

Report on an unannounced inspection of

# **HMP Oakwood**

by HM Chief Inspector of Prisons

**10–21 June 2013**

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# Introduction

Oakwood is a new training prison that opened in April 2012 under the management of G4S. Located near Wolverhampton in the West Midlands, it is a huge and structurally impressive facility capable of holding more than 1,600 category C prisoners. Fourteen months since it opened, this report records the prison's first independent inspection.

This is unquestionably a concerning report. The prison had many advantages in terms of the quality of its design and facilities, but there was a palpable level of frustration among prisoners at their inability to get even basic issues addressed. The inexperience of the staff was everywhere evident, and systems to support routine services were creaky, if they existed at all. The quality of the environment and accommodation mitigated some of the frustrations and without this risks could have been much greater. Against all four of our healthy prison tests, safety, respect, activity and resettlement, the outcomes we observed were either insufficient or poor.

Newly arrived prisoners were admitted through a well-designed reception area and housed in a welcoming first night centre. However, the focus of this important facility was diverted by its need to also provide an additional sanctuary for the vulnerable. Induction arrangements were weak. Too many prisoners felt unsafe and indicators of levels of violence were high, although we had no confidence in the quality of recorded data or in the structures and arrangements to reduce violence. Even the designated units meant to protect those declared vulnerable were not working effectively and too many prisoners on these units also felt unsafe. Levels of self-harm, some linked to day-to-day frustrations as well as perceived victimisation, were high but again processes to support those in crisis were not good enough.

Security arrangements facilitated a category C regime and were generally proportionate but there was clear evidence of illicit drug and alcohol use, as well as the improper diversion of prescribed medication. Mandatory drug testing results were high but potentially even worse when the large number of test refusals were taken into account. Segregation was managed reasonably and not used excessively, although there was a significant use of force in the prison. The supervision of use of force was improving but many of the recorded inadequacies in its application were evidence of staff uncertainty and inexperience.

The best feature of Oakwood was its impressive environment and accommodation, which were important for the prisoner experience, as most other aspects of daily living were characterised by frustration. Prisoners were unable to access basic facilities, such as cleaning materials and kit, and the applications system barely worked. Staff-prisoner relationships were not respectful and very worrying. Prisoners had little confidence in the staff to act consistently or get things done. Many staff were passive and compliant, almost to the point of collusion, in an attempt to avoid confrontation, and there was clear evidence of staff failing to tackle delinquency or abusive behaviour. The promotion of diversity was poor, with systems and structures to address issues again not functioning effectively. Most minorities had worse perceptions, and perhaps most obviously troubling, was the failure to meet the care needs of some prisoners with disabilities.

The provision of health care at Oakwood was very poor - there was no assessment of need; systems did not work; care needs were not met; and the administration of medication was in chaos. The health provider has, as a consequence of our inspection, received a regulatory enforcement notice from the Care Quality Commission.

Some prisoners experienced reasonable amounts of time out of cell, but for the majority who were not fully employed, access was considerably more limited. Well over a third of prisoners were locked up during the working day and only just over half were in activity at any one time. Much of what was on offer was judged to be inadequate. Leadership in learning and skills was poor. There were not enough activity places, and those that were available was not fully used. Vocational learning

was generally better than education, much of which was poor, but there was not enough of it. Too much work was menial. Punctuality, attendance and behaviour in learning and skills all required significant improvement.

The delivery of resettlement and offender management was uncoordinated, with offender management work very poor. Many prisoners had no sentence plan or effective offender supervision. Offender supervisors were not sufficiently trained and often redeployed to fill vacancies elsewhere in the prison. Some work in support of the resettlement pathways was better, although the prison urgently need to make strategic decisions about how it was going to start to address the offending behaviour risks of its near 300 sex offenders.

There is a lot to do before Oakwood is operating anywhere near effectively. Positively, the prison is an excellent facility. We found a management and staff team that were working hard and seemed keen to do the right thing. A new director had recently been appointed and, in our view, had analysed what needed to be done accurately. But the prison urgently needed a plan to retrieve the situation and there were real risks if matters were allowed to drift. Prisoner frustration needed to be addressed. Systems that delivered basic services had to be made to work. Work to build the competence and confidence of staff was required. Health care had to be delivered effectively. The quality of management information had to improve and the prison needed to engage and communicate more effectively with prisoners. Finally, the prison needed to create structures that will ensure progress is monitored, that changes are coordinated and that improvement is sustained and embedded.

**Nick Hardwick**  
HM Chief Inspector of Prisons

July 2013

# Fact page

## Task of the establishment

HMP Oakwood is a category C male training establishment for sentenced prisoners serving three months or more.

## Prison status

Private, operated by G4S Care and Justice Services

## Region

West Midlands

## Number held

1,558

## Certified normal accommodation

1,605

## Operational capacity

1,605

## Date of last inspection

N/A

## Brief history

HMP Oakwood is a new prison. It opened on 24 April 2012 and provides places for 1,605 category C male prisoners, making it one of the largest prisons in England and Wales.

## Short description of residential units

Ash	Vulnerable prisoner population
Beech	General population
Cedar	General population
Douglas	Lifer/long-term population (enhanced)
Elm	First night centre (induction)
Fir	Care and separation unit (segregation)

## Name of director

John McLaughlin

## Escort contractor

GEOAmey

## Health service provider

Worcestershire Health and Care NHS Trust

## Learning and skills provider

Milton Keynes College

## Independent Monitoring Board chair

Allan Chapell



# 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 criteria are:

<b>Safety</b>	prisoners, particularly the most vulnerable, are held safely
<b>Respect</b>	prisoners are treated with respect for their human dignity
<b>Purposeful activity</b>	prisoners are able, and expected, to engage in activity that is likely to benefit them
<b>Resettlement</b>	prisoners are prepared for their release into the community and 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, the majority of our inspections have been full follow-ups of previous inspections, with most unannounced. Previously, inspections were either full (a new inspection of the establishment), full follow-ups (a new inspection of the establishment with an assessment of whether recommendations at the previous inspection had been achieved and investigation of any areas of serious concern previously identified) or short follow-ups (where there were comparatively fewer concerns and establishments were assessed as making either sufficient or insufficient progress against the previous recommendations).

## 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*. 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.<sup>1</sup>

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<sup>1</sup> 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** *Reception (admissions) processes were good but took too long. First night arrangements were reasonable, with good peer support. Too many prisoners felt unsafe. There were high levels of assaults and victimisation and there was poor understanding and management of these issues. Levels of self-harm were high. Security arrangements were generally proportionate. Illicit drugs were easily available and use was high. The number of adjudications was similar to that at comparator establishments. The level of use of force was high but governance had recently improved. Segregation was not overused. Substance misuse provision was reasonably good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S2** Most prisoners said that they had been treated well by escort staff during their journey to the prison. The vans we saw were clean and prisoners were provided with refreshments.
- S3** The admissions unit was well laid out, clean and tidy but too many prisoners had long waits in bare holding rooms. Most prisoners said that they had been treated well in admissions and we saw friendly interactions.
- S4** The dedicated first night centre was bright and welcoming but not all cells were properly prepared for new arrivals. First night processes were reasonable and provided an opportunity to check safety concerns, and there was good use of peer supporters. Most prisoners said that they had felt safe on their first night. The first night centre was used inappropriately for some prisoners, and others stayed far too long without a clear exit plan or access to the regime or activities provided by other wings. The induction programme was very limited in content. Too few prisoners said it covered everything they needed to know.
- S5** Too many prisoners felt unsafe. Recorded levels of assaults and victimisation were high and not all of them were recorded. Reasons for victimisation were varied and included taking shop-bought goods, taking prescribed medication and drug debt. The prison's safer custody data were unreliable and data analysis to identify trends and inform action was very limited. The management of bullying and victimisation across the prison was weak. Perpetrators were ineffectively monitored and challenged, and victims were poorly supported. Too many victims sought protection on the vulnerable prisoner wing, yet continued to feel unsafe.
- S6** Levels of self-harm and the number of prisoners subject to assessment, care in custody and teamwork (ACCT) self-harm monitoring were high. Prisoners' frustrations at the perceived lack of help from staff, and victimisation due to debts had led directly to some threats of, and actual, self-harm. The timeliness of ACCT documentation was generally good but its quality was poor and we were not assured that the quality of care was adequate. There were insufficient Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and although they felt well supported, facilities to support prisoners in crisis were poor.
- S7** Security measures were generally proportionate to the risks posed and appropriate free-flow movement had been introduced effectively. A large amount of security information was analysed well and key areas requiring attention identified, with relevant objectives set. Information sharing with other departments was developing and the frequency of intelligence-led searching was improving, with some significant finds.

- S8 A wide range of illicit drugs, including diverted prescribed medications, were easily available and one in seven prisoners said that they had developed a drug problem while at the prison. Some supply reduction measures were being introduced but the prison lacked a focused strategic approach to tackling drug supply and demand. Although the drug testing positive rates were not high, they were distorted by the very high number of prisoners refusing to be tested.
- S9 The incentives and earned privileges (IEP) policy did not operate effectively, and just under half of the prisoners responding to our survey said that they had been treated fairly under the scheme. Management oversight was poor. There were insufficient differentials between the levels of the scheme, and the purpose of Douglas wing, the enhanced unit, within the scheme was not clear
- S10 The number of adjudications was similar to that at comparator establishments but some could have been more appropriately dealt with using an improved IEP scheme. The level of use of force was more than double that at similar prisons and not all incidents had been documented. Prisoners were often restrained without any attempt at de-escalation and negotiation, reflecting the inexperience of many staff. However, the standard of written reports and quality assurance processes had recently begun to improve.
- S11 The use of segregation was not high, few prisoners remained on the unit for long periods and most occupants returned to normal residential accommodation. For those remaining on the unit for longer periods, the regime was inadequate and reviews lacked purposeful planning for meaningful reintegration or longer-term care. Staff-prisoner relationships on the unit were polite and staff had a good knowledge about the prisoners in their care, but they failed to challenge the poor behaviour of some prisoners on the unit.
- S12 The integrated substance misuse team delivered good quality one-to-one and group work for drug- and poly-drug users. However, there were insufficient services for primary alcohol users. Some medication administration areas were dirty and all were overcrowded.

## Respect

**S13** *The quality of accommodation was very good but prisoners were unable to access basic cleaning and toiletry items. The application system was chaotic and ineffective. Prisoners were frustrated by staff inexperience and inability to provide advice and support. Staff lacked confidence and did not challenge poor prisoner behaviour. Diversity arrangements were weak, support for prisoners in minority groups was poor and some very acute needs of prisoners with disabilities were not being met. Faith facilities were good but access to some services was problematic. There were high levels of complaints. Health provision was very poor. Food was reasonable. **Outcomes for prisoners were poor against this healthy prison test.***

- S14 The quality of accommodation was good. Most communal areas were clean and well maintained, although graffiti was evident in some areas. Prisoner access to prison clothes, bedding and basic toiletries was very poor and prisoners struggled to access cleaning materials for their cells.
- S15 The applications system was chaotic and lacked any method of recording or tracking. Prisoners had little faith in the system and many told us that they automatically defaulted to complaint forms in order to try to elicit a response.

- S16 Fewer prisoners than at similar prisons said that staff treated them with respect. Some staff were keen to help, but prisoners were frustrated by staff inexperience and their inability to offer consistent advice and support. Although we saw some positive interactions, staff lacked confidence and authority and we saw poor behaviour not being challenged, with staff adopting a compliant attitude to avoid confrontation.
- S17 The strategic management of diversity was weak. Neither the policy nor the meetings addressed all protected characteristics. In our survey, prisoners from most minority groups reported more negatively than their counterparts about their treatment across many areas. There was no data collection to monitor equality of access or treatment of prisoners from any minority groups other than race. There were almost no consultation opportunities for prisoners from any minority groups, leaving many feeling unsupported. Not all prisoners with disabilities were identified, and support for those identified was poorly coordinated, leaving some significant needs unmet. Support for most of the other protected characteristics was poor. There were no care plans for older prisoners and there was under-identification of gay and bisexual prisoners.
- S18 Facilities for multi-faith worship were good. Prisoners reported negatively about access to services and faith leaders. There was good contact with the local faith representatives.
- S19 There were high numbers of complaints. Too many went missing or were returned late. Complaints were monitored for trends and some action was taken.
- S20 Health services were very poor. There was no health needs assessment of the specific needs of prisoners at Oakwood, so it was difficult for anyone to identify whether current resources met need. There was a lack of reporting of clinical incidents. Few prisoners rated the overall quality of health care as good. Systems were not robust and we found many examples of patients' needs not being identified. Prisoners reported difficulty in accessing health services and we found unacceptably long waiting lists, and a lack of robust management of the lists and non-attendance. There was some good care from nursing staff but not enough, and many prisoners with physical health needs did not have care plans or receive care in line with national guidelines. We found chaotic medication administration systems, resulting in many prisoners regularly missing doses. Medications known to be tradable were routinely prescribed and opportunities for the diversion of prescribed medications were not managed robustly.
- S21 More prisoners than at comparator prisons reported having emotional or mental health problems, but relatively few said that they were being helped or supported. The waiting list for mental health triage assessment, estimated to be two to three months for the majority of prisoners, was unacceptable, and the mental health needs of prisoners were not being met.
- S22 Prisoners were very negative about the quality and quantity of the food provided. The food we tasted and saw being served was reasonable but poor supervision of the serveries led to bullying and excessive amounts of food being issued to some, resulting in shortages of food. Some serveries and food trolleys were dirty.

## Purposeful activity

- S23** *The amount of time unlocked was good for fully employed prisoners but not for those who were unemployed. Access to association was good. Implementation of the learning and skills provision was poorly managed and slow. Far too few activity places were available for the population and not all of these were fully utilised. Very few vocational training places were available but the range and quality*

*were good and achievements were reasonable. Standards of teaching in education classes were poor, unacceptable behaviour was not challenged and levels of progress and achievement were low. Access to the library and PE was problematic. PE facilities were good but often overcrowded. **Outcomes for prisoners were poor against this healthy prison test.***

- S24 The amount of time unlocked for fully employed prisoners was good, at over 10 hours a day, but not for the large number of unemployed prisoners, who spent only about four hours out of their cells each day. Too many prisoners were locked up during the day and only 58% engaged in activity at any one time. Outdoor exercise and association were routinely provided and most wings had a reasonable amount of association equipment. Exercise yards were clean but bare, with no seating.
- S25 Learning and skills and work activities were poorly managed and the implementation of the learning and skills provision was slow. There were insufficient education, training and work activities to occupy the prison population, and not all of these were fully utilised. There was insufficient analysis of information to help plan improvements across the provision.
- S26 The national virtual campus (internet access for prisoners to community education, training and employment opportunities) was not in operation. There were good external links to attract additional courses into the prison.
- S27 Very few vocational training places were available, but the quality and range were good. Teaching and learning in vocational areas and commercial workshops was adequate or better, with good skills development. The range of education provision was adequate but capacity was not maximised, attendance and behaviour were poor and too many sessions finished early. The standard of teaching, learning and assessment in education classes was poor, with low levels of progress. Too many prisoners were employed in mundane wing work.
- S28 Achievements and success rates in vocational training and commercial workshops were generally good. Vocational training was linked well to allow progression to higher-level programmes. Achievements and success rates in education classes were low.
- S29 Access to the library was limited. Resources were reasonable but the 12 computer terminals were not connected.
- S30 PE facilities were generally good but the main gym was not large enough to meet need and was often cramped. Too few prisoners accessed the facilities and there were not enough bespoke activities for older prisoners or those with disabilities. The range of recreational and vocational PE was adequate.

## Resettlement

- S31 *The strategic management of resettlement was not sufficiently developed. Too few prisoners had a sentence plan or contact with their offender supervisor and they were frustrated in their attempts to progress. Offender supervisors were ill-equipped to assess and manage risk. Home detention curfew procedures and public protection arrangements were sound. Reintegration planning was developing but was compromised by the lack of an initial assessment. Resettlement pathway work was reasonable. The lack of specific interventions for the high number of sex offenders was a significant concern. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

- S32 Some progress had been made in planning a resettlement needs analysis now that the population had become more settled. However, there was no coordinated delivery of resettlement, offender management and public protection strands, resulting in isolated development and poor communication.
- S33 Offender management was extremely poor. There was a large backlog of assessments, and sentence plans and reviews due to staff redeployment and the reception of large numbers of prisoners without an assessment. Too many prisoners did not have a sentence plan, had little contact with their offender supervisor and were frustrated in their attempts to progress. The quality of offender assessment system (OASys) assessments and sentence plans was variable. Training for offender supervisors was inadequate and did not equip them to assess and manage risk. Home detention curfew procedures were sound and assessments were mostly completed on time.
- S34 Public protection arrangements were good and restrictions well managed. Categorisation reviews were timely and decisions were defensible. A large number of category D prisoners were held and the prison had difficulty in transferring them to open conditions.
- S35 Facilities for the high number of indeterminate-sentenced prisoners (ISPs) were poorly developed but a dedicated ISP manager had recently been appointed and had consulted prisoners to plan the development of services.
- S36 There was no assessment of prisoners' resettlement needs on arrival and too few knew where to go to get help. All prisoners were allocated to a resettlement officer, who saw them before discharge to deal with outstanding needs. Release on temporary licence was not used to support resettlement opportunities.
- S37 A wide range of accommodation advice and support was provided. Effective links had been established with accommodation providers and few prisoners were released without an address. Employment, training and education provision on release was developing well. Employment gaps were identified and there were links to employers and business start-up innovations. Good commercial workshop activities offered realistic employment opportunities.
- S38 Prisoners were given information about accessing health services on release before release. Good efforts were made by the mental health team to link their clients into relevant services on release.
- S39 Pre-release sessions and work packs were delivered to prisoners with substance use problems nearing release. Links with local drug and alcohol agencies were good, although for prisoners from outside the area, there were fewer opportunities for pre-release contact with community agency workers.
- S40 Resettlement officers provided access to money advice helplines but there was no specialist debt advice available. A money management course was provided by the education department and access to bank accounts was being planned. Benefits advice was not reliably available from Jobcentre Plus.
- S41 The children, families and visits pathway provision was progressing well. The visitor centre was an excellent facility, and procedures were efficient. Help and Advice Line for Offenders' Wives (HALOW) staff offered a range of services to support prisoners and their families, but only enhanced regime prisoners could apply for family days, father and baby bonding sessions and family photographs.

- S42 There were suitable accredited offending behaviour programmes for most of the prison population. These met demand and were supported by a range of programmes available to prisoners who were not suitable for accredited interventions. There were no appropriate interventions for the 300 sex offenders, many of whom were in denial of their offending. A large number of these offenders were due for release without their offending being addressed.

## Main concerns and recommendations

- S43 Concern: Too many prisoners felt unsafe, and levels of violence and victimisation were high. The prison's data were unreliable and the very limited data analysis carried out did not sufficiently identify trends or inform action.

**Recommendation: All incidents of violence and victimisation should be recorded and analysed. This should identify trends and action should be taken to make the prison safer.**

- S44 Concern: Illicit drugs were easily available and drug use was high and a major source of bullying. The prison lacked a strategic approach to managing drug supply and demand.

**Recommendation: Analysis of drug supply and demand should be improved and action should be taken to reduce availability.**

- S45 Concern: Many prisoners were often extremely frustrated by the inability of staff to provide even the most basic levels of support, sort out basic issues or give consistent advice.

**Recommendation: Comprehensive prisoner consultation arrangements should be introduced to identify areas of concern and action should be taken to improve staff skills and knowledge.**

- S46 Concern: Not all prisoners with disabilities were identified, and support for those who were was poorly coordinated, leaving some significant needs unmet.

**Recommendation: All prisoners with disabilities should be identified. Where necessary, care should be coordinated between health services and wing staff and their needs should be identified in a care plan available to wing staff.**

- S47 Concern: Medications were very poorly administered and compromised prisoner safety. Many prisoners missed doses regularly due to poor organisation and management of repeat prescriptions. Medications known to be tradable were routinely prescribed and there were numerous opportunities for the diversion of prescribed medications, which were not managed robustly.

**Recommendation: Procedures for the prescribing and administration of medicines, including repeat prescriptions, should be improved, all medication administration should be risk assessed, and opportunities for the diversion of medications should be minimised.**

- S48 Concern: There were only enough learning and skills and work places for 60% of the population and too many prisoners were not sufficiently engaged in activity.

**Recommendation: The amount of high-quality learning and skills and work activity should be increased to meet the needs of the population.**

S49 Concern: Too few prisoners had a sentence plan or contact with an offender supervisor, which limited their opportunities to progress.

**Recommendation: All prisoners should have a sentence or custody plan and regular contact with their offender supervisor.**

S50 Concern: There was no planned approach for addressing the offending behaviour of the 300 prisoners convicted of sex crimes, many of whom were in denial of their offending. A large number of these prisoners were due for release without their offending having been addressed.

**Recommendation: The prison should have a clear strategy to ensure that sex offenders, including those in denial, have access to appropriate interventions.**



# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

**I.1** *Most prisoners felt safe during their journey to the establishment and escort staff were courteous. Vans we saw were clean. Some prisoners' entry into reception was delayed but identification processes were sound.*

**I.2** Escorts and transfers were provided by GEOAmev. They transferred about 54 prisoners to the establishment per month, with 45% of prisoners having journeys of over two hours, which was in line with the comparator. In our survey, more prisoners than at comparator prisons said that they had felt safe during their journey (86% versus 81%) and that they had been treated well by escort staff (76% versus 69%). The vans we saw were clean and prisoners were provided with a snack and a drink during the journey.

**I.3** Some prisoners had to wait on the van outside the admissions unit while others were processed. Prisoners were not handcuffed while disembarking but were taken off the van one by one, which further added to the delay for some.

