, including an analysis of the specific needs of indeterminate-sentenced prisoners and prisoners with disabilities, and used to inform service provision. (4.6)

Offender management and planning

5.53 Sentence plans should reflect targets and objectives set by all departments, and relevant departments and personal officers should attend sentence planning boards, or at least provide written contributions. (4.17)

5.54 Officer offender supervisors should have sufficient time, training and supervision to deliver their responsibilities effectively. (4.18)

Reintegration planning

5.55 Objectives and referrals made by all resettlement pathway departments should be shared with offender supervisors and passed to offender managers at the point of release. (4.25)

5.56 The finance, benefit and debt needs of prisoners should be assessed and services made available to meet identified need. (4.34)

5.57 A strategy to help prisoners maintain and strengthen family links should be developed and implemented. (4.41)

5.58 Reinforcement of learning from offending behaviour programmes should be undertaken by staff while prisoners remain in custody. (4.48)

5.71 Wing staff should be able to identify foreign nationals in their care. (2.40)

Faith and religious activity

5.72 Newly arrived prisoners should be able to see a religious leader and be given information on the chaplaincy. (2.46)

Complaints

5.73 Prisoners should be able to obtain complaint forms easily. (2.50)

Legal rights

5.74 The library should stock a sufficient range and quantity of legal text books. (2.55)

Health services

5.75 First aid kits and emergency bags should contain up-to-date medicines and dressings at all times. (2.67)

5.76 Registered nurses should comply with the Nursing and Midwifery Council standards for medicines management at all times. Medicines should not be added to Henley bags. (2.83, repeated recommendation 5.58)

5.77 The waiting list for routine and follow-up appointments should be reduced. (2.87)

5.78 Oral health promotion should be available at the planned health promotion events. (2.88)

Catering

5.79 Food temperatures should be logged by all units. (2.99)

Physical education and healthy living

5.80 Broken cardiovascular equipment in the gym should be repaired or replaced. (3.48)

Offender management and planning

5.81 Sentence planning targets for prisoners subject to public protection procedures should reflect the identified areas of concern. (4.19)

5.82 Home detention curfew boards should be held on time. (4.20)

Reintegration planning

5.83 Prisoners should be enabled to start their visits as soon as their visitors arrive. (4.42)

5.84 No minimum number of visitors should be set for family days. (4.43)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick
 Kieron Taylor
 Colin Carroll
 Karen Dillon
 Angela Johnson
 Keith McInnis
 Kevin Parkinson
 Rachel Murray
 Helen Ranns
 Alissa Redmond
 Gemma Quayle

Chief inspector
 Team leader
 Inspector
 Inspector
 Inspector
 Inspector
 Inspector
 Research officer
 Research officer
 Research officer
 Research trainee

Specialist inspectors

Majella Pearce
 Helen Carter
 Sue Melvin
 Jan Fooks-Bale
 Maria Navarro
 Phil Romain
 Bryan Davies
 Marina Gaze
 Louise Soden

Substance misuse inspector
 Health services inspector
 Pharmacist
 Care Quality Commission
 Ofsted inspector
 Ofsted inspector
 Ofsted inspector
 Ofsted senior HMI
 Ofsted regional director

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2011, 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. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

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)

Not achieved (Repeated recommendation S44)

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)

Partially achieved

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)

Achieved

Recommendations

Prisoners should be offered comfort breaks at least every two and a half hours. (1.6)

Not achieved (Repeated recommendation 1.4)

Prisoners should not be required to attend court in prison clothing. (1.7)

Achieved

Searching arrangements in reception should reflect an appropriate risk assessment of individual prisoners. (1.15)

Achieved

Prisoners should have a structured reception or first night interview in private. (1.16) **Partially Achieved**

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) **Achieved**

Prisoner orderlies should not have access to confidential information about other prisoners. (1.23) **Achieved**

The standard of accommodation on the induction wing should be improved, graffiti removed and broken furniture replaced. (1.24) **Partially achieved**

Induction accommodation should not be used to accommodate prisoners who have been removed from other residential locations. (1.25) **Achieved**

All prisoners should be able to make a telephone call and take a shower on their first night. (1.26) **Not achieved** (Repeated recommendation 1.14)

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

An anti-bullying survey should be undertaken and used to inform current practice. (3.9) **Partially achieved**

The prison should develop and promote a range of support services for victims of bullying and interventions for perpetrators. (3.10) **Not achieved**

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) **Not achieved**

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

The gated cell on B wing should be relocated to a more suitable, quieter location. (3.20) **Achieved**

The gated cell and buddy cell should be made more comfortable and welcoming, to provide a better environment for those in crisis. (3.21) **Achieved**

Fruit should not be excluded from the shop list on security grounds. (7.14) **Achieved**

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) **Achieved**

There should be no collective punishments. (7.16) **Not achieved** (Housekeeping point repeated 1.58)

The large number of dismissed and not proceeded with adjudications should be monitored regularly and action taken to reduce it. (7.25)

Achieved

Adjudication data should be analysed to identify trends. (7.26)

Achieved

There should be a use of force committee which meets frequently enough to review and influence the use of force. (7.33)

Achieved

The use of the video recorder should be introduced, to provide an accurate and comprehensive record of incidents. (7.34)

Partially achieved

Prisoners should not be routinely handcuffed when being taken to the segregation unit following the use of force. (7.35)

Achieved

A suitable waiting area should be provided for prisoners waiting for adjudication. (7.48)

Not achieved (Repeated recommendation 1.57)

Prisoners being located on the unit should not be routinely strip-searched. (7.49)

Achieved

Prisoners should be able to shower daily. (7.50)

Achieved

The regime on the segregation unit should be developed. (7.51)

Not achieved

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

Not achieved

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

Achieved

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

Not achieved (Repeated recommendation 1.51)

The number of properly qualified IDTS nurses should be increased to full complement, to facilitate reviews and daily specialist care. (3.54)

Partially achieved

GPs should prescribe on the basis of patient's clinical needs and best practice. (3.55)

Achieved

Symptomatic relief should be given to those prisoners who are experiencing discomfort as a result of the dose-reduction regime. (3.56)

Achieved

Additional psycho-social support should be offered to all prisoners affected by the introduction of the opiate dose-reduction regime. (3.57)

Achieved

Any future changes to the IDTS regime should be based on accepted best clinical and ethical practice and fully involve service users. (3.58)

Achieved

A mechanism to manage target testing more effectively should be developed, to ensure that they are undertaken within the required timeframe. (3.62)

Not achieved

The prison should ensure that effective security measures are in place, to reduce the quantity of diverted prescribed medication. (3.63)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2011, 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. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

The Prison Health Partnership Board should have robust assurances in place to monitor the implementation, quality and management of health care provision. (HP52)

Achieved

Recommendations

Two prisoners should not share cells meant for one. (2.9)

Not achieved (Repeated recommendation 2.10)

There should be a minimum of one telephone per 20 prisoners. (2.10)

Achieved

Prisoners should have access to telephones after 6.30pm. (2.11)

Partially achieved

Prisoners should be permitted to wear their own clothes and have adequate access to laundry facilities. (2.15)

Achieved

Prisoners should be provided with sufficient clean prison-issue kit every week. (2.16)

Achieved

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

(2.19)

Achieved

Personal officers should attend sentence planning and resettlement reviews. (2.25)

Not achieved (Repeated recommendation 2.17)

The training of personal officers should be expedited. (2.26)

No longer relevant

Members of the equalities team and other staff should be fully trained in prisoner diversity. (4.7)

Not achieved

The prison diversity policy should be reviewed and rewritten to include detail of how the aims of the policy will be achieved. (4.8)

Achieved

The diversity and race equality action team should consider monitoring for all minority groups and take action to address inequalities. (4.9)

Partially achieved

Impact assessments covering all diversity strands should be completed for all aspects of the regime and should include prisoner consultation. (4.10)

