

Report on an unannounced full follow-up
inspection of

HMP Wandsworth

28 February – 4 March 2011

by HM Chief Inspector of Prisons

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Introduction

Our last inspection of HMP Wandsworth in June 2009 was marred by an attempt to subvert the process by moving 'difficult' prisoners between Wandsworth and Pentonville so they were not present in either prison during the inspection. This action by managers at the prisons overshadowed the inspection findings at Wandsworth, which otherwise would have reported on good progress in a prison that had been of concern for some time.

There was no attempt to subvert this follow-up inspection. However, the prison's progress had halted and overall outcomes for prisoners were significantly worse than at the time of the last inspection. In particular, the safety of prisoners held in Wandsworth is now a matter of serious concern.

HMP Wandsworth is a large, Victorian, category B prison serving the courts of South London. There is no doubt it holds a challenging population with multiple problems, many of whom are held for only short periods. We were told that morale in the prison had suffered after the progress made by the time of the last inspection was undermined by the prisoner swap. Nevertheless, Wandsworth compared badly with similar prisons facing similar challenges and we were concerned by what appeared to be unwillingness among some prison managers and staff to acknowledge and take responsibility for the problems the prison faced.

The level of self-harm and the number of self-inflicted deaths were high. There had been about 700 ACCT documents opened in 2010, 120 in the first two months of 2011 and 60 open at the time of the inspection. Typically, there were about 32 incidents of self-harm each month and about 60 open ACCT documents at any given time. There had been 11 deaths in custody between January 2010 and the time of this inspection; four of these had apparently been self-inflicted. Key areas of risk were the inconsistent quality of ACCT procedures and the practice of moving prisoners who were stabilising from drugs or detoxing from alcohol out of the first night centre, where they could be closely monitored, before stabilisation was complete. We were also concerned that poor staff-prisoner relationships, the lack of a predictable regime, deficiency of association, and insufficient activity contributed to feelings of isolation and alienation that might have led to self-harming behaviour.

Only 58% of prisoners (against the 70% comparator and 73% at the time of the last inspection) said they had a member of staff in the prison they could turn to if they had a problem. We observed frequently indifferent and sometimes abusive staff interactions with prisoners. Prisoners struggled to get assistance with low level domestic issues or answers to simple queries. The formal application and complaints systems were overwhelmed and ineffective. Inspectors were inundated by prisoners asking for reasonable help with small things because the prison staff did not assist. The induction process was poor and many prisoners lacked basic knowledge about the routines and rules of the prison.

Prisoners with any sort of specific individual need were particularly disadvantaged. We found prisoners with mobility difficulties located on residential landings which did not allow them access to showers. One prisoner with a disability had been remanded at the prison for more than three months and told us he had not had a shower in that time. There was no strategy to meet the needs of foreign national prisoners. Despite the presence of UKBA staff in the prison, liaison arrangements did not appear to be effective. Many foreign national prisoners were held beyond the end of their sentence – one for three years. We were told by the independent advice service that inaccurate information had led to some detainees being incorrectly held. Most cells were shared and had inadequately screened toilets. First night cells were not cleaned of graffiti; some of what we saw was racist. At best, prisoners were locked in their cells

for 16.5 hours a day (but even that was not every day of the week); at worst, prisoners were out of their cells for just two hours a day. Association was often cancelled and when it did occur there was little for prisoners to do and we observed little interaction with officers. Exercise in the fresh air was limited to 30 minutes a day but this was cancelled in bad weather and recreational use of the PE facilities was poor. The core day was not adhered to. There were good training opportunities in the workshops but it was disappointing to see the excellent Timpsons workshop operating at well below capacity.

Victims of bullying behaviour were not adequately protected. Processes to identify and respond to both individual incidents and patterns of violent behaviour and to support victims were ineffective. The level of use of force remained high and our examination of records of incidents showed that de-escalation was not always used. Reviews and records of the use of force were not sufficiently rigorous and neither we nor the prison could be assured that all use of force was proportionate and necessary.

The segregation unit lacked direction. The regime was poor and there appeared to be little attempt to tackle and resolve any of the underlying reasons for prisoners' behaviour. One prisoner with obvious communication difficulties, lying in on his bed with a blanket over his head and an uneaten meal beside him, told me he would refuse to go back to normal location because he was being bullied. Segregation staff did not appear to be aware of his concerns or have attempted to resolve them and it seemed all too likely that confrontation would occur when it was time for him to return.

The prison did not respond adequately to the needs of the diverse population it held. In addition to the concerns about prisoners with disabilities and foreign national prisoners referred to above, black and minority ethnic prisoners were disadvantaged in significant areas of the prison and this needed to be addressed as a matter of urgency. Performance in other diversity strands was also weak and diversity was not visibly promoted in the prison.

Health care offered a generally better picture. The Jones Unit provided a high level of inpatient care in a good environment for prisoners with a physical illness. Mental health services were good and when transfers to secure mental health units were required they were not unduly delayed.

In our survey, 40% of prisoners, against a comparator of 23%, said that the food was good or very good. We received few complaints about the food.

Resettlement was the best area of the provision and some good resettlement services were provided. Work on accommodation, education, training and employment and substance misuse was encouraging but all area of resettlement would be strengthened by a strategy based on a needs analysis and opportunities for prisoners to engage with resettlement services earlier in their sentences.

We were told that some resettlement services would be discontinued. It was not clear whether this was for budgetary or other reasons. This compounded disruptions or cancellations to many aspects of the prison regime, as described in this report, which were caused by staff shortages and redeployments.

The treatment and conditions of simply too many prisoners at Wandsworth was demeaning, unsafe and fell below what could be classed as decent. I did not detect sufficient willingness in

the prison to acknowledge and address these concerns. I hope the Prison Service management will now act decisively to reverse the prison's decline.

Nick Hardwick
HM Chief Inspector of Prisons

June 2011

Fact page

Task of the establishment

HMP Wandsworth is a category B local prison, servicing the courts.

Prison status

Public

Region/Department

London

Number held

1,665

Certified normal accommodation

1,107

Operational capacity

1,665

Date of last full inspection

June 2009

Brief history

The prison was built in 1851, and the residential areas remain in the original buildings. There has been extensive refurbishment and modernisation of the wings, including in-cell sanitation, privacy screens for cells occupied by more than one prisoner and the more recent installation of in-cell electricity.

Short description of residential units

The Heathfield unit comprises five wings (A to E) and the Onslow unit comprises three wings (G, H and K), all with in cell sanitation. E wing is the first night centre and detoxification unit and also houses the care and separation unit on the lower ground floor (1s landing). C wing is the induction wing. D wing is the integrated drug treatment service wing. The health care centre currently has two units.

The Onslow unit houses vulnerable prisoners and sex offenders.

Escort contractor

Serco

Health service commissioners and providers

Wandsworth Primary Care Trust

St George's Healthcare NHS Trust

South West London and St George's Mental Health NHS Trust

Learning and skills providers

Kensington and Chelsea College

Healthy prison summary

Introduction

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

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

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

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

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

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

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

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

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

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

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

HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner

focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

- HP4 At the last inspection in 2009, we found that Wandsworth was performing poorly against the healthy prison test of safety. We made 64 recommendations, of which 26 had been achieved, nine had been partially achieved, 28 had not been achieved and one was no longer relevant. We have made 44 further recommendations.
- HP5 In 2009, we found that Wandsworth was not performing sufficiently well against the healthy prison test of respect. We made 76 recommendations, of which 17 had been achieved, 15 had been partially achieved and 44 had not been achieved. We have made 73 further recommendations.
- HP6 In 2009, we found that Wandsworth was performing reasonably well against the healthy prison test of purposeful activity. We made 20 recommendations, of which six had been achieved, five had been partially achieved and nine had not been achieved. We have made 15 further recommendations.
- HP7 In 2009, we found that Wandsworth was performing reasonably well against the healthy prison test of resettlement. We made 33 recommendations, of which 14 had been achieved, seven had been partially achieved, 11 had not been achieved and one was no longer relevant. We have made 20 further recommendations.

Safety

HP8 Reception procedures were satisfactory. First night arrangements for some were adequate but peer support was not available to vulnerable prisoners. We were not assured that all newly arrived prisoners were located on the first night centre, which was potentially dangerous for those stabilising or detoxifying from alcohol or drugs. Induction arrangements were superficial and did not meet the needs of prisoners. The number of violent or anti-social incidents was significant and many prisoners felt unsafe. The number of recent deaths and self-harm incidents was high and too many prisoners felt isolated and unsupported. The number of prisoners segregated was reducing but there was no care planning, the regime was restrictive and governance was poor. Use of force was also reducing but remained high. Integrated drug treatment system (IDTS) arrangements and procedures required improvement. The mandatory drug testing positive rate was not excessive. On the basis of this full follow-up inspection, we considered that outcomes for prisoners remained poor against this healthy prison test.

HP9 Escort vehicles were clean and in good order. Most journeys to the establishment were from local courts. Prisoners were transferred to other prisons at short notice and without being given the opportunity to contact families. Reception was clean but at times very busy. Efforts to minimise waiting times had been made but some prisoners said that they had experienced delays in reception. The number of prisoner movements through reception, although high, had reduced recently. There was no Listener in reception. Interactions in reception were polite and business-like but prisoners were initially interviewed at the front desk, sometimes in the sight and hearing of other prisoners.

- HP10 All new prisoners were meant to be located on the first night wing on arrival but for some this was not the case. The failure to locate some prisoners who were stabilising or detoxifying from alcohol or drugs in this facility was potentially dangerous. All vulnerable prisoners were initially placed on the E2 landing with mainstream prisoners, rather than on the vulnerable prisoner unit. New prisoners received a cell sharing risk assessment and medical screen on E2 before being seen by one of six insiders who provided support and basic information. They were also seen by a member of the Prison Advice and Care Trust (PACT) team, who made telephone calls on their behalf. Vulnerable prisoners were moved to the vulnerable prisoner (Onslow) unit following completion of first night safety interviews with staff or the following morning, which meant that they did not see the Insiders or Listeners. In our survey,¹ prisoners expressed negative perceptions about their initial experiences at the establishment.
- HP11 Induction information was provided via an interactive computer program. The content failed to engage many prisoners and evidence suggested that few prisoners completed the induction. On the Onslow unit, prisoners were provided with a one-to-one induction by orderlies. Prisoners received a resettlement screening interview and an activities assessment on induction but involvement of other departments was otherwise limited. Supervision of the programme's delivery and quality assurance of outcomes was poor.
- HP12 Many prisoners reported that they did not feel safe at the establishment. Survey results were worse than at comparator prisons across a range of indicators and were considerably worse than at the time of the previous inspection. The violence reduction policy document was out of date and there were no interventions for bullies, apart from sanctions and segregation. The violence reduction prisoner representative scheme was ineffective. The violence reduction committee was reasonably well structured but attendance was erratic and information was not used effectively to inform interventions. Links between violence reduction and security departments were underdeveloped. The number of recorded incidents of violence or anti-social behaviour was significant and there was some evidence that incidents were under-reported. Bullying was evident but the quality of investigation into alleged incidents was generally poor. Procedures to deal with anti-social behavior and to support victims were underused.
- HP13 The suicide prevention policy had been reviewed and improved. The complex case meeting held each morning to review high-risk prisoners and to identify new

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

assessment, care in custody and teamwork (ACCT) cases provided a useful tool to help manage particularly vulnerable prisoners. There had also been improvements in the analysis of data to provide information about patterns and trends of self-harming behaviour. Management checks had driven up the quality of monitoring entries in some ACCT documents. However, the number of deaths and levels of self-harm were high. Case management and care planning were poor in some important areas, such as the segregation unit. Too many aspects of the prison's regime, the quality of relationships and prisoners' general experience at the establishment were leading to feelings of isolation and alienation that risked contributing to self-harming behaviour.

- HP14 Security procedures were generally commensurate with the risks posed by the prisoner population. Some freedom of movement was allowed during free flow to activities, and access to activities was not unnecessarily restricted by security. There had been a small decrease in the number of security information reports (SIRs) received. Analysis of intelligence had suffered, as staff were diverted to other duties. Actions from SIRs were carried out within appropriate timescales; for example, suspicion mandatory drug tests were prioritised. The number of closed visits had increased and the standard of evidence required to justify such a decision had reduced considerably.
- HP15 The segregation unit, referred to as the care and separation unit, lacked direction and purpose. A large number of prisoners were held in segregation on open ACCT documents. The number of prisoners held on the unit had reduced considerably and few stayed for protracted periods. Case notes did not reflect staff knowledge of the prisoners in their care, and reviews and targets were limited and unchallenging. Staff-prisoner relationships on the unit were distant and most segregated prisoners remained locked in their cells for long periods during the day. Prisoners were put at risk because documentation was poorly completed and some did not have completed mandatory health screens. There was no formal reintegration planning and prisoners who refused to relocate to normal location had their access to telephones and showers inappropriately restricted. All residents had a limited regime and their televisions had been removed.
- HP16 Adjudication hearings were generally satisfactory but some records did not evidence full enquiry and the management of hearings that prisoners refused to attend was poor. A quarter of opened adjudications were discontinued. Translating/interpreting services for those who did not speak English sufficiently well were not always provided and one record showed that a prisoner had been refused such help when he requested it. Safer custody issues were not always addressed when raised during adjudications. There was evidence of collective punishments on B and K wings.
- HP17 Use of force showed a downward trend but was still too high. Over three-quarters of recorded incidents involved the use of full restraint procedures. The use of de-escalation before restraint was often not evident, although such techniques were used once a prisoner had been restrained. Governance procedures were developing but video-recorded incidents were not always reviewed and prisoners subject to force were no longer debriefed. Use of special accommodation had reduced but documentation was incomplete and failed to provide the appropriate assurances about use. Some prisoners on open ACCT documents were held in special cells and/or restrained in body belts.
- HP18 The integrated drug treatment system (IDTS) was operating but the nursing team was not up to full strength and first night prescribing was still not available. Subsequent

prescribing was flexible, although treatment rooms were barely adequate and the procedures for administration of methadone were poor. Some prisoners with drug and alcohol problems were moved off the first night centre before completion of stabilisation. There appeared to be comparatively little misuse of illegal drugs.

Respect

- HP19 The standard of cleanliness of cellular accommodation was mixed. Communal areas were reasonably well maintained. Access to basic amenities was inadequate. Staff-prisoner relationships were generally poor, with insufficient focus on the needs of prisoners. The personal officer scheme had minimal impact or influence. The perceptions of prisoners from minority groups across a range of diversity strands were often negative. Most prisoners were appreciative of the food available but had little confidence in applications and complaints procedures. The chaplaincy was supportive. Primary health services were limited and underdeveloped but mental health services were good. On the basis of this full follow-up inspection, we considered that outcomes for prisoners were poor against this healthy prison test.
- HP20 The communal areas and the external grounds of the prison were maintained to a reasonable standard and were generally clean. Most cells were shared and in most cases cramped. The standard of cleanliness varied greatly and in some cases was poor. There were large amounts of graffiti in many cells. Access to showers, cleaning materials, stored property and telephones was poor. Cell call bells took too long to be answered and prisoners were discouraged from using them.
- HP21 The incentives and earned privileges policy was contradictory and staff and prisoners did not understand its application. The pre-printed warning slips issued to prisoners were restricted to seven specific behaviours, which was over-prescriptive and crude. Most prisoners had little confidence in the scheme. The majority of prisoners on the basic level had been demoted because of single incidents, some of which did not seem serious.
- HP22 Overall, staff-prisoner relationships were poor. We observed indifference and disinterest from staff and, on a few occasions, abusive language towards prisoners. Relationships tended to be better with non-uniformed staff. Fewer prisoners than at comparator establishments said that staff treated them with respect. Many prisoners had low expectations of staff and experienced frustration in getting staff to assist them with basic needs, and some spoke of staff confusion or evasiveness. Prisoners who were familiar with custody, or self-confident and knowledgeable about how to access information, appeared to have reasonable relationships with staff but for more vulnerable prisoners, for example with limited ability or English language problems, relationships were at best benign.
- HP23 Prisoners had no confidence in the personal officer scheme. Most staff told us that they did not have the time to undertake meaningful contact with prisoners in this role. Few prisoner records indicated effective and meaningful engagement by personal officers.
- HP24 Prisoners were positive about the food. The range of choices was varied and dietary, cultural and religious requirements were met. Portion sizes seemed adequate. Serveries and the kitchen were clean and staff and prisoners working in them

appropriately trained. Consultation with prisoners had resulted in changes to menus. The shop service initiated by the new manager had greatly improved the quality of shop delivery.

- HP25 The prison did not have an overarching diversity policy but there were separate policies and strategies covering race, disability and older prisoners; religion, sexual orientation and transgender were not covered. The full-time diversity adviser oversaw a team of senior officers with responsibility for the various diversity strands. We were not assured that the prison had reliable information on the number, locations and needs of prisoners with disabilities. There were specialised facilities on the Onslow unit for older prisoners and those with disabilities but on the Heathfield unit we found prisoners who could not easily access showers, exercise or visits. Despite some informal arrangements to support those with disabilities, there were no care plans and limited understanding of the concept. Forums were held on the Onslow and Heathfield units to establish the needs of older prisoners and those with disabilities. While these had identified prisoners' needs, there had been delays implementing improvements. Initiatives to support other strands of diversity were limited and the perceptions of most minority groups were more negative than comparators.
- HP26 The prison held a racially diverse population. The perceptions of black and minority ethnic prisoners concerning issues such as safety, disciplinary procedures and relationships with staff were more negative than those of white prisoners. The work of the race equality action team meeting, which included prisoner representatives and was chaired by the governor, was not sufficiently supported by other managers and departments. Ethnic monitoring data suggested that black and minority ethnic prisoners fared badly in important areas and was an issue that needed to be addressed urgently.
- HP27 About a third of the population were foreign national prisoners. Prisoners detained beyond the end of their sentence had been held for more than three years and there were difficulties in transferring such prisoners to immigration removal centres. Focus groups for foreign national prisoners had been held but these had not been continued or developed further to cover more nationalities. The UK Border Agency held weekly surgeries on each wing but had been inconsistent in identifying prisoners of interest after their arrival, initiating avoidable delays. The independent Detention Advice Service provided advice and assistance during fortnightly visits.
- HP28 A large number of formal complaints was received, many concerning routine or minor issues. Prisoners expressed frustrations at, and little confidence in, application and complaint systems. Management appeared inconsistent and disorganised. Legal service provision was satisfactory.
- HP29 There was a comprehensive chaplaincy service, covering all religions represented at the prison. The team was well integrated into the broader work of the institution, as well as providing for Christian and Muslim religious study. A community chaplaincy programme linked prisoners to community volunteers and faith groups on release.
- HP30 Prisoners were critical about access to and communication with health services staff. The most recent review of prisoners' health needs had been carried out in 2008. The inpatient facilities, comprising the Addison unit for those with mental health problems and the Jones unit for those with physical health problems, were excellent. A limited range of primary care services was provided and access to a GP was poor. Prisoners

were provided with a good level of dental care. There was a good level of secondary mental health care, with a full-time in-reach service.

Purposeful activity

- HP31 Access to time out of cell and association was poor. Learning and skills provision in education and vocational training was well managed, with a good breadth of provision. Induction and allocation to activity was adequate. Most elements of education provision were satisfactory. The range and quality of vocational training were very good but it was accessed by too few prisoners. Many prisoners were engaged in menial wing work. Punctuality and attendance were generally poor. Access to the library and PE was poor. On the basis of this full follow-up inspection, we considered that outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP32 Time out of cell was poor, ranging between around seven and a half hours a day for a fully employed prisoner on the days when his landing was on association in the evening, to less than two hours a day for an unemployed prisoner. The published core days did not reflect prisoners' experience, and there was evidence of considerable confusion between staff and prisoners alike over the timings and order of access to routines. Association periods were routinely curtailed or cancelled and most prisoners had only one evening association period each week. Exercise was offered for just 30 minutes daily. More than a third of the population was found to be locked up during the working part of the day.
- HP33 Learning and skills provision was well managed and quality improvement structures were generally good. Efforts had been made to improve the range and quality of work, education and vocational training opportunities. The allocation to activity process remained unclear for prisoners and lacked transparency. The learning and skills induction process was uninspiring, and punctuality and attendance across the provision were poor.
- HP34 There was a wide range of education courses and good learning progression opportunities were available. Approximately 280 prisoners attended education each day, most on a part-time basis. Pass rates were satisfactory for most courses. Additional learning support was good, including the outreach provision for literacy, numeracy and English for speakers of other languages. The quality of teaching and learning was satisfactory but individual learning plans were poor and targets too vague.
- HP35 The range of vocational training had increased and was excellent. Programmes now offered allowed an increased number of prisoners the opportunity to gain useful qualifications and employability skills and pass rates were mostly high. However, too few prisoners accessed vocational training and some training workshops operated well below capacity.
- HP36 There were sufficient activity places for around 60% of the prison population. A large proportion was employed in menial wing jobs but some prisoners working on the wings could now access accredited training. A high proportion of prisoners, around 10% of the population, were listed as unemployed.

- HP37 Access for prisoners to the prison's two libraries was variable, and poor for prisoners who were in activities full time. Usage of the Heathfield Library was low, with only about 25% of prisoners accessing the library regularly, but better for the Onslow library, at around 56%. It contained a wide range of materials that reflected the needs and interests of most prisoners. The Toe-by-Toe programme was restricted because some prisoner mentors were locked in their cells. Links with the education department had improved.
- HP38 A range of appropriate PE courses was available, starting at entry-level programmes and leading to level 2 qualifications, and pass rates were high. However, access to PE was poor, with sessions often cancelled because PE staff were cross-deployed to other duties. Only 40% of prisoners used the PE provision.

Resettlement

- HP39 The reducing reoffending strategy was largely descriptive and not based on a current needs analysis. The level of governance concerning resettlement was limited. The backlog of offender assessment system (OASys) assessments and sentence plans had been reduced slightly but was still large. Offender supervisors properly prioritised contact time with prisoners. The London Initial Screening and Reducing Reoffending Tool (LISARRT) was used to assess the resettlement needs of prisoners shortly after their arrival but prisoner attendance and engagement following referrals were poor. Discharge boards were also poorly attended. Outcomes across the resettlement pathways varied but work on accommodation, education, training and employment, and substance misuse was encouraging. On the basis of this full follow-up inspection, we considered that outcomes for prisoners were still reasonably good against this healthy prison test.
- HP40 The reducing reoffending strategy was not based on a needs analysis. It addressed each resettlement pathway but was largely descriptive and contained no targets for improvement. The roles of resettlement and the offender management unit were not well integrated at a strategic level. Few aggregated data were used to inform offender management or resettlement work. A reducing reoffending committee was in place and met quarterly but attendance was relatively poor and limited information was discussed there. Custody planning processes for prisoners both in and out of scope of formal offender management were adequate. The London Initial Screening and Reducing Reoffending Tool (LISARRT) was used to assess the resettlement needs of prisoners shortly after their arrival, and referrals were made as a result, but no overarching custody plan was written. LISARRT was repeated at the discharge board but this was often late and too many prisoners did not attend. Numerous appointments were made in the resettlement unit but many prisoners failed to attend.
- HP41 Allocation of offender supervisors to prisoners in scope of offender management was timely and contact between them was regular, adequately structured and meaningful. The backlog of offender assessment system (OASys) assessments had reduced slightly but was still large. Quality assurance of OASys assessments was undertaken in line with national expectations, although the prison had identified a need for improvement in the quality of assessments. Sentence planning processes were in place, with boards held and attended by prisoners and offender managers in most cases. Information was submitted from a range of departments but personal officers and public protection unit staff did not attend.

- HP42 The preparation of parole reports was up to date and attendance by offender managers at boards for prisoners serving life sentences and indeterminate sentences for public protection (IPP) had improved. Indeterminate-sentenced prisoners could participate in family days and other events, subject to a risk assessment, and were prioritised for offending behaviour groups. However, because of staff shortages, no specific one-to-one offending behaviour work was available to indeterminate-sentenced prisoners.
- HP43 Public protection work was up to date. Monitoring arrangements and multi-agency public protection arrangements (MAPPA) cases were reviewed regularly. However, cross-deployment of staff reduced the amount of time they could dedicate to public protection work.
- HP44 The backlog of categorisations and recategorisations evident at the time of the previous inspection had largely been cleared. The timeliness of home detention curfew boards was not effectively monitored and many were late.
- HP45 St Giles Trust provided a range of effective support to prisoners with accommodation problems and exceeded its key performance target for settled accommodation in 2010/11. However, 110 prisoners had been released with no suitable accommodation. There was no one-to-one advice about debt issues and some prisoners could not open a bank account before release. An accredited money management course was offered through the education department.
- HP46 The education, training and employment provision was reasonably good. There was good engagement with employers, and around a quarter of offenders gained full-time employment on release. The careers information and advice service (CIAS) gave appropriate advice and guidance to prisoners throughout the resettlement process. There was a well-run pre-release release course and a job club, where employers regularly came in to the prison to talk to prisoners about employment opportunities.
- HP47 Health release planning was poor. Adequate preparation was made for the issue of any medication needed but health services staff were not involved in release planning meetings and prisoners were not provided with any information on accessing health services in the community. The care programme approach was used for patients with enduring mental health problems. Palliative care and end-of-life care policies had been developed.
- HP48 Counselling, assessment, referral, advice and throughcare (CARAT) services were well integrated with the integrated drug treatment system (IDTS). Prisoners were complimentary about CARAT workers. Accredited programmes to address drug issues were available but alcohol services were lacking. Links with local drug intervention programmes (DIPs) were excellent.
- HP49 The visitors centre was a reasonable environment but prisoners and visitors told us of their difficulty and frustration in contacting the visits booking line. Visits were generally well managed, although prisoners on the Onslow unit experienced long waits in the visits area.
- HP50 Support for the children and families pathway was generally limited. The Prison Advice and Care Trust (PACT) ran a family support project. There were links via PACT to community support for families, including an induction visit. However, there were plans to cut this and also the weekly homework club.

HP51 Staff shortages had not helped the achievement of targets for offender behaviour programme completion in 2009/10, although outcomes appeared to be improving for the current year. There were no waiting lists for either the sex offender treatment programme or thinking skills programme.

Main concerns and recommendations

HP52 Concern: The safety of some prisoners with drug and alcohol problems was put at significant risk because they were moved off the first night centre before completion of stabilisation.

Recommendation: Prisoners should only be moved from the stabilisation/first night unit when it has been confirmed by health services staff that it is medically safe to do so.

HP53 Concern: Induction arrangements were superficial and many prisoners were unaware of the basic routines and rules of the establishment.

Recommendation: The induction programme should be redesigned to ensure that prisoners gain a good understanding of the routines and rules of the establishment and have the opportunity to meet representatives from key departments.

HP54 Concern: Poor staff-prisoner relationships resulted in degrading and neglectful treatment of some prisoners. We observed frequently indifferent and sometimes abusive staff interactions with prisoners. This was not effectively addressed by senior managers.

Recommendation: The Deputy Director of Custody should ensure that all staff, and particularly senior managers, understand that prisoner care is their prime responsibility at all times.

HP55 Concern: Victims of bullying behaviour were not adequately protected. Processes to identify and respond to both individual incidents and patterns of violent behaviour and to support victims were ineffective.

Recommendation: Identified managers should be accountable for ensuring an effective violence reduction strategy – involving coordinated action by safer custody and security functions and informed by prisoner consultation, rigorous investigation of all actual and potential incidents and analysis of the relevant data – is consistently implemented so that actual and potential victims of bullying are protected.

HP56 Concern: Prisoners at risk of self-harm were not adequately supported. The number of deaths and self harm incidents was of serious concern. The limited and inconsistent regime, poor staff-prisoner relationships and ineffective personal officer scheme increased feelings of isolation and alienation of prisoners at risk. The quality of ACCT procedures was inconsistent.

Recommendation: Managers should adopt a whole-prison approach to keeping prisoners safe from self-harm that includes purposeful activity, better use of prisoner consultation and full engagement from prison officers and managers.

HP57 Concern: There were high levels of applications and complaints many of which concerned low level domestic issues that should have been resolved quickly and informally by residential officers on the wings. Systems did not cope effectively with the volumes received and responses too often did not resolve the issue raised. Prisoners were frustrated by and had little confidence in both systems.

Recommendation: Managers should ensure that low level domestic issues are promptly resolved by residential staff on the wings. Complaints and application processes should be consistently implemented and managers should ensure prisoners receive timely responses that address the issues raised.

HP58 Concern: The prison held an extremely diverse population but there was no strategy to ensure that the various needs of prisoners were being identified and met. Monitoring data was limited but indicated that prisoners from minority groups were disproportionately represented in important areas of prison life and their specific needs were not effectively met.

Recommendation: The prison should develop an overarching diversity strategy and plans for each diversity strand and foreign national prisoners. These should meet the requirements of equality legislation, outline how the needs of all minority groups will be met and be regularly reviewed. The strategy and plans should be based on relevant monitoring data and comprehensive consultation with staff and prisoners in each of the areas of concern identified in this report. They should be resourced by consistent staff with the training and time to fulfil their responsibilities effectively. The prison's commitment to diversity should be led by the governing governor and senior staff, overseen by sound governance arrangements and visibly promoted throughout the prison.

HP59 Concern: The prison held a large number of foreign nationals and there was no strategy to meet their needs. Significant numbers were held beyond the end of their sentence.

Recommendation: The prison should work with UKBA to develop and implement a comprehensive foreign nationals strategy that can meet all the needs of its new role as one of the main centres for this group. Prisoners beyond the end of their sentence should not be retained at the prison.

HP60 Concern: Prisoners were locked up for long periods, association was regularly cancelled or shortened and they had few outlets for their energy. This had implications for their physical and mental health, as well as good order in the prison.

Recommendation: Time out of cell should be significantly increased for all prisoners and this should include regular and consistent association time, daily opportunities for at least one hour's exercise in the fresh air and access to recreational PE at least twice a week.

HP61 Concern: The level of use of force remained high and our examination of records of incidents showed that de-escalation was not always used. Reviews and records of use of force were not sufficiently rigorous and so neither we nor the prison could be assured that all use of force was proportionate and necessary.

Recommendation: The use of force should continue to be reduced by rigorous recording and review of all incidents to ensure that de-escalation techniques are used wherever possible.

HP62 Concern: The purpose and direction of the segregation unit was not clarified and was not understood by staff. The regime and progression of prisoners held in segregation was poor.

Recommendation: The role and purpose of the segregation unit should be defined and delivered by an appropriate regime and targets for individual prisoners by regular interactions with staff selected and trained to undertake the role.

HP63 Concern: Prisoners were not engaging with resettlement services early enough in their time at the prison. This affected their chance of achieving a planned release. Short-term and remand prisoners were not adequately prepared for release, which increased their likelihood of reoffending and did not mitigate the disruption caused by a short period of imprisonment.

Recommendation: All prisoners should be aware, at the earliest opportunity, of the range of resettlement pathways, what they can offer and whom to contact. Short-term and remand prisoners should have individual custody plans based on the London Initial Screening Assessment and Referral (LISAR) assessment.

Progress on main recommendations since the previous report

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

Main recommendations

MR1 Under no circumstances should prisoners be transferred out, or refused return, in order to ensure that they are not present during an inspection. (HP49)

Achieved. All movements from the establishment were monitored and a database maintained by a senior manager. All decision were also relayed through the regional custody manager's office and agreement was sought before a move. All copies of communication and decision-making were also held on file.

MR2 All recommendations following investigations into deaths in custody should be implemented consistently. (HP50)

Achieved. The governor had accepted all recommendations following investigations into the recent deaths in custody, putting in place a single action plan that covered them all. The deputy governor and the head of safer prisons monitored their implementation every month.

MR3 Prisoners who are at risk, who exhibit self-harming behaviour or who have ongoing medical treatment should only be transferred where this is in their best interests, and in line with a multidisciplinary care plan. (HP51)

Achieved. Instructions had been issued stating that assessment, care in custody and teamwork (ACCT) plans should not be closed within the 72 hours before a known transfer. If a prisoner had an ACCT plan fully closed during the month before transfer to another prison, the closed ACCT plan would accompany him. Such a transfer followed a multidisciplinary case review. There was evidence that the head of safer prisons managed this instruction effectively.

MR4 The Director of Offender Management should ensure that all staff, and particularly senior managers, understand that prisoner care is their prime responsibility at all times. (HP52)

Not achieved. There was no action plan and no specific undertaking by the senior management team with regard to this recommendation. Throughout the inspection there were concerns about the poor staff–prisoner relationships, restricted wing regime, lack of time out of cell, limited information for prisoners and lack of support from some wing staff. Many prisoners believed that their care was compromised by these circumstances, and evidence during the inspection confirmed this (see also section on staff–prisoner relationships).
See main recommendation HP54.

MR5 The reasons for the rise in uses of force should be investigated, with a view to reducing use, ensuring that all incidents are fully documented, and encouraging de-escalation. (HP53)

Partially achieved. Some effort had been put into reducing the use of force but de-escalation was not always evident and use of force incidents remained high (see also section on use of

force).

See main recommendation HP61.

- MR6 **The needs of the large number of older prisoners and those with disabilities should be established and met. (HP54)**

Partially achieved. Work had started on establishing the needs of older prisoners and those with disabilities through forums held on the Onslow and Heathfield units. These meetings had included representatives from the health care department and the gym to provide information and to receive the views of prisoners. In our survey, prisoners with disabilities reported more negatively than those who did not consider themselves to have a disability on important aspects of prison life. For example, 61% (versus 41%) said that they had ever felt unsafe, and 41% (versus 17%) reported that they had felt threatened or intimidated by other prisoners. They reported much poorer access to facilities, including the library (with only 33% compared with 44% visiting the library at least once a week), exercise (with only 26% compared with 44% reporting going outside for exercise three or more times a week) and association (with only 5% compared with 17% going on association more than five times each week). Fewer older prisoners than those under 50 said that they went outside for exercise three times a week (28% versus 42%) and more said that they had been threatened by another prisoner (28% compared with 22% of those under 50). Although needs were identified, progress in meeting them was poor in some cases. Examples of systems that had not yet been introduced included attempts to set up a delivery system from the library for prisoners who could not attend in person and for the delivery of medication (see also section on disability and older prisoners).

- MR7 **The prison should develop, and find resources to implement, a comprehensive foreign nationals strategy that can meet all the needs of its new role as one of the main centres for this group. (HP55)**

Not achieved. The foreign nationals strategy was being reviewed and consultation had been started with prison departments, requesting them to review the sections of the strategy which applied to the needs of foreign national prisoners in their area of work. Progress had not been made at the expected pace because of a poor response from these departments. There was insufficient involvement of the UK Border Agency to make a new strategy fully effective (see also section on foreign nationals).

See main recommendation HP59.

- MR8 **All prisoners should be able to access recreational PE at least twice a week. (HP56)**

Not achieved. Prisoners were given the choice of receiving a PE induction when entering the prison and only around 40% had been inducted to use the gym. Access to regular recreational PE had deteriorated since the previous inspection. PE sessions were often cancelled and staff were frequently cross-deployed for main prison duties.

See main recommendation HP60.

- MR9 **Short-term and remand prisoners should have individual custody plans based on the London Initial Screening Assessment and Referral (LISAR) assessment (HP 57)**

Not achieved. While custody planning processes were in place with the use of the Local Initial Screening and Reducing Reoffending Tool (LISARRT) on arrival and before release, they did not result in the preparation of a written individual custody plan (see also section on offender management and planning).

