

Report on an unannounced inspection of

HMP Thameside

by HM Chief Inspector of Prisons

2–3, 8–12 May 2017

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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Introduction

HMP Thameside is a modern prison forming part of a group with HMP Belmarsh and HMP Isis in south east London. It opened in 2012 and is a local prison serving the courts of east and south east London. It is run by Serco, and at the time of the inspection held some 1,200 prisoners, both sentenced and remand. A feature of the prison is the extremely high turnover of prisoners, with the average stay in Thameside being a mere 36 days. The prison was last inspected in September 2014.

On this occasion inspectors found that the prison had a generally settled and respectful atmosphere. By and large the buildings were in good condition and the grounds were well maintained. In the centre of the grounds was an AstroTurf football pitch, which seemed to be in near constant use and was clearly a feature that was appreciated and used by many prisoners, as was the gymnasium.

Like many other prisons, Thameside faced challenges connected to violence. Levels of violence were high, and had not reduced since the last inspection. However, there was a good violence reduction plan in place and although there had not been a reduction in violence, Thameside had bucked the trend in comparable prisons as it had not experienced the huge rises in violence seen elsewhere. This was a significant achievement. There were also good systems and interventions in place to understand and handle the problem of gangs.

Thameside was far from immune to the problems presented by the ready availability of drugs in prisons. In our survey, one prisoner in four told us it was easy to get hold of illicit drugs, and the mandatory drug testing results tended to confirm this. Although the prison was well sighted on the issues and there was a focused drug supply reduction strategy in place, the fact remained that too many drugs were still available and more needed to be done.

Generally, relationships between staff and prisoners were good, although on occasions staff did not appear to be very visible on the wings, and as a result a certain amount of low-level poor behaviour went unchallenged. At times it was apparent that some staff lacked the confidence to intervene in an appropriate way. Our survey suggested that prisoners had little confidence in the complaints system, and indeed some of the responses we saw were poor. A further indication that attention needed to be paid to those things that can add to the frustration of life in prison was that cell call bells were not answered as promptly as they should be. This pointed to a lack of management oversight and needed to be addressed.

The area of respect, which we described at the time of the last inspection as good – our highest assessment – had declined. This was because of problems with the provision of health care services. There was, to put it simply, a mismatch between supply and demand. It may well be that there were a number of reasons for this, including the increase in the number of prisoners since the level of provision was first commissioned or local difficulties in recruitment. Whatever the reasons, they needed to be understood and addressed. Once prisoners had access to health care it was very good. The problem was that there was not enough of it to meet the need.

There were not enough activity places and attendance was not good enough. There was provision for around 70% of the population, and around an 80% attendance rate. This meant that, overall, around 55% of prisoners got to activities, which was not enough in a jail of this kind. The very high turnover of prisoners at Thameside had a direct impact on education and vocational achievements, as too many prisoners were starting courses that they could not complete because of release or transfer. Those who managed to stay on accredited courses achieved well.

Overall, HMP Thameside was a relatively good prison, and we have identified an unusually high number of good practice points from which other establishments could learn. In the current climate, for a local prison to be assessed as reasonably good in three of the four healthy prison tests is a real achievement. The leadership of the prison were clearly committed to making improvements and

building on what had already been achieved. We were encouraged to see that there were clear plans to make progress in some key areas, and this augured well for the future.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

July 2017

Fact page

Task of the establishment

Local category B prison for adult men.

Prison status

Private, run by Serco

Region

London

Number held

1,217

Certified normal accommodation

932

Operational capacity

1,232

Date of last full inspection

1-5 September 2014

Brief history

HMP Thameside opened on 27 March 2012. In February 2015, an additional unit was opened creating 332 extra spaces.

Short description of residential units

There are seven wings split across two house blocks, each divided into two units (upper and lower), with an average unit capacity of 110 prisoners:

House block 1 - A, B, C, D and E wings

House block 2 - H and J wings.

The first night centre is on A wing (upper unit) and the drug stabilisation unit is on A wing (lower unit). A dedicated health care unit has inpatient facilities for 20 prisoners, and a care and separation unit has a capacity for 18 prisoners.

Name of director

Craig Thomson

Escort contractor

Serco

Health service provider

Oxleas NHS Trust

Learning and skills provider

Novus

Independent Monitoring Board chair

Barbara Judge

Community rehabilitation company (CRC)

London Community Rehabilitation Company

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

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

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by Her Majesty's Prison and Probation Service (HMPPS).

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission and the General Pharmaceutical Council (GPhC). This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and IV respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix V of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

Safety

- S1 *Initial risk assessment of new prisoners was not always robust, but early days peer support was good and induction was thorough. There was good work to manage violence, and the prison was well ordered. There was a significant level of self-harm but there had been strong action to address Prisons and Probation Ombudsman (PPO) recommendations following deaths in custody. Safeguarding procedures were very good. With some exceptions, security was proportionate. There was significant drug use but a robust approach to supply reduction was in place. Governance of use of force was weak. Most prisoners spent only short periods in the segregation unit. Substance misuse services were generally good. **Outcomes for prisoners against this healthy prison test were reasonably good.***
- S2 *At the last inspection in 2014, we found that outcomes for prisoners in Thameside were reasonably good against this healthy prison test. We made 12 recommendations in the area of respect. At this follow-up inspection we found that six of the recommendations had been achieved, one had been partially achieved and five had not been achieved.*
- S3 Reception processes for new prisoners were swift and the area was bright and spacious, but there was little information for arrivals. Initial risk assessments were not completed in private and initial interviews were not sufficiently focused on vulnerability. We found examples of men who had not had a first night risk interview. Prisoner peer support in reception and on the first night unit was good, and staff completed first night checks systematically. Although new arrivals could make a telephone call in reception, they subsequently waited too long to have their telephone numbers cleared. A comprehensive induction was delivered the day after arrival.
- S4 Levels of violence were high but had been reducing. Violent incidents were investigated well. Violence reduction meetings were well attended and covered relevant information. Good management of the serious problem of gang activity had been further improved with the introduction of formal interventions. The prison had a reasonably calm atmosphere and was well ordered. Violence reduction prisoner representatives did some useful work, but their role was not sufficiently well regulated.
- S5 There was a significant level of self-harm and there had been one confirmed self-inflicted death since the last inspection. Recommendations from the PPO following deaths in custody had been rigorously implemented and most had been completed. Monthly safer custody meetings were well attended and used a wide range of information to identify trends and patterns of behaviour. The quality of initial assessments for prisoners at risk of self-harm was generally good, but care mapping was often inadequate and recorded observations lacked detail. Despite this, all the prisoners in crisis we spoke to felt well supported by staff. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were also well supported by the safer custody team, but some said that they were not always able to see prisoners when needed; in our survey, the response on access to Listeners was worse than the comparator.
- S6 The prison had a comprehensive safeguarding policy and well-established links with the local safeguarding adults board. Staff were trained in safeguarding and referral processes, and given a helpful practice guide. Vulnerable prisoners were discussed at the useful weekly multidisciplinary complex needs meeting, which included social care representatives and local

authority safeguarding officers. This was a very good information-sharing forum and referral panel.

- S7 Security arrangements remained generally proportionate. However, some prisoners were still strip searched without an individual risk assessment. A large number of intelligence reports were submitted; they were processed quickly and led to swift actions. Cell searches were effective and yielded a large number of banned items. Processes to manage extremists and those susceptible to extremism were sound. In our survey, just over a quarter of prisoners said it was easy to get illegal drugs in the prison. The prison was sighted on the issues but needed to do more to stem the inward flow of drugs.
- S8 In our survey, prisoners were more positive than the comparators about the incentives and earned privileges (IEP) scheme. The management of the scheme focused appropriately on prisoner's individual circumstance and the encouragement of positive behaviour.
- S9 The number of adjudication hearings was high for a local prison and higher than at the last inspection. Adjudication processes were fair but hearings were poorly prepared: reporting officers did not always attend and initial charges were poorly written. Governance of use of force was poor. The total number of incidents was unclear as we identified some that had not been recorded. The necessary paperwork was not always completed thoroughly. Planned incidents were not routinely recorded on video camera, and the lack of accompanying documents meant that we could not be sure that minimum force was used in all of the incidents that we viewed. The use of force committee met regularly but not enough lessons were learned from individual incidents. Special accommodation was used proportionately and rarely.
- S10 The average stay in segregation was short at around four days. Communal areas of the unit were clean, spacious and had natural light, but the exercise yards were unwelcoming and cage-like and some cells had graffiti and dirty toilets. Segregation unit staff relationships with prisoners were relaxed but not always proactive.
- S11 Outcomes for prisoners with drug and alcohol problems were good, but substance misuse treatment services were not sufficiently well integrated. This was partly because the drug strategy committee was poorly attended and did not provide a strategic lead.

Respect

S12 *The prison was generally clean and provided some very good facilities that were highly valued by prisoners. Staff-prisoner relationships were good. There were some positive elements of diversity work, but management structures had lapsed until recently. Faith provision was very good. Prisoners had little confidence in the complaints system and some responses were poor. Health services were unable to meet need and prisoners had significant problems in accessing the provision. The quality of food was good. **Outcomes for prisoners against this healthy prison test were reasonably good.***

S13 *At the last inspection in 2014, we found that outcomes for prisoners in Thameside were good against this healthy prison test. We made 20 recommendations in the area of respect. At this follow-up inspection we found that five of the recommendations had been achieved and 15 had not been achieved.*

S14 Prisoners generally appreciated the range and quality of residential facilities, especially good access to showers and the in-cell telephones, which allowed them to maintain contact with

families. Communal areas were clean and bright, but many cell toilets were dirty, and toilet and shower screening was often inadequate. Some remand prisoners shared cells inappropriately with convicted prisoners, and some young prisoners shared with adult men. Some cell call bells went unanswered for long periods, particularly in the inpatient and segregation units. The in-cell custodial management system (CMS) technology was popular and enabled prisoners some control over day-to-day tasks. Responses to applications were generally on time, but could be curt and unhelpful.

- S15 Most prisoners said that staff treated them with respect, and we observed mostly good interactions. In a few cases, we saw staff who did not maintain consistent professional boundaries. Formal prisoner consultation took place regularly, although actions to be completed often rolled over from one meeting to the next.
- S16 The strategic management of equality work had lapsed, and there was insufficient analysis of relevant data to identify and address emerging concerns. The management of discrimination incident reports was weak; not all investigations had adequate detail and some reports remained unanswered. There was now an enthusiastic team to address such gaps. In our survey, black and minority ethnic, foreign national and Muslim prisoners were reasonably positive, but those with disabilities and older prisoners were more negative. We identified some people with disabilities who were receiving poor care, but there was very good support for foreign nationals. There were no regular support forums for prisoners with other protected characteristics.
- S17 Prisoners were generally very positive about the chaplaincy and access to faith provision. The team offered pastoral support and a range of services and classes. Chaplains were integrated into all important aspects of prison life.
- S18 In our survey, only 21% of prisoners who had made a complaint said it was dealt with fairly, lower than the comparator and at the last inspection. Although most complaint responses were on time, many were brief, lacked sufficient detail and did not address the issues raised. In some instances, the responses were unprofessional and inappropriate.
- S19 Prisoners could readily access a wide range of up-to-date legal text books and Prison Service instructions. Legal visits arrangements were generally good. Prisoners could apply to use word processing software in their cells to work on their legal cases. Access to the Bail Accommodation Support Service was reasonably good.
- S20 In our survey, prisoners were less satisfied with the overall quality of health care than the comparator and at our last inspection. Significant staff shortages had affected the delivery of health services, particularly in primary care. The regime and inefficiencies with the booking system delayed prisoner access to health care. There was an appropriate range of primary care services, but some waiting times were too long, especially to see the GP. The inpatient unit provided reasonably good care. Some patients experienced delays in receiving their medication, leading to potentially serious gaps in treatment. The supervision of medicine queues by custody staff was variable, leading to delays in administration and a lack of confidentiality. Dental services were good. Mental health provision was good for prisoners who used the service, but some waited too long for an appointment.
- S21 Prisoners were much more positive about the quality and range of meals than we normally see. Most prisoners could eat communally, but meals were served too early. Arrangements for shop and catalogue purchases were generally good.

Purposeful activity

S22 *Time out of cell was reasonable for most prisoners but a significant number were locked up for too long. There were insufficient activity places and attendance was not good enough. The quality of education and other aspects of learning and skills had improved and was reasonably good. However, management, quality of provision and outcomes in prison-led activities required improvement. Library and PE provision were good. **Outcomes for prisoners against this healthy prison test were not sufficiently good.***

S23 *At the last inspection in 2014, we found that outcomes for prisoners in Thameside were not sufficiently good against this healthy prison test. We made 19 recommendations in the area of respect. At this follow-up inspection we found that seven of the recommendations had been achieved, seven had been partially achieved and five had not been achieved.*

S24 Time out of cell was reasonable, particularly on house block 2, but prisoners in the inpatient and induction units, and some on the basic level of the IEP scheme, could receive less than an hour a day out of their cell. At our roll checks during the working day, we found that nearly all prisoners on house block two were unlocked but on house block one, over a third of prisoners were locked in their cells.

S25 Learning and skills managers had implemented effective quality improvement arrangements. Arrangements between the prison and Novus, the learning and skills provider, to review and adjust the contract for the delivery of education and training were not well defined or robust. Managers had not developed prison work sufficiently to prepare prisoners for successful resettlement after release. Prison works instructors did not have sufficient experience and expertise to deliver training to prisoners. The prison's quality improvement arrangements were underdeveloped.

S26 There were insufficient activity places; only about 70% of prisoners were in activities, and attendance was around 80%. Around 400 prisoners were unemployed. English and mathematics provision was not sufficient: over 90% of prisoners had English and mathematics ability below level 1 but only about 30% of the courses were to help prisoners improve their English and mathematics skills. Not all prisoners in activities were sufficiently occupied. Allocation to activities was fair, equitable and reasonably quick. Prisoner pay rates were not a disincentive to taking part in education.

S27 The quality of teaching, learning and assessment was good. Most tutors in education adjusted their teaching methods to individual prisoner needs and recorded their progress well. Peer mentors provided useful additional support. Training instructors did not set clear and challenging targets for prisoner development of their skills, or monitor and record progress. The range of workshops were not yet sufficiently relevant to local employment needs and offered no qualifications.

S28 Prisoners behaved well in their activities and showed respect to peers and staff. The overall standard of prisoners' work was not good enough. Prisoners did not routinely improve their English and/or mathematics skills as part of their work activities.

S29 Achievements by prisoners who stayed on accredited courses were good. For those who attended English and mathematics, a good proportion achieved qualifications at levels 1 and 2. But too many prisoners started courses that they did not complete as a result of release or transfer. Achievements for prison work were not well recorded.

- S30 The library service was good and valued by prisoners who attended. Library staff supported the Shannon Trust reading scheme, and nearly 300 prisoners had completed the 'Six book' reading challenge. Staff promoted Storybook Dads, in which prisoners could record stories for their children, and around 100 stories had been recorded in the past year.
- S31 Indoor and outdoor fitness facilities and equipment were good quality, and prisoners had good access to them. Gym staff provided regular remedial and over-45s sessions. A very limited range of qualifications was offered but those who started a PE qualification usually completed it successfully.

Resettlement

S32 *Management of resettlement was good. Offender management was better than we often see, and the quality of OASys (offender assessment system) assessments was reasonable. There had been serious delays with home detention curfew (HDC) assessments. There was good work with indeterminate sentence prisoners. Initial public protection screening was robust but there were weaknesses in subsequent processes. Recategorisation was reasonably efficient. Resettlement planning and work were generally good. There was some very good work to support families. The visits environment was adequate. **Outcomes for prisoners against this healthy prison test were reasonably good.***

S33 *At the last inspection in 2014, we found that outcomes for prisoners in Thameside were reasonably good against this healthy prison test. We made 11 recommendations in the area of respect. At this follow-up inspection we found that six of the recommendations had been achieved, three had been partially achieved and two had not been achieved.*

- S34 The strategic approach to resettlement was comprehensive and informed by a detailed prisoner needs analysis, although it did not incorporate OASys data and there was no current action plan. Strategy meetings were underpinned by well-attended resettlement pathways meetings, which was helpful. The resettlement drop-in facility was well used and demonstrated effective links with a range of community partners.
- S35 Offender management unit (OMU) resources focused appropriately on the completion of OASys assessments, sentence planning and transfer. While contact between offender supervisors and prisoners was variable, it was better than we often see, particularly for higher risk prisoners. There was good use of in-cell workbooks to address offending behaviour needs, although they were not always sufficiently linked to sentence planning. Management supervision and support of staff in the OMU were good. There was a backlog of around 100 OASys assessments, most of which were the responsibility of external offender managers. HDC decisions were generally well informed but not sufficiently timely, and a large number of prisoners were frustrated at the delays.
- S36 Public protection screening of new arrivals was robust. Multi-agency public protection arrangements (MAPPA) reports were adequate. However, there was insufficient input to interdepartmental risk management meetings from relevant departments, particularly security.
- S37 Categorisation reviews were well informed but could be delayed by the lack of an up-to-date OASys. Some prisoner transfers to other establishments took too long, particularly for category B and life-sentenced prisoners. Prisoners facing a likely indeterminate sentence were identified and given appropriate information and support while on remand. Designated

staff in the OMU had developed a useful lifer forum to consult with prisoners and a lifer peer mentor had been appointed.

- S38 Around 140 prisoners a month were released from the prison, many having served very short sentences. The community rehabilitation company (CRC)² saw almost all new arrivals to assess their immediate needs, and then again before their release to address resettlement needs. Resettlement plans and interviews were reasonable overall.
- S39 The housing support worker had good links with a large number of providers. However, referral numbers were high and access to housing was a challenge; in the previous five months, around 13% of prisoners had been released with no accommodation.
- S40 Prisoners received appropriate advice and support on employment, training and education from a range of partners, increasing their likelihood of successful resettlement. National Careers Service provision was good. There was good use of the virtual campus – giving internet access to community education, training and employment opportunities – which was available to prisoners through the CMS in their cells.
- S41 Health care staff provided a discharge health summary and seven days' medication to prisoners as needed. Pre-release planning for patients with enduring mental health problems was effective. Resettlement opportunities for prisoners with drug and alcohol problems were very good, with high levels of partnership working between the prison's substance misuse services and London-based community services.
- S42 The CRC provided a signposting service for prisoners who needed help with finance, benefit or debt. Prisoners were helped to obtain photographic identification and open bank accounts before release.
- S43 Provision for children and families work was very good. The Families First team provided excellent opportunities for prisoners to maintain family relationships, as well as individual support with parenting issues. The visits hall was reasonable and had good catering facilities, but seating arrangements were austere and the children's play area was inadequate. Prisoners were still required to wear identifying bibs during visits, which was unnecessary.

² Since May 2015 rehabilitation services, both in custody and after release, have been organised through CRCs which are responsible for work with medium- and low-risk offenders. The national probation service has maintained responsibility for high- and very high-risk offenders.

Main concerns and recommendations

S44 Concern: The governance and oversight of use of force were poor. The prison's use of force log figure was not accurate as we found additional incidents that had not been entered. Paperwork justifying the use of force was not always completed thoroughly. Too many documents lacked detail and gave insufficient justification for using force; in some incidents no paperwork had been completed at all. Not all planned incidents were recorded on video cameras.

Recommendation: There should be effective management oversight of the use of force. Every incident should be comprehensively documented to demonstrate that it is used legitimately and proportionately. All planned interventions should be recorded and subject to management review.

S45 Concern: Equality and diversity provision was neglected and now underdeveloped. In our survey, prisoners from minority groups were negative across a range of indicators. The needs of prisoners from minority groups were not systematically identified or met. The governance and quality of investigation into discrimination incidents were insufficient and poor.

Recommendation: Management and oversight of diversity work should be prioritised at a senior level to ensure that the needs of all prisoners from minority groups are identified, assessed and addressed, and to understand any negative perceptions. Discrimination incident reports should be fully investigated, and there should be appropriate governance and assurance of the system.

S46 Concern: In our survey, prisoners were negative about the overall quality of health services. Significant staff shortages had affected delivery, and in some cases patients had not received medicines or timely reviews, which presented significant risk.

Recommendation: Prisoners should have prompt access to health services and prescribed medications. Staffing in the health care centre should be adequate to meet prisoner need.

S47 Concern: Senior managers had not developed the education provision sufficiently to benefit prisoners after their release. Many aspects of prison work were underdeveloped to prepare prisoners for successful resettlement. Prison senior managers had not ensured that prisoners could gain qualifications or recognition for the skills that they developed in work.

Recommendation: The range, quality and accreditation of prison work should be substantially increased to improve prisoners' employment prospects on their release.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1 Although most prisoners arrived from local courts, in our survey 31% said that they spent more than two hours on the escort van, which was higher than the comparator and at the last inspection. Prisoners told us that they faced long delays in court cells before they were transported to Thameside, and most arrived late in the day.
- I.2 Fewer than half of prisoners surveyed said that the escort van had been clean. The vans we inspected were dirty, and had litter and graffiti. Fewer prisoners than the comparator and at the last inspection said that they felt safe during escort to the prison. The escort staff we spoke with were aware of risk factors and how to manage these during escort.
- I.3 Escort vans were not delayed in entering the prison, and prisoners were disembarked quickly and not routinely handcuffed.