### Housekeeping point

**I.4** Prisoners should not be held for long periods on vans outside the admissions unit.

## 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.**

**I.5** *The admissions unit was well managed and most prisoners felt well treated. Some prisoners spent too long in bare holding rooms. The first night centre was a welcoming environment. The first night interview checked out new prisoners' feelings of safety but was sometimes rushed. Peer workers offered additional support. The centre was used inappropriately for vulnerable prisoners and those seeking a transfer to another prison. It also held some men for too long without a clear exit plan. The induction course and information provided were limited.*

**I.6** The admissions unit was large, bright, well laid out, clean and tidy. Prisoners were seen individually to check their basic details and feelings of safety and review their cell sharing risk assessment, but some of these interviews were not conducted in private. More prisoners

than at comparator prisons said that they were treated well in admissions (81% versus 73%) and we saw friendly interactions.

- I.7** In our survey, only 34% of prisoners, against the 54% comparator, said that they had been in the admissions unit for less than two hours. Vulnerable prisoners reported even more negatively. Some prisoners experienced long waits of up to four hours in holding rooms, mainly due to delays in undertaking the health care assessment. The holding rooms were uncomfortable and bare, with no information and nothing, other than a few newspapers, to occupy prisoners. Prisoner orderlies worked in admissions, and at least one of them was a trained Listener (a prisoner trained by the Samaritans to support those at risk of self-harm), although he was not formally used in this way during the admission process.
- I.8** Most prisoners, and more than at comparator prisons (88% versus 83%), said that they had felt safe on their first night. The dedicated first night centre was bright and welcoming. Not all cells were properly prepared for new arrivals, and some contained graffiti and had dirty toilets. Prisoners had the opportunity to have a shower and make a telephone call but few were given basic toiletries. All new arrivals received an individual interview with a member of staff before being locked up for the first night, which offered another opportunity to check new prisoners' feelings of safety. However, the interview we observed was rushed and did not properly engage the prisoner. Peer supporters were available on the wing and provided good support to new arrivals. This included instruction on the use of the electronic kiosks (referred to as the central management system (CMS)), which could be used for a number of tasks such as to make applications, book visits, order shop goods and contact a range of departments in the prison.
- I.9** The first night centre was used inappropriately for some prisoners, including those coming out of the care and separation (segregation) unit, those in debt, prisoners waiting for a transfer and other vulnerable prisoners. Others, including a prisoner with disabilities, stayed too long on the unit without a clear exit plan, access to the full regime or activities provided by other wings. During the inspection, over 20% of places in the centre were occupied by prisoners who were not formally part of the first night process. They experienced long periods locked in their cell with little purposeful activity.
- I.10** There was no Listener based in the centre, and in our survey fewer prisoners than at comparator prisons (23% versus 34%) said that they had had access to one on their first night.
- I.11** The induction programme was spread over a couple of days and included an introduction to the gym and the library, an educational assessment and a short PowerPoint slide show. Some of the information contained in the latter was out of date and did not cover important elements in adequate detail – for example, violence reduction and provision under the resettlement pathways. Only 84% of respondents to our survey, against the 93% comparator, said that they had been on an induction course and only 50% of these said that it had covered everything they needed to know about the prison. Few said that it had informed them about what was going to happen to them, how to make routine requests, visits, access to health care or the chaplaincy.

## Recommendations

- I.12 Prisoners should not experience excessive delays in the admissions unit.**
- I.13 The first night centre should not be used to hold vulnerable prisoners or those seeking their own protection, and should not hold prisoners for extended periods.**

## Housekeeping points

- I.14 Individual interviews in the admissions unit should be held in private and Listeners should have a formal role in the admissions and first night processes.
- I.15 Cells on the first night centre should be clean and properly prepared for new arrivals.
- I.16 Action should be taken to improve the induction programme and the information provided during prisoners' first few days at the establishment.

## 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 Too many prisoners felt unsafe, including those located on the vulnerable prisoners wing. Levels of assaults, victimisation and bullying were high and incidents were not always reliably recorded. Selection for Ash wing (for vulnerable prisoners) was not always appropriate and prisoners were not always removed, even when they showed persistent bullying behaviour. Data analysis was limited and acceptance of responsibility for implementing the violence reduction strategy by staff across the prison was not yet in place. The quality of support given to victims was poor and antisocial behaviour booklets for perpetrators did not offer reassurance that bullies were being challenged or even adequately monitored.*

- I.18 In our survey, more prisoners than at comparator prisons (37% versus 31%) said that they had felt unsafe at some point during their stay at the establishment and 16%, against the 13% comparator, felt unsafe at the time of the inspection. More vulnerable prisoners on Ash wing than mainstream prisoners (19% versus 14%), more Muslim than non-Muslim prisoners (31% versus 13%) and more prisoners with disabilities than their able-bodied counterparts (25% versus 13%) felt unsafe at the time of the inspection (see main recommendation S43).
- I.19 The recorded levels of bullying and assaults on staff and prisoners were unreliable. Not all incidents were reported and the recorded level of assaults was different on the various databases. All recorded levels were considerably higher than at other category C prisons (see main recommendation S43).
- I.20 Levels of victimisation were high, with 29% of respondents to our survey, against the 21% comparator, saying that they had been victimised by other prisoners. Reasons for victimisation were varied and extensive, and included taking shop-bought goods/property/prescribed medication, debt, drugs and ethnic origin. Our survey also showed that more prisoners than the comparator (30% against 26%) had felt victimised by staff, and again across a wide range of indicators, including debts and drugs (see main recommendation S43).
- I.21 The role of Ash wing for vulnerable prisoners had been negatively affected by the relocation of a large number of prisoners allegedly seeking protection from debts. The mix of those needing protection because of their offence type and those on the wing owing to debt issues was poorly managed. The selection and de-selection processes for Ash wing were weak and too many prisoners continued to feel unsafe once located there. We found some prisoners

who had been accepted for protection from debts without adequate evidence. In some cases, prisoners had been allowed to stay on Ash wing despite clear and regular evidence of them bullying others.

- I.22** Few staff across the prison understood the violence reduction strategy or their responsibility within it. Until recently, the violence reduction team had been under-resourced, and links with the security department were improving but not fully developed. There had been no prisoner consultation about violence-related matters and there was no evidence of a needs analysis to inform the violence reduction strategy. Reasons for victimisation and bullying were not routinely analysed, making it difficult to identify trends and themes.
- I.23** The day-to-day management of bullying and victimisation was very weak. Investigations into reported incidents were often delayed or not carried out thoroughly enough. Perpetrators on the antisocial behaviour programme were ineffectively monitored and challenged, and constructive interventions to help them to change their behaviour were rarely used. Most of the monitoring documents, referred to as antisocial behaviour booklets, were poorly filled out and too many of them were incomplete. Too many lacked a plan or review, and there were sometimes gaps of several days in the entries in the case record and some ended without a recorded reason. Management oversight was not effective.
- I.24** Victims were not always well supported and too many were moved to another wing or transferred to another prison without dealing with the causal factors. We looked at a small number of victim support books; some were blank, and others had no plan, no review and few daily entries.

## Recommendation

- I.25 All wing staff should understand and take responsibility for implementing the violence reduction strategy, including quicker and better investigations and the improved use of antisocial behaviour booklets and victim support plans to challenge poor behaviour and support victims.**

## Housekeeping points

- I.26** The selection and de-selection criteria for Ash wing should be robustly applied.
- I.27** Prisoners should be consulted about violence reduction and a needs analysis should inform the strategy.

## 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.28** *Levels of self-harm were high. There was limited monitoring of self-harm data. Assessment, care in custody and teamwork (ACCT) documents were of poor quality and we were not assured that the support given to those in crisis was always sufficiently proactive or constructive, with an over-reliance*

*just on increased observations. Facilities for Listeners were not well developed and some rules about their work were inconsistently applied.*

- I.29** Levels of self-harm were very high and the number of prisoners subject to assessment, care in custody and teamwork (ACCT) self-harm monitoring was considerably higher than in comparator prisons. The 60 self-harm incidents in the previous six months had involved 39 individual prisoners. There were 20 ACCT documents open at the beginning of the inspection. There was limited monitoring of self-harm data by the safer prisons team.
- I.30** There had been one death (due to natural causes) at the prison since it had opened and the Prisons and Probation Ombudsman draft report had just been received. An action plan was being developed to address the recommendations. Lessons learnt from deaths in other establishments were discussed at the safer prisons meeting and learning bulletins were circulated around the establishment.
- I.31** Of the 10 closed ACCT documents we reviewed, three had been opened directly as a result of bullying and victimisation, and some others because of prisoners' frustration at the lack of progress or help they had received. Some prisoners we spoke to said that threatening self-harm was sometimes the only way to get help with fairly basic requests or get protection from victimisation. Listeners told us that many of the call-outs they attended had been due to the consequences of debt.
- I.32** The timeliness of ACCT documentation was generally good. However, the quality of documents was poor, and the identification of triggers was weak and not well documented. Reviews were not always multidisciplinary and daily entries were of a mixed quality, with some not reflecting good levels of interaction.
- I.33** We were not assured that the quality of care for those subject to ACCT procedures was always sufficiently proactive. There was an over-reliance on increased observation and in some cases a lack of evidence of more purposeful or constructive actions being taken. In one case, it had taken nine days to make a referral to the mental health team and in another case obvious ways of supporting the individual had not been considered. For example, one prisoner subject to ACCT processes was very anxious about his medication but nothing was done to sort it out quickly.
- I.34** There were too few Listeners; they felt well supported but facilities to support those in crisis were poor as there were no functioning Listener suites or care rooms. Sessions tended to take place in bare and uncomfortable multi-function rooms on the house blocks. Some unnecessary restrictions were placed on their work by wing staff; for example, time limits were placed on sessions and two Listeners always had to be present during daytime sessions.
- I.35** Three constant observation cells were available but their use was not formally logged or monitored.

## Recommendation

- I.36** **The quality of assessment, care in custody and teamwork (ACCT) processes should be improved and include the identification and provision of active and constructive support for prisoners in crisis.**

## Housekeeping points

- I.37 Listeners should be supported by better care facilities, and unnecessary restrictions on their work should be removed.
- I.38 The use of constant observation for prisoners at risk should be logged and monitored.

## 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.<sup>2</sup>**

*I.39 An establishment-wide safeguarding strategy was being developed but it did not address the full extent of safeguarding needs, and links with adult social services teams in the community were not yet in place.*

- I.40 An establishment-wide safeguarding strategy was being developed. However, it did not specify safeguarding procedures and was too focused on the management of Ash wing, which potentially missed the safeguarding needs of other prisoners – for example, older prisoners, those with health problems and those with disabilities located on the main wings.
- I.41 There were no formal links with the adult social services teams in the community and no clear referral processes. There was no general training for wing staff to understand their responsibilities in relation to adult safeguarding.

### Recommendation

- I.42 **The director should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop a local strategy and 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.43 Security measures were generally proportionate. A large amount of security information was analysed well and key areas requiring attention were identified, with relevant objectives set.*

<sup>2</sup> 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).

*Information sharing with other departments was developing and the frequency of intelligence-led searching was improving, with some significant finds. Drug availability and use were high but the strategic approach to managing drug supply and demand was weak.*

- I.44** Security arrangements were generally proportionate to the risks posed by the prisoner population. Free-flow movement had recently been successfully introduced. Prisoners were given freedom of movement to attend appointments at other times.
- I.45** Security was well sighted on the main issues identified by received intelligence relating to drugs, threats to prisoners and staff, bullying, mobile telephones and weapons. Procedures to deal with misconduct or illegal conduct by staff were adequate.
- I.46** A large number of security information reports (SIRs) were received from all areas in the prison and were analysed quickly. All searching was intelligence led and levels of searching were improving, with some significant finds of drugs, mobile telephones and weapons. Referrals were made to the safer custody team when required for matters relating to bullying and prisoner safety, and links between these two departments were developing. SIRs often showed that staff did not challenge inappropriate behaviour by prisoners, relying on security staff passing information back to wing managers and the safer custody team to follow up instances of bullying and debt (see also section on bullying and violence reduction).
- I.47** The monthly security committee was well attended by staff from across the prison, and there was good information sharing between security and other departments. The meetings were sighted on ensuring that procedures were correctly carried out and there was good analysis of security data. Appropriate local security objectives were set and assigned to specific managers. Police intelligence officers gave effective support to the prison for managing prisoners from organised crime groups who were involved in drugs and those affiliated to gangs.
- I.48** Closed visits arrangements were imposed even when there was no supporting visits-related intelligence, and prisoners were required to spend three months under these restrictions, despite monthly reviews. At the time of the inspection, there were 22 prisoners subject to the restrictions, of which only eight related to illicit activity during visits. There were 18 visitors banned from visiting, all for appropriate reasons relating to visits.
- I.49** Drug availability and use were high. In our survey, the numbers of prisoners who said that illegal drugs and alcohol were readily available were considerably higher than the comparators, and twice as many as at comparator establishments said that they had developed a problem with illicit drugs at the prison (around one in seven prisoners). The random mandatory drug testing (MDT) positive rate for the six months to May 2013 was 10.6% but was not an accurate reflection of positive tests because of the relatively high number of prisoners refusing to be tested. Almost 10% of tests were refused and the positive test rate rose to 19.7% when refusals were included. The suspicion testing positive rate for the same period was 44% but, with 21.6% of tests being refused, this rose to 69% when refusals were included. Prisoners refusing random or suspicion tests were referred to the independent adjudicator.
- I.50** The main illicit drugs in use were Black Mamba, buprenorphine (Subutex) and heroin. There was also strong evidence that some prisoners were injecting diverted insulin and steroids. 'Hooch' (illicitly brewed alcohol) and other alcohol which had been thrown over the fence had also been found. The number of prisoners reporting that they had developed problems with diverted medications was significantly higher than in similar prisons. Medication administration was often chaotic and gave rise to opportunities for diversion (see sections on substance misuse and health services). Levels of prescribing of tradable drugs were high,

although many prisoners arriving from other establishments were already on these medications. Prisoners told us that the diversion of these drugs on Ash wing was particularly high (see main recommendation S44).

- I.51** The MDT programme was appropriately staffed and targets had been achieved in recent weeks. Testing suites were generally clean and tidy, although there was some graffiti evident, and clinical waste was stored in bags without outer bins and in close proximity to the testing urinals, posing a high risk of cross-contamination. Broken windows in MDT holding rooms had been left unrepaired for weeks but the rooms were generally clean.
- I.52** Some efforts had been made to reduce the opportunity for items to be thrown over the perimeter fence but there were weaknesses in the overall strategic approach to tackling drug supply and demand (see also section on substance misuse).

## Recommendation

- I.53** **Closed visits should be used only for incidents relating to visits, and restrictions should be reviewed regularly and lifted if there is no evidence of further illicit activity.**

## Housekeeping points

- I.54** Clinical waste should be stored in proper bins and located well away from testing urinals.
- I.55** Mandatory drug testing holding rooms should be kept in good repair and free of graffiti.

## Incentives and earned privileges

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

- I.56** *The incentives and earned privileges policy did not operate effectively. There was insufficient differential between levels of the scheme, and the purpose of Douglas wing within the scheme was not clear. Prisoners on the basic regime were not monitored enough to allow a proper consideration of their circumstances at reviews and it was not clear if all demotions for a single serious incident had been properly authorised. Management oversight was poor.*

- I.57** The incentives and earned privileges (IEP) policy was out of date and not well understood by prisoners or staff. Douglas wing was considered as an enhanced unit but there were no publicised entry criteria for prisoners or staff to refer to and it was not clear how prisoners could transfer to this unit.
- I.58** Just under half of the prisoners responding to our survey said that they had been treated fairly under the scheme, which was lower than in similar prisons. We found that most (78%) of the demotions on the scheme had been from enhanced straight down to basic, for a single serious incident. The documents we examined showed that not all the demotions had been

justified and it was not clear if they had all been authorised by a senior manager, as required by the policy.

- I.59** There were insufficient differentials between the standard and enhanced levels to encourage better behaviour. The IEP reviews we looked at (apart from those for a serious single incident) were proportionate. Prisoners on the basic regime were monitored daily but the documentation we looked at was incomplete and referred to the out-of-date policy of housing basic prisoners on one wing. Comments from staff were mainly observational and targets perfunctory, not addressing the prisoner's poor behaviour. Improved behaviour resulted in association being granted after three weeks but, before this, prisoners on basic were subject to a very restrictive regime. We found no evidence of management checks, as required by the policy, or of quality assurance checks.

## Recommendation

- I.60** The incentives and earned privileges policy should be updated, including the use of Douglas wing, publicised to staff and prisoners, and fully applied, with appropriate quality assurance and management checks.

## 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.61** *The number of adjudications was similar to that at comparator establishments. Some could have been more appropriately dealt with using an improved incentives and earned privileges (IEP) scheme. The level of use of force was more than double that at similar prisons and not all incidents had been documented. Incident reports showed that prisoners were often restrained without any attempt at de-escalation and negotiation. Governance of use of force was developing well and improvements were evident. The segregation unit lacked purpose and too many prisoners were located there before adjudications. Reviews were timely, with good attendance from appropriate departments, but lacked purposeful planning. The regime on the unit was inadequate. Staff-prisoner relationships were good and staff had a good knowledge of the prisoners in their care. There was a lack of challenge of the poor behaviour of some prisoners in the unit.*

## Disciplinary procedures

- I.62** There had been 1,493 adjudications in the previous six months (95 per hundred prisoners), which was similar to the number at comparator prisons. The number not proceeded with due to poor charging and poor quality reports was reducing with improved senior management oversight. Adjudications took place for minor incidents, which could have been more suitably dealt with using an improved IEP scheme.
- I.63** Adjudications were held in a suitable room in the care and separation unit, although holding rooms for those awaiting adjudication were small and bare, with graffiti on the walls. Records were completed adequately. Punishments were fair and in accordance with the published tariff. The adjudication standardisation meetings included adequate quality assurance procedures and an analysis of statistics.

## The use of force

- I.64** The level of use of force was high, and more than double that at comparator prisons. There had been 241 incidents in the previous six months, most of which had involved full restraint of prisoners, but not all incidents had been documented (see below), and in only a few incidents had health services staff examined the prisoner as soon as possible after the incident. The number of planned use of force incidents had been high earlier in 2013, with many involving prisoners damaging their cells and furniture. These incidents had been video-recorded and the recordings had recently begun to be reviewed, with any learning points discussed with the staff involved. The recordings of recent incidents that we saw showed appropriate use of force but previous recordings were of too poor quality to review.
- I.65** Governance arrangements were getting better, with recently improved quality assurance procedures. Data analysis and the standard of written reports had improved and the use of force meeting had been reinstated. Incident reports showed that prisoners were often restrained without any attempt at de-escalation and negotiation, reflecting the inexperience of many staff.
- I.66** Special accommodation had been used twice in the previous six months and nine times in 2012. Supporting documentation for use of the cells was insufficiently completed and prisoners were not always managed according to the authorised plan. The average length of stay was three hours. There was no use of force documentation relating to locating prisoners into special accommodation.

## Recommendation

- I.67** **The reasons for the high number of incidents of use of force should be investigated, with a view to reducing use, encouraging de-escalation and ensuring that all incidents are fully documented and all prisoners examined by health services staff as soon as possible after an incident.**

## Segregation

- I.68** Communal areas were clean but there was graffiti in segregation cells, holding rooms and on the exercise yard fencing (some relating to gang activity), and cell toilets and sinks were badly soiled. All cells contained showers. Prisoners had access to the CMS system and a telephone on the landing. The exercise yards were bare and caged in. Prisoners were occasionally permitted to exercise together, when appropriate.
- I.69** Segregation was not overused for the size of the prison population. At the time of the inspection, there were 14 prisoners on the unit; seven were segregated for reasons of good order or discipline, three for their own protection and four were serving periods of cellular confinement. A total of 191 prisoners had been segregated in the previous six months. Too many of these (42%) had been held in the unit awaiting adjudication. Few prisoners remained segregated for very long periods, although the average length of stay (excluding for those awaiting adjudication) was 13 days.
- I.70** Eleven prisoners had remained on the unit for more than 30 days in the previous six months. The formal policy for reintegration and care planning and management of the few who stayed for prolonged periods was not used. Most prisoners were moved back to normal accommodation and few were transferred to other establishments. We saw polite staff-prisoner relationships on the unit and staff had a good knowledge of the prisoners in their care. However, we saw many instances when staff did not challenge prisoners' inappropriate

behaviour, such as shouting out of windows. Daily history sheets recorded mostly observational matters, with little evidence of the good interactions we saw between staff and prisoners. Reviews were timely, with good attendance from the Independent Monitoring Board and other departments, but they lacked purposeful planning for meaningful reintegration or longer-term care.

- I.71** The regime on the unit was inadequate; library provision was limited, although a few prisoners had attended gym sessions. All prisoners we spoke to on the unit complained of prolonged periods locked in their cells with nothing to do.
- I.72** Segregation monitoring meetings had been initiated but the minutes recorded few corrective actions resulting from identified problems, making it difficult for us to ascertain if any progress had been made.

## Recommendation

- I.73** **The purpose of the segregation unit should be clearly defined, the policy fully implemented and the regime improved. Governance should be improved, with the implementation of regular quality assurance and analysis of data to ensure that use of segregation is appropriate.**

## Housekeeping point

- I.74** Graffiti should be removed from all areas of the segregation unit.

## 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.75** *The integrated substance misuse team delivered high-quality one-to-one and group work for drug- and poly-drug users but there were insufficient services for primary alcohol users. Medication administration areas were dirty and overcrowded at administration times. The service user forum was effective in highlighting service development needs. There were significant weaknesses in the establishment's strategic approach to supply and demand reduction.*

- I.76** The integrated substance misuse team (ISMT) was provided by Worcestershire Health and Care NHS Trust, delivering all substance use treatment interventions, both clinical and psychosocial. At the time of the inspection, a total of 91 prisoners were receiving opiate substitution treatment, of whom 50 were on reducing doses and 41 on maintenance therapy. The relatively high levels of those on maintenance treatment reflected the high level of prisoners with a 'dual diagnosis' (mental health problems alongside drug problems).
- I.77** Some medication administration areas were dirty and at administration times they were overcrowded and poorly managed by discipline staff (see section on health services).
- I.78** There were 423 prisoners on the psychosocial team caseload. Although fewer respondents to our survey than at comparator prisons said that they had received help for a drug problem (59% versus 65%), the ISMT delivered high-quality one-to-one and group work for

drug- and poly-drug users. Alcoholics Anonymous and Narcotics Anonymous groups were held weekly, run by external facilitators, but there were insufficient services for primary alcohol users.