See main recommendation HP63.

MR10 **The race equality action plan should be fully implemented and its implementation monitored. (HP58)**

Not achieved. The race equality action plan comprised diversity recommendations from the HMIP inspection report of 2009 and did not solely address issues of race equality. It contained eight action points, none of which had been fully implemented, but work had started on six of them. There was no record, in any of the race equality action team minutes, of the plan being monitored but in September 2010 it had been noted that there had not been sufficient time to discuss this and it had been deferred to the next meeting; there was no evidence that it had been considered there.

See main recommendation HP58.

Progress on recommendations since the last report

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

1.1 Escort vans should be free of graffiti. (1.7)

Achieved. Almost all of the escort vehicles we saw were clean and, with few exceptions, clear of graffiti. Escort staff told us that they were expected to clean the vehicles and remove any graffiti at the end of each day, on their return to the depot. The only occasions when this did not take place were when staff returned late at night from long-distance transfers.

1.2 At least 24 hours' notice of planned transfers should be provided to prisoners. (1.9)

Not achieved. None of the prisoners we spoke to who were being transferred, including those who were going to a lower category prison, had been given 24 hours' notice of transfer. They were often not given the chance to contact families to alert them of transfer before leaving because of a lack of access to telephones and association (see section on residential units), and no provision was made on the day of transfer. This caused anxiety to prisoners, especially those from the surrounding area who were expecting visits.

We repeat the recommendation.

1.3 Prisoners should not be left for long periods on vans before disembarkation. (1.10)

Not achieved. Due to the high number of escort vehicles arriving at the same time, there were occasions when prisoners remained on vehicles for long periods (over 45 minutes) waiting to be disembarked. The prison had chosen this course of action to reduce the overcrowding of the reception area, improve the individual safety of prisoners and avoid a high number of prisoners being held in what was considered a vulnerable area in terms of physical security.

Further recommendation

1.4 The reception area should provide sufficient adequately sized holding rooms safely to hold the number of prisoners arriving at and departing from the prison during busy periods.

1.5 Food should be provided to prisoners being transported longer distances. (1.8)

Achieved. Prisoners on escort vans travelling for over two hours or over periods that would include mealtimes were provided with a sandwich lunch by the escort contractors, and drinks were routinely available on all vans on request. When a van arrived at the prison without an appropriate supply of sandwiches, the prison kitchen supplied enough food for the journey.

- 1.6 Once court cases have been dealt with, prisoners should be returned to the establishment with minimum delay. (1.11)

Partially achieved. The local courts ran shuttle buses back to the prison throughout the day but prisoners at courts further afield, and especially at Westminster Magistrates' Court, were not returned to the prison until the end of the court sitting.

Additional information

- 1.7 Most prisoners were transported from the local courts by Serco, with transfers from further afield being managed by G4S. Prisoners reported being well treated by escort staff and the interactions we observed were friendly and polite. We saw prisoners returning from local courts being processed through reception quickly and returned to the wings with little delay. None of the prisoners we spoke to had received any information at court about Wandsworth or what would happen to them on arrival, and this was reflected in our survey, where only 12% of respondents (against the 15% comparator) said that they had been given any written information about what would happen to them.
- 1.8 We saw some prisoners due for onward transfer waiting for long periods for escort contractors who failed to arrive at the agreed time. The longest delay we saw was five and a half hours.
- 1.9 Video courts were in operation and the two main suites, which had recently been refurbished, were used by the City of London and surrounding courts, with occasional use for some Manchester and Bristol hearings.
- 1.10 The number of movements had fallen in recent months, in line with a decrease in the percentage of unsentenced prisoners among the prison's population.
- 1.11 Prisoners being transferred to lower category prisoners were routinely double cuffed, even when transferring to open conditions.

Further recommendations

- 1.12 Embarkation of prisoners should be efficient and minimise waiting times to a reasonable period.
- 1.13 The practice of handcuffing category D prisoners should cease.

First days in custody

Expected outcomes:

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

Reception

1.14 All staff should refer to prisoners by title or preferred name. (1.27)

Not achieved. Most of the interactions we observed between staff and prisoners involved the use of surnames only, and cell cards and wing roll boards also showed only surnames, although senior officers used full names to call returning prisoners through from the initial holding room to the main desk.

We repeat the recommendation.

Additional information

- 1.15 Reception was open from 6.30am to 9pm or later, subject to late arrivals, and did not close during mealtimes. It was clean and well ordered, with good levels of staff supervision. There were four clean, well-decorated holding rooms at either end of the unit, with seating and a television in each, although there was no written information in them. Most prisoners were held for relatively short periods in reception, although prisoner movement was restricted at some times of the day, leading to waits in reception of up to two hours before location onto the wings. Hot meals and drinks were provided for prisoners held in reception during mealtimes.
- 1.16 Interactions in reception were polite and business-like but prisoners were initially interviewed at the front desk, sometimes in the sight and hearing of other prisoners, even when sensitive information was being discussed.
- 1.17 All prisoners, with the exception of those going directly to the segregation unit or the health care inpatients unit, were screened on the E2 landing before location either on E wing or the Onslow (vulnerable prisoner) unit. Newly arriving (Heathfield unit) prisoners were allowed to remain out on the landing during the afternoon period on the day of arrival, where they were interviewed both by staff and one of the six prisoner Insiders, who provided support and basic information. Insiders informed staff of any concerns they had in relation to any prisoner passing through reception but no Listeners were employed there.
- 1.18 There was a published policy for prisoners who were detoxifying from alcohol and/or drugs to remain on the first night unit for a minimum of five days for additional observation and stabilisation. We found evidence of such prisoners put at risk by being moved onto D wing on the day of reception, despite this having been raised as a concern by senior managers before the inspection (see main recommendation HP52).

Further recommendations

- 1.19 Initial interviews in reception should be conducted in private.
- 1.20 A Listener should be employed in reception.

First night

- 1.21 The reasons for vulnerable, black and minority ethnic and Muslim prisoners having poor perceptions of reception, and feeling unsafe on their first night at the prison, should be explored and any necessary remedial action taken. (1.26)

Not achieved. No survey had been conducted or any focus groups held to explore the poor perceptions of black and minority ethnic and Muslim prisoners since the previous inspection. Muslim prisoners continued to report a considerably worse experience in reception, and a much higher proportion of both black and minority ethnic and Muslim prisoners reported feeling unsafe on their first night (see main recommendation HP58).

1.22 Newly arrived vulnerable prisoners should be moved swiftly off the first night unit. (1.28)

Achieved. Prisoners identified as vulnerable who were not detoxifying or stabilising from drugs or alcohol were moved to the Onslow unit following completion of first night safety interviews with staff, either soon after reception or the following morning. However, this unit did not carry out the induction orderly element of the first night process, leaving most vulnerable prisoners uninformed of what to expect over the first few days and also denying them the opportunity to dine out of cell, interact with other prisoners or meet the Listeners and Insiders.

Further recommendation

1.23 All prisoners should undergo all elements of the first night process, subject to medical and security assessment.

1.24 Sinks and toilets in first night cells should be regularly deep cleaned. (1.29)

Achieved. Toilets and sinks had been replaced with composite sanitary units and were cleaned to an appropriate standard. The induction prisoner orderlies prepared all cells for new occupancy as soon as they were vacated. While the general cleanliness of first night cells was reasonably good, there was a large amount of graffiti on the walls, some of which was of a racist nature and had been there for some time (see further recommendation 2.14).

1.25 Prisoners should be offered a supervised free telephone call on their first night unless there is clear intelligence to the contrary. (1.30)

Not achieved. Telephone calls were made on behalf of prisoners by the Prison Advice and Care Trust (PACT) team. Up to two telephone numbers could be called and a record of contact was kept, with any messages relayed to the prisoner the next day. Prisoners were not permitted to be present during the telephone call. Checks of the contact sheet demonstrated that all prisoners were offered this facility.

1.26 The gated cells on the first night unit should be relocated. (1.31)

Not achieved. Two gated cells remained on the E2 landing. Both were in use throughout the inspection for the care of prisoners on constant watch, in full view of anyone located on, or visiting, the unit.

We repeat the recommendation.

Additional information

1.27 In our survey, prisoners responded negatively about almost all communicated information, support and feelings of safety on their first night, and only 27% of prisoners reported being able to shower on their arrival/first night at the establishment. This was not the case during the inspection, as all Heathfield unit prisoners we spoke to told us that they had been offered a

shower on arrival on E2. Prisoners due to move to the Onslow unit were told that they would be offered a shower on that unit (see further recommendation 2.13).

Induction

1.28 All the elements of induction should be completed within five working days. (1.32)

Not achieved. Induction for Heathfield unit prisoners usually started on the day after reception with a move to C wing. Although the initial sessions of the programme were completed soon after arrival on this wing, the activities section was often delayed because of a shortage of staff and (we were told) inclement weather. The induction process involved a computer program which required prisoners to read through information on a monitor. Of a sample of 20 reported completions, only one prisoner had viewed all elements of this programme and reached the certification page. We observed prisoners refusing to complete the programme but still being entered on the monitoring sheet as having completed it. The system on the Onslow unit was considerably better, with the orderlies explaining each screen to prisoners and checking their understanding of each key element. There was evidence that almost all prisoners on the Onslow unit completed the session. During the inspection, there were at least two prisoners on the first night centre who, although having been at the prison for over three weeks, had yet to complete induction (see main recommendation HP53).

Housekeeping point

1.29 Prisoners' understanding of the induction programme should be verified before they are deemed to have completed it.

1.30 All induction materials should be up to date and available in an appropriate range of languages. (1.33)

Not achieved. The computer-based induction programme was available in nine languages but this did not reflect the predominant nationalities held at the prison. Some of the information included was out of date. The generic prisoner information leaflet was available in over 20 languages but this was not specific to Wandsworth. The prisoner orderlies tried to arrange translations into languages that were not covered, and we saw some innovative translation into a mutual second language (German) between an Iranian orderly and a Polish prisoner. **We repeat the recommendation.**

Additional information

1.31 The induction programme was in four stages: day 1, first night information; day 2, computer program information; day 3, resettlement interview; day 4, activities interview. There was limited input into induction from many key departments in the prison and many prisoners we spoke to were unaware of many of the basic routines and rules of the establishment (see main recommendation HP53). The resettlement element consisted of the London Initial Screening and Reducing Reoffending Tool (LISARRT), with referrals made to local housing agencies where appropriate, and focused mainly on prisoners from the local areas. When childcare issues were raised, the offender management unit team made referrals to the PACT team, which then handled the enquiry. The activities interview identified suitable work allocations and prisoners also undertook literacy and numeracy assessments.

- 1.32 The experience of prisoners on the Onslow unit was mixed. Resettlement interviews and activity assessments were conducted on the unit on a one-to-one basis but elements of the key first night information was sometimes omitted (see further recommendation 1.23).

Section 2: Environment and relationships

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.

Accommodation and facilities

- 2.1 Managers should ensure that older prisoners and those with disabilities on Onslow unit are able to have a shower or bath daily. (2.16)**

Partially achieved. The Onslow unit now had three showers for those with disabilities, and a walk-in bath on the G1 landing. However, access to these facilities for some prisoners, especially in light of the limited regime, was restricted. In our survey, 46% of all prisoners who considered themselves to have a disability said that they could shower every day, compared with 57% of prisoners who did not regard themselves as having a disability. We came across some prisoners on the Heathfield unit who had not accessed showers for a number of weeks (see further recommendation 2.13).

- 2.2 Managers should ensure that plans for the refurbishment of Onslow unit include provision of equal access to facilities and services for older and less able prisoners. (2.17)**

Not achieved. Although there were additional facilities for older prisoners and those with disabilities on the Onslow unit (see recommendation 2.1), the planned refurbishment had not yet taken place. We were told that this programme had been delayed until 2012.
We repeat the recommendation.

- 2.3 All shower rooms should be brought up to a standard where they are properly ventilated, protected against infestation and capable of being kept clean by standard methods. (2.18)**

Partially achieved. The standard and quality of showers across the prison varied considerably. Some showers were reasonably clean but others, such as those on D wing, were in a poor state of repair, with paint peeling from both the ceiling and the floor. We were told that these had been painted only about three months before the inspection but that the paint used had been of insufficient quality to withstand the level of usage (see further recommendation 2.13).

- 2.4 Individual shower cubicles or dividing panels should be fitted to provide reasonable privacy. (2.19)**

Partially achieved. Some showers had modesty screens but this was not consistent across all wings and many had open shower blocks (see further recommendation 2.13).

- 2.5 Rigid screening should be provided round in-cell toilets to provide reasonable privacy. (2.20)**

Not achieved. All cells had basic shower curtain screens but these were not rigid and, while they offered some level of privacy, this was limited. This was a particular problem in cells with two single beds on the Onslow unit, as there was limited space available. Prisoners ate their meals in their cells, which compounded the problems of poor screening (see further recommendation 2.14).

2.6 All prisoner telephones should be checked daily and faults reported immediately. (2.23)

Not achieved. The prison had identified a prisoner on each wing to relay information about broken or damaged telephones. In spite of this, several telephones were not working during the inspection. On B wing, there were two telephones that were broken and, although reported to staff, had not yet been logged with the works department, even though we were told that they had been out of use for over a week (see further recommendation 2.16).

2.7 Requests by prisoners to add, change or remove approved telephone numbers should be actioned without delay. (2.24)

Partially achieved. Requests for changes to approved telephone numbers were often delayed. Although there was a clear system on the wings for requests to be made, we saw examples of numbers that had not been forwarded to the PIN telephone clerk for a number of days. Once submitted, they were usually logged on the system in a timely fashion (see further recommendation 2.16).

Additional information

- 2.8** The communal areas and the external grounds of the prison were maintained to a reasonable standard and were generally clean. However, the quality of the accommodation across the establishment varied considerably. Most cells were shared and had bunk beds but some on the Onslow unit had two separate beds, which meant that there was little room for other furniture, and these cells had no table or chairs. Many prisoners on this unit also complained that cells were often cold during the winter, although the planned refurbishment included upgrading the heating system.
- 2.9** Some cells on both the Heathfield and Onslow units had poorly maintained furnishings, with broken and dirty cupboards. There were also large amounts of graffiti in cells; although we were told that staff were aware of this, little had been done to rectify it. There was an offensive display policy posted on wings but during the inspection we saw a number of examples of material on display in cells which did not conform to the policy. We were told that cells were inspected by staff but there was evidence that this was ineffective in many cases.
- 2.10** The prison operated a policy of cell call bells being used only for emergency purposes but it was not clear what constituted an emergency. In our survey, only 26% of respondents said that cell call bells were answered within five minutes, and tests that we undertook reinforced that experience.
- 2.11** In our survey, only 54% of prisoners said that they could shower every day, which was worse than at comparator establishments (80%) and than at the time of the previous inspection (79%), and 51% of prisoners (against the 31% comparator) said that they had problems accessing telephones. For most prisoners, access to telephones and showers was limited by the short amount of time out of cell every day (see section on time out of cell). Many prisoners had to choose between using the telephone or showering during their social and domestic periods. Because of queues, there was often insufficient time to do both.

- 2.12 Although there were generally sufficient telephones on the wings, a number did not work at the time of the inspection (see further recommendation 2.16) and on some landings, despite queues to use them, the telephones were not turned on. Even where telephones were working, they were often poorly sited and lacked privacy hoods. For example, on D wing, some telephones were placed next to the centre office and it was virtually impossible for prisoners to hear the person they had called. For prisoners whose family worked, access during the day was of little benefit and most prisoners had only one session of evening association a week. Although prisoners could request access to a telephone in the evenings, we were told that this was at the discretion of staff and was not consistently granted.

Further recommendations

- 2.13 All prisoners, including those on the first night unit and those with disabilities, should be able to have a shower every day in clean and well maintained facilities with adequate privacy.
- 2.14 A rigorous system of cell checks should ensure that all cells provide decent living conditions and are clean before allocation to a new occupant and are at all times free of graffiti, adequately furnished with tables and chairs, maintained to a reasonable standard, have rigid screening for the toilet and with the offensive display policy enforced.
- 2.15 All emergency cell call bells should be answered within five minutes, and the rules regarding their use should be revised to offer a more flexible and appropriate facility.
- 2.16 Prisoners should be given sufficient time to make daily telephone calls to numbers on an efficiently updated list and at times appropriate for those they are calling, from an adequate number of working telephones with suitable privacy.

Clothing and possessions

- 2.17 **Prisoners on the standard level of the incentives and earned privileges (IEP) scheme should be able to wear their own clothes. (2.21)**

Not achieved. The only prisoners able to wear their own clothes were those on remand and those on the enhanced level of the IEP scheme.

We repeat the recommendation.

Additional information

- 2.18 Access to clean clothing and bedding was generally reasonable but worse than at the time of the previous inspection. We spoke to a number of prisoners who had few clothes. The prison offered a weekly one-for-one swap of prison items but we were told that these were currently in short supply, and some prisoners had insufficient to last the week.
- 2.19 Rules about clothing being brought or sent in were clear but many prisoners told us that they had not received this information on arrival. No written information about access to property, or the sending in of clothing, was given out during induction. There were also problems in accessing stored property. In our survey, only 17% of prisoners said that they were normally able to get access to their property, and while access was better on the Onslow unit, it was still poor. Each wing had an identified day for prisoners to go to the property store but this process was not widely understood or known by prisoners we spoke to.

Further recommendation

- 2.20 All prisoners wearing prison-issue clothing should be given sufficient quantities, and of adequate quality, to last a week.

Housekeeping point

- 2.21 Written information about the sending in of clothing to prisoners and access to stored property should be given to prisoners during induction.

Hygiene

- 2.22 Managers should implement a reliable system for issue of cell cleaning materials, especially for the effective cleaning of toilets. (2.22)

Partially achieved. Each wing had a procedure for distributing cleaning materials to prisoners weekly. In our survey, only 42% of prisoners (against the 63% comparator and 54% at the time of the previous inspection) said that they were able to get cell cleaning materials every week. Responses were better on the Onslow unit, where 80% of prisoners said that they could get materials, compared with only 30% on the Heathfield unit. Many prisoners we spoke to, especially on the Heathfield unit, said that they did not know where to get materials from and that they had not been informed during induction. On both units, we saw examples of poorly maintained toilets, and the materials used, including disinfectant, appeared inadequate to maintain toilets to a reasonable standard.

Further recommendation

- 2.23 All prisoners should be clearly informed of the availability of cell cleaning materials and these should be of adequate quality to ensure that toilets are maintained to an acceptable standard.

Staff–prisoner relationships

Expected outcomes:

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

- 2.24 Staff should receive pro-social modelling training to assist with inter-personal skills. (2.35)

Not achieved. No pro-social modelling training had taken place at the time of the inspection. The prison's training manager had been in post since July 2010 and had put together a programme, due to be rolled out from April 2011, starting with the senior management team and then to be extended to all staff with prisoner contact. It was hoped that a motivational

interviewing programme would also be implemented.
We repeat the recommendation.

- 2.25 **The negative perceptions of staff by black and minority ethnic and Muslim prisoners and those with a disability should be investigated and any necessary remedial action taken. (2.36)**

Not achieved. A proposal for a research project and a pilot focus group with black and minority ethnic prisoners had been delivered in September 2010 but had not been implemented. Focus groups with older prisoners and those with disabilities were held on both Onslow and Heathfield units. A consultation exercise with Muslim prisoners had been discussed with a community group but funding had not been secured (see also section on diversity). Although the prison had made a start on eliciting the views of prisoners, this had not yet led to any clear proposals for a strategy, or decisive action (see main recommendation HP58).

Additional information

- 2.26 Overall, staff–prisoner relationships were poor. In our semi-structured interviews with prisoners during the inspection, most prisoners indicated that they believed staff would intervene in the event of an incident but few felt that staff actively engaged with prisoners. In our survey, only 58% of prisoners said that there was a member of staff they could turn to if they had a problem and only 56% that most staff treated them with respect. There were considerable differences across the two sites of the prison. On the Onslow unit, 87% of prisoners said that there was a member of staff they could turn to and 67% said that staff treated them with respect, compared with only 49% and 53%, respectively, on the Heathfield unit. We observed many staff generally showing indifference and disinterest towards prisoners. Many prisoners reported staff using abusive language towards them and other prisoners and we also observed this. Non-uniformed staff generally interacted better than uniformed staff with prisoners.
- 2.27 We observed staff watching but not engaging with prisoners. Staff often presented as aloof at best and, in some cases, intimidating. Prisoners consistently reported frustration at getting things done, obtaining information and receiving help, even with simple matters. The lack of information during induction and a weak personal officer scheme compounded these problems and prisoners appeared to have low expectations of what they could expect from staff, with many describing staff as confused, and in some cases evasive. Further compounding factors were the variable regime, often not conforming to that which was published, and the limited amount of time that prisoners spent out of cell (see main recommendation HP54).
- 2.28 For some prisoners, in particular those who were familiar with custody or self-confident and knowledgeable about how to access information, relationships with staff appeared reasonable but for more vulnerable prisoners, for example those with limited ability or English language problems, relationships were, at best, benign.

Personal officers

Expected outcomes:

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

- 2.29 **The personal officer scheme should ensure that a single individual has the primary responsibility for named prisoners. (2.43)**

Not achieved. The wing officer (personal officer) scheme continued to identify two or three officers per prisoner, although there was a primary named officer. In reality, the system did not operate effectively and it was difficult to ascertain if this system was appropriate for the prisoners at Wandsworth (see further recommendation 2.36).

2.30 Regular changes of personal officers for individual prisoners should be avoided. (2.44)

Not achieved. Personal officers were allocated to specific cells, rather than individuals, and if a prisoner moved, their personal officer also changed. Prisoners changed cells frequently, especially on the Heathfield unit. As the personal officer scheme was ineffective, it was difficult to assess the impact of changing a nominated officer (see further recommendation 2.36).

2.31 The negative perceptions of Onslow unit prisoners about personal officers should be investigated and improvements made. (2.45)

Achieved. The overall perceptions of prisoners about the personal officer scheme were negative. In our survey, only 29% of prisoners said that they had a personal officer, against the 45% comparator and 52% at the time of the previous inspection, and only 53% of these said that they were helpful, against the 62% comparator. These figures were much worse on the Heathfield unit than on the Onslow unit, with only 21% (versus 57%) saying that they had a personal officer and 38% (versus 73%) that they were helpful. Although, overall, these figures were poor, they were much improved on the Onslow unit compared with those at the time of the previous inspection. In part at least, it appeared that discussions with prisoners at the prisoner council meetings had helped to improve the perceptions of Onslow prisoners about personal officers.

2.32 If personal officers are to be responsible for delivering outcomes arising from initial screening for short-term and remanded prisoners, the current personal officer scheme should be revised and reinforced. (2.46)

Not achieved. Personal officers did not play an active role in delivering outcomes identified from initial resettlement screening via the London Initial Screening and Reducing Reoffending Tool (LISARRT) (see further recommendation 2.37).

2.33 Encouragement and incentives should be offered to prisoners to engage with the activities available to them. (2.47)

Not achieved. Personal officers did not play an active part in supporting prisoners to engage and we saw some evidence to suggest that wing staff did not even encourage prisoners to attend their identified areas of work on time (see section on purposeful activity).

Additional information

2.34 The personal officer policy was clear and concise and should have been reasonably easy to implement. However, staff on both the Onslow and Heathfield units told us that they rarely had time to undertake the tasks identified, and in some cases they did not know which prisoners they were responsible for. On one wing, the list of personal officers included some who no longer worked on the wing. There was no formal link with the offender management unit and little to indicate that officers were aware of what targets had been set through the sentence planning process, where applicable.

- 2.35 We viewed a random sample of 30 records and in only one was there any indication of active involvement by the personal officer. In some cases, there were notes stating that a management check had taken place but there was no further comment to indicate an assessment of quality. The personal officer policy indicated that staff should make entries fortnightly but in a number of cases there had been no entries, from any member of staff, for some months.

Further recommendations

- 2.36 The personal officer scheme should be fundamentally reviewed so that all prisoners are able to identify a consistent, individual officer who provides constructive engagement with them throughout their sentence and named managers should be accountable for ensuring the revised scheme is implemented consistently and effectively across all wings.
- 2.37 Personal officers should be actively engaged with offender supervisors to support prisoners in achieving sentence planning or resettlement targets where appropriate.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

3.1 The violence reduction strategy should focus on the specific issues faced by prisoners at Wandsworth. (3.15)

Not achieved. Although a violence reduction strategy and policy document had been published, many of its structures and protocols were not in place. Many of the key interventions it described to deal with anti-social behaviour, including persistent bullying, were no longer used and most of the officers we spoke to had little awareness of them. The violence reduction prisoner representative scheme was nominally in place on the Onslow unit but the three appointed prisoner representatives there were not supported, their role was not advertised, they did not attend any of the violence reduction meetings and the governance arrangements specified by the strategy document were not in operation. In addition, the violence reduction liaison officers who should have been allocated to each residential wing were not in place. Violence reduction prisoner representatives had not been appointed on any Heathfield residential wings. The 'shame violence' initiative described in the policy document as a course for prisoners exhibiting persistent violent behaviour was no longer running (see main recommendation HP55).

3.2 The safer prisons meeting should include analysis of trends and patterns in the collected data, to inform the violence reduction strategy. (3.16)

Partially achieved. The collection of data about levels of violence had improved since the previous inspection. The safer custody team had recently created a database of violent incidents which included their nature, location and the names of perpetrators, based on information from wing observation books, accident report forms and some security information reports (see additional information). There was little to show that this was used to inform an overarching strategy to reduce violence or to inform staff and managers about short- or long-term interventions (see main recommendation HP55)

3.3 The establishment should investigate the disparity in black and minority ethnic, and Muslim, prisoners' feelings of safety. (3.17)

Not achieved. There was no evidence that the prison had fully investigated the disparity in black and Muslim prisoners' feelings of safety (see section race equality) (see main recommendation HP58).

3.4 All staff should be conversant with the anti-social behaviour booklet system and understand when to use it. (3.18)

Not achieved. All anti-social behaviour, including bullying, was dealt with formally through the anti-social behaviour booklet system. The system, introduced in 2009, centred on a three-

stage protocol to identify incidents of anti-social behaviour through investigation, to challenge proven behaviour and to address persistent perpetrators. According to the scheme, prisoners suspected of violent or bullying behaviour were put onto stage one, and this was sanctioned by the residential unit manager. Residential officers monitored behaviour for a minimum of seven days, and then the case was reviewed. If the behaviour was proven or continued, the prisoner faced sanctions under the incentives and earned privileges scheme. In reality, the scheme was seldom used. In the six months before the inspection, formal proceedings, including the investigation stage, had been used on only nine occasions, despite evidence of bullying throughout the prison (see additional information). Officers were not comfortable with the anti-social behaviour booklet scheme and managers did not adequately promote its use.

Further recommendation

3.5 The anti-social behaviour booklet system should be used or replaced so that all wing staff are clear and confident about their role in pro-actively identifying and tackling anti-social behaviour.

3.6 **The safer prisons team should investigate all incidents of alleged or suspected bullying and unexplained injuries. (3.19)**

Not achieved. The quality of investigations we reviewed was often poor and in many cases did not fully address the important issues. Many allegations or suspicions of bullying, particularly those identified through interrogation of the wing occurrence book, unexplained injuries and some formal complaints, were not investigated at all (also see additional information). Links with the security department were not adequately developed and we were not given assurances that all relevant information was always shared with the violence reduction coordinator (see main recommendation HP55).

Further recommendation

3.7 Links between the security department and the safer custody team should be improved.

3.8 **The establishment should carry out an annual confidential survey with all prisoners about bullying. (3.20)**

Not achieved. We were told that a recent prisoner survey had been conducted but there was no evidence of this and no indication that prisoner consultation had been used to inform the published strategy (see main recommendation HP55).

Additional information

3.9 A full-time safer custody staff team, consisting of a suicide prevention coordinator, a suicide prevention case manager, a violence reduction coordinator, a use of force coordinator and an administration support worker, had been appointed to monitor, review and supervise the implementation of most of the important aspects of violence reduction, including suicide prevention, on a day-to-day basis. The team was directly accountable to the safer custody manager (a senior governor grade).

3.10 A multidisciplinary violence reduction committee monitored, reviewed and supervised the implementation of the violence reduction strategy. The committee met monthly, as part of the safer prisons group. The head of safer prisons chaired the meetings, often without support

from managers in relevant areas; attendance was generally erratic and representation from senior managers and security staff was inconsistent (see main recommendation HP55).

- 3.11 The violence reduction coordinator was meant to supervise the implementation of the violence reduction strategy on a day-to-day basis and to support staff in the operation of the anti-bullying policy (anti-social behaviour booklets). In reality, we found that protocols for the application of most of these initiatives were not followed consistently and there was no effective supervision of processes. There was an over-reliance on the violence reduction coordinator by residential officers and managers to ensure that all elements of the policy and strategy were carried out properly. When he was absent from the prison, many of these duties were not carried out (see main recommendation HP55).
- 3.12 Although the prison had reported a significant number of violent incidents and anti-social behaviour, at about 110 in an average month (mainly fights, assaults and low-level incidents, such as threats and abusive language), our interrogation of wing occurrence books, accident report forms and formal complaints submitted by prisoners about bullying did not assure us that these numbers represented an accurate reflection of all violent incidents in the prison. We could find no evidence to show that many of these incidents had been properly investigated and saw that appropriate action to support alleged victims generally did not take place. The number of prisoners on formal anti-bullying measures was disproportionately low in relation to the number of violent incidents in the prison and there was little to evidence that potential victims were supported in any way other than moving them to the vulnerable prisoner unit or to segregation (see main recommendation HP55).
- 3.13 Although some prisoners were made aware of anti-bullying procedures during their induction, many said that they were unaware of any formal systems and would, in any case, be unlikely to rely on staff to deal with incidents. They also said that officers were generally disinterested and unaware of the extent of violence on the wings. Many reported that they felt unsafe. In our survey, 24% of respondents said that they felt unsafe, which was worse than the 18% comparator and 12% at the time of the previous inspection. Thirty-six per cent of those we surveyed said that they had been victimised by staff and 29% that they had been threatened or intimidated by staff, both being worse than the comparators of 26% and 23%, respectively.

Further recommendation

- 3.14 Residential managers should ensure that their staff discharge their responsibilities for safer custody and do not abdicate responsibility to the violence reduction coordinator.

Self-harm and suicide

Expected outcomes:

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

- 3.15 The suicide prevention policy should focus on the specific risks and needs of vulnerable prisoners at Wandsworth. (3.37)

Achieved. A reviewed policy document had been published, based on an examination of local practices, including recent deaths in custody. Its content was comprehensive, with a particular focus on the needs of prisoners in a large local prison. Copies were found on all residential units and in communal areas throughout the establishment.

3.16 The safer prisons meeting should include analysis of trends and patterns in the collected self-harm and suicide data and take necessary remedial action. (3.38)

Achieved. The safer prisons group used a wide range of information, provided by the safer custody team, to help to identify trends and patterns of behaviour in terms of the location, type and timing of individual incidents. This was used, to some extent, to develop the strategy, in terms of dealing with people in crisis, while helping to update the continuous improvement action plan (also see additional information).

3.17 The safer prisons team should carry out an investigation following all near-death incidents and inform all staff of any subsequent learning points identified. (3.39)

Not achieved. Although we were told about a policy to ensure that all near-death incidents were properly investigated and reported on, we could find little evidence to show that this was the case. We were also told of a biweekly meeting that had been established for staff and managers to share feedback concerning these cases but, again, we were not assured that these meetings took place.

We repeat the recommendation.

3.18 The safer prisons team should maintain sight of action plans arising from self-inflicted deaths, regardless of whether they have been completed, and ensure that mistakes or oversights are not repeated. (3.40)

Achieved. The deputy governor and the head of safer prisons reviewed all death in custody action plans each month. Important items from these were also included in the prison's continuous improvement plan, which was monitored by the safer prisons group. There was evidence that these plans were used to inform permanent changes to the way in which the prison reacted to prisoners in crisis and some new initiatives, such as the daily review of complicated cases of self-harm, were included in the overarching suicide prevention strategy (also see additional information).

3.19 All staff should receive annual self-harm and suicide awareness training. (3.41)

Achieved. A training programme was in place and about 90% of frontline staff had received up-to-date training in assessment, care in custody and teamwork (ACCT) procedures.

3.20 Assessment, care in custody and teamwork (ACCT) procedures should incorporate an appropriate multidisciplinary approach, with comprehensive care plans and quality recording of meaningful interactions by staff with prisoners subject to the process. (3.42)

Partially achieved. The quality of entries in ACCT documents was mixed. There were examples where entries from officers reflected reasonable standards of day-to-day care and showed that they knew about the personal circumstances of individual prisoners but there were also many examples where entries were mainly observational and gave little indication of supportive relationships. Generally, the implementation of case management was inconsistent. While care planning had improved in some areas, we saw examples of poor planning for

difficult prisoners in crisis in others. In the segregation unit, for example, we saw prisoners on open ACCT documents who had been left in isolating conditions for long periods, with nothing to occupy their time (see section on segregation unit). The high quality of care delivered to difficult and particularly vulnerable prisoners located on the Addison (inpatient) unit contrasted with this (also see section on health services). Case management arrangements through a multidisciplinary team of mental health workers and prison officers were effective and the levels of care we observed on this unit were excellent (see main recommendation HP56).

3.21 Observations should be at irregular and unpredictable intervals, especially when prisoners are locked up. (3.43)

Not achieved. The recording of observations at night was consistently predictable.
We repeat the recommendation.

3.22 Management checks should effectively monitor the quality of ACCT documents. (3.44)

Partially achieved. There was evidence that regular management checks by the suicide prevention coordinator was slowly driving up the quality of ACCT documents in some cases. There were examples, however, where management checks had been less effective (see main recommendation HP56).

3.23 Requests to see a Listener by prisoners on Onslow unit should be accommodated promptly. (3.45)

Achieved. Prisoners had good access to Listeners. Arrangements to unlock Listeners at night to see prisoners had improved and those we spoke to said that these improved practices were consistent.

3.24 Care suites should be appropriate for both prolonged use and at night. (3.46)

Not achieved. Although access to Listeners had improved, conditions in the four care suites located across the prison had not.
We repeat the recommendation.

3.25 Samaritan telephones should be offered to all prisoners if a Listener is not immediately available. (3.47)

Achieved. A review of Samaritans telephone provision had been completed since the previous inspection. Instructions for staff on the issue and use of these telephones were supplied. Prisoners had reasonable access to Samaritans telephones and to a direct line number.

3.26 The use of all safer cells and gated cells should be logged. (3.48)

Not achieved. Although the use of the special accommodation cells in the segregation unit were logged, use of the safer cells and gated cells were not.
We repeat the recommendation.

Additional information

3.27 The monitoring and overall management of the suicide prevention strategy was carried out at the monthly safer prisons meeting, chaired by the governor in charge of the safer custody function. An effective full-time suicide prevention coordinator managed protocols, with good support from the safer custody manager, mental health workers and the safer custody team

(see also section on bullying and violence reduction). He was responsible for ensuring that procedures to manage prisoners at risk of self-harm were properly implemented and also provided advice and guidance to staff and prisoners. The role was given a high profile and was understood throughout the prison. There had been some improvements in the focus of attention given to prisoners in crisis following incidents of self-harm. A daily meeting (the daily review of complicated cases of self-harm) between the suicide prevention coordinator, a senior residential governor and the mental health in-reach team had recently been introduced to identify all new ACCT cases and also to discuss the progress of the more complicated cases. The meeting was proving to be a useful tool in helping to ensure that the needs of prisoners who, through their actions, were considered to be particularly difficult and those of other new cases were addressed.