Partially achieved

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)

Not achieved

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)

Achieved

The continuing drop in the number of incident report forms (RIRFs) being submitted should be investigated and action taken. (4.25)

Not achieved

Prisoners who have submitted RIRFs should be fully informed of the reasons for the finding and the action being taken. (4.26)

Not achieved

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

Partially achieved

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

Not achieved

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)

Not achieved

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

Not achieved

There should be regular consultation of prisoners with a disability. (4.46)

Not achieved

The prison should develop consultation and specific services for older prisoners. (4.47) Not

Achieved

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)

Not achieved

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

Not achieved

All health care rooms should be clean and tidy and contain suitable equipment to undertake clinical examinations. (5.11)

Achieved

There should be a lead nurse for older people. (5.12)

Achieved

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)

Achieved

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)

Achieved

Emergency equipment, including oxygen, should be easily accessible throughout the prison. There should be sufficient staff trained to use emergency equipment. (5.22)

Achieved

All staff should have access to, and make use of, clinical supervision. (5.23)

Partially achieved

Training should be available so that clinical staff can work competently within their lead roles. (5.24)

Achieved

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)

Partially achieved

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)

Achieved

Prisoners should have access to a full range of nurse-led clinics. (5.36)

Partially achieved

Action should be taken to address the long waiting lists for health services. (5.37)

Partially achieved

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

Achieved

The pharmacist and pharmacy technician should provide counselling sessions, pharmacist-led clinics, clinical audit and medication review. (5.54)

Partially achieved

The in-possession process should be reviewed urgently and regular risk assessments documented. (5.55)

Not achieved

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)

Not achieved

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)

Partially achieved

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)

Not achieved (Repeated housekeeping point 2.82)

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)

Achieved

Patient group directions should be used.

Achieved

A step-wise approach to pain management, such as the World Health Organisation analgesic ladder, should be used, and modified for the prison environment to reduce opiate usage. (5.61)

Partially achieved

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)

Achieved

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)

Achieved

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

Not achieved

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

Achieved

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)

Achieved

Day care services should be available to patients with mental health problems having difficulty in coping on the wings. (5.85)

Not achieved

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

Achieved

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

Achieved

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

Partially achieved

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

Not achieved (Repeated recommendation 2.97)

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

Not achieved

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

Not achieved

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

Not achieved

Purposeful activity

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

At the last inspection, in 2011 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. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

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

Partially achieved

Association should be provided after the evening meal during the week. (6.8)

Not achieved (Repeated recommendation 3.5)

All prisoners should have access to at least one hour of outside exercise every day. (6.9)

Not achieved

The prison should develop a clear strategic plan to evaluate purposeful activities across the prison and to identify progress against strategic objectives. (6.17)

Not achieved

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)

Not achieved

Education places should be fully utilised. (6.19)

Not achieved

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)

Achieved

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

Partially achieved

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)

Achieved

The prison should ensure that teaching and learning in literacy and numeracy is set in more meaningful and practical contexts. (6.40)

Achieved

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)

Not achieved

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)

Partially achieved

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

Not achieved

Ventilation in the shower area should be improved and privacy screens provided. (6.53) **Achieved**

The number of courses for gym instructors should be increased. (6.54)

Not achieved

Resettlement

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

At the last inspection, in 2011 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. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

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)

Achieved

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

Partially achieved

Recommendations

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)

Partially achieved (Repeated recommendation 4.6)

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)

Achieved

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

Partially achieved

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)

Partially achieved

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) **Partially Achieved**

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

Partially achieved

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)

Partially achieved

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

Achieved

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

Achieved

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)

Achieved

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)

Achieved

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

Achieved

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

Achieved

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

Achieved

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)

Achieved

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

Achieved

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

Achieved

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

Not achieved

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

Achieved

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

No longer relevant

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

Partially achieved

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

Achieved

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

Not achieved (Repeated housekeeping point 4.44)

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

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

Achieved

Domestic violence needs should be addressed through appropriate interventions. (9.108) **Partially Achieved**

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

Partially achieved

Appendix III: Prison population profile

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

Status	21 and over	%
Sentenced	921	92.3
Recall	71	7.1
Detainees	1	0.1
Other	5	0.5
Total	998	100

Sentence	21 and over	%
Unsentenced	2	0.2
Less than six months	10	1
Six months to less than 1 year	18	1.8
1 year to less than 2 years	76	7.6
2 years to less than 4 years	321	32.1
4 years to less than 10 years	419	42
10 years and over (not life)	22	2.2
Life	130	13
Total	998	100

Age	Number of prisoners	%
Please state minimum age = 21		
21 years to 29 years	426	42.7
30 years to 39 years	310	31.1
40 years to 49 years	186	18.6
50 years to 59 years	63	6.3
60 years to 69 years	13	1.3
70 plus years	0	0
Please state maximum age here: 67		
Total	998	100

Nationality	21 and over	%
British	953	95.5
Foreign nationals	31	3.1
Not stated	14	1.4
Total	998	100

Security category	21 and over	%
Unsentenced	1	0.1
Category C	914	91.6
Category D	74	7.4
Unclassified	6	0.6
YOI closed	3	0.3
Total	998	100

Ethnicity	21 and over	%
<i>White</i>		
British	615	61.6
Irish	15	1.5
Other white	28	2.8
<i>Mixed</i>		
White and black Caribbean	39	3.9
White and Asian	1	0.1
White and black African	7	0.7
Other mixed	17	1.7
<i>Asian or Asian British</i>		
Indian	14	1.4
Bangladeshi	12	1.2
Pakistani	6	0.6
Chinese	1	0.1
Other Asian	11	1.1
<i>Black or black British</i>		
Caribbean	123	12.3
African	44	4.4
Other black	45	4.5
<i>Other ethnic group</i>		
Arab	3	0.3
Other ethnic group	2	0.2
<i>Not stated</i>	15	1.5
Total	998	100

Religion	21 and over	%
Baptist	1	0.1
Church of England	205	20.5
Roman Catholic	221	22.1
Other Christian denominations	131	13.1
Muslim	165	16.5
Sikh	6	0.6
Hindu	2	0.2
Buddhist	17	1.7
Jewish	2	0.2
Other	16	1.6
No religion	220	22
Not stated	12	1.2
Total	998	100

Sentenced prisoners only

Length of stay	21 and over	
	Number	%
Less than 1 month	106	10.6
1 month to 3 months	250	25.1
3 months to 6 months	207	20.7
6 months to 1 year	229	22.9
1 year to 2 years	142	14.2
2 years to 4 years	47	4.7
4 years or more	14	1.4
Not known	1	0.1
Total	996	99.8

Unsentenced prisoners only

Length of stay	21 and over	
	Number	%
1 month to 3 months	1	0.1
6 months to 1 year	1	0.1
Total	2	0.2

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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.

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 22 July 2013 the prisoner population at HMP Wayland was 994. Using the method described above, questionnaires were distributed to a sample of 221 prisoners.

We received a total of 193 completed questionnaires, a response rate of 87%. This included five questionnaires completed via interview. Eighteen respondents refused to complete a questionnaire, six questionnaires were not returned and four were returned blank.