- I.79** The service user forum reflected the views of prisoners in treatment. Their consensus was that the service had recently improved but that there was a growing need for peer supporters/recovery champions. There were plans to facilitate this but they were in their infancy.
- I.80** There was a drug strategy document, although the development of the service to achieve its stated aims was still in progress. Poor attendance at drug strategy meetings, very poor quality meeting minutes and poor quality action plans, which lacked detail on supply reduction, were all barriers to a focused, well-communicated strategic approach to tackling drug supply and demand (see also main recommendation S44 and section on security).

## Recommendations

- I.81** **The integrated substance misuse team should introduce an alcohol-specific group-work programme.**
- I.82** **Properly supported and supervised peer mentors and recovery champion schemes should be introduced.**

## Housekeeping point

- I.83** Drug strategy meeting minutes should be improved and contain sufficient detail to ensure effective communication with all stakeholders.

## 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** *The quality of cellular accommodation was good. Most communal areas were clean and well maintained. Prisoner survey results across the range of residential issues were poor, and prisoners complained about inadequate access to even the most basic toiletries, cleaning materials and equipment. Prisoners had little confidence in the application process.*
- 2.2** Survey results across the range of residential issues were considerably worse than at comparator prisons. Some of the key findings of the survey, such as poor access to cleaning materials, clean prison clothing and basic toiletries, were reinforced during group feedback sessions and by our observations. On more than one occasion we were told by prisoners that: 'you can get drugs here but not soap'. We found the ground floor store rooms to be well supplied with toiletries but apparently these were not accessible to, or known by, most of the landing staff.
- 2.3** The cellular accommodation was very good and there were in-cell toilets and showers. Cells were well equipped, with adequate furniture. Most were clean but prisoners told us they had to use shower gel to clean them because of the lack of cleaning materials. The offensive display policy was not enforced and we saw many examples of explicit pornography on cell walls.
- 2.4** Communal areas were generally clean and mostly graffiti free, with the exception of the stairwells, the medical treatment areas, some of the lifts and around the wing gates, where prisoners often queued for long periods to get onto and off wings, with little supervision.
- 2.5** All prisoners had access to electronic kiosks (referred to as the central management system, CMS), which were located on wing landings. The CMS kiosks could be used for several tasks, such as to make applications, book visits, order shop goods and contact a range of departments in the prison.
- 2.6** In our survey, only 15% of prisoners, against the 40% comparator, said that their cell call bell was answered within five minutes. Managers did not monitor this and the electronic monitoring system in the control room was not able to produce any data to qualify response times. During the inspection we saw staff answering call bells reasonably quickly.
- 2.7** Most prisoners wore their own clothes, which were laundered in wing laundries once a week. This arrangement was adequate for most wings, with the exception of Douglas wing, which had inadequate machinery to meet the needs of the prisoners housed there. Prisoners we met who wore prison clothing told us that it was almost impossible to get replacement clothing and that there was no system for kit exchange. We found one prisoner who, due to his extreme obesity, had insufficient clothing to enable him to leave his cell during association periods; we found a suitable supply of clothing available in the admissions unit, and, following our highlighting of the issue, this was provided to the prisoner.

- 2.8** The application system was poor. Prisoners were often unsure whether to make an application on the CMS system or on a paper form and usually did both. Prisoners had little confidence in either system and many told us that they always used the complaints system instead, as they thought that this provided 'at least some chance of getting an answer'. We saw many applications made through the CMS without a response. There was no tracking system for the paper applications, and we found long delays in applications reaching their destination.
- 2.9** Access to telephones was excellent as prisoners had telephones in-cell; for those on loss of privileges, there were telephones available during association periods. Despite negative survey results, we found mail (including letters received via the 'email-a-prisoner scheme) was well managed and delivered within 24 hours of arriving at the prison.

## Recommendations

- 2.10** **Cleaning materials, basic toiletries and, where necessary, prison clothing should be routinely available.**
- 2.11** **The offensive display policy should be universally enforced.**
- 2.12** **The applications system should be improved with a tracking system and quality assurance.**

## Housekeeping points

- 2.13** There should be sufficient laundry facilities to meet the needs of prisoners on all the wings.
- 2.14** Responses to cell call bells should be monitored and remedial action taken where necessary.

## 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.**

**2.15** *Staff–prisoner relationships were poor. Prisoners were frustrated by staff inexperience and their inability to get things done and give consistent advice. We saw prisoners being abusive to staff and openly flouting wing/prison rules without being challenged. The quality and quantity of most electronic case notes were inadequate.*

- 2.16** In our survey, fewer prisoners than at comparator prisons said that they were treated with courtesy, had an allocated personal officer (or that they were helpful) and that they had someone they could go to for help. This view was echoed in our groups, where the perception was that few members of staff had sufficient knowledge of prisoners to be able to help them. Prisoners repeatedly told us that staff inexperience, and inconsistencies in support and the application of rules and routines, led to widespread frustrations and poor relationships with staff. This view was further supported by the regular referral by staff to the applications system to deal with most prisoner queries (see main recommendation S45).

- 2.17** Although we saw some positive interactions with staff keen to help, most of the interactions we observed were often weak and lacking in authority. We witnessed many occasions where prisoners were abusive to staff and openly flouted wing/prison rules without being challenged, with staff adopting a compliant attitude to avoid confrontation. Staff on the landings were often isolated because of the location of the wing offices and we saw evidence of this situation being exploited by prisoners to intimidate them
- 2.18** The monthly consultation meetings were well attended but generally addressed fairly minor issues that should have been routinely managed at wing level. Personal officers were allocated to groups of 12 prisoners, and there was a system of 'learning circles', which were mini-consultation groups. These groups were not held with sufficient frequency, and staff and prisoners alike told us that they were undermined by the lack of experience and knowledge of a very new staff group.
- 2.19** Our observations of a sample of 50 electronic case notes showed a wide disparity in the quality and quantity of entries, from regular and qualitative on Ash and Douglas wings to almost non-existent on Beech and Cedar wings.

## 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 characteristic<sup>3</sup> 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.**

- 2.20** *The strategic management of equality and diversity was weak. In our survey, prisoners from most minority groups reported more negatively than their counterparts about their treatment across many areas. Care for some prisoners with disabilities was extremely poor.*

### Strategic management

- 2.21** The strategic management of equality and diversity was weak. Only two meetings had taken place in the previous year, and these had not discussed the needs of prisoners from minority groups. The equality and diversity, foreign national and older prisoner policies were not based on an analysis of needs. The equality action plan was not time bound.
- 2.22** In our survey, prisoners from most minority groups reported more negatively than their counterparts about their treatment across many areas. There was no data collection to monitor the equality of access or treatment of prisoners from minority groups other than race, and trends were not monitored.
- 2.23** The equality and diversity manager covered all aspects of diversity, with the exception of foreign nationals, but was constantly redeployed. Managers had recently been appointed as lead members of staff for each of the protected characteristics but there was no evidence of

<sup>3</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

progress being made. There were no regular forums for protected groups, leaving many feeling unsupported. No equality impact assessments had been completed.

- 2.24** There were only two equality and diversity prisoner representatives. Applications from other prisoners to become representatives were being processed at the time of the inspection. There had been no prisoner representatives meetings for almost 12 months.
- 2.25** Discrimination incident report forms (DIRFs) were readily available and 107 had been submitted so far in 2013. Most had been for low-level matters. Investigations into incidents were thorough, with high-quality responses sent to complainants, but too many were answered late. When discrimination was identified, robust action was taken against perpetrators. There had been no analysis of trends in DIRFs, and there was no process of external scrutiny.

## Recommendation

- 2.26 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 investigated.**

## Housekeeping point

- 2.27** Responses to discrimination incident report forms should be dealt with promptly and tracked for completion. Trends should be fully investigated and all identified weaknesses fully addressed.

## Protected characteristics

- 2.28** There were 400 (25.5%) black and minority ethnic prisoners. In our survey, this group of prisoners reported negatively across a range of areas, including victimisation because of their race or ethnic origin. There were procedures to identify prisoners who had been convicted of a current or previous racially aggravated offence or of an incident of racism. Alerts were placed on prisoners' records and an up-to-date list was sent daily to all areas of the prison.
- 2.29** The prison had identified eight Gypsy/Roma/Traveller prisoners at the establishment, although we identified considerably more from our survey. They told us that their needs were not understood or met, and little was done to support this group, with the exception of visits by representatives from Pertemps, an organisation offering training and employment opportunities to this group, who attended the prison every six weeks.
- 2.30** The foreign nationals manager had been frequently redeployed. No foreign national meetings had been held in 2013. The prison held 99 foreign national prisoners, from 26 countries. Most could speak and understand written English. Professional telephone interpreting services were used and a list of staff and prisoner interpreters was maintained. There was little published translated material. Foreign nationals received a free monthly five-minute telephone call but only if they had not received a visit during the preceding month. Some were not aware of their entitlement to airmail letters.
- 2.31** There were good links with the UK Border Agency, which held immigration surgeries every six weeks. Immigration information was also available via the wing central management system (CMS) kiosks, and there were links with independent legal advisers. Five men were

being held solely under immigration powers; all had signed disclaimers to transfer, in order to stay at the prison.

- 2.32** There were over 200 Muslim prisoners. In our survey, this group of prisoners reported negatively across a range of areas including victimisation because of their religion, although we were unable to establish any reasons for these perceptions.
- 2.33** There was considerable under-reporting of disability. Only 44 (2.2%) prisoners had been identified, compared with 22% in our survey. Support for those identified was poorly coordinated, leaving some significant needs unmet. In our survey, prisoners with disabilities were more negative than their able-bodied counterparts across most areas (see main recommendation S46).
- 2.34** There were 15 adapted cells for prisoners with poor mobility but too many were occupied by able-bodied prisoners. Few individual adaptations had been made to cells, although walking aids had been supplied where necessary. Some personal evacuation plans were in place but not all staff were aware of them. We found only two care and support plans, one of which had not been reviewed. Care for some prisoners with disabilities was extremely poor and there was no formal carer scheme. One prisoner had been noted in his secondary screening on arrival as having 'no disabilities'. In reality, he was unable to walk without a Zimmer frame and was partially sighted and deaf (the latter issues were noted in the clinical record). He had been given a wheelchair by the equality and diversity officer as he had not been allowed to bring his Zimmer frame from HMP Parc. He did not have a personal evacuation plan, carer or care plan. He was not always able to get someone to push his wheelchair to the medication hatch and therefore regularly missed doses of his medications. He also had difficulty in making requests to see health services staff and checking if he had an appointment, and therefore sometimes missed appointments, but health services staff made no attempt to follow up his non-attendance (see also section on health services).
- 2.35** We found prisoners who were unfit for work because of disability locked in their cells during the core day.
- 2.36** There were 180 prisoners over the age of 50, 24 of whom were over 70. There were no care plans for older prisoners who needed one, and few bespoke regime activities. Although it did not provide any additional facilities or formal support, many prisoners on the dedicated older prisoner wing said that it provided a good environment. Not all older prisoners were located there. Older prisoners were generally more positive than other prisoners about the prison. Older retired prisoners were locked in their cells during the day.
- 2.37** There was under-identification of homosexual and bisexual men. Our survey identified 78 (3%) such prisoners, whereas the prison identified only seven (0.4%). Some prisoners in this group said that there was a lack of understanding and support for them. Homophobic comments had been reported via DIRFs and robust action taken against perpetrators.
- 2.38** At the time of the inspection there was one transgender prisoner. She received one-to-one support from the equality and diversity manager, and a compact was in place to ensure that her daily needs were met.

## Recommendation

- 2.39 Prisoners with disabilities and retired prisoners should not be routinely locked up during the core day.**

## Housekeeping point

- 2.40** The prison should ensure that all foreign national prisoners are made aware of their entitlements.

## 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** *Facilities for multi-faith worship and pastoral support were good. Access to worship was sometimes problematic, and fewer prisoners than the comparators felt their beliefs were respected.*

- 2.42** There was a cohesive chaplaincy, providing for all of the common religions, with the exception of Mormons and Rastafarians.

- 2.43** Chaplains saw all new arrivals within 24 hours, and gave them information about the faith services provided; this was also available on wing CMS kiosks. In our survey, 44% of prisoners, considerably fewer than at comparator establishments (54%), said that their religious beliefs were respected, but Muslim prisoners were more positive than non-Muslim prisoners about this survey question (58% versus 41%).

- 2.44** There were four large multi-faith rooms and a small private chapel for individual worship or contemplation. Ablution facilities for Muslims were excellent.

- 2.45** Procedures for getting prisoners to services were inadequate and in our survey only 34%, worse than the 53% comparator, said that it was easy to attend religious services. Prisoners had to register their intention to attend services (via CMS kiosks) each week, and even then were not always escorted to the chapel by discipline staff.

- 2.46** Pastoral support was good. The chaplaincy, in conjunction with visitor centre staff, organised post-bereavement visits. These were open to the next of kin and other family members. There was good contact with local faith representatives, who occasionally led services in the prison and provided support to prisoners after release.

## Recommendations

- 2.47** **The prison should ensure that the needs of all religious and faith groups are met, and that any negative perceptions of faith and religious groups are understood.**
- 2.48** **The prison should ensure that all prisoners who wish to attend services can do so, and on time, subject to a risk assessment.**

## 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.**

**2.49** *There were many complaints. Many went missing or were returned late and responses were sometimes inappropriately curt.*

**2.50** The number of complaints was high, with 4,557 in the five months to June 2013. This was almost twice as many as in similar prisons. Of these, 156 had gone missing and 188 had received late responses. Our survey showed that more prisoners than at comparator prisons were negative about complaints procedures.

**2.51** Complaints were monitored at the monthly management performance meeting. Trends were identified and some action was taken, but some were not followed through – for example, in regard to complaints about the lack of cleaning materials on the wings (see section on residential units).

**2.52** The responses to complaints in our sample fully answered the matters raised, but too many were curt and impolite. Quality checks were carried out by the deputy director.

### Recommendation

**2.53** **Outcomes of the analysis of complaints should be fully investigated and action should be taken to resolve any deficiencies.**

## 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.**

**2.54** *Prisoners could contact legal representatives easily and legal visits facilities were good. There were no trained legal services staff. The library provided a wide range of Prison Service and legal information.*

**2.55** In our survey, more prisoners than at comparator establishments said that it was easy to communicate with their legal representative. In-cell telephones could be used to contact legal representatives, and provision for legal visits was good, with private interview rooms and video-conferencing facilities.

**2.56** There were no trained dedicated staff providing legal support. Recall documentation and court documents were served by offender supervisors but they could not provide legal advice.

- 2.57** The library contained a wide range of legal reference books and regularly updated Prison Service Orders and Instructions. Prisoners could book private study time in the library to consult legal references.

## 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.**

- 2.58** *There was no health needs assessment on the specific needs of prisoners held at the establishment. There was no finalised information-sharing agreement with G4S, and a lack of reporting of clinical incidents. Prisoners reported difficulty in accessing health services. Waiting lists were unacceptably long, and the lists and non-attendance were not managed well. The number of prisoner health complaints was high. There was some good care from nursing staff but not enough, and many prisoners with physical health needs did not have care plans or receive care in line with national guidelines. Medication administration systems were chaotic and resulted in many prisoners regularly missing doses. Medications known to be tradable were routinely prescribed and opportunities for diversion of prescribed medications were not managed robustly. More prisoners than at similar prisons reported having emotional or mental health problems, but relatively few said that they were being helped or supported. The mental health team lacked resources and the mental health needs of prisoners were not being met.*

## Governance arrangements

- 2.59** Worcestershire Health and Care Trust (WHCT), which was registered with the Care Quality Commission, provided most primary health services, except psychology and psychiatry consultant services, which were subcontracted to Birmingham and Solihull Mental Health Trust. The levels of staffing and resources were based on national prison data and a health needs assessment of another category C prison, although an assessment of need at Oakwood was being undertaken. It was therefore difficult for anyone to identify whether health resources met need.
- 2.60** There was a partnership board and a prison-based clinical governance group, both of which met quarterly, but monitoring of services by the commissioners of the service was not robust. The Trust had a range of policies in place, but not all of them were workable in a prison setting and some were not followed by staff. There was no finalised information-sharing agreement with G4S. We found that not all serious untoward incidents were reported appropriately and health services staff did not always complete prison F213 (accident/incident) forms when required. Nursing staff had access to training but arrangements for clinical supervision were underdeveloped.
- 2.61** The rooms used for health services were clean, although some of the areas used by prisoners for the administration of medications were not (see section on pharmacy), and a recent infection control audit had identified some areas for improvement. Resuscitation equipment, including automated external defibrillators (AEDs), were kept in the health services room and were not available to prison staff out of hours. None of the staff were trained in the use of an AED and some were reluctant to use their first-aid skills.

- 2.62** Health services staff were not involved in the induction of new prisoners, and prisoners were not given any accurate written information about the health services available at the establishment or how to access them. In our survey, only 18% rated the overall quality of health care as good, which was worse than the 45% comparator.
- 2.63** The health care complaints process was over-complicated. Health services staff only accepted health care complaints submitted on a WHCT form; those submitted on the general prison complaints form were returned to the prisoner with a request to use the correct form, delaying the process. We met prisoners who, despite having used the correct form, had waited over two weeks for a response, which was outside the 5 day timeframe stipulated in the Trust's policy. Staff treated prisoner complaints as 'informal', despite the fact that the policy clearly stated that written complaints were 'formal'. As a consequence, the number of 'formal complaints' was not reported to the Trust board. Many of the complaints related to medications (see section on pharmacy).
- 2.64** Access to occupational therapy equipment and aids to daily living were complicated as the local occupational therapy department was in a different Trust to that of the health provider.

## Recommendations

- 2.65 All health care policies should be relevant to a prison setting and followed by health services staff.**
- 2.66 All staff working at the prison should have immediate access to resuscitation equipment, including defibrillators, and be trained in its use.**
- 2.67 On arrival, prisoners should be given accurate information about accessing and using prison health services in a language and format that they can understand.**
- 2.68 Prisoners should be supported to make complaints about health services when required and not discouraged from doing so.**

## Delivery of care (physical health)

- 2.69** On arrival at the prison, prisoners underwent a secondary health screen. If they had any specific health needs they were added to the relevant waiting list. In many cases, this was the only action taken, so immediate needs were not met. Waiting lists for most services, including the GP, were unacceptably long and some, such as the one for 'disability', were inappropriate. In our survey, prisoners reported difficulty in accessing health services.
- 2.70** We met one man who had had a severe stroke before coming into custody. He was in a wheelchair and wore a splint to ease his 'foot drop'; however, the splint was broken. He had been at the establishment for three months and was known to the prison equality and diversity manager. At his previous establishment, he had received intensive physiotherapy at a designated stroke unit three times a week, but since transferring to Oakwood he had not received any physiotherapy and had not been seen by nursing staff, other than to receive his medication. He was on the disability waiting list and the list for both physiotherapy and podiatry (see also section on equality and diversity, and main recommendation S46).
- 2.71** Prisoners made appointments to see health services staff using the CMS kiosks (see paragraph 2.5), and were then expected to check for their appointment. However, because waiting lists for all services were so long, they often resorted to submitting paper

applications too, and it was not clear which took precedence. Primary care nurses had recognised the problems caused by this system and had started to run general nurse clinics at which they saw prisoners from both the nurse and GP waiting lists, including those with lifelong conditions, in order to triage and treat as many prisoners as possible. However, their efforts were hampered by the systems for repeat medications (see section on pharmacy).

- 2.72** There were supposed to be a total of 14 GP clinics per week, but we found some gaps and some clinics started late, further reducing the opportunities for prisoners to be seen.
- 2.73** There were no specific clinics for those with lifelong conditions or for older prisoners, and most did not have care plans. However, there were plans to adopt a community nursing model to identify and monitor those with lifelong conditions, to ensure that they received appropriate care.
- 2.74** There was limited health promotion. There were few posters on display and none in the health services waiting room. Smoking cessation services were offered, but only on a one-to-one basis. Two clinics were provided each week, and those receiving help were seen once a fortnight. There were over 190 prisoners from the general prisoner population on the waiting list and a further 60 vulnerable prisoners.
- 2.75** Prisoners were able to access outside hospital appointments, although some were cancelled. The monitoring of cancellations was not comprehensive but the partnership board minutes indicated that this was improving.

## Recommendations

- 2.76 All prisoners with immediate or long-term health needs should be seen and provided for expeditiously.**
- 2.77 Prisoners with lifelong conditions should receive care and treatment in line with evidence-based best practice.**
- 2.78 All waiting lists should be reviewed, and services provided to meet the needs of the population within acceptable time limits.**

## Pharmacy

- 2.79** Pharmacy services were provided by Lloyds Pharmacy, located in the health care department. Medicines were administered only twice daily, by health services staff, from medicine administration rooms on the wings. Morning sessions were scheduled to start at 7.30am and evening sessions at 6.15pm during the week and 4pm at the weekends. However, in reality the morning sessions on some house blocks started much later and the evening sessions started earlier. There was no out-of-hours cupboard and it was unclear how a prisoner would receive medications at these times.
- 2.80** Patients did not routinely have contact with the pharmacist, nor were there any pharmacist-led clinics. However, medicines use reviews took place on Thursdays and Fridays from the pharmacy hatch and patients could make a request to see the pharmacist. Once a prisoner had seen a GP they could obtain their in-possession medicines from the pharmacy department before returning to their house unit. The in-possession risk assessment was only completed by the prescriber, with no input from the pharmacist.