Recommendation

- I.4 **Escort vehicles should be clean, and prisoners should be transferred to the prison shortly after their court appearance.**

Early days in custody

Expected outcomes:

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

- I.5 Reception was busy with around 534 new arrivals a month. The area was bright and spacious but could have been more welcoming, and there was no information for new arrivals. Holding rooms were dirty with broken furniture and nothing to occupy prisoners.
- I.6 Reception processes were swift; most arrivals generally spent around two and a half hours there. All new arrivals were strip searched, without an individual risk assessment. Prisoner peer support in reception included Insiders from the first night unit, who provided a meet-and-greet service, and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). Prisoners identified as needing stabilisation from the effects of drugs or alcohol were quickly located on to A1 and A2, the drug stabilisation unit. New arrivals could have a drink and hot meal before they were transferred to A3 and A4, the first night unit. They were all offered a telephone call in reception, but were unable to leave a message and often not given a follow-up call if they could not speak to the person called. In some cases, prisoners had not been able to contact family for three days after arrival because it took so long to get their telephone numbers added to the personal identification number (PIN) system. Prisoners on remand were automatically placed on the

entry level of the incentives and earned privileges (IEP) scheme and were unable to wear their own clothes, even though this was contrary to the prison's policy.

- 1.7** Reception staff completed cell sharing risk assessments in an open area within earshot of other prisoners and staff. First night interviews took place on the first night unit and were brief, not sufficiently focused on vulnerability and not completed in private. We found some prisoners transferred in from another establishment who did not have a first night risk assessment. However, staff on the first night unit were aware of all new arrivals, provided appropriate support and carried out additional first night observations. First night cells were adequately equipped, but some were dirty and had graffiti.
- 1.8** A comprehensive induction commenced the day after arrival and was delivered by peer workers. The induction booklet was only available in English, and we observed some new arrivals with very little English who were unable to understand what was being said. Peer supporters told us that they would seek to find a prisoner or staff member who could speak the prisoner's language; records showed limited use of professional interpreting services during induction. Prisoners who were sent to the drug stabilisation unit received their induction appropriately following a period of stabilisation. Peer workers on the first night unit supported prisoners through their early days and escorted them to their new units following induction, introducing them to the peer worker on that unit who also offered support. Induction peer workers routinely followed prisoners up four to six weeks after arrival to offer further support and feedback.
- 1.9** Most prisoners spent a relatively short period on the induction unit - around three to five days. During this time, they were locked in their cells for too long (see paragraph 3.2). Unlike on other wings, induction unit prisoners were unable to dine together as they were locked up over lunchtime. The reasons for this were unclear.

Recommendations

- 1.10** The reception area should be more welcoming, and new arrivals should be given a range of information.
- 1.11** Telephone numbers for new arrivals should be added to the system without delay.
- 1.12** New arrivals should have a thorough first night interview that focuses on risk and vulnerability, and takes place in private; they should then be located in clean cells in a good state of repair.

Bullying and violence reduction

Expected outcomes:

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

- 1.13** Levels of violence remained high, with about 168 recorded assaults and 72 fights in the previous six months. However, there had been a small but consistent reduction in the last few months, particularly in incidents associated with gang activity.

- I.14** The violence reduction strategy had been fully reviewed since our last inspection. The updated strategy was relevant, based on a detailed analysis of the patterns of violence in the prison, informed by a prisoner survey and supported by other local policies and procedures, such as IEP scheme and security reporting and intelligence systems.
- I.15** A violence reduction committee met monthly to monitor progress on the violence reduction strategy. Meetings were usually well attended and minutes indicated properly focused discussions about all forms of violence. It had good links with the security department, residential managers, offender management unit (OMU) and the suicide prevention team.
- I.16** There were signs that new processes for dealing with poor behaviour were helping to tackle important issues, and the casework approach to managing perpetrators had improved and was developing. Individual plans to help deal with both perpetrators and victims of violence, and linked to the IEP scheme, were a positive step, and the quality of some was good. Recorded interactions with prisoners and observations about their behaviour were detailed and contributed to weekly reviews. The quality of plans was variable although reviews, with a few exceptions, were generally good, well attended by a multidisciplinary group of staff and much better than we usually see. As at the last inspection, prisoners who did not comply with the process or who had committed the more serious acts of violence were segregated (see section on segregation).
- I.17** The prison's impressive approach to gang affiliations and associated violence, which we saw during the last inspection, had developed further. Catch 22 workers with experience of working with gangs continued to work closely with agencies in the prison and the community to support violence reduction. They met new arrivals to identify any risks and any gang affiliations that could lead to violence. They liaised with safer custody staff to maintain a database of gang affiliations, which helped ensure that the location and movement of prisoners avoided potential conflict. They were visible around the prison and also provided two groupwork programmes to address gang-related violent behaviour.
- I.18** Allegations of violence, particularly bullying, were treated consistently and were investigated promptly by full-time violence reduction coordinators. The network of violence reduction prisoner representatives on each wing were well supported by the violence reduction team, but their role was not fully understood by staff and prisoners

Good practice

- I.19** *The prison's partnership with Catch 22 to reduce gang violence was innovative and effective. Catch 22 workers met new arrivals to identify gang affiliations that could lead to violence. A database of gang affiliations helped to ensure that rival gang members were kept apart. Two groupwork programmes addressed gang-related violent behaviour.*

Self-harm and suicide prevention

Expected outcomes:

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

- I.20** There had been a self-inflicted death at the prison since the last inspection. Recommendations from Prisons and Probation Ombudsman (PPO) investigations were rigorously addressed. Progress against targets was reviewed by the director at the monthly

senior management team meeting and by the head of safer custody at the monthly suicide prevention meeting.

- I.21** There had been 195 incidents of self-harm in the previous six months, which was high, although similar to other local prisons. A small number of prisoners with complex needs accounted for a large number of incidents. In the previous six months, 359 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had been opened (about 31% of the population), which was also similar to other local prisons. Prisoners we spoke to on open ACCTs said they felt well supported by staff.
- I.22** Management structures to reduce self-harm had recently improved and were developing. A well-established safer custody committee monitored the implementation of the suicide and self-harm prevention strategy, and its regular meetings were well attended. The collection and analysis of information were very good, and a wide range of information was used to identify trends and patterns of behaviour. A full-time suicide prevention coordinator and manager had been appointed to identify and support prisoners in crisis, and provide staff with advice and guidance about prevention methods and ACCT procedures. Staff had received training about how to respond quickly to self-harm incidents. Briefings to night staff included checking that they were aware of what to do in emergencies, particularly serious cases of self-harm, which encouraged a more confident approach to risk management.
- I.23** Although the quality of initial assessments in ACCT documents was generally good, care mapping was often inadequate and not updated adequately. Recorded observations by officers often lacked detail. Case reviews were timely, but not always attended by staff who knew the prisoner; chaplains nearly always attended. There was also a lack of communication between case managers and residential staff, and we saw examples where prisoners on open ACCTs had been put on to the basic IEP regime without reference to the ACCT documents or case reviews.
- I.24** The Listener scheme was well supported by the safer custody team, but some Listeners said that their work was not valued by all staff, who sometimes limited their access to prisoners in crisis. In our survey, only 40% of respondents said that it was easy to see Listeners when they wanted to.

Recommendations

- I.25** **Assessment, care in custody and teamwork (ACCT) documentation should demonstrate consistent care for prisoners at risk of self-harm. Support arrangements should include good quality care planning and multidisciplinary reviews.**
- I.26** **The prison should investigate and take action to address prisoners' negative response in our survey about access to Listeners.**

Good practice

- I.27** *The night orderly officer checked staff knowledge of emergency procedures as they came on duty, encouraging a confident approach to managing risks.*

Safeguarding (protection of adults at risk)

Expected outcomes:

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

- I.28** There was a comprehensive safeguarding policy that was known to staff and reflected the key principles in the Prison Service instruction on safeguarding. The prison had strong links with the local safeguarding adults board, and the head of safer custody attended monthly meetings with the local safeguarding team. Prison staff had been trained in safeguarding and referral processes, and a helpful practice guide had been issued.
- I.29** The prison had reviewed its vulnerability screening procedures and assessments of risk during the prisoners' early days at the prison. These were reasonable, but some first night safety assessments we observed were not robust enough (see paragraph I.7). A weekly multidisciplinary complex needs meeting discussed vulnerable prisoners and dealt with local safeguarding referrals. Attendance at these meetings was good and included social care representatives, local authority safeguarding officers, mental health workers, residential managers and safer custody staff. Chaired by the head of safeguarding, the meetings were a useful multidisciplinary forum to discuss vulnerable prisoners of concern and agree their management.

Good practice

- I.30** *The multidisciplinary complex needs meeting included attendance by the local authority, and agreed the management of vulnerable prisoners of concern. It was a very good information-sharing forum and referral meeting.*

Security

Expected outcomes:

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

- I.31** Security arrangements remained generally proportionate, but some elements of procedural security were not. Too many prisoners were strip searched without an assessment of their individual risk: almost all prisoners arriving and leaving reception were strip searched, as were 5% of all those leaving visits. The prison also had a '72-hour protocol' to manage prisoners suspected of secreting banned items. Such prisoners were segregated without running water, and strip and squat searched daily, initially over a 72-hour period that could be extended. The protocol had been used 26 times in the previous six months. The threats posed by illicit items coming into the prison required a robust response, but routine periods of segregation, strip and squat searching – as opposed to the minimum possible use of these measures – was inappropriate.

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

- I.32** The flow of intelligence into the security department was good, with 3,453 intelligence reports submitted in the previous six months. They were processed quickly and led to swift actions. The searching of cells was productive and detected a large number of prohibited items. However, too much of the paperwork authorising the searches was not fully completed, including the authorisation of strip and squat searching.
- I.33** Twenty-nine prisoners were restricted to closed visits. Managers justified these restrictions clearly on the relevant paperwork, and all were for visits-related activity.
- I.34** The largest identified security threats to the prison were contraband, violence, escapes, gangs and staff corruption. Monthly security meetings examined a wide range of data. Links with the police were generally good, and prison intelligence officers from the Metropolitan Police worked with the security team. Work to tackle staff corruption was also good; three former staff were serving custodial sentences for corruption. The management of members of organised criminal networks was robust, and there was good interagency work to manage extremists and prisoners vulnerable to radicalisation. The management of gangs was good, with weekly meetings of the security team, safer custody managers and the Catch 22 gangs team (see paragraph I.17). The prison used computer information well to keep prisoners in conflict apart.
- I.35** In our survey, 27% of prisoners, against 12% at the last inspection, said that drugs were easily available in the prison. The average random mandatory drug testing rate for the previous six months was 13.8%, slightly above the 12% target. A further 5.7% of randomly tested prisoners tested positive for synthetic cannabinoids. However, the prison was sighted on these issues and had a focused approach to supply reduction, which made good use of intelligence. Since January 2017, more resources had been put into completing requested suspicion-based drugs tests. In the six months to the end of April 2017, there had been 41 suspicion tests with a positive rate of 63.1%, half of whom tested positive for synthetic cannabinoids. There was no testing on Sundays.

Recommendations

- I.36** Prisoners should only be strip or squat searched following a written, individual risk assessment. Paperwork authorising such searches should be completed in full.
- I.37** Periods of segregation, searching and monitoring of those suspected of secreting illicit items should be implemented for the shortest possible time in individual cases.
- I.38** Drug testing should be conducted on every day of the week to reduce the programme's predictability.

Incentives and earned privileges

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

- I.39** At the time of the inspection, most prisoners were on the standard regime, with 44 on basic and 143 on enhanced privileges. In our survey, more prisoners than the comparator, 43% against 39%, said that they had been treated fairly under the scheme, and 51%, against 38%, said that the different levels in the scheme encouraged them to change behaviour.
- I.40** The IEP policy clearly set out the behaviour required for progression. There was appropriate focus on individual circumstance when managers considered a prisoner for demotion to the basic level or progression to standard or enhanced. The governance of the scheme had improved since the last inspection, and reviews of those on basic were now completed promptly. Basic reviews continued to include incremental restoration of privileges for good behaviour, and prisoners wishing to progress to enhanced level had to provide evidence reports from several areas to demonstrate their good behaviour.

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

- I.41** The number of adjudication hearings was high at 1,558 in the previous six months, more than at the last inspection. The most common charges were for possession of an unauthorised item, disobeying a lawful order, assaults and fights.
- I.42** Adjudication hearings were generally fair. Prisoners were given an opportunity to put their side of events and plead mitigation. Punishments were proportionate and tailored to individual circumstances. However, we observed a hearing involving a foreign national who struggled to understand English but was not offered the use of professional telephone interpreting. Many hearings were poorly prepared. In too many cases, initial charges were poorly written, wrong charges were laid and reporting officers did not attend the hearings. In the previous six months, 247 charges had been dismissed, some as a result of poor preparation. Meetings to oversee and standardise the use of adjudications were too infrequent and attendance was sometimes poor.

Recommendation

- I.43** **Adjudication hearings should be properly prepared. Reporting officers should produce good quality paperwork with the appropriate charges, and attend all hearings. Telephone interpreting should be used for prisoners who cannot understand English.**

The use of force

- I.44** The governance and oversight of use of force were poor. The prison's log recorded 183 incidents in the previous six months, but this figure was not accurate as we found additional incidents that had not been recorded. Paperwork justifying the use of force was not always completed thoroughly. Too many documents lacked detail and gave insufficient justification for using force; we found some incidents where no paperwork had been completed at all. Not all planned incidents were recorded on handheld video cameras. In the recorded incidents that we viewed, not all force could be justified. In one case, a prisoner was only given 30 seconds between being told that he had to transfer to another prison and force being applied. (See main recommendation S44.)
- I.45** The use of force committee met once a month and reviewed a range of quantitative data. All officers who were involved in more than two incidents a month were discussed, which was good practice. However, there was little scrutiny of individual incidents to learn and disseminate lessons.
- I.46** Special accommodation had been used only three times in the previous six months, and the documentation showed that it was used appropriately. Officers did not carry batons, which was commendable, but there were plans to introduce them by the end of June 2017.

Good practice

- I.47** *Each month managers identified and discussed officers who had used force more than twice in the previous month, which helped to ensure that force was used appropriately.*

Segregation

- I.48** In the previous six months, 321 prisoners had been segregated, which was high for a local prison but slightly less than at our last inspection. The average period of segregation was short at around four days.
- I.49** Communal areas in the 18-cell segregation unit were clean, spacious and had plenty of natural light. The two small exercise yards were cage-like and blighted by graffiti. Some cells were full of graffiti, despite efforts to repaint them regularly. Toilets in the cells were dirty and lacked screening, seats or lids. It was positive that prisoners had telephones and showers in their cells.
- I.50** Prisoners in the unit were given puzzles, radios and books to occupy themselves, and half an hour's exercise a day, although they could not exercise together in the same yard. Prisoners could apply to attend corporate worship. Segregated men had to wear prison clothing. Prisoners were served meals at their cell doors rather than collecting them from the servery.
- I.51** The unit manager knew the prisoners well. Relationships between officers and prisoners were relaxed but not proactive enough. We saw cell bells go unanswered, and poor behaviour that was unchallenged. Nurses from the mental health in-reach team visited the unit every day. Night time observational entries in prisoners' records were too predictable, occurring on the hour, every hour. Paperwork justified the exceptional circumstances in which prisoners on ACCTs were segregated.
- I.52** Segregation reviews were well attended but lacked critical challenge. The reviews we observed looked for reasons to maintain segregation rather than ways to manage prisoners

safely on wings. Targets were not tailored to individual needs. There was no reintegration planning. The segregation review and monitoring group did not meet regularly enough.

Recommendation

- I.53 Subject to risk assessment, segregated prisoners should be able to collect their meals from the servery, exercise together and have access to suitable regime activities.**

Substance misuse

Expected outcomes:

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

- I.54** Clinical drugs services were delivered by Addaction and psychosocial services by Turning Point. There was a recently updated comprehensive drug and alcohol strategy document. However, the drug strategy committee was poorly attended and failed to provide a strategic lead to the relevant departments. There was some poor communication between services associated with substance misuse treatment and health care. The integration of services was further hampered by Turning Point's lack of access to SystmOne (the clinical records database).
- I.55** However, outcomes for prisoners with drug and alcohol problems were generally good. In our survey, prisoners were more positive than the comparators about access to drug and alcohol treatment, and 80%, against 72%, of those who had received support found it helpful.
- I.56** Turning Point had a psychosocial caseload of 317 (28.6% of the population). There was an appropriate range of group programmes, ranging from short substance misuse awareness sessions to a more intensive two-week long 'Supporting Change and Recovery' (SCAR) course. Acupuncture was also available weekly, as were Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous self-help fellowship meetings.
- I.57** There were seven peer supporters, with a further three in training. These highly motivated prisoners gave support on the first night and stabilisation units, and were involved with inductions and day-to-day support of all prisoners in drug or alcohol treatment. Prisoner views of all substance misuse services were gathered at monthly service user feedback meetings.
- I.58** A total of 170 prisoners (14.8% of the population) were receiving opiate substitution treatment, of whom 136 (80%) were receiving maintenance doses. With a high prisoner turnover and large numbers of remand prisoners, these rates of maintenance were appropriate. Sentenced prisoners were encouraged to reduce their doses where clinically appropriate.
- I.59** The clinical team confirmed prisoners' previous prescribing regimes promptly to enable treatment continuity. New arrivals requiring opiate substitution treatment were housed on the stabilisation unit. The unit had a supportive atmosphere with good oversight from the custodial operations manager. Prisoners we spoke to were particularly positive about their treatment and conditions on the unit. The number of lodgers (prisoners not involved in drug or alcohol treatment) on the unit was constantly monitored and kept to the minimum. A clinical psychiatrist was a member of the clinical drug treatment team working with all patients on the caseload, but giving additional help to more complex cases.

- I.60** The administration of controlled drugs for opiate substitution took place in three locations. On A1 wing, while the queue was well scrutinised, prisoners were allowed to crowd closely around the hatch, impeding confidential conversation between prisoners and nurses (see also recommendation 2.66).

Recommendations

- I.61** The drug strategy committee should be relaunched, with attendance required from the managers of all relevant departments.
- I.62** The Turning Point psychosocial team should have access to the SystemOne medical records database to aid the integration of drug and alcohol treatment provision.

Section 2. Respect

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1 Since the last inspection a new unit, house block 2, containing new wings H and J, had been built creating an additional 332 spaces. This contained upper and lower units, and was similar to the other wings (see Fact page).
- 2.2 The prison was generally clean and provided some very good facilities that were valued by prisoners, who responded positively about residential services in our survey, particularly access to showers and telephones, which they had in their cells. Communal areas were clean but there had been some decline in the standard of cells. In-cell toilets were badly stained and dirty, and much of the shower and toilet screening was inadequate. Graffiti was a problem in some areas. Our survey also indicated some problems with obtaining clean sheets and access to stored property. Prisoners were often not allowed to retain any toiletries they had brought with them, even if bought at other establishments.
- 2.3 Cells were adequately furnished and shared cells were not too cramped. However, we found some prisoners on remand inappropriately sharing cells with convicted prisoners, and some young prisoners sharing cells with adults.
- 2.4 Records for the emergency cell call bell system showed that some prisoners had waited too long for their cell call bells to be answered. This was of particular concern in the health care and segregation units. In one case a prisoner waited 50 minutes for the cell bell to be answered in the segregation unit, which was unacceptable. At the time of our inspection there was no management oversight or monitoring of response to bells throughout the prison.
- 2.5 The in-cell technology, the custodial management system (CMS), was popular and gave prisoners appropriate responsibility and control over day-to-day tasks, such as choosing meals, arranging appointments and maintaining contact with the outside world. Although most of the information on the system was accessible in a range of languages, notices to prisoners and responses to applications sent through the system were in English only.
- 2.6 Responses to most applications were generally on time but some were curt and unhelpful. Some applications submitted through the CMS had been rejected with no response to the prisoner, which led to some prisoner frustration with the system. Managers on some units quality assured responses to applications, but this was not consistent throughout the prison.

Recommendations

- 2.7 Remand prisoners should not share cells with convicted prisoners, and young adults should not share with adult prisoners.**
- 2.8 Cell call bells throughout the prison should be answered within five minutes.**
- 2.9 Applications should be responded to in full and subject to quality assurance; communications sent through the custodial management system should be in a range of languages.**
- 2.10 Prisoners should be able to keep or store the property that arrives with them.**

Staff-prisoner relationships

Expected outcomes:

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

- 2.11** In our survey, 77% of prisoners said that most staff treated them with respect which was higher than the comparator but lower than at the last inspection. Most of our observations indicated that staff were respectful, but we had concerns about some low-level poor behaviour, such as swearing that went unchallenged by staff and some over familiar 'horseplay' between staff and prisoners. On one occasion, we observed peer support workers asked to assist in the locking up of a wing, which was beyond their remit and inappropriate.
- 2.12** In our survey, 42% of prisoners said that they had a personal officer and 68% said they had a member of staff they could turn to if needed, which were higher than the comparators but lower than at the last inspection. Although there was a personal officer strategy, electronic case records recorded very limited contact between personal officers and prisoners.
- 2.13** There was regular consultation with prisoners, and the weekly prison-wide consultative committee, with representatives from each wing, gave them the opportunity to raise a wide range of issues. However, minutes of the meetings showed that many actions were taken from one meeting to the next without resolution, even though some could have easily been addressed immediately.