Wing/Unit	Number of completed survey returns
A	25
B	21
C	23
D	25
E	18
F	7
G	8

H	7
J	12
K	11
L	11
M	14
N	10
Segregation Unit	1

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Wayland.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

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

The following comparative analyses are presented:

- The current survey responses from HMP Wayland in 2013 compared with responses from prisoners surveyed in all other Category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 39 Category C training prisons since April 2008.
- The current survey responses from HMP Wayland in 2013 compared with the responses of prisoners surveyed at HMP Wayland in 2011.
- A comparison within the 2013 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2013 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2013 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

Survey summary

Q1.1	What wing or houseblock are you currently living on? See shortened methodology		
Q1.2	How old are you?		
	<i>Under 21</i>	0	(0%)
	<i>21 - 29</i>	90	(47%)
	<i>30 - 39</i>	56	(29%)
	<i>40 - 49</i>	33	(17%)
	<i>50 - 59</i>	11	(6%)
	<i>60 - 69</i>	2	(1%)
	<i>70 and over</i>	0	(0%)
Q1.3	Are you sentenced?		
	<i>Yes</i>	175	(91%)
	<i>Yes - on recall</i>	17	(9%)
	<i>No - awaiting trial</i>	0	(0%)
	<i>No - awaiting sentence</i>	0	(0%)
	<i>No - awaiting deportation</i>	0	(0%)
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>	0	(0%)
	<i>Less than 6 months</i>	4	(2%)
	<i>6 months to less than 1 year</i>	7	(4%)
	<i>1 year to less than 2 years</i>	20	(10%)
	<i>2 years to less than 4 years</i>	51	(27%)
	<i>4 years to less than 10 years</i>	79	(41%)
	<i>10 years or more</i>	5	(3%)
	<i>IPP (indeterminate sentence for public protection)</i>	13	(7%)
	<i>Life</i>	12	(6%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship.)		
	<i>Yes</i>	6	(3%)
	<i>No</i>	187	(97%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>	191	(99%)
	<i>No</i>	1	(1%)
Q1.7	Do you understand written English?		
	<i>Yes</i>	187	(97%)
	<i>No</i>	5	(3%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	103 (54%)	<i>Asian or Asian British - Chinese</i> . 0 (0%)
	<i>White - Irish</i>	11 (6%)	<i>Asian or Asian British - other</i> 0 (0%)
	<i>White - other</i>	7 (4%)	<i>Mixed race - white and black Caribbean</i>
	<i>Black or black British - Caribbean</i>	28 (15%)	<i>Mixed race - white and black African</i>
	<i>Black or black British - African</i>	11 (6%)	<i>Mixed race - white and Asian</i> 2 (1%)
	<i>Black or black British - other</i>	2 (1%)	<i>Mixed race - other</i> 2 (1%)

<i>Asian or Asian British - Indian</i>	0 (0%)	<i>Arab</i>	0 (0%)
<i>Asian or Asian British - Pakistani</i>	3 (2%)	<i>Other ethnic group</i>	2 (1%)
<i>Asian or Asian British - Bangladeshi</i>	4 (2%)		

Q1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?

Yes.....	14 (7%)
No.....	173 (93%)

Q1.10 What is your religion?

<i>None</i>	48 (26%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	40 (21%)	<i>Jewish</i>	0 (0%)
<i>Catholic</i>	50 (27%)	<i>Muslim</i>	34 (18%)
<i>Protestant</i>	2 (1%)	<i>Sikh</i>	1 (1%)
<i>Other Christian denomination</i>	4 (2%)	<i>Other</i>	5 (3%)
<i>Buddhist</i>	3 (2%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/ Straight</i>	188 (98%)
<i>Homosexual/Gay</i>	3 (2%)
<i>Bisexual</i>	0 (0%)

Q1.12 Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs)

Yes.....	32 (17%)
No.....	160 (83%)

Q1.13 Are you a veteran (ex- armed services)?

Yes.....	7 (4%)
No.....	185 (96%)

Q1.14 Is this your first time in prison?

Yes.....	49 (26%)
No.....	143 (74%)

Q1.15 Do you have children under the age of 18?

Yes.....	103 (54%)
No.....	89 (46%)

Section 2: Courts, transfers and escorts

Q2.1 On your most recent journey here, how long did you spend in the van?

<i>Less than 2 hours</i>	29 (15%)
<i>2 hours or longer</i>	155 (81%)
<i>Don't remember</i>	8 (4%)

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

<i>My journey was less than two hours</i>	29 (15%)
Yes.....	120 (63%)
No.....	39 (21%)
<i>Don't remember</i>	2 (1%)

Q2.3 On your most recent journey here, were you offered a toilet break?

<i>My journey was less than two hours</i>	29 (15%)
Yes.....	9 (5%)
No.....	151 (79%)

	<i>Don't remember</i>	2 (1%)	
Q2.4	On your most recent journey here, was the van clean?		
	Yes.....	111 (58%)	
	No.....	69 (36%)	
	<i>Don't remember</i>	12 (6%)	
Q2.5	On your most recent journey here, did you feel safe?		
	Yes.....	143 (74%)	
	No.....	46 (24%)	
	<i>Don't remember</i>	3 (2%)	
Q2.6	On your most recent journey here, how were you treated by the escort staff?		
	<i>Very well</i>	32 (17%)	
	<i>Well</i>	103 (54%)	
	<i>Neither</i>	45 (23%)	
	<i>Badly</i>	8 (4%)	
	<i>Very badly</i>	2 (1%)	
	<i>Don't remember</i>	2 (1%)	
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)		
	<i>Yes, someone told me</i>	101 (52%)	
	<i>Yes, I received written information</i>	37 (19%)	
	<i>No, I was not told anything</i>	54 (28%)	
	<i>Don't remember</i>	1 (1%)	
Q2.8	When you first arrived here did your property arrive at the same time as you?		
	Yes.....	171 (89%)	
	No.....	21 (11%)	
	<i>Don't remember</i>	0 (0%)	
Section 3: Reception, first night and induction			
Q3.1	How long were you in reception?		
	<i>Less than 2 hours</i>	103 (54%)	
	<i>2 hours or longer</i>	73 (38%)	
	<i>Don't remember</i>	15 (8%)	
Q3.2	When you were searched, was this carried out in a respectful way?		
	Yes.....	156 (82%)	
	No	28 (15%)	
	<i>Don't remember</i>	6 (3%)	
Q3.3	Overall, how were you treated in reception?		
	<i>Very well</i>	33 (17%)	
	<i>Well</i>	95 (50%)	
	<i>Neither</i>	36 (19%)	
	<i>Badly</i>	19 (10%)	
	<i>Very badly</i>	6 (3%)	
	<i>Don't remember</i>	2 (1%)	
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	31 (17%)	<i>Physical health</i>
	<i>Housing problems</i>	34 (18%)	<i>Mental health</i>
			18 (10%)
			19 (10%)

<i>Contacting employers</i>	3 (2%)	<i>Needing protection from other prisoners</i>	8 (4%)
<i>Contacting family</i>	49 (27%)	<i>Getting phone numbers</i>	38 (21%)
<i>Childcare</i>	2 (1%)	<i>Other</i>	13 (7%)
<i>Money worries</i>	27 (15%)	<i>Did not have any problems</i>	65 (35%)
<i>Feeling depressed or suicidal</i>	24 (13%)		

Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?

<i>Yes</i>	36 (19%)
<i>No</i>	84 (45%)
<i>Did not have any problems</i>	65 (35%)

Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)

<i>Tobacco</i>	154 (80%)
<i>A shower</i>	51 (27%)
<i>A free telephone call</i>	67 (35%)
<i>Something to eat</i>	91 (47%)
<i>PIN phone credit</i>	116 (60%)
<i>Toiletries/ basic items</i>	86 (45%)
<i>Did not receive anything</i>	8 (4%)

Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)

<i>Chaplain</i>	90 (48%)
<i>Someone from health services</i>	124 (66%)
<i>A Listener/Samaritans</i>	61 (33%)
<i>Prison shop/ canteen</i>	45 (24%)
<i>Did not have access to any of these</i>	37 (20%)

Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)

<i>What was going to happen to you</i>	90 (49%)
<i>What support was available for people feeling depressed or suicidal</i>	62 (34%)
<i>How to make routine requests (applications)</i>	82 (45%)
<i>Your entitlement to visits</i>	82 (45%)
<i>Health services</i>	94 (52%)
<i>Chaplaincy</i>	80 (44%)
<i>Not offered any information</i>	49 (27%)

Q3.9 Did you feel safe on your first night here?