- 2.81** Medication administration was not well supervised or well organised. Each room had three hatches, separated by a short wall, which provided a degree of confidentiality but blocked the line of vision for supervising officers (if they were standing near the hatch – which they often were not). There was also a separate room with a hatch for the administration of controlled drugs. We witnessed some nurses being rude to prisoners at the hatches. Prisoners receiving tradable medication were required to place their fingers in their mouths to expose their gums for anti-diversion checks; however, there was no hand sanitiser available and the booth and hatch areas were dirty. The high levels of prescribing of medications liable to be diverted or traded were a concern (see section on security). Tramadol was regularly used, often as a substitute for co-codamol, which was surprising. We observed several medication administration sessions and identified easy opportunities for the diversion of medications (see main recommendation S47).
- 2.82** Prisoners who did not attend for their medications were not followed up, and missed doses were not documented on SystmOne (the electronic clinical record). In the care and separation unit, nurses took several prisoners' medications around the cells at the same time, which was potentially unsafe.
- 2.83** We received numerous complaints from prisoners about repeat prescriptions for both in-possession and not in-possession medications. The system was chaotic, not monitored and out of control. For not in-possession medications, the nurses flagged the need for a repeat prescription on SystmOne, for the duty doctor to action. We found a backlog of over 100 requests for repeat medications on the system, not all in the same place, some of which were over two weeks old. For in-possession medications, prisoners were told to allow seven days for a request to be processed. Some prisoners said that they had been told to use the CMS kiosk to request repeat prescriptions; some told us that they used specific repeat prescription forms which they either sent through the normal application system or handed to the nurses; and some told us that they did not know that there were specific forms so used general application forms. We found a pile of forms in the administration team office, dating back over two weeks. We also found examples of the out-of-hours GP service being called to rewrite some prescriptions (see main recommendation S47).
- 2.84** The security and storage of medication on the wings was disorganised and potentially unsafe. Some medicine trolleys were not secured to the fabric of the building when not in use, and we found keys to medicine cupboards left in locks when rooms were unoccupied. Returned in-possession medication was stored with not in-possession medication rather than being disposed of. We saw numerous loose, unlabelled, unboxed strips of tablets and capsules in trolleys. We also found a dosing syringe potentially being used for more than one type of liquid medication.
- 2.85** Prescriptions were produced on SystmOne. We found numerous examples of medications being re-dispensed as a result of being 'lost', for a variety of reasons, which was wasteful. Medicines previously 'lost' were often discovered by pharmacy staff during their visits to the wings. There was no audit trail of re-dispensed items.
- 2.86** Pharmacy staff were not always fully involved in investigations into incidents involving medication. However, they were able to suggest improvements to reduce the risk of similar incidents occurring. Pharmacy staff had their own policies and procedures but there were no procedures linking pharmacy activities directly with the health care department. There was also a lack of policies and procedures for health services staff to apply in relation to medicines management.

## Recommendations

- 2.87 Prisoners should have access to a pharmacist.**
- 2.88 Medications should be administered at times to ensure maximum efficacy, not to suit the prison regime.**
- 2.89 All medications should be stored safely and securely.**

## Housekeeping point

- 2.90** Hand sanitiser gel dispensers should be placed in the controlled drug administration booths.

## Dentistry

- 2.91** The dental surgeries were clean and bright, and met relevant infection control guidance. In our survey, only 4% of respondents, against a comparator of 13%, said that it was easy or very easy to see a dentist. Although eight sessions a week were provided by a dentist and a further eight by a dental practitioner, the waiting list for initial triage was seven weeks. There were three emergency appointments per dental session. Once triaged, if a prisoner required routine treatment they waited a further two weeks for the dentist or six weeks for the dental practitioner. If a prisoner did not attend his appointment, he was removed from the waiting list and was expected to make another request, but was not informed. The dental team was not aware of the number of prisoners who failed to attend appointments.

## Recommendation

- 2.92 Prisoners should have timely access to dental services.**

## Delivery of care (mental health)

- 2.93** In our survey, more prisoners than at the comparator prisons reported having emotional or mental health problems, but relatively few said that they were being helped or supported.
- 2.94** The small team of mental health nurses provided care for all prisoners with mental health issues. At the time of the inspection, they were understaffed because of long-term staff sickness. They received referrals from other prison teams, from the primary care nurses and other staff in the prison. Referrers were expected to undertake a 'threshold assessment grid', which resulted in each prisoner referred being given a score; referrals were then reviewed daily. Prisoners considered to be high priority were seen within 24 hours, those considered to be low priority were referred to the GP and the rest were added to the mental health triage waiting list. Prisoners were not told how long they might wait to be seen by a member of the team; at the time of the inspection this was estimated to be two to three months for the majority of people.
- 2.95** Once seen by the team, prisoners could be offered self-help booklets or referral to see a psychologist, although there had been no psychologist available for the two weeks before the inspection. Since the prison had opened, only one group, for four prisoners with identified emotional well-being issues, had been run. There were no counselling services, with the exception of bereavement counselling from one of the chaplains.

- 2.96** The mental health nursing team had a caseload of about 70 prisoners, not including those on the waiting list. They were not able to dedicate all their time to their caseload as they were expected to carry out generic tasks, such as medication administration. They were not always able to attend assessment, care in custody and teamwork (ACCT) self-harm monitoring reviews of their clients owing to a lack of notice and their workload. The consultant psychiatrist provided two sessions a week and saw those known to the team as required.
- 2.97** There had been no transfers to secure NHS mental health beds since the establishment had opened but the team was in the process of arranging an assessment for one man. They were hoping to transfer him to HMP Birmingham before his eventual transfer under the Mental Health Act; this appeared to be lengthening the time it was taking to move him to a secure mental health bed.

## Recommendation

- 2.98 Prisoners with mental health problems should have unhindered access to health services and specialist staff.**

## 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.**

**2.99** *Prisoners' perceptions of the food provided were poor. The meals we tasted and saw being served were satisfactory. The large kitchen was clean and well run but the cleanliness of some servery equipment was poor. Consultation arrangements were reasonable.*

- 2.100** In our survey, only 14% of respondents, against a comparator of 27%, said that the food provided was good or very good. Prisoners in our groups complained that it was common for insufficient quantities of food to be sent to the wings. The food we tasted and observed being served throughout the inspection was reasonable and portion sizes were adequate as long as prisoners took only the portions allocated (see below). Breakfast packs were issued on the day before consumption and were of a reasonable standard. The four-week menu cycle took account of cultural issues and all major religious festivals were supported throughout the year.
- 2.101** We saw some poor supervision of the serving of meals, which led to bullying and excessive amounts of food being issued to some, leading to inevitable shortages at the end of the mealtime. General monitoring of serveries was poor and some of the food trolleys were dirty and had not been cleaned for over a week. Food temperatures were not routinely monitored or recorded and we saw prisoners not wearing protective clothing while serving food.
- 2.102** There was some limited opportunity to dine in association on residential units but most prisoners chose to eat in their cell. Some self-catering facilities were available to the enhanced prisoners on Douglas wing and consisted of a small cooker, a sandwich toaster and a microwave oven.

- 2.103** The large well-equipped kitchen was well maintained in good order, with regular constant cleaning. Basic food hygiene training was provided to all food workers and there were opportunities to undergo National Vocational Qualifications in catering.
- 2.104** Consultation arrangements were reasonable but not all scheduled meetings had taken place in recent months and catering staff did not attend serveries at mealtimes to observe and monitor arrangements.

## Recommendation

- 2.105** **The monitoring of the serving of meals should ensure the safety of prisoners, that portion control is maintained and that food hygiene standards are met.**

## Housekeeping points

- 2.106** Breakfast packs should be issued on the day of consumption.
- 2.107** Food trolleys should be thoroughly cleaned after each use.

## Purchases

### Expected outcomes:

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

**2.108** *New prisoners could wait too long for their first full shop order. A range of catalogues was available. There was good consultation with prisoners about the prison shop.*

- 2.109** New prisoners could wait up to 13 days for their first shop order. They were given a choice of grocery packs on reception and could purchase additional packs while waiting for their first full order. Orders were made using the CMS kiosks on the units.
- 2.110** Prisoners could make purchases from a wide range of catalogues but were charged an administration fee. Consultation arrangements were good, with finance staff attending prisoner consultation meetings and additional consultation quarterly regarding changes to the shop list.
- 2.111** The supervision of shop order deliveries by wing staff was inadequate and prisoners complained about being bullied for their goods during the delivery of individual orders.

## Recommendation

- 2.112** **The supervision of shop order deliveries should be improved to ensure that prisoners can safely take delivery of their goods.**

## 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.<sup>4</sup>**

**3.1** *Time out of cell was good for fully employed prisoners but less so for others. Access to association was good and equipment was reasonable.*

**3.2** Fully employed prisoners were unlocked for over 10 hours a day, but the large number of other prisoners, and especially the unemployed, had much less time out of their cells, at only around four hours. Prisoners on the basic level of the incentives and earned privileges (IEP) scheme were only unlocked for around an hour a day.

**3.3** During our roll checks, we found too many prisoners (on average, 37%) locked up during the day and only 58% engaged in activity at any one time. Outdoor exercise and association periods were rarely cancelled and most wings had a reasonable amount of association equipment, although exercise periods were too short, at 30 minutes. The large exercise yards were clean but bare and most lacked any seating or exercise equipment.

#### Recommendation

**3.4** **All prisoners should have access to at least one hour's exercise each day.**

#### Housekeeping point

**3.5** Seating should be provided on all exercise yards.

### 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** *The leadership and management of the learning and skills provision were inadequate. The management of the prison commercial industries was good. Implementation of the learning and skills provision was poorly managed and slow. Analysis of data was poor and the self-assessment report lacked analysis. The pay structure for learners attending education was unfair. Standards of teaching in education classes were poor, and unacceptable behaviour was not challenged. The range and*

<sup>4</sup> 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.

*quality of vocational courses were good. Pass rates for vocational and work courses were high but in education classes were low. Information, advice and guidance was inadequate. Access to the library was problematic. The virtual campus was inadequate.*

**3.7** *Ofsted<sup>5</sup> made the following assessments about the learning and skills and work provision:*

*Achievements of prisoners engaged in learning and skills and work: Inadequate*

*Quality of learning and skills and work provision: Inadequate*

*Leadership and management of learning and skills and work: Inadequate*

## Management of learning and skills and work

- 3.8** The leadership and management of the education and vocational training provision were inadequate. The implementation of the learning and skills provision had made slow progress, particularly in developing strategies to establish essential functions such as initial assessment and additional learning support. Allocation of prisoners to education and training was reasonable but insufficient sharing of information between Milton Keynes College and the prison had led to some misunderstandings.
- 3.9** Attendance at education classes was low. Attendance and punctuality in vocational training were erratic, with too many disruptions from men leaving to go to recreational PE or attend other regime activities.
- 3.10** Managers did not use data effectively to inform decisions in improving and planning the provision. Data gathered on retention and achievement were not analysed adequately to provide an accurate picture of qualification outcomes for learners. Attendance rates had not been sufficiently analysed to identify improvement trends.
- 3.11** There was insufficient managerial support in the house blocks for the less experienced education staff and to monitor the quality of learning. The developmental needs of many new teaching staff were not fully met.
- 3.12** Observations of teaching and learning did not include assessment, and insufficient attention was given to improving learning and identifying good practice. The self-assessment report judgements were overestimated and the report lacked evaluation to identify required improvements.
- 3.13** The national virtual campus (internet access for prisoners to community education, training and employment opportunities) was not working and prisoners had to depend on other services to access essential job application processes.
- 3.14** The pay structure for learners attending education was unfair. Prisoners choosing to attend education received a considerably lower rate of pay than those who engaged in commercial workshops and work.

<sup>5</sup> 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>.

## Recommendations

- 3.15** The prison should improve attendance and punctuality to all activities.
- 3.16** Prisoners who have allocated daytime activities should not attend recreational PE during the core day.
- 3.17** The provider should implement a learner-focused activity strategy, to include analysis of learner information to improve the quality of learning and achievement.
- 3.18** The pay structure for learners attending education should be equitable with that in workplace activities.

## Provision of activities

- 3.19** The availability of education and vocational training provision was inadequate. There were only enough education, training and work places to occupy 60% of the population (see main recommendation S48). Despite this, many classrooms in the education department were empty.
- 3.20** The education provision did not meet the needs of the many diverse groups of learners. Those who spoke English as a second language did not receive the correct initial assessment. Managers did not have an appropriately informed view of the overall English language needs of the prison population.
- 3.21** Learners on distance learning or Open University courses received insufficient support.
- 3.22** Sentence plans were not used to identify the needs of prisoners in relation to the type of courses they needed to complete. There were no links between initial assessments and learning plans to address prisoners' identified needs appropriately.
- 3.23** There were only 100 vocational training opportunities available, which was particularly poor for a training prison, but the quality and range were good. Literacy and numeracy and outreach support was not routinely provided. Many of the vocational training courses allowed learners to progress and move to higher-level qualifications. There were long delays in taking corrective actions to improve vocational training facilities and many vocational training areas were not fully operational.
- 3.24** The range of education provision was satisfactory but capacity was not maximised and classrooms were left empty. The delivery model for functional skills was poor and presented challenges for tutors. Tutors did not plan learning tasks effectively to maximise learning during the long education sessions. Lessons were delivered to mixed-ability groups, and in some cases tutors delivered English and mathematics in the same sessions. Too many sessions began late and finished early.
- 3.25** Too much of the prison work was mundane and low skilled, particularly for wing workers and orderlies. Work in the prison commercial workshops purposefully occupied prisoners and improved their self-esteem but was not accessible to vulnerable prisoners. Good prison partnership working with other organisations provided access to additional courses and qualifications for prisoners, and accredited their work skills.

## Recommendations

- 3.26** The provider should review the delivery model in education to ensure that all learners make good progress in well-planned lessons.
- 3.27** Sentence plans and initial assessments should be used to identify suitable courses and qualifications that prisoners need to undertake.

## Housekeeping point

- 3.28** The provider should ensure that decisions to develop and improve facilities are completed in a timely manner.

## Quality of provision

- 3.29** The quality of teaching and individual coaching in the vocational training and commercial workshops was good, and in the prison work areas was adequate. Learners enjoyed their training and developed good practical skills. The better coaching sessions linked theory to practical tasks well and assessed learning effectively.
- 3.30** The quality of teaching and learning in education classes was poor. Many tutors did not display sufficient expertise on how to manage the poor learner behaviour we observed in many sessions. In some lessons the atmosphere was disrespectful and tense. This had a detrimental impact on those learners who wished to engage and continue learning. New teaching staff received insufficient college training to enable them to teach in the prison with confidence.
- 3.31** The planning of learning was ineffective. Individual learning plans focused only on achieving the qualification units rather than on learning. Lesson planning was weak. In many sessions, little attention was paid to the individual learning needs of prisoners with mixed abilities, and many made slow progress. The more able learners did not receive sufficient work to continue progressing in the lesson.
- 3.32** The levels of learning support for over 700 learners who had been identified with a learning disability or difficulty were inadequate. There were too few trained classroom assistants and prisoner learning mentors, and the process for recruiting prisoner mentors was underdeveloped. Some of the prisoner mentors did not behave appropriately. Outreach support to improve English and mathematics was not formally provided in the workshops, and there was only one such worker to support prisoners on the wings.
- 3.33** The learning resources used by tutors in education classes were generally poor and electronic white boards were not used effectively. Equipment levels in the prison commercial workshop were good. Most vocational workshops were too small and could only accommodate up to eight men. One commercial workshop had high levels of wood dust in the atmosphere and the extraction facilities were not used effectively. Prisoners did not always use the provided personal protective equipment correctly.
- 3.34** The quality of assessment of learners' work in education classes was too generic to identify what they were doing well and how they could make better progress. The initial assessment of their English, mathematics, and information and communications technology (ICT) skill levels was ineffective. Too many learners undertook English and/or mathematics at the same level or a lower level than the one they had already achieved on entry to the prison. In ICT,

learners were expected to complete courses in the allocated time without consideration of their prior ICT knowledge and skills.

- 3.35** The information, advice and guidance provided by the National Careers Service (NCS) was of inadequate quality and not sufficiently flexible.

## Recommendations

- 3.36** The quality of teaching and learning in education should be improved.
- 3.37** There should be an appropriate support structure for prisoners identified with learning disabilities.
- 3.38** Initial assessments should be improved to ensure that they accurately identify learning difficulties and disabilities and the need for additional support interventions in education and vocational training.
- 3.39** Learners should work at levels which are higher than those they have already attained and be sufficiently challenged to develop their skills further.

## Housekeeping point

- 3.40** The prison should ensure the proper extraction of wood dust in the carpentry workshop and that prisoners correctly use and wear their personal protective equipment.

## Education and vocational achievements

- 3.41** Learners in vocational workshops exhibited good skills development and standards of finished work. Employability skills, including the use of initiative and team working, were appropriately developed. Learners were motivated and engaged by the tasks and progressed at an appropriate pace to higher-level qualifications. Full qualification pass rates for vocational and work courses were high, although the number who had completed them was low.
- 3.42** Success rates on education programmes were low. Too many learners in the functional English and mathematics programmes had not achieved their qualifications, despite being in the prison long enough to achieve them. Success rates across the range of functional skills qualifications varied greatly, from very low on English level 1 to good on mathematics level 2.

## Recommendation

- 3.43** Success rates on education programmes should be improved.

## Library

- 3.44** Library sessions were ad hoc and not integrated into the general prison regime. Vulnerable prisoners and the lifer population had experienced difficulties in attending the library, and some sessions for vulnerable prisoners had been cancelled because of the unavailability of prison custody officers to escort them.

- 3.45** The library was well stocked with an appropriate range of resources, and prisoners were able to request any titles that were currently unavailable. The good collection of foreign language books and magazines was well used by prisoners. There had been some good development of reading groups.
- 3.46** The 12 computer terminals in the library were not operational. There was no access to the virtual campus in the library.

## Recommendations

- 3.47** Access time to the library should be included in the published prison regime.
- 3.48** The prison should connect the 12 computer terminals and introduce the virtual campus to support prisoners in their research, learning and employment opportunities.

## 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.**

**3.49** *Only about 37% of the prison population regularly used the PE facilities. Facilities were very good, with well-equipped indoor and outdoor areas. There was an adequate range of vocational PE courses, and pass rates were good.*

- 3.50** PE provision was adequately promoted to men on the wings and during their first week at the prison. However, prison data indicated that an average of only 37%, and only about 20% of vulnerable prisoners, had regularly accessed the gym in the previous six months. Prisoners were allowed at least two PE sessions a week, but those on the basic level of the IEP scheme were allowed only one.
- 3.51** PE staff were experienced and well qualified. A reasonable variety of recreational PE was available, with separate sessions for vulnerable prisoners. Staff worked with the health care department to provide well-structured training for prisoners who were unfit or required remedial PE. There were no sessions tailored for older prisoners or those with disabilities. PE facilities and equipment levels were very good, although the main gym was not large enough to meet need and was often cramped due to the high number of prisoners allowed to use it at any one time. There were four outdoor all-weather sports pitches that were well used. However, a large grassed sports pitch was often not available because of water-logging. There was a large, well-appointed changing room and facilities.
- 3.52** Staff had developed good links with the local community and with local professional football and rugby clubs, which provided regular coaching for prisoners.
- 3.53** An adequate range of vocationally related qualifications was offered, with progression opportunities available from level 1 to level 2 qualifications. Pass rates were good for those who completed the courses.

## Recommendations

- 3.54** All prisoners should have access to at least two PE sessions per week regardless of their incentives and earned privileges status.
- 3.55** Appropriate bespoke sessions for older prisoners and those with disabilities should be developed with the health care department.

## Housekeeping point

- 3.56** The poor drainage issues with the grass sports field should be rectified to allow it to be regularly used in safety.



## 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 strategic management of resettlement was not guided by a policy covering all aspects and there was no management group to direct and monitor progress and improvement, but action plans specified further development. A full needs analysis was not yet in place. Release on temporary licence had not been used for resettlement purposes.*

**4.2** Offender management, interventions and resettlement were under the overall management of the head of reducing reoffending and there were separate managers for offender management, including public protection, interventions, indeterminate-sentenced prisoners (ISPs) and resettlement pathways. There were policies for each area, developed by the managers responsible, but there was no overall policy for reducing reoffending which drew together the different strands and facilitated communication and collaborative working.

**4.3** There was an action plan to develop services across reducing reoffending, with timescales and responsibilities allocated to individual managers. There were also separate development plans, the most established being the resettlement pathways business plan. The recently appointed manager for ISPs had a plan to develop services for this group.

**4.4** At the time of the inspection, there was insufficient information about prisoner need to inform a reducing reoffending strategy. The prison had had an unpredictable and volatile first year, with unexpected demands for accommodating prisoners from a large geographical area and with a wide variety of sentences and offences. This had meant that any early analysis of prisoner needs was no longer a reliable predictor of the services required by a population which had changed since the opening of the prison. Some work had been done in obtaining 'segmentation data' from the National Offender Management Service which informed the suitability of interventions, and an exit survey had been designed to inform resettlement needs.

**4.5** There was no established management group overseeing all aspects of resettlement and offender management, to ensure effective delivery of the various action plans. There were terms of reference for a resettlement meeting planned by the resettlement manager, and a meeting held in March 2013 had included offender management representatives, but a planned subsequent meeting had not taken place. We also saw the minutes of an offender management unit (OMU) meeting that had taken place in January 2013 to discuss deficits in the unit, but no further meeting had been held.

**4.6** Relationships with external providers of resettlement services were being established but funding difficulties meant that some had been lost and others were difficult to initiate.

## Recommendation

- 4.7** There should be a policy for reducing reoffending based on a regularly updated analysis of prisoner need and implemented through a management group which includes all relevant departments and providers.