- 3.28 Links between the mental health in-reach team, the psychology department and the safer custody team were good. Some therapeutic interventions were offered to post-crisis prisoners by the psychology department and included one-to-one counselling, mood management groups and relaxation classes.
- 3.29 Most senior officers had been trained as ACCT assessors and, with some notable exceptions, the quality of initial interviews and assessments was reasonably good, although care planning was sometimes underdeveloped. Case reviews took place on time and attendance was generally multidisciplinary, and the prisoner was usually encouraged to participate.
- 3.30 There were 19 trained Listeners, covering most of the important areas of the prison, although none worked in reception (see section on first days in custody). Six were based on the Onslow unit. The scheme was well established and Listeners we spoke to said that residential staff supported their role. Access to them was good, with evidence that prisoners could usually see them throughout the 24-hour period. However, some told us that there were delays in unlocking them during the night because of the prison's procedures for unlocking prisoners between 10pm and 6am.
- 3.31 There were 13 safer cells, all on E wing, and seven gated cells (four on E wing, two on the Addison unit and one on H wing). Gated cells on the ground floor of E wing, used for constant observation, were poorly located (see recommendation 1.26). Some inpatients were kept on a constant watch without sufficient efforts being made to achieve progress in their care.
- 3.32 The level of self-harm and the number of self-inflicted deaths were high. There had been about 700 ACCT documents opened in 2010, 120 in the first two months of 2011 and there were 60 documents open at the time of the inspection. Typically, there were about 32 incidents of self-harm each month and about 60 open ACCT documents at any given time. There had been 11 deaths in custody between January 2010 and the time of inspection; at least four of these had been self-inflicted.
- 3.33 Levels of inactivity among prisoners were high and there was insufficient engagement by staff (see section on staff–prisoner relationships). There appeared to be an over-reliance by staff on the safer custody team, particularly the suicide prevention coordinator, to identify potential prisoners at risk on the wings (see main recommendation HP56).
- 3.34 There were also concerns that the lack of a predictable regime, deficiency of association, failure of the personal officer scheme and distant staff–prisoner relationships were contributing factors to feelings of isolation and alienation that might have led to self-harming behaviour. In our survey, only 40% of prisoners (against the 54% comparator) said that staff had asked them if they felt depressed or suicidal during their first 24 hours at the establishment, and only 30%

(against the 46% comparator) said that support was available for people feeling depressed or suicidal during their initial days.

Applications and complaints

Expected outcomes:

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

- 3.35 **Managers should publish a workable applications process and ensure its consistent implementation, including the recording and tracking of responses. (3.112)**

Not achieved. Although there was a published policy and a series of instructions to staff about the management of prisoner applications, practice continued to vary across the residential units. On the whole, management of the system was inconsistent and its implementation across the prison was disorganised, with no way of checking the existence, nature or timeliness of responses (see main recommendation HP57).

- 3.36 **Substantive responses should be given to all complaints within three days, or 10 days in exceptional circumstances, with either a resolution or a full explanation of future action. (3.113)**

Achieved. Responses were usually given within three to 10 days. In more complex cases, the prisoner was generally kept informed about the progress of his case.

- 3.37 **All managers should be trained in how to provide appropriate replies to complaints. (3.114)**

Not achieved. Although we were told that managers had received training to provide appropriate responses to complaints, there was little to show that this was driving up the quality of replies (also see additional information and main recommendation HP57).

- 3.38 **Complaint forms, and information on the complaints process should be readily available in the main languages spoken by prisoners, and complaints should be accepted, where appropriate, in languages other than English. (3.115)**

Not achieved. Complaint forms were not readily available in languages other than English and there was no evidence that complaints were accepted in **languages other than English**. **We repeat the recommendation.**

- 3.39 **The race equality action team should initiate enquiry into the reasons for the ethnic imbalance in submission of complaints. (3.116)**

Not achieved. Enquiries had not been conducted to explore the reasons for this imbalance (see section race equality).

Additional information

- 3.40 The number of formal requests and complaints was very high, at over 6,000 in total for 2010. This included over 4,000 initial complaint forms, 1,200 complaints dealt with under confidential

access and about 500 appeals. Numbers were higher if the approximately 1,000 requests and complaints received by the Independent Monitoring board were included. There had been over 1,000 complaints in total in the first two months of 2011 (see main recommendation HP57).

- 3.41 Most complaints were about low-level domestic issues that should have been dealt with informally by residential officers on the wings. For example, there were many complaints about an inability to have simple applications answered or to get information about how to apply for work. The cursory tone of many replies from managers, particularly at senior officer level, expressed a fatigue caused by the large number of low-level requests, alongside a difficulty in dealing with frustrated and angry prisoners who felt unable to have reasonable concerns dealt with quickly (see main recommendation HP57).
- 3.42 Responses from senior governors were usually concise and dealt with the issue at hand. There was evidence that complaints about staff were taken seriously and fully investigated, particularly those dealt with by the governor and deputy governor. However, there were examples of replies from other governor grades that did not reflect a full investigation of the facts, particularly in more complicated cases. We also saw replies that promised a full investigation of a complaint but were not followed through (see main recommendation HP57).

Legal rights

Expected outcomes:

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

- 3.43 **Prisoners should be able to access all legal documents they require, regardless of electronic format. (3.127)**

Achieved. The legal aid officers and other members of the offender management unit (OMU) team provided information obtained from the internet for prisoners on request, to assist them in their cases. There was no restriction on the provision of documents, which were printed out in hard copy and given to prisoners.

- 3.44 **The block-booking and subsequent cancellation of legal visits should be monitored and addressed with legal visitors. (3.128)**

Not achieved. A record book of cancellations and failures to attend was maintained which clearly showed which legal visitors regularly cancelled their appointments but there was no collation of these data into statistics and no challenges were made to attempt to reduce the number of wasted sessions. During the inspection, there were, on average, 10 occasions daily where either a session was cancelled or a legal visitor failed to attend.

We repeat the recommendation.

Additional information

- 3.45 There was no coordinated strategy for the delivery of legal services, with a number of departments dealing independently with prisoners' differing and complex legal issues.
- 3.46 Three trained legal services officers were available to meet the role of one whole-time-equivalent legal services officer. We were told that they were sometimes redeployed at short notice, although work records were unavailable at the time of the inspection. The legal services

staff assisted prisoners with appeals, preparation for pending court cases and extradition paperwork.

- 3.47 Bail information was provided by the on-site probation team, who screened the daily reception list and identified any prisoners who might be eligible for bail or needing accommodation to be secured to meet the conditions of bail. Such prisoners were referred to St Giles Trust workers, who assisted them, where possible, in securing accommodation. Over the eight months before the inspection, an average of 31 prisoners had been released on bail following contact with the team.
- 3.48 At the time of the inspection, there were 162 licence recalls held at the establishment. A clerk in the prisoners management unit received a list from reception daily and requested recall packs for prisoners, to facilitate appeals for those subject to a standard recall who otherwise would remain in custody until their licence expiry date. Fixed term recalls were released after a 28-day period.
- 3.49 There were 12 'access to justice' laptops, which were issued to prisoners to assist them in conducting their legal cases. To obtain one, prisoners had to make an application to the legal services team, who would then refer them to the security department for a decision. Once issued, the prisoner could retain the laptop (subject to disclosure of passwords and random access by the security department) for around three months, with extensions allowed by request.

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.

- 3.50 All prisoners should have free access to religious services, without having to apply. (5.45)

Achieved. All new prisoners were interviewed by a member of the chaplaincy team, who recorded their religion and their choice regarding attendance at worship. The names of prisoners who indicated a wish to attend worship were put onto unlock lists for the relevant day of the week. Prisoners could apply to attend a service subsequently and, subject to chaplaincy approval, would be listed to be unlocked.

- 3.51 All Muslim prisoners should have the opportunity to wash before Friday prayers. (5.46)

Achieved. Muslim prisoners were able to shower on their wings in the morning before going to prayers, removing the need to use the inadequate washing facilities in the multi-faith area. Muslim wing representatives told us that arrangements were well organised and reliable.

Additional information

- 3.52 The full-time Anglican coordinating chaplain led a team of four full-time chaplains. At the time of the inspection, the Muslim chaplain was absent due to sickness and there was a vacancy for the Roman Catholic post, which had just been offered to a chaplain from a nearby establishment. Arrangements had been made to cover for these absences and the service had been delivered with the assistance of volunteers and sessional staff.

- 3.53 The duty chaplain ensured that all prisoners were seen on the day after arrival and visited the segregation unit and health care patients daily. In our survey, however, only 40% of prisoners said that they had seen a chaplain or religious leader in the first 24 hours at the establishment, which was worse than the 47% comparator and the figure at the time of the previous inspection (57%), which may have been explained by staff absence.
- 3.54 Christian services were held on Sundays for Catholic, Anglican and Free Church denominations, with community faith groups leading alternate Anglican services. On the Onslow unit, the Anglican and Free Church services were combined. Muslim prayers were held in the large mosque on Fridays and separate Shia Muslim prayers were held on Thursdays. All other faiths were provided with religious leaders on a sessional basis, including Sikh, Hindu, Buddhist, Jewish, Pagan and Jehovah's Witness.
- 3.55 There was a range of religious study classes for Muslims and Christians on both the Onslow and Heathfield units. These included Koranic study, the Alpha course, the Christianity Explored course, Bible study and a choir.
- 3.56 A full-time community chaplain provided links between prisoners and community faith groups, with the aim of continuing support on release. The project linked with Christian and Muslim groups through the Mosaic project. Prisoners who joined the group received support from a number of volunteers and made plans for undertaking rehabilitation work in the prison and for establishing themselves in the community on release. Weekly contact could be maintained both on an individual basis and through linking to a faith group.
- 3.57 The community chaplaincy was also active in the risk management of prisoners with a history of sexual offending who wished to link with a faith group, by sharing knowledge of the prisoners' risk and needs. Other services included leadership of the London Prisons Community Chaplaincy, linking sex offenders to Circles of Support projects and helping with prisoners' financial problems through Christians against Poverty.
- 3.58 The chaplaincy provided the Sycamore Tree victim awareness programme, which offered 80 places a year. This programme was due to be discontinued because the prison was to take prisoners serving shorter sentences.

Further recommendation

- 3.59 All prisoners should be seen by a representative of the chaplaincy team within 24 hours of arrival.

Substance use

Expected outcomes:

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

Clinical management

- 3.60 Prisoners should be informed about blood-borne viruses and offered vaccinations for hepatitis A and B. (3.142)

Not achieved. A blood-borne virus (BBV) service was not in place, although plans were being drawn up to institute a BBV health awareness and immunisation scheme.
We repeat the recommendation.

Drug testing

- 3.61 The establishment should ensure that the mandatory drug testing programme is adequately resourced to undertake the required level of weekend testing. (3.143)

Achieved. Inspection of mandatory drug testing (MDT) results showed that weekend targets were being met.

- 3.62 Mandatory drug testing should be appropriately staffed to ensure that all testing is carried out appropriately, within identified timescales and without gaps in provision. (3.144)

Achieved. MDT was being addressed as a priority, with appropriate staffing and within identified timescales, although a reduction in staff allocations to the drug strategy team was planned.

- 3.63 There should be a clear separation between voluntary drug testing and mandatory drug testing in terms of staffing and location. (3.145)

No longer relevant. Voluntary drug testing had been scrapped in October 2010. We were, however, assured that compact-based drug testing would be introduced to ensure the integrity of the abstinence-based Rehabilitation of Addicted Prisoners trust (RAPt) Bridge programme (due to start in April 2011).

- 3.64 Intelligence relating to the need for possible suspicion drug testing should be acted on quickly. (3.146)

Achieved. Security staff assessed drug-related security information reports and suspicion test requests were swiftly passed on to MDT testers. A total of 84 suspicion tests had been completed in the six months from August 2010 to January 2011.

Additional information

- 3.65 The integrated drug treatment system (IDTS) was operating, although first night prescribing of opiate substitutes was not provided. Prisoners presenting with such needs at reception were given symptomatic relief until the next morning. Changes in health care provision, a lack of availability of GPs and, more recently, a problem with the written protocols were cited as barriers to the introduction of the service.

- 3.66 A total of 139 prisoners were on methadone treatment, of whom 39 were stabilising, 31 were on reducing doses and 69 were receiving maintenance doses. A further 31 prisoners were receiving Subutex (buprenorphine) treatment, of whom three were stabilising, 18 were on

reducing doses and 10 were receiving maintenance doses. Treatment rooms were situated on D and E wings and on the Onslow unit.

- 3.67 The IDTS nursing staff team was not up to full strength. Difficulties with recruitment were cited as the main cause. One health care assistant and five band 5 nursing posts were still to be filled to make up the full complement.
- 3.68 On the stabilisation unit based on E wing, cell door drop-down hatches on the third landing had been sealed because of fears that staff might be hit by objects thrown at them or might otherwise be attacked by prisoners reaching through the hatch. Only small glass observation windows remained for observation, which was inadequate to maintain a safe standard of observation. There were an additional 12 cells on the second landing where sliding hatches were used. These had not been sealed, as they also had a glass slide to protect staff when the hatch was first opened. However, 12 usable adapted cells were not sufficient to cope with the throughput of prisoners, and this lack of an observation facility had implications for safety when prisoners were stabilising, and particularly for prisoners undergoing alcohol detoxification.
- 3.69 Prisoners known to have drug and alcohol problems were moved off the first night centre on their first night and others were moved before the end of their first five days of stabilisation. This presented serious safety implications, not only for alcoholics, but also potentially in relation to self-harm and suicide among opiate users, and even other non-substance misusing prisoners who may have been moved prematurely (see main recommendation HP52). These movements had occurred despite repeated written warnings and complaints from members of the health services team and the PCT.
- 3.70 While five- and 28-day substance misuse treatment reviews (held jointly with the counselling, assessment, referral, advice and throughcare (CARAT) team, IDTS staff and a GP) ran well, no jointly run 13-week reviews took place. A lack of GP availability was cited as the main problem.
- 3.71 There was concern among nursing staff that they frequently had to unlock prisoners in order to allow them access to clinical reviews. This was sometimes in the absence of wing officers or due to these officers being otherwise occupied.
- 3.72 In spite of plans to move all drug treatment to D wing in the near future, the treatment facilities on this wing had not been developed. This was in stark contrast to the good treatment facilities on E wing. It was evident that there had been insufficient consultation between senior managers and treatment staff over the development of treatment facilities, which had caused confusion among staff and considerable frustration among prisoners.
- 3.73 Medication was administered from D wing in the afternoons. The start of an afternoon session we observed was delayed by an hour because of a meeting involving IDTS nursing staff. Wing staff and prisoners alike were frustrated by this, as it disrupted subsequent activities. At this session, the presentation of photographic identification was not required and the medication sheets had no photographs to identify prisoners. However, names, prisoner numbers and dates of birth were requested. The discipline staff, while in attendance, appeared to be distracted and were not involved in any observation of prisoners or checking for diversion of medication. We also noted that the nurses did not check any prisoners' mouths following the administration of medication.
- 3.74 On E wing, which was the existing first night and stabilisation unit, the medication room was better equipped, with iris recognition, Methasoft (record-keeping software) and a methadone pump.

- 3.75 The random MDT positive rate quoted at the time of the inspection for the six months from August 2010 to January 2011 was relatively low, at 9.5%. Cannabis was the most frequently detected drug. Prisoners told us that some other illicit drugs were plentifully available, including mephedrone (Miaow-miaow), a stimulant cathinone derivative that would not be detected by MDT. Prisoners also said that many prescription drugs were regularly diverted (see also section on health services). In our survey, 26% said that it was easy or very easy to get illegal drugs in this prison, against a comparator of 31% and 19% at the time of the previous inspection, and 6%, against a comparator of 10%, said that they had developed a drug problem since they had been in the prison.
- 3.76 Amnesty boxes were located in reception and visits for prisoners and visitors to deposit telephones and drugs with no further consequences.
- 3.77 The MDT suite was located on K wing. It was reasonably clean, tidy and appropriately equipped. A frequent testing programme was in place but it was not often used as an adjudication device. The prison had three dog handlers, each with a passive and a proactive drugs dog.

Further recommendations

- 3.78 First night prescribing of opiate substitution medication should be introduced without further delay.
- 3.79 All cell door observation hatches should be made safe and usable on the stabilisation unit.
- 3.80 Thirteen-week clinical reviews, attended by all treatment providers, should be introduced as a matter of urgency.
- 3.81 Treatment facilities on D wing should be refurbished to provide an appropriate environment for the administration of controlled drugs.
- 3.82 During the administration of medication, steps should be taken to confirm the patient's identity using photographic identification.
- 3.83 Health services staff should be involved in the planning of all new and improved treatment facilities.
- 3.84 Medication administration procedures should be reviewed to ensure prisoner safety and to minimise the risk of diversion of medication.

Section 4: Diversity

Expected outcomes:

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

Diversity

- 4.1 The prison should have a policy covering diversity which meets the requirements of equality legislation and outlines how the needs of all minority groups will be met. (3.58)

Not achieved. The prison did not have an overarching diversity policy but there were separate policies and strategies covering race, disability and older prisoners. Diversity strands of religion, sexual orientation and transgender were not covered (see main recommendation HP58).

- 4.2 The disability liaison officer should be renamed the diversity liaison officer and the role widened to cover sexual orientation and transgender issues. (3.59)

Achieved. An officer had been given the title of diversity liaison officer within the diversity team. His remit had been extended to cover sexual orientation and transgender issues.

- 4.3 A multidisciplinary diversity management team, which is chaired by a governor and includes prisoner representatives, should meet monthly. (3.60)

Partially achieved. There was a quarterly diversity meeting, chaired by the governor, which considered staff and prisoner issues. There was wide representation from relevant prison departments but no prisoner representatives. The diversity officer in the diversity team did not attend and he had the impression that the meeting was mainly concerned with staff issues. Minutes from meetings showed that staff issues were predominant but important prisoner matters, including a report from the disability liaison officer, were also considered (see main recommendation HP58).

- 4.4 The job description for disability orderlies should be reviewed and clearly defined and any necessary training and support provided. (3.61)

Partially achieved. The role of disability orderly had been reviewed as part of a process of appointing equality orderlies to cover all diversity strands, and a clear job description was in place. These appointments had not been finalised and there was no clear training plan to ensure that they could meet all prisoners' needs.

Further recommendation

- 4.5 Equality orderlies should be appointed and provided with adequate training and support.

- 4.6 Managers should record and monitor minority groups in the prison to provide information about the impact of the prison regime on them and provide the basis for ensuring that their needs are met. (3.62)

Not achieved. Information which identified prisoners' diversity issues was not collected routinely, so it was not possible accurately to monitor the impact of the regime on different groups of prisoners (see main recommendation HP58).

4.7 The consultation process for older prisoners and those with disabilities operating on Onslow unit should be expanded to include all minority groups across the prison. (3.64)

Partially achieved. Consultation groups had been established for older prisoners and those with disabilities on the Heathfield unit and they met quarterly. There had also been consultation groups held for Muslim prisoners, black and minority ethnic prisoners and some foreign nationals. Not all groups were held regularly and, although a project addressing the issues of sexual orientation had started on the Onslow unit, it had not led to a consultation mechanism for gay prisoners across the establishment (see main recommendation HP58).

4.8 Staff should be trained in diversity awareness, including sexual orientation and transgender issues. (3.67)

Not achieved. There was limited staff training in diversity awareness. The diversity adviser provided a diversity briefing to new staff and 46 had received this training. A cultural awareness presentation had been delivered to 263 members of staff and 'Challenge it, Change it' training was provided. Besides this, there was no specific diversity or race equality training in respect of prisoners' needs.

We repeat the recommendation.

Additional information

4.9 A diversity adviser managed a team of three full-time senior officers with responsibility for race equality, older prisoners and those with disabilities, and foreign national prisoners, respectively. The team also had an officer with responsibility for assisting the race equality officer (REO) and developing other diversity strands.

4.10 A large amount of the team's time was taken up with moving and supervising prisoners attending the UK Border Agency (UKBA) surgeries, which restricted the time available for their duties and undermined their effectiveness (see main recommendation HP58).

Race equality

4.11 The race equality action team should take decisive action to bring indicators for black and minority ethnic prisoners consistently within the normal range of ethnic monitoring data reports. (3.80)

Not achieved. Ethnic monitoring data which indicated the representation of black and minority ethnic prisoners in aspects of the regime were presented to every meeting of the race equality action team (REAT). Areas of concern included the over-representation of black and minority ethnic prisoners in use of force and their under-representation on the enhanced level of the incentives and earned privileges (IEP) scheme (see sections on use of force and incentives and earned privileges). These had been recognised but action to analyse the reasons and to address the inequalities had not been taken. The governor had indicated in the functional heads meeting that he was aware of this problem and had stated that there was a need to 'take more decisive action to address the disproportionality' (see main recommendation HP58).

Managing racist incidents

- 4.12 **Staff should not submit racist incident report forms to report that a prisoner has accused them of racist behaviour and should engage with prisoners about why they have perceived their behaviour to be racist. (3.81)**

Partially achieved. Staff had been advised that racist incident report forms (RIRFs) should not be submitted when a prisoner accused them of racist behaviour and we did not uncover any such submissions in a sample of completed RIRFs from 2010. At the time of the previous inspection, a large number of RIRFs had been made by staff who had been accused of racism but the log for 2011 showed only two, both from the same officer, alleging accusations of racism against himself and against the prison. The diversity team planned to provide mediation between staff and prisoners when racism was alleged but this had not yet started (see further recommendation 4.27).

- 4.13 **Staff dealing with racist incident report forms should be trained in complaint investigation. (3.82)**

Not achieved. RIRFs were dealt with by the REO and the diversity officer. The REO had received training in her duties but not specific complaint investigation training. The diversity officer had not been trained in complaint investigation (see main recommendation HP58).

- 4.14 **Staff dealing with racist incident report forms should be given adequate time to investigate complaints thoroughly. (3.83)**

Not achieved. The REO told us that her time for investigating RIRFs was pressured and that she often could not complete her investigations within the required 28-day timescale. Of the 30 RIRFs opened in 2011 to date which should have been resolved at the time of the inspection, 26 were outstanding (see main recommendation HP58).

- 4.15 **Monitoring of racist incident report forms should consistently provide feedback on the quality of the response. (3.84)**

Not achieved. Monitoring of RIRFs was undertaken by a governor grade but since the previous inspection there had been a period when some RIRFs had not been monitored. In the RIRFs we examined, there was often no feedback on the quality of the response (see further recommendation 4.27).

Race equality duty

- 4.16 **There should be displays celebrating race diversity in public areas of the prison. (3.85)**

Not achieved. There were no displays in public areas of the prison celebrating racial diversity; any such displays were limited to administrative areas (see main recommendation HP58).

Additional information

- 4.17 The prison had a black and minority ethnic population of 720, representing 43% of the total population. In our survey, black and minority ethnic prisoners reported more negatively than white prisoners in areas such as safety, experience of disciplinary procedures and relationships with staff. Only 24% of black and minority ethnic prisoners, compared with 46% of

white prisoners, felt that they had been treated fairly in the IEP scheme; 12%, compared with 2% of white respondents, said that they had spent a night in segregation in the previous six months; and 44%, compared with 30% of white respondents, said that they had been victimised by staff.

- 4.18 The race equality action plan had been fully implemented but there was no record of the plan being monitored (see also paragraph MR10). It did not address the needs of Traveller and Gypsy prisoners, who represented 5% of the respondents in our survey, extrapolating to more than 80 prisoners.
- 4.19 Race equality was managed by the REAT, which met in full session with prisoner and community representatives bimonthly and a functional heads meeting was held in alternate months. Since the previous inspection, there had been a period where the REAT missed three meetings, and those held had been poorly attended. At this time, prisoner representatives had lost faith in the effectiveness of the group and had indicated that they no longer wished to attend. The governor had taken decisive action by resuming the chairing of the meeting and commissioning the Prison Reform Trust to review the membership and role of the group (see main recommendation HP58).
- 4.20 During the inspection, we met staff and prisoners who told us that they felt that some staff and managers did not appreciate the importance of race equality. Our survey indicated that prisoners from a black and minority ethnic background were less likely to have a member of staff they could turn to if they had a problem (52% compared with 62% of white respondents) and fewer than their white counterparts said that they were treated with respect by most staff (44% compared with 65%). This represented a deterioration since the time of the previous inspection. However, this was mitigated by the reporting of racist incidents by officers, and we found some good awareness and lack of tolerance of racist attitudes among prisoners.
- 4.21 A high number of RIRFs (264) had been submitted in 2010 but this was a large reduction from the 592 reported for 2008 at the time of the previous inspection. The responses to RIRFs we examined were generally satisfactory and the REO interviewed all parties in order to come to her conclusion. She was supported in the investigations by the diversity officer (see main recommendation HP58). A sample of 5% of RIRFs were audited by a representative from the Southside Project, a community race equality organisation. His reports indicated that the quality of responses was satisfactory but too many were delayed and that there was often no indication of whether the complainant was satisfied with the response.
- 4.22 Equality impact assessments had been started, covering IEP, access to religion, self-harm, use of force and catering. These had been reviewed by the prison diversity consultant and returned for revision to the relevant departments.
- 4.23 Prisoners with racist attitudes and histories were identified and recorded during reception. This was reported to the security department and logged on the P-Nomis records and in cell sharing risk assessments.
- 4.24 Wing race representatives met the REO irregularly and some attended the REAT meeting.
- 4.25 Events to celebrate racial diversity were limited and did not involve prisoners. For Black History Month, there had been a staff tour of sites in the area associated with notable black people and food from different cultures had been served in the staff canteen (see main recommendation HP58).

Further recommendations

- 4.26 The race equality action plan should address the needs of Traveller and Gypsy prisoners.
- 4.27 All staff should be aware of how to use racist incident forms appropriately and quality control of investigations should include external scrutiny, complainant feedback and monitoring by managers.

Religion

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

Additional information

- 4.28 The prison held prisoners with a diverse range of religious affiliations. The majority (972) identified themselves as of a Christian denomination and a large minority (311) declared themselves as Muslim.
- 4.29 There were no displays in public areas of the prison which celebrated religious diversity (see main recommendation HP58).
- 4.30 The chaplaincy provided faith leaders for all faiths represented at the prison (see section on faith and religious activity) and in our survey 56% of prisoners said that they felt their religious beliefs were respected.
- 4.31 In our survey, there were indications of religious tensions in the establishment, and 4% (against a comparator of 2%) said that they had been victimised by another prisoner because of their religious beliefs. The same proportion reported victimisation by staff because of their religious beliefs, against a comparator of 3%. Analysis of the responses from Muslim prisoners showed that their perceptions were overwhelmingly negative compared with those of non-Muslim prisoners, especially regarding areas of respect and safety. Prisoners we spoke to felt that they were unfairly perceived as threats when associating together and were generally regarded with suspicion by some staff, who had not been trained in religious diversity ((see main recommendation HP58 and recommendation 4.8). The prison was aware of these negative perceptions and had initiated contact with a Muslim community group in order to run consultation exercises with Muslim prisoners but funding had not been made available to complete the exercise (see main recommendation HP58).
- 4.32 The chaplaincy had appointed a team of Muslim prisoner orderlies, who ensured that those wishing to attend prayers were unlocked, able to prepare and had the appropriate artefacts.

Foreign nationals

- 4.33 **The foreign nationals coordinator should undertake formal training in the task. (3.98)**

Not achieved. The foreign nationals coordinator had been in post for six months and had received no formal training. She told us that her immediate need was to have an understanding of UKBA practice but she had not had a briefing from them. Although she was a senior officer with 13 years' experience, she felt she would benefit from formal training in this specialist role and was reliant for help and advice on colleagues from other London prisons holding foreign national prisoners (see main recommendation HP58).

4.34 Data concerning the impact of the prison regime on foreign national prisoners should be monitored and used to improve outcomes for them. (3.99)

Not achieved. The foreign nationals coordinator told us that she was not able to monitor the impact of the regime on foreign national prisoners because data on their representation in different aspects of the regime were not collected. However, some such data had been presented to the foreign nationals committee in September 2010 but no conclusive action had been taken as a result (see main recommendation HP58).

4.35 Free five-minute international telephone calls should be available to all foreign national prisoners within five days of arrival, without the need for an application. (3.100)

Achieved. All foreign national prisoners were identified on reception and provided with a telephone card which facilitated a five-minute telephone call to anywhere in the world. Prisoners with families abroad who did not receive visits were provided with a five-minute call every month but those who received visits had to forgo this privilege. This disadvantaged those with family abroad and friends or family in the country who visited them.

Further recommendation

4.36 All prisoners with close family abroad who are unable to visit should be provided with a free five-minute telephone call every month.

4.37 Every foreign national prisoner without a good command of English should be provided with interpretation services on induction and with written information in his own language about the services available. (3.101)

Not achieved. There was limited availability of information on induction for prisoners in their own language. The computerised programme which provided much of the basic induction information was available in some languages but not in some of those most in demand, such as Polish. There was a range of printed information in foreign languages for new prisoners but some Romanian prisoners in our groups told us that their language was not covered (see recommendation 1.30).

4.38 Professional interpreting services, rather than other prisoners, should be used for all formal procedures with prisoners who do not have a good understanding of English. (3.102)

Partially achieved. There was fairly extensive use of professional interpreting services, with 127 uses of one such service in the previous three months. There was a comprehensive list of prisoners, and a more limited list of staff, who were willing to interpret a range of languages. Prisoners who provided such assistance told us that staff did not use them for confidential matters. However, there were still occasions when prisoners were used inappropriately, such as in adjudications.

We repeat the recommendation.

4.39 Prisoners should be informed of the intention to deport them at least three months before the end of their sentence. (3.103)

Not achieved. There were 26 prisoners whose sentence was due to finish within three months of the inspection. Of these, 14 had been served with notice of intention to deport. For the remainder, a decision had not been made or served and in some cases they had not been

interviewed to establish their nationality.

We repeat the recommendation.

4.40 Prisoners beyond the end of their sentence should not be retained at the prison. (3.104)

Not achieved. At the time of the inspection, there were 55 prisoners being held beyond the end of their sentence, known as sole detainees. One had been detained since his sentence had ended in December 2007, a period in excess of three years. Sole detainees were refused by immigration removal centres (IRCs) if they had been imprisoned for serious sexual and violent crimes and/or their prison behaviour had been disruptive. This put some prisoners we met in a difficult situation; those who refused to cooperate with the prison regime, being past their release date, were identified as unsuitable for an IRC because of their uncooperative behaviour. We were also told about examples uncovered by the independent advice service of inaccurate information about a detainee's criminal history, leading to the continued imprisonment of sole detainees (see main recommendation HP59).

Additional information

- 4.41 There were 578 foreign national prisoners held in the establishment at the time of the inspection, representing 30% of those prisoners whose nationality was recorded. Information from our survey, from prisoner groups and from individual prisoners indicated that outcomes for many of them were poor, especially if they did not have a good command of English.
- 4.42 Such prisoners' understanding of prison processes and rules was often incomplete. One commented to researchers, 'I was given no information where I was, why and for how long. I wasn't informed how to use the telephone or canteen. I was given no information about visits or how my bed sheets could be changed'. More foreign national than British respondents to our survey reported negatively about safety (30% currently felt unsafe, compared with 21% of British prisoners), use of force (14% said that they had been restrained, compared with 7% of British prisoners) and IEP (26% said that they had been treated fairly, compared with 40% of British prisoners).
- 4.43 There was a full-time foreign nationals coordinator, whose shift pattern meant she was not at the prison during some core hours but worked at weekends, when she was often cross-deployed. Her links with UKBA were not sufficiently developed, so she was not informed when prisoners were being removed or repatriated and could not develop systems for ensuring that they had been adequately informed of what was going to happen to them and given the opportunity to inform family and friends (see main recommendation HP59).
- 4.44 The quarterly foreign nationals committee had not met since September 2010 and the next meeting was scheduled for March 2011. The committee included representation from an appropriate range of prison departments, UKBA, the Detention Advice Service (DAS) and prisoners. There was no foreign nationals action plan to develop services or to deal with problems. There had been two consultation groups held with Polish and Romanian prisoners but these had not been repeated or extended to other nationalities (see main recommendation HP59).
- 4.45 Wing foreign national orderlies had been appointed, with a responsibility to meet new foreign national prisoners on arrival and address their needs. This system did not appear to be consistently effective for prisoners who did not speak English, unless the orderly spoke their language.

- 4.46 UKBA staff were located on site and were required to interview all new arrivals within five days, to establish their nationality. In practice, this was not happening and we found prisoners due for release who had not been interviewed.
- 4.47 UKBA staff attended the offender management unit twice weekly to hold surgeries for foreign national prisoners, and also held weekly surgeries on every residential wing. Prisoners could apply to attend the surgeries and UKBA staff used them as an opportunity to serve documents and update prisoners on the progress of their cases. Regular updates were provided for prisoners but these were in English, so some had difficulty in understanding them.
- 4.48 The prison had an arrangement with the DAS for one of their staff to visit the establishment every fortnight. This was a valuable service. She was able to help foreign national prisoners get legal representation and to apply for immigration bail, as well as provide advice and guidance.

Further recommendations

- 4.49 Foreign national prisoners' understanding of prison processes and their ability to access services should be verified with them regularly.
- 4.50 The foreign nationals coordinator should be kept informed of removals and repatriation of prisoners and check that they have been adequately prepared.
- 4.51 All prisoners of potential interest to the UK Border Agency should be interviewed within the first week of their arrival at the establishment, to identify their nationality.
- 4.52 Progress reports should be provided in prisoners' own language to those who do not have a good understanding of written English.

Disability and older prisoners

- 4.53 **Older prisoners and those with disabilities should be able to shower daily. (3.63)**

Not achieved. We found prisoners with mobility difficulties located on residential landings which did not allow them access to showers. One prisoner had been remanded at the prison for more than three months and told us he had not had a shower in that time (see further recommendation 2.13).
- 4.54 **There should be a system for identifying the cells of prisoners requiring assistance with evacuation on Heathfield unit. (3.65)**

Not achieved. Evacuation plans for prisoners were not readily available on residential units, although we were told that they had been prepared. The disability liaison officer (DLO) had devised a system of symbols to be attached to the doors of prisoners who required assistance, indicating the nature of their difficulty. We found that the symbols had been applied to some cells on the Onslow unit but they were not accurate and were absent on Heathfield residential wings.
We repeat the recommendation.
- 4.55 **There should be a day room for older prisoners and those with disabilities on Heathfield unit. (3.66)**

Not achieved. There was no day room facility on the Heathfield unit. Plans had been formulated to provide a facility on C wing but funding had not been secured. We were told by the prisoner orderly responsible that the day room on the Onslow unit had been out of use for some time and that he had not been unlocked to prepare the room for daily use. Managers told us that this failure to unlock had not been authorised and during the inspection ensured that this prisoner was unlocked and that the day room was available (see further recommendation 4.65).