Recommendations

- 2.14 Staff should maintain professional boundaries with prisoners, and encourage and promote positive prisoner behaviour.**
- 2.15 The personal officer scheme should be applied consistently with regular interaction between personal officers and prisoners that should be recorded in prisoners' electronic case notes.**
- 2.16 There should be prompt action to deal with issues arising from the prisoner consultative committee.**

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁴ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

Strategic management

- 2.17** The strategic management of equality and diversity work had lapsed since our previous inspection. The equality team consisted of a full-time manager with custody officer support, but there had been a recent gap in provision due to illness. The local policy had been reviewed in 2016 but, with the exception of foreign nationals, there were no supporting documents for specific groups of prisoners with protected characteristics.
- 2.18** There had been no formal diversity, equality and action team (DEAT) meeting since December 2016, and there had been no survey of prisoners, visitors or staff to assess current need. The equality action plan did not reflect all the key priorities of the DEAT. Some actions had not been completed for over 12 months. Equality monitoring was discussed at the DEAT but the analysis was mostly limited to discrimination incident reporting forms (DIRFs). (See main recommendation S45.)
- 2.19** In the previous six months, there had been 52 recorded DIRFs. However, not all the DIRFs submitted were available, and some had not been registered or answered at all. Forms were not always accessible to prisoners. A test DIRF submitted on the first day of our inspection had still not been processed four days later. With the exception of a small number completed by the equality manager, there was little evidence of any detailed investigation or analysis of the issues raised in DIRFs. (See main recommendation S45.)
- 2.20** There were a few prisoner equality representatives at the time of the inspection, who were mostly positive about their paid roles. Some represented a particular protected characteristic while others took a more generic role. Representatives were invited to the DEAT and individual forums when they took place. All had received some initial guidance on a number of equality issues, and they were supported through ad hoc meetings with the diversity officer. Some expressed frustration at the time it took to implement any actions raised.
- 2.21** Despite discussion of each protected characteristic at the DEAT, and the high number of prisoners in these groups, there was little evidence of regular formal consultation or support forums and limited external support for these groups, apart from foreign national prisoners. The forums that had taken place were ad hoc and resulted in few tangible outcomes. There had been some cultural and diversity celebrations, but these were mostly limited to the annual celebration of black history month. (See main recommendation S45.)

⁴ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protected characteristics

- 2.22** At the time of inspection, just over 60% of prisoners were from a black or minority ethnic background, 27% were Muslim and 33% of prisoners who responded to our survey considered themselves to have a disability. Prisoners aged 50 or over accounted for 11% of the population. In our survey, responses from prisoners from all these groups were more positive than for their fellow prisoners, apart from disabled and older prisoners who were more negative across a range of indicators.
- 2.23** Gypsy, Romany and Traveller prisoners accounted for around 5% of the population. There was a designated Gypsy, Romany and Traveller peer support worker, and a custody officer, supported by a senior manager, had been identified as the lead for these prisoners, who could make applications to speak with him. Despite longstanding plans for a forum for these prisoners, this had yet to take place.
- 2.24** The proportion of foreign nationals was 21% at the time of inspection, with 33 prisoners detained beyond the end of sentence. A local policy adequately covered the key elements of care for these prisoners, with oversight by a senior manager lead and the managing chaplain. C wing levels 3 and 4 (uppers) were used to house most foreign nationals, which assisted mutual support and staff assistance, particularly for a small number of non-English speakers. On-site and active Home Office staff provided advice on a range of areas. Genesis Advantage, an external provider funded by the prison, offered independent legal advice and assistance to foreign national prisoners and was a positive initiative.
- 2.25** There had been forums for older prisoners in April and November 2016. Issues identified were added to the equality action plan, but these remained outstanding. With the exception of separate gymnasium sessions for prisoners over 45, there was little support for older prisoners. The prison held around 75 young adults aged 18-21 (6%). Some issues for this group of prisoners had been identified and added to the equality action plan, but there was no evidence that these concerns had been addressed.
- 2.26** A third of prisoners who responded to our survey considered themselves to have some disability. Screening for disability was mostly limited to initial reception for new arrivals, following which the equality department created a personal emergency evacuation plan (PEEP) if required. However, the management of PEEPs was poor. For example, we found a PEEP for a prisoner who required walking aids and was in an adapted cell that contained some incorrect information, and residential staff were not aware of its existence. Some prisoners with mobility difficulties relied on a lift to access some areas of the prison, but the lift in the faith area and gymnasium had been out of use for over a month making them inaccessible to some prisoners.
- 2.27** There had been one transgender prisoner in Thameside in the previous six months. A monthly support forum for gay and bisexual prisoners had recently been introduced. While this was a positive initiative, evidence of meetings and appropriate managerial oversight were piecemeal.

Faith and religious activity

Expected outcomes:

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

- 2.28** In our survey, 58% of prisoners said that their religious beliefs were respected and 61% that it was easy to attend religious services, which were both significantly better than the comparators. The chaplaincy was led by a full-time managing Baptist chaplain who was supported by a Muslim chaplain and a mix of part-time and sessional chaplains. For the small number of Rastafarian prisoners, who did not have a chaplain, a member of the chaplaincy oversaw self-support groups.
- 2.29** Services remained well attended. They took place in large rooms with natural light, but because they were faith neutral they looked stark. Prisoners had good access to services, although there had been concerns about a disabled prisoner who had been unable to get there for some time for because the lift did not work (see paragraph 2.26) which was not acceptable.
- 2.30** The chaplaincy was well integrated into daily prison life and involved in several key meetings. It ran the Sycamore Tree victim awareness course twice yearly, and several programmes and study classes to accommodate all faiths operated on a rolling basis. The chaplaincy was involved in pastoral care for prisoners, and two members of the team were trained as family liaison officers to provide further support. It had positive links with external agencies and communities in a wide range of areas.

Complaints

Expected outcomes:

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

- 2.31** There had been 1,164 complaints in the previous six months. In our survey, 21% of prisoners who had made a complaint felt that it was dealt with fairly which was less than the comparator and at the last inspection. In addition, 27% told us that they had been prevented from making a complaint, which was higher than the comparator and at the last inspection. During our inspection, many prisoners told us they lacked confidence in the complaints system, and some had stopped using it because they did not get a response or responses did not address their complaint.
- 2.32** We examined a sample of complaints and found that, although responses were generally on time, many did not address the issue raised and lacked sufficient enquiry and detail. In some cases, responses stated that the issue would be investigated but there was no evidence of follow-up or outcome to the initial query. There were also some examples of unprofessional, inappropriate and dismissive responses to confidential access complaints. This was a serious failing that required personal intervention from senior managers. Although data and trends on complaints were analysed at the monthly SMT meeting, quality assurance of complaints was not sufficiently robust, particularly for confidential access complaints.

Recommendation

- 2.33 Responses to prisoner complaints should address the issues raised, demonstrate sufficient enquiry and be written in a polite and professional way. There should be regular quality assurance of all complaints, including confidential access complaints.**

Legal rights

Expected outcomes:

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

- 2.34** The library stocked a wide range of up-to-date Prison Service instructions and legal textbooks. Information on the Criminal Casework Review Commission was available. Lawyers told us that arrangements for visiting prisoners were the best in London. However, the 10 interview rooms were often full and lawyers were forced to consult prisoners in the open visits hall, which compromised confidentiality. Prisoners could apply to use word processing software on their in-cell computer terminals to help them with their case. Remand prisoners had reasonably good access to the Bail Accommodation Support Service. Our inspection took place shortly before a general election, but there was little assistance or encouragement for remand prisoners who wanted to vote.

Recommendation

- 2.35 Eligible prisoners should be assisted and encouraged to exercise their right to vote.**

Health services

Expected outcomes:

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

- 2.36** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁵ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement with subsequent notices issued by the CQC which have been detailed within Appendix III of this report.

⁵ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

Governance arrangements

- 2.37** NHS England had commissioned Oxleas NHS Foundation Trust to provide health services since April 2015. Commissioners monitored the contract through quarterly meetings and assurance visits. The partnership board now met quarterly as previous meetings had been too infrequent. A range of strategic governance meetings and a monthly local delivery board covered essential areas. A current health and social care needs assessment of prisoners informed service delivery, underpinned by a comprehensive action plan.
- 2.38** In our survey, fewer prisoners than the comparator said they were satisfied with the overall quality of health services (29% compared with 34%) and at our last inspection (48%). Significant staff shortages had affected service delivery. Opportunities for professional development were limited, although most health staff had completed their mandatory training. There was a high use of agency staff and an ongoing recruitment campaign. (See main recommendation S46.)
- 2.39** Clinical leaders were working hard to improve service delivery, and staff felt supported through managerial and clinical supervision. A patients' forum, and good oversight of death in custody action plans, informed service delivery, and lessons to be learned were shared with staff.
- 2.40** Health care complaints went through the prison complaints system, which compromised their confidentiality and delayed the receipt of and responses to complaints. The responses we sampled were timely and offered apologies, and most addressed the issues raised.
- 2.41** Appropriate emergency equipment was sited strategically around the prison. However, we found some gaps in daily monitoring and a few out-of-date items. Most custody staff were in date with first aid training, and those we spoke to understood the system to summon emergency assistance; ambulances were called promptly.
- 2.42** The health care centre, including the inpatient unit, and wing treatment rooms were clean and tidy. There had been progress in addressing issues highlighted in the June 2016 annual infection control audit. Some health care staff said they felt vulnerable during clinics as there was only one custody officer allocated to the front desk and sometimes only one officer to monitor all the clinics, which was inadequate. (See main recommendation S46.)
- 2.43** Although health promotion literature was available, there was little displayed in the health care waiting area, which was often overcrowded. It was reported that displays were regularly vandalised. We were told that literature could be made available in alternative formats and foreign languages as required. Smoking cessation support was developing, and the prison was due to become smoke free by April 2018.
- 2.44** Prisoners had reasonable access to immunisations and screening for blood-borne viruses. There was some age-appropriate screening, but bowel cancer screening and diabetic retinopathy were not available in house; this was being addressed. There was a visiting sexual health service, and barrier protection was available from health staff.

Recommendations

- 2.45** There should be a separate health complaints process that is confidential and well advertised, and all responses should be prompt and address the issues raised.
- 2.46** There should be effective monitoring to ensure that all emergency resuscitation equipment, including emergency medication, is in good order.

Delivery of care (physical health)

- 2.47** A registered nurse saw all new arrivals for an initial health screening and made appropriate referrals. Relevant risk information was reviewed. The interviews we observed were competent but the door was left open, compromising confidentiality. The nurse had access to telephone interpreting services for non-English speaking prisoners. A GP was available in the evening to see new arrivals. The health service aimed to complete comprehensive secondary screening within 72 hours and saw approximately 80% of arrivals within this timescale; the others were seen within 96 hours.
- 2.48** Prisoners could make health care appointments through the CMS (custodial management system) (see paragraph 2.5). Appointment requests had almost doubled with the increase in prisoners since the last inspection, and between 60 and 80 electronic messages were received daily. Patients experienced delays in accessing health services; 192 applications were awaiting review with some waiting for five days, which was too long. There were insufficient CMS terminals for health care staff to process applications, and too few staff to deal with the increase in patient applications (see main recommendation S46).
- 2.49** Nurses were available 24 hours a day. There was an appropriate range of primary care services, although waiting times for some services were too long. There was at least a two-and-a-half week wait for routine GP appointments, and a five-day wait for nurse triage. This was in addition to the delays in reviewing applications (see above).
- 2.50** There was one GP on duty each day to run clinics, deal with tasks and review patients on the care and separation unit and inpatients. GPs reported regular interruptions and occasionally had to stop their clinic to attend urgent calls. This factor, and the regime, sometimes meant that patients were sent away before they could be seen. Because of a significant build-up of tasks on SystemOne (the electronic clinical information system) awaiting GP review, some patients had not received medicines or had timely reviews, which posed significant risks. Examples included an urgent request for an inhaler for a prisoner thought to have had an asthma attack, and a request for an urgent appointment for continuation of antibiotics started in the community. (See main recommendation S46.)
- 2.51** Not all nurses running long-term condition clinics had received additional training, and they referred to the GP. The clinical records we examined were of a mixed standard, and care plans were underdeveloped.
- 2.52** Admission to the 18-bed inpatient unit was based on clinical need. A well-attended weekly ward round considered each inpatient's physical and mental health and assessed risks. Inpatient care was reasonably good with a range of therapeutic activity, although some inpatients were on a restricted regime, which affected their care.
- 2.53** Referrals for external hospital appointments were well managed. However, insufficient escorts to meet demand resulted in too many rescheduled appointments. The X-ray

equipment in the health care centre was still not in use, which meant that patients requiring an X-ray were sent out to hospital.

Recommendations

- 2.54 Prisoners with lifelong health conditions should receive regular reviews from appropriately trained and supervised staff, which generate an evidence-based care plan for them.**
- 2.55 The health care centre should have additional CMS terminals to process applications, and make use of the in-house X-ray facilities.**

Pharmacy

- 2.56** Medicines were dispensed by the registered pharmacy in the prison and were individually labelled. The pharmacy facility had been assessed by the health provider, commissioners and prison as insufficient for the prison's needs, and there was work under way to review the problems with room layout, design and storage space. The pharmacist ran a minor ailments and medicines use review clinic.
- 2.57** A current in-possession medications policy took account of the patient and their medication. The risk assessment for new arrivals took place during their secondary health screening, although the policy indicated that it should have been carried out on reception. Around a third of patients received their medication under supervision, and 40% had it supplied weekly and 27% monthly in possession. Patients did not have in-cell lockable storage for their medication.
- 2.58** Medicines were administered by trained pharmacy technicians and nurses three times a day, at 8am, 11.30am and 4.30pm, and in the evening if required. Officer support to monitor medication queues was inconsistent, which compromised confidentiality and potentially increased risks of medication diversion. The small door hatches used for administration meant that staff had to bend down to talk through them, which made patient supervision difficult.
- 2.59** Buprenorphine was crushed before administration. The crushers were grubby and contained a quantity of powdered medication after the dose had been issued. We observed a patient refusing a dose of methadone, which was the fourth day the dose had been refused; the refusal of three or more concurrent doses of methadone is a risk.
- 2.60** A significant number of patients were prescribed a sedating medication (Mirtazapine) that the in-possession policy indicated should only be prescribed for major depression; this medication was mostly issued during the afternoon administration.
- 2.61** Prisoners could order some medicines, including paracetamol, through the prison shop; a pharmacist screened this. Paracetamol was also available at administration times, and supplies were cross-referenced on the medication records to prevent oversupply.
- 2.62** There were a few patient group directions (authorising appropriate health care professionals to supply and administer prescription-only medicine) for vaccines, with more planned. There was a prescribing formulary and audits to highlight the prescribing of abusable medication.

- 2.63** Pharmacy stock check arrangements were appropriately recorded. Medicines were not always stored within an appropriate temperature range, which could compromise their effectiveness.

Recommendations

- 2.64** Pharmacy facilities should be adequate to meet the needs of the increased population and provide a suitable area for staff to work in.
- 2.65** Prescribing of medicines, and administration times, should optimise therapeutic effect. (Repeated recommendation 2.78)
- 2.66** Custody staff should supervise all medicines administration to ensure patient confidentiality and prevent medications diversion, and prisoners should have secure in-cell storage for their medication.
- 2.67** The storage facilities for medicines should be monitored, and medicines should be stored within the correct temperature range.

Dentistry

- 2.68** In our survey, more prisoners than the comparator (37% against 30%) said they were satisfied with the quality of dental services. A full range of NHS treatments, including oral health promotion, was provided four days a week by a dentist and dental nurse. Waiting times were within an acceptable timescale, appointments were allocated appropriately based on need and emergency provision was effective. The dental suite was modern, met current infection control standards and had a separate decontamination room. Dental equipment was well maintained and serviced regularly, and waste was disposed of appropriately.

Delivery of care (mental health)

- 2.69** A comprehensive range of mental health services covered a broad spectrum of need, from mild to moderate to more serious and enduring mental health problems. The treatments offered included facilitating self-help, counselling, psychological therapies and complex case management.
- 2.70** The mental health in-reach team included experienced mental health nurses, and comprehensive psychiatrist cover. There was a caseload of 65 patients with enduring mental health problems, 49 of whom were managed effectively under the care programme approach (CPA). Urgent referrals were seen promptly, and routine referrals were assessed within five days. A hearing voices group was held weekly. The complex case team had a caseload of 25 and provided intensive psychologically informed support for prisoners with disruptive and challenging behaviour.
- 2.71** Counselling services were provided by Atrium. Addaction provided an improving access to psychological therapies (IAPT) service. An experienced mental health nurse and GP ran a weekly mood clinic reviewing patients with depression. Physical health checks monitored patients prescribed mood stabilisers and antipsychotic medication. A practice development nurse for learning disability had raised awareness of need and held a small caseload.
- 2.72** New referrals were discussed at an effective weekly multidisciplinary meeting attended by representatives of all teams, which all considered ongoing care. The team provided input to

the assessment, care in custody and teamwork (ACCT) management process for prisoners in crisis, if it knew the prisoner and was informed of the meeting.

- 2.73** Most custody staff had received mental health awareness training, and training in personality disorder and learning disability was planned.
- 2.74** There had been 17 prisoner transfers to secure mental health units under the Mental Health Act in the previous six months. The 14-day transfer guideline had been exceeded in 12 cases, with the longest wait at eight weeks, which was too long.

Recommendation

- 2.75** **The transfer of patients to hospital under the Mental Health Act should occur within agreed Department of Health timescales.**

Good practice

- 2.76** *The weekly mood clinic run by the GP and an experienced mental health nurse was a good initiative that provided a joint care approach for patients with depression.*

Social care

- 2.77** Health care staff made timely social care referrals to Greenwich Borough Council, with 46 referrals in the previous six months. The council had accepted the majority of referrals, although most of them had since left the prison. Referrals were generally assessed within four weeks, although there was no service level agreement on timescales. Seven prisoners were currently receiving social care assistance, although only two had personal care provided by a social care partner. Those we spoke with were happy with the service they received.
- 2.78** A new care provider, Change Grow Live (CGL), had started in April 2017. A memorandum of agreement and an information sharing agreement between the agencies were being drafted. Health care staff did not have access to social care plans made since April 2017 as different recording systems were now used. The care plans we examined were detailed and person-centred; one had not been updated following a change in needs, but this was immediately rectified. Care staff also kept detailed daily records about the care provided.

Recommendation

- 2.79** **There should be a memorandum of understanding and information sharing agreement between agencies to outline appropriate joint service working on social care.**

Catering

Expected outcomes:

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

- 2.80** In our survey, 56% of prisoners were positive about the food, which was far better than the comparator of 20%, although responses from black and minority ethnic and older prisoners were more negative. The food we sampled was good. We saw one instance where the bread served was still frozen, which was partly due to the lack of storage and food preparation facilities in the main kitchen since the increase in population.
- 2.81** Menus catered for all diets, including religious, cultural and medical requirements. Prisoners could order meals through the CMS (see paragraph 2.5) and could alter their choice the day before serving if required. Meals could be eaten communally in most areas, which prisoners welcomed. However, on some residential units, meals were served nearly 30 minutes before the published times. Standard breakfast packs were still issued the day before, except for prisoners on the drug stabilisation wing. There were no on-wing catering facilities. Prisoners working in the kitchen had undergone basic food hygiene training, but they had no option to work towards further accredited training (see main recommendation S47).
- 2.82** The catering manager attended regular prisoner consultation meetings, held regular surveys and responded promptly to food comments through the CMS. This prisoner feedback had resulted in changes to the menus.

Recommendation

- 2.83 Meals should be served at the advertised time, and prisoners should be provided with an adequate breakfast on the day it is to be eaten.**

Purchases

Expected outcomes:

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

- 2.84** In our survey, only 39% of prisoners said that the shop sold a wide enough range of goods to meet their needs, which was worse than the comparator of 47% and the response of 52% at the previous inspection; responses from prisoners from a black or minority ethnic background were even more negative. Despite this, we found the shop list contained a reasonable range of goods to meet prisoner needs. Prisoners were consulted about the shop as part of the regular prisoner consultation, but they complained to us about the lack of healthier items, including fruit, which accounted for some of the negativity in the survey.
- 2.85** Shop orders were packed on site, which helped to provide packs for new arrivals and amend any errors in weekly orders. Although the packing area was spacious and appropriate, we were notified of a significant vermin problem and we saw some rodent droppings in the areas with items, including food, that were sold to prisoners.
- 2.86** Prisoners could also shop from a range of catalogues. Some said there could be delays in getting their orders once they had been delivered to reception.