<i>Yes</i>	130 (69%)
<i>No</i>	54 (29%)
<i>Don't remember</i>	5 (3%)

Q3.10 How soon after you arrived here did you go on an induction course?

<i>Have not been on an induction course</i>	14 (7%)
<i>Within the first week</i>	146 (76%)
<i>More than a week</i>	26 (14%)
<i>Don't remember</i>	5 (3%)

Q3.11 Did the induction course cover everything you needed to know about the prison?

<i>Have not been on an induction course</i>	14 (7%)
<i>Yes</i>	118 (62%)
<i>No</i>	49 (26%)
<i>Don't remember</i>	8 (4%)

Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?

<i>Did not receive an assessment</i>	34 (18%)
<i>Within the first week</i>	73 (39%)
<i>More than a week</i>	58 (31%)
<i>Don't remember</i>	22 (12%)

Section 4: Legal rights and respectful custody**Q4.1 How easy is it to.....**

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
<i>Communicate with your solicitor or legal representative?</i>	28 (15%)	58 (32%)	25 (14%)	27 (15%)	21 (11%)	25 (14%)
<i>Attend legal visits?</i>	15 (9%)	45 (28%)	18 (11%)	16 (10%)	7 (4%)	60 (37%)
<i>Get bail information?</i>	6 (4%)	13 (9%)	20 (14%)	10 (7%)	16 (11%)	83 (56%)

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

<i>Not had any letters</i>	27 (14%)
<i>Yes</i>	75 (40%)
<i>No</i>	85 (45%)

Q4.3 Can you get legal books in the library?

<i>Yes</i>	70 (37%)
<i>No</i>	21 (11%)
<i>Don't know</i>	99 (52%)

Q4.4 Please answer the following questions about the wing/unit you are currently living on:

	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
<i>Do you normally have enough clean, suitable clothes for the week?</i>	142 (75%)	41 (22%)	6 (3%)
<i>Are you normally able to have a shower every day?</i>	186 (97%)	5 (3%)	0 (0%)
<i>Do you normally receive clean sheets every week?</i>	153 (82%)	29 (16%)	5 (3%)
<i>Do you normally get cell cleaning materials every week?</i>	177 (94%)	11 (6%)	1 (1%)
<i>Is your cell call bell normally answered within five minutes?</i>	63 (35%)	89 (49%)	28 (16%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	119 (65%)	63 (34%)	2 (1%)
<i>If you need to, can you normally get your stored property?</i>	38 (21%)	93 (51%)	51 (28%)

Q4.5 What is the food like here?

<i>Very good</i>	1 (1%)
<i>Good</i>	29 (15%)
<i>Neither</i>	39 (21%)
<i>Bad</i>	55 (29%)
<i>Very bad</i>	66 (35%)

Q4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?

<i>Have not bought anything yet/ don't know</i>	6 (3%)
<i>Yes</i>	93 (50%)
<i>No</i>	88 (47%)

Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes.....	103 (54%)
	No.....	14 (7%)
	Don't know.....	72 (38%)
Q4.8	Are your religious beliefs respected?	
	Yes.....	104 (55%)
	No.....	32 (17%)
	Don't know/ N/A.....	54 (28%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes.....	127 (67%)
	No.....	9 (5%)
	Don't know/ N/A.....	54 (28%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	41 (22%)
	<i>Very easy</i>	56 (30%)
	<i>Easy</i>	46 (24%)
	<i>Neither</i>	8 (4%)
	<i>Difficult</i>	4 (2%)
	<i>Very difficult</i>	9 (5%)
	<i>Don't know</i>	25 (13%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes.....	156 (84%)		
	No.....	28 (15%)		
	Don't know.....	2 (1%)		
Q5.2	Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option</i>).			
		Not made one	Yes	No
	Are <i>applications</i> dealt with fairly?	7 (4%)	108 (63%)	57 (33%)
	Are <i>applications</i> dealt with quickly (within seven days)?	7 (4%)	73 (46%)	77 (49%)
Q5.3	Is it easy to make a complaint?			
	Yes.....	117 (66%)		
	No.....	21 (12%)		
	Don't know.....	40 (22%)		
Q5.4	Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option</i>).			
		Not made one	Yes	No
	Are <i>complaints</i> dealt with fairly?	65 (36%)	42 (23%)	72 (40%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	65 (38%)	33 (19%)	72 (42%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?			
	Yes.....	23 (14%)		
	No.....	147 (86%)		
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?			
	<i>Don't know who they are</i>	51 (29%)		
	<i>Very easy</i>	17 (10%)		

<i>Easy</i>	25 (14%)
<i>Neither</i>	40 (23%)
<i>Difficult</i>	35 (20%)
<i>Very difficult</i>	9 (5%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	6 (3%)
	<i>Yes</i>	98 (52%)
	<i>No</i>	63 (34%)
	<i>Don't know</i>	20 (11%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	6 (3%)
	<i>Yes</i>	106 (58%)
	<i>No</i>	57 (31%)
	<i>Don't know</i>	15 (8%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	13 (7%)
	<i>No</i>	174 (93%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	155 (86%)
	<i>Very well</i>	2 (1%)
	<i>Well</i>	6 (3%)
	<i>Neither</i>	7 (4%)
	<i>Badly</i>	9 (5%)
	<i>Very badly</i>	2 (1%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	144 (79%)
	<i>No</i>	39 (21%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	129 (69%)
	<i>No</i>	58 (31%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes</i>	56 (30%)
	<i>No</i>	130 (70%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	7 (4%)
	<i>Never</i>	46 (25%)
	<i>Rarely</i>	44 (24%)
	<i>Some of the time</i>	56 (30%)
	<i>Most of the time</i>	26 (14%)
	<i>All of the time</i>	8 (4%)

Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	48 (26%)
	<i>In the first week</i>	68 (36%)
	<i>More than a week</i>	48 (26%)
	<i>Don't remember</i>	23 (12%)

Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	48 (27%)
	<i>Very helpful</i>	41 (23%)
	<i>Helpful</i>	40 (22%)
	<i>Neither</i>	19 (10%)
	<i>Not very helpful</i>	14 (8%)
	<i>Not at all helpful</i>	19 (10%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	<i>Yes</i>	65 (35%)
	<i>No</i>	120 (65%)

Q8.2	Do you feel unsafe now?	
	<i>Yes</i>	28 (15%)
	<i>No</i>	156 (85%)

Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	120 (67%)
	<i>Everywhere</i>	21 (12%)
	<i>Segregation unit</i>	0 (0%)
	<i>Association areas</i>	13 (7%)
	<i>Reception area</i>	4 (2%)
	<i>At the gym</i>	8 (4%)
	<i>In an exercise yard</i>	25 (14%)
	<i>At work</i>	7 (4%)
	<i>During movement</i>	18 (10%)
	<i>At education</i>	1 (1%)
	<i>At meal times</i>	4 (2%)
	<i>At health services</i>	11 (6%)
	<i>Visits area</i>	1 (1%)
	<i>In wing showers</i>	12 (7%)
	<i>In gym showers</i>	5 (3%)
	<i>In corridors/stairwells</i>	20 (11%)
	<i>On your landing/wing</i>	19 (11%)
	<i>In your cell</i>	5 (3%)
	<i>At religious services</i>	3 (2%)

Q8.4	Have you been victimised by other prisoners here?	
	<i>Yes</i>	35 (19%)
	<i>No</i>	151 (81%)

Q8.5	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>	15 (8%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	9 (5%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	20 (11%)
	<i>Having your canteen/property taken</i>	9 (5%)
	<i>Medication</i>	7 (4%)
	<i>Debt</i>	2 (1%)
	<i>Drugs</i>	4 (2%)
	<i>Your race or ethnic origin</i>	6 (3%)
	<i>Your religion/religious beliefs</i>	6 (3%)
	<i>Your nationality</i>	4 (2%)
	<i>You are from a different part of the country than others</i>	5 (3%)
	<i>You are from a traveller community</i>	4 (2%)
	<i>Your sexual orientation</i>	2 (1%)
	<i>Your age</i>	1 (1%)

<i>You have a disability</i>	4 (2%)
<i>You were new here</i>	7 (4%)
<i>Your offence/ crime</i>	5 (3%)
<i>Gang related issues</i>	5 (3%)

Q8.6 Have you been victimised by staff here?