Further recommendation

4.56 The day unit on Onslow unit should be available daily.

Additional information

- 4.57** The recently appointed DLO had not received specific training for the post. The post was full time but he was required to provide support for the UKBA surgeries at least half a day a week (see main recommendation HP58). He logged all prisoners declaring a disability but did not maintain an up-to-date list, so could not provide a reliable estimate of the number held at the time of the inspection.
- 4.58** In our survey, 22% of respondents considered themselves to have a disability, which extrapolated to 368 prisoners. The prison defined older prisoners as over 50 years of age, and at the time of the inspection 232 prisoners fell into this category, with the oldest being 85.
- 4.59** The prison had had a disability discrimination policy in place since August 2010 and an older prisoners strategy. The DLO provided a report to the diversity committee which alerted prison departments to specific issues concerning older prisoners and those with disabilities.
- 4.60** Older prisoners and those with disabilities did not all have care plans, although a pilot had started on Onslow unit to develop care plans in conjunction with the health care department. There were also no plans addressing prisoners' ability to access facilities and services, which meant that their needs were not being met. There were disability orderlies, soon to become equality orderlies, on residential units but, without comprehensive care plans, they could not meet all the needs of older prisoners and those with disabilities, even though their job descriptions authorised them to do so. Most prisoners with mobility problems that we met had a limited number of their needs met by orderlies, such as bringing their meals from the servery and providing kit changes.
- 4.61** Some prisoners with disabilities on the Heathfield unit had difficulty accessing showers, exercise and visits. Facilities were limited to a wheelchair access cell on E wing and ramp access to exercise on C and D wings. Plans to develop a specialist unit on C wing had been delayed by funding difficulties. Onslow unit had a more comprehensive range of specialist facilities, including wheelchair-accessible accommodation and adapted showers.
- 4.62** Retired prisoners and those with disabilities were paid £6.50 a week but had 50 pence a week deducted to pay for their television. They were not routinely unlocked during the day and complained to us about the amount of time locked in their cells (see also MR6).

Further recommendations

- 4.63 An accurate record should be maintained of all prisoners who declare a disability, and the nature of their needs.
- 4.64 There should be care plans for all older prisoners and those with disabilities who require them and these should be reviewed regularly.
- 4.65 There should be sufficient accommodation and facilities provided to meet the needs of older prisoners and those with disabilities on the Heathfield unit.
- 4.66 Prisoners beyond retirement age should not be required to pay for their television.
- 4.67 Retired prisoners and those with disabilities who are unable to work should be unlocked during the day.

Gender and sexual orientation

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

Additional information

- 4.68 In our survey, 5% of respondents identified themselves as gay or bisexual, which was higher than the local prison comparator of 3% and extrapolated to a population of more than 80 prisoners (see main recommendation HP58).
- 4.69 There were no displays in public areas of the prison which celebrated diversity of sexual orientation of prisoners but there were displays in the gate lodge and administrative areas aimed at staff.
- 4.70 The diversity officer had been assigned responsibility for developing services for gay, bisexual and transgender prisoners but had not made much progress.
- 4.71 A community group had started a project on the Onslow unit called Art Angel, which explored issues of sexual identity with prisoners. The project had been considered on the Heathfield unit but the diversity adviser had suspended it because of concerns for the safety of prisoners attending, who would be identified to other prisoners. Outcomes from the Onslow project had not been evaluated or incorporated into a diversity policy (see main recommendation HP58).

Section 5: Health services

Expected outcomes:

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

General

- 5.1 Managers should monitor the relationships between healthcare staff and prisoners and take any necessary action. (4.64)

Partially achieved. Managers had made some effort to monitor relationships and some conditioning training had been made available to staff to help them to identify and modify behaviour where required. We were told by some prisoners of negative and rude behaviour by some staff, and the routines for primary health care delivery and medicine administration did not allow for sufficient time for prisoners with additional health care needs.

Further recommendation

- 5.2 The planned reorganisation for primary care delivery should be completed as soon as possible. Health services staff and prisoners should then be surveyed and monitored to ascertain any service improvement and implement further changes if required.

- 5.3 Work should be undertaken to integrate effectively the different groups of health services staff at Wandsworth. (4.65)

Partially achieved. A number of changes to the contracting arrangements had taken place. Most of the health care provision was now provided under one contract and this had helped to integrate the various groups, predominantly at the strategic level. Restructuring of the way that primary care was to be delivered had started and this would add further to the effective integration.

Further recommendation

- 5.4 Implementation of planned work to reorganise health care delivery and create new primary care facilities should proceed before further assessment of communication across the health departments.

Additional information

- 5.5 The provision of health care services had been subject to a number of changes, with a change of provider and subsequent merger of Trusts. Wandsworth Primary Care Trust (PCT) continued to commission services, and all primary care services except dentistry were provided by St George's Healthcare NHS Trust. Secondary mental health services were provided by South West London and St George's Mental Health NHS Trust.

- 5.6 More prisoners in our survey than at similar prisons and than at the time of the previous inspection were critical about access to and communication with health services staff. They were more complimentary about the quality of the health care delivered. The most recent review of prisoners' health needs had been carried out in 2008.

Further recommendation

- 5.7 Wandsworth Primary Care Trust should commission a health needs assessment to identify the health care requirements at the prison, and this should be reviewed annually.

Clinical governance

- 5.8 Existing staff vacancies should be filled. (4.51)

Not achieved. There continued to be a large number of vacancies, with up to a third of the nursing and health services support posts unfilled. Work was supported by the use of agency and bank staff, and recruitment remained difficult.

We repeat the recommendation.

- 5.9 Prisoners should have access to a confidential healthcare complaints system. (4.56)

Achieved. The complaint system had been changed to incorporate the patient advisory and liaison service, which offered a comprehensive and confidential system for patients. In addition to working through some of the complaints on the general prison system, the new system addressed complaints in a timely and sensitive manner.

- 5.10 Information-sharing protocols should be in place and staff should be aware of them. (4.57)

Achieved. Information-sharing protocols were available and most staff were aware of the process. Consent was obtained from patients when required and with particular reference to occasions when information was required by other agencies and departments.

Additional information

- 5.11 Clinical governance arrangements were well established and the commissioners continued to base a senior member of staff on site at the prison. This role had clearly been beneficial during the disruption caused by changing contractual arrangements. There was good representation by the prison on the partnership board and a clinical governance meeting took place monthly, informing the health care development and action plans. Recent minutes had noted a lack of attendance by primary care staff. A consultation process for the reorganisation of the senior nurse management had recently been completed and had set the foundation for more efficient communication across the departments.
- 5.12 A senior member of the nursing staff managed all the training requirements for health services staff effectively. All staff were in date for mandatory training and there had been a large investment in the development of staff over the 12 months before the inspection. The results of this training were yet to be seen in the enhancement of services.
- 5.13 Clinical records were maintained using SystemOne, which was used across all departments and was creating a useful database to help and inform the development of future service provision.

- 5.14 Resuscitation equipment was available in one main treatment room on each of the Heathfield and Onslow units and in the health centre. This included access to automated external defibrillators but only by health services staff. Records were maintained for checking resuscitation bags but we found no record of daily defibrillator checks on one of the wings.
- 5.15 Prisoners did not have access to a health care forum.

Further recommendations

- 5.16 The primary care team should ensure regular representation on the clinical governance meeting.
- 5.17 Additional automated external defibrillators should be available to discipline staff.
- 5.18 Prisoners should have access to a dedicated health care forum.

Housekeeping point

- 5.19 A record of checks of automated external defibrillators should be made daily.

Primary care

- 5.20 Prisoners should have access to life-long condition clinics. (4.52)

Not achieved. Prisoners did not have access to the range of lifelong clinics that were available in the community. A limited range of clinics were provided by visiting specialists but this met neither the demand nor range of services required.

We repeat the recommendation.

- 5.21 Immunisation programmes should be reintroduced as soon as staff have been appropriately trained. (4.53)

Not achieved. No immunisation programmes had been introduced but staff were being trained at the time of the inspection, in order to develop and deliver a future service. Prisoners who arrived while undergoing a course of treatment were able to complete the course when required but no new courses of immunisation were started.

We repeat the recommendation.

- 5.22 An effective auditable system should be in place for GP appointments and should be consistently applied. (4.54)

Partially achieved. The electronic record system SystmOne had been introduced over the 12 months before the inspection and this had enabled a more effective audit to be performed on a variety of services, including GP appointments. However, the system for GP appointments was not applied consistently and it was not having a beneficial effect on the management of appointments for prisoners.

Further recommendation

5.23 A record of the failings of the GP appointment system should be made and evidence of data inconsistencies used to address the problems with the appointment system.

5.24 Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners. (4.55)

Not achieved. Health services staff had no access to triage algorithms in any of the areas in which treatment was performed. Patients were not ensured consistency of advice or treatment and this was exacerbated by the perpetual flow of agency and bank staff, who may have been less familiar with the patients under their care.

We repeat the recommendation.

5.25 There should be sufficient primary mental health staff to meet prisoners' needs. (4.59)

Partially achieved. There were four primary care mental health staff and this was considered sufficient to meet the needs of the prison population. However, at the time of the inspection, because of staff sickness and absence, the remaining primary mental health staff were overloaded.

Further recommendation

5.26 The future plans to integrate all mental health service provision should be implemented as soon as possible. Sufficient cover should be provided to meet unforeseen demands on the mental health team.

5.27 Nurses should take an active role in the delivery of smoking cessation clinics. (4.61)

Achieved. The management and delivery of smoking cessation clinics had been transferred to the health promotion team, with nurses and health care assistants actively involved in the clinics. There was a high rate of attendance by prisoners and a good success rate. Additional clinics on a rolling programme, rather than consecutive, were planned.

Additional information

5.28 Primary care services were available to prisoners on each wing and in the health centre. The services on the wings were hampered by the volume of patients receiving medication and the lack of additional clinics in which patients' needs could be considered. A new walk-in centre had been created on the Heathfield unit and was due to open soon after the inspection. This would combine the work of the treatment rooms and offer nurse-led clinics. Prisoners requiring health services generally used the application process and all were allocated to a GP clinic, for which there was a long waiting time of up to three weeks for a routine appointment. Patients were not triaged and there were few nurse-led or specialist clinics where care and treatment could have avoided the need for a patient to wait to see the GP.

5.29 One GP was employed full time by the Trust and there were another three locum GPs working a rota of clinics throughout the week. Each wing had up to two clinics per week and a clinic was provided in reception up to 10pm each day. The out-of-hours cover for GPs was provided by the same service as that for the local community.

- 5.30 A health care room was provided in reception for the initial screening of new prisoners. The room was equipped appropriately and provided a satisfactory environment for the initial health care screen to be carried out. All prisoners received an effective initial screen and all were seen the following day for secondary screening, with an opportunity to see the GP. A new facility in the health centre had been refurbished and was due to be opened following the re-profiling of discipline staff. Prisoners were not provided with any written information about the health services available and there was no involvement of health services staff in the induction process.
- 5.31 One of the senior nurses had recently taken the lead for health promotion. Prisoners were not provided with any health promotion literature. There were no health care noticeboards in the prison, including in waiting areas in the health centre. We were told that events were managed to follow national campaign days, and there were some good links with gym staff. Sexual health advice was provided by visiting specialists and condoms were available from the health centre on request.

Further recommendations

- 5.32 Information about the health services and how to access them should be provided to all prisoners. Written information should be available in a range of languages and health services staff should contribute to the induction process.
- 5.33 Health promotion literature in a range of languages should be widely available to prisoners.

Pharmacy

- 5.34 **The practice of secondary dispensing should stop. All health services staff who administer medications should adhere to Nursing and Midwifery Council guidelines for the safe administration of medications at all times. (4.62)**

Achieved. No secondary dispensing was evident at the time of the inspection and all staff adhered to Nursing and Midwifery Council guidelines for the safe administration of medications.

- 5.35 **Prescribing should be evidence-based, and the medicines and therapeutics committee should review all medicines management policies and procedures. (4.63)**

Partially achieved. A prescribing formulary was available, and when products were prescribed outside of this, written justification was provided by the GP. There was some inappropriate prescribing of drugs liable to abuse. There were medicines management policies and procedures available, although these were not always adhered to.

Further recommendations

- 5.36 Use of drugs that are liable to abuse should be audited, to demonstrate that prescribing is evidence based.
- 5.37 All appropriate staff should adhere to the medicines management policies and procedures, and provide signatory evidence that adopted procedures have been read.

Additional information

- 5.38 Pharmacy services were provided by an in-house pharmacy and the staff levels were appropriate. The pharmacy was secure and generally kept tidy but had insufficient bench space for the volume and flow of work. Some of the treatment rooms, located on the wings, were less well kept and some were in need of refurbishment. A single centralised treatment room was under development and the intention was to administer most medications from this location in the future. The delivery of care was in the interests of the patients. Pharmacy-related incidents were routinely recorded and were available for review by the pharmacist. Pharmacy staff were not involved in the administration of medicines and there was no provision whereby patients could request to consult a pharmacist.
- 5.39 Medication was administered by nursing staff via hatches from the treatment rooms on the wings. The temperatures of refrigerators were recorded daily and there was evidence that heat-sensitive products had been stored in appropriate conditions. The out-of-hours cupboard had been relocated to E2 since the previous inspection and this had allowed improved access for nursing staff. The administration charts showed that night-time medication was often administered during the late afternoon administration time. Integrated drug treatment system (IDTS) medication was mostly issued from two main locations. One used an automated pump but the other, from where most patients (in excess of 100) received their medication, was reliant on staff measuring methadone using a syringe; this resulted in a chaotic and long administration process. Consideration was not always given to confidentiality at administration times. Prisoners were not always required to produce identification when collecting medicines and charts did not include photographs; staff relied on patients giving their date of birth and prisoner number (see section on substance use).
- 5.40 Medication was supplied as either supervised or given for seven, 14 or 28 days in possession. In-possession risk assessments were carried out and these were scanned onto SystmOne. The prescriptions and medication labels clearly indicated whether or not medication was to be held in possession. Patients signed a compact, although they had no facility to store their medication securely in their cells. Administration charts were not always correctly completed, and failures to attend were not always followed up. There were indications that compliance was poorly monitored and that medication was re-prescribed without adequate review.
- 5.41 There was a limited list of medications available to supply on special sick, such as basic analgesia and indigestion remedies. All oral special sick medication was supplied as administered doses and there was a system to record these on HR013 charts. Some basic over-the-counter remedies were available from the prison shop. The only patient group direction available was for the administration of hepatitis B vaccination, and this was underutilised.
- 5.42 Patient information leaflets were supplied with in-possession medication but there did not appear to be any facility for patients on supervised medication to access this information. Prescribing was generally appropriate to the population, although concerns were raised by the pharmacist with regard to the prescribing of drugs liable to abuse, including codeine phosphate, zopiclone, mirtazapine and gabapentin, which were sometimes allowed in possession. There was appropriate provision of medication for patients being discharged or transferred when enough notice was given. Methadone was routinely given before discharge and arrangements made for its continuation on release.
- 5.43 A medicines and therapeutics committee met monthly and was attended by the principal pharmacist and representatives from the NHS Trust. The pharmacy operated a patient

medication recording system, although full records could not be maintained on the pharmacy computer, as some patients were supplied directly from stock. Stock was supplied to the wings against an agreed stock list but there was no facility to audit stock usage effectively. Controlled drugs were obtained via signed order using a duplicate book. Records were maintained using a combination of paper and electronic controlled drug registers.

Further recommendations

- 5.44 The involvement of a pharmacist and/or pharmacy technicians in the provision of the pharmacy service should be encouraged to provide counselling sessions, clinics and medication review.
- 5.45 Patient confidentiality should be respected at medication administration times.
- 5.46 Patients should be provided with a facility to store their medication securely.
- 5.47 Care should be taken to make full and complete records of administration of medicines, including special sick. Compliance should be monitored where appropriate.
- 5.48 Patient group directions should be introduced to allow the supply of more potent medicines by nursing staff where appropriate.

Housekeeping point

- 5.49 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request.

Dentistry

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

Additional information

- 5.50 Dental care was provided by 'Tooth and Mouth Limited' and commissioned by Wandsworth PCT. Four dentists were available, attending for a total of six sessions a week, together with a dental surgery assistant who managed the appointments and waiting lists. About six patients were seen at each session. Annual leave was covered by the pool of four dentists and out-of-hours and emergency cover protocols were appropriate and in place.
- 5.51 The dental facilities comprised one fairly large, clean, well-equipped surgery, with sterilising equipment in the same room. The dental equipment was well maintained and in good operational order. The layout of the surgery had been recently upgraded, to work toward compliance with decontamination requirements. A formal surgery inspection had not been carried out on behalf of the PCT within the previous two years.
- 5.52 The waiting list included 206 patients, with the longest waiting time being five weeks. Triage was carried out by a self-assessment process. Patients noted as urgent following application and the self-assessment triage were normally seen within a week. There were few failures to attend appointments. The standard of treatment, discussion and planning we observed was good and included clear advice on oral hygiene and smoking cessation. Patients were treated with care and courtesy. Oral health education was provided at the chair side and oral health promotion literature was available.

Further recommendations:

- 5.53 A formal inspection of the new surgery facility should be carried out.
- 5.54 Triage algorithms should be used by dental staff to ensure consistency of treatment and assist in the prioritising of patients.

Inpatient care

- 5.55 **Sufficient and appropriate staff should be provided so that the Jones unit can be reopened to hold prisoners with physical health needs. (4.50)**

Achieved. The Jones unit had opened shortly after the previous inspection. Admission to this unit was based on clinical assessment, with the agreement of two clinicians. The unit was fully staffed for 24-hour care of prisoners with physical health needs, under the leadership of a band 6 senior nurse (see additional information).

Additional information

- 5.56 Inpatient care was provided by two separate units: the Addison unit was available for the care of patients with mental health problems and the Jones unit for those suffering a physical illness. The units were on the ground floor and separated by a corridor. They were staffed independently.
- 5.57 The Addison unit was untidy and in a poor state of decoration but provided a good level of care. It was well staffed with registered mental health nurses, recovery workers and discipline staff. The regime there was more relaxed than in the rest of the prison and there were good facilities for association and communal dining. There were 12 single cells (six of which were safer cells), and all beds were on the list of certified normal accommodation. All cells were occupied and all patients were on open assessment, care in custody and teamwork (ACCT) documents. Two of the patients were on a three-man unlock during the inspection. In addition to ongoing care, patients were all seen at a weekly ward round attended by a multidisciplinary team, including mental health staff, officers and a community psychiatric nurse from the in-reach team. Clinical governance arrangements had also been made to allow some officers to have access to clinical records.
- 5.58 The Jones unit was a six-bedded unit, with patients in single cells. The standard of the facility was excellent, with all cells being well equipped for the management and care of physically ill patients. All cells were bright and well decorated and had hospital-style beds. Two of the cells were designed to accommodate patients with communicable diseases. Washing facilities were adapted for patients with disabilities. The unit was full at the time of the inspection. None of the beds were on the list of certified normal accommodation.
- 5.59 Both units were overseen by a modern matron. The units were about to receive an infection control inspection and work had been planned to refurbish the Addison unit. Mental health awareness, personality disorder training and risk assessment training were provided for all inpatient staff. Mental health patients were usually discharged to secure mental health units and 10 of the patients on the unit at the time of the inspection were waiting for a transfer.

Further recommendation

- 5.60 All inpatient beds should be removed from the prison list of certified normal accommodation.

Secondary care

- 5.61 External healthcare appointments should only be cancelled in exceptional circumstances, and such decisions should only be made by senior clinical staff. (4.58)

Achieved. A robust system for the management of external health care appointments had been created since the previous inspection. Four administrators worked together and there were few cancellations of appointments, with 20 opportunities being available each week. Decisions and prioritising of patients were all made by clinical staff.

Mental health

- 5.62 Day care services should be provided for patients having difficulties coping on the wings. (4.60)

Not achieved. Although some patients could attend daytime courses, there was no access to day care services for patients having difficulties coping on the wings.

We repeat the recommendation.

Additional information

- 5.63 Prisoners had good access to a well-resourced secondary mental health in-reach team, overseen by a modern matron and including three senior mental health nurses and three dual diagnosis nurses. An additional senior nurse was responsible for the management of patients being transferred to secure mental health units. Two full-time psychiatrists provided sessions throughout the week.
- 5.64 There was an open referral system, with a weekly referral meeting. Patients were prioritised and seen as emergencies within 24 hours or routinely within one week. They had access to a wing community psychiatric nurse and the team had developed a good relationship with services in the community. Transfers to secure mental health units were not unduly delayed and there had been 33 transfers completed in the six months before the inspection, with a maximum time of eight weeks from referral to transfer. Prisoners had access to some crisis counselling but these services had been reduced. Mental health awareness training was provided for all discipline staff and this included some Mental Health Capacity Act training, which was also made available to governor grades.

Section 6: Activities

Time out of cell

Expected outcomes:

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

- 6.1 A system for ensuring fair access to association should be devised and records kept of cancellations, stating who has cancelled it, why and which prisoners this has affected. (5.56)

Not achieved. Association was cancelled regularly because of staff shortages. The system in use did not ensure fair access to association. There was a pre-planned rota to shut down wings in the event of staff shortages. This rota identified the same wings each day (for example, this would always involve C wing on Mondays, the whole of Onslow unit (three wings) on Tuesdays, A and D wings on Wednesdays and B wing on Thursdays). The staff resource office maintained a diary, in which the planned shutdowns were recorded. Analysis of this diary for the previous six months showed that on most occasions the identified wing had been locked up for the evening. There was no central record of short-notice shutdowns following incidents or redeployment of staff (see main recommendation HP60)..

- 6.2 Association should not coincide with corporate worship. (5.57)

Not achieved. The domestic period on Sundays clashed with both Anglican and Catholic worship, leaving prisoners with the choice of contacting families, cleaning cells, showering or going to church. There was no flexibility in timings, to allow prisoners the opportunity to worship without having to spend the rest of the day locked up.
We repeat the recommendation.

- 6.3 Association should conclude at the advertised time. (5.58)

Not achieved. Although the advertised time for the end of association on weekday evenings was 8.15pm, we saw association ending at 7.45pm on two consecutive evenings (see main recommendation HP60).

- 6.4 The activities available for those on association should be expanded. (5.59)

Not achieved. The facilities for prisoners on association remained minimal, with only a few table tennis and pool tables available on some wings and nothing at all to do on others, notably D and E wings. Access to evening gym sessions was extremely limited and was often cancelled because of PE staff being cross-deployed to wings to cover staff shortages.
We repeat the recommendation.

- 6.5 Time in the fresh air should be offered, even during inclement weather. (5.60)

Not achieved. Exercise was regularly cancelled if it was raining and there was no wet weather clothing available for general issue (see main recommendation HP60).

Housekeeping point

6.6 Wet weather clothing should be available for issue.

6.7 Note should be taken of prisoners who do not participate in association, and this should be monitored for potential information about vulnerability. (5.61)

Not achieved. There was no record maintained of prisoners who did not participate in association.

We repeat the recommendation.

Additional information

6.8 Prisoners in our groups, in our survey and during many conversations on the wings reported negatively about their time unlocked. The previous good practice of listing the core day in most cells had ceased. There was considerable confusion between staff and prisoners alike over the timings and order of access to routines.

6.9 Actual time out of cell varied considerably. A fully employed prisoner could have around seven and a half hours a day on the days when his landing was on association in the evening. At the other end of the scale, an unemployed prisoner could expect less than two hours out of cell during the day, which included exercise and social and domestic time, with an additional hour of evening association no more than once a week. Exercise periods were short, at around 30 minutes (see main recommendation HP60).

6.10 The core day (and senior managers) stated that prisoners would receive two or more evenings on association each week. Our observations and discussions with wing managers showed this not to be the case and that prisoners on all wings, with the exception of B1 and C1, where they had three evenings on association, had only one evening association period. E wing did not get any evening association at all, which made family contact for prisoners with working partners almost impossible. In our survey, only 14% of respondents said that they received five or more periods of association each week, which was worse than the comparator of 50% and than the figure found at the time of the previous inspection (25%). During random roll checks, we established that between a third and just under half of prisoners were locked in cell during the working day (see main recommendation HP60).

6.11 We observed very little interaction on any of the wings we visited during evening association, with wing staff either in offices or leaning on the railings for almost the entire period.

6.12 Comments from prisoners we found locked up in cells during the day included: 'If you can survive it here you can do it anywhere'; 'S&D (social and domestic) time is offered to landings with the most out at work to cut down on the officers having to do anything'; 'Most places you look forward to the weekend – not here, we dread it'; 'Please don't let on that we've complained or we'll get even less than we do now'.

Further recommendation

6.13 The core day should be updated, advertised and adhered to.

Learning and skills and work activities

Expected outcomes:

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

Leadership and management

- 6.14 The use of data, including for equality and diversity, should be improved, to inform the provision for learning and skills. (5.19)

Partially achieved. Overall data analysis had improved and was now used more regularly to inform management decisions. The quality improvement group made appropriate use of a broad range of data. However, although data on equality and diversity were collected, there remained insufficient analysis and use of this. In particular, there was inadequate identification of trends or concerns, particularly of achievements of prisoners from different minority ethnic backgrounds or those of different age groups.

Additional information

- 6.15 The learning and skills provision was managed by the head of offender development, and education and much of the vocational training was provided by Kensington and Chelsea College. Prospect provided the careers information and advice service (CIAS). Senior managers gave a clear direction and there was good partnership working between the service providers.
- 6.16 A large effort had been made to improve the breadth and quality of work, education and vocational training opportunities. Quality improvement was generally good. Teaching and learning observations had been implemented across the provision. However, the impact of strategies to improve the quality of learning plans had not had sufficient impact.

Induction

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

Additional information

- 6.17 Inductions were managed appropriately but uninspiring. Prisoners received brief information on the education and training activities available in the prison. Kensington and Chelsea College used management information well to reduce the number of prisoners retaking initial assessments unnecessarily. Learning and skills induction did not focus sufficiently on prisoners' goals for resettlement when selecting activities and there was insufficient sharing between providers of information gathered from the prisoners at induction. Radio Wano was used well to promote activities across the prison.

Further recommendations

- 6.18 The induction to learning and skills should be more stimulating for prisoners.
- 6.19 The induction to learning and skills should be better coordinated to ensure that plans for resettlement are fully considered when planning activities.

Work

6.20 More activities should be provided off the wings. (5.17)

Not achieved. Although the proportion of prisoners able to access activities was similar to that at the time of the previous inspection, at around 60%, the range of vocational training opportunities had expanded, enabling more prisoners to access training.
We repeat the recommendation.

6.21 A range of more meaningful and accredited employment opportunities should be offered to those prisoners employed on the wings. (5.18)

Partially achieved. Some prisoners engaged in wing jobs could now access accredited training. This included courses in industrial cleaning, health and safety, manual handling and qualifications in painting. However, 23% of prisoners, a larger percentage than at the time of the previous inspection, were engaged in menial wing jobs, many of which did not fully occupy prisoners during the core day. These included 'tea orderlies', whose sole purpose was to make tea, wash cups and cook lunches for the officers. Other jobs on the wings included hot plate orderlies, wing barbers, Toe by Toe mentors (assisting others with literacy), cleaners and painters. Few of these roles took more than an hour per day. We found that many prisoners who were employed on the wings were locked up during the day.
We repeat the recommendation.

Further recommendation

6.22 Prisoners should not be employed as 'tea orderlies'.

6.23 The procedures for allocating prisoners to activities should be improved, to ensure that all available information is used to inform the process, and attendance in education classes should be improved. (5.22)

Partially achieved. The process for allocating prisoners to activities had been improved, with more appropriate use of a broader range of information. However, prisoners' perceptions were that the procedures for gaining some jobs, particularly those on the wings, lacked clarity and were unfair. Some prisoners had not received notification from wing officers informing them of decisions made at the employment board. Attendance, although low, had generally improved in education classes.

Further recommendation

- 6.24 Clear and robust procedures should be implemented to allocate prisoners to activities, to ensure fairness and transparency.

Additional information

- 6.25 More of the activities available offered nationally recognised qualifications. At the time of the inspection, four prisoners were working under temporary licence arrangements. The proportion of prisoners who were unemployed was high, at around 10%. A weekly unemployment board was held to encourage these prisoners to engage in some form of purposeful activity.

Further recommendation

- 6.26 More purposeful activities should be provided for those prisoners underemployed on the wings.

Vocational training

- 6.27 The prison should introduce observations of teaching and learning in vocational training areas to inform quality improvement. (5.20)

Achieved. Following the previous inspection, observations of teaching and learning had been introduced across the learning and skills provision. All teachers and tutors had been observed and many had completed or were in the process of completing teacher trainer awards, where they were observed as part of the course. Clear feedback was given to teaching staff to help them improve.

Additional information

- 6.28 The range of vocational training courses had increased and was excellent. Pass rates were mostly high, at between 80% and 90%. However, at around 370, the number of prisoners taking vocational training was similar to that at the time of the previous inspection. Training was available in information and communications technology (ICT), Prisons Information Communication Technology Academy (PICTA), barbering, bricklaying and multi-construction skills, catering, shoe repairs, watch and jewellery repairs, motorcycle repairs, store control, recycling, industrial cleaning and broadcasting, and training facilities were outstanding in many areas, with an excellent range of modern vehicles and tools. Radio Wano was a particularly good facility for prisoners to develop useful broadcasting and communication skills. Learners demonstrated high-quality vocational skills in many areas. An extensive range of short modular courses were offered, enabling more prisoners to gain useful qualifications and employability skills. There were also good opportunities for longer-term prisoners to achieve qualifications up to level 3 and beyond. Fifty-six prisoners were on Open University courses. They were well supported by education staff, although they had insufficient access to computers or the internet. It was disappointing that we observed some workshop sessions running with attendance well below capacity.

Further recommendations

- 6.29 The prison should provide vocational training for more prisoners and ensure existing provision is used to full capacity.
- 6.30 Computer and internet access should be provided for prisoners who require it for their studies.

Education

- 6.31 **Managers should ensure that prisoners arrive and leave classes on time. (5.21)**

Not achieved. Prisoners continued to arrive late for classes and on some occasions left early. Punctuality across the provision of learning and skills and work was poor, with prisoners often arriving up to 30 to 40 minutes late. Those who arrived early were not always kept appropriately occupied.

Further recommendation

- 6.32 Punctuality should be improved across all learning and skills areas, to ensure that prisoners make full use of activity time.

Additional information

- 6.33 Approximately 280 prisoners attended education each day, the majority on a part-time basis. The education department provided a broad curriculum during the daytime sessions but there were no evening classes. The range of education courses had improved and included art, cookery, creative writing, journalism, literacy, numeracy, social and personal development and English for Speakers of Other Languages (ESOL). Good progression routes were available across the provision, from entry level to level 3 on some courses. The quality of teaching and learning was satisfactory, as were resources. Pass rates were satisfactory for most courses. A good programme of outreach provision included literacy, numeracy and ESOL support in workshops and on the wings. However, individual learning plans were poor and targets too vague. They did not clearly identify prisoners' priorities or record progress and achievements.

Further recommendation

- 6.34 Individual learning plans should have clearer targets and should include better recording of progress and achievements.

Library

- 6.35 **The ventilation and lighting in the Heathfield library should be improved. (5.23)**

Achieved. The lighting in the Heathfield library had been improved. New air conditioning had been installed and this had improved the ventilation.

- 6.36 **The space available for individual and group study in the two libraries should be increased. (5.24)**

Partially achieved. Provision for individual and group study in the Heathfield library had improved, with more seating and a small area for class study. In the Onslow library, there remained limited space for individual and group study.

Further recommendation

6.37 The space available for individual and group study in the Onslow library should be increased.

6.38 **Printers should be provided in both libraries. (5.25)**

Achieved. There were arrangements for prisoners to print educational and legal materials in both libraries.

6.39 **Managers should ensure that library book loss is reduced. (5.26)**

Achieved. Book loss had reduced to 6.4%, against the figure of 9.8% recorded at the time of the previous inspection, as a result of improved cataloguing arrangements, more careful management of the issue of library items and more effective systems for recovering overdue books from the wings.

Additional information

6.40 Wandsworth Borough Council provided the library service. Access to both libraries from the wings was variable but poor for prisoners who were in activities full time. There was low usage of the library on the Heathfield unit, with around 25% of prisoners accessing the library regularly. Access to the Onslow library was good, at around 56%. Staffing was adequate, with two librarians and two full-time prisoner library assistants. The assistants received good informal training from library staff, although this was not accredited. Although opening hours were satisfactory, the library was closed at weekends. A wide range of materials was available, reflecting the needs and interests of most prisoners well. The Toe by Toe programme was restricted by some prisoner mentors not being able to fulfil their roles because they were locked in the cells during the day. Links with the education department had improved.

Further recommendations

6.41 Access to both libraries, particularly for prisoners on the Heathfield unit and those in full-time activities, should be improved.

6.42 Library assistants should be provided with accredited training which leads to a qualification.

6.43 The library should open at weekends.

6.44 Toe by Toe mentors should be unlocked to deliver their service when required.

Physical education and health promotion

Expected outcomes:

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

- 6.45 Vulnerable prisoners should be offered the opportunity to undertake gym inductions within five working days of the start of induction. (5.33)

Achieved. All prisoners, including those classified as vulnerable, were offered the opportunity to receive a gym induction within the first few days of arrival. However, not all prisoners took up this offer (see also further recommendation 6.53).

- 6.46 Modesty screens should be provided in PE shower areas. (5.34)

Not achieved. No modesty screens had been provided in the PE shower.
We repeat the recommendation.

- 6.47 Suitable recreational sport activities should be provided for under-represented groups, such as older prisoners, who are not fully engaging in PE. (5.35)

Achieved. The range of recreational PE had been improved to include provision for older prisoners. A range of sessions was available and PE staff offered suitable activities, such as carpet bowls, to encourage wider participation. One-to-one sessions were also offered.

Additional information

- 6.48 The PE provision was run by two senior officers and 14 PE officers. Ten prisoner orderlies were employed full time. A good range of appropriate PE courses was offered, ranging from entry-level to level 2 programmes. This included gym instructor qualifications, first aid at work and football coaching awards. Pass rates on these courses was high, at around 80%. There were appropriate links with the health care department for remedial PE. However, regular recreational gym usage was poor, with sessions often cancelled because PE staff were cross-deployed for main prison duties. Only 40% of prisoners were inducted to be able to use the PE facilities (see main recommendation HP60).
- 6.49 The PE facilities were mostly satisfactory, although the good-quality, floodlit, all-weather outdoor pitch was underutilised. Showers were shabby and dirty.
- 6.50 The recreational PE timetable did not accurately reflect the core day. Morning sessions started too early, making it impossible for prisoners to get there on time (see main recommendation HP60). Prisoners had adequate access to PE kit but there were no trainers available for those who did not have their own. Injuries were appropriately recorded and actioned.

Further recommendations

- 6.51 Better use should be made of the all-weather outdoor pitch.

6.52 The prison should ensure that the condition of shower areas is improved.

6.53 Prisoners without their own PE kit should be provided with the items they require.

Section 7: Good order

Security and rules

Expected outcomes:

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

Security

- 7.1 Prisoners should be informed of the outcome of every review of closed visits or banned visitors, and advised of the process by which they can make an appeal. (6.17)

Achieved. The results of reviews were communicated to prisoners and visitors and the arrangements for appealing the decision were given. However, the results of reviews did not make clear the basis on which the decision to extend a closed visit or a ban had been reached.

Further recommendation

- 7.2 The results of reviews of closed and banned visits should specify why an extension to the restrictions has been made.