## 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.**

**4.8** *Offender management was poor, too many prisoners did not have sentence plans and offender supervisors had no regular, planned contact with prisoners. Home detention curfew arrangements had been developed well and public protection procedures were sound. Categorisation reviews were timely but prisoners waited too long for moves to open conditions. The management of indeterminate-sentenced prisoners was weak but steps were being taken to meet their needs and the provision of parole reports had improved.*

- 4.9** Offender management had been seriously neglected since the opening of the prison. In our survey, only 43% of prisoners said that they had a sentence plan, against the 72% comparator. Of those with a sentence plan, 58% said that no one was working with them to achieve their sentence plan targets (against the 45% comparator) and only 27% said that an offender supervisor was working with them (against the 35% comparator). At the time of the inspection, there were 250 determinate-sentenced prisoners without an up-to-date assessment and sentence plan, and they were frustrated in their attempts to progress. We found that only half of the next 20 prisoners due for release had an up-to-date sentence plan (see main recommendation S49).
- 4.10** Prisoners told us that it was impossible to arrange a meeting with their offender supervisor and that they often saw them working on wings as discipline officers. Offender supervisors confirmed that they had experienced frequent redeployment to residential duties, which meant that they had been unable to keep up with their work or maintain planned contact with prisoners on their caseload. The situation was aggravated by the large numbers of prisoners being received from other prisons without an assessment or sentence plan (see main recommendation S49).
- 4.11** The frequent redeployment of staff from the OMU made it difficult for managers to allocate work, ensure that staff had adequate training, and provide them with appropriate coaching and support. Offender supervisors had been trained in completing offender assessment system (OASys) assessments but had not attended offender supervisor training, which meant that they were not sufficiently equipped with skills for assessing risk and casework with prisoners.
- 4.12** The quality of assessments and plans, both from offender managers and offender supervisors, was variable. There was no evidence of a systematic process for checking the quality of assessments and providing feedback to improve quality.
- 4.13** An effective system for managing home detention curfew (HDC) assessments had been developed but we were told that staff had originally been appointed to the task with no

training and little guidance. Prisoners had not been offered the chance to apply for HDC and processes were poorly implemented. However, by the time of the inspection, prisoners were being invited to apply in good time, risk assessments were mostly completed on time, there was a system for chasing late reports and accommodation was offered to those who needed it. In the previous six months, 224 HDC applications had been considered and 92 had been successful. The refusals we examined had been for legitimate reasons, such as lack of support for applications from the Probation Service and recent histories of non-compliance with supervision or bail. Of the 28 past their eligibility date at the time of the inspection, 25 were for reasons outside the control of the prison.

## Recommendation

- 4.14 Offender supervisors should be fully trained for the role and the quality of their work should be monitored.**

## Public protection

- 4.15** There was a clear public protection policy, and arrangements to identify prisoners of concern had been developed after a poor start when the prison first opened. The criminal history and case records of all newly received prisoners were checked every day and restrictions imposed when necessary. There was a weekly meeting of public protection and security staff to review restrictions and monitoring, which ensured that the measures imposed remained proportionate.
- 4.16** Prisoners were informed of restrictions on them and given the opportunity to apply for visits and telephone contact with named children and adults. These requests were checked with children's carers, social services, police and Probation Services.
- 4.17** A monthly risk management meeting between public protection, security, police, health services, substance misuse and offender management staff reviewed release plans for high-risk prisoners. Although the minutes of these showed that assessments and planning were thorough, the prisoner's offender supervisor did not always attend.

## Housekeeping point

- 4.18** Prisoners' offender supervisor should attend pre-release risk management meetings.

## Categorisation

- 4.19** Categorisation reviews were held on time. Reviews were identified 10 weeks before they were due and prisoners were invited to apply and include their own representations. The board at which applications were considered did not involve the prisoner, but representations from their legal advisers were considered.
- 4.20** In the three months before the inspection there had been 499 reviews, and 111 prisoners had been recategorised to D. The reasons for refusal in the cases we examined had been justified and related to poor behaviour indicating continued risk or poor progress with sentence plan targets.
- 4.21** When applications were not successful, prisoners were informed of the reasons and given the opportunity to challenge the decision.

- 4.22** At the time of the inspection, the prison held 68 category D prisoners, of whom seven were being held to complete a programme or course. The prison had difficulty in transferring prisoners to open conditions, especially when they had requested specific locations, and some had been waiting up to four months for a transfer.

## Recommendation

- 4.23 Prisoners recategorised to D should be transferred promptly.**

## Indeterminate sentence prisoners

- 4.24** At the time of the inspection, the prison held 149 ISPs, of whom 71 were serving a life sentence. We were told that the prison had not been expecting to hold such a high number but the closure of other establishments had led to their transfer to Oakwood. These prisoners were not located in a dedicated unit but were distributed across all wings of the prison. Some were on a wing for long-term prisoners but this did not have any particular facilities to help them develop basic living skills.
- 4.25** No staff had been trained in the management of ISPs, although the newly appointed ISP manager had enrolled to be trained as a staff trainer to develop a dedicated ISP group. Facilities for these prisoners were poorly developed but a consultation meeting had been held and the ISP manager had drawn up an action plan to address their needs. Only two escorted absences had taken place since the opening of the prison but more were planned. No lifer days had been held.
- 4.26** The arrival of ISPs at short notice from closing establishments and the lack of training for administrative staff had caused long delays in reports to the parole board, but at the time of the inspection the backlog had been overcome and staff were working on preparing dossiers in advance of the deadline. Probation officers in the OMU had been allocated to writing parole reports for the influx of prisoners who required them and had little opportunity for regular contact with the ISPs allocated to them.
- 4.27** The parole board often required psychological reports and the prison did not have resident psychologists, so each report was commissioned by an independent practitioner. The process of authorising spending to commission a report had caused delays and was a continuing risk to the timely preparation of parole dossiers (see section on resettlement pathways).

## Recommendation

- 4.28 Indeterminate-sentenced prisoners should have access to trained staff, escorted absences according to their entitlement, specific events which address their understanding of their sentence and maintaining family ties, and help in developing basic living skills in preparation for release.**

## 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.**

**4.29** *There was no assessment of resettlement needs on arrival but all prisoners were seen in good time before discharge to deal with outstanding needs. A wide range of accommodation support was provided and the number of prisoners released homeless was relatively low. Links to external work and education providers were developing. There was little support for prisoners with debt problems, and benefits advice was not consistently available. A bank account facility was being developed and prisoners could attend a money management course. Links to drug services were good for prisoners who were local to the prison but not for others. The visitor centre was an excellent facility and visits provision was good. Too few prisoners had access to enhanced family-related services. A reasonable range of offending behaviour programmes was available but the lack of interventions and assessments for sex offenders was a serious deficit.*

**4.30** Resettlement needs were not assessed when prisoners arrived at the establishment, but during their induction a prisoner orderly told them about resettlement services and how to make an application to see a resettlement officer. In spite of this, and notices about resettlement around the prison, fewer prisoners in our survey than at comparator establishments knew where to go for help with accommodation, employment, financial problems, education and substance misuse.

**4.31** There was a discrete resettlement team of four officers and a manager who responded to applications and saw all prisoners up to two months before their discharge to check on their outstanding needs. Prisoners we interviewed who were due for release told us that they had been seen in good time and some had received significant help with accommodation and benefits claims. There were well developed plans to provide a resettlement hotline for prisoners to contact the team directly.

**4.32** Arrangements for discharge were good. Prisoners were able to have their stored clothing washed, their licence requirements were explained to them and they were provided with a suitable bag for their possessions.

## Recommendation

**4.33** **Prisoners' immediate resettlement needs should be assessed on arrival and referrals made when required.**

## Housekeeping point

**4.34** Resettlement services should be better publicised in the prison.

## Accommodation

**4.35** Accommodation advice and support, including maintaining or closing tenancies and managing rent arrears, were provided by Brompton Support (see paragraph 4.51) and the resettlement officers. In the previous three months, there had been 284 discharges, for which the team had secured accommodation for 103 released prisoners. Records showed that only 3.8% of prisoners were released without an address.

**4.36** The resettlement manager was active in developing relationships with voluntary organisations for the ongoing support of released prisoners. There had been a Service Level Agreement with Fry Housing to provide accommodation support but this had lapsed. New partnerships were being established with Heanstun, a local housing association.

## Education, training and employment

- 4.37** Good use was made of local and national employment data to identify employment gaps. The prison was establishing external links to attract employers and additional workshop programmes and activities into the prison. These offered relevant employment opportunities. One course trained and accredited prisoners in the repair and maintenance of rail tracks and there were excellent job prospects on release for those who gained the qualifications. An employer fair had been held and more were planned. Release on temporary licence (ROTL) to work or for further education and training did not support resettlement needs, but this was under review
- 4.38** The business start-up innovations were developing well. A group of prisoners had worked on a comprehensive proposal for the prison to provide training in the sustainable energy industry. They had carefully thought through possible links with existing courses and researched exciting new opportunities in line with the National Offender Management 'Green Deal' agenda. The prison was investigating the feasibility of taking some of the ideas forward to provide additional work and skills training opportunities for prisoners when released.

## Recommendation

- 4.39** **The use of release on temporary licence (ROTL) to support the resettlement needs of prisoners into employment and/or further education and training opportunities should be implemented when appropriate.**

## Health care

- 4.40** Primary health services staff ran a discharge clinic at which prisoners were given information about accessing health services on release, such as a list of GPs and dentists in the area to which they were being released. They also provided a comprehensive summary of the care given for the prisoner to give to his GP once registered.
- 4.41** For those known to the mental health team, efforts were made to link them into community services. For prisoners being released into the Birmingham area, the team had made links with community staff, including those who provided services to those in approved premises.

## Drugs and alcohol

- 4.42** Pre-release sessions and work packs were delivered to prisoners nearing release, covering relapse prevention, overdose and other harm reduction information. Links with local drug and alcohol agencies were good, although for most prisoners who were from outside the area there were fewer opportunities for pre-release contact with community agency workers.

## Finance, benefit and debt

- 4.43** There was limited advice and support for prisoners with debt problems. No specialist service was available, although Brompton Support (see paragraph 4.51) gave some family advice. One of the resettlement officers had a background in working with Citizens Advice (CA) and had some specialist knowledge, so she was able to advise colleagues or support prisoners

directly. Resettlement officers contacted the National Debt Helpline and CA for advice on supporting prisoners.

- 4.44** The provision of benefits advice from Jobcentre Plus was not reliable because staffing was limited. At the time of the inspection, they were not providing a service, and resettlement officers were setting up benefits claims for released prisoners.
- 4.45** Prisoners could not open bank accounts. The prison was in the process of working with the Unlock organisation to negotiate an arrangement with HSBC bank.
- 4.46** The education department ran a popular money management course, which ran regularly but was oversubscribed.

## Recommendations

- 4.47** **Prisoners should be able to get advice and support with financial problems and have access to benefits from specialist providers in the prison.**
- 4.48** **Prisoners should be able to open bank accounts.**

## Housekeeping point

- 4.49** The money management course should be run often enough to meet demand.

## Children, families and contact with the outside world

- 4.50** In our survey, 30% of prisoners, considerably worse than the 46% comparator, said that they had been given information about visits on arrival. Only 31%, against the 36% comparator, said that they had received help in maintaining contact with family and friends. However, more than the comparator (34% versus 26%) said that it was easy for family or friends to get to the prison.
- 4.51** The 'Family Pathway Centre' (visitors centre) was an excellent facility, run by the Help and Advice Line for Offenders' Wives (HALOW), who were available before and after visits to offer information, advice and guidance and a signposting service to support agencies. There was a multi-faith room and children's play area, and refreshments were available. Access for visitors with disabilities was good. A support agency, Brompton Support, attended weekly and offered prisoners and their families help with a range of issues, including housing and debt.
- 4.52** Visits took place every day for up to two and a half hours. Prisoners could book their visits up to 28 days in advance using wing central management system (CMS) kiosks.
- 4.53** Visits search procedures were efficient; visitors were called forward in groups according to allocated letters, to maintain the anonymity of prisoners' names, and searching was carried out courteously.
- 4.54** The visits hall accommodated up to 50 visits; furnishings were austere and closed visits booths were unscreened. Even though biometric identification was used, prisoners were required to wear a yellow sash during visits. The play area for young children was poorly equipped and only supervised during school holidays. More than 50% of prisoners had

children under 18, but only those on the enhanced regime could apply for the monthly enhanced family days, father and baby bonding sessions, and family photographs.

- 4.55** A new canteen facility was being installed in the visits room. Sealed refreshments and drinks were allowed into the room for children, and a baby bottle warming service was available.
- 4.56** Chaplains ran a prison visitor scheme for prisoners who did not receive regular visits. There were additional visits for 'extenuating circumstances' – for example, following bereavement; for prisoners with disabilities who could not communicate via telephone; and for those on an open assessment, care in custody and teamwork (ACCT) self-harm monitoring document. ROTL had been used only twice for family contact purposes.
- 4.57** There were three easily accessible visits helplines. Families and friends could talk to staff confidentially and report concerns about a prisoner. Visitor feedback forms were readily available and responded to when necessary. Visitor surveys were carried out monthly and there were well-attended bimonthly prisoner visits forums, which helped to inform improvements to services.

## Recommendations

- 4.58** Prisoners' negative perceptions about visits should be investigated and measures implemented to increase their confidence in the process.
- 4.59** Access to enhanced family visit days and other visits-related activities should be extended to all prisoners.
- 4.60** ROTL should be used when appropriate to maintain family ties.

## Housekeeping points

- 4.61** Prisoners' negative perceptions about receiving visits information on arrival, and the support given to assist them in maintaining contact with family and friends, should be investigated.
- 4.62** Prisoners should not have to wear coloured sashes during visits.
- 4.63** The children's play area should be supervised and facilities improved.

## Good practice

- 4.64** *A multi-faith room was available for visitors, in the visitor centre.*
- 4.65** *An alphabetical letter was issued to visitors, to call them forward into the visits hall, to maintain the confidentiality of prisoners' names.*
- 4.66** *Families were allowed to bring in sealed snacks and drinks for their children.*

## Attitudes, thinking and behaviour

- 4.67** Although the prison provided a range of offending behaviour interventions, prisoners reported difficulties in accessing them, mainly related to the lack of a sentence plan and poor offender management (see section on offender management and planning). In our survey,

only 12% said that it was easy to get on an offending behaviour programme, against the 21% comparator. Only 58% said that they had been involved in offending behaviour programmes while at the prison, which was considerably less than the comparator of 73%.

- 4.68** Two accredited programmes, the thinking skills (TSP) and controlling anger and learning to manage it (CALM) programmes, provided a total of 146 places a year, which appeared to be appropriate for the population, but at the time of the inspection there was insufficient information available about prisoners' needs (see recommendation 4.7). Facilitators were trained in the delivery of both programmes, which provided local flexibility in meeting changes in demand. Waiting lists for both programmes were manageable and were appropriately prioritised but the poor completion of sentence plans may have meant that some suitable prisoners were not being referred.
- 4.69** With the closure of HMP Shrewsbury, a large number of sex offenders had been received at Oakwood. At the time of the inspection, the prison held approximately 300, many of whom were in denial of their offending, and the prison had no appropriate interventions for them. No sex offender programmes were available and there were no staff qualified in undertaking pre-programme assessments which might have facilitated onward transfers for treatment. At the time of the inspection, there were 51 sex offenders due for release in the next six months who had not had their sexual offending addressed (see main recommendation S50).
- 4.70** The Chrysalis programme was a non-accredited social and life skills course available to prisoners who were unsuitable, because of their risk level, for the accredited TSP. In the six months before the inspection, 62 prisoners had completed the programme.
- 4.71** The prison also provided a victim awareness programme, which had been completed by 75 prisoners, and a programme of restorative justice was being developed.
- 4.72** There was no psychologist in post at the time of the inspection to provide individual treatment or assessments for programmes.

## Recommendation

- 4.73** **There should be ready access to psychology services to provide individual treatment, assessments for programmes, and reports.**



## Section 5. Summary of recommendations and housekeeping points

The reference number at the end of each recommendation, housekeeping point or example of good practice refers to its paragraph location in the main report.

### Main recommendations

To the director

- 5.1 All incidents of violence and victimisation should be recorded and analysed. This should identify trends and action should be taken to make the prison safer. (S43)
- 5.2 Analysis of drug supply and demand should be improved and action should be taken to reduce availability. (S44)
- 5.3 Comprehensive prisoner consultation arrangements should be introduced to identify areas of concern and action should be taken to improve staff skills and knowledge. (S45)
- 5.4 All prisoners with disabilities should be identified. Where necessary, care should be coordinated between health services and wing staff and their needs should be identified in a care plan available to wing staff. (S46)
- 5.5 Procedures for the prescribing and administration of medicines, including repeat prescriptions, should be improved, all medication administration should be risk assessed, and opportunities for the diversion of medications should be minimised. (S47)
- 5.6 The amount of high-quality learning and skills and work activity should be increased to meet the needs of the population. (S48)
- 5.7 All prisoners should have a sentence or custody plan and regular contact with their offender supervisor. (S49)
- 5.8 The prison should have a clear strategy to ensure that sex offenders, including those in denial, have access to appropriate interventions. (S50)

### Recommendation

To NOMS

- 5.9 Prisoners recategorised to D should be transferred promptly. (4.23)

### Recommendations

To the director

#### Early days in custody

- 5.10 Prisoners should not experience excessive delays in the admissions unit. (1.12)
- 5.11 The first night centre should not be used to hold vulnerable prisoners or those seeking their own protection, and should not hold prisoners for extended periods. (1.13)

### **Bullying and violence reduction**

- 5.12** All wing staff should understand and take responsibility for implementing the violence reduction strategy, including quicker and better investigations and the improved use of antisocial behaviour booklets and victim support plans to challenge poor behaviour and support victims. (1.25)

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

- 5.13** The quality of assessment, care in custody and teamwork (ACCT) processes should be improved and include the identification and provision of active and constructive support for prisoners in crisis. (1.36)

### **Safeguarding**

- 5.14** The director should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop a local strategy and safeguarding processes. (1.42)

### **Security**

- 5.15** Closed visits should be used only for incidents relating to visits, and restrictions should be reviewed regularly and lifted if there is no evidence of further illicit activity. (1.53)

### **Incentives and earned privileges**

- 5.16** The incentives and earned privileges policy should be updated, including the use of Douglas wing, publicised to staff and prisoners, and fully applied, with appropriate quality assurance and management checks. (1.60)

### **Discipline**

- 5.17** The reasons for the high number of incidents of use of force should be investigated, with a view to reducing use, encouraging de-escalation and ensuring that all incidents are fully documented and all prisoners examined by health services staff as soon as possible after an incident. (1.67)
- 5.18** The purpose of the segregation unit should be clearly defined, the policy fully implemented and the regime improved. Governance should be improved, with the implementation of regular quality assurance and analysis of data to ensure that use of segregation is appropriate. (1.73)

### **Substance misuse**

- 5.19** The integrated substance misuse team should introduce an alcohol-specific group-work programme. (1.81)
- 5.20** Properly supported and supervised peer mentors and recovery champion schemes should be introduced. (1.82)

### Residential units

- 5.21** Cleaning materials, basic toiletries and, where necessary, prison clothing should be routinely available. (2.10)
- 5.22** The offensive display policy should be universally enforced. (2.11)
- 5.23** The applications system should be improved with a tracking system and quality assurance. (2.12)

### Equality and diversity

- 5.24** 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 investigated. (2.26)
- 5.25** Prisoners with disabilities and retired prisoners should not be routinely locked up during the core day. (2.39)

### Faith and religious activity

- 5.26** The prison should ensure that the needs of all religious and faith groups are met, and that any negative perceptions of faith and religious groups are understood. (2.47)
- 5.27** The prison should ensure that all prisoners who wish to attend services can do so, and on time, subject to a risk assessment. (2.48)

### Complaints

- 5.28** Outcomes of the analysis of complaints should be fully investigated and action should be taken to resolve any deficiencies. (2.53)

### Health services

- 5.29** All health care policies should be relevant to a prison setting and followed by health services staff. (2.65)
- 5.30** All staff working at the prison should have immediate access to resuscitation equipment, including defibrillators, and be trained in its use. (2.66)
- 5.31** On arrival, prisoners should be given accurate information about accessing and using prison health services in a language and format that they can understand. (2.67)
- 5.32** Prisoners should be supported to make complaints about health services when required and not discouraged from doing so. (2.68)
- 5.33** All prisoners with immediate or long-term health needs should be seen and provided for expeditiously. (2.76)
- 5.34** Prisoners with lifelong conditions should receive care and treatment in line with evidence-based best practice. (2.77)
- 5.35** All waiting lists should be reviewed, and services provided to meet the needs of the population within acceptable time limits. (2.78)

- 5.36** Prisoners should have access to a pharmacist. (2.87)
- 5.37** Medications should be administered at times to ensure maximum efficacy, not to suit the prison regime. (2.88)
- 5.38** All medications should be stored safely and securely. (2.89)
- 5.39** Prisoners should have timely access to dental services. (2.92)
- 5.40** Prisoners with mental health problems should have unhindered access to health services and specialist staff. (2.98)

#### Catering

- 5.41** The monitoring of the serving of meals should ensure the safety of prisoners, that portion control is maintained and that food hygiene standards are met. (2.105)

#### Purchases

- 5.42** The supervision of shop order deliveries should be improved to ensure that prisoners can safely take delivery of their goods. (2.112)

#### Time out of cell

- 5.43** All prisoners should have access to at least one hour's exercise each day. (3.4)

#### Learning and skills and work activities

- 5.44** The prison should improve attendance and punctuality to all activities. (3.15)
- 5.45** Prisoners who have allocated daytime activities should not attend recreational PE during the core day. (3.16)
- 5.46** The provider should implement a learner-focused activity strategy, to include analysis of learner information to improve the quality of learning and achievement. (3.17)
- 5.47** The pay structure for learners attending education should be equitable with that in workplace activities. (3.18)
- 5.48** The provider should review the delivery model in education to ensure that all learners make good progress in well-planned lessons. (3.26)
- 5.49** Sentence plans and initial assessments should be used to identify suitable courses and qualifications that prisoners need to undertake. (3.27)
- 5.50** The quality of teaching and learning in education should be improved. (3.36)
- 5.51** There should be an appropriate support structure for prisoners identified with learning disabilities. (3.37)
- 5.52** Initial assessments should be improved to ensure that they accurately identify learning difficulties and disabilities and the need for additional support interventions in education and vocational training. (3.38)