Yes	55 (30%)
No.....	128 (70%)

Q8.7 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>	20 (11%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	5 (3%)
<i>Sexual abuse</i>	0 (0%)
<i>Feeling threatened or intimidated</i>	16 (9%)
<i>Medication</i>	6 (3%)
<i>Debt</i>	2 (1%)
<i>Drugs</i>	7 (4%)
<i>Your race or ethnic origin</i>	13 (7%)
<i>Your religion/religious beliefs</i>	9 (5%)
<i>Your nationality</i>	5 (3%)
<i>You are from a different part of the country than others</i>	5 (3%)
<i>You are from a traveller community</i>	3 (2%)
<i>Your sexual orientation</i>	0 (0%)
<i>Your age</i>	4 (2%)
<i>You have a disability</i>	4 (2%)
<i>You were new here</i>	4 (2%)
<i>Your offence/ crime</i>	4 (2%)
<i>Gang related issues</i>	3 (2%)

Q8.8 If you have been victimised by prisoners or staff, did you report it?

<i>Not been victimised</i>	115 (66%)
Yes.....	21 (12%)
No.....	39 (22%)

Section 9: Health services**Q9.1 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	25 (14%)	13 (7%)	34 (19%)	43 (24%)	46 (25%)	21 (12%)
The nurse	18 (10%)	14 (8%)	61 (35%)	30 (17%)	35 (20%)	15 (9%)
The dentist	28 (16%)	5 (3%)	14 (8%)	11 (6%)	41 (23%)	77 (44%)

Q9.2 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	27 (15%)	17 (10%)	54 (31%)	34 (19%)	24 (14%)	21 (12%)
The nurse	18 (10%)	24 (14%)	62 (35%)	35 (20%)	23 (13%)	14 (8%)
The dentist	41 (24%)	12 (7%)	39 (22%)	31 (18%)	24 (14%)	27 (16%)

Q9.3 What do you think of the overall quality of the health services here?

<i>Not been</i>	16 (9%)
<i>Very good</i>	16 (9%)
<i>Good</i>	59 (33%)
<i>Neither</i>	33 (18%)
<i>Bad</i>	34 (19%)
<i>Very bad</i>	23 (13%)

Q9.4	Are you currently taking medication?	
	Yes.....	81 (44%)
	No.....	103 (56%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	<i>Not taking medication</i>	103 (56%)
	<i>Yes, all my meds</i>	46 (25%)
	<i>Yes, some of my meds</i>	20 (11%)
	<i>No</i>	15 (8%)
Q9.6	Do you have any emotional or mental health problems?	
	Yes.....	45 (24%)
	No.....	139 (76%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)	
	<i>Do not have any emotional or mental health problems</i>	139 (77%)
	<i>Yes</i>	24 (13%)
	<i>No</i>	17 (9%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes.....	55 (30%)
	No.....	130 (70%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes.....	40 (22%)
	No.....	144 (78%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	23 (13%)
	<i>Easy</i>	17 (9%)
	<i>Neither</i>	10 (5%)
	<i>Difficult</i>	11 (6%)
	<i>Very difficult</i>	17 (9%)
	<i>Don't know</i>	106 (58%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	9 (5%)
	<i>Easy</i>	22 (12%)
	<i>Neither</i>	11 (6%)
	<i>Difficult</i>	14 (8%)
	<i>Very difficult</i>	18 (10%)
	<i>Don't know</i>	111 (60%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	12 (6%)
	No.....	174 (94%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	14 (8%)
	No.....	172 (92%)

Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	121 (66%)
	Yes.....	34 (19%)
	No.....	28 (15%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	<i>Did not / do not have an alcohol problem</i>	144 (79%)
	Yes.....	26 (14%)
	No.....	13 (7%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	138 (76%)
	Yes.....	37 (20%)
	No.....	7 (4%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	15 (8%)	31 (17%)	83 (46%)	24 (13%)	19 (11%)	8 (4%)
	Vocational or skills training	26 (15%)	23 (14%)	61 (36%)	24 (14%)	23 (14%)	11 (7%)
	Education (including basic skills)	27 (16%)	32 (19%)	67 (40%)	20 (12%)	15 (9%)	8 (5%)
	Offending behaviour programmes	31 (18%)	18 (11%)	34 (20%)	14 (8%)	47 (28%)	26 (15%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>					27 (15%)	
	Prison job.....					119 (66%)	
	Vocational or skills training.....					29 (16%)	
	Education (including basic skills).....					24 (13%)	
	Offending behaviour programmes.....					23 (13%)	
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	27 (18%)	48 (31%)	62 (41%)	16 (10%)		
	Vocational or skills training	35 (29%)	48 (40%)	21 (18%)	15 (13%)		
	Education (including basic skills)	35 (28%)	58 (46%)	17 (14%)	15 (12%)		
	Offending behaviour programmes	37 (29%)	49 (38%)	26 (20%)	16 (13%)		
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>					32 (18%)	
	<i>Never</i>					42 (23%)	
	<i>Less than once a week</i>					48 (27%)	
	<i>About once a week</i>					42 (23%)	
	<i>More than once a week</i>					16 (9%)	
Q11.5	Does the library have a wide enough range of materials to meet your needs?						
	<i>Don't use it</i>					56 (32%)	
	Yes.....					59 (33%)	
	No.....					62 (35%)	

Q11.6	How many times do you usually go to the gym each week?	
	<i>Don't want to go</i>	25 (14%)
	<i>0</i>	18 (10%)
	<i>1 to 2</i>	44 (24%)
	<i>3 to 5</i>	91 (50%)
	<i>More than 5</i>	5 (3%)
Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	9 (5%)
	<i>0</i>	10 (6%)
	<i>1 to 2</i>	38 (21%)
	<i>3 to 5</i>	62 (34%)
	<i>More than 5</i>	62 (34%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	8 (4%)
	<i>0</i>	4 (2%)
	<i>1 to 2</i>	9 (5%)
	<i>3 to 5</i>	26 (14%)
	<i>More than 5</i>	134 (74%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	<i>Less than 2 hours</i>	5 (3%)
	<i>2 to less than 4 hours</i>	18 (10%)
	<i>4 to less than 6 hours</i>	38 (21%)
	<i>6 to less than 8 hours</i>	39 (21%)
	<i>8 to less than 10 hours</i>	31 (17%)
	<i>10 hours or more</i>	32 (17%)
	<i>Don't know</i>	20 (11%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	57 (32%)
	<i>No</i>	120 (68%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	76 (42%)
	<i>No</i>	104 (58%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	31 (17%)
	<i>No</i>	149 (83%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	26 (15%)
	<i>Very easy</i>	2 (1%)
	<i>Easy</i>	19 (11%)
	<i>Neither</i>	10 (6%)
	<i>Difficult</i>	30 (17%)
	<i>Very difficult</i>	90 (50%)
	<i>Don't know</i>	2 (1%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	147 (84%)
	<i>No</i>	29 (16%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	29 (16%)
	<i>No contact</i>	54 (30%)
	<i>Letter</i>	49 (28%)
	<i>Phone</i>	43 (24%)
	<i>Visit</i>	39 (22%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	130 (74%)
	<i>No</i>	46 (26%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	130 (71%)
	<i>No</i>	52 (29%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	52 (29%)
	<i>Very involved</i>	29 (16%)
	<i>Involved</i>	37 (20%)
	<i>Neither</i>	16 (9%)
	<i>Not very involved</i>	24 (13%)
	<i>Not at all involved</i>	23 (13%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	52 (30%)
	<i>Nobody</i>	62 (36%)
	<i>Offender supervisor</i>	38 (22%)
	<i>Offender manager</i>	29 (17%)
	<i>Named/ personal officer</i>	9 (5%)
	<i>Staff from other departments</i>	19 (11%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	52 (29%)
	<i>Yes</i>	89 (49%)
	<i>No</i>	27 (15%)
	<i>Don't know</i>	13 (7%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	52 (29%)
	<i>Yes</i>	33 (18%)
	<i>No</i>	65 (36%)
	<i>Don't know</i>	30 (17%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	52 (29%)
	<i>Yes</i>	35 (20%)

No..... 53 (30%)
 Don't know 38 (21%)

Q13.10 Do you have a needs based custody plan?