Additional information

- 7.3 The security department was managed by a senior manager, and the security committee met monthly. Not all departments attended the meeting; for example, the safer custody team did not attend, which meant that relationships with this department were not fully developed. The information disseminated to the safer custody team consisted of security information reports (SIRs) with identifying details removed. The minutes that came from these meetings were brief, and most of the information relating to security matters was contained in the monthly security bulletin. These bulletins identified current objectives and detailed actions to manage identified issues and trends.
- 7.4 The physical security of the establishment was commensurate with the risks posed by the prisoner population. There was some freedom of movement for prisoners during free flow, when they attended activities. Access to regime activities, work and education was not security driven and, at the time of the inspection, all prisoners were considered suitable to attend any activity. Additional measures were in place to ensure appropriate allocation to trusted positions, such as wing orderlies. Security information was provided to the activity allocation board, where the final decision was made as to whether or not a prisoner could attend an activity.
- 7.5 There had been over 2,000 SIRs submitted in the previous six months, mainly from uniformed grades of staff, which was a small decrease on the same period in the previous year. The main subjects raised were drugs and drug-related activity, mobile telephones and threats to prisoners and staff. Analysis of the information had suffered to some extent, as staff had been diverted to other duties. There was a monthly tasking meeting, where intelligence was

considered, and the resulting security bulletin was submitted to the monthly security committee meeting.

- 7.6 The standard of proof for placing prisoners on closed visits had reduced considerably since the previous inspection and we found that prisoners could be placed under these restrictions for a single positive drugs test, possession of a mobile telephone (before an adjudication had taken place) and other non-visits-related activity. The number of prisoners on closed visits had increased to 41, and 41 visitors were banned from visiting the establishment. Closed visits were imposed for an initial period of three months, with reviews taking place monthly. We saw evidence that some prisoners had appealed the decision to place them on closed visits and had had the appeal upheld.
- 7.7 Prisoners were given a written copy of the rules on induction, and this formed part of the prisoner compact. We saw few displays of rules around the residential areas. Disciplinary reports were appropriately targeted at more serious offences against the rules, although repeated charges were laid when prisoners refused to locate on normal residential units (see section on discipline).

Further recommendations

- 7.8 Members of the safer custody team should attend security committee meetings and have unrestricted access to security information reports relating to violence and self-harm matters.
- 7.9 Prisoners should only be placed on closed visits as a result of visits-related activity.
- 7.10 Security collator and intelligence staff should not be diverted to other duties.

Housekeeping point

- 7.11 Copies of the establishment rules should be displayed in residential areas.

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.

Disciplinary procedures

- 7.12 Prisoners who have problems understanding English should be provided with appropriate assistance with adjudication documentation. This assistance should be continued for the adjudication itself. (6.41)

Partially achieved. We found evidence that some prisoners were provided with interpreting services for adjudications but there was little in place when documentation was issued, so prisoners were unable to get help with translating/interpreting before attending the adjudication hearing. We found one instance where a prisoner had requested an interpreter and the request had been refused.

We repeat the recommendation.

7.13 Adjudication records should show that a full enquiry has been made into the circumstances of the charge. (6.42)

Not achieved. Not all adjudication records showed that a full enquiry had been made into the circumstances of the charge, in particular where prisoners had refused to attend adjudications. **We repeat the recommendation.**

Additional information

- 7.14 There had been 908 adjudications in the previous six months, 24% of which had been dismissed; this was a much higher percentage than at the time of the previous inspection. Managers had identified that many of the dismissals had been due to non-attendance of reporting officers, and efforts were being made to reduce this number. The independent adjudicator attended regularly to hear the more serious charges.
- 7.15 We found evidence of collective punishments on B and K wings, where notices displayed warned that all prisoners would face sanctions if certain activities were undertaken by individuals.
- 7.16 Monthly adjudication standardisation meetings had lapsed since July 2010 and had been reintroduced in January 2011. The meeting was used to analyse statistics but it was too early to determine the effectiveness of the meetings for identifying and monitoring trends in adjudications.
- 7.17 Adjudications were carried out in a designated room which was adequate for the purpose. They were carried out respectfully but safer custody issues were not always followed up, even though the safer custody team was co-located in the same unit. During an adjudication we observed, the prisoner stated that the mobile telephone he was holding for someone had been confiscated because of the adjudication and he was now in debt to the owner. He was sent back to his residential unit without any further investigation of the circumstances or the risks he faced.
- 7.18 We examined documentation for over 50 adjudications. A large number had been carried out in the absence of prisoners, as they had refused to attend. The records of these hearings did not show that the prisoner had been consulted at key points during the adjudication and several stated that the prisoner's evidence could not be heard and that he could not be questioned as he was not present. Most such prisoners were found guilty without a full enquiry into the circumstances.
- 7.19 Prisoners who refused to relocate from the segregation unit to normal residential accommodation faced repeated adjudications and punishments of cellular confinement, with no thought given to reintegration planning (see section on segregation unit).
- 7.20 The deputy governor carried quality assurance of adjudications but did not record what was checked and what actions were taken.

Further recommendations

- 7.21 Collective punishments should not be threatened or used.

7.22 Safer custody issues raised by prisoners during adjudications should be fully recorded and followed up.

7.23 Adjudications carried out when the prisoner refuses to attend should record the contact made with the prisoner at key stages during the process and include his evidence and questions as part of the full enquiry into the circumstances that led to the adjudication.

7.24 Quality assurance processes for adjudications should be recorded.

Housekeeping point

7.25 Managers should investigate the reasons behind the high number of dismissed adjudications and take action to reduce them.

The use of force

7.26 **All occasions where force is used should be recorded properly and all allegations of assault fully investigated. (6.43)**

Partially achieved. Not all use of force records gave a full account of events, particularly in the case of an incident where a number of prisoners had been involved in an act of concerted indiscipline and staff had drawn batons. We found evidence that allegations of assault were fully investigated, both when prisoners made a formal complaint and when managerial checks identified a possibility that an assault may have taken place (see main recommendation HP61).

7.27 **The process for interviewing prisoners subject to restraint should be extended to include those restrained to facilitate a transfer from the prison. (6.44)**

Not achieved. The process for interviewing prisoners subject to restraint had been restricted to instances where the control and restraint coordinator thought that there were some anomalies in the reports submitted by officers, and also for all foreign national prisoners who were thought to find it more difficult to understand the process (see main recommendation HP61).

7.28 **All control and restraint trained staff should be trained in de-escalation techniques. (6.45)**

Achieved. De-escalation techniques were included as part of the control and restraint training.

7.29 **Handcuffs should only be used when there is evidence to support their use. (6.46)**

Partially achieved. The use of handcuffs had reduced but there were still a large number of incidents where handcuffs were used after prisoners had demonstrated compliance with staff instructions.

We repeat the recommendation.

7.30 **Use of force should be certified by an appropriate manager who was not involved in the recorded incident. (6.47)**

Not achieved. Many uses of force were certified by staff who had been involved in the incident (see main recommendation HP61).

7.31 Documentation relating to the use of special accommodation and the body belt should be fully completed, to give a full record of the incident. (6.48)

Not achieved. There were deficiencies in the recording of instances where special accommodation and body belts had been used and not all documents showed a full record of events or provided the appropriate assurances about use (see also additional information) (see main recommendation HP61).

7.32 Quality checks of use of force documentation should be clearly recorded, to show what has been checked, any issues identified and action taken. (6.49)

Achieved. A check list was used to record quality checks of use of force documentation and we saw evidence that issues had been identified.

Additional information

7.33 There had been a slight reduction in the use of force since the previous inspection but it was still too high, with 15 incidents per hundred prisoners over the previous six months, compared with between seven and nine at other, similar prisons. Over three-quarters of recorded incidents involved the use of full restraint procedures.

7.34 Most uses of force followed incidents of fighting, assaults and non-compliance with officers' orders. We examined over 50 records and found that, in many instances, de-escalation had not taken place before restraint had been used, although de-escalation techniques had been used once a prisoner had been restrained and in many cases prisoners had walked back to their cells or to the segregation unit without the need for continued full restraint. All documentation was reviewed by the use of force coordinator, who raised any contentious issues with a more senior manager. We saw evidence of investigations being carried out when use of force documentation did not give assurances that force had been used appropriately. Further quality assurance checks were carried out by senior managers.

7.35 Planned interventions were video-recorded but not reviewed. One recorded incident we reviewed showed staff shouting at a prisoner and threatening to 'put him on the floor' if he did not comply. The same prisoner later had his clothes forcibly cut off without being given the opportunity to remove them himself, even though he had calmed down considerably during the incident (see main recommendation HP61).

7.36 Use of force meetings were held monthly and minutes showed that trends had been identified. Disproportionate use of force against Eastern European and black and minority ethnic prisoners had been identified as an issue, and action had been taken to address this.

7.37 There was one special cell in the segregation unit. It had been used six times in 2010 and twice so far in 2011. Body belts had been used on two occasions in 2010 and twice in 2011 to date. Two incidents had not been properly authorised and many failed to record the level of search to be carried out or when the prisoner left the special accommodation (see main recommendation HP61). Five prisoners who were on open assessment, care in custody and teamwork (ACCT) documents had been either held in special accommodation and/or restrained in body belts. No quality assurance checks were carried out on special accommodation and body belt usage (see main recommendation HP61).

Segregation unit

- 7.38 The re-rolling of the segregation unit as a care and separation unit should be clarified and underpinning policies developed and implemented. (6.50)

Not achieved. The segregation unit policy was redundant and not used, and staff we spoke to were unsure of the purpose of the unit (see main recommendation HP62).

- 7.39 Broken furniture in segregation unit cells should be replaced. (6.51)

Achieved. Broken furniture had been replaced but there were no chairs in cells.

- 7.40 Staff selected to work on the segregation unit should be given specialist training for their role, including de-escalation techniques, mental health awareness and motivational interviewing. (6.52)

Partially achieved. Some staff had received training in mental health awareness and de-escalation techniques (see main recommendation HP62).

- 7.41 Staff working on the segregation unit should be provided with high levels of support. (6.53)

Achieved. Staff were offered support by managers and the post-incident care team, two members of which worked in the unit.

- 7.42 Initial review boards for segregation should be carried out by a multidisciplinary team. (6.54)

Not achieved. The documentation we examined showed that initial reviews were often carried out by a single member of staff.

We repeat the recommendation.

- 7.43 The targets and regime for segregated prisoners should be determined individually through a thorough risk assessment. (6.55)

Not achieved. Targets were rudimentary for segregated prisoners and non-existent for those who were waiting for a transfer to another establishment. The regime was poor for all prisoners and little was done to identify activities that individuals could participate in (see main recommendation HP62).

- 7.44 Segregated prisoners should only be moved to other prisons for justifiable and evidenced reasons of care, progression or control. (6.56)

Achieved. Clear records were kept of all transfers from the segregation unit, and all moves were approved by the regional custodial manager. Managers at the establishment sought to ascertain the reason for moves and ensured that they took place for legitimate reasons.

- 7.45 The regime on the segregation unit should be improved and include activities off the unit when appropriate. (6.57)

Not achieved. Although the existing care and separation unit policy detailed improvements to the regime, the policy was not fully implemented and most prisoners on the unit suffered an impoverished regime (see main recommendation HP62).

7.46 All staff who have contact with prisoners on the segregation unit should record relevant details of their contact in individual history sheets. (6.58)

Achieved. Documentation showed that staff having contact with prisoners on the unit recorded such contact on individual history sheets.

Additional information

7.47 The segregation unit, renamed as a care and separation unit, was located below ground level, with little natural light. The communal and cell areas were clean and had been redecorated.

7.48 There had been 525 prisoners located in the unit in 2010 and 94 in 2011 to date. Most prisoners (87%) were held there to serve periods of cellular confinement following adjudications and few had stayed in the unit for long periods. There were nine residents at the time of the inspection, four of whom were immigration detainees beyond the end of their sentences. These prisoners were at risk of remaining in the unit for a long period due to the lack of formal care and reintegration planning and the lack of progress with the UK Border Agency regarding their individual circumstances. Two of the detainees stated that they would not return to normal location in protest at this. Both had been given orders by staff to return to normal residential units and, on refusing, had been subject to repeated adjudications and periods of cellular confinement.

7.49 The segregation records we examined were poorly completed and there were incomplete mandatory health screens. Reviews were recorded to a perfunctory level and did not give a full account of discussions that had taken place. Case notes did not reflect staff knowledge of the prisoners in their care. The relationships between staff and prisoners on the unit were distant and we observed little informal interaction between them. Most prisoners on the unit remained locked in their cells for long periods during the day.

7.50 Prisoners who refused to return to residential units had their access to telephones and showers restricted to three times a week and one resident had gone eight days without a shower. The well-equipped association room was not used. In-cell electricity had been installed but televisions had been removed from all residents in an attempt to reduce the amount of time that they stayed on the unit.

Further recommendations

7.51 Mandatory health screens should be fully completed for all residents in the segregation unit.

7.52 Segregation reviews should be fully recorded.

7.53 Access to showers and telephones on the segregation unit should not be restricted as a punishment.

7.54 Prisoners in the segregation unit should be allowed to retain their televisions.

Incentives and earned privileges

Expected outcomes:

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

- 7.55 Managers should investigate and take appropriate action about the under-representation of black and minority ethnic prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme. (6.65)

Not achieved. While the under-representation of black and minority ethnic prisoners on the enhanced level of the IEP scheme had been recognised as an issue, no formal action had been taken to address the matter (see main recommendation HP58).

- 7.56 Managers should re-launch the 'commendation' element of the IEP scheme, to emphasise the importance of positive incentives. (6.66)

Achieved. The IEP scheme had been re-launched at the beginning of 2011 and included the commendation element of the scheme. We saw evidence in prisoners' records that commendations were given by staff.

- 7.57 Managers should restrict the use of IEP downgrading following single actions to genuinely serious cases, and the published policy should make clear that all such downgrades will be looked at on an individual basis. (6.67)

Not achieved. The IEP policy allowed for prisoners to be immediately downgraded to basic, sometimes for reasons that we did not consider serious enough to warrant such an action. Not all such cases were dealt with on an individual basis. Most prisoners on the basic level of the scheme during the inspection had been downgraded because of a single action. The scheme was at risk of being used as a form of punishment, with no regard for patterns of behaviour and individual circumstances.

Further recommendation

- 7.58 Prisoners should only have their IEP status downgraded following a single serious incident in exceptional circumstances and this should follow an IEP review that considers the prisoner's overall conduct and performance.

Additional information

- 7.59 The IEP policy was contradictory. It was displayed on the wings but in some cases this was out of date. There were no quality assurance processes. New administration procedures had been implemented but were not yet effective. Staff we spoke to were not fully conversant with the scheme and one stated that he did not use it to manage prisoners' behaviour. The policy was not consistently applied and we found evidence that different wings used different procedures to manage prisoners on the basic level of the scheme.

- 7.60 Whereas, previously, staff had been able to use free script in IEP warnings to describe the behaviour leading to the warning, and to advise a prisoner how improve his behaviour, they

now issued prisoners with pre-printed warning slips which were restricted to seven specific behaviours.

- 7.61 In our survey, only 36% of prisoners, against a comparator of 50%, stated that they had been treated fairly under the scheme and only 35%, against a comparator of 45%, that it encouraged them to improve their behaviour. In our groups, prisoners said that there were not sufficient differences between the different levels to make the enhanced level worth attaining. The facility list showed that little beyond additional bedding and electronic games was available to enhanced prisoners.
- 7.62 Review boards were convened when a prisoner gained three warnings in three months, although the records we saw were incomplete and did not show the outcome. Prisoner case notes on P-Nomis generally had few entries relating to prisoners' behaviour that could be considered during IEP reviews.

Further recommendations

- 7.63 Contradictions should be removed from the IEP policy and the policy should be applied consistently across all units.
- 7.64 Quality assurance of review boards should be carried out.
- 7.65 The use of pre-printed IEP warning slips should be discontinued.

Housekeeping point

- 7.66 IEP reviews should be fully recorded and show the outcome.

Section 8: Services

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.

- 8.1 Breakfast should be served in the mornings, rather than being issued in packs the previous night. (7.9)

Not achieved. Prisoners received their breakfast pack on the day before it was due to be eaten.

We repeat the recommendation.

- 8.2 The appropriate utensils should always be used to serve halal and vegetarian food. (7.10)

Achieved. We saw servery and kitchen workers using the correct utensils to serve halal and vegetarian food.

- 8.3 Servery workers should receive basic food hygiene training. (7.11)

Achieved. A database was kept of prisoners who worked on serveries, and kitchen staff ensured that they had all undertaken basic food hygiene training. Some had undertaken higher levels of training.

Additional information

- 8.4 The kitchen was purpose built, clean and well equipped, with over 60 prisoners working alongside staff to produce meals daily. Most of the prisoners were from the Onslow unit. Eighteen of the prisoners were undertaking National Vocational Qualifications at levels 1 and 2.

- 8.5 Food preparation areas were clean and prisoners and staff wore the correct clothing while working in the kitchens and on the wing serveries. The serveries were clean and well maintained.

- 8.6 A five-week menu cycle included options for vegetarian, vegan, halal and medical diets. Healthy options were highlighted and each wing held a book describing the different meals, to enable prisoner to make their choices. In our survey, 40% of prisoners, against a comparator of 23%, said that the food was good or very good. We received few complaints about the food. Black and minority ethnic prisoners were less positive, with 35%, compared with 43% of their white counterparts, stating that the food was good or very good. The food we tasted was of adequate portion size and quality.

- 8.7 Hot food choices were available for the scheduled mealtimes of noon and 4.45pm. The evening meal was served earlier at weekends. We noted that both meals were served earlier than the time stated on the core day.

- 8.8 Kitchen staff attended the prisoner consultative committee, which met monthly and where catering was a standing agenda item. Comments books were available on each wing and returned to the kitchen weekly for review by the catering manager, who added his responses to them. Kitchen staff ensured that each wing servery was visited and monthly inspections were carried out. Prisoner surveys were conducted biannually and had resulted in some changes to menus. For example, the breakfast packs had been changed to include porridge three times a week.

Further recommendation

- 8.9 Lunch should be served between noon and 1.30pm and dinner between 5pm and 6.30pm.

Prison shop

Expected outcomes:

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

- 8.10 There should be a greater selection of items available to black and minority ethnic and Muslim prisoners. (7.19)

Not achieved. The shop list contained a limited selection of items specifically for black and minority ethnic and Muslim prisoners, and in our survey, only 44%, against 61% of white prisoners, said that the shop sold a wide enough range of goods to meet their needs. The survey outcome was similarly poor for Muslim prisoners, at only 39%.

We repeat the recommendation.

- 8.11 Prisoners who arrive at reception without private money should be offered an advance to purchase a reception pack. (7.20)

Not achieved. Either a smokers' or non-smokers' pack was issued only to new prisoners. Those arriving from other prisons were not offered packs, regardless of whether or not they had accessed the shop at their previous prison in the week before transfer. Similarly, PIN telephone credit was available only to new prisoners who had not been in custody within the previous two years.

We repeat the recommendation.

Further recommendation

- 8.12 All arriving prisoners should be offered credit for the telephone.

- 8.13 Systems and processes should be further developed to ensure that prisoners receive the goods they ordered and can rectify any discrepancies effectively. (7.21)

Achieved. The new DHL manager had implemented a three-stage quality control system to reduce the errors made during the packing process. Where possible, discrepancies were rectified at the point of delivery. The exception to this was fresh/perishable produce, which was purchased by the shop provider to order. Our observations of the complaints received showed a considerable improvement, with few relating to errors. There had been only 38 complaints in

total in the year to date (against around 14,400 transactions), most of which had been in relation to non-delivery of shop goods, usually attributed to short-notice transfers or wing moves. In all of these cases, the prisoner had received a full refund. On average, £900 of goods were returned to the shop each week following transfers out of prisoners before shop issue.

Additional information

- 8.14 The prison shop was run by DHL under the national contract. There were around 350 items on the shop list and special offers and clearance lines were publicised on residential units.
- 8.15 The goods were packed on-site by a team of prisoners from both the Heathfield and Onslow units who had signed and agreed a compact and worked well in teams to deliver the large amount of goods weekly for both Wandsworth and Brixton prisons.
- 8.16 Newspapers and magazines were managed by reception staff through a local newsagent, and prisoners' families and friends could arrange regular orders of newspapers to be delivered to individual prisoners.
- 8.17 There was little use of the catalogues available as a result of poor service and long delays in administration by suppliers. The prison had negotiated a contract with Tesco Direct and was waiting for permission to be granted by Prison Service Headquarters to proceed.
- 8.18 In our survey and in our groups, most prisoners (including foreign nationals) responded positively about the range of goods available in the shop but this was not the case for black and minority ethnic and Muslim prisoners.
- 8.19 Order sheets were issued on Sundays and collected on the following afternoon for distribution of goods on Thursday and Friday. Prisoners arriving on a Friday did not have an account established until the following week, as there was no administration over the weekend, and so could wait up to 14 days to receive their first full order from the prison shop. The prison had a standing order with the shop for 200 smokers' and 50 non-smokers' packs, which were issued as 'emergency canteen'; other packs were available on request but we were told by the shop managers that they were never requested.
- 8.20 Goods were delivered individually in clear plastic bags at cell doors, where a further check of contents was made before the opening of the bags. It was made clear that only errors discovered before the opening of the bag would be rectified. The identification of prisoners was a constant issue, as staff on the wings were not familiar with their charges and the planned identification card system had yet to be introduced.
- 8.21 There had been no prison-wide survey in relation to the shop for over two years and the first shop consultation meeting took place during the inspection, with further meetings planned quarterly. The prisoner shop representatives had made efforts to gain the views of other prisoners on their wings to take to the meetings.

Further recommendations

- 8.22 Prisoners should be able to place a full shop order within 24 hours of arrival.

8.23 There should be an annual survey of prisoners, better to inform the operation of the prison shop.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 The reducing reoffending policy committee should meet at least bi-monthly, as advertised. (8.7)

Achieved. The terms of reference for the reducing reoffending committee had been revised and quarterly meetings were scheduled. These had been held as planned over the previous year. However, attendance was relatively poor, with no written reports submitted by lead managers.

Further recommendation

- 9.2 Attendance at the quarterly reducing reoffending meetings should be improved, with written reports submitted if attendance is not possible.

- 9.3 The monthly London Initial Screening and Referral (LISAR) data, and any trends identified should be a standard agenda item at the reducing reoffending policy committee meeting. (8.8)

Not achieved. Minutes of the reducing reoffending committee meeting did not show discussion of monthly London Initial Screening and Reducing Reoffending Tool (LISARRT) data to identify trends. Insufficient use was made of LISARRT and offender assessment system (OASys) data to support a wider needs analysis and shape a new offender and resettlement strategy.

We repeat the recommendation.

- 9.4 A resettlement needs analysis of the foreign national population should be completed, and the results reflected in the policy document and acted on. (8.9)

Not achieved. No resettlement needs analysis for the foreign national prison population had been completed to inform the reducing reoffending strategy.

Further recommendation

- 9.5 A revised reducing reoffending strategy should be based on a thorough needs analysis, including a focus on black and minority ethnic and foreign national prisoners and other relevant aspects of diversity.

- 9.6 Current provision in the resettlement pathways should be better publicised to prisoners so that they are aware of who to contact about the range of support available. (8.10)

Partially achieved. Notices were provided on some of the wings and on the resettlement unit

about some of the pathways. However, fewer prisoners than at comparator establishments and than at the time of the previous inspection (25% versus 30% and 35%) said that they knew whom to contact about accommodation needs. Only 11% said that they knew whom to contact to get help with finance and debts, compared with 20% at the time of the previous inspection. The lack of face-to-face induction time may have contributed to this lack of awareness (see main recommendation HP63).

9.7 The discharge board should be run at least six weeks before prisoners are released. (8.11)

Partially achieved. Discharge boards were not always held at least six weeks before release. Prisoners we spoke to in the resettlement unit who were due for imminent release said that their discharge board had been held within a few days of release, hindering the amount of coordinated support they could receive (see main recommendation HP63).

Additional information

9.8 The reducing reoffending strategy, agreed in April 2010, was due for review. It was largely descriptive, was not based on a current needs analysis and did not set specific timescales for actions or lead managers. As a result, the level of governance was limited. A senior manager had overall responsibility for much of the resettlement work, including learning and skills. However, he did not line-manage all the pathway leads and he felt that this made it more difficult to hold them to account. Far fewer (12%) prisoners than at the time of the previous inspection (17%) said that they had been helped to prepare for release.

9.9 LISARRT was used to assess the resettlement needs of prisoners shortly after their arrival (but did not lead to a custody plan) and was repeated at the discharge board. The monthly data for 469 assessments showed that 10% of prisoners were homeless, 28% had had education, training and employment problems on arrival, and 9% had had problems with debts before arrival at the establishment. Not all the reducing reoffending pathways were represented on the resettlement unit (for example, the children and families of offenders area was not represented) but referrals were made where relevant to other departments to take work forward.

9.10 A large number of appointments were made in the resettlement unit, with 1,261 made in February 2011. However, only 47% of prisoners had attended in that month. Resettlement boards had been the most common type of appointment in February 2011, with immigration second and Jobcentre Plus third. Only 42% of prisoners had attended their resettlement board in February. Only 39% of immigration appointments and less than half of Jobcentre Plus appointments had been kept in February 2011. This wasted time and generated a backlog of work.

Further recommendations

9.11 The reducing reoffending strategy should be reviewed and contain specific time-bounded actions assigned to specific managers.

9.12 The management of resettlement should be structured to provide effective direction and oversight of all pathways.

Housekeeping point

9.13 All prisoners should attend appointments as planned.

Offender management and planning

Expected outcomes:

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

Sentence planning and offender management

9.14 Sentence planning boards should include contributions from all departments, to ensure that all appropriate needs are considered in preparing sentence plan objectives. (8.31)

Partially achieved. Sentence planning boards were generally well attended and reports were received from other departments involved. However, personal officers and public protection unit officers involved in managing the case did not attend these boards or routinely submit written reports.

Further recommendation

9.15 Public protection officers should contribute to sentence planning boards in relevant cases.

9.16 When offender managers are unable to attend sentence planning boards, video conferencing should be used. (8.32)

Achieved. Video-conferencing was available and we saw evidence of it being used.

9.17 Pre-release boards should take place at least six weeks before discharge to ensure that resettlement needs have been addressed. (8.33)

Partially achieved. The discharge board identification and booking system did not always ensure that prisoners were provided with a board six weeks before release. Attendance was poor, with, on average, half of prisoners failing to attend. The board did not cover all pathways – for example, attitudes, thinking and behaviour.

9.18 The backlog of offender assessment system (OASys) assessments should be cleared. (8.34)

Not achieved. The backlog of OASys assessments had been reduced slightly but at the time of the inspection 99 were overdue. High rates of staff turnover in the prisoner assessment unit made it difficult to develop expertise in completing these assessments. The backlog was not monitored to identify which staff were having the greatest difficulty in keeping up to date with their work. In addition, the timeliness of the assessments was not monitored, making meaningful management of these performance issues difficult.

We repeat the recommendation.

- 9.19 Lifer forums should have clear terms of reference, and indeterminate-sentenced prisoners should be encouraged to attend and should have access to the minutes of the meeting. (8.35)

Partially achieved. Lifer forums were in place but were only attended by a small number of representatives. Minutes were available and circulated.

Further recommendation

- 9.20 Lifer forums should be open to all indeterminate-sentenced prisoners.

- 9.21 All offender management unit staff case-managing lifers should be adequately trained. (8.36)

Achieved. All staff working with life-sentenced prisoners had received appropriate training.

- 9.22 All prisoners in scope for offender management should be allocated an offender supervisor, in line with the minimum national standards, and offender supervisors should have regular contact with prisoners. (8.37)

Achieved. Allocation of offender supervisors was timely following identification of the relevant prisoners. There was evidence in the case records we inspected that contact with prisoners in scope of offender management was regular, adequately structured and meaningful.

- 9.23 The low use of release on temporary licence and home detention curfew should be monitored, and data should be collected on all applications made and outcomes. (8.38)

Not achieved. There was no evidence that applications for release on temporary licence (ROTL) or home detention curfew (HDC) were analysed to identify the reasons for the low level of successful applications, and they continued to be underused. Of 89 HDC applications considered since April 2010, only 33 had been approved. Most (80%) of the assessments had been late. There were four possible reasons for applying for ROTL, and 45 applications had been made since August 2010. However, only four had been approved; these had been for work purposes. None of the applications for home leave or contact with family had been approved. The criteria for applying for ROTL were well publicised and the processes managed effectively, with information gathered from a range of departments and screened by a ROTL officer. However, we were told that too many ROTL applications were not supported by an up-to-date OASys assessment.

Further recommendation

- 9.24 An analysis of applications for release on temporary licence and home detention curfew should be undertaken to identify reasons for the low level of successful applications and measures introduced to improve the success rate.

Additional information

- 9.25 There was no specific offender management strategy. The offender management unit (OMU) was underdeveloped and the model was disjointed. Links between the OMU, resettlement and other departments were not sufficiently clear, and some wing staff we spoke to were unaware

of the role of the OMU and offender supervisors. Resources allocated to the role of case administrator were limited to one person, resulting in offender supervisors having to do much of this work. At the time of the inspection, 423 prisoners were in scope of the offender management model.

- 9.26 Staff were deployed to the role of offender supervisor with no selection process, in spite of the specialist nature of this role. The introduction of layered offender management had been delayed by a year.
- 9.27 Quality assurance of OASys assessments was undertaken in line with national expectations. Feedback to individual offender supervisors was provided, and a best practice guide and meetings had been developed in response to this. Out of 13 assessments that had been quality assured during 2010, seven had been judged to be in need of further improvement. Quality offence analyses, risk of self-harm analyses and planning were underdeveloped. Aggregation of the quality assurance data was not undertaken or used to inform the strategy.
- 9.28 Sentence planning boards for in-scope prisoners were held regularly but the backlog of OASys assessments meant that those prisoners with assessments outstanding had not attended a board. Offender supervisors were required to see in-scope prisoners once a month but no data were generated to provide evidence to senior managers that this was taking place. Sentence planning boards for prisoners who were out of scope of the offender management model were chaired by the senior officer in the OMU and reviewed annually. In our survey, 46% of respondents, against the 41% comparator, said that they had a sentence plan, and 48%, against the 58% comparator, that they were involved in the development of the plan. ROTL and HDC were not included in sentence plans. Fewer prisoners than at comparator prisons said that there were plans for them to achieve some or all of the targets in another prison.

Further recommendations

- 9.29 An offender management strategy should be developed to specify and integrate the different functions within the offender management unit (OMU) and across the prison, including resettlement and the personal officer scheme.
- 9.30 A clear recruitment process for selecting staff to work in the OMU should be developed and implemented, to ensure appropriate competencies and skills.

Categorisation

- 9.31 **More staff in the classification and allocation department should be trained to access pre-conviction information from the police national computer. (6.18)**

Achieved. The number of staff able to access the Police National Computer had been increased from two to four, enabling previous convictions to be printed quickly to support initial categorisation decisions. Access had also been improved by the provision of an additional computer terminal in the observation, classification and allocation (OCA) department. Files we saw showed that previous convictions were available within a couple of days of reception at the establishment.

- 9.32 **The backlog of initial categorisations and reviews should be cleared and more staff should be tasked with completing recategorisation paperwork for indeterminate-sentenced prisoners. (6.19)**

Partially achieved. Two officers in the OCA department completed initial categorisation and reviews for determinate-sentenced prisoners. The work had been prioritised over the previous four months, with 744 recategorisations being completed. The backlog had largely been cleared, with the exception of 20 prisoners waiting for initial categorisation. One of these had been delayed by almost a month because the custody office had not updated information on P-Nomis. Cross-deployment of the officers in the public protection unit (PPU) who completed recategorisation reviews for indeterminate-sentenced prisoners was reducing the amount of time they had to undertake reviews of categorisation of this group of prisoners (see further recommendation 9.44).

9.33 Prisoners should be notified of their transfer in advance, and a review held when concerns are expressed. (6.20)

Not achieved. Prisoners were not given 24 hours' notice before a transfer, even when this was a planned move. Five prisoners we spoke to had received notification only the night before their transfer, with three not being told until after 8pm. Reviews were held where concerns were expressed.

We repeat the recommendation.

9.34 Prisoners should only be moved between prisons where this is in their best interests, in accordance with sentence plan targets, or for fully evidenced reasons of good order. (6.21)

Achieved. Of the five prisoners we spoke to who were facing a planned move to HMP The Verne, they all knew it was going to happen and it was part of their sentence plan objectives. Transfer requests were tracked effectively.

Additional information

9.35 Initial categorisation processes were appropriate, based on previous sentences, types of offence and previous escape or absconding attempts.

9.36 Prisoners were able to submit a report to support their review. This could include references from prison staff and certificates demonstrating work undertaken and progress made. The outcomes of reviews were checked by a senior officer, proposals were sent to a governor for approval, and prisoners were then informed in writing and verbally. All prisoners were told how to appeal, and appeals were heard by the deputy governor.

9.37 Neither the number of prisoners in each category nor the length of time it took for them to get a suitable transfer were monitored regularly. At the time of the inspection, 126 prisoners were allocated to category B, 687 to category C and 39 to category D. The shortage of category D places nationally was making it difficult to provide timely transfers. The National Offender Management Service (NOMS) had agreed to prioritise places for prisoners from Wandsworth. Six had been transferred in the week before the inspection and a further 10 were due to be transferred on the last day of the inspection.

Further recommendations

9.38 The prison should record the time taken to transfer prisoners and use the data to achieve improvements in outcomes.

9.39 The number of category D prisoners held at the establishment should be limited to the agreed level of six.

Public protection

9.40 **Monitoring arrangements for public protection cases should be reviewed at least monthly. (8.39)**

Achieved. Every case was reviewed in the PPU each month and more formal reviews took place at least every three months at the risk management meeting. These were held as planned and were well attended. Minutes were comprehensive.

Additional information

- 9.41 Public protection was well managed, and prisoners were informed in person and in writing of any restrictions applied. Each PPU officer held caseloads and managed prisoners requiring additional restrictions. Prisoners were interviewed within seven days of arrival at the prison in order to assess and explain the arrangements. Monitoring included telephone calls, intelligence collection, links with Social Services and approval of named children.
- 9.42 The number of PPU officers had decreased from eight to five, so workloads were higher. The unit experienced staff cross-deployment, which also impacted on workloads; in three weeks in January 2011, a total of 67 PPU staff hours had been lost because of cross-deployment.
- 9.43 Officers reviewed their cases with the PPU manager each month. There was a formal risk management meeting, which had clear terms of reference. Multi-agency public protection arrangements (MAPPA) cases were identified and monitored within three months of release. The meeting included an appropriate range of staff and was generally well attended and minuted. The number of MAPPA cases was recorded, and at the time of the inspection 91 were being managed at level 1, 58 at level 2 and five at level 3. Monitoring had been reviewed over the previous year, to ensure that it focused on prisoners most in need of it. Nineteen out of 26 prisoners convicted of harassment offences, 50 of the 104 sexual offenders and eight MAPPA cases were currently being monitored. The use of the Violent and Sex Offender Register was well embedded and included 214 nominals.

Further recommendation

9.44 The cross-deployment of PPU staff should be reduced or stopped.

Indeterminate-sentenced prisoners

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

Additional information

9.45 At the time of the inspection, there were 73 prisoners serving indeterminate sentences for public protection (IPP) and 32 serving life sentences. PPU staff managed both groups of prisoners and caseloads were manageable. PPU staff comprised a combination of uniformed and probation staff. Probation officers were allocated cases assessed as posing a higher risk

of harm. The manager of the PPU team had been ill for some months and line management was being temporarily covered by the head of prisoner assessment.