- 5.53** Learners should work at levels which are higher than those they have already attained and be sufficiently challenged to develop their skills further. (3.39)
- 5.54** Success rates on education programmes should be improved. (3.43)
- 5.55** Access time to the library should be included in the published prison regime. (3.47)
- 5.56** The prison should connect the 12 computer terminals and introduce the virtual campus to support prisoners in their research, learning and employment opportunities. (3.48)

#### Physical education and healthy living

- 5.57** All prisoners should have access to at least two PE sessions per week regardless of their incentives and earned privileges status. (3.54)
- 5.58** Appropriate bespoke sessions for older prisoners and those with disabilities should be developed with the health care department. (3.55)

#### Strategic management of resettlement

- 5.59** There should be a policy for reducing reoffending based on a regularly updated analysis of prisoner need and implemented through a management group which includes all relevant departments and providers. (4.7)

#### Offender management and planning

- 5.60** Offender supervisors should be fully trained for the role and the quality of their work should be monitored (4.14)
- 5.61** Prisoners recategorised to D should be transferred promptly. (4.23)
- 5.62** Indeterminate-sentenced prisoners should have access to trained staff, escorted absences according to their entitlement, specific events which address their understanding of their sentence and maintaining family ties, and help in developing basic living skills in preparation for release. (4.28)

#### Reintegration planning

- 5.63** Prisoners' immediate resettlement needs should be assessed on arrival and referrals made when required. (4.33)
- 5.64** The use of release on temporary licence (ROTL) to support the resettlement needs of prisoners into employment and/or further education and training opportunities should be implemented when appropriate. (4.39)
- 5.65** Prisoners should be able to get advice and support with financial problems and have access to benefits from specialist providers in the prison. (4.47)
- 5.66** Prisoners should be able to open bank accounts. (4.48)
- 5.67** Prisoners' negative perceptions about visits should be investigated and measures implemented to increase their confidence in the process. (4.58)

- 5.68** Access to enhanced family visit days and other visits-related activities should be extended to all prisoners. (4.59)
- 5.69** ROTL should be used when appropriate to maintain family ties. (4.60)
- 5.70** There should be ready access to psychology services to provide individual treatment, assessments for programmes, and reports. (4.73)

## Housekeeping points

### Courts, escort and transfers

- 5.71** Prisoners should not be held for long periods on vans outside the admissions unit. (1.4)

### Early days in custody

- 5.72** Individual interviews in the admissions unit should be held in private and Listeners should have a formal role in the admissions and first night processes. (1.14)
- 5.73** Cells on the first night centre should be clean and properly prepared for new arrivals. (1.15)
- 5.74** Action should be taken to improve the induction programme and the information provided during prisoners' first few days at the establishment. (1.16)

### Bullying and violence reduction

- 5.75** The selection and de-selection criteria for Ash wing should be robustly applied. (1.26)
- 5.76** Prisoners should be consulted about violence reduction and a needs analysis should inform the strategy. (1.27)

### Self-harm and suicide

- 5.77** Listeners should be supported by better care facilities, and unnecessary restrictions on their work should be removed. (1.37)
- 5.78** The use of constant observation for prisoners at risk should be logged and monitored. (1.38)

### Security

- 5.79** Clinical waste should be stored in proper bins and located well away from testing urinals. (1.54)
- 5.80** Mandatory drug testing holding rooms should be kept in good repair and free of graffiti. (1.55)

### Discipline

- 5.81** Graffiti should be removed from all areas of the segregation unit. (1.74)

### Substance misuse

- 5.82** Drug strategy meeting minutes should be improved and contain sufficient detail to ensure effective communication with all stakeholders. (1.83)

### Residential units

- 5.83** There should be sufficient laundry facilities to meet the needs of prisoners on all the wings. (2.13)
- 5.84** Responses to cell call bells should be monitored and remedial action taken where necessary. (2.14)

### Equality and diversity

- 5.85** Responses to discrimination incident report forms should be dealt with promptly and tracked for completion. Trends should be fully investigated and all identified weaknesses fully addressed. (2.27)
- 5.86** The prison should ensure that all foreign national prisoners are made aware of their entitlements. (2.40)

### Health services

- 5.87** Hand sanitiser gel dispensers should be placed in the controlled drug administration booths. (2.90)

### Catering

- 5.88** Breakfast packs should be issued on the day of consumption. (2.106)
- 5.89** Food trolleys should be thoroughly cleaned after each use. (2.107)

### Time out of cell

- 5.90** Seating should be provided on all exercise yards. (3.5)

### Learning and skills and work activities

- 5.91** The provider should ensure that decisions to develop and improve facilities are completed in a timely manner. (3.28)
- 5.92** The prison should ensure the proper extraction of wood dust in the carpentry workshop and that prisoners correctly use and wear their personal protective equipment. (3.40)

### Physical education and healthy living

- 5.93** The poor drainage issues with the grass sports field should be rectified to allow it to be regularly used in safety. (3.56)

## **Strategic management of resettlement**

**5.94** Prisoners' offender supervisor should attend pre-release risk management meetings. (4.18)

## **Reintegration planning**

**5.95** Resettlement services should be better publicised in the prison. (4.34)

**5.96** The money management course should be run often enough to meet demand. (4.49)

**5.97** Prisoners' negative perceptions about receiving visits information on arrival, and the support given to assist them in maintaining contact with family and friends, should be investigated. (4.61)

**5.98** Prisoners should not have to wear coloured sashes during visits. (4.62)

**5.99** The children's play area should be supervised and facilities improved. (4.63)

## **Examples of good practice**

### **Reintegration planning**

**5.100** A multi-faith room was available for visitors, in the visitor centre. (4.64)

**5.101** An alphabetical letter was issued to visitors, to call them forward into the visits hall, to maintain the confidentiality of prisoners' names. (4.65)

**5.102** Families were allowed to bring in sealed snacks and drinks for their children. (4.66)

## Section 6. Appendices

### Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Alison Perry	Team leader
Paul Rowlands	Inspector
Andrew Rooke	Inspector
Sandra Fieldhouse	Inspector
Karen Dillon	Inspector
Rosemary Bugdale	Inspector
Amy Radford	Researcher
Ewan Kennedy	Researcher
Rachel Murray	Researcher

#### **Specialist inspectors**

Paul Roberts	Substance misuse inspector
Elizabeth Tysoe	Health services inspector
Eileen Robson	Pharmacist
Jan Fookes-Bale	Care Quality Commission inspector
Jen Walters	Ofsted inspector
John Grimmer	Ofsted inspector
Maria Navarro	Ofsted inspector
Tasleem Chaudary	Ofsted inspector
Ian Simpkins	Offender management inspector
Lisa Gordon	Offender management inspector
Martyn Griffiths	Offender management inspector
Jonathon Nason	Offender management inspector



## Appendix II: Prison population profile

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

Status	21 and over	%
Sentenced	1410	90.5
Recall	148	9.5
Convicted unsentenced		
Remand		
Civil prisoners		
Detainees		
<b>Total</b>	<b>1,558</b>	<b>100</b>

Sentence	21 and over	%
Unsentenced	2	0.13
Less than six months	6	0.39
six months to less than 12 months	29	1.86
12 months to less than 2 years	199	12.77
2 years to less than 4 years	380	24.39
4 years to less than 10 years	636	40.82
10 years and over (not life)	157	10.08
ISPP (indeterminate sentence for public protection)	78	5.01
Life	71	4.56
<b>Total</b>	<b>1,558</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here:	21	
Under 21 years		
21 years to 29 years	562	35.8
30 years to 39 years	508	32.4
40 years to 49 years	318	20.3
50 years to 59 years	107	6.8
60 years to 69 years	49	3.1
70 plus years	24	1.5
Please state maximum age here:	80	
<b>Total</b>	<b>1,568</b>	<b>100</b>

Nationality	21 and over	%
British	1469	93.7
Foreign nationals	99	6.3
<b>Total</b>	<b>1,568</b>	<b>100</b>

Security category	21 and over	%
Category B	2	0.1
Category C	1496	95.4
Category D	68	4.3
Other	2	0.1
<b>Total</b>	<b>1,568</b>	<b>100</b>

<b>Ethnicity</b>	<b>21 and over</b>	<b>%</b>
<i>White</i>		
British	1104	70.4
Irish	21	1.3
Gypsy/Irish Traveller	8	0.5
Other white	35	2.2
<i>Mixed</i>		
White and black Caribbean	40	2.6
White and black African	3	0.2
White and Asian	6	0.4
Other mixed	16	1.0
<i>Asian or Asian British</i>		
Indian	58	3.7
Pakistani	68	4.3
Bangladeshi	7	0.4
Chinese	3	0.2
Other Asian	24	1.5
<i>Black or black British</i>		
Caribbean	104	6.6
African	26	1.7
Other black	24	1.5
<i>Other ethnic group</i>		
Arab	1	0.1
Other ethnic group	1	0.1
Not stated	19	1.2
<b>Total</b>	<b>1,568</b>	<b>100</b>

<b>Religion</b>	<b>21 and over</b>	<b>%</b>
Baptist		
Church of England	336	21.62
Roman Catholic	250	16.09
Other Christian denominations	199	12.81
Muslim	208	13.38
Sikh	29	1.87
Hindu	9	0.58
Buddhist	23	1.48
Jewish	7	0.45
Other	26	1.67
No religion	467	30.05
<b>Total</b>	<b>1,554</b>	<b>100</b>

**Sentenced prisoners only**

<b>Length of stay</b>	<b>21 and over</b>	
	<b>Number</b>	<b>%</b>
Less than 1 month	147	9.4
1 month to 3 months	349	22.3
3 months to six months	489	31.2
six months to 1 year	519	33.1
1 year to 2 years	62	4.0
2 years to 4 years		
4 years or more		
<b>Total</b>	<b>1,566</b>	<b>100</b>

## Appendix III: 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.<sup>6</sup> 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 10 June 2013 the prisoner population at HMP Oakwood was 1,558. Using the method described above, questionnaires were distributed to a sample of 233 prisoners.

We received a total of 207 completed questionnaires, a response rate of 89%. This included three questionnaires completed via interview. Ten respondents refused to complete a questionnaire, 14 questionnaires were not returned and two were returned blank.

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<sup>6</sup> 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

<b>Wing/Unit</b>	<b>Number of completed survey returns</b>
Ash	64
Beech	59
Cedar	63
Douglas	12
Elm (First night unit)	7
Care and separation unit	2

### **Presentation of survey results and analyses**

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

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 Oakwood 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.
- 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 those who are British nationals and those who are foreign nationals.
- 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.
- A comparison within the 2013 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2013 survey between the vulnerable prisoner wing (Ash) and the rest of the establishment.

## Survey summary

### Section I: About you

<b>QI.1</b>	<b>What wing or house block are you currently living on?</b> See shortened methodology	
<b>QI.2</b>	<b>How old are you?</b>	
	Under 21	0 (0%)
	21 - 29	73 (36%)
	30 - 39	65 (32%)
	40 - 49	38 (19%)
	50 - 59	16 (8%)
	60 - 69	8 (4%)
	70 and over	3 (1%)
<b>QI.3</b>	<b>Are you sentenced?</b>	
	Yes	176 (86%)
	Yes - on recall	28 (14%)
	No - awaiting trial	0 (0%)
	No - awaiting sentence	0 (0%)
	No - awaiting deportation	0 (0%)
<b>QI.4</b>	<b>How long is your sentence?</b>	
	<b>Not sentenced</b>	0 (0%)
	Less than 6 months	4 (2%)
	6 months to less than 1 year	10 (5%)
	1 year to less than 2 years	19 (10%)
	2 years to less than 4 years	52 (26%)
	4 years to less than 10 years	75 (38%)
	10 years or more	14 (7%)
	IPP (indeterminate sentence for public protection)	8 (4%)
	Life	17 (9%)
<b>QI.5</b>	<b>Are you a foreign national?</b> (i.e. do not have UK citizenship)	
	Yes	21 (10%)
	No	184 (90%)
<b>QI.6</b>	<b>Do you understand spoken English?</b>	
	Yes	199 (99%)
	No	2 (1%)
<b>QI.7</b>	<b>Do you understand written English?</b>	
	Yes	197 (98%)
	No	4 (2%)
<b>QI.8</b>	<b>What is your ethnic origin?</b>	
	White - British (English/ Welsh/ Scottish/ Northern Irish)	130 (64%)
	Asian or Asian British - Chinese	1 (0%)
	White - Irish	6 (3%)
	Asian or Asian British - other	0 (0%)
	White - other	9 (4%)
	Mixed race - white and black Caribbean	7 (3%)
	Black or black British - Caribbean	17 (8%)
	Mixed race - white and black African	2 (1%)
	Black or black British - African	3 (1%)
	Mixed race - white and Asian	5 (2%)

<i>Black or black British - other</i>	1 (0%)	<i>Mixed race - other</i>	3 (1%)
<i>Asian or Asian British - Indian</i>	5 (2%)	<i>Arab</i>	0 (0%)
<i>Asian or Asian British - Pakistani</i>	12 (6%)	<i>Other ethnic group</i>	1 (0%)
<i>Asian or Asian British - Bangladeshi</i>	1 (0%)		

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

Yes	8 (4%)
No	194 (96%)

**Q1.10 What is your religion?**

<i>None</i>	68 (34%)	<i>Hindu</i>	1 (0%)
<i>Church of England</i>	62 (31%)	<i>Jewish</i>	0 (0%)
<i>Catholic</i>	25 (12%)	<i>Muslim</i>	26 (13%)
<i>Protestant</i>	1 (0%)	<i>Sikh</i>	3 (1%)
<i>Other Christian denomination</i>	6 (3%)	<i>Other</i>	4 (2%)
<i>Buddhist</i>	5 (2%)		

**Q1.11 How would you describe your sexual orientation?**

<i>Heterosexual/ Straight</i>	200 (98%)
<i>Homosexual/Gay</i>	2 (1%)
<i>Bisexual</i>	3 (1%)

**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	44 (22%)
No	159 (78%)

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

Yes	10 (5%)
No	195 (95%)

**Q1.14 Is this your first time in prison?**

Yes	77 (38%)
No	128 (62%)

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

Yes	118 (58%)
No	85 (42%)

**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>	108 (52%)
<i>2 hours or longer</i>	93 (45%)
<i>Don't remember</i>	5 (2%)

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

<b><i>My journey was less than two hours</i></b>	108 (53%)
Yes	80 (39%)
No	15 (7%)
<i>Don't remember</i>	2 (1%)

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

<b><i>My journey was less than two hours</i></b>	108 (53%)
Yes	8 (4%)
No	85 (42%)

	<i>Don't remember</i>		2 (1%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>		
	Yes		129 (63%)
	No		60 (29%)
	<i>Don't remember</i>		17 (8%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>		
	Yes		175 (86%)
	No		23 (11%)
	<i>Don't remember</i>		6 (3%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>		
	<i>Very well</i>		64 (31%)
	<i>Well</i>		92 (45%)
	<i>Neither</i>		38 (18%)
	<i>Badly</i>		5 (2%)
	<i>Very badly</i>		2 (1%)
	<i>Don't remember</i>		5 (2%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (please tick all that apply)</b>		
	<i>Yes, someone told me</i>		140 (68%)
	<i>Yes, I received written information</i>		19 (9%)
	<i>No, I was not told anything</i>		46 (22%)
	<i>Don't remember</i>		4 (2%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>		
	Yes		185 (90%)
	No		19 (9%)
	<i>Don't remember</i>		2 (1%)
<b>Section 3: Reception, first night and induction</b>			
<b>Q3.1</b>	<b>How long were you in reception?</b>		
	<i>Less than 2 hours</i>		70 (34%)
	<i>2 hours or longer</i>		127 (61%)
	<i>Don't remember</i>		10 (5%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>		
	Yes		183 (89%)
	No		14 (7%)
	<i>Don't remember</i>		9 (4%)
<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>		
	<i>Very well</i>		67 (33%)
	<i>Well</i>		99 (48%)
	<i>Neither</i>		26 (13%)
	<i>Badly</i>		6 (3%)
	<i>Very badly</i>		4 (2%)
	<i>Don't remember</i>		4 (2%)
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply)</b>		
	<i>Loss of property</i>	30 (15%)	<i>Physical health</i> 28 (14%)
	<i>Housing problems</i>	23 (11%)	<i>Mental health</i> 33 (16%)

Contacting employers	4 (2%)	Needing protection from other prisoners	11 (5%)
Contacting family	41 (20%)	Getting phone numbers	30 (15%)
Childcare	2 (1%)	Other	8 (4%)
Money worries	32 (16%)	<b>Did not have any problems</b>	81 (40%)
Feeling depressed or suicidal	24 (12%)		

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

Yes	33 (17%)
No	85 (43%)
<b>Did not have any problems</b>	81 (41%)

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

Tobacco	138 (67%)
A shower	85 (41%)
A free telephone call	140 (68%)
Something to eat	144 (70%)
PIN phone credit	55 (27%)
Toiletries/ basic items	85 (41%)
<b>Did not receive anything</b>	18 (9%)

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

Chaplain	108 (53%)
Someone from health services	127 (63%)
A Listener/Samaritans	46 (23%)
Prison shop/ canteen	57 (28%)
<b>Did not have access to any of these</b>	37 (18%)

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

What was going to happen to you	83 (43%)
What support was available for people feeling depressed or suicidal	61 (31%)
How to make routine requests (applications)	78 (40%)
Your entitlement to visits	59 (30%)
Health services	82 (42%)
Chaplaincy	80 (41%)
<b>Not offered any information</b>	63 (32%)

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

Yes	182 (88%)
No	16 (8%)
Don't remember	9 (4%)

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

<b>Have not been on an induction course</b>	32 (16%)
Within the first week	143 (70%)
More than a week	17 (8%)
Don't remember	13 (6%)

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

<b>Have not been on an induction course</b>	32 (16%)
Yes	85 (42%)
No	67 (33%)

Don't remember 19 (9%)

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

**Did not receive an assessment** 41 (20%)  
 Within the first week 82 (40%)  
 More than a week 58 (28%)  
 Don't remember 25 (12%)

**Section 4: Legal rights and respectful custody**

**Q4.1 How easy is it to.....**

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	45 (23%)	55 (28%)	21 (11%)	31 (16%)	18 (9%)	26 (13%)
Attend legal visits?	34 (19%)	56 (31%)	13 (7%)	10 (6%)	11 (6%)	57 (31%)
Get bail information?	11 (6%)	8 (5%)	12 (7%)	18 (11%)	25 (15%)	97 (57%)

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

**Not had any letters** 49 (24%)  
 Yes 94 (46%)  
 No 60 (30%)

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

Yes 57 (28%)  
 No 26 (13%)  
 Don't know 122 (60%)

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

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	139 (67%)	63 (31%)	4 (2%)
Are you normally able to have a shower every day?	206(100%)	0 (0%)	1 (0%)
Do you normally receive clean sheets every week?	95 (48%)	99 (50%)	6 (3%)
Do you normally get cell cleaning materials every week?	70 (34%)	132 (65%)	2 (1%)
Is your cell call bell normally answered within five minutes?	30 (15%)	149 (73%)	26 (13%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	124 (62%)	72 (36%)	3 (2%)
If you need to, can you normally get your stored property?	33 (16%)	101 (49%)	71 (35%)

**Q4.5 What is the food like here?**

Very good 2 (1%)  
 Good 27 (13%)  
 Neither 49 (24%)  
 Bad 59 (29%)  
 Very bad 69 (33%)

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

**Have not bought anything yet/ don't know** 4 (2%)  
 Yes 84 (41%)  
 No 116 (57%)

**Q4.7 Can you speak to a Listener at any time, if you want to?**

Yes 100 (49%)  
 No 23 (11%)  
 Don't know 81 (40%)

<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>	
	Yes	89 (44%)
	No	29 (14%)
	Don't know/ N/A	86 (42%)
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>	
	Yes	114 (56%)
	No	11 (5%)
	Don't know/ N/A	80 (39%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	<b>I don't want to attend</b>	58 (28%)
	Very easy	38 (19%)
	Easy	31 (15%)
	Neither	15 (7%)
	Difficult	16 (8%)
	Very difficult	7 (3%)
	Don't know	39 (19%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>	
	Yes	129 (63%)
	No	66 (32%)
	Don't know	10 (5%)
<b>Q5.2</b>	<b>Please answer the following questions about applications</b> (If you have not made an application please tick the 'not made one' option)	
		<b>Not made one</b> Yes    No
	Are applications dealt with fairly?	25 (13%)    60 (31%)    108 (56%)
	Are applications dealt with quickly (within seven days)?	25 (13%)    32 (17%)    135 (70%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>	
	Yes	105 (53%)
	No	48 (24%)
	Don't know	47 (24%)
<b>Q5.4</b>	<b>Please answer the following questions about complaints</b> (If you have not made a complaint please tick the 'not made one' option)	
		<b>Not made one</b> Yes    No
	Are complaints dealt with fairly?	69 (35%)    33 (17%)    98 (49%)
	Are complaints dealt with quickly (within seven days)?	69 (35%)    23 (12%)    105 (53%)
<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>	
	Yes	37 (19%)
	No	153 (81%)
<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	
	<b>Don't know who they are</b>	59 (30%)
	Very easy	19 (10%)
	Easy	14 (7%)
	Neither	36 (18%)
	Difficult	41 (21%)
	Very difficult	27 (14%)