Recommendations

- 2.87 The prison shop list should include healthy food options.**
- 2.88 There should be immediate steps to eradicate vermin and pests from the prison shop storage and packing areas, and an effective ongoing pest control plan.**

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

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

- 3.1** There were separate activity schedules (core days) for remand prisoners and new arrivals on house block 1 and convicted category C prisoners on house block 2. On house block 2, prisoners were unlocked for much of the day and had about eight hours a day out of their cells on weekdays. Prisoners were usually unlocked on time and there was little slippage in the day's regime. Prisoners not required for a scheduled activity were not locked up. In our roll checks, we found only about 2% of prisoners on these wings locked in their cells during the core day.
- 3.2** Prisoners on house block 1 had less time unlocked, although their time out of cell was better than we usually see at local prisons. Employed prisoners on this wing could expect to receive between six and seven hours a day out of cell and unemployed prisoners about three to four hours, which included predictable periods of association. However, unemployed prisoners on the basic level of the incentives and earned privileges scheme, and those on the induction and inpatient units, could receive as little as 45 minutes a day out of their cell. In our roll checks during the working day, we found too many prisoners - about 36% of prisoners - locked in their cells.
- 3.3** On all wings, prisoners were locked up too early in the evenings, and exercise outside was limited to 30 to 45 minutes a day.

Recommendation

- 3.4 All prisoners should have access to evening association and one hour of outdoor exercise a day.**

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

Learning and skills and work activities

Expected outcomes:

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

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

Overall effectiveness of learning and skills and work:	requires improvement
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>requires improvement</i>
<i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>requires improvement</i>
<i>Personal development and behaviour:</i>	<i>requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>requires improvement</i>

Management of learning and skills and work

- 3.6** Following a period of significant instability in the management of learning, skills and work, senior managers now had a clear vision and strategic direction for the development of the provision. Since the previous inspection, the quality of teaching, learning and assessment provided by Novus had improved and was good. However, prison senior managers and Novus managers had not eradicated all the weaknesses identified in our previous inspection. For example, too many prisoners did not regularly attend their planned activities.
- 3.7** Arrangements between the prison and Novus to review and adjust the contract for the delivery of education and training were not well defined and robust. As a result, improvement in the range of provision had been slow - for instance, there were not enough classes to help prisoners improve their English and mathematics.
- 3.8** Many aspects of prison work were not sufficiently developed to prepare prisoners for successful resettlement after release. Prison senior managers had not ensured that prisoners could gain qualifications or recognition for the skills they developed in work. Instructors did not have sufficient expertise to ensure prisoners' skill developments were sufficiently planned, monitored, assessed and improved. (See main recommendation S47.)
- 3.9** Novus managers had implemented effective arrangements to monitor and improve the quality of teaching and learning. They regularly evaluated the quality of education that prisoners received, and used their findings well to ensure tutors' practices improved. However, the prison did not monitor and evaluate the quality of training.

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

- 3.10** Senior prison managers and Novus managers had an accurate understanding of the strengths and weakness of the provision. There was recognition that the pace of improvements should be faster.

Recommendations

- 3.11** Senior prison managers should have sufficient detailed information about the prison's contract with the education provider to modify the education and training provision to enable prisoners successful resettlement.
- 3.12** The prison should develop robust arrangements to evaluate the quality of training and assessment in prison workshops.

Provision of activities

- 3.13** The number of activity places was sufficient for only around 70% of prisoners, and at the time of the inspection around 440 prisoners were unemployed. The prison offered 639 full-time places, of which 279 were in education, and 673 part-time places, including 95 in education. Although most prisoners appeared to enjoy their work, not all had enough to do; some work roles were not sufficiently demanding.
- 3.14** Since the previous inspection, the prison had increased the range of activities by opening new work areas and industrial workshops. Prisoners now worked in a number of areas, including kitchens, laundry, prison shop, recycling and waste workshops, textile and photo printing, as well as in employment as wing cleaners and wing painters. There were 120 prisoner orderlies and peer mentors in a wide range of areas, such as the library, gym and education. Prisoners attended lessons in range of subjects, including English, mathematics, information and communication technology (ICT) at entry level to level 2, peer mentoring, business enterprise, employability skills and arts.
- 3.15** The allocation of prisoners to activities was effective and fair, and new arrivals usually started in activities within two weeks, when work was available. The prisoner pay policy was reasonable and not a deterrent to prisoners taking up education. However, prisoner access to work depended on them gaining only entry-level three qualifications in English and mathematics. The prison needed to do more to promote the importance of English and mathematics qualifications at higher levels.
- 3.16** The prison had recognised that the range of work and industrial workshops did not fully reflect the local and regional employment opportunities, and was developing new courses, such as fork-lift truck training, to improve the job prospects of prisoners after release. The prison still did not offer qualifications or arrangements to record and recognise the skills that prisoners developed at work (see main recommendation S47). Although over 90% of prisoners had English and mathematics ability below level 1, only 30% of provision was planned to help prisoners improve their skills in these subjects.

Recommendations

- 3.17** The range of work and training activities for prisoners should better reflect job opportunities in the community. All prisoners in employment should be fully occupied and appropriately challenged by their work.
- 3.18** The prison should work with Novus to provide sufficient courses in English and mathematics, and better promote the importance of qualifications in these subjects to prisoners.

Quality of provision

- 3.19** Prisoners received good quality teaching and learning in education courses. Most tutors in education used assessments of prisoners' starting points well to plan their teaching activities. As a result, most prisoners on education courses progressed well from their low starting points. A few tutors did not explain activities clearly to prisoners. Instructors in prison work areas and workshops did not use the information about prisoners' existing skills to set them work and help fulfil their potential.
- 3.20** The majority of tutors were skilful in including topics in their lessons to broaden prisoners' understanding, knowledge and skills. However, a minority allowed the more self-assured prisoners to dominate discussions, limiting the progress of the less confident or passive prisoners. In most lessons, tutors set prisoners clear and meaningful personal targets for their learning and development. They monitored and recorded individual prisoners' progress well. A minority of tutors did not use prisoners' individual learning targets sufficiently to ensure their progress, and these prisoners did not achieve what they could. Instructors did not set individual prisoners developmental targets, and did not monitor and record their progress.
- 3.21** Tutors helped prisoners to recognise the importance of improving their use of mathematics through using relevant examples, such as personal budgeting. Many tutors used opportunities in lessons to help prisoners improve their English, but workshop instructors did not do this.
- 3.22** Tutors and instructors had good knowledge of prisoners' personal barriers to learning. Tutors used motivated peer mentors well to help prisoners learn and develop in lessons. Peer mentors helped prisoners who required extra guidance to use machinery and equipment, such as when working in the prison kitchen or laundry.
- 3.23** Prisoners benefited from working in areas and workshops that were reasonably equipped; a few workshops, such as photo printing, were well resourced. Instructors were vocationally knowledgeable and coached prisoners well to use the equipment and machinery in work areas.
- 3.24** Tutors supported well the eight prisoners who were on distance learning courses. Many prisoners benefited from using the virtual campus (internet access to community education, training and employment opportunities) to develop further.

Recommendation

- 3.25** Instructors should better integrate English and mathematics into their sessions, and both instructors and tutors should set prisoners clear, meaningful and challenging targets, and record and monitor their progress.

Personal development and behaviour

- 3.26** Although prisoner attendance at activities had improved since the previous inspection, it was still low, at around 80%, which hindered their development of strong work ethics as well as the technical skills that employers seek. Prisoners who attended work activities conducted themselves well, and were respectful, considerate and polite. Overall, prisoners' development of written and communication skills in English was not good enough, even considering their low starting points.

Recommendation

- 3.27 Managers should ensure that prisoners attend their allocated activities.**

Education and vocational achievements

- 3.28** As at the previous inspection, too many prisoners who started courses did not complete them, often due to transfer to other establishments or release. However, a high proportion of prisoners who remained on courses achieved their qualifications.
- 3.29** Prison work achievements were not clearly defined, monitored or recorded (see recommendation 3.25). For the previous two years, most prisoners who started on barbering courses had not achieved a qualification.
- 3.30** For those who were able to attend a class, in 2015/16, achievement rates in English and mathematics had improved and were good. Most prisoners who attended progressed to higher level courses in English and mathematics.
- 3.31** Prisoners' work met the standard required by the awarding organisations, but too few produced good or outstanding work. When prisoners had produced high quality work, they were very keen to show this to us - for example, prisoners showed us a very professional information booklet they had made in the photo print workshop. A minority of prisoners' work was poor standard, and it was evident that in some cases tutors did not have high expectations and failed to encourage them.

Recommendation

- 3.32 There should be effective planning to ensure that prisoners who start courses are able to complete them.**

Library

- 3.33** The prison provided a good library service that was open on morning and afternoon weekdays, and for two weekend sessions for specific activities. Prisoners could use their in-cell technology (see paragraph 2.5) to book library visits, and those employed full time were able to attend the library.
- 3.34** A dynamic full-time librarian, enthusiastic full-time library officer and four orderlies supported a good, welcoming library service. The library offered a range of books, including sufficient foreign language titles, Prison Service Instructions and legal texts. A few books were available in the segregation unit and were changed regularly.

- 3.35** The library offered a wide range of activities to encourage prisoners to improve their reading and writing skills. Staff had established creative writing clubs, supported the Shannon Trust reading scheme and invited recently published best-selling authors to give talks to prisoners. Around 290 prisoners participated in the ‘Six book challenge’ (an initiative inviting individuals to select six books and record their reading in a diary), and prisoners had recorded around 100 stories in the past year as part of the Storybook Dads scheme (in which prisoners record stories for their children). Library staff successfully helped prisoners develop their broader interests in literature and associated arts. For example, they organised a theatre company to perform a play for prisoners, and worked with another company on a creative writing course in which eight prisoners wrote shorts plays that were performed at the prison. The librarians and library orderlies promoted several themes related to equality, diversity, health and well-being to broaden prisoners’ knowledge and understanding.
- 3.36** A new management information system monitored library use by different groups of prisoners, for example, by house blocks, or prisoner ethnicity. The librarians were increasingly using this information to adapt the service to the needs of prisoners.

Physical education and healthy living

Expected outcomes:

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

- 3.37** Prisoners had good access to a wide range of indoor and outdoor sports facilities and equipment, including a multi-use sports hall, weight room, cardiovascular suite, outdoor synthetic football pitch, mini running track and a classroom. Gym staff, orderlies and enthusiastic peer mentors maintained the facilities well.
- 3.38** In our survey, prisoners were positive about the gym and the PE provision. The majority of prisoners used the gym regularly, and they could book sessions through their in-cell technology. However, on a few occasions a month, prison managers cancelled sessions to deploy gym staff for other duties, interrupting prisoner access.
- 3.39** Prisoners received a clear and comprehensive induction to the gym that covered the range of facilities and programmes on offer, including dedicated remedial sessions and sessions for prisoners aged 45 and over. Gym staff assessed prisoners’ health before they used the facilities, and ensured they understood safe use of the gym equipment. Gym and health care staff worked closely and ensured that prisoners who required the gym facilities accessed them quickly. Although there were no shower facilities in the gym, prisoners told us that they used showers in their cells.
- 3.40** Gym staff offered a limited range of qualifications to a small minority of prisoners. In conjunction with Novus, prisoners were offered accredited gym instructor qualifications and first aid courses. Most prisoners who started a qualification completed it successfully.

Recommendation

- 3.41 All prisoners working in the gym should have access to a range of appropriate qualifications.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

- 4.1** The strategic approach to resettlement was comprehensive and combined both offender management and resettlement pathways work. There was a detailed reducing reoffending strategy, informed by a current prisoner needs analysis, although it lacked OASys (offender assessment system) data. There was no current action plan. Quarterly reducing reoffending strategy meetings were helpfully underpinned by bimonthly pathways meetings attended by each designated pathway lead.
- 4.2** House block 2 was designated as the resettlement wing, accommodating over 300 category C prisoners with more than three months but less than 18 months left to serve. It offered a resettlement drop-in facility, open for four sessions a day, five days a week. It was well used by prisoners, who valued the ability to obtain information and advice.

Recommendation

- 4.3** The prisoner needs analysis should incorporate offending behaviour data and inform a current action plan.

Good practice

- 4.4** *The resettlement drop-in facility provided useful information and support to prisoners, and was available for four sessions a day, five days a week.*

Offender management and planning

Expected outcomes:

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

- 4.5** In our survey, 37% of prisoners said they had a named offender supervisor in the prison and 41% that they had a sentence plan, better than the comparators.
- 4.6** Offender management had been contracted out to Catch 22. For a local prison, it focused appropriately on the completion of OASys assessments, sentence planning and onward transfer. The 13 offender supervisors were not cross-deployed to other duties, and while their contact with prisoners was variable, it was better than we often see, particularly for higher risk prisoners.

- 4.7** The backlog of around 100 OASys assessments was too high but most were the responsibility of external offender managers. Assessments were reasonable, and were countersigned and quality assured by a manager. Management supervision and support of staff in the offender management unit (OMU) was good, and included regular supervision. Offender supervisors had been OASys trained and undertook various monthly in-house training workshops. Caseloads were on average of between 80 and 100. There was good use of in-cell workbooks to address offending behaviour needs (see paragraph 4.41), although they were not always sufficiently linked to sentence planning.
- 4.8** In the previous six months, there had been 153 applications for release on home detention curfew (HDC), of which 36 had been approved. Decisions were generally well informed but not all were sufficiently prompt, which prisoners found frustrating. Some delays were caused by external offender managers but more significant delays had been caused by a lack of staffing in the prison.

Recommendations

- 4.9 All relevant prisoners should have an OASys assessment and sentence plan completed promptly.**
- 4.10 The allocation and completion of in-cell workbooks should be adequately linked to offending behaviour need and sentence planning.**
- 4.11 Home detention curfew decisions should be timely.**

Public protection

- 4.12** There were 162 prisoners subject to harassment restrictions, of whom 50 were a domestic violence risk, 74 a risk to children, 77 were registered sex offenders and 101 were on the violent and sexual offenders register (ViSOR). In addition, there were 79 multi-agency public protection arrangements (MAPPA) level 1 and 21 level 2 cases. There was robust public protection screening of new arrivals by two designated public protection clerks, and the information was shared appropriately. Twelve prisoners were subject to mail monitoring and 15 to telephone monitoring during the inspection.
- 4.13** There was a monthly interdepartmental risk management (IDRM) meeting but attendance by and input from other departments was poor, particularly from security. Minutes lacked detail as a result and indicated some late chasing up of MAPPA levels with external offender managers. MAPPA reports were adequate, but again lacked input from security staff.

Recommendations

- 4.14 Public protection risk management arrangements, incorporating interdepartmental risk management meetings and multi-agency public protection arrangements (MAPPA) frameworks, should be sufficiently robust and have input from all relevant departments, including security.**
- 4.15 The offender management unit should be active in ensuring that external offender managers confirm a prisoner's MAPPA level at least six months before his release.**

Categorisation

- 4.16** There were 101 category B prisoners at the establishment, 585 category C and 30 category D. Categorisation reviews were well informed from a suitable range of sources, including the external offender manager, but could be delayed by the lack of an up-to-date OASys assessment (see recommendation 4.9).
- 4.17** Although most transfers to other establishments were straightforward, some could take too long due to the lack of places, particularly for prisoners serving a life sentence and category B prisoners. However, there was now better management by custody office staff of the timeliness and prioritisation of transfers. While improved since the last inspection, prisoners still reported frustration at the sometimes poor communication between the OMU and the custody department, and the resulting lack of information on transfers and other processes.
- 4.18** Some prisoners were ‘on hold’ at the prison for a range of reasons, such as being a peer mentor. There was a new system of oversight to monitor those on hold and ensure their progression was not prevented in the longer term, but it was too early to judge its effectiveness.

Recommendation

- 4.19** **There should be more effective communication between the custody office and the OMU to ensure that prisoners are kept informed about progress on their transfers and other processes.**

Indeterminate sentence prisoners

- 4.20** The number of indeterminate sentence prisoners was low, at 12 serving a life sentence and nine subject to an indeterminate sentence for public protection. However, there was a designated lifer coordinator and two offender supervisors who had received specific training to work with these prisoners. Prisoners on remand who were likely to receive an indeterminate sentence were identified by offender supervisors and given information and support, including a lifer booklet. A new lifer forum had been convened in April 2017 and there was now a lifer peer mentor.

Good practice

- 4.21** *Designated trained lifer staff, who understood the unique nature and impact of an indeterminate sentence, identified remand prisoners likely to receive such a sentence to offer support and information, and managed them once sentenced.*

Reintegration planning

Expected outcomes:

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

4.22 The London Community Rehabilitation Company (CRC) had subcontracted Catch 22 to deliver most of the resettlement services. Around 140 prisoners a month were released from the prison, many having served very short sentences. The nine CRC caseworkers saw almost all new arrivals to assess their immediate needs, and again before release to address their resettlement needs. Resettlement plans and interviews were reasonable overall, although some relied too heavily on prisoner reported information. The CRC also delivered the Getting it Right programme, a week- long reflective thinking programme. There was a well-attended quarterly resettlement fair.

Accommodation

4.23 Accommodation services were provided by the Depaul UK charity on behalf of St Mungo's. The housing support worker had good links with a large number and range of housing providers. Around 13% of the 704 men released in the previous five months had no fixed accommodation. Referrals were high for the one member of staff at 381 in the previous five months, and finding housing in the London area was a challenge. Around a quarter of those referred for housing advice were released with no fixed accommodation. These figures included men who had been released with an appointment to see the council on their day of release, or referral to a provider for an assessment on release.

Recommendation

4.24 The number of prisoners released without accommodation should be significantly reduced.

Education, training and employment

4.25 The quality of the National Careers Service contracted to Prospects was good. Prisoners benefited from very strong partnership working between prison staff, advisers from Prospects, Jobcentre Plus and CRC staff. Prisoners were given a booklet, *Jobs on the Out*, listing employers and support organisations they could contact after release.

4.26 Good partnership working had resulted in several initiatives that helped prisoners overcome their anxieties about employment prospects and a better understanding of employment opportunities. They told us that they found recruitment fairs and employer visits very useful, motivational and helpful in gaining a better understanding of employers' requirements, such as the value of having qualifications.

4.27 Most prisoners who were due for release attended sessions to prepare them for resettlement, such as considering employment in different trades. They were offered mock interviews, help with their CVs and writing disclosure letters.

Health care

- 4.28** Despite late notice of discharge, health care staff provided prisoners leaving the establishment with a discharge health summary for their GP and seven days' medication if required. The prison had good links with community mental health teams, and pre-release planning for patients with enduring mental health problems was effective and supported by an identified transfer coordinator. The team could access the palliative care suite at HMP Belmarsh if needed, and had good links with local palliative care services if required.

Drugs and alcohol

- 4.29** The Turning Point psychosocial team worked with prisoners nearing release to arrange post-release support. Prisoners with drug and alcohol problems had good opportunities to receive this post-release support, with high levels of partnership working between the prison's substance misuse services and London-based community services. Representatives from several borough drug teams held regular clinics in the prison to prepare prisoners for continued support and treatment after release. However, some previously organised meet-and-greet services had been discontinued by newer service providers.

Finance, benefit and debt

- 4.30** Catch 22 provided support and signposting of services for prisoners on a wide range of financial services and debt management. Prisoners needing finance advice were normally identified during their basic custody screening but could also request advice direct through the CMS. An average of 35% of eligible prisoners accessed the finance services offered by Catch 22 during their induction or in preparation for release.
- 4.31** Catch 22 could offer prisoners identified with debt problems a small range of in-cell learning packs that covered aspects of financial management. A new money management course developed by Novus was due to start imminently.
- 4.32** Support for prisoners opening bank accounts was well developed with an average of 21 accounts a month opened for eligible prisoners and those nearing release. Some prisoners were given assistance to obtain photographic identification.

Children, families and contact with the outside world

- 4.33** Provision to support prisoners maintain contact with their families was very good. As at the previous inspection, an enthusiastic and dedicated team of family workers ('Families First') provided an excellent range of family support activities.
- 4.34** Visits provision met prisoner need, and the in-cell CMS was used effectively to book sessions. All prisoners could have at least three visits a month, rising to six for those on the enhanced level of the incentives and earned privileges scheme.
- 4.35** The visitors' centre outside the gate was modern and comfortable, with some helpful information for visitors. Families First staff attended the centre three afternoons a week to offer advice and support for families.
- 4.36** The main visits hall was large and reasonably well decorated, and there was a coffee bar where visitors could buy hot drinks and light meals to share with prisoners. However, the seating was chained to the floor, which was too austere, and the children's play area had

insufficient toys and books. Staff supervision of visits was very good and prisoners were allowed appropriate contact with their visitors, but they were still required to wear identifying bibs, which was unnecessary with the other identification systems in place.

- 4.37** There were also monthly family days, with extra sessions in the school holidays. There was a useful 'Baby Bonding' course for prisoners with newborns, which included weekly contact sessions, and there were 12 'Toddler Time' events a year, where prisoners with very young children were supported in learning how to interact with them.
- 4.38** Storybook Dads, which allowed prisoners to record stories on CDs for their children, was well established (see paragraph 3.35), and the 'Treasure Box' scheme, in which prisoners could make toys, drawings and other small presents to send to their children, was particularly popular with foreign national prisoners whose families were unable to visit. There was a monthly 'Dads' discussion group' where prisoners could discuss parenting issues through structured talks led by Families First staff, and a homework club where children could attend supervised sessions with their fathers to look at homework.