Yes 15 (8%)
 No..... 77 (44%)
 Don't know 85 (48%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?

Yes..... 26 (15%)
 No..... 149 (85%)

**Q13.12 Do you know of anyone in this prison who can help you with the following on release?:
 (please tick all that apply to you.)**

	<i>Do not need help</i>	Yes	No
Employment	35 (21%)	47 (28%)	85 (51%)
Accommodation	37 (22%)	46 (28%)	84 (50%)
Benefits	33 (21%)	49 (31%)	77 (48%)
Finances	34 (23%)	28 (19%)	85 (58%)
Education	36 (24%)	40 (27%)	74 (49%)
Drugs and alcohol	43 (29%)	49 (33%)	58 (39%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

Not sentenced 0 (0%)
 Yes..... 104 (59%)
 No..... 72 (41%)

Main comparator and comparator to last time



Prisoner survey responses HMP Wayland 2013

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				
Number of completed questionnaires returned		193	6356	193	187
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	2%	0%	1%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	9%	10%	9%	9%
1.4	Is your sentence less than 12 months?	6%	6%	6%	5%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	7%	10%	7%	9%
1.5	Are you a foreign national?	3%	11%	3%	3%
1.6	Do you understand spoken English?	100%	99%	100%	
1.7	Do you understand written English?	97%	98%	98%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	37%	26%	37%	32%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	8%	4%	8%	5%
1.1	Are you Muslim?	18%	13%	18%	18%
1.11	Are you homosexual/gay or bisexual?	2%	3%	2%	1%
1.12	Do you consider yourself to have a disability?	17%	18%	17%	16%
1.13	Are you a veteran (ex-armed services)?	4%	6%	4%	
1.14	Is this your first time in prison?	26%	37%	26%	30%
1.15	Do you have any children under the age of 18?	54%	52%	54%	54%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	81%	44%	81%	63%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	75%	72%	75%	
2.3	Were you offered a toilet break?	6%	9%	6%	
2.4	Was the van clean?	58%	67%	58%	
2.5	Did you feel safe?	75%	81%	75%	
2.6	Were you treated well/very well by the escort staff?	70%	70%	70%	64%
2.7	Before you arrived here were you told that you were coming here?	52%	61%	52%	
2.7	Before you arrived here did you receive any written information about coming here?	19%	18%	19%	
2.8	When you first arrived here did your property arrive at the same time as you?	89%	89%	89%	89%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	54%	51%	54%	

Main comparator and comparator to last time

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3.2 When you were searched in reception, was this carried out in a respectful way?	82%	84%	82%	74%
3.3 Were you treated well/very well in reception?	67%	73%	67%	50%
When you first arrived:				
3.4 Did you have any problems?	65%	61%	65%	67%
3.4 Did you have any problems with loss of property?	17%	16%	17%	19%
3.4 Did you have any housing problems?	19%	15%	19%	22%
3.4 Did you have any problems contacting employers?	2%	3%	2%	7%
3.4 Did you have any problems contacting family?	27%	21%	27%	31%
3.4 Did you have any problems ensuring dependants were being looked after?	1%	3%	1%	3%
3.4 Did you have any money worries?	15%	14%	15%	15%
3.4 Did you have any problems with feeling depressed or suicidal?	13%	13%	13%	16%
3.4 Did you have any physical health problems?	10%	11%	10%	
3.4 Did you have any mental health problems?	10%	12%	10%	
3.4 Did you have any problems with needing protection from other prisoners?	4%	4%	4%	6%
3.4 Did you have problems accessing phone numbers?	21%	18%	21%	23%
For those with problems:				
3.5 Did you receive any help/ support from staff in dealing with these problems?	30%	37%	30%	
When you first arrived here, were you offered any of the following:				
3.6 Tobacco?	80%	75%	80%	88%
3.6 A shower?	27%	30%	27%	27%
3.6 A free telephone call?	35%	42%	35%	36%
3.6 Something to eat?	47%	64%	47%	73%
3.6 PIN phone credit?	60%	50%	60%	
3.6 Toiletries/ basic items?	45%	44%	45%	
SECTION 3: Reception, first night and induction continued				
When you first arrived here did you have access to the following people:				
3.7 The chaplain or a religious leader?	48%	52%	48%	
3.7 Someone from health services?	66%	70%	66%	
3.7 A Listener/Samaritans?	33%	31%	33%	
3.7 Prison shop/ canteen?	24%	20%	24%	6%
When you first arrived here were you offered information about any of the following:				
3.8 What was going to happen to you?	49%	51%	49%	44%

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3.8	Support was available for people feeling depressed or suicidal?	34%	43%	34%	34%
3.8	How to make routine requests?	45%	45%	45%	29%
3.8	Your entitlement to visits?	45%	44%	45%	35%
3.8	Health services?	52%	55%	52%	44%
3.8	The chaplaincy?	44%	49%	44%	37%
3.9	Did you feel safe on your first night here?	69%	83%	69%	75%
3.10	Have you been on an induction course?	93%	91%	93%	97%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	67%	63%	67%	64%
3.12	Did you receive an education (skills for life) assessment?	82%	83%	82%	
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	47%	48%	47%	44%
4.1	Attend legal visits?	37%	52%	37%	46%
4.1	Get bail information?	13%	15%	13%	13%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	40%	41%	40%	44%
4.3	Can you get legal books in the library?	37%	43%	37%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	75%	66%	75%	55%
4.4	Are you normally able to have a shower every day?	97%	93%	97%	97%
4.4	Do you normally receive clean sheets every week?	82%	78%	82%	73%
4.4	Do you normally get cell cleaning materials every week?	94%	71%	94%	83%
4.4	Is your cell call bell normally answered within five minutes?	35%	37%	35%	34%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	65%	69%	65%	75%
4.4	Can you normally get your stored property, if you need to?	21%	27%	21%	21%
4.5	Is the food in this prison good/very good?	16%	26%	16%	19%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	44%	50%	37%
4.7	Are you able to speak to a Listener at any time, if you want to?	55%	57%	55%	41%
4.8	Are your religious beliefs are respected?	55%	53%	55%	57%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	67%	58%	67%	59%
4.10	Is it easy/very easy to attend religious services?	54%	50%	54%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	84%	82%	84%	

Main comparator and comparator to last time

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	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	65%	61%	65%	60%
5.2	Do you feel applications are dealt with quickly (within seven days)?	49%	48%	49%	57%
5.3	Is it easy to make a complaint?	66%	60%	66%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	37%	34%	37%	25%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	31%	36%	31%	41%
5.5	Have you ever been prevented from making a complaint when you wanted to?	14%	17%	14%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	24%	29%	24%	26%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	54%	52%	53%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	58%	47%	58%	49%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	5%	7%	4%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	31%	41%	31%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	79%	77%	79%	76%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	69%	76%	69%	65%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	30%	28%	30%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	18%	20%	18%	13%
7.5	Do you have a personal officer?	74%	73%	74%	75%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	61%	64%	61%	57%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	35%	31%	35%	37%
8.2	Do you feel unsafe now?	15%	13%	15%	16%
8.4	Have you been victimised by other prisoners here?	19%	22%	19%	14%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	8%	10%	8%	7%
8.5	Hit, kicked or assaulted you?	5%	6%	5%	4%
8.5	Sexually abused you?	1%	1%	1%	1%
8.5	Threatened or intimidated you?	11%	13%	11%	
8.5	Taken your canteen/property?	5%	4%	5%	3%