### Section 6: Incentives and earned privileges scheme

<b>Q6.1</b>	<b>Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)</b>	
	<i>Don't know what the IEP scheme is</i>	8 (4%)
	Yes	99 (49%)
	No	72 (35%)
	<i>Don't know</i>	24 (12%)
<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)</b>	
	<i>Don't know what the IEP scheme is</i>	8 (4%)
	Yes	91 (47%)
	No	79 (41%)
	<i>Don't know</i>	17 (9%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	Yes	16 (8%)
	No	187 (92%)
<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>	
	<i>I have not been to segregation in the last 6 months</i>	166 (84%)
	<i>Very well</i>	1 (1%)
	<i>Well</i>	5 (3%)
	<i>Neither</i>	9 (5%)
	<i>Badly</i>	8 (4%)
	<i>Very badly</i>	8 (4%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	Yes	144 (71%)
	No	59 (29%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	Yes	133 (65%)
	No	71 (35%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	Yes	49 (24%)
	No	152 (76%)
<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i>	7 (3%)
	<i>Never</i>	39 (19%)
	<i>Rarely</i>	52 (26%)
	<i>Some of the time</i>	61 (30%)
	<i>Most of the time</i>	23 (11%)
	<i>All of the time</i>	20 (10%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i>	78 (39%)
	<i>In the first week</i>	53 (27%)

More than a week	52 (26%)
Don't remember	16 (8%)

**Q7.6 How helpful is your personal (named) officer?**

<b>Do not have a personal officer/ I have not met him/ her</b>	78 (39%)
Very helpful	43 (22%)
Helpful	28 (14%)
Neither	20 (10%)
Not very helpful	13 (7%)
Not at all helpful	17 (9%)

**Section 8: Safety****Q8.1 Have you ever felt unsafe here?**

Yes	75 (37%)
No	128 (63%)

**Q8.2 Do you feel unsafe now?**

Yes	30 (16%)
No	163 (84%)

**Q8.3 In which areas have you felt unsafe? (Please tick all that apply)**

<b>Never felt unsafe</b>	128 (65%)	At meal times	9 (5%)
Everywhere	17 (9%)	At health services	10 (5%)
Segregation unit	3 (2%)	Visits area	12 (6%)
Association areas	17 (9%)	In wing showers	0 (0%)
Reception area	3 (2%)	In gym showers	4 (2%)
At the gym	10 (5%)	In corridors/stairwells	28 (14%)
In an exercise yard	20 (10%)	On your landing/wing	17 (9%)
At work	10 (5%)	In your cell	12 (6%)
During movement	17 (9%)	At religious services	2 (1%)
At education	5 (3%)		

**Q8.4 Have you been victimised by other prisoners here?**

Yes	59 (29%)
No	145 (71%)

**Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply)**

Insulting remarks (about you or your family or friends)	25 (12%)
Physical abuse (being hit, kicked or assaulted)	19 (9%)
Sexual abuse	2 (1%)
Feeling threatened or intimidated	32 (16%)
Having your canteen/property taken	15 (7%)
Medication	12 (6%)
Debt	11 (5%)
Drugs	10 (5%)
Your race or ethnic origin	9 (4%)
Your religion/religious beliefs	6 (3%)
Your nationality	5 (2%)
You are from a different part of the country than others	10 (5%)
You are from a traveller community	3 (1%)
Your sexual orientation	1 (1%)
Your age	2 (1%)
You have a disability	6 (3%)
You were new here	16 (8%)
Your offence/ crime	8 (4%)

*Gang related issues* 10 (5%)

**Q8.6 Have you been victimised by staff here?**

Yes 60 (30%)  
No 139 (70%)

**Q8.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply)**

*Insulting remarks (about you or your family or friends)* 20 (10%)  
*Physical abuse (being hit, kicked or assaulted)* 10 (5%)  
*Sexual abuse* 0 (0%)  
*Feeling threatened or intimidated* 24 (12%)  
*Medication* 14 (7%)  
*Debt* 5 (3%)  
*Drugs* 7 (4%)  
*Your race or ethnic origin* 8 (4%)  
*Your religion/religious beliefs* 7 (4%)  
*Your nationality* 5 (3%)  
*You are from a different part of the country than others* 9 (5%)  
*You are from a traveller community* 1 (1%)  
*Your sexual orientation* 0 (0%)  
*Your age* 2 (1%)  
*You have a disability* 4 (2%)  
*You were new here* 12 (6%)  
*Your offence/ crime* 4 (2%)  
*Gang related issues* 4 (2%)

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

**Not been victimised** 119 (68%)  
Yes 25 (14%)  
No 32 (18%)

**Section 9: Health services**

**Q9.1 How easy or difficult is it to see the following people?:**

	<b>Don't know</b>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	26 (13%)	2 (1%)	8 (4%)	4 (2%)	42 (21%)	121 (60%)
The nurse	28 (14%)	4 (2%)	23 (12%)	13 (7%)	37 (19%)	93 (47%)
The dentist	31 (16%)	1 (1%)	7 (4%)	8 (4%)	18 (9%)	132 (67%)

**Q9.2 What do you think of the quality of the health service from the following people?:**

	<b>Not been</b>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	57 (29%)	6 (3%)	29 (15%)	14 (7%)	35 (18%)	58 (29%)
The nurse	53 (27%)	10 (5%)	33 (17%)	18 (9%)	30 (15%)	52 (27%)
The dentist	73 (37%)	9 (5%)	20 (10%)	14 (7%)	22 (11%)	58 (30%)

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

**Not been** 42 (21%)  
*Very good* 6 (3%)  
*Good* 22 (11%)  
*Neither* 11 (6%)  
*Bad* 40 (20%)  
*Very bad* 77 (39%)

**Q9.4 Are you currently taking medication?**

Yes 94 (46%)  
No 109 (54%)

<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>	
	<b>Not taking medication</b>	109 (54%)
	Yes, all my meds	43 (21%)
	Yes, some of my meds	22 (11%)
	No	29 (14%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>	
	Yes	64 (32%)
	No	139 (68%)
<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison?</b> (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)	
	<b>Do not have any emotional or mental health problems</b>	139 (70%)
	Yes	18 (9%)
	No	42 (21%)

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	Yes	51 (25%)
	No	153 (75%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	Yes	29 (14%)
	No	174 (86%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	Very easy	62 (31%)
	Easy	23 (11%)
	Neither	10 (5%)
	Difficult	6 (3%)
	Very difficult	4 (2%)
	Don't know	97 (48%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy	29 (14%)
	Easy	21 (10%)
	Neither	19 (9%)
	Difficult	10 (5%)
	Very difficult	7 (3%)
	Don't know	116 (57%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes	28 (14%)
	No	174 (86%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes	18 (9%)
	No	186 (91%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	<b>Did not / do not have a drug problem</b>	138 (71%)
	Yes	33 (17%)
	No	23 (12%)

<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?</b>	
	<i>Did not / do not have an alcohol problem</i>	174 (87%)
	Yes	18 (9%)
	No	9 (4%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	<i>Did not have a problem/ did not receive help</i>	152 (80%)
	Yes	28 (15%)
	No	11 (6%)

### Section II: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	Very easy	Easy	Neither	Difficult	Very difficult
	Prison job	18 (9%)	17 (8%)	32 (16%)	22 (11%)	57 (28%)	55 (27%)
	Vocational or skills training	33 (17%)	13 (7%)	33 (17%)	27 (14%)	45 (24%)	39 (21%)
	Education (including basic skills)	29 (15%)	20 (10%)	66 (35%)	22 (12%)	27 (14%)	27 (14%)
	Offending behaviour programmes	51 (27%)	7 (4%)	15 (8%)	18 (10%)	31 (16%)	66 (35%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply)</b>						
	<i>Not involved in any of these</i>					57 (29%)	
	Prison job					99 (51%)	
	Vocational or skills training					20 (10%)	
	Education (including basic skills)					32 (16%)	
	Offending behaviour programmes					13 (7%)	
<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>						
		<i>Not been involved</i>	Yes	No		Don't know	
	Prison job	50 (28%)	48 (27%)	60 (34%)		20 (11%)	
	Vocational or skills training	54 (38%)	50 (35%)	23 (16%)		14 (10%)	
	Education (including basic skills)	49 (34%)	49 (34%)	33 (23%)		15 (10%)	
	Offending behaviour programmes	61 (42%)	43 (30%)	22 (15%)		19 (13%)	
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>						
	<i>Don't want to go</i>					40 (20%)	
	Never					41 (21%)	
	Less than once a week					29 (14%)	
	About once a week					88 (44%)	
	More than once a week					2 (1%)	
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>						
	<i>Don't use it</i>					60 (31%)	
	Yes					48 (25%)	
	No					85 (44%)	
<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>						
	<i>Don't want to go</i>					42 (21%)	
	0					27 (14%)	
	1 to 2					77 (39%)	
	3 to 5					49 (25%)	
	More than 5					5 (3%)	

<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>	
	<i>Don't want to go</i>	26 (13%)
	0	16 (8%)
	1 to 2	52 (26%)
	3 to 5	49 (25%)
	More than 5	57 (28%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>	
	<i>Don't want to go</i>	9 (5%)
	0	2 (1%)
	1 to 2	5 (3%)
	3 to 5	17 (9%)
	More than 5	164 (83%)
<b>Q11.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)</b>	
	<i>Less than 2 hours</i>	32 (16%)
	2 to less than 4 hours	36 (18%)
	4 to less than 6 hours	21 (11%)
	6 to less than 8 hours	29 (15%)
	8 to less than 10 hours	21 (11%)
	10 hours or more	44 (22%)
	Don't know	16 (8%)

### Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	Yes	60 (31%)
	No	135 (69%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes	100 (51%)
	No	95 (49%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes	8 (4%)
	No	189 (96%)
<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i>	26 (13%)
	Very easy	31 (16%)
	Easy	36 (18%)
	Neither	17 (9%)
	Difficult	29 (15%)
	Very difficult	53 (27%)
	Don't know	6 (3%)

### Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<i>Not sentenced</i>	0 (0%)
	Yes	150 (77%)
	No	46 (23%)

<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (please tick all that apply)</b>	
	<b>Not sentenced/ NA</b>	46 (24%)
	No contact	59 (31%)
	Letter	53 (27%)
	Phone	37 (19%)
	Visit	31 (16%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes	92 (48%)
	No	98 (52%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<b>Not sentenced</b>	0 (0%)
	Yes	83 (43%)
	No	109 (57%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<b>Do not have a sentence plan/ not sentenced</b>	109 (56%)
	Very involved	28 (14%)
	Involved	22 (11%)
	Neither	5 (3%)
	Not very involved	12 (6%)
	Not at all involved	19 (10%)
<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (please tick all that apply)</b>	
	<b>Do not have a sentence plan/ not sentenced</b>	109 (56%)
	Nobody	49 (25%)
	Offender supervisor	23 (12%)
	Offender manager	13 (7%)
	Named/ personal officer	9 (5%)
	Staff from other departments	8 (4%)
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>	
	<b>Do not have a sentence plan/ not sentenced</b>	109 (56%)
	Yes	41 (21%)
	No	30 (15%)
	Don't know	15 (8%)
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>	
	<b>Do not have a sentence plan/ not sentenced</b>	109 (56%)
	Yes	21 (11%)
	No	40 (21%)
	Don't know	24 (12%)
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>	
	<b>Do not have a sentence plan/ not sentenced</b>	109 (56%)
	Yes	29 (15%)
	No	35 (18%)
	Don't know	22 (11%)
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>	
	Yes	8 (4%)
	No	86 (45%)
	Don't know	97 (51%)

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

Yes	15 (8%)
No	178 (92%)

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

	<i>Do not need help</i>	Yes	No
Employment	33 (18%)	33 (18%)	120 (65%)
Accommodation	34 (18%)	32 (17%)	118 (64%)
Benefits	27 (15%)	34 (19%)	119 (66%)
Finances	30 (17%)	23 (13%)	123 (70%)
Education	34 (19%)	33 (19%)	108 (62%)
Drugs and alcohol	46 (26%)	42 (24%)	90 (51%)

**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?**

<b>Not sentenced</b>	0 (0%)
Yes	83 (45%)
No	100 (55%)

## Main comparator and comparator to last time



### Prisoner survey responses HMP Oakwood 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

		HMP Oakwood 2013	Category C Training Prisons Comparator
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>207</b>	<b>6252</b>
<b>SECTION 1: General information</b>			
1.2	Are you under 21 years of age?	0%	2%
1.3	Are you sentenced?	100%	100%
1.3	Are you on recall?	14%	9%
1.4	Is your sentence less than 12 months?	7%	5%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	10%
1.5	Are you a foreign national?	10%	11%
1.6	Do you understand spoken English?	99%	99%
1.7	Do you understand written English?	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.)	29%	26%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	4%
1.1	Are you Muslim?	13%	12%
1.11	Are you homosexual/gay or bisexual?	3%	3%
1.12	Do you consider yourself to have a disability?	22%	17%
1.13	Are you a veteran (ex-armed services)?	5%	6%
1.14	Is this your first time in prison?	38%	37%
1.15	Do you have any children under the age of 18?	58%	52%
<b>SECTION 2: Transfers and escorts</b>			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	45%	44%
For those who spent two or more hours in the escort van:			
2.2	Were you offered anything to eat or drink?	83%	71%
2.3	Were you offered a toilet break?	8%	9%
2.4	Was the van clean?	63%	68%
2.5	Did you feel safe?	86%	81%
2.6	Were you treated well/very well by the escort staff?	76%	69%
2.7	Before you arrived here were you told that you were coming here?	68%	62%
2.7	Before you arrived here did you receive any written information about coming here?	9%	18%
2.8	When you first arrived here did your property arrive at the same time as you?	90%	89%

## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 3: Reception, first night and induction</b>			
3.1	Were you in reception for less than 2 hours?	34%	54%
3.2	When you were searched in reception, was this carried out in a respectful way?	89%	83%
3.3	Were you treated well/very well in reception?	81%	73%
	When you first arrived:		
3.4	Did you have any problems?	60%	61%
3.4	Did you have any problems with loss of property?	15%	16%
3.4	Did you have any housing problems?	11%	15%
3.4	Did you have any problems contacting employers?	2%	3%
3.4	Did you have any problems contacting family?	20%	21%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	3%
3.4	Did you have any money worries?	16%	14%
3.4	Did you have any problems with feeling depressed or suicidal?	12%	13%
3.4	Did you have any physical health problems?	14%	11%
3.4	Did you have any mental health problems?	16%	11%
3.4	Did you have any problems with needing protection from other prisoners?	5%	4%
3.4	Did you have problems accessing phone numbers?	15%	19%
	For those with problems:		
3.5	Did you receive any help/ support from staff in dealing with these problems?	28%	39%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	67%	78%
3.6	A shower?	42%	30%
3.6	A free telephone call?	68%	42%
3.6	Something to eat?	70%	66%
3.6	PIN phone credit?	27%	53%
3.6	Toiletries/ basic items?	42%	46%

## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 3: Reception, first night and induction continued</b>			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	53%	53%
3.7	Someone from health services?	63%	71%
3.7	A Listener/Samaritans?	23%	34%
3.7	Prison shop/ canteen?	28%	19%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	43%	53%
3.8	Support was available for people feeling depressed or suicidal?	31%	45%
3.8	How to make routine requests?	40%	46%
3.8	Your entitlement to visits?	30%	46%
3.8	Health services?	42%	57%
3.8	The chaplaincy?	41%	50%
3.9	Did you feel safe on your first night here?	88%	83%
3.10	Have you been on an induction course?	84%	93%
	For those who have been on an induction course:		
3.11	Did the course cover everything you needed to know about the prison?	50%	65%
3.12	Did you receive an education (skills for life) assessment?	80%	85%
<b>SECTION 4: Legal rights and respectful custody</b>			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	51%	48%
4.1	Attend legal visits?	50%	52%
4.1	Get bail information?	11%	15%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	46%	41%
4.3	Can you get legal books in the library?	28%	45%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	68%	65%
4.4	Are you normally able to have a shower every day?	100%	92%
4.4	Do you normally receive clean sheets every week?	48%	80%
4.4	Do you normally get cell cleaning materials every week?	34%	74%
4.4	Is your cell call bell normally answered within five minutes?	15%	40%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	62%	70%
4.4	Can you normally get your stored property, if you need to?	16%	28%
4.5	Is the food in this prison good/very good?	14%	27%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	41%	45%
4.7	Are you able to speak to a Listener at any time, if you want to?	49%	57%
4.8	Are your religious beliefs are respected?	44%	54%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	56%	59%
4.10	Is it easy/very easy to attend religious services?	34%	53%

## Main comparator and comparator to last time

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<b>SECTION 5: Applications and complaints</b>			
5.1	Is it easy to make an application?	63%	85%
	For those who have made an application:		
5.2	Do you feel applications are dealt with fairly?	36%	63%
5.2	Do you feel applications are dealt with quickly (within seven days)?	19%	51%
5.3	Is it easy to make a complaint?	53%	62%
	For those who have made a complaint:		
5.4	Do you feel complaints are dealt with fairly?	25%	34%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	18%	39%
5.5	Have you ever been prevented from making a complaint when you wanted to?	20%	17%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	17%	30%
<b>SECTION 6: Incentives and earned privileges scheme</b>			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	55%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	47%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	5%
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?	19%	43%
<b>SECTION 7: Relationships with staff</b>			
7.1	Do most staff, in this prison, treat you with respect?	71%	77%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	65%	76%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	24%	30%
7.4	Do staff normally speak to you most of the time/all of the time during association?	21%	20%
7.5	Do you have a personal officer?	61%	75%
	For those with a personal officer:		
7.6	Do you think your personal officer is helpful/very helpful?	59%	64%

## Main comparator and comparator to last time

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<b>SECTION 8: Safety</b>			
8.1	Have you ever felt unsafe here?	37%	31%
8.2	Do you feel unsafe now?	16%	13%
8.4	Have you been victimised by other prisoners here?	29%	21%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	12%	9%
8.5	Hit, kicked or assaulted you?	9%	5%
8.5	Sexually abused you?	1%	1%
8.5	Threatened or intimidated you?	16%	12%
8.5	Taken your canteen/property?	7%	4%
8.5	Victimised you because of medication?	6%	3%
8.5	Victimised you because of debt?	5%	3%
8.5	Victimised you because of drugs?	5%	2%
8.5	Victimised you because of your race or ethnic origin?	4%	3%
8.5	Victimised you because of your religion/religious beliefs?	3%	2%
8.5	Victimised you because of your nationality?	3%	2%
8.5	Victimised you because you were from a different part of the country?	5%	4%
8.5	Victimised you because you are from a Traveller community?	2%	1%
8.5	Victimised you because of your sexual orientation?	1%	1%
8.5	Victimised you because of your age?	1%	2%
8.5	Victimised you because you have a disability?	3%	2%
8.5	Victimised you because you were new here?	8%	4%
8.5	Victimised you because of your offence/crime?	4%	4%
8.5	Victimised you because of gang related issues?	5%	3%

## Main comparator and comparator to last time

### Key to tables

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	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 8: Safety continued</b>			
8.6	Have you been victimised by staff here?	30%	26%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	10%	10%
8.7	Hit, kicked or assaulted you?	5%	3%
8.7	Sexually abused you?	0%	1%
8.7	Threatened or intimidated you?	12%	12%
8.7	Victimised you because of medication?	7%	3%
8.7	Victimised you because of debt?	3%	2%
8.7	Victimised you because of drugs?	4%	2%
8.7	Victimised you because of your race or ethnic origin?	4%	5%
8.7	Victimised you because of your religion/religious beliefs?	4%	3%
8.7	Victimised you because of your nationality?	3%	3%
8.7	Victimised you because you were from a different part of the country?	5%	4%
8.7	Victimised you because you are from a Traveller community?	1%	1%
8.7	Victimised you because of your sexual orientation?	0%	1%
8.7	Victimised you because of your age?	1%	2%
8.7	Victimised you because you have a disability?	2%	2%
8.7	Victimised you because you were new here?	6%	4%
8.7	Victimised you because of your offence/crime?	2%	4%
8.7	Victimised you because of gang related issues?	2%	2%
	For those who have been victimised by staff or other prisoners:		
8.8	Did you report any victimisation that you have experienced?	44%	38%

## Main comparator and comparator to last time

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<b>SECTION 9: Health services</b>			
9.1	Is it easy/very easy to see the doctor?	5%	34%
9.1	Is it easy/very easy to see the nurse?	14%	57%
9.1	Is it easy/very easy to see the dentist?	4%	13%
	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?	25%	49%
9.2	The nurse?	30%	61%
9.2	The dentist?	24%	43%
9.3	The overall quality of health services?	18%	45%
9.4	Are you currently taking medication?	46%	47%
	For those currently taking medication:		
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	69%	87%
9.6	Do you have any emotional well being or mental health problems?	32%	25%
	For those who have problems:		
9.7	Are you being helped or supported by anyone in this prison?	30%	51%
<b>SECTION 10: Drugs and alcohol</b>			
10.1	Did you have a problem with drugs when you came into this prison?	25%	23%
10.2	Did you have a problem with alcohol when you came into this prison?	14%	18%
10.3	Is it easy/very easy to get illegal drugs in this prison?	42%	29%
10.4	Is it easy/very easy to get alcohol in this prison?	25%	17%
10.5	Have you developed a problem with drugs since you have been in this prison?	14%	7%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	9%	6%
	For those with drug or alcohol problems:		
10.7	Have you received any support or help with your drug problem while in this prison?	59%	65%
10.8	Have you received any support or help with your alcohol problem while in this prison?	67%	65%
	For those who have received help or support with their drug or alcohol problem:		
10.9	Was the support helpful?	72%	80%