Recommendation

- 4.39** **Seating in the visitors' area should be comfortable and less austere, the children's play area should be better equipped to occupy children, and prisoners should not have to wear identifying bibs during visits.**

Good practice

- 4.40** *The dedicated team of family workers from Families First provided an excellent range of family support activities, which were much valued by prisoners. These included a 'Dads' discussion group', Baby Bonding course and regular 'Toddler Time' events.*

Attitudes, thinking and behaviour

- 4.41** There were no accredited offending behaviour programmes at the prison. However, the OMU had developed a range of in-cell workbooks addressing topics such as effective relationships, emotional management, communication skills and impulsiveness. Packs addressing victim awareness, domestic violence and problem solving were also being developed. This approach was an innovative way to address the lack of accredited programmes in a local prison.

Good practice

- 4.42** *The offender management unit had developed a wide range of in-cell workbooks for prisoners as an alternative to accredited offending behaviour programmes. The books addressed important areas, such as relationships and communication skills.*

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new 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, and in the previous report where recommendations have been repeated.

Main recommendations

To the director

- 5.1 There should be effective management oversight of the use of force. Every incident should be comprehensively documented to demonstrate that it is used legitimately and proportionately. All planned interventions should be recorded and subject to management review. (S44)
- 5.2 Management and oversight of diversity work should be prioritised at a senior level to ensure that the needs of all prisoners from minority groups are identified, assessed and addressed, and to understand any negative perceptions. Discrimination incident reports should be fully investigated, and there should be appropriate governance and assurance of the system. (S45)
- 5.3 Prisoners should have prompt access to health services and prescribed medications. Staffing in the health care centre should be adequate to meet prisoner need. (S46)
- 5.4 The range, quality and accreditation of prison work should be substantially increased to improve prisoners' employment prospects on their release. (S47)

Recommendations

To HMPPS

- 5.5 Senior prison managers should have sufficient detailed information about the prison's contract with the education provider to modify the education and training provision to enable prisoners successful resettlement. (3.11)
- 5.6 All relevant prisoners should have an OASys assessment and sentence plan completed promptly. (4.9)

Recommendation

To Prisoner Escort and Custody Services

- 5.7 Escort vehicles should be clean, and prisoners should be transferred to the prison shortly after their court appearance. (1.4)

Recommendations

To the director

Early days in custody

- 5.8 The reception area should be more welcoming, and new arrivals should be given a range of information. (1.10)
- 5.9 Telephone numbers for new arrivals should be added to the system without delay. (1.11)

- 5.10** New arrivals should have a thorough first night interview that focuses on risk and vulnerability, and takes place in private; they should then be located in clean cells in a good state of repair. (1.12)

Self-harm and suicide

- 5.11** Assessment, care in custody and teamwork (ACCT) documentation should demonstrate consistent care for prisoners at risk of self-harm. Support arrangements should include good quality care planning and multidisciplinary reviews. (1.25)
- 5.12** The prison should investigate and take action to address prisoners' negative response in our survey about access to Listeners. (1.26)

Security

- 5.13** Prisoners should only be strip or squat searched following a written, individual risk assessment. Paperwork authorising such searches should be completed in full. (1.36)
- 5.14** Periods of segregation, searching and monitoring of those suspected of secreting illicit items should be implemented for the shortest possible time in individual cases. (1.37)
- 5.15** Drug testing should be conducted on every day of the week to reduce the programme's predictability. (1.38)

Discipline

- 5.16** Adjudication hearings should be properly prepared. Reporting officers should produce good quality paperwork with the appropriate charges, and attend all hearings. Telephone interpreting should be used for prisoners who cannot understand English. (1.43)
- 5.17** Subject to risk assessment, segregated prisoners should be able to collect their meals from the servery, exercise together and have access to suitable regime activities. (1.53)

Substance misuse

- 5.18** The drug strategy committee should be relaunched, with attendance required from the managers of all relevant departments. (1.61)
- 5.19** The Turning Point psychosocial team should have access to the SystmOne medical records database to aid the integration of drug and alcohol treatment provision. (1.62)

Residential units

- 5.20** Remand prisoners should not share cells with convicted prisoners, and young adults should not share with adult prisoners. (2.7)
- 5.21** Cell call bells throughout the prison should be answered within five minutes. (2.8)
- 5.22** Applications should be responded to in full and subject to quality assurance; communications sent through the custodial management system should be in a range of languages. (2.9)
- 5.23** Prisoners should be able to keep or store the property that arrives with them. (2.10)

Staff-prisoner relationships

- 5.24** Staff should maintain professional boundaries with prisoners, and encourage and promote positive prisoner behaviour. (2.14)
- 5.25** The personal officer scheme should be applied consistently with regular interaction between personal officers and prisoners that should be recorded in prisoners' electronic case notes. (2.15)
- 5.26** There should be prompt action to deal with issues arising from the prisoner consultative committee. (2.16)

Complaints

- 5.27** Responses to prisoner complaints should address the issues raised, demonstrate sufficient enquiry and be written in a polite and professional way. There should be regular quality assurance of all complaints, including confidential access complaints. (2.33)

Legal rights

- 5.28** Eligible prisoners should be assisted and encouraged to exercise their right to vote. (2.35)

Health services

- 5.29** There should be a separate health complaints process that is confidential and well advertised, and all responses should be prompt and address the issues raised. (2.45)
- 5.30** There should be effective monitoring to ensure that all emergency resuscitation equipment, including emergency medication, is in good order. (2.46)
- 5.31** Prisoners with lifelong health conditions should receive regular reviews from appropriately trained and supervised staff, which generate an evidence-based care plan for them. (2.54)
- 5.32** The health care centre should have additional CMS terminals to process applications, and make use of the in-house X-ray facilities. (2.55)
- 5.33** Pharmacy facilities should be adequate to meet the needs of the increased population and provide a suitable area for staff to work in. (2.64)
- 5.34** Prescribing of medicines, and administration times, should optimise therapeutic effect. (2.65, repeated recommendation 2.78)
- 5.35** Custody staff should supervise all medicines administration to ensure patient confidentiality and prevent medications diversion, and prisoners should have secure in-cell storage for their medication. (2.66)
- 5.36** The storage facilities for medicines should be monitored, and medicines should be stored within the correct temperature range. (2.67)
- 5.37** The transfer of patients to hospital under the Mental Health Act should occur within agreed Department of Health timescales. (2.75)
- 5.38** There should be a memorandum of understanding and information sharing agreement between agencies to outline appropriate joint service working on social care. (2.79)

Catering

- 5.39** Meals should be served at the advertised time, and prisoners should be provided with an adequate breakfast on the day it is to be eaten. (2.83)

Purchases

- 5.40** The prison shop list should include healthy food options. (2.87)
- 5.41** There should be immediate steps to eradicate vermin and pests from the prison shop storage and packing areas, and an effective ongoing pest control plan. (2.88)

Time out of cell

- 5.42** All prisoners should have access to evening association and one hour of outdoor exercise a day. (3.4)

Learning and skills and work activities

- 5.43** The prison should develop robust arrangements to evaluate the quality of training and assessment in prison workshops. (3.12)
- 5.44** The range of work and training activities for prisoners should better reflect job opportunities in the community. All prisoners in employment should be fully occupied and appropriately challenged by their work. (3.17)
- 5.45** The prison should work with Novus to provide sufficient courses in English and mathematics, and better promote the importance of qualifications in these subjects to prisoners. (3.18)
- 5.46** Instructors should better integrate English and mathematics into their sessions, and both instructors and tutors should set prisoners clear, meaningful and challenging targets, and record and monitor their progress. (3.25)
- 5.47** Managers should ensure that prisoners attend their allocated activities. (3.27)
- 5.48** There should be effective planning to ensure that prisoners who start courses are able to complete them. (3.32)

Physical education and healthy living

- 5.49** All prisoners working in the gym should have access to a range of appropriate qualifications. (3.41)

Strategic management of resettlement

- 5.50** The prisoner needs analysis should incorporate offending behaviour data and inform a current action plan. (4.3)

Offender management and planning

- 5.51** The allocation and completion of in-cell workbooks should be adequately linked to offending behaviour need and sentence planning. (4.10)

- 5.52** Home detention curfew decisions should be timely. (4.11)
- 5.53** Public protection risk management arrangements, incorporating interdepartmental risk management meetings and multi-agency public protection arrangements (MAPPA) frameworks, should be sufficiently robust and have input from all relevant departments, including security. (4.14)
- 5.54** The offender management unit should be active in ensuring that external offender managers confirm a prisoner's MAPPA level at least six months before his release. (4.15)
- 5.55** There should be more effective communication between the custody office and the OMU to ensure that prisoners are kept informed about progress on their transfers and other processes. (4.19)

Reintegration planning

- 5.56** The number of prisoners released without accommodation should be significantly reduced. (4.24)
- 5.57** Seating in the visitors' area should be comfortable and less austere, the children's play area should be better equipped to occupy children, and prisoners should not have to wear identifying bibs during visits. (4.39)

Examples of good practice

- 5.58** The prison's partnership with Catch 22 to reduce gang violence was innovative and effective. Catch 22 workers met new arrivals to identify gang affiliations that could lead to violence. A database of gang affiliations helped to ensure that rival gang members were kept apart. Two groupwork programmes addressed gang-related violent behaviour. (1.19)
- 5.59** The night orderly officer checked staff knowledge of emergency procedures as they came on duty, encouraging a confident approach to managing risks. (1.27)
- 5.60** The multidisciplinary complex needs meeting included attendance by the local authority, and agreed the management of vulnerable prisoners of concern. It was a very good information-sharing forum and referral meeting. (1.30)
- 5.61** Each month managers identified and discussed officers who had used force more than twice in the previous month, which helped to ensure that force was used appropriately. (1.47)
- 5.62** The weekly mood clinic run by the GP and an experienced mental health nurse was a good initiative that provided a joint care approach for patients with depression. (2.76)
- 5.63** The resettlement drop-in facility provided useful information and support to prisoners, and was available for four sessions a day, five days a week. (4.4)
- 5.64** Designated trained lifer staff, who understood the unique nature and impact of an indeterminate sentence, identified remand prisoners likely to receive such a sentence to offer support and information, and managed them once sentenced. (4.21)
- 5.65** The dedicated team of family workers from Families First provided an excellent range of family support activities, which were much valued by prisoners. These included a 'Dads' discussion group', Baby Bonding course and regular 'Toddler Time' events. (4.40)

- 5.66** The offender management unit had developed a wide range of in-cell workbooks for prisoners as an alternative to accredited offending behaviour programmes. The books addressed important areas, such as relationships and communication skills. (4.42)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Hindpal Singh Bhui	Team leader
Bev Alden	Inspector
Colin Carroll	Inspector
Francesca Cooney	Inspector
Ian Dickens	Inspector
Tamara Pattinson	Inspector
Gordon Riach	Inspector
Caroline Wright	Inspector
Ellis Cowling	Researcher
Alissa Redmond	Researcher
Emma Seymour	Researcher
Patricia Taflan	Researcher
Maureen Jamieson	Health services inspector
Matthew Tedstone	Care Quality Commission
Paddy Doyle	Offender management inspector
Paul Roberts	Substance misuse inspector
Peter Gibbs	Pharmacist
Shahram Safavi	Ofsted lead inspector
Rieks Drijver	Ofsted inspector
Steve Hunsley	Ofsted inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2014, provision during the early days in custody was very good and prisoners were well supported by staff and peer workers. Despite relatively high levels of violence, most prisoners felt safe and arrangements to identify and analyse violent behaviour and make the prison safer were good. Work undertaken with gangs was particularly impressive. Prisoners at risk of suicide or self-harm were reasonably well cared for. Security measures were mostly proportionate. Drug and alcohol availability was relatively low. There were relatively high levels of adjudications, use of force and segregation but governance arrangements had improved and were mostly good. Substance misuse arrangements were good. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Person escort records should be fully and properly completed and prisoners should be transferred to prison shortly after the conclusion of their court appearance. (1.4, repeated recommendation 1.5)
Not achieved

Prisoners arriving on transfer should only be strip-searched following a robust risk assessment. (1.11)
Not achieved

Interventions should be provided to address the attitudes of prisoners on stage three of violence reduction measures. (1.20)
Partially achieved

The reasons for the negative response from prisoners in our survey regarding access to Listeners should be investigated and action taken. (1.30)
Not achieved

The mandatory drug testing programme should be sufficiently resourced to undertake the required level of target testing. (1.43)
Achieved

Quality assurance procedures for use of force should be developed to ensure that all incidents, including planned interventions, are reviewed quickly to ensure that force was used proportionately and as a last resort, and that reports reflect events accurately and in sufficient detail. (1.56)
Not achieved

Use of special accommodation should be properly documented. (1.57)
Achieved

The regime in the care and separation unit should be improved. Subject to risk assessment, prisoners should be able to collect their meals from the servery, exercise together and have access to suitable regime activities. (1.63, repeated recommendation 1.71)

Not achieved

The substance misuse strategy should include an annual action plan for treatment services which is informed by a comprehensive needs analysis. (1.71)

Achieved

The clinical substance misuse service should develop secondary detoxification provision. (1.72, repeated recommendation 1.82)

Achieved

Previous prescribing regimes should be confirmed promptly so as not to interrupt treatment continuity. (1.73)

Achieved

(The clinical substance misuse service should develop a mechanism for service user feedback to inform future developments. (1.74)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2014, the quality of communal and residential areas was high, enhanced by in-cell showers and telephones, and were some of the best we have seen. Staff had gained experience and staff-prisoner relationships continued to be a real strength. Equality and diversity arrangements had recently improved, although the needs of some minority groups were still not being fully met. Faith provision was impressive. The number of complaints submitted was not high and quality assurance was effective. Health services had improved and were good. Prisoners were positive about the food provided and they were able to dine communally. Outcomes for prisoners were good against the healthy prison test.

Recommendations

Information on the custodial management system should be available in a range of languages to reflect the prison's population. (2.6)

Not achieved

The time taken for telephone numbers to be approved should be reduced. (2.7)

Not achieved

The personal officer scheme should be further developed to include a focus on sentence planning and resettlement needs, and records of engagement should be recorded in electronic case notes. (2.13)

Not achieved

All diversity investigation reports should be recorded, investigated fully and completed within timescales and prisoners should be advised of the outcome. (2.18, repeated recommendation 2.24)

Not achieved

Older prisoners with care needs and those with a disability should have an integrated care plan and a personal emergency evacuation plan, both of which should be reviewed regularly. (2.28, repeated recommendation 2.25)

Not achieved

Prisoners over the age of retirement should not pay for their televisions. (2.29)

Not achieved

The needs of the under 21 year olds should be assessed and met. (2.30)

Not achieved

Analysis of complaints data should be undertaken and any trends or issues identified addressed quickly. (2.38, repeated recommendation 2.46)

Not achieved

The X-ray facilities should be brought into use immediately. (2.56)

Not achieved

Custody officers should be trained to use automated external defibrillators. (2.57)

Achieved

Complaints responses should be regularly quality assured. (2.58)

Achieved

Smoking cessation programmes should be available to patients. (2.59)

Achieved

Health care consultations in reception should be conducted in private. (2.69)

Not achieved

Waiting times and did-not-attend rates for the optician should be improved. (2.70)

Not achieved

Patients should be able to receive their medications in a confidential manner. (2.77)

Not achieved

Prescribing of medicines, and administration times, should optimise therapeutic effect. (2.78)

Not achieved (recommendation repeated, 2.65)

Prisoners assessed as requiring external mental health beds in the community should be transferred expeditiously. (2.87)

Not achieved

Prisoners should be provided with an adequate breakfast on the day it is to be eaten (2.93)

Not achieved

All new arrivals should be provided with suitable reception packs. (2.98)

Achieved

Restrictions on the purchase of items by prisoners on assessment care in custody and teamwork (ACCT) documents should be based on an individual assessment of risk. (2.99)

Achieved

Purposeful activity

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

At the last inspection, in 2014, amount of time out of cell was reasonable and all prisoners had daily association. Learning and skills provision was improving but still a work in progress. There were too few activity places for the population and these were not utilised effectively, leaving about 350 unemployed. The range of education classes was adequate but there was very little vocational training and a limited range of work. The overall quality of teaching and learning was variable. Too few prisoners completed their education courses, although retention on some of the newer, short courses was better. Peer mentors were used effectively. Library services had improved substantially and were good and well used. PE provision was very good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

The amount and range of learning and skills activity should be increased and should include good quality work and vocational training. (S55, repeated recommendation HP57)

Partially achieved

Prisoners should be supported in finding suitable employment, education or training on release and this should include timely advice from the careers service and access to virtual campus and job search facilities. (S58)

Achieved

Recommendations

Prisoners should have access to evening association. (3.6)

Not achieved

All prisoners should have access to one hour of outdoor exercise a day. (3.7)

Not achieved

The education provider should complete a thorough analysis of prisoner needs to inform the planning of learning and skills across the prison and develop a clear plan for the implementation of vocational training and work activities. (3.15, repeated recommendation 3.12)

Not achieved

The quality improvement group should generate action plans which are specific, realistic and measurable. (3.16)

Achieved

Self-assessment practice should involve a critical and concise evaluation, which forms a succinct basis for strategic improvement action planning. (3.17)

Achieved

The observation of teaching and learning system should focus on the impact of teaching on learning and the progress made by prisoners during learning sessions in order to determine the grade awarded and their professional development needs. (3.18)

Partially achieved

Managers should identify and regularly analyse the most appropriate range of data, to improve the management, monitoring and planning of the learning, skills and work provision. (3.19)

Partially achieved

The education provider should improve the quality of teaching and learning. (3.35)

Achieved

Teachers should make better use of information about each prisoner to plan lessons that challenge all learners to reach their potential. (3.36)

Partially achieved

The classrooms in the house block should be better ventilated and cooled. (3.37)

Achieved

Class sizes should be reduced to an appropriate number for the size of classroom. (3.38)

Achieved

Overall attendance rates, particularly by remand prisoners at education sessions, should be improved. (3.44)

Partially achieved

Pass rates on all courses should be raised to a consistently high level. (3.45)

Partially achieved

The number of prisoners who start but do not complete their course should be reduced substantially. (3.46)

Not achieved

The prison should provide qualifications and other mechanisms to record and recognise the skills that prisoners gain at work. (3.47)

Not achieved

Managers should introduce a more efficient and more detailed data reporting system. (3.52)

Partially achieved

The gym should develop structured and routine reports providing key information, such as the different groups of prisoners using the gym, to identify trends and improvements in performance. (3.60)

Achieved

Resettlement

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

At the last inspection, in 2014, absence of an overarching needs assessment and action plan hindered the strategic management of resettlement. Offender management was reasonable but case manager contact with prisoners was largely reactive and the lack of attention given to transferring prisoners on progressive moves was a concern. Too few eligible prisoners were considered for home detention curfew and many were released late. Public protection arrangements were generally sound. Arrangements for indeterminate-sentenced prisoners were good. All prisoners had their resettlement needs assessed on arrival. Resettlement pathway provision had improved. Provision for most pathways was good, but for employment, training and education was weak. Outcomes for prisoners was reasonably good against this healthy prison test.

Main recommendations

Probation staff in the community should complete offender assessment system (OASys) and home detention curfew reports on time. Senior managers should monitor timeliness and produce an action plan to improve it. (S56)

Not achieved

The transfer list should be kept up to date and sentenced prisoners should be transferred swiftly. The number of prisoners on transfer holds should be reduced and all holds should be time bound. (S57)

Partially achieved

Recommendations

An overarching analysis of need should be developed, based on an adequate range of sources and exploring the needs of specific types of prisoners, such as young adults or those serving long sentences. A comprehensive action plan should be developed and monitored. (4.8)

Partially achieved

All Catch 22 case managers should have the appropriate knowledge and skills to assess and manage risk of harm confidently. (4.9)

Achieved

Joint working and communication between the custody office and Catch 22 should be improved. (4.10)

Partially achieved

Prioritisation of work should ensure that case managers have meaningful contact with prisoners who are most at risk of harm or likely to reoffend. (4.18, repeated recommendation 4.15)

Achieved

Offender assessment system (OASys) assessments, including sentence and risk management plans, should be of a consistently high quality and reviewed as necessary, particularly when circumstances change or new information comes to light. (4.19)

Achieved

Multi-agency public protection arrangements (MAPPA) levels should be confirmed at least six months before a prisoner's release, to enable the offender management unit to contribute to more MAPPA release plans. (4.23)

Not achieved

All sentenced prisoners should have their resettlement needs reassessed before release and plans made to address outstanding issues. (4.33)

Achieved

The number of prisoners helped into settled accommodation should be monitored, to evidence the effectiveness of the service. (4.38)

Achieved

Sufficient offending behaviour courses should be introduced, to meet the immediate needs of the population. (4.56)

Achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider: Oxleas NHS Foundation Trust

Location: HMP Belmarsh and HMP Thameside (healthcare)

Location ID: RPGHR

Regulated activities: Diagnostic and screening procedures & treatment of disease & disorder or injury.

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 9: Person Centred-care

9.—(1) The care and treatment of service users must—

- (a) be appropriate,
- (b) meet their needs, and
- (c) reflect their preferences.