- 9.46 Preparation of parole reports was up to date and attendance by offender managers at lifer/IPP boards had improved. Indeterminate-sentenced prisoners could participate in family days and other events, subject to a risk assessment. IPP prisoners were prioritised for offending behaviour groups. However, because of staff shortages no specific one-to-one offending behaviour work was available to indeterminate-sentenced prisoners. A lead from the psychology and interventions team was in post and developing future work, including attendance at risk assessment panels and MAPPA meetings.

Further recommendation

- 9.47 Indeterminate-sentenced prisoners should be able to access one-to-one offending behaviour work.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

Accommodation

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

Additional information

- 9.48 The key performance target for settled accommodation in 2010/11 was 70% and in the year to date this had been exceeded. St Giles staff and the peer advisers were proactive in their approach and provided a range of support and advice, including signposting and liaison with external accommodation providers. Additional support with accommodation for men who had served in the armed forces was available through a range of agencies, including the Soldiers, Sailors, Airmen Families Association (SSAFA) and the British Legion. Referrals were also made to Stepping Stones and Langley House Trust through the chaplaincy.
- 9.49 Four caseworkers had assessed 695 prisoners in 2011 to date. Just over 150 prisoners had been helped to find new accommodation on release and a similar number had been helped to save an existing arrangement. However, 110 prisoners had been released without suitable or settled accommodation in the year to date. Just under half of those replying to our survey said that they would have a problem finding accommodation on release.

Further recommendation

- 9.50 The prison should analyse the reasons for the number of prisoners released without an address and take appropriate action.

Education, training and employment

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

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

Additional information

- 9.51 Links had been established between external agencies such as Jobcentre Plus and Nacro. Prisoners received an exit interview with staff from Prospect, the careers information and advice service provider, where they were given appropriate advice and guidance before release. Resettlement staff had created strong links with employers and around 26% of prisoners gained full-time employment on release. The recent development of the Friends of Wandsworth employer group had further engaged with a wide group of employers but it was too early to see the full impact of this initiative. Prisoners who were close to release had good access to a well-run pre-release course. There was a well-resourced job club, where prisoners had good access to current job vacancies through the prison virtual campus and Jobcentre Plus. Job club staff had an outside telephone link and were able to arrange interviews for prisoners. Employers and ex-offenders regularly came in to the prison to talk to prisoners about employment opportunities. An external organisation was employed by the prison to run mock interviews with prisoners, to help them improve their technique and skills.

Mental and physical health

- 9.52 **There should be pre-release healthcare clinics, and prisoners should receive discharge letters to take to their community GP. (8.49)**

Not achieved. Pre-release planning was poor, with late notice being given for prisoners due to be discharged. Adequate preparation was made for the issue of any medication needed but health services staff were not involved in release planning meetings (see main recommendation HP63).

- 9.53 **Prisoners not registered with a GP in the community should be given information on how to do so. (8.50)**

Not achieved. Prisoners were not provided with any information on access to health services in the community or with letters for GPs outlining the care and treatment they had been given. **We repeat the recommendation.**

- 9.54 **There should be a palliative care and end-of-life policy. (8.51)**

Achieved. Palliative care and end-of-life policies were in place and had been used effectively for the management of patients on occasion.

- 9.55 **The care programme approach should be fully implemented in conjunction with community health teams. (8.52)**

Achieved. The care programme approach was used for all patients with severe and enduring mental health problems.

Finance, benefit and debt

9.56 Prisoners should have the facility to open a bank account before their release. (8.53)

Not achieved. Previous arrangements had ended before the previous inspection and no replacement had been implemented. Early discussions with a major bank were under way at the time of the inspection. More respondents to our survey than at the time of the previous inspection (30% versus 25%) said that they would have a problem with opening a bank account following release.

We repeat the recommendation.

Additional information

9.57 Prisoners' financial needs were identified through LISARRT. The loss of the Citizens Advice contract had left a gap in the provision of face-to-face individual debt or financial advice. The head of resettlement had engaged with the Consumer Financial Education Body and arranged for a staff-training event to equip resettlement staff to provide basic advice. Jobcentre Plus workers provided benefits advice and were able to signpost prisoners to help with debts and finance. An accredited money management course was offered through the education department. Ex-servicemen could also access support from Veterans UK and Veterans Aid. Two computers were being installed on the resettlement unit so that prisoners could access the computer-based Citizens Advice guidance. More respondents to our survey than at the time of the previous inspection said that they would have problems with finances on release.

Drugs and alcohol

9.58 Information about drugs and drug services should be made available to prisoners in key locations throughout the prison. (8.66)

Partially achieved. Notices about drugs and drug services were visible in key locations in reception, on the wings, although the information was not always up to date. In our survey, 85% of those with drug or alcohol problems, against a comparator of 80%, said that they knew whom to contact in the prison for help.

Housekeeping point

9.59 Information displayed on noticeboards should be accurate and up to date.

9.60 Staffing levels for the Rehabilitation of Addicted Prisoners trust (RAPt) programme should be reviewed to ensure adequate cover for all phases and components of the programme. (8.67)

Achieved. Staffing levels had been reviewed and improved in line with the change to the new RAPt Bridge programme.

- 9.61 **The establishment should review the feasibility of establishing a drug-free wing for prisoners who have completed drug and alcohol rehabilitation programmes. (8.68)**
- Achieved.** Plans were well under way to establish a drug-free area on C wing's fourth landing.
- 9.62 **A peer support scheme should be developed to offer ongoing support to prisoners who have completed any drug intervention. (8.69)**
- Achieved.** Peer supporters were in place for the counselling, assessment, referral, advice and throughcare (CARAT) service and RAPT programme.
- 9.63 **There should be a clear separation between voluntary and mandatory drug testing in terms of staffing and location. (8.70)**
- No longer relevant.** Voluntary drug testing had ended in October 2010. However, we were assured that compact-based drug testing would be introduced, to ensure the integrity of the abstinence-based RAPT Bridge programme (due to start in April 2011).

Additional information

- 9.64 The CARAT team comprised a manager, three senior practitioners and 13 workers. The active caseload stood at 283, with 136 cases suspended and a further 291 prisoners having been triaged. CARAT and integrated drug treatment system (IDTS) nurses delivered the IDTS 28-day psychosocial programme. Many prisoners praised their CARAT workers, saying, in some cases, that they were the only staff who would listen properly to their concerns.
- 9.65 We were told that in the near future, the IDTS 28-day psychosocial programme would be run with mixed groups of vulnerable prisoners and general location prisoners. Staff expressed serious misgivings about delivering the programme to mixed groups, where both prisoner and staff safety could potentially be compromised.
- 9.66 Alcoholics Anonymous and Narcotics Anonymous were available to prisoners separately on the Heathfield and Onslow units. The previously run Nehemiah residential alcohol rehabilitation project had ceased to operate but we were told that a new alcohol programme was due to start within the next few weeks, run by Phoenix Futures.
- 9.67 Links with local drug intervention programmes (DIPs) were excellent, with a permanently available desk available in the CARAT office for visiting local DIP workers to use, and regularly visiting DIP workers had been cleared to draw keys, greatly facilitating their ability to see prisoners before release.
- 9.68 The short duration drug programme (SDP) was in place, with referrals being handled by the CARAT team. The team comprised a treatment manager and three facilitators, one of whom was an officer. The SDP team was actively involved in the drug implementation meeting (which monitored the drug strategy) and the accredited intervention managers meeting. IDTS prisoners could also access the SDP, although SDP workers did not attend prisoners' IDTS/CARAT reviews. At the time of the inspection, only one IDTS prisoner was on the SDP but numbers were expected to rise.
- 9.69 Plans for the new RAPT Bridge abstinence-based programme included a 'wrap-around' component, which would link prisoners into community-based 12-step groups on release.

- 9.70 In our survey, 82% of prisoners said that drug and alcohol interventions were useful, which was better than the 77% comparator but worse than the figure found at the time of the previous inspection (89%).

Further recommendations

- 9.71 Any mixing of vulnerable prisoners with general location prisoners for substance use group work should be subject to thorough and individualised risk assessments.
- 9.72 Short duration drug programme (SDP) facilitators should be included in the integrated drug treatment system (IDTS) case reviews of prisoners who are taking part in both the IDTS and the SDP.

Children and families of offenders

- 9.73 **Access to the visits line should be improved to deal with the volume of calls received, and the automated message should give the correct information at all times. (8.83)**

Not achieved. Prisoners and visitors told us of their difficulty and frustration in contacting the visits booking line. During the inspection, we tried the booking line on a number of occasions but on each occasion received an engaged tone or a message saying that the call would be answered as soon as possible.

We repeat the recommendation.

- 9.74 **The internal visits booking system should be promoted to prisoners, and staff should be briefed on its use in order to advise prisoners. (8.84)**

Partially achieved. Some prisoners we spoke to were reasonably knowledgeable about how the internal visits booking system worked but this was variable. Prisoners who were newly arrived or had been at the prison for a few days did not understand it. Although printed information was available, this was not given out during induction. Information and guidance was supposed to be on the back of the visits booking form but examples we saw were blank on the reverse. Further problems occurred when specific dates/times were not available and, while we were told that prisoners could, when booking, give a number of options, this was not clear on the form itself and prisoners we spoke to were not aware of this. As a consequence of these problems, some prisoners continued to experience problems in booking and receiving visits.

We repeat the recommendation.

Further recommendation

- 9.75 The internal visits booking form should allow prisoners the opportunity to give a number of options in day/date.

- 9.76 **Information for first-time visitors should be available in a range of languages. (8.85)**

Achieved. Leaflets were available in a number of different languages, including a range of Eastern European languages, in the visitors centre. This information was generally comprehensive.

9.77 Closed visits should not be imposed after a positive drug dog indication unless supported by additional intelligence. (8.86)

Not achieved. If a visitor received a positive indication from a drug dog, the process was repeated and a second positive resulted in a closed or terminated visit, even if there was no other supporting evidence.

We repeat the recommendation.

9.78 There should be a contingency plan for prisoners and visitors with a disability to access the visits sessions when the lift is out of use, and visits should not be cancelled in these circumstances. (8.87)

Achieved. The visits hall was on the first floor. There was a lift available for visitors with a disability and those with limited mobility. The lift was working at the time of the inspection but we were told that, in the event of the lift failing, visits could, and had been, held on the ground floor in an interview room on F wing.

Additional information

9.79 The prison was aware of some of the difficulties experienced by visitors in booking visits and had introduced other mechanisms to minimise these problems. Email bookings were available and prisoners could book visits themselves through an internal system (see recommendation 9.74). We were told that around 60% of visits were booked internally, 20% by email and 20% via the telephone, and information about the booking system had been included in the prison's internal radio station and in written form. There had been no recent survey of visitors to ascertain their experiences or to identify any particular problems.

9.80 The visitors centre was situated just outside the prison and was a generally positive environment. The centre was run by the Prison Advice and Care Trust (PACT) and a range of support was available, including a family support project. Two specific sessions were facilitated by PACT staff, in conjunction with the prison: weekly induction sessions and a weekly homework club. The induction visit was especially useful, as it afforded an opportunity for new visitors to receive information and guidance from staff at the visitors centre, along with referrals to, and information about, community-based support. However, both the induction and homework sessions were to be curtailed in the near future.

9.81 The visits hall was fairly large and, although furniture was positioned close together, reasonable levels of privacy were afforded. Thirty-six visits could be accommodated at any given time, with visits sessions booked in blocks of an hour. Prisoners on the Heathfield unit were collected at the start of each session but prisoners on the Onslow unit were brought over at the start of visits, even if their visit was not until a later session. Some prisoners therefore had to wait as long as an hour and 45 minutes to attend visits, which caused frustration. All prisoners had to wear bibs during visits.

9.82 The prison had run only four family visits in the 12 months before the inspection, which we considered insufficient for the size of the prison population.

9.83 At the time of the inspection, there were no parenting courses being run. Two courses had been delivered in the previous year: the Family Man programme, delivered by PACT, and Time for Families, run by the prison. There were no plans to resurrect either of these programmes or to look at alternative provision.

Further recommendations

- 9.84 The prison should undertake regular visitor surveys, to establish visitors' experiences and identify any particular problems.
- 9.85 The prison should continue with both induction visits and the homework club, or make similar provision available.
- 9.86 Prisoners from the Onslow unit should not have to wait long periods for their visits.
- 9.87 Prisoners should not have to wear bibs during visits.
- 9.88 The prison should deliver a sufficient number of family days to meet demand.
- 9.89 The prison should offer parenting courses.

Attitudes, thinking and behaviour

- 9.90 **Sufficient places on the enhanced thinking skills programme should be available to meet the demands of Heathfield unit prisoners. (8.97)**

Achieved. The thinking skills programme (TSP) had replaced enhanced thinking skills. The number of places had been increased and met the current identified need on the Heathfield Unit. Waiting times to access a place on the TSP were reasonable.

- 9.91 **Structured assessment of risk and need (SARN) reports should be completed by the specified timescales. (8.98)**

Achieved. The backlog of SARN reports had been dealt with by allocating dedicated staff to undertake them.

- 9.92 **Non-sex offender prisoners should not be held on Onslow unit. (8.99)**

Not achieved. Ninety-four out of 343 offenders on the Onslow unit at the time of the inspection were convicted of non-sexual offences, which was a similar percentage to that found in the previous inspection.

We repeat the recommendation.

Additional information

- 9.93 Staff shortages had impacted on the achievement of targets for programme completion in 2009/10 and the programme delivery team had been reduced by nine staff over the previous two years. The absence of chartered psychologists had limited the amount of treatment management time available and the remaining facilitators had suffered from delivering back-to-back programmes. Some recent recruitment had been successful, although the head of psychology and interventions post had been vacant since April 2010. Delivery of offender behaviour programmes was now on target.

- 9.94 The TSP had a completion target of 81 for 2010/11 and by the end of January 2011 64 prisoners had completed it. The sex offender treatment programme (SOTP) had a completion

target of 66 and by the end of January 2011 42 had completed it. Both were on target to achieve the completions for 2010/11.

- 9.95 The attitudes, thinking and behaviour needs analysis had not been kept up to date, despite being specified within the reducing reoffending strategy. A recent needs analysis undertaken by NOMS London was to be used to inform the future strategy. The Sycamore Tree programme, delivered by the chaplaincy, provided victim awareness work but was due to end during 2011.
- 9.96 While the number of places on the TSP and SOTP largely met the identified need (see recommendation 9.90), the backlog in OASys assessments (see recommendation 9.18) meant that some needs may not have been identified.
- 9.97 A range of assessments were undertaken, including one looking at IQ and another identifying responsiveness and diversity issues, with the aim of improving engagement. However, programme staff were not involved in the induction programme for new prisoners on the Heathfield unit, which limited the amount of information given. Work aimed at motivation of sexual offenders in denial of their offences continued and the use of programme graduates was positive. However, recent recruitment to this role had not been successful.
- 9.98 Only a quarter of prisoners responding to our survey said they had been helped to address their offending behaviour while at the establishment, which was fewer than at comparator prisons and than at the time of the previous inspection.

Further recommendations

- 9.99 The attitudes, thinking and behaviour needs analysis should be kept up to date.
- 9.100 Programme staff should be involved in the induction programme.

Section 10: Summary of recommendations, housekeeping points and good practice

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

Main recommendation

To the Deputy Director of Custody

- 10.1 The Deputy Director of Custody should ensure that all staff, and particularly senior managers, understand that prisoner care is their prime responsibility at all times. (HP54)

Main recommendations

To the governor

- 10.2 Prisoners should only be moved from the stabilisation/first night unit when it has been confirmed by health services staff that it is medically safe to do so. (HP52)
- 10.3 The induction programme should be redesigned to ensure that prisoners gain a good understanding of the routines and rules of the establishment and have the opportunity to meet representatives from key departments. (HP53)
- 10.4 Identified managers should be accountable for ensuring an effective violence reduction strategy – involving coordinated action by safer custody and security functions and informed by prisoner consultation, rigorous investigation of all actual and potential incidents and analysis of the relevant data – is consistently implemented so that actual and potential victims of bullying are protected. (HP55)
- 10.5 Managers should adopt a whole-prison approach to keeping prisoners safe from self-harm that includes purposeful activity, better use of prisoner consultation and full engagement from prison officers and managers. (HP56)
- 10.6 Managers should ensure that low level domestic issues are promptly resolved by residential staff on the wings. Complaints and application processes should be consistently implemented and managers should ensure prisoners receive timely responses that address the issues raised. (HP57)
- 10.7 The prison should develop an overarching diversity strategy and plans for each diversity strand and foreign national prisoners. These should meet the requirements of equality legislation, outline how the needs of all minority groups will be met and be regularly reviewed. The strategy and plans should be based on relevant monitoring data and comprehensive consultation with staff and prisoners in each of the areas of concern identified in this report. They should be resourced by consistent staff with the training and time to fulfil their responsibilities effectively. The prison's commitment to diversity should be led by the governing governor and senior staff, overseen by sound governance arrangements and visibly promoted throughout the prison. (HP58)
- 10.8 The prison should work with UKBA to develop and implement a comprehensive foreign nationals strategy that can meet all the needs of its new role as one of the main centres for this group. Prisoners beyond the end of their sentence should not be retained at the prison. (HP59)

- 10.9 Time out of cell should be significantly increased for all prisoners and this should include regular and consistent association time, daily opportunities for at least one hour's exercise in the fresh air and access to recreational PE at least twice a week. (HP60)
- 10.10 The use of force should continue to be reduced by rigorous recording and review of all incidents to ensure that de-escalation techniques are used wherever possible. (HP61)
- 10.11 The role and purpose of the segregation unit should be defined and delivered by an appropriate regime and targets for individual prisoners by regular interactions with staff selected and trained to undertake the role. (HP62)
- 10.12 All prisoners should be aware, at the earliest opportunity, of the range of resettlement pathways, what they can offer and whom to contact. Short-term and remand prisoners should have individual custody plans based on the London Initial Screening Assessment and Referral (LISAR) assessment. (HP63)

Recommendations

To Wandsworth PCT

- 10.13 Wandsworth Primary Care Trust should commission a health needs assessment to identify the health care requirements at the prison, and this should be reviewed annually. (5.7)
- 10.14 A formal inspection of the new surgery facility should be carried out. (5.53)

Recommendations

To UKBA

- 10.15 All prisoners of potential interest to the UK Border Agency should be interviewed within the first week of their arrival at the establishment, to identify their nationality. (4.51)
- 10.16 Progress reports should be provided in prisoners' own language to those who do not have a good understanding of written English. (4.52)

Recommendations

To the governor

Courts, escorts and transfers

- 10.17 At least 24 hours' notice of planned transfers should be provided to prisoners. (1.2)
- 10.18 The reception area should provide sufficient adequately sized holding rooms safely to hold the number of prisoners arriving at and departing from the prison during busy periods. (1.4)
- 10.19 Embarkation of prisoners should be efficient and minimise waiting times to a reasonable period. (1.12)
- 10.20 The practice of handcuffing category D prisoners should cease. (1.13)

First days in custody

- 10.21 All staff should refer to prisoners by title or preferred name. (1.14)
- 10.22 Initial interviews in reception should be conducted in private. (1.19)

- 10.23 A Listener should be employed in reception. (1.20)
- 10.24 All prisoners should undergo all elements of the first night process, subject to medical and security assessment. (1.23)
- 10.25 Prisoners should be offered a supervised free telephone call on their first night unless there is clear intelligence to the contrary. (1.25)
- 10.26 The gated cells on the first night unit should be relocated. (1.26)
- 10.27 All induction materials should be up to date and available in an appropriate range of languages. (1.30)

Residential units

- 10.28 Managers should ensure that plans for the refurbishment of Onslow unit include provision of equal access to facilities and services for older and less able prisoners. (2.2)
- 10.29 All prisoners, including those on the first night unit and those with disabilities, should be able to have a shower every day in clean and well maintained facilities with adequate privacy. (2.13)
- 10.30 A rigorous system of cell checks should ensure that all cells provide decent living conditions and are clean before allocation to a new occupant and are at all times free of graffiti, adequately furnished with tables and chairs, maintained to a reasonable standard, have rigid screening for the toilet and with the offensive display policy enforced. (2.14)
- 10.31 All emergency cell call bells should be answered within five minutes, and the rules regarding their use should be revised to offer a more flexible and appropriate facility. (2.15)
- 10.32 Prisoners should be given sufficient time to make daily telephone calls to numbers on an efficiently updated list and at times appropriate for those they are calling, from an adequate number of working telephones with suitable privacy. (2.16)
- 10.33 Prisoners on the standard level of the incentives and earned privileges (IEP) scheme should be able to wear their own clothes. (2.17)
- 10.34 All prisoners wearing prison-issue clothing should be given sufficient quantities, and of adequate quality, to last a week. (2.20)
- 10.35 All prisoners should be clearly informed of the availability of cell cleaning materials and these should be of adequate quality to ensure that toilets are maintained to an acceptable standard. (2.23)

Staff–prisoner relationships

- 10.36 Staff should receive pro-social modelling training to assist with inter-personal skills. (2.24)

Personal officers

- 10.37 The personal officer scheme should be fundamentally reviewed so that all prisoners are able to identify a consistent, individual officer who provides constructive engagement with them

throughout their sentence and named managers should be accountable for ensuring the revised scheme is implemented consistently and effectively across all wings. (2.36)

- 10.38 Personal officers should be actively engaged with offender supervisors to support prisoners in achieving sentence planning or resettlement targets where appropriate. (2.37)

Bullying and violence reduction

- 10.39 The anti-social behaviour booklet system should be used or replaced so that all wing staff are clear and confident about their role in pro-actively identifying and tackling anti-social behaviour. (3.5)
- 10.40 Links between the security department and the safer custody team should be improved. (3.7)
- 10.41 Residential managers should ensure that their staff discharge their responsibilities for safer custody and do not abdicate responsibility to the violence reduction coordinator. (3.14)

Self-harm and suicide

- 10.42 The safer prisons team should carry out an investigation following all near-death incidents and inform all staff of any subsequent learning points identified. (3.17)
- 10.43 Observations should be at irregular and unpredictable intervals, especially when prisoners are locked up. (3.21)
- 10.44 Care suites should be appropriate for both prolonged use and at night. (3.24)
- 10.45 The use of all safer cells and gated cells should be logged. (3.26)

Applications and complaints

- 10.46 Complaint forms, and information on the complaints process should be readily available in the main languages spoken by prisoners, and complaints should be accepted, where appropriate, in languages other than English. (3.38)

Legal rights

- 10.47 The block-booking and subsequent cancellation of legal visits should be monitored and addressed with legal visitors. (3.44)

Faith and religious activity

- 10.48 All prisoners should be seen by a representative of the chaplaincy team within 24 hours of arrival. (3.59)

Substance use

- 10.49 Prisoners should be informed about blood-borne viruses and offered vaccinations for hepatitis A and B. (3.60)

- 10.50 First night prescribing of opiate substitution medication should be introduced without further delay. (3.78)
- 10.51 All cell door observation hatches should be made safe and usable on the stabilisation unit. (3.79)
- 10.52 Thirteen-week clinical reviews, attended by all treatment providers, should be introduced as a matter of urgency. (3.80)
- 10.53 Treatment facilities on D wing should be refurbished to provide an appropriate environment for the administration of controlled drugs. (3.81)
- 10.54 During the administration of medication, steps should be taken to confirm the patient's identity using photographic identification. (3.82)
- 10.55 Health services staff should be involved in the planning of all new and improved treatment facilities. (3.83)
- 10.56 Medication administration procedures should be reviewed to ensure prisoner safety and to minimise the risk of diversion of medication. (3.84)

Diversity

- 10.57 Equality orderlies should be appointed and provided with adequate training and support. (4.5)
- 10.58 Staff should be trained in diversity awareness, including sexual orientation and transgender issues. (4.8)

Diversity: race equality

- 10.59 The race equality action plan should address the needs of Traveller and Gypsy prisoners. (4.26)
- 10.60 All staff should be aware of how to use racist incident forms appropriately and quality control of investigations should include external scrutiny, complainant feedback and monitoring by managers. (4.27)

Diversity: foreign nationals

- 10.61 All prisoners with close family abroad who are unable to visit should be provided with a free five-minute telephone call every month. (4.36)
- 10.62 Professional interpreting services, rather than other prisoners, should be used for all formal procedures with prisoners who do not have a good understanding of English. (4.38)
- 10.63 Prisoners should be informed of the intention to deport them at least three months before the end of their sentence. (4.39)
- 10.64 Foreign national prisoners' understanding of prison processes and their ability to access services should be verified with them regularly. (4.49)

- 10.65 The foreign nationals coordinator should be kept informed of removals and repatriation of prisoners and check that they have been adequately prepared. (4.50)

Diversity: disability and older prisoners

- 10.66 There should be a system for identifying the cells of prisoners requiring assistance with evacuation on Heathfield unit. (4.54)
- 10.67 The day unit on Onslow unit should be available daily. (4.56)
- 10.68 An accurate record should be maintained of all prisoners who declare a disability, and the nature of their needs. (4.63)
- 10.69 There should be care plans for all older prisoners and those with disabilities who require them and these should be reviewed regularly. (4.64)
- 10.70 There should be sufficient accommodation and facilities provided to meet the needs of older prisoners and those with disabilities on the Heathfield unit. (4.65)
- 10.71 Prisoners beyond retirement age should not be required to pay for their television. (4.66)
- 10.72 Retired prisoners and those with disabilities who are unable to work should be unlocked during the day. (4.67)

Health services

- 10.73 The planned reorganisation for primary care delivery should be completed as soon as possible. Health services staff and prisoners should then be surveyed and monitored to ascertain any service improvement and implement further changes if required. (5.2)
- 10.74 Implementation of planned work to reorganise health care delivery and create new primary care facilities should proceed before further assessment of communication across the health departments. (5.4)
- 10.75 Existing staff vacancies should be filled. (5.8)
- 10.76 The primary care team should ensure regular representation on the clinical governance meeting. (5.16)
- 10.77 Additional automated external defibrillators should be available to discipline staff. (5.17)
- 10.78 Prisoners should have access to a dedicated health care forum. (5.18)
- 10.79 Prisoners should have access to life-long condition clinics. (5.20)
- 10.80 Immunisation programmes should be reintroduced as soon as staff have been appropriately trained. (5.21)
- 10.81 A record of the failings of the GP appointment system should be made and evidence of data inconsistencies used to address the problems with the appointment system. (5.23)

- 10.82 Triage algorithms should be developed to ensure consistency of advice and treatment to all prisoners. (5.24)
- 10.83 The future plans to integrate all mental health service provision should be implemented as soon as possible. Sufficient cover should be provided to meet unforeseen demands on the mental health team. (5.26)
- 10.84 Information about the health services and how to access them should be provided to all prisoners. Written information should be available in a range of languages and health services staff should contribute to the induction process. (5.32)
- 10.85 Health promotion literature in a range of languages should be widely available to prisoners. (5.33)
- 10.86 Use of drugs that are liable to abuse should be audited, to demonstrate that prescribing is evidence based. (5.36)
- 10.87 All appropriate staff should adhere to the medicines management policies and procedures, and provide signatory evidence that adopted procedures have been read. (5.37)
- 10.88 The involvement of a pharmacist and/or pharmacy technicians in the provision of the pharmacy service should be encouraged to provide counselling sessions, clinics and medication review. (5.44)
- 10.89 Patient confidentiality should be respected at medication administration times. (5.45)
- 10.90 Patients should be provided with a facility to store their medication securely. (5.46)
- 10.91 Care should be taken to make full and complete records of administration of medicines, including special sick. Compliance should be monitored where appropriate. (5.47)
- 10.92 Patient group directions should be introduced to allow the supply of more potent medicines by nursing staff where appropriate. (5.48)
- 10.93 Triage algorithms should be used by dental staff to ensure consistency of treatment and assist in the prioritising of patients. (5.54)
- 10.94 All inpatient beds should be removed from the prison list of certified normal accommodation. (5.60)
- 10.95 Day care services should be provided for patients having difficulties coping on the wings. (5.62)

Time out of cell

- 10.96 Association should not coincide with corporate worship. (6.2)
- 10.97 The activities available for those on association should be expanded. (6.4)
- 10.98 Note should be taken of prisoners who do not participate in association, and this should be monitored for potential information about vulnerability. (6.7)
- 10.99 The core day should be updated, advertised and adhered to. (6.13)

Learning and skills and work activities

- 10.100 The induction to learning and skills should be more stimulating for prisoners. (6.18)
- 10.101 The induction to learning and skills should be better coordinated to ensure that plans for resettlement are fully considered when planning activities. (6.19)
- 10.102 More activities should be provided off the wings. (6.20)
- 10.103 A range of more meaningful and accredited employment opportunities should be offered to those prisoners employed on the wings. (6.21)
- 10.104 Prisoners should not be employed as 'tea orderlies'. (6.22)
- 10.105 Clear and robust procedures should be implemented to allocate prisoners to activities, to ensure fairness and transparency. (6.24)
- 10.106 More purposeful activities should be provided for those prisoners underemployed on the wings. (6.26)
- 10.107 The prison should provide vocational training for more prisoners and ensure existing provision is used to full capacity. (6.29)
- 10.108 Computer and internet access should be provided for prisoners who require it for their studies. (6.30)
- 10.109 Punctuality should be improved across all learning and skills areas, to ensure that prisoners make full use of activity time. (6.32)
- 10.110 Individual learning plans should have clearer targets and should include better recording of progress and achievements. (6.34)
- 10.111 The space available for individual and group study in the Onslow library should be increased. (6.37)
- 10.112 Access to both libraries, particularly for prisoners on the Heathfield unit and those in full-time activities, should be improved. (6.41)
- 10.113 Library assistants should be provided with accredited training which leads to a qualification. (6.42)
- 10.114 The library should open at weekends. (6.43)
- 10.115 Toe by Toe mentors should be unlocked to deliver their service when required. (6.44)

Physical education and health promotion

- 10.116 Modesty screens should be provided in PE shower areas. (6.46)
- 10.117 Better use should be made of the all-weather outdoor pitch. (6.51)

10.118 The prison should ensure that the condition of shower areas is improved. (6.52)

10.119 Prisoners without their own PE kit should be provided with the items they require. (6.53)

Security and rules

10.120 The results of reviews of closed and banned visits should specify why an extension to the restrictions has been made. (7.2)

10.121 Members of the safer custody team should attend security committee meetings and have unrestricted access to security information reports relating to violence and self-harm matters. (7.8)

10.122 Prisoners should only be placed on closed visits as a result of visits-related activity. (7.9)

10.123 Security collator and intelligence staff should not be diverted to other duties. (7.10)

Discipline

10.124 Prisoners who have problems understanding English should be provided with appropriate assistance with adjudication documentation. This assistance should be continued for the adjudication itself. (7.12)

10.125 Adjudication records should show that a full enquiry has been made into the circumstances of the charge. (7.13)

10.126 Collective punishments should not be threatened or used. (7.21)

10.127 Safer custody issues raised by prisoners during adjudications should be fully recorded and followed up. (7.22)

10.128 Adjudications carried out when the prisoner refuses to attend should record the contact made with the prisoner at key stages during the process and include his evidence and questions as part of the full enquiry into the circumstances that led to the adjudication. (7.23)

10.129 Quality assurance processes for adjudications should be recorded. (7.24)

10.130 Handcuffs should only be used when there is evidence to support their use. (7.29)

10.131 Initial review boards for segregation should be carried out by a multidisciplinary team. (7.42)

10.132 Mandatory health screens should be fully completed for all residents in the segregation unit. (7.51)

10.133 Segregation reviews should be fully recorded. (7.52)

10.134 Access to showers and telephones on the segregation unit should not be restricted as a punishment. (7.53)

10.135 Prisoners in the segregation unit should be allowed to retain their televisions. (7.54)

Incentives and earned privileges

- 10.136 Prisoners should only have their IEP status downgraded following a single serious incident in exceptional circumstances and this should follow an IEP review that considers the prisoner's overall conduct and performance. (7.58)
- 10.137 Contradictions should be removed from the IEP policy and the policy should be applied consistently across all units. (7.63)
- 10.138 Quality assurance of review boards should be carried out. (7.64)
- 10.139 The use of pre-printed IEP warning slips should be discontinued. (7.65)

Catering

- 10.140 Breakfast should be served in the mornings, rather than being issued in packs the previous night. (8.1)
- 10.141 Lunch should be served between noon and 1.30pm and dinner between 5pm and 6.30pm. (8.9)

Prison shop

- 10.142 There should be a greater selection of items available to black and minority ethnic and Muslim prisoners. (8.10)
- 10.143 Prisoners who arrive at reception without private money should be offered an advance to purchase a reception pack. (8.11)
- 10.144 All arriving prisoners should be offered credit for the telephone. (8.12)
- 10.145 Prisoners should be able to place a full shop order within 24 hours of arrival. (8.22)
- 10.146 There should be an annual survey of prisoners, better to inform the operation of the prison shop. (8.23)

Strategic management of resettlement

- 10.147 Attendance at the quarterly reducing reoffending meetings should be improved, with written reports submitted if attendance is not possible. (9.2)
- 10.148 The monthly London Initial Screening and Referral (LISAR) data, and any trends identified should be a standard agenda item at the reducing reoffending policy committee meeting. (9.3)
- 10.149 A revised reducing reoffending strategy should be based on a thorough needs analysis, including a focus on black and minority ethnic and foreign national prisoners and other relevant aspects of diversity. (9.5)
- 10.150 The reducing reoffending strategy should be reviewed and contain specific time-bounded actions assigned to specific managers. (9.11)

10.151 The management of resettlement should be structured to provide effective direction and oversight of all pathways. (9.12)

Offender management and planning

10.152 Public protection officers should contribute to sentence planning boards in relevant cases. (9.15)

10.153 The backlog of offender assessment system (OASys) assessments should be cleared. (9.18)

10.154 Lifer forums should be open to all indeterminate-sentenced prisoners. (9.20)

10.155 An analysis of applications for release on temporary licence and home detention curfew should be undertaken to identify reasons for the low level of successful applications and measures introduced to improve the success rate. (9.24)

10.156 An offender management strategy should be developed to specify and integrate the different functions within the offender management unit (OMU) and across the prison, including resettlement and the personal officer scheme. (9.29)

10.157 A clear recruitment process for selecting staff to work in the OMU should be developed and implemented, to ensure appropriate competencies and skills. (9.30)

10.158 Prisoners should be notified of their transfer in advance, and a review held when concerns are expressed. (9.33)

10.159 The prison should record the time taken to transfer prisoners and use the data to achieve improvements in outcomes. (9.38)

10.160 The number of category D prisoners held at the establishment should be limited to the agreed level of six. (9.39)

10.161 The cross-deployment of PPU staff should be reduced or stopped. (9.44)

10.162 Indeterminate-sentenced prisoners should be able to access one-to-one offending behaviour work. (9.47)

Resettlement pathways

10.163 The prison should analyse the reasons for the number of prisoners released without an address and take appropriate action. (9.50)

10.164 Prisoners not registered with a GP in the community should be given information on how to do so. (9.53)

10.165 Prisoners should have the facility to open a bank account before their release. (9.56)

10.166 Any mixing of vulnerable prisoners with general location prisoners for substance use group work should be subject to thorough and individualised risk assessments. (9.71)