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8.5	Victimised you because of medication?	4%	4%	4%	
8.5	Victimised you because of debt?	1%	3%	1%	
8.5	Victimised you because of drugs?	2%	3%	2%	1%
8.5	Victimised you because of your race or ethnic origin?	3%	3%	3%	3%
8.5	Victimised you because of your religion/religious beliefs?	3%	2%	3%	1%
8.5	Victimised you because of your nationality?	2%	2%	2%	
8.5	Victimised you because you were from a different part of the country?	3%	4%	3%	2%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.5	Victimised you because of your age?	1%	2%	1%	2%
8.5	Victimised you because you have a disability?	2%	2%	2%	2%
8.5	Victimised you because you were new here?	4%	4%	4%	3%
8.5	Victimised you because of your offence/crime?	3%	4%	3%	2%
8.5	Victimised you because of gang related issues?	3%	3%	3%	4%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	30%	27%	30%	27%
Since you have been here, have staff:					
8.7	Made insulting remarks about you, your family or friends?	11%	10%	11%	11%
8.7	Hit, kicked or assaulted you?	3%	3%	3%	3%
8.7	Sexually abused you?	0%	1%	0%	3%
8.7	Threatened or intimidated you?	9%	12%	9%	
8.7	Victimised you because of medication?	3%	4%	3%	
8.7	Victimised you because of debt?	1%	2%	1%	
8.7	Victimised you because of drugs?	4%	2%	4%	4%
8.7	Victimised you because of your race or ethnic origin?	7%	5%	7%	8%
8.7	Victimised you because of your religion/religious beliefs?	5%	3%	5%	6%
8.7	Victimised you because of your nationality?	3%	3%	3%	
8.7	Victimised you because you were from a different part of the country?	3%	3%	3%	4%
8.7	Victimised you because you are from a Traveller community?	2%	1%	2%	
8.7	Victimised you because of your sexual orientation?	0%	1%	0%	1%
8.7	Victimised you because of your age?	2%	2%	2%	2%
8.7	Victimised you because you have a disability?	2%	2%	2%	2%
8.7	Victimised you because you were new here?	2%	5%	2%	7%
8.7	Victimised you because of your offence/crime?	2%	4%	2%	2%

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	Percentages which are not highlighted show there is no significant difference				
8.7	Victimised you because of gang related issues?	2%	2%	2%	4%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	35%	39%	35%	29%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	26%	32%	26%	26%
9.1	Is it easy/very easy to see the nurse?	43%	55%	43%	42%
9.1	Is it easy/very easy to see the dentist?	11%	13%	11%	12%
	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:				
9.2	The doctor?	47%	48%	47%	41%
9.2	The nurse?	54%	60%	54%	54%
9.2	The dentist?	38%	42%	38%	42%
9.3	The overall quality of health services?	46%	44%	46%	35%
9.4	Are you currently taking medication?	44%	47%	44%	42%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	82%	85%	82%	
9.6	Do you have any emotional well being or mental health problems?	25%	26%	25%	20%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	59%	49%	59%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	30%	23%	30%	29%
10.2	Did you have a problem with alcohol when you came into this prison?	22%	17%	22%	16%
10.3	Is it easy/very easy to get illegal drugs in this prison?	22%	31%	22%	19%
10.4	Is it easy/very easy to get alcohol in this prison?	17%	18%	17%	
10.5	Have you developed a problem with drugs since you have been in this prison?	7%	7%	7%	8%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	8%	6%	8%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	55%	65%	55%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	67%	64%	67%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	84%	80%	84%	83%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	63%	40%	63%	

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11.1 Vocational or skills training?	50%	35%	50%	
11.1 Education (including basic skills)?	59%	51%	59%	
11.1 Offending behaviour programmes?	31%	19%	31%	
Are you currently involved in any of the following activities:				
11.2 A prison job?	66%	60%	66%	54%
11.2 Vocational or skills training?	16%	17%	16%	27%
11.2 Education (including basic skills)?	13%	27%	13%	25%
11.2 Offending behaviour programmes?	13%	13%	13%	17%
11.3 Have you had a job while in this prison?	82%	82%	82%	84%
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	38%	43%	38%	48%
11.3 Have you been involved in vocational or skills training while in this prison?	71%	73%	71%	83%
For those who have had vocational or skills training while in this prison:				
11.3 Do you feel the vocational or skills training will help you on release?	57%	59%	57%	77%
11.3 Have you been involved in education while in this prison?	72%	79%	72%	85%
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	64%	61%	64%	73%
11.3 Have you been involved in offending behaviour programmes while in this prison?	71%	71%	71%	79%
For those who have been involved in offending behaviour programmes while in this prison:				
11.3 Do you feel the offending behaviour programme(s) will help you on release?	54%	53%	54%	65%
11.4 Do you go to the library at least once a week?	32%	47%	32%	43%
11.5 Does the library have a wide enough range of materials to meet your needs?	33%	45%	33%	
11.6 Do you go to the gym three or more times a week?	52%	37%	52%	40%
11.7 Do you go outside for exercise three or more times a week?	69%	46%	69%	69%
11.8 Do you go on association more than five times each week?	74%	76%	74%	82%
11.9 Do you spend ten or more hours out of your cell on a weekday?	18%	16%	18%	18%
SECTION 12: Friends and family				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	32%	35%	32%	31%
12.2 Have you had any problems with sending or receiving mail?	42%	44%	42%	39%
12.3 Have you had any problems getting access to the telephones?	17%	24%	17%	16%
12.4 Is it easy/ very easy for your friends and family to get here?	12%	28%	12%	
SECTION 13: Preparation for release				
For those who are sentenced:				
13.1 Do you have a named offender manager (home probation officer) in the probation service?	84%	82%	84%	

Main comparator and comparator to last time

Key to tables

		HMP Wayland 2013	Category C trainees prisons comparator	HMP Wayland 2013	HMP Wayland 2011
	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				
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	36%	33%	36%	
13.2	Contact by letter?	33%	38%	33%	
13.2	Contact by phone?	29%	25%	29%	
13.2	Contact by visit?	26%	33%	26%	
13.3	Do you have a named offender supervisor in this prison?	74%	66%	74%	
	For those who are sentenced:				
13.4	Do you have a sentence plan?	71%	70%	71%	77%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	51%	56%	51%	57%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	51%	47%	51%	
13.6	Offender supervisor?	31%	35%	31%	
13.6	Offender manager?	24%	26%	24%	
13.6	Named/ personal officer?	7%	13%	7%	
13.6	Staff from other departments?	16%	17%	16%	
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	69%	65%	69%	77%
13.8	Are there plans for you to achieve any of your targets in another prison?	26%	22%	26%	
13.9	Are there plans for you to achieve any of your targets in the community?	28%	29%	28%	
13.10	Do you have a needs based custody plan?	9%	6%	9%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	15%	17%	15%	17%
	For those that need help do you know of anyone in this prison who can help you on release with the following:				
13.12	Employment?	36%	34%	36%	
13.12	Accommodation?	35%	38%	35%	
13.12	Benefits?	39%	38%	39%	
13.12	Finances?	25%	27%	25%	
13.12	Education?	35%	36%	35%	
13.12	Drugs and alcohol?	46%	45%	46%	
	For those who are sentenced:				
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	59%	55%	59%	56%