(3) (b) The registered person must design care or treatment with a view to achieving service users' preferences and ensuring their needs are met;

How the regulation was not being met:

The intention of this regulation is to make sure that people using a service have care or treatment that is personalised specifically for them. This regulation describes the action that providers must take to make sure that each person receives appropriate person-centred care and treatment that is based on an assessment of their needs and preferences.

There were avoidable delays in people accessing healthcare for advice and treatment due to a significant backlog of healthcare applications. At the time of our inspection there were 192 applications awaiting review, of which some had been waiting five days. Staff did not have the capacity to deal with the amount of applications received, between 60-80 each day. It was reported by staff that they were regularly called away to attend to clinical matters which meant applications continued to build up. There was only one computer terminal available for staff in the main healthcare office for the purposes of booking appointments, which meant that additional staff could not be deployed to process healthcare applications.

There was one GP on site daily for an average population of 1200, with a significant weekly turnover of the population. The GP was expected to run two clinics daily (Monday–Friday), review patients in the segregation and inpatient units, process tasks on SystmOne and respond to urgent calls. At the time of our inspection there were 150 tasks on SystmOne awaiting review, of which over 50 were for the GPs. Some tasks contained urgent requests from nursing staff for a GP to see a patient, review or prescribe medications. Examples were seen whereby urgent requests had not been dealt with after several days. In one case, a patient had left the prison without having been seen by a GP despite an urgent task being sent to review their healthcare condition. In addition, there were 169 blood test results awaiting review by the GPs. This posed a risk that patients may have undiagnosed and untreated healthcare conditions. Staff told us that GP clinics were sometimes cut short because the GP had to attend an urgent call. This resulted in patients being sent away having not been seen by the GP.

The SystmOne care plan function was used to design plans of care for identified conditions such as diabetes and wound care. However, the care plans viewed were generic templates and not person-centred. They did not provide the information required to understand the care and treatment that should be given. For example, one person was receiving regular dressing changes for an ulcer. The care plan did not indicate what type of dressings should be used.

Regulation 17: Good Governance

- 17 (2) Systems or processes must enable the registered person, in particular, to—
- a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);
 - b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

How the regulation was not being met:

The intention of this regulation is to make sure that providers have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. The systems and processes must also assess, monitor and mitigate any risks relating to the health, safety and welfare of people using services and others. Providers must continually evaluate and seek to improve their governance and auditing practice.

There was a lack of positive action being taken to address the issues with the

healthcare application system and the number of tasks and blood test results building up on SystmOne. The manager and staff were aware of these issues and told us that they struggled to manage them. However, no effective action had been taken to better meet the needs of the population.

Audits carried out internally were not always effective in identifying issues and bringing about improvement. Audits had been carried out of inpatient and outpatient care plans. The outpatient care plan audit had identified areas for improvement, similar to those identified during our inspection. However, an action plan had not been implemented in order that improvements could be made to care plans. The inpatient care plan audit was a 'Yes/No' checklist which only confirmed whether or not certain documents were in place. This did not assess the quality of the care plan or identify any issues that needed to be addressed. This meant there was a risk that, any issues with care plans may not be rectified in a timely manner.

The system for monitoring storage temperatures of medicines was not effective in ensuring their suitability for use. The thermometer in one room showed a maximum reading of 31C. Staff told us that this had not been reset for some time. However, there were no temperature records available in this room which meant it was not possible to ascertain for how long medicines had been stored at an excessive temperature.

The system for checking items stored in the emergency bags was not fully effective. We saw three items that were out of date in one bag, although the daily checklist had been completed to confirm that all items in the bag had been checked daily. This meant that, although daily checks were being carried out, they were not effective in identifying and replacing expired items.

Appendix IV: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	31	628	54.1%
Recall	3	121	10.2%
Convicted unsentenced	1	6	0.6%
Remand	39	356	32.5%
Civil prisoners	0	1	0.1%
Detainees	1	18	1.6%
Indeterminate sentence	0	7	0.6%
Unknown	0	5	0.4%
Total	75	1142	100%

Sentence	18–20 yr olds	21 and over	%
Unsentenced	41	400	36.2%
Less than six months	6	108	9.4%
Six months to less than 12 months	3	84	7.1%
12 months to less than 2 years	5	115	9.9%
2 years to less than 4 years	9	154	13.4%
4 years to less than 10 years	10	176	15.3%
10 years and over (not life)	1	84	7.0%
Life	0	12	1.0%
Life – Non ISPP	0	9	1.7%
Total	75	1142	100%

Age	Number of prisoners	%
Under 21 years	75	6.2%
21 years to 29 years	408	35%
30 years to 39 years	365	30.0%
40 years to 49 years	237	19.5%
50 years to 59 years	105	8.6%
60 years to 69 years	21	1.7%
70 plus years: <i>maximum age=78</i>	6	0.5%
Total	1217	100%

Nationality	18–20 yr olds	21 and over	%
British	58	886	77.6%
Foreign nationals	16	239	21.0%
Not stated	1	17	1.5%
Total	75	1142	100%

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	41	397	36.0%
Category B	0	101	8.3%
Category C	1	585	48.2%
Category D	0	30	2.5%
Other	33	29	5%
Total	75	1142	100%

Ethnicity	18–20 yr olds	21 and over	%
White			
British	11	350	29.7%
Irish	0	19	1.6%
Gypsy/Irish Traveller	0	4	0.3%
Other white	5	116	9.9%
Mixed			
White and black Caribbean	5	51	4.6%
White and black African	5	9	1.2%
White and Asian	0	3	0.2%
Other mixed	1	30	2.5%
Asian or Asian British	4	42	3.8%
Indian	1	23	2.0%
Pakistani	1	20	1.7%
Bangladeshi	3	25	2.3%
Chinese	0	3	0.2%
Black or black British			
Caribbean	17	170	15.4%
African	7	111	9.7%
Other black	7	85	7.6%
Other ethnic group	8	79	7.1%
Not stated	0	2	0.2%
Total	75	1142	100%

Religion	18–20 yr olds	21 and over	%
Baptist	0	1	0.1%
Church of England	2	136	11.3%
Roman Catholic	9	168	14.5%
Other Christian denominations	22	166	15.4%
Muslim	22	310	27.3%
Sikh	0	10	0.8%
Hindu	0	9	0.7%
Buddhist	0	10	0.8%
Jewish	0	9	0.7%
Other	1	14	1.2%
No religion	19	301	26.3%
Not stated	0	8	0.7%
Total	75	1142	100%

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	0	2	0.2
Total	0	2	0.2%

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	15	1.2%	188	15.4%
1 month to 3 months	14	1.2%	208	17.1%
3 months to six months				
Six months to 1 year	4	0.3%	138	11.3%
1 year to 2 years	0	0	44	3.6%
2 years to 4 years	0	0	13	1.1%
Total	34	2.8%	742	61.0%

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	15	3.4%	167	37.9%
1 month to 3 months	19	4.3%	132	29.9%
3 months to six months	6	1.4%	78	17.7%
Six months to 1 year	1	0.2%	20	4.5%
1 year to 2 years	0	0	3	0.7%
Total	41	3.4%	400	32.9%

Main offence	18–20 yr 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 V: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment⁸. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 2 May 2017, the prisoner population at HMP Thameside was 1,214. Using the method described above, questionnaires were distributed to a sample of 228 prisoners.

We received a total of 187 completed questionnaires, a response rate of 82%. Eighteen respondents refused to complete a questionnaire and 23 questionnaires were not returned.

⁸ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/unit	Number of completed survey returns
A	23
B	29
C	28
D	31
E	28
H	24
J	22
Health care unit	1
Segregation unit	1

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Thameside

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences⁹ are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Thameside in 2017 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 33 local prisons since April 2013.
- The current survey responses from HMP Thameside in 2017 compared with the responses of prisoners surveyed at HMP Thameside in 2014.
- A comparison within the 2017 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2017 survey between those who are British and those who are foreign nationals.
- A comparison within the 2017 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2017 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

⁹ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.01 which means that there is only a 1% likelihood that the difference is due to chance.

- A comparison within the 2017 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2017 survey between the responses of prisoners on H and J wings and the responses of prisoners on A, B, C D and E wings.

Survey summary

Section I: About you

Q1.2	How old are you?		
	Under 21	12 (6%)	
	21 - 29.....	62 (34%)	
	30 - 39.....	51 (28%)	
	40 - 49.....	29 (16%)	
	50 - 59.....	24 (13%)	
	60 - 69.....	4 (2%)	
	70 and over	3 (2%)	
Q1.3	Are you sentenced?		
	Yes	104 (56%)	
	Yes - on recall.....	21 (11%)	
	No - awaiting trial.....	40 (22%)	
	No - awaiting sentence	18 (10%)	
	No - awaiting deportation.....	2 (1%)	
Q1.4	How long is your sentence?		
	Not sentenced	60 (34%)	
	Less than 6 months	21 (12%)	
	6 months to less than 1 year	10 (6%)	
	1 year to less than 2 years	22 (12%)	
	2 years to less than 4 years	24 (13%)	
	4 years to less than 10 years	26 (15%)	
	10 years or more	9 (5%)	
	IPP (indeterminate sentence for public protection)	2 (1%)	
	Life.....	4 (2%)	
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?		
	Yes	35 (19%)	
	No.....	150 (81%)	
Q1.6	Do you understand spoken English?		
	Yes	173 (96%)	
	No.....	8 (4%)	
Q1.7	Do you understand written English?		
	Yes	175 (96%)	
	No.....	7 (4%)	
Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish)	50 (28%)	Asian or Asian British - Chinese..... 1 (1%)
	White - Irish	7 (4%)	Asian or Asian British - other
	White - other	22 (12%)	Mixed race - white and black Caribbean 14 (8%)
	Black or black British - Caribbean.....	23 (13%)	Mixed race - white and black African... 1 (1%)
	Black or black British - African	20 (11%)	Mixed race - white and Asian..... 2 (1%)
	Black or black British - other.....	5 (3%)	Mixed race - other
	Asian or Asian British - Indian.....	6 (3%)	Arab
	Asian or Asian British - Pakistani.....	6 (3%)	Other ethnic group..... 6 (3%)
	Asian or Asian British - Bangladeshi.....	7 (4%)	

Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		9 (5%)
	No.....		169 (95%)
Q1.10	What is your religion?		
	None.....	33 (18%)	Hindu..... 1 (1%)
	Church of England	36 (20%)	Jewish..... 1 (1%)
	Catholic	37 (20%)	Muslim..... 47 (26%)
	Protestant.....	3 (2%)	Sikh
	Other Christian denomination	10 (5%)	Other
	Buddhist	3 (2%)	8 (4%)
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight		176 (97%)
	Homosexual/Gay.....		3 (2%)
	Bisexual.....		2 (1%)
Q1.12	Do you consider yourself to have a disability (i.e do you need help with any long term physical, mental or learning needs)?		
	Yes		60 (33%)
	No.....		121 (67%)
Q1.13	Are you a veteran (ex-armed services)?		
	Yes		6 (3%)
	No.....		178 (97%)
Q1.14	Is this your first time in prison?		
	Yes		71 (39%)
	No.....		113 (61%)
Q1.15	Do you have children under the age of 18?		
	Yes		85 (46%)
	No.....		99 (54%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?		
	Less than 2 hours		116 (62%)
	2 hours or longer		57 (31%)
	Don't remember		13 (7%)
Q2.2	On your most recent journey here, were you offered anything to eat or drink?		
	My journey was less than two hours		116 (63%)
	Yes		25 (14%)
	No.....		38 (21%)
	Don't remember		4 (2%)
Q2.3	On your most recent journey here, were you offered a toilet break?		
	My journey was less than two hours		116 (64%)
	Yes		6 (3%)
	No.....		55 (30%)
	Don't remember		5 (3%)

Q2.4	On your most recent journey here, was the van clean?	
	Yes	89 (48%)
	No.....	70 (38%)
	Don't remember	25 (14%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	115 (63%)
	No.....	55 (30%)
	Don't remember.....	14 (8%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well.....	43 (23%)
	Well.....	74 (40%)
	Neither.....	45 (24%)
	Badly.....	12 (7%)
	Very badly	4 (2%)
	Don't remember	6 (3%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	Yes, someone told me	120 (65%)
	Yes, I received written information	5 (3%)
	No, I was not told anything	48 (26%)
	Don't remember	12 (7%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	131 (72%)
	No.....	45 (25%)
	Don't remember	7 (4%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	77 (41%)
	2 hours or longer	96 (52%)
	Don't remember	13 (7%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	125 (69%)
	No	46 (25%)
	Don't remember	11 (6%)
Q3.3	Overall, how were you treated in reception?	
	Very well.....	32 (17%)
	Well.....	74 (40%)
	Neither.....	45 (24%)
	Badly.....	22 (12%)
	Very badly	6 (3%)
	Don't remember.....	6 (3%)

Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	42 (23%)	<i>Physical health</i> 49 (26%)
	<i>Housing problems</i>	48 (26%)	<i>Mental health</i> 55 (30%)
	<i>Contacting employers</i>	11 (6%)	<i>Needing protection from other prisoners</i> 18 (10%)
	<i>Contacting family</i>	61 (33%)	<i>Getting phone numbers</i> 61 (33%)
	<i>Childcare</i>	7 (4%)	<i>Other</i> 17 (9%)
	<i>Money worries</i>	51 (28%)	<i>Did not have any problems</i> 37 (20%)
	<i>Feeling depressed or suicidal</i>	53 (29%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>	37 (21%)	
	<i>No</i>	99 (57%)	
	<i>Did not have any problems</i>	37 (21%)	
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>	141 (76%)	
	<i>A shower</i>	91 (49%)	
	<i>A free telephone call</i>	152 (82%)	
	<i>Something to eat</i>	152 (82%)	
	<i>PIN phone credit</i>	99 (54%)	
	<i>Toiletries/ basic items</i>	134 (72%)	
	<i>Did not receive anything</i>	5 (3%)	
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	<i>Chaplain</i>	56 (31%)	
	<i>Someone from health services</i>	117 (65%)	
	<i>A Listener/Samaritans</i>	43 (24%)	
	<i>Prison shop/ canteen</i>	68 (38%)	
	<i>Did not have access to any of these</i>	37 (21%)	
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	<i>What was going to happen to you</i>	70 (40%)	
	<i>What support was available for people feeling depressed or suicidal</i>	60 (34%)	
	<i>How to make routine requests (applications)</i>	77 (44%)	
	<i>Your entitlement to visits</i>	67 (38%)	
	<i>Health services</i>	82 (47%)	
	<i>Chaplaincy</i>	66 (38%)	
	<i>Not offered any information</i>	52 (30%)	
Q3.9	Did you feel safe on your first night here?		
	<i>Yes</i>	121 (66%)	
	<i>No</i>	46 (25%)	
	<i>Don't remember</i>	16 (9%)	
Q3.10	How soon after you arrived here did you go on an induction course?		
	<i>Have not been on an induction course</i>	21 (12%)	
	<i>Within the first week</i>	100 (55%)	
	<i>More than a week</i>	46 (25%)	
	<i>Don't remember</i>	14 (8%)	

Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	21 (12%)
	<i>Yes</i>	93 (53%)
	<i>No</i>	47 (27%)
	<i>Don't remember</i>	16 (9%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	32 (18%)
	<i>Within the first week</i>	53 (30%)
	<i>More than a week</i>	79 (44%)
	<i>Don't remember</i>	15 (8%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	33 (19%)	59 (33%)	19 (11%)	25 (14%)	27 (15%)	14 (8%)
	<i>Attend legal visits?</i>	26 (17%)	56 (36%)	26 (17%)	17 (11%)	13 (8%)	19 (12%)
	<i>Get bail information?</i>	10 (7%)	17 (11%)	26 (17%)	27 (18%)	29 (19%)	40 (27%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters</i>					37 (20%)	
	<i>Yes</i>					61 (34%)	
	<i>No</i>					83 (46%)	
Q4.3	Can you get legal books in the library?						
	<i>Yes</i>					66 (37%)	
	<i>No</i>					23 (13%)	
	<i>Don't know</i>					89 (50%)	
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	108 (61%)	63 (35%)	7 (4%)			
	<i>Are you normally able to have a shower every day?</i>	178 (98%)	0 (0%)	3 (2%)			
	<i>Do you normally receive clean sheets every week?</i>	100 (56%)	66 (37%)	13 (7%)			
	<i>Do you normally get cell cleaning materials every week?</i>	105 (61%)	54 (32%)	12 (7%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	58 (33%)	89 (51%)	27 (16%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	105 (59%)	66 (37%)	7 (4%)			
	<i>If you need to, can you normally get your stored property?</i>	25 (15%)	93 (54%)	54 (31%)			
Q4.5	What is the food like here?						
	<i>Very good</i>					28 (15%)	
	<i>Good</i>					74 (40%)	
	<i>Neither</i>					53 (29%)	
	<i>Bad</i>					14 (8%)	
	<i>Very bad</i>					14 (8%)	
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?						
	<i>Have not bought anything yet/ don't know</i>					9 (5%)	
	<i>Yes</i>					71 (39%)	
	<i>No</i>					101 (56%)	

Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	72 (40%)
	No.....	32 (18%)
	Don't know	74 (42%)
Q4.8	Are your religious beliefs respected?	
	Yes	102 (58%)
	No.....	25 (14%)
	Don't know/ N/A.....	50 (28%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	Yes	93 (51%)
	No.....	16 (9%)
	Don't know/ N/A.....	72 (40%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	17 (9%)
	<i>Very easy</i>	58 (32%)
	<i>Easy</i>	53 (29%)
	<i>Neither</i>	9 (5%)
	<i>Difficult</i>	6 (3%)
	<i>Very difficult</i>	9 (5%)
	<i>Don't know</i>	29 (16%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?		
	Yes	126 (70%)	
	No	34 (19%)	
	Don't know	20 (11%)	
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)		
		<i>Not made one</i>	Yes No
	Are applications dealt with fairly?	30 (18%)	76 (44%) 65 (38%)
	Are applications dealt with quickly (within seven days)?	30 (18%)	60 (37%) 74 (45%)
Q5.3	Is it easy to make a complaint?		
	Yes	79 (45%)	
	No	45 (26%)	
	Don't know	51 (29%)	
Q5.4	Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)		
		<i>Not made one</i>	Yes No
	Are complaints dealt with fairly?	83 (47%)	20 (11%) 75 (42%)
	Are complaints dealt with quickly (within seven days)?	83 (48%)	21 (12%) 69 (40%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?		
	Yes	48 (27%)	
	No.....	131 (73%)	

Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	68 (38%)
	<i>Very easy</i>	10 (6%)
	<i>Easy</i>	19 (11%)
	<i>Neither</i>	38 (21%)
	<i>Difficult</i>	25 (14%)
	<i>Very difficult</i>	19 (11%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	19 (10%)
	<i>Yes</i>	79 (43%)
	<i>No</i>	63 (34%)
	<i>Don't know</i>	22 (12%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	19 (11%)
	<i>Yes</i>	88 (51%)
	<i>No</i>	47 (27%)
	<i>Don't know</i>	20 (11%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	23 (13%)
	<i>No</i>	157 (87%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	134 (77%)
	<i>Very well</i>	6 (3%)
	<i>Well</i>	6 (3%)
	<i>Neither</i>	15 (9%)
	<i>Badly</i>	3 (2%)
	<i>Very badly</i>	11 (6%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	138 (77%)
	<i>No</i>	42 (23%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	122 (68%)
	<i>No</i>	58 (32%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes</i>	62 (34%)
	<i>No</i>	118 (66%)

Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	19 (11%)
	<i>Never</i>	29 (16%)
	<i>Rarely</i>	40 (22%)
	<i>Some of the time</i>	56 (31%)
	<i>Most of the time</i>	16 (9%)
	<i>All of the time</i>	18 (10%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	106 (58%)
	<i>In the first week</i>	34 (18%)
	<i>More than a week</i>	18 (10%)
	<i>Don't remember</i>	26 (14%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	106 (61%)
	<i>Very helpful</i>	22 (13%)
	<i>Helpful</i>	24 (14%)
	<i>Neither</i>	12 (7%)
	<i>Not very helpful</i>	4 (2%)
	<i>Not at all helpful</i>	6 (3%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	<i>Yes</i>	89 (48%)		
	<i>No</i>	95 (52%)		
Q8.2	Do you feel unsafe now?			
	<i>Yes</i>	48 (27%)		
	<i>No</i>	133 (73%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	95 (55%)	<i>At meal times</i>	20 (12%)
	<i>Everywhere</i>	29 (17%)	<i>At health services</i>	11 (6%)
	<i>Segregation unit</i>	9 (5%)	<i>Visits area</i>	15 (9%)
	<i>Association areas</i>	24 (14%)	<i>In wing showers</i>	1 (1%)
	<i>Reception area</i>	12 (7%)	<i>In gym showers</i>	4 (2%)
	<i>At the gym</i>	13 (8%)	<i>In corridors/stairwells</i>	17 (10%)
	<i>In an exercise yard</i>	11 (6%)	<i>On your landing/wing</i>	23 (13%)
	<i>At work</i>	6 (3%)	<i>In your cell</i>	21 (12%)
	<i>During movement</i>	25 (14%)	<i>At religious services</i>	10 (6%)
	<i>At education</i>	5 (3%)		
Q8.4	Have you been victimised by other prisoners here?			
	<i>Yes</i>	45 (25%)		
	<i>No</i>	138 (75%)		