- 10.167 Short duration drug programme (SDP) facilitators should be included in the integrated drug treatment system (IDTS) case reviews of prisoners who are taking part in both the IDTS and the SDP. (9.72)
- 10.168 Access to the visits line should be improved to deal with the volume of calls received, and the automated message should give the correct information at all times. (9.73)
- 10.169 The internal visits booking system should be promoted to prisoners, and staff should be briefed on its use in order to advise prisoners. (9.74)
- 10.170 The internal visits booking form should allow prisoners the opportunity to give a number of options in day/date. (9.75)
- 10.171 Closed visits should not be imposed after a positive drug dog indication unless supported by additional intelligence. (9.77)
- 10.172 The prison should undertake regular visitor surveys, to establish visitors' experiences and identify any particular problems. (9.84)
- 10.173 The prison should continue with both induction visits and the homework club, or make similar provision available. (9.85)
- 10.174 Prisoners from the Onslow unit should not have to wait long periods for their visits. (9.86)
- 10.175 Prisoners should not have to wear bibs during visits. (9.87)
- 10.176 The prison should deliver a sufficient number of family days to meet demand. (9.88)
- 10.177 The prison should offer parenting courses. (9.89)
- 10.178 Non-sex offender prisoners should not be held on Onslow unit. (9.92)
- 10.179 The attitudes, thinking and behaviour needs analysis should be kept up to date. (9.99)
- 10.180 Programme staff should be involved in the induction programme. (9.100)

Housekeeping points

First days in custody

- 10.181 Prisoners' understanding of the induction programme should be verified before they are deemed to have completed it. (1.29)

Residential units

- 10.182 Written information about the sending in of clothing to prisoners and access to stored property should be given to prisoners during induction. (2.21)

Health services

- 10.183 A record of checks of automated external defibrillators should be made daily. (5.19)
- 10.184 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request. (5.49)

Time out of cell

- 10.185 Wet weather clothing should be available for issue. (6.6)

Security and rules

- 10.186 Copies of the establishment rules should be displayed in residential areas. (7.11)

Discipline

- 10.187 Managers should investigate the reasons behind the high number of dismissed adjudications and take action to reduce them. (7.25)

Incentives and earned privileges

- 10.188 IEP reviews should be fully recorded and show the outcome. (7.66)

Strategic management of resettlement

- 10.189 All prisoners should attend appointments as planned. (9.13)

Resettlement pathways

- 10.190 Information displayed on noticeboards should be accurate and up to date. (9.59)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Martin Lomas	Team leader
Andrew Rooke	Inspector
Karen Dillon	Inspector
Paul Rowlands	Inspector
Sandra Fieldhouse	Inspector
Keith McInnis	Inspector
Gordon Riach	Inspector

Joe Simmonds	Researcher
Rachel Murray	Researcher
Hayley Cripps	Researcher
Michael Skidmore	Researcher

Specialist inspectors

Elizabeth Tysoe	Health services inspector
Michael Bowen	Health services inspector
Paul Roberts	Drugs inspector
Sharon Monks	Pharmacist
Martin Wedgwood	Dentist

Neil Edwards	Ofsted inspector
Karen Adriaanse	Ofsted inspector
Daniel Burton	Ofsted inspector
Ian Hanscombe	Ofsted inspector

Appendix II: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced		1024	62.7
Recall		5	0.1
Convicted unsentenced		200	12.2
Remand		311	19
Civil prisoners		0	0
Detainees		93	5.6
Total		1,633	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced		615	37.6
Less than 6 months		148	9
6 months to less than 12 months		75	4.6
12 months to less than 2 years		165	10.1
2 years to less than 4 years		170	10.4
4 years to less than 10 years		293	17.9
10 years and over (not life)		100	6.1
ISPP			
Life		110	6.7
Total		1,676	100

Age	Number of prisoners	%
Please state minimum age		
Under 21 years		
21 years to 29 years	554	33
30 years to 39 years	522	31.1
40 years to 49 years	368	21.9
50 years to 59 years	158	9.4
60 years to 69 years	55	3.2
70 plus years	19	1.1
Please state maximum age		
Total	1,676	100

Nationality	18–20-year-olds	21 and over	%
British		995	63.2
Foreign nationals		578	36.7
Total		1,573	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced		761	45.5
Uncategorised sentenced		59	3.5
Category A			
Category B		126	7.5
Category C		687	41

Category D		39	2.3
Other			
Total		1,672	100

Ethnicity	18–20-year-olds	21 and over	%
White		956	57
British		567	33.8
Irish		27	1.6
Other white		362	21.6
Mixed		53	3.2
White and black Caribbean		19	1.1
White and black African		2	0.1
White and Asian		1	0.1
Other mixed		31	1.8
Asian or Asian British		131	7.8
Indian		32	1.9
Pakistani		13	0.8
Bangladeshi		11	0.8
Other Asian		75	4.4
Black or black British		356	21.2
Caribbean		155	9.2
African		101	6
Other black		100	6
Chinese or other ethnic group		34	2
Chinese		13	0.8
Other ethnic group		21	1.2
Not stated		146	8.7
Total		1,676	100

Religion	18–20-year-olds	21 and over	%
Baptist		6	0.3
Church of England		359	22.2
Roman Catholic		437	27
Other Christian denominations		166	10.3
Muslim		311	19.3
Sikh		12	0.7
Hindu		28	1.7
Buddhist		50	3.1
Jewish		10	0.6
Other		10	0.6
No religion		226	14
Total		1,615	100

Sentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			222	20.1
1 month to 3 months			239	21.6
3 months to 6 months			198	17.9
6 months to 1 year			257	23.2
1 year to 2 years			149	13.5
2 years to 4 years			36	3.2
4 years or more			5	0.4
Total			1,106	100

Unsentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			231	40.3
1 month to 3 months			148	26
3 months to 6 months			113	19.8
6 months to 1 year			68	11.9
1 year to 2 years			10	1.7
2 years to 4 years				
4 years or more				
Total			570	100

Main offence	18-20-year-olds	21 and over	%
Violence against the person			
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded/holding warrant			
Total			

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.

Choosing the sample size

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

At the time of the survey on 22 February 2011, the prisoner population at HMP Wandsworth was 1,615. The sample size was 243. Overall, this represented 15% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. In this case, no respondents required an interview.

Methodology

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

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

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

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

Response rates

In total, 196 respondents completed and returned their questionnaires. This represented 12% of the prison population. The response rate was 81%. In addition to the four respondents who refused to complete a questionnaire, 34 questionnaires were not returned and nine were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2011 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 36 local prisons since April 2006.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Wandsworth in 2009.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2011 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2011 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2011 survey between those prisoners on Onslow (G, H and K wings) with those on Heathfield (A, B, C, D and E wings).

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

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

Summary

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

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

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

Summary of prisoner survey results

Section 1: About you

Q1.2	How old are you?	
	<i>Under 21</i>	1 (1%)
	<i>21 - 29</i>	59 (30%)
	<i>30 - 39</i>	64 (33%)
	<i>40 - 49</i>	44 (23%)
	<i>50 - 59</i>	18 (9%)
	<i>60 - 69</i>	5 (3%)
	<i>70 and over</i>	3 (2%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	126 (65%)
	<i>Yes - on recall</i>	7 (4%)
	<i>No - awaiting trial</i>	31 (16%)
	<i>No - awaiting sentence</i>	26 (13%)
	<i>No - awaiting deportation</i>	4 (2%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	61 (32%)
	<i>Less than 6 months</i>	24 (12%)
	<i>6 months to less than 1 year</i>	11 (6%)
	<i>1 year to less than 2 years</i>	18 (9%)
	<i>2 years to less than 4 years</i>	23 (12%)
	<i>4 years to less than 10 years</i>	35 (18%)
	<i>10 years or more</i>	7 (4%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	10 (5%)
	<i>Life</i>	4 (2%)
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	<i>Not sentenced</i>	61 (35%)
	<i>6 months or less</i>	56 (32%)
	<i>More than 6 months</i>	56 (32%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	35 (18%)
	<i>1 to less than 3 months</i>	45 (23%)
	<i>3 to less than 6 months</i>	30 (15%)
	<i>6 to less than 12 months</i>	26 (13%)
	<i>12 months to less than 2 years</i>	29 (15%)
	<i>2 to less than 4 years</i>	18 (9%)
	<i>4 years or more</i>	12 (6%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	54 (28%)

No..... 136 (72%)

Q1.8 Is English your first language?

Yes..... 131 (71%)
 No..... 54 (29%)

Q1.9 What is your ethnic origin?

<i>White - British</i>	66 (34%)	<i>Asian or Asian British - Bangladeshi</i>	1 (1%)
<i>White - Irish</i>	3 (2%)	<i>Asian or Asian British - Other</i>	5 (3%)
<i>White - Other</i>	37 (19%)	<i>Mixed race - White and black Caribbean</i>	8 (4%)
<i>Black or black British - Caribbean</i>	29 (15%)	<i>Mixed race - White and black African</i>	2 (1%)
<i>Black or black British - African</i>	18 (9%)	<i>Mixed race - White and Asian</i>	1 (1%)
<i>Black or black British - Other...</i>	2 (1%)	<i>Mixed race - Other</i>	4 (2%)
<i>Asian or Asian British - Indian</i>	6 (3%)	<i>Chinese</i>	1 (1%)
<i>Asian or Asian British - Pakistani</i>	4 (2%)	<i>Other ethnic group</i>	8 (4%)

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

Yes..... 10 (5%)
 No..... 173 (95%)

Q1.11 What is your religion?

<i>None</i>	30 (16%)	<i>Hindu</i>	4 (2%)
<i>Church of England</i>	41 (22%)	<i>Jewish</i>	0 (0%)
<i>Catholic</i>	54 (29%)	<i>Muslim</i>	32 (17%)
<i>Protestant</i>	3 (2%)	<i>Sikh</i>	1 (1%)
<i>Other Christian denomination</i>	16 (8%)	<i>Other</i>	1 (1%)
<i>Buddhist</i>	7 (4%)		

Q1.12 How would you describe your sexual orientation?

Heterosexual/straight..... 175 (95%)
Homosexual/gay..... 2 (1%)
Bisexual..... 4 (2%)
Other..... 3 (2%)

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

Yes..... 43 (22%)
 No..... 150 (78%)

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

<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
81 (42%)	38 (19%)	41 (21%)	35 (18%)

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

<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
107 (57%)	68 (36%)	12 (6%)

Q1.16	Do you have any children under the age of 18?	
	Yes	92 (47%)
	No	104 (53%)

Section 2: Courts, transfers and escorts

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

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van?	21 (11%)	84 (44%)	40 (21%)	23 (12%)	20 (10%)	4 (2%)	1 (1%)
Your personal safety during the journey?	22 (12%)	95 (53%)	24 (13%)	26 (14%)	10 (6%)	1 (1%)	2 (1%)
The comfort of the van?	6 (3%)	24 (13%)	29 (15%)	58 (31%)	70 (37%)	2 (1%)	1 (1%)
The attention paid to your health needs?	14 (8%)	37 (21%)	40 (22%)	36 (20%)	38 (21%)	3 (2%)	10 (6%)
The frequency of toilet breaks?	7 (4%)	26 (14%)	33 (18%)	28 (15%)	54 (29%)	0 (0%)	38 (20%)

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

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
76 (39%)	85 (44%)	22 (11%)	5 (3%)	5 (3%)

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
21 (11%)	90 (47%)	52 (27%)	20 (10%)	9 (5%)	1 (1%)

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

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	131 (68%)	61 (31%)	2 (1%)
Before you arrived here did you receive any written information about what would happen to you?	23 (12%)	160 (84%)	7 (4%)
When you first arrived here did your property arrive at the same time as you?	140 (75%)	30 (16%)	16 (9%)

Section 3: Reception, first night and induction

Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)

<i>Didn't ask about any of these</i>	37 (20%)	<i>Money worries</i>	24 (13%)
<i>Loss of property</i>	24 (13%)	<i>Feeling depressed or suicidal</i>	73 (39%)
<i>Housing problems</i>	43 (23%)	<i>Health problems</i>	92 (50%)

Contacting employers	16 (9%)	Needing protection from other prisoners.....	23 (12%)
Contacting family.....	104 (56%)	Accessing phone numbers...	61 (33%)
Ensuring dependants were being looked after	30 (16%)	Other.....	5 (3%)

Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

Didn't have any problems	25 (14%)	Money worries.....	40 (23%)
Loss of property.....	32 (18%)	Feeling depressed or suicidal.	40 (23%)
Housing problems.....	60 (35%)	Health problems.....	59 (34%)
Contacting employers	19 (11%)	Needing protection from other prisoners	11 (6%)
Contacting family.....	75 (43%)	Accessing phone numbers.....	80 (46%)
Ensuring dependants were looked after	18 (10%)	Other.....	3 (2%)

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	136 (70%)	45 (23%)	12 (6%)
When you were searched, was this carried out in a respectful way?	128 (69%)	51 (28%)	6 (3%)

Q3.4 Overall, how well did you feel you were treated in reception?

Very well	Well	Neither	Badly	Very badly	Don't remember
7 (4%)	77 (39%)	48 (24%)	41 (21%)	21 (11%)	2 (1%)

Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)

Information about what was going to happen to you	59 (32%)
Information about what support was available for people feeling depressed or suicidal	56 (30%)
Information about how to make routine requests	39 (21%)
Information about your entitlement to visits.....	43 (23%)
Information about health services	57 (31%)
Information about the chaplaincy	68 (37%)
Not offered anything	78 (42%)

Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)

A smokers/non-smokers pack.....	131 (68%)
The opportunity to have a shower.....	52 (27%)
The opportunity to make a free telephone call.....	54 (28%)
Something to eat.....	148 (77%)
Did not receive anything	18 (9%)

Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)

Chaplain or religious leader	73 (40%)
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Someone from health services	118 (64%)
A Listener/Samaritans.....	15 (8%)
Did not meet any of these people.....	44 (24%)

Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?

Yes	16 (8%)
No.....	174 (92%)

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

Yes	115 (60%)
No.....	63 (33%)
Don't remember.....	13 (7%)

Q3.10 How soon after your arrival did you go on an induction course?

Have not been on an induction course.....	61 (32%)
Within the first week	61 (32%)
More than a week	51 (27%)
Don't remember.....	15 (8%)

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

Have not been on an induction course.....	61 (33%)
Yes	45 (24%)
No.....	68 (36%)
Don't remember.....	13 (7%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is to?

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	14 (7%)	48 (26%)	22 (12%)	51 (27%)	36 (19%)	16 (9%)
Attend legal visits?	10 (6%)	63 (36%)	26 (15%)	42 (24%)	9 (5%)	25 (14%)
Obtain bail information?	4 (2%)	23 (14%)	23 (14%)	34 (20%)	36 (21%)	48 (29%)

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	35 (19%)
Yes	68 (36%)
No.....	85 (45%)

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

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	93 (49%)	90 (48%)	4 (2%)	2 (1%)
Are you normally able to have a shower every day?	103 (54%)	86 (45%)	2 (1%)	0 (0%)
Do you normally receive clean sheets every week?	155 (82%)	27 (14%)	6 (3%)	2 (1%)
Do you normally get cell cleaning materials every week?	79 (42%)	101 (54%)	7 (4%)	1 (1%)
Is your cell call bell normally answered within five minutes?	49 (26%)	117 (62%)	16 (8%)	7 (4%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	123 (66%)	61 (33%)	3 (2%)	0 (0%)
Can you normally get your stored property, if you need to?	32 (17%)	116 (62%)	27 (14%)	12 (6%)

Q4.4 What is the food like here?

Very good	Good	Neither	Bad	Very bad
10 (5%)	67 (35%)	53 (27%)	35 (18%)	28 (15%)

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

Have not bought anything yet	12 (6%)
Yes.....	102 (53%)
No.....	77 (40%)

Q4.6 Is it easy or difficult to get:

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	56 (30%)	74 (40%)	13 (7%)	21 (11%)	10 (5%)	12 (6%)
An application form	47 (26%)	74 (41%)	18 (10%)	22 (12%)	13 (7%)	7 (4%)

Q4.7 Have you made an application?

Yes.....	170 (89%)
No.....	20 (11%)

Q4.8 Please answer the following questions concerning applications:

(If you have not made an application please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	20 (11%)	85 (46%)	78 (43%)
Do you feel <i>applications</i> are dealt with promptly (within seven days)?	20 (11%)	61 (35%)	93 (53%)

Q4.9 Have you made a complaint?

Yes.....	84 (44%)
----------	----------

No..... 106 (56%)

Q4.10 Please answer the following questions concerning complaints:

(If you have not made a complaint please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	106 (58%)	18 (10%)	58 (32%)
Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	106 (58%)	19 (10%)	59 (32%)
Were you given information about how to make an appeal?	67 (41%)	30 (18%)	68 (41%)

Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?

Not made a complaint	106 (56%)
Yes.....	22 (12%)
No.....	60 (32%)

Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

<i>Don't know who they are</i>	Very easy	Easy	Neither	Difficult	Very difficult
73 (39%)	6 (3%)	22 (12%)	34 (18%)	30 (16%)	22 (12%)

Q4.13 What level of the IEP scheme are you on now?

Don't know what the IEP scheme is	29 (15%)
<i>Enhanced</i>	49 (26%)
<i>Standard</i>	106 (55%)
<i>Basic</i>	2 (1%)
<i>Don't know</i>	6 (3%)

Q4.14 Do you feel you have been treated fairly in your experience of the IEP scheme?

Don't know what the IEP scheme is	29 (16%)
Yes	67 (36%)
No	58 (31%)
<i>Don't know</i>	32 (17%)

Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?

Don't know what the IEP scheme is	29 (16%)
Yes	64 (35%)
No.....	65 (36%)
<i>Don't know</i>	24 (13%)

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

	Yes	No
In the last six months have any members of staff physically restrained you (C&R)?	16 (9%)	172 (91%)
In the last six months have you spent a night in the segregation /care and separation unit?	12 (6%)	173 (94%)

Q4.17	Please answer the following questions about your religious beliefs?	Yes	No	<i>Don't know/ N/A</i>
	Do you feel your religious beliefs are respected?	106 (56%)	35 (19%)	48 (25%)
	Are you able to speak to a religious leader of your faith in private if you want to?	85 (49%)	32 (18%)	58 (33%)
Q4.18	Can you speak to a listener at any time, if you want to?	Yes 84 (44%)	No 17 (9%)	<i>Don't know</i> 89 (47%)
Q4.19	Please answer the following questions about staff in this prison?	Yes	No	
	Is there a member of staff you can turn to for help if you have a problem?	109 (58%)	79 (42%)	
	Do most staff treat you with respect?	102 (56%)	80 (44%)	

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?	Yes 88 (46%)	No 104 (54%)																				
Q5.2	Do you feel unsafe in this prison at the moment?	Yes 46 (24%)	No 146 (76%)																				
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)	<table border="0" style="width: 100%;"> <tr> <td><i>Never felt unsafe</i>..... 101 (56%)</td> <td><i>At mealtimes</i>..... 13 (7%)</td> </tr> <tr> <td><i>Everywhere</i>..... 21 (12%)</td> <td><i>At health services</i>..... 10 (6%)</td> </tr> <tr> <td><i>Segregation unit</i>..... 11 (6%)</td> <td><i>Visit's area</i> 16 (9%)</td> </tr> <tr> <td><i>Association areas</i>..... 19 (11%)</td> <td><i>In wing showers</i>..... 28 (16%)</td> </tr> <tr> <td><i>Reception area</i>..... 11 (6%)</td> <td><i>In gym showers</i>..... 9 (5%)</td> </tr> <tr> <td><i>At the gym</i>..... 9 (5%)</td> <td><i>In corridors/stairwells</i> 11 (6%)</td> </tr> <tr> <td><i>In an exercise yard</i> 17 (9%)</td> <td><i>On your landing/wing</i>..... 15 (8%)</td> </tr> <tr> <td><i>At work</i>..... 9 (5%)</td> <td><i>In your cell</i> 21 (12%)</td> </tr> <tr> <td><i>During movement</i>..... 13 (7%)</td> <td><i>At religious services</i>..... 6 (3%)</td> </tr> <tr> <td><i>At education</i>..... 5 (3%)</td> <td></td> </tr> </table>		<i>Never felt unsafe</i> 101 (56%)	<i>At mealtimes</i> 13 (7%)	<i>Everywhere</i> 21 (12%)	<i>At health services</i> 10 (6%)	<i>Segregation unit</i> 11 (6%)	<i>Visit's area</i> 16 (9%)	<i>Association areas</i> 19 (11%)	<i>In wing showers</i> 28 (16%)	<i>Reception area</i> 11 (6%)	<i>In gym showers</i> 9 (5%)	<i>At the gym</i> 9 (5%)	<i>In corridors/stairwells</i> 11 (6%)	<i>In an exercise yard</i> 17 (9%)	<i>On your landing/wing</i> 15 (8%)	<i>At work</i> 9 (5%)	<i>In your cell</i> 21 (12%)	<i>During movement</i> 13 (7%)	<i>At religious services</i> 6 (3%)	<i>At education</i> 5 (3%)	
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<i>During movement</i> 13 (7%)	<i>At religious services</i> 6 (3%)																						
<i>At education</i> 5 (3%)																							
Q5.4	Have you been victimised by another prisoner or group of prisoners here?	Yes 39 (21%)	No 150 (79%)																				
		If No, go to question 5.6																					
Q5.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)	<table border="0" style="width: 100%;"> <tr> <td><i>Insulting remarks (about you or your family or friends).....</i></td> <td>12 (6%)</td> <td><i>Because of your sexuality.....</i></td> <td>3 (2%)</td> </tr> </table>		<i>Insulting remarks (about you or your family or friends).....</i>	12 (6%)	<i>Because of your sexuality.....</i>	3 (2%)																
<i>Insulting remarks (about you or your family or friends).....</i>	12 (6%)	<i>Because of your sexuality.....</i>	3 (2%)																				

<i>Physical abuse (being hit, kicked or assaulted).....</i>	7 (4%)	<i>Because you have a disability</i>	9 (5%)
<i>Sexual abuse.....</i>	3 (2%)	<i>Because of your religion/religious beliefs.....</i>	7 (4%)
<i>Because of your race or ethnic origin.....</i>	13 (7%)	<i>Because of your age.....</i>	3 (2%)
<i>Because of drugs.....</i>	5 (3%)	<i>Being from a different part of the country than others.....</i>	7 (4%)
<i>Having your canteen/property taken.....</i>	10 (5%)	<i>Because of your offence/crime.....</i>	7 (4%)
<i>Because you were new here...</i>	13 (7%)	<i>Because of gang related issues.....</i>	5 (3%)

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

Yes.....	69 (36%)	If No, go to question 5.8
No.....	121 (64%)	

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

<i>Insulting remarks (about you or your family or friends).....</i>	27 (14%)	<i>Because you have a disability</i>	7 (4%)
<i>Physical abuse (being hit, kicked or assaulted).....</i>	13 (7%)	<i>Because of your religion/religious beliefs.....</i>	8 (4%)
<i>Sexual abuse.....</i>	1 (1%)	<i>Because of your age.....</i>	3 (2%)
<i>Because of your race or ethnic origin.....</i>	21 (11%)	<i>Being from a different part of the country than others.....</i>	9 (5%)
<i>Because of drugs.....</i>	9 (5%)	<i>Because of your offence/crime.....</i>	14 (7%)
<i>Because you were new here...</i>	24 (13%)	<i>Because of gang related issues.....</i>	2 (1%)
<i>Because of your sexuality.....</i>	0 (0%)		

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

Not been victimised	106 (60%)
Yes.....	25 (14%)
No.....	47 (26%)

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?

Yes.....	42 (22%)
No.....	146 (78%)

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?

Yes.....	54 (29%)
No.....	134 (71%)

Q5.11 Is it easy or difficult to get illegal drugs in this prison?

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
30 (16%)	20 (11%)	13 (7%)	8 (4%)	8 (4%)	111 (58%)

Section 6: Health Services

Q6.1 How easy or difficult is it to see the following people?

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	28 (15%)	7 (4%)	16 (8%)	19 (10%)	63 (33%)	59 (31%)
The nurse	20 (11%)	18 (10%)	72 (39%)	17 (9%)	35 (19%)	23 (12%)
The dentist	34 (19%)	2 (1%)	9 (5%)	10 (5%)	54 (30%)	73 (40%)
The optician	56 (30%)	5 (3%)	9 (5%)	10 (5%)	49 (26%)	56 (30%)

Q6.2 Are you able to see a pharmacist?

Yes	57 (34%)
No	113 (66%)

Q6.3 What do you think of the quality of the health service from the following people?

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	36 (20%)	14 (8%)	28 (15%)	25 (14%)	35 (19%)	45 (25%)
The nurse	26 (14%)	24 (13%)	55 (31%)	27 (15%)	23 (13%)	25 (14%)
The dentist	72 (42%)	6 (4%)	21 (12%)	25 (15%)	14 (8%)	32 (19%)
The optician	83 (49%)	11 (6%)	17 (10%)	23 (13%)	12 (7%)	25 (15%)

Q6.4 What do you think of the overall quality of the health services here?

<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
20 (11%)	6 (3%)	33 (18%)	32 (17%)	44 (24%)	50 (27%)

Q6.5 Are you currently taking medication?

Yes	87 (46%)
No	102 (54%)

Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?

<i>Not taking medication</i>	102 (53%)
Yes	50 (26%)
No	39 (20%)

Q6.7 Do you feel you have any emotional well-being/mental health issues?

Yes	62 (33%)
No	126 (67%)

Q6.8 Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)

<i>Do not have any issues/not receiving any help</i>	159 (88%)
<i>Doctor</i>	18 (10%)
<i>Nurse</i>	9 (5%)
<i>Psychiatrist</i>	5 (3%)
<i>Mental health in reach team</i>	8 (4%)
<i>Counsellor</i>	2 (1%)
<i>Other</i>	7 (4%)

Q6.9	Did you have a problem with either of the following when you came into this prison?			
		Yes	No	
	Drugs	51 (28%)	130 (72%)	
	Alcohol	37 (21%)	139 (79%)	
Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes		12 (6%)	
	No		175 (94%)	
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes		55 (29%)	
	No		10 (5%)	
	<i>Did not/do not have a drug or alcohol problem</i>		123 (65%)	
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc) for your drug/alcohol problem, while in this prison?			
	Yes		42 (22%)	
	No		24 (13%)	
	<i>Did not/do not have a drug or alcohol problem</i>		123 (65%)	
Q6.13	Was the intervention or help you received, while in this prison, helpful?			
	Yes		33 (18%)	
	No		7 (4%)	
	<i>Did not have a problem/have not received help</i>		147 (79%)	
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?	Yes	No	Don't know
	Drugs	19 (10%)	127 (70%)	36 (20%)
	Alcohol	19 (11%)	127 (73%)	28 (16%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes		31 (17%)	
	No		35 (19%)	
	N/A		115 (64%)	

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)	
	Prison job	66 (35%)
	Vocational or skills training	21 (11%)
	Education (including basic skills)	27 (15%)
	Offending behaviour programmes	16 (9%)

Not involved in any of these..... 85 (46%)

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

	Not been involved	Yes	No	Don't know
Prison job	64 (42%)	41 (27%)	35 (23%)	14 (9%)
Vocational or skills training	65 (51%)	37 (29%)	17 (13%)	8 (6%)
Education (including basic skills)	64 (47%)	52 (38%)	14 (10%)	6 (4%)
Offending behaviour programmes	65 (52%)	34 (27%)	18 (14%)	8 (6%)

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

Don't want to go	10 (5%)
<i>Never</i>	45 (24%)
<i>Less than once a week</i>	39 (21%)
<i>About once a week</i>	64 (34%)
<i>More than once a week</i>	14 (7%)
<i>Don't know</i>	16 (9%)

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

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
30 (16%)	52 (28%)	45 (24%)	31 (16%)	11 (6%)	1 (1%)	19 (10%)

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

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
34 (18%)	27 (15%)	42 (23%)	41 (22%)	34 (18%)	8 (4%)

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

<i>Less than 2 hours</i>	87 (46%)
<i>2 to less than 4 hours</i>	28 (15%)
<i>4 to less than 6 hours</i>	29 (15%)
<i>6 to less than 8 hours</i>	22 (12%)
<i>8 to less than 10 hours</i>	11 (6%)
<i>10 hours or more</i>	10 (5%)
<i>Don't know</i>	2 (1%)

Q7.7 On average, how many times do you have association each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
3 (2%)	18 (10%)	65 (35%)	63 (34%)	26 (14%)	10 (5%)

Q7.8 How often do staff normally speak to you during association time?

Do not go on association	11 (6%)
<i>Never</i>	65 (35%)
<i>Rarely</i>	52 (28%)
<i>Some of the time</i>	39 (21%)
<i>Most of the time</i>	12 (6%)
<i>All of the time</i>	6 (3%)

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?					
	<i>Still have not met him/her</i>	132	(71%)			
	<i>In the first week</i>	20	(11%)			
	<i>More than a week</i>	19	(10%)			
	<i>Don't remember</i>	16	(9%)			
Q8.2	How helpful do you think your personal officer is?					
	<i>Do not have a personal officer/ still have not met him/her</i>					
	<i>Very helpful</i>	7	(4%)			
	<i>Helpful</i>	20	(11%)			
	<i>Neither</i>	11	(6%)			
	<i>Not very helpful</i>	9	(5%)			
	<i>Not at all helpful</i>	4	(2%)			
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>	61	(32%)			
	<i>Yes</i>	59	(31%)			
	<i>No</i>	69	(37%)			
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>	130	(71%)			
	<i>Very involved</i>	12	(7%)			
	<i>Involved</i>	14	(8%)			
	<i>Neither</i>	7	(4%)			
	<i>Not very involved</i>	6	(3%)			
	<i>Not at all involved</i>	15	(8%)			
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?					
	<i>Do not have a sentence plan/OASys</i>	130	(71%)			
	<i>Yes</i>	31	(17%)			
	<i>No</i>	21	(12%)			
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?					
	<i>Do not have a sentence plan/OASys</i>	130	(70%)			
	<i>Yes</i>	22	(12%)			
	<i>No</i>	33	(18%)			
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?					
	<i>Not sentenced</i>	61	(34%)			
	<i>Yes</i>	27	(15%)			
	<i>No</i>	90	(51%)			
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	<i>Yes</i>	21	(12%)			
	<i>No</i>	156	(88%)			
Q8.9	Have you had any problems with sending or receiving mail?					
	<i>Yes</i>	76	(41%)			

No..... 93 (50%)
 Don't know..... 16 (9%)

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

Yes..... 94 (51%)
 No..... 87 (47%)
 Don't know..... 4 (2%)

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

Not been here a week yet..... 6 (3%)
 Yes..... 57 (31%)
 No..... 117 (64%)
 Don't remember..... 4 (2%)

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

<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
6 (3%)	95 (55%)	69 (40%)	3 (2%)	0 (0%)

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

Not had any visits..... 58 (32%)
Very well..... 11 (6%)
Well..... 42 (23%)
Neither..... 38 (21%)
Badly..... 9 (5%)
Very badly..... 11 (6%)
Don't know..... 13 (7%)

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

Yes..... 60 (33%)
 No..... 122 (67%)

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

<i>Don't know who to contact</i> .. 109 (64%)	<i>Help with your finances in preparation for release</i> .. 18 (11%)
<i>Maintaining good relationships</i> 14 (8%)	<i>Claiming benefits on release</i> .. 37 (22%)
<i>Avoiding bad relationships</i> 12 (7%)	<i>Arranging a place at college/continuing education on release</i> 15 (9%)
<i>Finding a job on release</i> 40 (24%)	<i>Continuity of health services on release</i> 22 (13%)
<i>Finding accommodation on release</i> 43 (25%)	<i>Opening a bank account</i> 14 (8%)

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

<i>No problems</i>	54 (31%)	<i>Help with your finances in preparation for release</i>	63 (36%)
<i>Maintaining good relationships</i>	25 (14%)	<i>Claiming benefits on release</i> ..	55 (31%)
<i>Avoiding bad relationships</i>	18 (10%)	<i>Arranging a place at college/continuing education on release</i>	28 (16%)
<i>Finding a job on release</i>	80 (46%)	<i>Continuity of health services on release</i>	40 (23%)
<i>Finding accommodation on release</i>	77 (44%)	<i>Opening a bank account</i>	52 (30%)

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

<i>Not sentenced</i>	61 (34%)
<i>Yes</i>	66 (36%)
<i>No</i>	54 (30%)

Main comparator and comparator to last time



Prisoner survey responses HMP Wandsworth 2011

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

Key to tables

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Number of completed questionnaires returned		196	4809	196	135
SECTION 1: General information					
2	Are you under 21 years of age?	1%	6%	1%	1%
3a	Are you sentenced?	69%	66%	69%	62%
3b	Are you on recall?	4%	11%	4%	7%
4a	Is your sentence less than 12 months?	18%	18%	18%	5%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	3%	5%	5%
5	Do you have six months or less to serve?	32%	33%	32%	21%
6	Have you been in this prison less than a month?	18%	21%	18%	18%
7	Are you a foreign national?	28%	12%	28%	27%
8	Is English your first language?	71%	89%	71%	79%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	46%	25%	46%	44%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	5%	5%	
11	Are you Muslim?	17%	11%	17%	21%
12	Are you homosexual/gay or bisexual?	5%	3%	5%	6%
13	Do you consider yourself to have a disability?	22%	20%	22%	27%
14	Is this your first time in prison?	42%	28%	42%	42%
15	Have you been in more than five prisons this time?	6%	9%	6%	12%
16	Do you have any children under the age of 18?	47%	55%	47%	45%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	54%	49%	54%	60%
1b	Was your personal safety during the journey good/very good?	65%	60%	65%	65%
1c	Was the comfort of the van good/very good?	16%	13%	16%	20%
1d	Was the attention paid to your health needs good/very good?	29%	29%	29%	29%
1e	Was the frequency of toilet breaks good/very good?	18%	16%	18%	15%
2	Did you spend more than four hours in the van?	3%	4%	3%	5%
3	Were you treated well/very well by the escort staff?	58%	65%	58%	60%
4a	Did you know where you were going when you left court or when transferred from another prison?	68%	73%	68%	69%
4b	Before you arrived here did you receive any written information about what would happen to you?	12%	15%	12%	17%
4c	When you first arrived here did your property arrive at the same time as you?	75%	82%	75%	77%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	13%	13%	13%	12%
1c	Housing problems?	23%	31%	23%	27%
1d	Problems contacting employers?	9%	14%	9%	13%
1e	Problems contacting family?	56%	50%	56%	53%
1f	Problems ensuring dependants were looked after?	16%	15%	16%	12%
1g	Money problems?	13%	18%	13%	17%
1h	Problems of feeling depressed/suicidal?	40%	54%	40%	49%
1i	Health problems?	50%	63%	50%	60%
1j	Problems in needing protection from other prisoners?	13%	21%	13%	24%
1k	Problems accessing phone numbers?	33%	41%	33%	40%
2	When you first arrived:				
2a	Did you have any problems?	86%	76%	86%	77%
2b	Did you have any problems with loss of property?	19%	14%	19%	18%
2c	Did you have any housing problems?	35%	24%	35%	26%
2d	Did you have any problems contacting employers?	11%	7%	11%	6%
2e	Did you have any problems contacting family?	43%	34%	43%	38%
2f	Did you have any problems ensuring dependants were being looked after?	10%	8%	10%	12%
2g	Did you have any money worries?	23%	23%	23%	23%
2h	Did you have any problems with feeling depressed or suicidal?	23%	22%	23%	22%
2i	Did you have any health problems?	34%	30%	34%	27%
2j	Did you have any problems with needing protection from other prisoners?	6%	9%	6%	9%
2k	Did you have problems accessing phone numbers?	46%	30%	46%	34%
3a	Were you seen by a member of health services in reception?	71%	89%	71%	73%
3b	When you were searched in reception, was this carried out in a respectful way?	69%	72%	69%	74%
4	Were you treated well/very well in reception?	43%	58%	43%	56%
5	On your day of arrival, were you offered information about any of the following:				
5a	What was going to happen to you?	32%	46%	32%	34%
5b	Support was available for people feeling depressed or suicidal?	30%	46%	30%	38%
5c	How to make routine requests?	21%	37%	21%	34%
5d	Your entitlement to visits?	23%	45%	23%	36%
5e	Health services?	31%	51%	31%	34%
5f	The chaplaincy?	37%	47%	37%	41%