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<b>SECTION 11: Activities</b>			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	24%	44%
11.1	Vocational or skills training?	24%	38%
11.1	Education (including basic skills)?	45%	52%
11.1	Offending behaviour programmes?	12%	21%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	51%	61%
11.2	Vocational or skills training?	10%	18%
11.2	Education (including basic skills)?	16%	28%
11.2	Offending behaviour programmes?	7%	14%
11.3	Have you had a job while in this prison?	72%	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%	44%
11.3	Have you been involved in vocational or skills training while in this prison?	62%	75%
	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%	61%
11.3	Have you been involved in education while in this prison?	66%	81%
	For those who have been involved in education while in this prison:		
11.3	Do you feel the education will help you on release?	51%	62%
11.3	Have you been involved in offending behaviour programmes while in this prison?	58%	73%
	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?	51%	55%
11.4	Do you go to the library at least once a week?	45%	49%
11.5	Does the library have a wide enough range of materials to meet your needs?	25%	49%
11.6	Do you go to the gym three or more times a week?	27%	38%
11.7	Do you go outside for exercise three or more times a week?	53%	45%
11.8	Do you go on association more than five times each week?	83%	76%
11.9	Do you spend ten or more hours out of your cell on a weekday?	22%	15%
<b>SECTION 12: Friends and family</b>			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	31%	36%
12.2	Have you had any problems with sending or receiving mail?	51%	43%
12.3	Have you had any problems getting access to the telephones?	4%	26%
12.4	Is it easy/ very easy for your friends and family to get here?	34%	26%

## Main comparator and comparator to last time

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<b>SECTION 13: Preparation for release</b>			
For those who are sentenced:			
13.1	Do you have a named offender manager (home probation officer) in the probation service?	77%	83%
For those who are sentenced what type of contact have you had with your offender manager:			
13.2	No contact?	40%	33%
13.2	Contact by letter?	36%	38%
13.2	Contact by phone?	25%	25%
13.2	Contact by visit?	21%	34%
13.3	Do you have a named offender supervisor in this prison?	48%	68%
For those who are sentenced:			
13.4	Do you have a sentence plan?	43%	72%
For those with a sentence plan:			
13.5	Were you involved/very involved in the development of your plan?	58%	56%
Who is working with you to achieve your sentence plan targets:			
13.6	Nobody?	58%	45%
13.6	Offender supervisor?	27%	35%
13.6	Offender manager?	16%	27%
13.6	Named/ personal officer?	11%	14%
13.6	Staff from other departments?	10%	17%
For those with a sentence plan:			
13.7	Can you achieve any of your sentence plan targets in this prison?	48%	67%
13.8	Are there plans for you to achieve any of your targets in another prison?	25%	22%
13.9	Are there plans for you to achieve any of your targets in the community?	34%	29%
13.10	Do you have a needs based custody plan?	4%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	8%	18%
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?	22%	37%
13.12	Accommodation?	21%	40%
13.12	Benefits?	22%	41%
13.12	Finances?	16%	30%
13.12	Education?	23%	38%
13.12	Drugs and alcohol?	32%	47%
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?	45%	56%

## Diversity analysis



### Key question responses (ethnicity, foreign national and religion) HMP Oakwood 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

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British 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							
<b>Number of completed questionnaires returned</b>		58	145	21	184	26	175
1.3	Are you sentenced?	100%	100%	100%	100%	100%	100%
1.5	Are you a foreign national?	17%	7%			15%	10%
1.6	Do you understand spoken English?	98%	99%	90%	100%	100%	99%
1.7	Do you understand written English?	98%	98%	84%	99%	100%	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.)			50%	27%	88%	18%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	6%	6%	4%	0%	4%
1.1	Are you Muslim?	43%	2%	19%	12%		
1.12	Do you consider yourself to have a disability?	11%	26%	11%	23%	4%	24%
1.13	Are you a veteran (ex-armed services)?	4%	5%	5%	5%	4%	5%
1.14	Is this your first time in prison?	56%	30%	67%	35%	48%	35%
2.6	Were you treated well/very well by the escort staff?	65%	80%	62%	77%	76%	77%
2.7	Before you arrived here were you told that you were coming here?	70%	67%	53%	71%	68%	67%
3.2	When you were searched in reception, was this carried out in a respectful way?	86%	90%	67%	91%	92%	89%
3.3	Were you treated well/very well in reception?	81%	81%	60%	83%	84%	81%
3.4	Did you have any problems when you first arrived?	65%	59%	53%	61%	54%	61%
3.7	Did you have access to someone from health care when you first arrived here?	49%	67%	25%	67%	52%	65%
3.9	Did you feel safe on your first night here?	86%	90%	76%	89%	85%	89%
3.10	Have you been on an induction course?	81%	86%	81%	85%	85%	84%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	47%	52%	32%	53%	50%	51%

## Diversity analysis

### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
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	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	65%	68%	60%	69%	58%	69%
4.4	Are you normally able to have a shower every day?	100%	100%	95%	100%	100%	99%
4.4	Is your cell call bell normally answered within five minutes?	16%	14%	15%	15%	15%	15%
4.5	Is the food in this prison good/very good?	16%	13%	15%	14%	19%	13%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	33%	45%	45%	41%	27%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	44%	51%	29%	51%	44%	50%
4.8	Do you feel your religious beliefs are respected?	46%	43%	43%	44%	58%	41%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	64%	53%	48%	57%	81%	52%
5.1	Is it easy to make an application?	65%	62%	38%	67%	50%	64%
5.3	Is it easy to make a complaint?	49%	54%	32%	55%	39%	54%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	46%	49%	35%	50%	39%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	58%	42%	41%	47%	48%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	8%	6%	8%	8%	8%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	67%	72%	75%	71%	58%	72%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	68%	64%	65%	65%	62%	65%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14%	24%	25%	21%	15%	22%
7.4	Do you have a personal officer?	60%	60%	60%	61%	58%	62%
8.1	Have you ever felt unsafe here?	33%	38%	35%	37%	42%	36%
8.2	Do you feel unsafe now?	18%	14%	6%	17%	31%	13%
8.3	Have you been victimised by other prisoners?	28%	29%	35%	29%	24%	30%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	14%	17%	10%	17%	8%	17%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	2%	10%	4%	12%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	2%	5%	3%	8%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	2%	10%	2%	4%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	3%	3%	5%	3%	4%	3%

## Diversity analysis

### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British 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						
8.6	Have you been victimised by a member of staff?	30%	31%	27%	31%	39%	29%
8.7	Have you ever felt threatened or intimidated by staff here?	13%	12%	11%	12%	13%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	2%	0%	5%	17%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	2%	0%	4%	13%	2%
8.7	Have you been victimised because of your nationality? (By staff)	2%	3%	6%	2%	5%	2%
8.7	Have you been victimised because you have a disability? (By staff)	0%	3%	0%	2%	0%	2%
9.1	Is it easy/very easy to see the doctor?	10%	3%	0%	6%	4%	5%
9.1	Is it easy/ very easy to see the nurse?	18%	12%	5%	15%	12%	14%
9.4	Are you currently taking medication?	33%	51%	53%	45%	31%	49%
9.6	Do you feel you have any emotional well being/mental health issues?	26%	34%	19%	33%	27%	32%
10.3	Is it easy/very easy to get illegal drugs in this prison?	28%	49%	24%	44%	23%	46%
11.2	Are you currently working in the prison?	45%	52%	43%	51%	39%	53%
11.2	Are you currently undertaking vocational or skills training?	16%	8%	15%	10%	19%	9%
11.2	Are you currently in education (including basic skills)?	20%	15%	19%	16%	23%	16%
11.2	Are you currently taking part in an offending behaviour programme?	9%	6%	0%	8%	15%	6%
11.4	Do you go to the library at least once a week?	51%	43%	53%	44%	54%	44%
11.6	do you go to the gym three or more times a week?	30%	26%	24%	27%	31%	27%
11.7	Do you go outside for exercise three or more times a week?	60%	50%	45%	53%	73%	50%
11.8	On average, do you go on association more than five times each week?	84%	83%	69%	85%	81%	83%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	12%	27%	19%	22%	4%	25%
12.2	Have you had any problems sending or receiving mail?	50%	52%	48%	52%	54%	50%
12.3	Have you had any problems getting access to the telephones?	4%	4%	16%	3%	4%	4%

## Diversity Analysis



### Key question responses (disability, age over 50) HMP Oakwood 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

		Consider themselves to have a disability	Do not consider themselves to have a disability		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better					
	Any percentage highlighted in blue is significantly worse					
	Any percentage highlighted in orange shows a significant difference in prisoners' background details					
	Percentages which are not highlighted show there is no significant difference					
<b>Number of completed questionnaires returned</b>		<b>44</b>	<b>159</b>		<b>27</b>	<b>176</b>
1.3	Are you sentenced?	100%	100%		100%	100%
1.5	Are you a foreign national?	5%	11%		11%	10%
1.6	Do you understand spoken English?	100%	99%		96%	99%
1.7	Do you understand written English?	98%	99%		96%	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.)	14%	32%		23%	30%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	3%		8%	4%
1.1	Are you Muslim?	3%	16%		0%	15%
1.12	Do you consider yourself to have a disability?				39%	20%
1.13	Are you a veteran (ex-armed services)?	9%	4%		8%	5%
1.14	Is this your first time in prison?	23%	41%		59%	34%
2.6	Were you treated well/very well by the escort staff?	75%	77%		93%	73%
2.7	Before you arrived here were you told that you were coming here?	66%	69%		74%	68%
3.2	When you were searched in reception, was this carried out in a respectful way?	82%	92%		93%	88%
3.3	Were you treated well/very well in reception?	80%	82%		85%	79%
3.4	Did you have any problems when you first arrived?	88%	53%		59%	61%
3.7	Did you have access to someone from health care when you first arrived here?	74%	60%		56%	63%
3.9	Did you feel safe on your first night here?	75%	93%		81%	89%
3.10	Have you been on an induction course?	88%	83%		81%	85%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	56%	49%		50%	50%

## 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	Prisoners aged 50 and over	Prisoners under the age of 50
	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 offered enough clean, suitable clothes for the week?	57%	70%	74%	66%
4.4	Are you normally able to have a shower every day?	100%	100%	100%	99%
4.4	Is your cell call bell normally answered within five minutes?	11%	16%	19%	14%
4.5	Is the food in this prison good/very good?	7%	16%	15%	14%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	39%	41%	41%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	46%	51%	74%	45%
4.8	Do you feel your religious beliefs are respected?	54%	42%	60%	41%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	53%	56%	62%	55%
5.1	Is it easy to make an application?	55%	66%	78%	61%
5.3	Is it easy to make a complaint?	40%	56%	52%	52%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	51%	69%	45%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	48%	54%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	16%	6%	4%	9%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	77%	69%	96%	67%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	59%	66%	92%	61%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	21%	22%	42%	17%
7.4	Do you have a personal officer?	54%	62%	76%	58%
8.1	Have you ever felt unsafe here?	57%	31%	33%	38%
8.2	Do you feel unsafe now?	25%	13%	8%	17%
8.3	Have you been victimised by other prisoners?	57%	21%	30%	30%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	32%	12%	15%	16%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	3%	4%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	3%	4%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	2%	3%	0%	3%
8.5	Have you been victimised because of your age? (By prisoners)	5%	0%	4%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	14%	0%	0%	4%

## 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	Prisoners aged 50 and over	Prisoners under the age of 50
	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?	46%	26%	12%	34%
8.7	Have you ever felt threatened or intimidated by staff here?	14%	12%	8%	13%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	2%	5%	0%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	3%	0%	4%
8.7	Have you been victimised because of your nationality? (By staff)	0%	3%	0%	3%
8.7	Have you been victimised because of your age? (By staff)	2%	1%	4%	1%
8.7	Have you been victimised because you have a disability? (By staff)	9%	0%	0%	2%
9.1	Is it easy/very easy to see the doctor?	3%	6%	4%	5%
9.1	Is it easy/ very easy to see the nurse?	14%	14%	8%	15%
9.4	Are you currently taking medication?	79%	37%	67%	43%
9.6	Do you feel you have any emotional well being/mental health issues?	65%	23%	4%	37%
10.3	Is it easy/very easy to get illegal drugs in this prison?	56%	39%	22%	45%
11.2	Are you currently working in the prison?	38%	53%	58%	49%
11.2	Are you currently undertaking vocational or skills training?	8%	11%	4%	11%
11.2	Are you currently in education (including basic skills)?	18%	15%	8%	18%
11.2	Are you currently taking part in an offending behaviour programme?	5%	7%	4%	7%
11.4	Do you go to the library at least once a week?	38%	47%	42%	45%
11.6	Do you go to the gym three or more times a week?	24%	27%	19%	27%
11.7	Do you go outside for exercise three or more times a week?	38%	57%	37%	55%
11.8	On average, do you go on association more than five times each week?	81%	84%	72%	85%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	19%	23%	30%	20%
12.2	Have you had any problems sending or receiving mail?	66%	47%	33%	54%
12.3	Have you had any problems getting access to the telephones?	5%	4%	0%	5%



## Prisoner survey responses HMP Oakwood 2013 (vulnerable prisoner wing vs main population)

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

### Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wing (Ash)	All other wings (Beech, Cedar, Douglas, Elm)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>64</b>	<b>141</b>
<b>SECTION 1: General information</b>			
1.3	Are you sentenced?	100%	100%
1.3	Are you on recall?	17%	11%
1.4	Is your sentence less than 12 months?	5%	8%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	3%
1.5	Are you a foreign national?	12%	9%
1.6	Do you understand spoken English?	98%	99%
1.7	Do you understand written English?	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.)	22%	31%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	5%
1.1	Are you Muslim?	6%	15%
1.11	Are you homosexual/gay or bisexual?	5%	1%
1.12	Do you consider yourself to have a disability?	27%	19%
1.13	Are you a veteran (ex-armed services)?	6%	4%
1.14	Is this your first time in prison?	45%	35%
1.15	Do you have any children under the age of 18?	50%	62%
<b>SECTION 2: Transfers and escorts</b>			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	45%	45%
2.5	Did you feel safe?	87%	85%
2.6	Were you treated well/very well by the escort staff?	86%	71%
2.7	Before you arrived here were you told that you were coming here?	64%	70%
2.8	When you first arrived here did your property arrive at the same time as you?	86%	92%
<b>SECTION 3: Reception, first night and induction</b>			
3.1	Were you in reception for less than 2 hours?	22%	39%
3.2	When you were searched in reception, was this carried out in a respectful way?	89%	89%
3.3	Were you treated well/very well in reception?	88%	77%
	When you first arrived:		

## Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wing (Ash)	All other wings (Beech, Cedar, Douglas, Elm)
	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		
3.4	Did you have any problems?	61%	60%
3.4	Did you have any problems with loss of property?	14%	15%
3.4	Did you have any housing problems?	11%	12%
3.4	Did you have any problems contacting employers?	3%	2%
3.4	Did you have any problems contacting family?	12%	24%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	1%
3.4	Did you have any money worries?	16%	16%
3.4	Did you have any problems with feeling depressed or suicidal?	16%	10%
3.4	Did you have any physical health problems?	20%	11%
3.4	Did you have any mental health problems?	23%	13%
3.4	Did you have any problems with needing protection from other prisoners?	16%	1%
3.4	Did you have problems accessing phone numbers?	14%	15%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	62%	70%
3.6	A shower?	33%	45%
3.6	A free telephone call?	67%	69%
3.6	Something to eat?	68%	71%
3.6	PIN phone credit?	27%	26%
3.6	Toiletries/ basic items?	46%	39%
<b>SECTION 3: Reception, first night and induction continued</b>			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	51%	54%
3.7	Someone from health services?	59%	65%
3.7	A Listener/Samaritans?	21%	24%
3.7	Prison shop/ canteen?	25%	28%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	45%	41%
3.8	Support was available for people feeling depressed or suicidal?	31%	32%
3.8	How to make routine requests?	42%	39%
3.8	Your entitlement to visits?	27%	32%
3.8	Health services?	44%	42%
3.8	The chaplaincy?	47%	39%
3.9	Did you feel safe on your first night here?	84%	89%

## Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wing (Ash)	All other wings (Beech, Cedar, Douglas, Elm)
	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		
3.10	Have you been on an induction course?	76%	88%
3.12	Did you receive an education (skills for life) assessment?	84%	79%
<b>SECTION 4: Legal rights and respectful custody</b>			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	47%	54%
4.1	Attend legal visits?	46%	52%
4.1	Get bail information?	11%	11%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	38%	50%
4.3	Can you get legal books in the library?	16%	34%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	75%	65%
4.4	Are you normally able to have a shower every day?	100%	99%
4.4	Do you normally receive clean sheets every week?	67%	39%
4.4	Do you normally get cell cleaning materials every week?	36%	34%
4.4	Is your cell call bell normally answered within five minutes?	25%	10%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	57%	65%
4.4	Can you normally get your stored property, if you need to?	18%	16%
4.5	Is the food in this prison good/very good?	12%	15%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	46%	39%
4.7	Are you able to speak to a Listener at any time, if you want to?	67%	41%
4.8	Are your religious beliefs are respected?	48%	42%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	55%	56%
4.10	Is it easy/very easy to attend religious services?	32%	35%
<b>SECTION 5: Applications and complaints</b>			
5.1	Is it easy to make an application?	78%	56%
5.3	Is it easy to make a complaint?	64%	47%
5.5	Have you ever been prevented from making a complaint when you wanted to?	12%	22%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	23%	14%
<b>SECTION 6: Incentive and earned privileges scheme</b>			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	57%	46%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	49%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	9%
<b>SECTION 7: Relationships with staff</b>			

## Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wing (Asth)	All other wings (Beech, Cedar, Douglas, Elm)
	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		
7.1	Do most staff, in this prison, treat you with respect?	76%	69%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	74%	61%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	37%	19%
7.4	Do staff normally speak to you most of the time/all of the time during association?	33%	16%
7.5	Do you have a personal officer?	80%	52%
<b>SECTION 8: Safety</b>			
8.1	Have you ever felt unsafe here?	52%	30%
8.2	Do you feel unsafe now?	19%	14%
8.4	Have you been victimised by other prisoners here?	43%	23%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	14%	12%
8.5	Hit, kicked or assaulted you?	16%	7%
8.5	Sexually abused you?	2%	1%
8.5	Threatened or intimidated you?	24%	12%
8.5	Taken your canteen/property?	14%	4%
8.5	Victimised you because of medication?	10%	4%
8.5	Victimised you because of debt?	10%	4%
8.5	Victimised you because of drugs?	8%	4%
8.5	Victimised you because of your race or ethnic origin?	8%	3%
8.5	Victimised you because of your religion/religious beliefs?	6%	1%
8.5	Victimised you because of your nationality?	5%	1%
8.5	Victimised you because you were from a different part of the country?	6%	4%
8.5	Victimised you because you are from a traveller community?	0%	2%
8.5	Victimised you because of your sexual orientation?	0%	1%
8.5	Victimised you because of your age?	0%	1%
8.5	Victimised you because you have a disability?	5%	2%
8.5	Victimised you because you were new here?	10%	7%
8.5	Victimised you because of your offence/crime?	8%	2%
8.5	Victimised you because of gang related issues?	8%	4%
<b>SECTION 8: Safety continued</b>			
8.6	Have you been victimised by staff here?	26%	33%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	11%	10%

## Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wing (Ash)	All other wings (Beech, Cedar, Douglas, Elm)
	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		
8.7	Hit, kicked or assaulted you?	6%	4%
8.7	Sexually abused you?	0%	0%
8.7	Threatened or intimidated you?	11%	13%
8.7	Victimised you because of medication?	6%	7%
8.7	Victimised you because of debt?	3%	2%
8.7	Victimised you because of drugs?	3%	4%
8.7	Victimised you because of your race or ethnic origin?	2%	5%
8.7	Victimised you because of your religion/religious beliefs?	3%	4%
8.7	Victimised you because of your nationality?	3%	2%
8.7	Victimised you because you were from a different part of the country?	2%	6%
8.7	Victimised you because you are from a traveller community?	0%	1%
8.7	Victimised you because of your sexual orientation?	0%	0%
8.7	Victimised you because of your age?	0%	2%
8.7	Victimised you because you have a disability?	3%	2%
8.7	Victimised you because you were new here?	2%	8%
8.7	Victimised you because of your offence/crime?	5%	1%
8.7	Victimised you because of gang related issues?	3%	2%
<b>SECTION 9: Health services</b>			
9.1	Is it easy/very easy to see the doctor?	5%	5%
9.1	Is it easy/very easy to see the nurse?	12%	14%
9.1	Is it easy/very easy to see the dentist?	5%	4%
9.4	Are you currently taking medication?	58%	42%
9.6	Do you have any emotional well being or mental health problems?	33%	31%
<b>SECTION 10: Drugs and alcohol</b>			
10.1	Did you have a problem with drugs when you came into this prison?	28%	23%
10.2	Did you have a problem with alcohol when you came into this prison?	16%	14%
10.3	Is it easy/very easy to get illegal drugs in this prison?	44%	42%
10.4	Is it easy/very easy to get alcohol in this prison?	30%	22%
10.5	Have you developed a problem with drugs since you have been in this prison?	14%	13%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	9%	9%
<b>SECTION 11: Activities</b>			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	27%	24%

### Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable prisoner wing (Ash)	All other wings (Beech, Cedar, Douglas, Elm)
	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		
11.1	Vocational or skills training?	27%	23%
11.1	Education (including basic skills)?	54%	42%
11.1	Offending Behaviour Programmes?	14%	11%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	48%	52%
11.2	Vocational or skills training?	2%	14%
11.2	Education (including basic skills)?	22%	14%
11.2	Offending Behaviour Programmes?	10%	5%
11.4	Do you go to the library at least once a week?	38%	48%
11.5	Does the library have a wide enough range of materials to meet your needs?	21%	27%
11.6	Do you go to the gym three or more times a week?	23%	28%
11.7	Do you go outside for exercise three or more times a week?	39%	60%
11.8	Do you go on association more than five times each week?	78%	86%
11.9	Do you spend ten or more hours out of your cell on a weekday?	25%	21%
<b>SECTION 12: Friends and family</b>			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	43%	26%
12.2	Have you had any problems with sending or receiving mail?	40%	56%
12.3	Have you had any problems getting access to the telephones?	5%	4%
12.4	Is it easy/ very easy for your friends and family to get here?	29%	36%
<b>SECTION 13: Preparation for release</b>			
13.3	Do you have a named offender supervisor in this prison?	42%	52%
13.10	Do you have a needs based custody plan?	3%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	8%	7%