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	21 (11%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	21 (11%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	29 (16%)
	<i>Having your canteen/property taken</i>	11 (6%)
	<i>Medication</i>	6 (3%)
	<i>Debt</i>	7 (4%)
	<i>Drugs</i>	9 (5%)
	<i>Your race or ethnic origin</i>	4 (2%)
	<i>Your religion/religious beliefs</i>	6 (3%)
	<i>Your nationality</i>	7 (4%)
	<i>You are from a different part of the country than others</i>	7 (4%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	7 (4%)
	<i>You have a disability</i>	8 (4%)
	<i>You were new here</i>	9 (5%)
	<i>Your offence/ crime</i>	5 (3%)
	<i>Gang related issues</i>	9 (5%)
Q8.6	Have you been victimised by staff here?	
	Yes	55 (30%)
	No	129 (70%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	16 (9%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	12 (7%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	22 (12%)
	<i>Medication</i>	15 (8%)
	<i>Debt</i>	5 (3%)
	<i>Drugs</i>	7 (4%)
	<i>Your race or ethnic origin</i>	12 (7%)
	<i>Your religion/religious beliefs</i>	13 (7%)
	<i>Your nationality</i>	15 (8%)
	<i>You are from a different part of the country than others</i>	5 (3%)
	<i>You are from a traveller community</i>	4 (2%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	7 (4%)
	<i>You have a disability</i>	9 (5%)
	<i>You were new here</i>	11 (6%)
	<i>Your offence/ crime</i>	7 (4%)
	<i>Gang related issues</i>	3 (2%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	109 (65%)
	Yes	22 (13%)
	No	36 (22%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?:						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	24 (13%)	11 (6%)	22 (12%)	18 (10%)	62 (34%)	45 (25%)
	The nurse	23 (13%)	19 (11%)	40 (23%)	16 (9%)	48 (28%)	27 (16%)
	The dentist	37 (22%)	7 (4%)	10 (6%)	17 (10%)	50 (29%)	50 (29%)
Q9.2	What do you think of the quality of the health service from the following people?:						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	46 (26%)	17 (10%)	39 (22%)	21 (12%)	29 (16%)	26 (15%)
	The nurse	32 (19%)	18 (11%)	45 (26%)	29 (17%)	23 (14%)	23 (14%)
	The dentist	63 (38%)	8 (5%)	31 (18%)	20 (12%)	24 (14%)	22 (13%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						24 (13%)
	<i>Very good</i>						7 (4%)
	<i>Good</i>						38 (21%)
	<i>Neither</i>						40 (22%)
	<i>Bad</i>						38 (21%)
	<i>Very bad</i>						32 (18%)
Q9.4	Are you currently taking medication?						
	Yes						91 (51%)
	No						88 (49%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
	<i>Not taking medication</i>						88 (49%)
	<i>Yes, all my meds</i>						21 (12%)
	<i>Yes, some of my meds</i>						18 (10%)
	<i>No</i>						52 (29%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						77 (45%)
	No						96 (55%)
Q9.7	Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?						
	<i>Do not have any emotional or mental health problems</i>						96 (57%)
	Yes						29 (17%)
	No						44 (26%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	58 (32%)
	No	122 (68%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	29 (16%)
	No	150 (84%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy.....	33 (19%)
	Easy.....	15 (9%)
	Neither.....	10 (6%)
	Difficult.....	9 (5%)
	Very difficult.....	12 (7%)
	Don't know.....	97 (55%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	13 (7%)
	Easy.....	16 (9%)
	Neither.....	9 (5%)
	Difficult.....	7 (4%)
	Very difficult.....	13 (7%)
	Don't know.....	120 (67%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	10 (6%)
	No.....	169 (94%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	12 (7%)
	No.....	165 (93%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem.....	112 (65%)
	Yes.....	40 (23%)
	No.....	20 (12%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?	
	Did not / do not have an alcohol problem.....	150 (84%)
	Yes.....	20 (11%)
	No.....	8 (4%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	Did not have a problem/ did not receive help.....	126 (76%)
	Yes.....	32 (19%)
	No.....	8 (5%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	24 (14%)	17 (10%)	59 (34%)	29 (17%)	26 (15%)	19 (11%)
	Vocational or skills training	38 (23%)	19 (12%)	39 (24%)	29 (18%)	20 (12%)	19 (12%)
	Education (including basic skills)	29 (18%)	23 (14%)	56 (34%)	26 (16%)	17 (10%)	14 (8%)
	Offending behaviour programmes	56 (34%)	13 (8%)	25 (15%)	26 (16%)	25 (15%)	18 (11%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	Not involved in any of these.....					54 (33%)	
	Prison job.....					90 (55%)	
	Vocational or skills training.....					12 (7%)	
	Education (including basic skills).....					44 (27%)	
	Offending behaviour programmes.....					16 (10%)	

Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	47 (29%)	52 (32%)	49 (30%)	13 (8%)
	Vocational or skills training	54 (43%)	34 (27%)	21 (17%)	18 (14%)
	Education (including basic skills)	47 (34%)	51 (37%)	21 (15%)	18 (13%)
	Offending behaviour programmes	56 (43%)	32 (25%)	22 (17%)	19 (15%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				29 (17%)
	<i>Never</i>				61 (35%)
	<i>Less than once a week</i>				41 (24%)
	<i>About once a week</i>				31 (18%)
	<i>More than once a week</i>				12 (7%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				74 (44%)
	<i>Yes</i>				48 (28%)
	<i>No</i>				47 (28%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				23 (13%)
	<i>0</i>				56 (33%)
	<i>1 to 2</i>				37 (22%)
	<i>3 to 5</i>				48 (28%)
	<i>More than 5</i>				7 (4%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				19 (11%)
	<i>0</i>				30 (17%)
	<i>1 to 2</i>				44 (25%)
	<i>3 to 5</i>				50 (29%)
	<i>More than 5</i>				32 (18%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				10 (6%)
	<i>0</i>				21 (12%)
	<i>1 to 2</i>				18 (10%)
	<i>3 to 5</i>				47 (26%)
	<i>More than 5</i>				82 (46%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)				
	<i>Less than 2 hours</i>				43 (24%)
	<i>2 to less than 4 hours</i>				36 (20%)
	<i>4 to less than 6 hours</i>				42 (23%)
	<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 (6%)
	<i>Don't know</i>				15 (8%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	64 (37%)
	No	107 (63%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	79 (45%)
	No	96 (55%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	21 (12%)
	No	156 (88%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	37 (21%)
	<i>Very easy</i>	22 (12%)
	<i>Easy</i>	48 (27%)
	<i>Neither</i>	17 (9%)
	<i>Difficult</i>	28 (16%)
	<i>Very difficult</i>	20 (11%)
	<i>Don't know</i>	8 (4%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	60 (33%)
	Yes	76 (42%)
	No	44 (24%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	104 (59%)
	<i>No contact</i>	32 (18%)
	<i>Letter</i>	15 (8%)
	<i>Phone</i>	22 (12%)
	<i>Visit</i>	18 (10%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	65 (37%)
	No	109 (63%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	60 (34%)
	Yes	47 (27%)
	No	67 (39%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	127 (74%)
	<i>Very involved</i>	12 (7%)
	<i>Involved</i>	15 (9%)
	<i>Neither</i>	7 (4%)
	<i>Not very involved</i>	5 (3%)
	<i>Not at all involved</i>	6 (3%)

Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)			
	<i>Do not have a sentence plan/ not sentenced</i>	127	(74%)	
	<i>Nobody</i>	21	(12%)	
	<i>Offender supervisor</i>	10	(6%)	
	<i>Offender manager</i>	9	(5%)	
	<i>Named/ personal officer</i>	6	(4%)	
	<i>Staff from other departments</i>	9	(5%)	
Q13.7	Can you achieve any of your sentence plan targets in this prison?			
	<i>Do not have a sentence plan/ not sentenced</i>	127	(74%)	
	<i>Yes</i>	29	(17%)	
	<i>No</i>	7	(4%)	
	<i>Don't know</i>	9	(5%)	
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?			
	<i>Do not have a sentence plan/ not sentenced</i>	127	(73%)	
	<i>Yes</i>	6	(3%)	
	<i>No</i>	26	(15%)	
	<i>Don't know</i>	15	(9%)	
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?			
	<i>Do not have a sentence plan/ not sentenced</i>	127	(73%)	
	<i>Yes</i>	18	(10%)	
	<i>No</i>	12	(7%)	
	<i>Don't know</i>	16	(9%)	
Q13.10	Do you have a needs based custody plan?			
	<i>Yes</i>	15	(9%)	
	<i>No</i>	57	(35%)	
	<i>Don't know</i>	93	(56%)	
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	<i>Yes</i>	26	(15%)	
	<i>No</i>	144	(85%)	
Q13.12	Do you know of anyone in this prison who can help you with the following on release?: (Please tick all that apply to you.)			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	36 (23%)	39 (24%)	85 (53%)
	Accommodation	34 (22%)	38 (25%)	82 (53%)
	Benefits	35 (22%)	41 (26%)	80 (51%)
	Finances	31 (22%)	25 (17%)	88 (61%)
	Education	33 (22%)	34 (23%)	81 (55%)
	Drugs and alcohol	48 (32%)	43 (29%)	59 (39%)
Q13.13	Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?			
	<i>Not sentenced</i>	60	(35%)	
	<i>Yes</i>	60	(35%)	
	<i>No</i>	53	(31%)	

Main comparator and comparator to last time



Prisoner survey responses HMP Thameside 2017

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

Key to tables

		HMP Thameside 2017	Local prisons comparator	HMP Thameside 2017	HMP Thameside 2014
	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		187	6,056	187	162
SECTION 1: General information					
1.2	Are you under 21 years of age?	7%	6%	7%	10%
1.3	Are you sentenced?	68%	70%	68%	43%
1.3	Are you on recall?	11%	10%	11%	6%
1.4	Is your sentence less than 12 months?	17%	21%	17%	15%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	3%	1%	1%
1.5	Are you a foreign national?	19%	12%	19%	24%
1.6	Do you understand spoken English?	96%	98%	96%	94%
1.7	Do you understand written English?	96%	96%	96%	91%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	56%	24%	56%	56%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	5%	5%	5%
1.1	Are you Muslim?	26%	12%	26%	28%
1.11	Are you homosexual/gay or bisexual?	3%	3%	3%	3%
1.12	Do you consider yourself to have a disability?	33%	28%	33%	22%
1.13	Are you a veteran (ex-armed services)?	3%	6%	3%	6%
1.14	Is this your first time in prison?	39%	33%	39%	38%
1.15	Do you have any children under the age of 18?	46%	53%	46%	48%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	31%	23%	31%	21%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	37%	42%	37%	42%
2.3	Were you offered a toilet break?	9%	8%	9%	11%
2.4	Was the van clean?	48%	57%	48%	61%
2.5	Did you feel safe?	63%	74%	63%	75%
2.6	Were you treated well/very well by the escort staff?	64%	67%	64%	67%
2.7	Before you arrived here were you told that you were coming here?	65%	63%	65%	64%
2.7	Before you arrived here did you receive any written information about coming here?	3%	3%	3%	4%
2.8	When you first arrived here did your property arrive at the same time as you?	72%	78%	72%	79%

Main comparator and comparator to last time

Key to tables

		HMP Thameside 2017	Local prisons comparator	HMP Thameside 2017	HMP Thameside 2014
	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				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	41%	40%	41%	38%
3.2	When you were searched in reception, was this carried out in a respectful way?	69%	77%	69%	81%
3.3	Were you treated well/very well in reception?	57%	61%	57%	70%
	When you first arrived:				
3.4	Did you have any problems?	80%	79%	80%	75%
3.4	Did you have any problems with loss of property?	23%	16%	23%	16%
3.4	Did you have any housing problems?	26%	23%	26%	28%
3.4	Did you have any problems contacting employers?	6%	6%	6%	7%
3.4	Did you have any problems contacting family?	33%	36%	33%	28%
3.4	Did you have any problems ensuring dependants were being looked after?	4%	3%	4%	0%
3.4	Did you have any money worries?	28%	24%	28%	28%
3.4	Did you have any problems with feeling depressed or suicidal?	29%	26%	29%	19%
3.4	Did you have any physical health problems?	27%	18%	27%	19%
3.4	Did you have any mental health problems?	30%	29%	30%	20%
3.4	Did you have any problems with needing protection from other prisoners?	10%	9%	10%	5%
3.4	Did you have problems accessing phone numbers?	33%	33%	33%	31%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	27%	31%	27%	30%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	76%	75%	76%	79%
3.6	A shower?	49%	27%	49%	46%
3.6	A free telephone call?	82%	52%	82%	88%
3.6	Something to eat?	82%	70%	82%	84%
3.6	PIN phone credit?	54%	49%	54%	60%
3.6	Toiletries/ basic items?	72%	58%	72%	65%

Key to tables

Main comparator and comparator to last time

		HMP Thameside 2017	Local prisons comparator	HMP Thameside 2017	HMP Thameside 2014
	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				
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	31%	45%	31%	31%
3.7	Someone from health services?	65%	66%	65%	71%
3.7	A Listener/Samaritans?	24%	30%	24%	27%
3.7	Prison shop/ canteen?	38%	21%	38%	40%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	40%	41%	40%	38%
3.8	Support was available for people feeling depressed or suicidal?	34%	35%	34%	37%
3.8	How to make routine requests?	44%	33%	44%	41%
3.8	Your entitlement to visits?	38%	32%	38%	36%
3.8	Health services?	47%	43%	47%	50%
3.8	The chaplaincy?	38%	40%	38%	30%
3.9	Did you feel safe on your first night here?	66%	67%	66%	82%
3.10	Have you been on an induction course?	88%	75%	88%	91%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	60%	49%	60%	59%
3.12	Did you receive an education (skills for life) assessment?	82%	74%	82%	90%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	52%	34%	52%	52%
4.1	Attend legal visits?	52%	49%	52%	62%
4.1	Get bail information?	18%	16%	18%	21%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	34%	41%	34%	27%
4.3	Can you get legal books in the library?	37%	34%	37%	48%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	61%	48%	61%	60%
4.4	Are you normally able to have a shower every day?	98%	71%	98%	97%
4.4	Do you normally receive clean sheets every week?	56%	62%	56%	82%
4.4	Do you normally get cell cleaning materials every week?	61%	48%	61%	77%
4.4	Is your cell call bell normally answered within five minutes?	33%	22%	33%	56%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	59%	54%	59%	69%
4.4	Can you normally get your stored property, if you need to?	15%	19%	15%	24%
4.5	Is the food in this prison good/very good?	56%	20%	56%	58%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	39%	47%	39%	52%
4.7	Are you able to speak to a Listener at any time, if you want to?	40%	53%	40%	47%
4.8	Are your religious beliefs respected?	58%	47%	58%	58%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	51%	49%	51%	55%
4.10	Is it easy/very easy to attend religious services?	61%	43%	61%	60%

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: Applications and complaints					
5.1	Is it easy to make an application?	70%	71%	70%	77%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	54%	46%	54%	62%
5.2	Do you feel applications are dealt with quickly (within seven days)?	45%	30%	45%	60%
5.3	Is it easy to make a complaint?	45%	47%	45%	60%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	21%	26%	21%	32%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	23%	21%	23%	33%
5.5	Have you ever been prevented from making a complaint when you wanted to?	27%	22%	27%	21%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	16%	18%	16%	18%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	43%	39%	43%	41%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	51%	38%	51%	52%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	13%	11%	13%	6%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	29%	33%	29%	59%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	77%	71%	77%	83%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	68%	67%	68%	76%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	34%	27%	34%	38%
7.4	Do staff normally speak to you most of the time/all of the time during association?	19%	17%	19%	25%
7.5	Do you have a personal officer?	42%	31%	42%	57%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	68%	65%	68%	59%

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 8: Safety

		HMP Thameside 2017	Local prisons comparator
8.1	Have you ever felt unsafe here?	48%	52%
8.2	Do you feel unsafe now?	27%	24%
8.4	Have you been victimised by other prisoners here?	25%	32%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	12%	14%
8.5	Hit, kicked or assaulted you?	12%	10%
8.5	Sexually abused you?	2%	2%
8.5	Threatened or intimidated you?	16%	18%
8.5	Taken your canteen/property?	6%	9%
8.5	Victimised you because of medication?	3%	5%
8.5	Victimised you because of debt?	4%	5%
8.5	Victimised you because of drugs?	5%	5%
8.5	Victimised you because of your race or ethnic origin?	2%	4%
8.5	Victimised you because of your religion/religious beliefs?	3%	4%
8.5	Victimised you because of your nationality?	4%	3%
8.5	Victimised you because you were from a different part of the country?	4%	4%
8.5	Victimised you because you are from a Traveller community?	1%	1%
8.5	Victimised you because of your sexual orientation?	2%	2%
8.5	Victimised you because of your age?	4%	3%
8.5	Victimised you because you have a disability?	4%	4%
8.5	Victimised you because you were new here?	5%	7%
8.5	Victimised you because of your offence/crime?	3%	7%
8.5	Victimised you because of gang related issues?	5%	6%

HMP Thameside 2017	HMP Thameside 2014
48%	37%
27%	18%
25%	19%
12%	5%
12%	4%
2%	2%
16%	9%
6%	3%
3%	5%
4%	1%
5%	1%
2%	3%
3%	2%
4%	3%
4%	1%
1%	2%
2%	1%
4%	0%
4%	3%
5%	6%
3%	3%
5%	3%

Main comparator and comparator to last time

Key to tables

		HMP Thameside 2017	Local prisons comparator	HMP Thameside 2017	HMP Thameside 2014
	Any percentage highlighted in green is significantly better				
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	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 8: Safety continued					
8.6	Have you been victimised by staff here?	30%	33%	30%	25%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	9%	13%	9%	5%
8.7	Hit, kicked or assaulted you?	7%	7%	7%	1%
8.7	Sexually abused you?	2%	1%	2%	0%
8.7	Threatened or intimidated you?	12%	14%	12%	8%
8.7	Victimised you because of medication?	8%	6%	8%	4%
8.7	Victimised you because of debt?	3%	2%	3%	1%
8.7	Victimised you because of drugs?	4%	3%	4%	1%
8.7	Victimised you because of your race or ethnic origin?	7%	4%	7%	7%
8.7	Victimised you because of your religion/religious beliefs?	7%	4%	7%	7%
8.7	Victimised you because of your nationality?	8%	3%	8%	2%
8.7	Victimised you because you were from a different part of the country?	3%	3%	3%	1%
8.7	Victimised you because you are from a Traveller community?	2%	1%	2%	2%
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	2%
8.7	Victimised you because of your age?	4%	2%	4%	1%
8.7	Victimised you because you have a disability?	5%	4%	5%	3%
8.7	Victimised you because you were new here?	6%	5%	6%	5%
8.7	Victimised you because of your offence/crime?	4%	5%	4%	2%
8.7	Victimised you because of gang related issues?	2%	3%	2%	5%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	38%	34%	38%	35%

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 9: Health services					
9.1	Is it easy/very easy to see the doctor?	18%	20%	18%	29%
9.1	Is it easy/very easy to see the nurse?	34%	40%	34%	46%
9.1	Is it easy/very easy to see the dentist?	10%	9%	10%	8%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	42%	39%	42%	48%
9.2	The nurse?	46%	49%	46%	57%
9.2	The dentist?	37%	30%	37%	37%
9.3	The overall quality of health services?	29%	34%	29%	48%
9.4	Are you currently taking medication?	51%	53%	51%	50%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	43%	56%	43%	41%
9.6	Do you have any emotional well being or mental health problems?	45%	45%	45%	30%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	40%	39%	40%	38%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	32%	33%	32%	34%
10.2	Did you have a problem with alcohol when you came into this prison?	16%	21%	16%	16%
10.3	Is it easy/very easy to get illegal drugs in this prison?	27%	43%	27%	12%
10.4	Is it easy/very easy to get alcohol in this prison?	16%	21%	16%	2%
10.5	Have you developed a problem with drugs since you have been in this prison?	6%	11%	6%	4%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	7%	9%	7%	6%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	67%	55%	67%	69%
10.8	Have you received any support or help with your alcohol problem while in this prison?	71%	52%	71%	67%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	80%	72%	80%	97%