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SECTION 3: Reception, first night and induction continued					
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	68%	86%	68%	82%
6b	The opportunity to have a shower?	27%	34%	27%	26%
6c	The opportunity to make a free telephone call?	28%	58%	28%	41%
6d	Something to eat?	77%	80%	77%	83%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	40%	47%	40%	57%
7b	Someone from health services?	64%	75%	64%	63%
7c	A Listener/Samaritans?	8%	24%	8%	19%
8	Did you have access to the prison shop/canteen within the first 24 hours?	8%	16%	8%	18%
9	Did you feel safe on your first night here?	60%	71%	60%	68%
10	Have you been on an induction course?	68%	77%	68%	75%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	36%	59%	36%	55%
SECTION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	33%	41%	33%	42%
1b	Attend legal visits?	42%	60%	42%	48%
1c	Obtain bail information?	16%	25%	16%	25%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	36%	40%	36%	43%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	49%	49%	49%	60%
3b	Are you normally able to have a shower every day?	54%	80%	54%	79%
3c	Do you normally receive clean sheets every week?	82%	81%	82%	88%
3d	Do you normally get cell cleaning materials every week?	42%	63%	42%	54%
3e	Is your cell call bell normally answered within five minutes?	26%	36%	26%	43%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	66%	64%	66%	70%
3g	Can you normally get your stored property, if you need to?	17%	26%	17%	33%
4	Is the food in this prison good/very good?	40%	23%	40%	41%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	53%	43%	53%	54%
6a	Is it easy/very easy to get a complaints form?	70%	79%	70%	83%
6b	Is it easy/very easy to get an application form?	67%	86%	67%	81%
7	Have you made an application?	90%	84%	90%	86%

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SECTION 4: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	52%	55%	52%	63%
8b	Do you feel applications are dealt with promptly (within seven days)?	40%	46%	40%	51%
9	Have you made a complaint?	44%	42%	44%	45%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	24%	30%	24%	37%
10b	Do you feel complaints are dealt with promptly (within seven days)?	24%	33%	24%	33%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	27%	26%	27%	14%
10c	Were you given information about how to make an appeal?	18%	22%	18%	26%
12	Is it easy/very easy to see the Independent Monitoring Board?	15%	24%	15%	28%
13	Are you on the enhanced (top) level of the IEP scheme?	26%	26%	26%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	50%	36%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	35%	45%	35%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	9%	7%	9%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	7%	11%	7%	
13a	Do you feel your religious beliefs are respected?	56%	54%	56%	54%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	49%	55%	49%	53%
14	Are you able to speak to a Listener at any time if you want to?	44%	58%	44%	57%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	58%	70%	58%	73%
15b	Do most staff, in this prison, treat you with respect?	56%	69%	56%	68%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	46%	41%	46%	34%
2	Do you feel unsafe in this prison at the moment?	24%	18%	24%	12%
4	Have you been victimised by another prisoner?	21%	22%	21%	15%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	6%	11%	6%	5%
5b	Hit, kicked or assaulted you?	4%	7%	4%	5%
5c	Sexually abused you?	2%	1%	2%	2%
5d	Victimised you because of your race or ethnic origin?	7%	4%	7%	4%
5e	Victimised you because of drugs?	3%	4%	3%	4%
5f	Taken your canteen/property?	5%	5%	5%	3%
5g	Victimised you because you were new here?	7%	6%	7%	4%
5h	Victimised you because of your sexuality?	2%	1%	2%	2%
5i	Victimised you because you have a disability?	5%	3%	5%	2%
5j	Victimised you because of your religion/religious beliefs?	4%	2%	4%	4%
5k	Victimised you because of your age?	2%	2%	2%	
5l	Victimised you because you were from a different part of the country?	4%	4%	4%	2%
5m	Victimised you because of your offence/crime?	4%	5%	4%	3%
5n	Victimised you because of gang related issues?	3%	4%	3%	

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SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	36%	26%	36%	27%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	14%	12%	14%	9%
7b	Hit, kicked or assaulted you?	7%	5%	7%	3%
7c	Sexually abused you?	1%	1%	1%	1%
7d	Victimised you because of your race or ethnic origin?	11%	5%	11%	9%
7e	Victimised you because of drugs?	5%	5%	5%	2%
7f	Victimised you because you were new here?	13%	6%	13%	7%
7g	Victimised you because of your sexuality?	0%	1%	0%	2%
7h	Victimised you because you have a disability?	4%	3%	4%	0%
7i	Victimised you because of your religion/religious beliefs?	4%	3%	4%	7%
7j	Victimised you because of your age?	2%	2%	2%	
7k	Victimised you because you were from a different part of the country?	5%	4%	5%	2%
7l	Victimised you because of your offence/crime?	7%	4%	7%	8%
7m	Victimised you because of gang related issues?	1%	2%	1%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	35%	34%	35%	31%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	22%	25%	22%	22%
10	Have you ever felt threatened or intimidated by a member of staff in here?	29%	23%	29%	22%
11	Is it easy/very easy to get illegal drugs in this prison?	26%	31%	26%	19%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	12%	27%	12%	25%
1b	Is it easy/very easy to see the nurse?	49%	50%	49%	52%
1c	Is it easy/very easy to see the dentist?	6%	11%	6%	8%
1d	Is it easy/very easy to see the optician?	8%	12%	8%	8%
2	Are you able to see a pharmacist?	34%	45%	34%	50%
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:					
3a	The doctor?	29%	46%	29%	49%
3b	The nurse?	51%	59%	51%	76%
3c	The dentist?	28%	33%	28%	44%
3d	The optician?	32%	35%	32%	43%
4	The overall quality of health services?	24%	41%	24%	49%

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Health services continued					
5	Are you currently taking medication?	46%	49%	46%	46%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	56%	57%	56%	68%
7	Do you feel you have any emotional well-being/mental health issues?	33%	34%	33%	30%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	60%	39%	60%	44%
8b	A doctor?	25%	33%	25%	24%
8c	A nurse?	13%	18%	13%	9%
8d	A psychiatrist?	9%	19%	9%	18%
8e	The mental health in-reach team?	15%	28%	15%	15%
8f	A counsellor?	4%	12%	4%	24%
9a	Did you have a drug problem when you came into this prison?	28%	35%	28%	30%
9b	Did you have an alcohol problem when you came into this prison?	21%	25%	21%	25%
10a	Have you developed a drug problem since you have been in this prison?	6%	10%	6%	6%
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	85%	80%	85%	91%
12	Have you received any help or intervention while in this prison?	64%	68%	64%	82%
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	82%	77%	82%	89%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	30%	32%	30%	23%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	27%	26%	27%	23%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	47%	59%	47%	78%

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SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	36%	42%	36%	51%
1b	Vocational or skills training?	11%	10%	11%	18%
1c	Education (including basic skills)?	15%	26%	15%	22%
1d	Offending Behaviour Programmes?	9%	7%	9%	15%
2ai	Have you had a job while in this prison?	59%	66%	59%	73%
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	46%	40%	46%	48%
2bi	Have you been involved in vocational or skills training while in this prison?	49%	52%	49%	67%
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	60%	50%	60%	61%
2ci	Have you been involved in education while in this prison?	53%	62%	53%	67%
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	72%	59%	72%	68%
2di	Have you been involved in offending behaviour programmes while in this prison?	48%	49%	48%	64%
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	57%	48%	57%	65%
3	Do you go to the library at least once a week?	42%	36%	42%	47%
4	On average, do you go to the gym at least twice a week?	23%	44%	23%	17%
5	On average, do you go outside for exercise three or more times a week?	40%	38%	40%	49%
6	On average, do you spend ten or more hours out of your cell on a week day?	5%	9%	5%	9%
7	On average, do you go on association more than five times each week?	14%	50%	14%	25%
8	Do staff normally speak to you most of the time/all of the time during association?	10%	17%	10%	17%
SECTION 8: Resettlement					
1	Do you have a personal officer?	29%	45%	29%	52%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	53%	62%	53%	64%
For those who are sentenced:					
3	Do you have a sentence plan?	46%	41%	46%	43%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	48%	58%	48%	49%
5	Can you achieve some/all of your sentence plan targets in this prison?	60%	62%	60%	63%
6	Are there plans for you to achieve some/all your targets in another prison?	40%	46%	40%	37%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	23%	26%	23%	34%
8	Do you feel that any member of staff has helped you to prepare for release?	12%	14%	12%	17%
9	Have you had any problems with sending or receiving mail?	41%	44%	41%	36%
10	Have you had any problems getting access to the telephones?	51%	31%	51%	40%
11	Did you have a visit in the first week that you were here?	31%	35%	31%	35%
12	Did you receive one or more visits in the last week?	42%	41%	42%	44%

Main comparator and comparator to last time

Key to tables

		HMP Wandsworth 2011	Local comparator	HMP Wandsworth 2011	HMP Wandsworth 2009
	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				
Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	43%	49%	43%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	33%	34%	33%	50%
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	8%	14%	8%	18%
15c	Avoiding bad relationships?	7%	10%	7%	10%
15d	Finding a job on release?	24%	27%	24%	29%
15e	Finding accommodation on release?	25%	30%	25%	35%
15f	With money/finances on release?	11%	18%	11%	20%
15g	Claiming benefits on release?	22%	32%	22%	35%
15h	Arranging a place at college/continuing education on release?	9%	17%	9%	16%
15i	Accessing health services on release?	13%	22%	13%	22%
15j	Opening a bank account on release?	8%	17%	8%	19%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	14%	14%	14%	9%
16c	Avoiding bad relationships?	10%	15%	10%	9%
16d	Finding a job?	46%	50%	46%	49%
16e	Finding accommodation?	44%	42%	44%	40%
16f	Money/finances?	36%	36%	36%	28%
16g	Claiming benefits?	31%	33%	31%	32%
16h	Arranging a place at college/continuing education?	16%	22%	16%	20%
16i	Accessing health services?	23%	19%	23%	19%
16j	Opening a bank account?	30%	31%	30%	25%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	55%	47%	55%	65%

Diversity Analysis



Key Question Responses (ethnicity, nationality and religion) HMP Wandsworth 2011

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		89	106	54	136	32	157
1.3	Are you sentenced?	65%	71%	61%	71%	71%	69%
1.7	Are you a foreign national?	27%	29%			23%	28%
1.8	Is English your first language?	72%	70%	18%	92%	67%	72%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			45%	46%	88%	37%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	6%	10%	4%	7%	5%
1.11	Are you Muslim?	33%	4%	14%	18%		
1.12	Do you consider yourself to have a disability?	18%	26%	24%	22%	16%	23%
1.13	Is this your first time in prison?	39%	44%	62%	32%	29%	43%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	29%	29%	38%	25%	21%	30%
2.3	Were you treated well/very well by the escort staff?	57%	58%	58%	56%	50%	58%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	66%	69%	53%	74%	56%	69%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	54%	58%	57%	57%	52%	57%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	41%	38%	37%	39%	34%	39%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	47%	52%	57%	47%	38%	51%
3.2a	Did you have any problems when you first arrived?	84%	86%	90%	83%	83%	86%
3.3a	Were you seen by a member of health care staff in reception?	72%	70%	75%	70%	66%	72%
3.3b	When you were searched in reception, was this carried out in a respectful way?	59%	77%	70%	67%	34%	75%
3.4	Were you treated well/very well in reception?	42%	43%	41%	42%	22%	46%
3.7b	Did you have access to someone from health care within the first 24 hours?	64%	64%	66%	63%	47%	67%
3.9	Did you feel safe on your first night here?	55%	64%	65%	60%	47%	62%
3.10	Have you been on an induction course?	73%	64%	63%	69%	67%	68%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	29%	37%	27%	35%	27%	35%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	46%	52%	64%	44%	53%	47%
4.3b	Are you normally able to have a shower every day?	42%	63%	51%	55%	40%	57%
4.3e	Is your cell call bell normally answered within five minutes?	19%	31%	36%	22%	20%	27%
4.4	Is the food in this prison good/very good?	35%	43%	48%	35%	28%	43%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	44%	61%	63%	49%	39%	57%
4.6a	Is it easy/very easy to get a complaints form?	66%	73%	60%	74%	58%	73%
4.6b	Is it easy/very easy to get an application form?	61%	71%	58%	70%	59%	69%
4.9	Have you made a complaint?	43%	45%	39%	47%	67%	39%
4.13	Are you on the enhanced (top) level of the IEP scheme?	28%	24%	19%	28%	29%	25%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	24%	46%	26%	40%	17%	40%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	31%	38%	29%	38%	25%	38%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	11%	7%	14%	7%	17%	7%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	12%	2%	8%	5%	18%	5%
4.17a	Do you feel your religious beliefs are respected?	54%	57%	59%	55%	57%	56%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	47%	50%	40%	51%	52%	48%
4.18	Are you able to speak to a Listener at any time if you want to?	34%	53%	24%	52%	33%	47%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	52%	62%	52%	60%	45%	60%
4.19b	Do most staff, in this prison, treat you with respect?	44%	65%	58%	55%	37%	60%
5.1	Have you ever felt unsafe in this prison?	51%	41%	42%	47%	58%	42%
5.2	Do you feel unsafe in this prison at the moment?	26%	23%	30%	21%	29%	23%
5.4	Have you been victimised by another prisoner?	22%	20%	26%	17%	14%	22%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	5%	15%	4%	3%	8%
5.5i	Have you been victimised because you have a disability? (By prisoners)	5%	5%	6%	5%	11%	4%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	2%	9%	2%	3%	3%
5.6	Have you been victimised by a member of staff?	44%	30%	33%	36%	60%	31%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	18%	6%	15%	8%	20%	9%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
5.7h	Have you been victimised because you have a disability? (By staff)	4%	4%	2%	5%	10%	3%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	3%	2%	5%	17%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	23%	22%	28%	19%	17%	24%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	35%	23%	22%	30%	47%	25%
5.11	Is it easy/very easy to get illegal drugs in this prison?	27%	26%	17%	29%	32%	25%
6.1a	Is it easy/very easy to see the doctor?	9%	14%	12%	13%	6%	13%
6.1b	Is it easy/ very easy to see the nurse?	45%	52%	55%	46%	36%	50%
6.2	Are you able to see a pharmacist?	34%	34%	46%	29%	25%	37%
6.5	Are you currently taking medication?	40%	51%	41%	48%	45%	46%
6.7	Do you feel you have any emotional well-being/mental health issues?	27%	39%	32%	34%	32%	33%
7.1a	Are you currently working in the prison?	27%	42%	37%	35%	28%	38%
7.1b	Are you currently undertaking vocational or skills training?	14%	10%	6%	13%	24%	9%
7.1c	Are you currently in education (including basic skills)?	15%	15%	16%	14%	21%	13%
7.1d	Are you currently taking part in an offending behaviour programme?	6%	11%	0%	11%	17%	7%
7.3	Do you go to the library at least once a week?	45%	38%	40%	43%	32%	43%
7.4	On average, do you go to the gym at least twice a week?	23%	22%	23%	22%	29%	21%
7.5	On average, do you go outside for exercise three or more times a week?	46%	35%	50%	35%	59%	36%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	6%	5%	10%	4%	10%	5%
7.7	On average, do you go on association more than five times each week?	15%	14%	22%	11%	7%	16%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	7%	12%	10%	9%	13%	10%
8.1	Do you have a personal officer?	25%	34%	28%	30%	32%	29%
8.9	Have you had any problems sending or receiving mail?	38%	44%	22%	50%	52%	41%
8.10	Have you had any problems getting access to the telephones?	58%	45%	45%	53%	69%	48%

Diversity Analysis - Disability



Key questions (disability analysis) HMP Wandsworth 2011

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		43	150
1.3	Are you sentenced?	71%	69%
1.7	Are you a foreign national?	31%	28%
1.8	Is English your first language?	74%	70%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	37%	48%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	10%	4%
1.11	Are you Muslim?	12%	18%
1.14	Is this your first time in prison?	29%	45%
2.1d	Was the attention paid to your health needs good/very good?	28%	29%
2.3	Were you treated well/very well by the escort staff?	55%	58%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	62%	69%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	45%	61%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	42%	39%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	58%	48%
3.2a	Did you have any problems when you first arrived?	98%	82%
3.3a	Were you seen by a member of health care staff in reception?	73%	70%
3.3b	When you were searched in reception, was this carried out in a respectful way?	77%	66%
3.4	Were you treated well/very well in reception?	40%	43%
3.7b	Did you have access to someone from health care within the first 24 hours?	78%	60%
3.9	Did you feel safe on your first night here?	59%	62%
3.10	Have you been on an induction course?	59%	70%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	34%	33%

Diversity Analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	44%	51%
4.3b	Are you normally able to have a shower every day?	46%	57%
4.3e	Is your cell call bell normally answered within five minutes?	24%	27%
4.4	Is the food in this prison good/very good?	41%	40%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	54%
4.6a	Is it easy/very easy to get a complaints form?	76%	68%
4.6b	Is it easy/very easy to get an application form?	72%	66%
4.9	Have you made a complaint?	50%	43%
4.13	Are you on the enhanced (top) level of the IEP scheme?	14%	28%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	33%	37%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	26%	38%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	8%	9%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	7%	6%
4.17a	Do you feel your religious beliefs are respected?	45%	60%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	41%	51%
4.18	Are you able to speak to a Listener at any time, if you want to?	50%	42%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	65%	56%
4.19b	Do most staff, in this prison, treat you with respect?	61%	55%
5.1	Have you ever felt unsafe in this prison?	61%	42%
5.2	Do you feel unsafe in this prison at the moment?	35%	20%
5.4	Have you been victimised by another prisoner?	33%	16%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	12%	5%
5.5i	Victimised you because you have a disability?	17%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	2%
5.6	Have you been victimised by a member of staff?	31%	37%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	11%
5.7h	Victimised you because you have a disability?	10%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	4%

Diversity Analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	41%	17%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	32%	28%
5.11	Is it easy/very easy to get illegal drugs in this prison?	29%	26%
6.1a	Is it easy/very easy to see the doctor?	20%	10%
6.1b	Is it easy/ very easy to see the nurse?	54%	48%
6.2	Are you able to see a pharmacist?	30%	35%
6.5	Are you currently taking medication?	92%	32%
6.7	Do you feel you have any emotional well-being/mental health issues?	50%	29%
7.1a	Are you currently working in the prison?	28%	37%
7.1b	Are you currently undertaking vocational or skills training?	13%	11%
7.1c	Are you currently in education (including basic skills)?	15%	15%
7.1d	Are you currently taking part in an offending behaviour programme?	8%	9%
7.3	Do you go to the library at least once a week?	33%	44%
7.4	On average, do you go to the gym at least twice a week?	21%	24%
7.5	On average, do you go outside for exercise three or more times a week?	26%	44%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	3%	6%
7.7	On average, do you go on association more than five times each week?	5%	17%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	5%	10%
8.1	Do you have a personal officer?	39%	26%
8.9	Have you had any problems sending or receiving mail?	40%	42%
8.10	Have you had any problems getting access to the telephones?	49%	51%



Diversity Analysis - Age

Key question responses (over 50s) HMP Wandsworth 2011

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

Key to tables

		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		
Number of completed questionnaires returned		26	168
1.3	Are you sentenced?	88%	66%
1.7	Are you a foreign national?	21%	30%
1.8	Is English your first language?	83%	69%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	36%	47%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	5%
1.11	Are you Muslim?	4%	18%
1.13	Do you consider yourself to have a disability?	56%	17%
1.14	Is this your first time in prison?	50%	40%
2.1d	Was the attention paid to your health needs good/very good?	37%	28%
2.3	Were you treated well/very well by the escort staff?	68%	56%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	62%	69%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	36%	60%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	28%	41%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	60%	48%
3.2a	Did you have any problems when you first arrived?	92%	84%
3.3a	Were you seen by a member of health care staff in reception?	50%	74%
3.3b	When you were searched in reception, was this carried out in a respectful way?	76%	68%

Diversity Analysis - Age

Key to tables

	Any percentage highlighted in green is significantly better	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		
3.4	Were you treated well/very well in reception?	50%	42%
3.7b	Did you have access to someone from health care within the first 24 hours?	54%	66%
3.9	Did you feel safe on your first night here?	56%	61%
3.10	Have you been on an induction course?	80%	65%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	42%	31%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	62%	48%
4.3b	Are you normally able to have a shower every day?	60%	52%
4.3e	Is your cell call bell normally answered within five minutes?	27%	26%
4.4	Is the food in this prison good/very good?	40%	40%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	54%
4.6a	Is it easy/very easy to get a complaints form?	78%	69%
4.6b	Is it easy/very easy to get an application form?	80%	65%
4.9	Have you made a complaint?	46%	44%
4.13	Are you on the enhanced (top) level of the IEP scheme?	37%	24%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	34%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	33%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	0%	10%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	4%	7%
4.17a	Do you feel your religious beliefs are respected?	54%	57%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	43%	49%

Key to tables

Diversity Analysis - Age

	Any percentage highlighted in green is significantly better	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		
4.18	Are you able to speak to a Listener at any time if you want to?	54%	43%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	85%	54%
4.15b	Do most staff, in this prison, treat you with respect?	79%	53%
5.1	Have you ever felt unsafe in this prison?	46%	46%
5.2	Do you feel unsafe in this prison at the moment?	19%	25%
5.4	Have you been victimised by another prisoner?	24%	20%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	7%
5.5i	Victimised you because you have a disability?	8%	4%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	4%
5.5k	Have you been victimised because of your age? (By prisoners)	4%	1%
5.6	Have you been victimised by a member of staff?	28%	37%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	12%
5.7h	Victimised you because you have a disability?	4%	3%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	4%
5.7j	Have you been victimised because of your age? (By staff)	4%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	28%	22%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	28%
5.11	Is it easy/very easy to get illegal drugs in this prison?	20%	27%
6.1a	Is it easy/very easy to see the doctor?	15%	12%
6.1b	Is it easy/ very easy to see the nurse?	72%	45%
6.2	Are you able to see a pharmacist?	35%	33%

Diversity Analysis - Age

Key to tables

	Any percentage highlighted in green is significantly better	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		
6.5	Are you currently taking medication?	72%	42%
6.7	Do you feel you have any emotional well-being/mental health issues?	20%	35%
7.1a	Are you currently working in the prison?	46%	34%
7.1b	Are you currently undertaking vocational or skills training?	8%	11%
7.1c	Are you currently in education (including basic skills)?	33%	12%
7.1d	Are you currently taking part in an offending behaviour programme?	8%	8%
7.3	Do you go to the library at least once a week?	46%	41%
7.4	On average, do you go to the gym at least twice a week?	32%	22%
7.5	On average, do you go outside for exercise three or more times a week?	28%	42%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	0%	6%
7.7	On average, do you go on association more than five times each week?	13%	14%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	21%	7%
8.1	Do you have a personal officer?	50%	26%
8.9	Have you had any problems sending or receiving mail?	24%	44%
8.10	Have you had any problems getting access to the telephones?	35%	53%

Main comparator and comparator to last time



Prisoner survey responses (Onslow vs Heathfield) HMP Wandsworth 2011

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

Key to tables

		Onslow (G, H and K wings)	Heathfield (A, B, C, D and E wings)
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		45	150
SECTION 1: General information			
2	Are you under 21 years of age?	0%	1%
3a	Are you sentenced?	86%	63%
3b	Are you on recall?	0%	5%
4a	Is your sentence less than 12 months?	5%	22%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	17%	2%
5	Do you have six months or less to serve?	22%	35%
6	Have you been in this prison less than a month?	4%	22%
7	Are you a foreign national?	12%	34%
8	Is English your first language?	89%	65%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	29%	51%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	7%	5%
11	Do you consider yourself to be Gypsy/Romany/Traveller?	11%	19%
12	Are you homosexual/gay or bisexual?	12%	3%
13	Do you consider yourself to have a disability?	32%	19%
14	Is this your first time in prison?	40%	42%
15	Have you been in more than five prisons this time?	4%	7%
16	Do you have any children under the age of 18?	31%	52%
SECTION 2: Transfers and escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	53%	54%
1b	Was your personal safety during the journey good/very good?	65%	65%
1c	Was the comfort of the van good/very good?	18%	15%
1d	Was the attention paid to your health needs good/very good?	35%	27%
1e	Was the frequency of toilet breaks good/very good?	14%	19%
2	Did you spend more than four hours in the van?	4%	2%
3	Were you treated well/very well by the escort staff?	61%	56%
4a	Did you know where you were going when you left court or when transferred from another prison?	60%	70%
4b	Before you arrived here did you receive any written information about what would happen to you?	13%	12%
4c	When you first arrived here did your property arrive at the same time as you?	82%	73%

Main comparator and comparator to last time

Key to tables

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	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		
SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	9%	14%
1c	Housing problems?	14%	26%
1d	Problems contacting employers?	7%	9%
1e	Problems contacting family?	39%	62%
1f	Problems ensuring dependants were looked after?	9%	19%
1g	Money problems?	9%	14%
1h	Problems of feeling depressed/suicidal?	36%	41%
1i	Health problems?	39%	54%
1j	Problems in needing protection from other prisoners?	20%	10%
1k	Problems accessing phone numbers?	30%	34%
2	When you first arrived:		
2a	Did you have any problems?	87%	85%
2b	Did you have any problems with loss of property?	7%	23%
2c	Did you have any housing problems?	33%	35%
2d	Did you have any problems contacting employers?	4%	13%
2e	Did you have any problems contacting family?	45%	43%
2f	Did you have any problems ensuring dependants were being looked after?	7%	12%
2g	Did you have any money worries?	25%	23%
2h	Did you have any problems with feeling depressed or suicidal?	40%	17%
2i	Did you have any health problems?	36%	33%
2j	Did you have any problems with needing protection from other prisoners?	16%	3%
2k	Did you have problems accessing phone numbers?	45%	47%
3a	Were you seen by a member of health services in reception?	55%	76%
3b	When you were searched in reception, was this carried out in a respectful way?	64%	71%
4	Were you treated well/very well in reception?	40%	44%
5	On your day of arrival, were you offered information about any of the following:		
5a	What was going to happen to you?	36%	31%
5b	Support was available for people feeling depressed or suicidal?	27%	32%
5c	How to make routine requests?	16%	23%
5d	Your entitlement to visits?	23%	24%
5e	Health services?	27%	32%
5f	The chaplaincy?	34%	38%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	Orslow (G, H and K wings)	Heathfield (A, B, C, D and E wings)
	Any percentage highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	66%	68%
6b	The opportunity to have a shower?	14%	31%
6c	The opportunity to make a free telephone call?	23%	30%
6d	Something to eat?	66%	80%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	42%	39%
7b	Someone from health services?	47%	70%
7c	A Listener/Samaritans?	12%	7%
8	Did you have access to the prison shop/canteen within the first 24 hours?	7%	8%
9	Did you feel safe on your first night here?	45%	66%
10	Have you been on an induction course?	76%	65%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	35%	35%
SECTION 4: Legal rights and respectful custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	46%	29%
1b	Attend legal visits?	63%	34%
1c	Obtain bail information?	10%	17%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	48%	32%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	65%	44%
3b	Are you normally able to have a shower every day?	53%	54%
3c	Do you normally receive clean sheets every week?	87%	80%
3d	Do you normally get cell cleaning materials every week?	80%	30%
3e	Is your cell call bell normally answered within five minutes?	20%	27%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	67%	66%
3g	Can you normally get your stored property if you need to?	23%	15%
4	Is the food in this prison good/very good?	39%	41%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	57%
6a	Is it easy/very easy to get a complaints form?	88%	64%
6b	Is it easy/very easy to get an application form?	88%	60%
7	Have you made an application?	96%	88%

Main comparator and comparator to last time

Key to tables

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SECTION 4: Legal rights and respectful custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	61%	49%
8b	Do you feel applications are dealt with promptly (within seven days)?	44%	38%
9	Have you made a complaint?	52%	41%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	19%	26%
10b	Do you feel complaints are dealt with promptly (within seven days)?	9%	32%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	31%	26%
10c	Were you given information about how to make an appeal?	22%	16%
12	Is it easy/very easy to see the Independent Monitoring Board?	23%	12%
13	Are you on the enhanced (top) level of the IEP scheme?	38%	22%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	48%	33%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	32%
16a	In the last six months have any members of staff physically restrained you (C&R)?	2%	11%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	9%	6%
13a	Do you feel your religious beliefs are respected?	43%	60%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	50%	48%
14	Are you able to speak to a Listener at any time if you want to?	64%	38%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	87%	49%
15b	Do most staff, in this prison, treat you with respect?	67%	53%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	53%	44%
2	Do you feel unsafe in this prison at the moment?	20%	25%
4	Have you been victimised by another prisoner?	34%	17%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks about you, your family or friends?	11%	5%
5b	Hit, kicked or assaulted you?	7%	3%
5c	Sexually abused you?	7%	0%
5d	Victimised you because of your race or ethnic origin?	9%	6%
5e	Victimised you because of drugs?	4%	2%
5f	Taken your canteen/property?	9%	4%
5g	Victimised you because you were new here?	14%	5%
5h	Victimised you because of your sexuality?	7%	0%
5i	Victimised you because you have a disability?	9%	4%
5j	Victimised you because of your religion/religious beliefs?	4%	4%
5k	Victimised you because of your age?	4%	1%
5l	Victimised you because you were from a different part of the country?	4%	4%
5m	Victimised you because of your offence/crime?	11%	1%
5n	Victimised you because of gang related issues?	4%	2%

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		
SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	40%	35%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	13%	15%
7b	Hit, kicked or assaulted you?	4%	8%
7c	Sexually abused you?	0%	1%
7d	Victimised you because of your race or ethnic origin?	7%	13%
7e	Victimised you because of drugs?	4%	5%
7f	Victimised you because you were new here?	13%	13%
7g	Victimised you because of your sexuality?	0%	0%
7h	Victimised you because you have a disability?	7%	3%
7i	Victimised you because of your religion/religious beliefs?	4%	4%
7j	Victimised you because of your age?	2%	1%
7k	Victimised you because you were from a different part of the country?	2%	6%
7l	Victimised you because of your offence/crime?	20%	4%
7m	Victimised you because of gang related issues?	0%	1%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	34%	35%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	36%	18%
10	Have you ever felt threatened or intimidated by a member of staff in here?	27%	29%
11	Is it easy/very easy to get illegal drugs in this prison?	29%	25%
SECTION 6: Health services			
1a	Is it easy/very easy to see the doctor?	16%	10%
1b	Is it easy/very easy to see the nurse?	58%	45%
1c	Is it easy/very easy to see the dentist?	7%	5%
1d	Is it easy/very easy to see the optician?	11%	6%
2	Are you able to see a pharmacist?	18%	38%
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:			
3a	The doctor?	26%	29%
3b	The nurse?	48%	52%
3c	The dentist?	36%	24%
3d	The optician?	56%	21%
4	The overall quality of health services?	19%	25%

Main comparator and comparator to last time

Key to tables

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	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		
Health services continued			
5	Are you currently taking medication?	52%	44%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	67%	52%
7	Do you feel you have any emotional well-being/mental health issues?	45%	30%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	67%	57%
8b	A doctor?	28%	24%
8c	A nurse?	11%	13%
8d	A psychiatrist?	5%	11%
8e	The mental health in-reach team?	22%	11%
8f	A counsellor?	5%	3%
9a	Did you have a drug problem when you came into this prison?	32%	27%
9b	Did you have an alcohol problem when you came into this prison?	17%	23%
10a	Have you developed a drug problem since you have been in this prison?	7%	6%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	86%	84%
12	Have you received any help or intervention while in this prison?	78%	60%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	82%	83%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	30%	31%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	25%	28%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	54%	46%

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		
SECTION 7: Purposeful activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	59%	28%
1b	Vocational or skills training?	18%	9%
1c	Education (including basic skills)?	27%	11%
1d	Offending Behaviour Programmes?	20%	5%
2ai	Have you had a job while in this prison?	80%	53%
For those who have had a prison job while in this prison:			
2aii	Do you feel the job will help you on release?	54%	42%
2bi	Have you been involved in vocational or skills training while in this prison?	65%	45%
For those who have had vocational or skills training while in this prison:			
2bii	Do you feel the vocational or skills training will help you on release?	65%	58%
2ci	Have you been involved in education while in this prison?	78%	46%
For those who have been involved in education while in this prison:			
2cii	Do you feel the education will help you on release?	76%	70%
2di	Have you been involved in offending behaviour programmes while in this prison?	66%	43%
For those who have been involved in offending behaviour programmes while in this prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	79%	46%
3	Do you go to the library at least once a week?	56%	38%
4	On average, do you go to the gym at least twice a week?	30%	21%
5	On average, do you go outside for exercise three or more times a week?	30%	44%
6	On average, do you spend ten or more hours out of your cell on a weekday?	4%	6%
7	On average, do you go on association more than five times each week?	9%	16%
8	Do staff normally speak to you most of the time/all of the time during association?	14%	9%
SECTION 8: Resettlement			
1	Do you have a personal officer?	57%	21%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	73%	38%
For those who are sentenced:			
3	Do you have a sentence plan?	68%	38%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	36%	59%
5	Can you achieve some/all of your sentence plan targets in this prison?	70%	52%
6	Are there plans for you to achieve some/all your targets in another prison?	40%	40%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	47%	14%
8	Do you feel that any member of staff has helped you to prepare for release?	24%	8%
9	Have you had any problems with sending or receiving mail?	41%	41%
10	Have you had any problems getting access to the telephones?	46%	53%
11	Did you have a visit in the first week that you were here?	29%	32%
12	Did you receive one or more visits in the last week?	40%	43%

Main comparator and comparator to last time

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Resettlement continued			
For those who have had visits:			
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	50%	40%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	40%	31%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	16%	6%
15c	Avoiding bad relationships?	13%	5%
15d	Finding a job on release?	34%	21%
15e	Finding accommodation on release?	37%	22%
15f	With money/finances on release?	24%	7%
15g	Claiming benefits on release?	34%	19%
15h	Arranging a place at college/continuing education on release?	16%	7%
15i	Accessing health services on release?	19%	12%
15j	Opening a bank account on release?	13%	7%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	19%	13%
16c	Avoiding bad relationships?	12%	10%
16d	Finding a job?	61%	41%
16e	Finding accommodation?	51%	42%
16f	Money/finances?	42%	34%
16g	Claiming benefits?	37%	30%
16h	Arranging a place at college/continuing education?	12%	18%
16i	Accessing health services?	33%	20%
16j	Opening a bank account?	28%	31%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	65%	51%