Diversity analysis

Key question responses (ethnicity and religion) HMP Wayland 2013

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

		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				
Number of completed questionnaires returned		71	121	34	153
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	6%	2%	6%	3%
1.6	Do you understand spoken English?	100%	99%	100%	99%
1.7	Do you understand written English?	100%	96%	100%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			91%	25%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	11%	0%	9%
1.1	Are you Muslim?	45%	3%		
1.12	Do you consider yourself to have a disability?	13%	19%	6%	20%
1.13	Are you a veteran (ex-armed services)?	1%	5%	0%	5%
1.14	Is this your first time in prison?	32%	21%	30%	25%
2.6	Were you treated well/very well by the escort staff?	75%	68%	77%	70%
2.7	Before you arrived here were you told that you were coming here?	45%	56%	38%	55%
3.2	When you were searched in reception, was this carried out in a respectful way?	81%	82%	91%	80%
3.3	Were you treated well/very well in reception?	72%	65%	62%	69%
3.4	Did you have any problems when you first arrived?	72%	61%	62%	66%
3.7	Did you have access to someone from health care when you first arrived here?	61%	70%	62%	68%
3.9	Did you feel safe on your first night here?	69%	68%	62%	70%
3.10	Have you been on an induction course?	94%	92%	94%	93%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	46%	47%	50%	46%
4.4	Are you normally offered enough clean, suitable clothes for the week?	75%	75%	74%	75%

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					
4.4	Are you normally able to have a shower every day?	96%	98%	94%	99%
4.4	Is your cell call bell normally answered within five minutes?	30%	38%	41%	33%
4.5	Is the food in this prison good/very good?	13%	18%	18%	15%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	46%	52%	56%	49%
4.7	Are you able to speak to a Listener at any time, if you want to?	49%	58%	41%	58%
4.8	Do you feel your religious beliefs are respected?	51%	57%	62%	53%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	65%	68%	62%	68%
5.1	Is it easy to make an application?	83%	84%	82%	85%
5.3	Is it easy to make a complaint?	60%	69%	62%	66%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	40%	60%	33%	58%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	54%	60%	56%	59%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	6%	12%	6%
7.1	Do most staff, in this prison, treat you with respect?	73%	83%	71%	82%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	67%	70%	53%	73%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	14%	20%	15%	19%
7.4	Do you have a personal officer?	68%	78%	62%	77%
8.1	Have you ever felt unsafe here?	32%	37%	31%	37%
8.2	Do you feel unsafe now?	19%	13%	15%	15%
8.3	Have you been victimised by other prisoners?	19%	19%	15%	21%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	6%	14%	3%	13%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	4%	3%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	4%	3%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	2%	0%	3%

Diversity analysis

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				
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	4%	0%	3%
8.6	Have you been victimised by a member of staff?	36%	27%	47%	27%
8.7	Have you ever felt threatened or intimidated by staff here?	6%	11%	6%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	13%	4%	15%	6%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	9%	3%	12%	3%
8.7	Have you been victimised because of your nationality? (By staff)	6%	1%	3%	3%
8.7	Have you been victimised because you have a disability? (By staff)	3%	2%	0%	3%
9.1	Is it easy/very easy to see the doctor?	23%	27%	23%	24%
9.1	Is it easy/ very easy to see the nurse?	45%	42%	35%	44%
9.4	Are you currently taking medication?	35%	50%	35%	47%
9.6	Do you feel you have any emotional well being/mental health issues?	21%	27%	15%	27%
10.3	Is it easy/very easy to get illegal drugs in this prison?	16%	26%	18%	23%
11.2	Are you currently working in the prison?	54%	73%	65%	66%
11.2	Are you currently undertaking vocational or skills training?	24%	11%	26%	14%
11.2	Are you currently in education (including basic skills)?	19%	10%	9%	14%
11.2	Are you currently taking part in an offending behaviour programme?	9%	16%	12%	13%
11.4	Do you go to the library at least once a week?	34%	31%	38%	31%
11.6	Do you go to the gym three or more times a week?	59%	49%	62%	50%
11.7	Do you go outside for exercise three or more times a week?	74%	65%	85%	65%
11.8	On average, do you go on association more than five times each week?	63%	81%	71%	75%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	14%	20%	18%	18%
12.2	Have you had any problems sending or receiving mail?	49%	38%	53%	40%
12.3	Have you had any problems getting access to the telephones?	20%	16%	18%	17%



Diversity Analysis

Key question responses (disability) HMP Wayland 2013

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

	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		
Number of completed questionnaires returned		32	160
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	3%	3%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	91%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	28%	39%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	9%	7%
1.1	Are you Muslim?	6%	21%
1.12	Do you consider yourself to have a disability?	-	-
1.13	Are you a veteran (ex-armed services)?	6%	3%
1.14	Is this your first time in prison?	28%	25%
2.6	Were you treated well/very well by the escort staff?	58%	73%
2.7	Before you arrived here were you told that you were coming here?	53%	52%
3.2	When you were searched in reception, was this carried out in a respectful way?	64%	86%
3.3	Were you treated well/very well in reception?	64%	67%
3.4	Did you have any problems when you first arrived?	90%	60%
3.7	Did you have access to someone from health care when you first arrived here?	69%	66%
3.9	Did you feel safe on your first night here?	55%	71%
3.10	Have you been on an induction course?	94%	93%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	47%	47%
4.4	Are you normally offered enough clean, suitable clothes for the week?	69%	76%
4.4	Are you normally able to have a shower every day?	94%	98%

Diversity Analysis

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		
4.4	Is your cell call bell normally answered within five minutes?	35%	35%
4.5	Is the food in this prison good/very good?	19%	15%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	59%	47%
4.7	Are you able to speak to a Listener at any time, if you want to?	62%	53%
4.8	Do you feel your religious beliefs are respected?	66%	53%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	75%	66%
5.1	Is it easy to make an application?	74%	86%
5.3	Is it easy to make a complaint?	64%	66%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	52%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	61%	57%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	13%	6%
7.1	Do most staff, in this prison, treat you with respect?	81%	78%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	66%	70%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	28%	16%
7.4	Do you have a personal officer?	72%	75%
8.1	Have you ever felt unsafe here?	48%	33%
8.2	Do you feel unsafe now?	26%	13%
8.3	Have you been victimised by other prisoners?	35%	16%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	22%	9%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	2%
8.5	Have you been victimised because of your age? (By prisoners)	3%	0%
8.5	Have you been victimised because you have a disability? (By prisoners)	9%	1%

Diversity Analysis

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		
8.6	Have you been victimised by a member of staff?	26%	31%
8.7	Have you ever felt threatened or intimidated by staff here?	9%	9%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	7%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	5%
8.7	Have you been victimised because of your nationality? (By staff)	0%	3%
8.7	Have you been victimised because of your age? (By staff)	3%	2%
8.7	Have you been victimised because you have a disability? (By staff)	13%	0%
9.1	Is it easy/very easy to see the doctor?	28%	26%
9.1	Is it easy/ very easy to see the nurse?	50%	42%
9.4	Are you currently taking medication?	78%	36%
9.6	Do you feel you have any emotional well being/mental health issues?	56%	18%
10.3	Is it easy/very easy to get illegal drugs in this prison?	22%	22%
11.2	Are you currently working in the prison?	57%	68%
11.2	Are you currently undertaking vocational or skills training?	10%	17%
11.2	Are you currently in education (including basic skills)?	3%	15%
11.2	Are you currently taking part in an offending behaviour programme?	7%	14%
11.4	Do you go to the library at least once a week?	47%	29%
11.6	Do you go to the gym three or more times a week?	35%	56%
11.7	Do you go outside for exercise three or more times a week?	66%	69%
11.8	On average, do you go on association more than five times each week?	61%	77%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	16%	18%
12.2	Have you had any problems sending or receiving mail?	45%	42%
12.3	Have you had any problems getting access to the telephones?	23%	16%