Main comparator and comparator to last time

Key to tables

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SECTION 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	44%	33%	44%	21%
11.1	Vocational or skills training?	35%	30%	35%	31%
11.1	Education (including basic skills)?	48%	45%	48%	55%
11.1	Offending behaviour programmes?	23%	17%	23%	24%
Are you currently involved in any of the following activities:					
11.2	A prison job?	55%	46%	55%	34%
11.2	Vocational or skills training?	7%	8%	7%	12%
11.2	Education (including basic skills)?	27%	23%	27%	35%
11.2	Offending behaviour programmes?	10%	7%	10%	8%
11.3	Have you had a job while in this prison?	71%	71%	71%	57%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	46%	38%	46%	49%
11.3	Have you been involved in vocational or skills training while in this prison?	58%	57%	58%	51%
For those who have had vocational or skills training while in this prison:					
11.3	Do you feel the vocational or skills training will help you on release?	47%	41%	47%	57%
11.3	Have you been involved in education while in this prison?	66%	67%	66%	72%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	57%	48%	57%	64%
11.3	Have you been involved in offending behaviour programmes while in this prison?	57%	54%	57%	50%
For those who have been involved in offending behaviour programmes while in this prison:					
11.3	Do you feel the offending behaviour programme(s) will help you on release?	44%	38%	44%	61%
11.4	Do you go to the library at least once a week?	25%	28%	25%	37%
11.5	Does the library have a wide enough range of materials to meet your needs?	28%	33%	28%	48%
11.6	Do you go to the gym three or more times a week?	32%	23%	32%	50%
11.7	Do you go outside for exercise three or more times a week?	47%	39%	47%	56%
11.8	Do you go on association more than five times each week?	46%	40%	46%	61%
11.9	Do you spend ten or more hours out of your cell on a weekday?	6%	9%	6%	11%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	37%	30%	37%	38%
12.2	Have you had any problems with sending or receiving mail?	45%	48%	45%	39%
12.3	Have you had any problems getting access to the telephones?	12%	36%	12%	12%
12.4	Is it easy/ very easy for your friends and family to get here?	39%	34%	39%	38%

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Key to tables

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SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	63%	62%	63%	62%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	44%	45%	44%	50%
13.2	Contact by letter?	21%	27%	21%	15%
13.2	Contact by phone?	30%	12%	30%	20%
13.2	Contact by visit?	25%	33%	25%	25%
13.3	Do you have a named offender supervisor in this prison?	37%	31%	37%	31%
For those who are sentenced:					
13.4	Do you have a sentence plan?	41%	32%	41%	40%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	60%	54%	60%	64%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	48%	49%	48%	31%
13.6	Offender supervisor?	23%	32%	23%	31%
13.6	Offender manager?	20%	25%	20%	26%
13.6	Named/ personal officer?	14%	10%	14%	17%
13.6	Staff from other departments?	20%	17%	20%	22%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	64%	49%	64%	70%
13.8	Are there plans for you to achieve any of your targets in another prison?	13%	29%	13%	21%
13.9	Are there plans for you to achieve any of your targets in the community?	39%	31%	39%	38%
13.10	Do you have a needs based custody plan?	9%	7%	9%	9%
13.11	Do you feel that any member of staff has helped you to prepare for release?	15%	10%	15%	12%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	31%	26%	31%	38%
13.12	Accommodation?	32%	32%	32%	38%
13.12	Benefits?	34%	33%	34%	40%
13.12	Finances?	22%	21%	22%	25%
13.12	Education?	30%	27%	30%	40%
13.12	Drugs and alcohol?	42%	40%	42%	49%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	53%	44%	53%	60%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Thameside 2017

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		102	79	35	150	47	135
1.3	Are you sentenced?	60%	76%	58%	70%	57%	72%
1.5	Are you a foreign national?	21%	18%			26%	16%
1.6	Do you understand spoken English?	95%	96%	79%	99%	89%	98%
1.7	Do you understand written English?	95%	97%	82%	99%	91%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			60%	56%	84%	47%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	1%	10%	6%	5%	5%	5%
1.1	Are you Muslim?	37%	9%	36%	23%		
1.12	Do you consider yourself to have a disability?	28%	39%	16%	37%	20%	38%
1.13	Are you a veteran (ex-armed services)?	2%	5%	3%	3%	0%	5%
1.14	Is this your first time in prison?	40%	39%	74%	31%	45%	37%
2.6	Were you treated well/very well by the escort staff?	66%	59%	66%	63%	67%	63%
2.7	Before you arrived here were you told that you were coming here?	64%	67%	57%	68%	63%	68%
3.2	When you were searched in reception, was this carried out in a respectful way?	65%	75%	79%	67%	64%	71%
3.3	Were you treated well/very well in reception?	55%	60%	59%	57%	52%	60%
3.4	Did you have any problems when you first arrived?	81%	77%	71%	82%	81%	80%
3.7	Did you have access to someone from health care when you first arrived here?	64%	68%	61%	67%	58%	67%
3.9	Did you feel safe on your first night here?	66%	68%	74%	64%	66%	68%
3.10	Have you been on an induction course?	91%	84%	85%	90%	91%	88%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	49%	53%	41%	55%	59%	49%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
4.4	Are you normally offered enough clean, suitable clothes for the week?	60%	59%	70%	59%	67%	59%
4.4	Are you normally able to have a shower every day?	98%	99%	100%	98%	100%	98%
4.4	Is your cell call bell normally answered within five minutes?	35%	32%	45%	31%	31%	34%
4.5	Is the food in this prison good/very good?	52%	61%	49%	58%	63%	54%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	33%	47%	31%	41%	44%	39%
4.7	Are you able to speak to a Listener at any time, if you want to?	36%	49%	38%	42%	24%	47%
4.8	Do you feel your religious beliefs are respected?	61%	51%	77%	54%	78%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	50%	51%	54%	51%	67%	46%
5.1	Is it easy to make an application?	67%	73%	71%	70%	73%	69%
5.3	Is it easy to make a complaint?	44%	48%	50%	45%	44%	46%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	51%	31%	46%	37%	46%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	54%	48%	52%	48%	52%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	13%	6%	15%	9%	14%
7.1	Do most staff, in this prison, treat you with respect?	77%	76%	82%	76%	78%	76%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	71%	62%	73%	68%	65%	68%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	21%	18%	9%	22%	22%	19%
7.4	Do you have a personal officer?	38%	47%	52%	40%	45%	41%
8.1	Have you ever felt unsafe here?	48%	48%	34%	52%	44%	49%
8.2	Do you feel unsafe now?	25%	27%	18%	29%	22%	27%
8.3	Have you been victimised by other prisoners?	23%	24%	21%	25%	28%	23%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	14%	15%	3%	18%	17%	14%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	5%	3%	1%	0%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	1%	6%	0%	3%	4%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	2%	6%	3%	3%	0%	5%
8.5	Have you been victimised because you have a disability? (By prisoners)	1%	9%	0%	5%	2%	5%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in green is significantly better							
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
8.6	Have you been victimised by a member of staff?	23%	39%	35%	28%	26%	31%
8.7	Have you ever felt threatened or intimidated by staff here?	7%	17%	6%	13%	9%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	9%	3%	7%	4%	7%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	8%	3%	7%	11%	5%
8.7	Have you been victimised because of your nationality? (By staff)	6%	12%	12%	7%	6%	8%
8.7	Have you been victimised because you have a disability? (By staff)	1%	10%	0%	5%	0%	6%
9.1	Is it easy/very easy to see the doctor?	20%	16%	21%	18%	22%	17%
9.1	Is it easy/ very easy to see the nurse?	34%	33%	21%	37%	34%	34%
9.4	Are you currently taking medication?	47%	57%	35%	55%	42%	53%
9.6	Do you feel you have any emotional well being/mental health issues?	45%	44%	31%	48%	37%	47%
10.3	Is it easy/very easy to get illegal drugs in this prison?	21%	35%	34%	26%	30%	27%
11.2	Are you currently working in the prison?	50%	61%	44%	58%	62%	53%
11.2	Are you currently undertaking vocational or skills training?	5%	10%	6%	7%	5%	9%
11.2	Are you currently in education (including basic skills)?	26%	26%	41%	23%	38%	24%
11.2	Are you currently taking part in an offending behaviour programme?	7%	13%	6%	10%	12%	9%
11.4	Do you go to the library at least once a week?	29%	19%	29%	24%	26%	25%
11.6	Do you go to the gym three or more times a week?	30%	33%	38%	31%	33%	31%
11.7	Do you go outside for exercise three or more times a week?	50%	43%	45%	47%	52%	44%
11.8	On average, do you go on association more than five times each week?	46%	45%	44%	47%	44%	47%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	2%	10%	3%	6%	4%	6%
12.2	Have you had any problems sending or receiving mail?	45%	47%	36%	47%	35%	50%
12.3	Have you had any problems getting access to the telephones?	13%	11%	12%	12%	9%	13%



Key question responses (disability, age over 50) HMP Thameside 2017

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

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		60	121	31	154
1.3	Are you sentenced?	67%	69%	74%	67%
1.5	Are you a foreign national?	8%	23%	10%	20%
1.6	Do you understand spoken English?	98%	95%	100%	95%
1.7	Do you understand written English?	99%	96%	100%	95%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	48%	60%	47%	58%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	8%	4%	3%	5%
1.1	Are you Muslim?	15%	31%	17%	27%
1.12	Do you consider yourself to have a disability?			45%	31%
1.13	Are you a veteran (ex-armed services)?	2%	4%	10%	2%
1.14	Is this your first time in prison?	24%	44%	29%	41%
2.6	Were you treated well/very well by the escort staff?	63%	65%	57%	65%
2.7	Before you arrived here were you told that you were coming here?	65%	66%	45%	70%
3.2	When you were searched in reception, was this carried out in a respectful way?	67%	70%	65%	70%
3.3	Were you treated well/very well in reception?	52%	60%	58%	58%
3.4	Did you have any problems when you first arrived?	92%	74%	87%	79%
3.7	Did you have access to someone from health care when you first arrived here?	71%	61%	67%	65%
3.9	Did you feel safe on your first night here?	53%	72%	57%	68%
3.10	Have you been on an induction course?	85%	91%	90%	88%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	54%	51%	48%	53%

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
Any percentage highlighted in green is significantly better					
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	58%	61%	61%	61%
4.4	Are you normally able to have a shower every day?	100%	98%	100%	98%
4.4	Is your cell call bell normally answered within five minutes?	24%	37%	37%	33%
4.5	Is the food in this prison good/very good?	56%	56%	42%	59%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	42%	38%	35%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	37%	42%	52%	39%
4.8	Do you feel your religious beliefs are respected?	45%	63%	52%	60%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	50%	51%	40%	54%
5.1	Is it easy to make an application?	57%	77%	72%	69%
5.3	Is it easy to make a complaint?	42%	47%	64%	41%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	40%	46%	50%	42%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	53%	50%	51%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	13%	7%	14%
7.1	Do most staff, in this prison, treat you with respect?	71%	79%	76%	77%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	69%	68%	68%	69%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	16%	21%	18%	20%
7.4	Do you have a personal officer?	46%	40%	38%	44%
8.1	Have you ever felt unsafe here?	69%	38%	55%	48%
8.2	Do you feel unsafe now?	36%	21%	28%	27%
8.3	Have you been victimised by other prisoners?	36%	19%	30%	24%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	27%	10%	23%	15%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	3%	7%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	3%	10%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	5%	3%	10%	3%
8.5	Have you been victimised because of your age? (By prisoners)	7%	3%	13%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	8%	3%	10%	3%

Key to tables

		<div style="display: flex; flex-direction: column; align-items: center; justify-content: center;"> <div style="background-color: yellow; padding: 2px;">Consider themselves to have a disability</div> <div style="background-color: red; padding: 2px;">Do not consider themselves to have a disability</div> </div>		<div style="display: flex; flex-direction: column; align-items: center; justify-content: center;"> <div style="background-color: yellow; padding: 2px;">Prisoners aged 50 and over</div> <div style="background-color: red; padding: 2px;">Prisoners under the age of 50</div> </div>	
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	36%	26%	23%	32%
8.7	Have you ever felt threatened or intimidated by staff here?	19%	8%	13%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	6%	13%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	7%	10%	7%
8.7	Have you been victimised because of your nationality? (By staff)	7%	8%	3%	9%
8.7	Have you been victimised because of your age? (By staff)	3%	3%	3%	4%
8.7	Have you been victimised because you have a disability? (By staff)	12%	2%	10%	4%
9.1	Is it easy/very easy to see the doctor?	14%	21%	17%	18%
9.1	Is it easy/ very easy to see the nurse?	36%	34%	44%	32%
9.4	Are you currently taking medication?	74%	39%	74%	47%
9.6	Do you feel you have any emotional well being/mental health issues?	78%	29%	42%	46%
10.3	Is it easy/very easy to get illegal drugs in this prison?	36%	23%	27%	27%
11.2	Are you currently working in the prison?	55%	56%	42%	58%
11.2	Are you currently undertaking vocational or skills training?	9%	6%	8%	7%
11.2	Are you currently in education (including basic skills)?	23%	26%	15%	30%
11.2	Are you currently taking part in an offending behaviour programme?	11%	10%	4%	11%
11.4	Do you go to the library at least once a week?	17%	27%	28%	25%
11.6	Do you go to the gym three or more times a week?	24%	34%	11%	36%
11.7	Do you go outside for exercise three or more times a week?	26%	57%	27%	50%
11.8	On average, do you go on association more than five times each week?	40%	49%	30%	49%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	9%	4%	14%	4%
12.2	Have you had any problems sending or receiving mail?	52%	43%	39%	46%
12.3	Have you had any problems getting access to the telephones?	18%	10%	4%	13%



Prisoner survey responses HMP Thameside 2017

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	H and J wings	A, B, C, D and E wings
	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		46	139
SECTION 1: General information			
1.2	Are you under 21 years of age?	0%	8%
1.3	Are you sentenced?	98%	58%
1.3	Are you on recall?	11%	11%
1.4	Is your sentence less than 12 months?	24%	16%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	1%
1.5	Are you a foreign national?	15%	20%
1.6	Do you understand spoken English?	100%	94%
1.7	Do you understand written English?	100%	95%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	47%	60%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	5%
1.1	Are you Muslim?	18%	29%
1.11	Are you homosexual/gay or bisexual?	2%	3%
1.12	Do you consider yourself to have a disability?	31%	34%
1.13	Are you a veteran (ex-armed services)?	4%	3%
1.14	Is this your first time in prison?	29%	42%
1.15	Do you have any children under the age of 18?	49%	45%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	35%	28%
2.5	Did you feel safe?	59%	64%
2.6	Were you treated well/very well by the escort staff?	67%	64%
2.7	Before you arrived here were you told that you were coming here?	69%	64%
2.8	When you first arrived here did your property arrive at the same time as you?	71%	71%

Key to tables

	Any percentage highlighted in green is significantly better	H and J wings	A, B, C, D and E wings
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	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	28%	46%
3.2	When you were searched in reception, was this carried out in a respectful way?	64%	70%
3.3	Were you treated well/very well in reception?	56%	59%
	When you first arrived:		
3.4	Did you have any problems?	87%	78%
3.4	Did you have any problems with loss of property?	15%	24%
3.4	Did you have any housing problems?	31%	25%
3.4	Did you have any problems contacting employers?	5%	7%
3.4	Did you have any problems contacting family?	29%	35%
3.4	Did you have any problems ensuring dependants were being looked after?	7%	3%
3.4	Did you have any money worries?	27%	28%
3.4	Did you have any problems with feeling depressed or suicidal?	24%	31%
3.4	Did you have any physical health problems?	29%	26%
3.4	Did you have any mental health problems?	29%	30%
3.4	Did you have any problems with needing protection from other prisoners?	5%	12%
3.4	Did you have problems accessing phone numbers?	29%	33%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	78%	75%
3.6	A shower?	41%	52%
3.6	A free telephone call?	74%	85%
3.6	Something to eat?	78%	83%
3.6	PIN phone credit?	46%	56%
3.6	Toiletries/ basic items?	67%	75%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	33%	29%
3.7	Someone from health services?	62%	65%
3.7	A Listener/Samaritans?	24%	23%
3.7	Prison shop/ canteen?	33%	39%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	37%	40%
3.8	Support was available for people feeling depressed or suicidal?	30%	35%
3.8	How to make routine requests?	39%	46%
3.8	Your entitlement to visits?	33%	41%
3.8	Health services?	44%	48%
3.8	The chaplaincy?	39%	36%
3.9	Did you feel safe on your first night here?	61%	67%
3.10	Have you been on an induction course?	86%	90%
3.12	Did you receive an education (skills for life) assessment?	86%	81%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	44%	55%
4.1	Attend legal visits?	43%	55%
4.1	Get bail information?	9%	21%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	31%	34%
4.3	Can you get legal books in the library?	31%	40%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	55%	63%
4.4	Are you normally able to have a shower every day?	96%	99%
4.4	Do you normally receive clean sheets every week?	50%	59%
4.4	Do you normally get cell cleaning materials every week?	69%	60%
4.4	Is your cell call bell normally answered within five minutes?	24%	37%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	71%	56%
4.4	Can you normally get your stored property, if you need to?	17%	14%
4.5	Is the food in this prison good/very good?	49%	59%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	34%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	36%	42%
4.8	Are your religious beliefs are respected?	60%	57%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	53%	50%
4.10	Is it easy/very easy to attend religious services?	55%	64%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	71%	70%
5.3	Is it easy to make a complaint?	49%	44%
5.5	Have you ever been prevented from making a complaint when you wanted to?	18%	30%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	18%	16%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	52%	41%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	49%	52%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	12%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	83%	76%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	66%	69%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	37%	33%
7.4	Do staff normally speak to you most of the time/all of the time during association?	20%	19%
7.5	Do you have a personal officer?	65%	35%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	48%	49%
8.2	Do you feel unsafe now?	20%	28%
8.4	Have you been victimised by other prisoners here?	24%	24%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	13%	10%
8.5	Hit, kicked or assaulted you?	11%	11%
8.5	Sexually abused you?	2%	2%
8.5	Threatened or intimidated you?	15%	15%
8.5	Taken your canteen/property?	2%	7%
8.5	Victimised you because of medication?	5%	3%
8.5	Victimised you because of debt?	5%	4%
8.5	Victimised you because of drugs?	9%	4%
8.5	Victimised you because of your race or ethnic origin?	5%	2%
8.5	Victimised you because of your religion/religious beliefs?	7%	2%
8.5	Victimised you because of your nationality?	9%	2%
8.5	Victimised you because you were from a different part of the country?	7%	2%
8.5	Victimised you because you are from a traveller community?	2%	1%
8.5	Victimised you because of your sexual orientation?	2%	2%
8.5	Victimised you because of your age?	7%	3%
8.5	Victimised you because you have a disability?	5%	4%
8.5	Victimised you because you were new here?	7%	4%
8.5	Victimised you because of your offence/crime?	5%	2%
8.5	Victimised you because of gang related issues?	5%	5%

Key to tables

	Any percentage highlighted in green is significantly better	H and J wings	A, B, C, D and E wings
	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 8: Safety continued			
8.6	Have you been victimised by staff here?	22%	32%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	11%	8%
8.7	Hit, kicked or assaulted you?	4%	6%
8.7	Sexually abused you?	2%	2%
8.7	Threatened or intimidated you?	9%	13%
8.7	Victimised you because of medication?	4%	10%
8.7	Victimised you because of debt?	2%	3%
8.7	Victimised you because of drugs?	2%	4%
8.7	Victimised you because of your race or ethnic origin?	9%	6%
8.7	Victimised you because of your religion/religious beliefs?	4%	8%
8.7	Victimised you because of your nationality?	4%	10%
8.7	Victimised you because you were from a different part of the country?	4%	2%
8.7	Victimised you because you are from a traveller community?	2%	2%
8.7	Victimised you because of your sexual orientation?	2%	2%
8.7	Victimised you because of your age?	2%	4%
8.7	Victimised you because you have a disability?	4%	4%
8.7	Victimised you because you were new here?	6%	6%
8.7	Victimised you because of your offence/crime?	6%	3%
8.7	Victimised you because of gang related issues?	2%	2%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	27%	16%
9.1	Is it easy/very easy to see the nurse?	43%	31%
9.1	Is it easy/very easy to see the dentist?	12%	10%
9.4	Are you currently taking medication?	49%	52%
9.6	Do you have any emotional well being or mental health problems?	36%	47%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	49%	27%
10.2	Did you have a problem with alcohol when you came into this prison?	25%	13%
10.3	Is it easy/very easy to get illegal drugs in this prison?	31%	25%
10.4	Is it easy/very easy to get alcohol in this prison?	23%	13%
10.5	Have you developed a problem with drugs since you have been in this prison?	5%	5%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	7%	6%

Key to tables

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	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 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	51%	42%
11.1	Vocational or skills training?	44%	33%
11.1	Education (including basic skills)?	54%	46%
11.1	Offending Behaviour Programmes?	37%	19%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	71%	51%
11.2	Vocational or skills training?	15%	5%
11.2	Education (including basic skills)?	34%	25%
11.2	Offending Behaviour Programmes?	12%	9%
11.4	Do you go to the library at least once a week?	21%	26%
11.5	Does the library have a wide enough range of materials to meet your needs?	31%	28%
11.6	Do you go to the gym three or more times a week?	42%	29%
11.7	Do you go outside for exercise three or more times a week?	23%	55%
11.8	Do you go on association more than five times each week?	49%	46%
11.9	Do you spend ten or more hours out of your cell on a weekday?	14%	3%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	39%	37%
12.2	Have you had any problems with sending or receiving mail?	43%	46%
12.3	Have you had any problems getting access to the telephones?	7%	14%
12.4	Is it easy/ very easy for your friends and family to get here?	36%	40%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	61%	29%
13.10	Do you have a needs based custody plan?	15%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	14%	16%